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AMCNO Hosts Advocacy Day in Columbus

On February 17, the AMCNO hosted a successful Advocacy Day at the Ohio Statehouse, bringing physicians and Future Leaders Council members together to engage directly with state lawmakers on issues critical to patient care and the medical profession.



Left to right: Olivia Safady, MD, Kristen Englund, MD, Mary LaPlante, MD, Eric Shapiro, MD, Pete Jordanides, Benjamin Fesko, Colin Wilson, DO, and Kelly Kimball, MD

AMCNO Hosts Advocacy Day in Columbus

(Continued from page 1)

Throughout the day, Academy members met with 17 legislators and their staff to share frontline perspectives and discuss key legislative priorities. These conversations focused on advancing meaningful insurance reform, addressing concerns around scope of practice, and reinforcing the importance of protecting and promoting childhood vaccination efforts.

Physicians highlighted the ongoing challenges posed by administrative burdens and prior authorization requirements, emphasizing the need for policies that allow doctors to spend more time with patients and less time navigating complex insurance processes. Discussions around scope of practice centered on maintaining high standards of care while ensuring that all members of the healthcare team are utilized appropriately and safely.

A major focus of the day was the critical role of vaccines in safeguarding public health. Academy representatives underscored the importance of evidence-based policies that support immunization efforts and protect Ohio's children and communities from preventable diseases.

Advocacy Day provided a valuable opportunity to strengthen relationships between physicians and policymakers while ensuring that the voice of medicine is heard in the legislative process. The Academy remains committed to championing policies that support physicians and improve health outcomes across Northern Ohio.

By bringing physicians to the Statehouse, the Academy continues to demonstrate the power of collective advocacy and the importance of engaging in the decisions that shape healthcare at the state level.



Left to right: Pete Jordanides, Kelly Kimball, MD, and Mary LaPlante, MD



Members with Rep. Darnell Brewer (D-Cleveland)



Members with Rep. Dave Thomas (R-Jefferson)



Members with Sen. Casey Weinstein (D-Hudson)



Members with Rep. Meredith Craig (R-Minerva)

Celebrating New Leadership: Mary LaPlante, MD as the 2026–2027 AMCNO President

AMCNO: Tell us about yourself and your practice.

Dr. LaPlante: Born and raised in Brook Park, I found myself returning home after completing my OB/GYN residency. My career began at MetroHealth. I took a year to do a fellowship in Advanced Pelvic Surgery before working for Kaiser Permanente. Subsequently, I practiced in Westlake, delivering at Fairview Hospital until I stopped providing obstetric care. Currently, I work full time as a Gynecologist in Garfield Heights for the Cleveland Clinic Foundation, operating at Marymount Hospital. My patients often experience struggles related to social determinants of health. I enjoy the broad spectrum of women's healthcare because it allows me to provide preventative care and still spend time in the operating room.

AMCNO: How did you become interested in medicine?

Dr. LaPlante: My mom would tell you that I told my family medicine physician I was going to be a doctor when I was 5 years old. When my father developed diabetes, I would accompany him to his appointments. An avid reader, I read books about working in hospitals and felt like that was the place for me. Growing up in a traditional family, my parents directed me to nursing when I talked about working in a hospital. After 2 years of nursing school, I realized I wanted a greater understanding of health and illness to diagnose and treat patients. Consequently, I became a chemistry major and went on to medical school, I thought I would do Family Medicine, during my rotations, I fell in love with surgery. After a year in a surgery residency, I realized I missed the continuity of care and realized OB/GYN was a good balance between medicine and surgery.

AMCNO: What accomplishments are you most proud of?

Dr. LaPlante: Getting my Master's in Public Health (MPH). My years at MetroHealth taught me a great deal about the complex nature of what drives health in the community. Currently working in a community that struggles with obesity, I try to help patients find a way to approach health in a way that is sustainable based on their resources. To understand the bigger picture, I returned to school while continuing to work full time.

AMCNO: What are your hobbies and interests?

Dr. LaPlante: Outside of my professional activities, I enjoy getting outdoors. Hiking, cycling and kayaking in the warmer weather and skiing when weather permits. Yes, you can even find me camping in a tent.

AMCNO: What are your goals and priorities for the AMCNO this year?

Dr. LaPlante: My goal is to develop more contacts in the physician community and increase our voice in the community. I want to bring physicians together and continue to strengthen our community outreach. I am looking forward to developing and offering our first early career leadership program.

AMCNO: What are your concerns about the future of health care?

Dr. LaPlante: Healthcare is more fragmented and patients seek answers and treatments from unreliable sources, leaving physicians to defend science while being pressured to increase productivity with fewer resources. We live in a society that is more isolated and physicians are not exempt from moral distress and isolation. Our patients suffer from preventable diseases, in a healthcare system that does not support preventative care. For our patients, access to care may be an issue for lack of health care coverage or physician shortage.

AMCNO: How would you ask physicians to support the Academy?

Dr. LaPlante: Reach out, tell us what you hear, what you need and how we can serve the physicians of northern Ohio. Tell a friend about something the AMCNO did to support physicians. Join a committee, attend a volunteer event. Get on an elected officials website and tell the story of a patient and what obstacles need to be eliminated to free you to care for patients. It could be prior authorization, denials, or access to care.



AMCNO Hosts Annual Physician Appreciation Night

On Friday March 27th the AMCNO held its annual Physician Appreciation Night at CoHatch in Beachwood. Physician Appreciation Night, held this year in March in conjunction with National Doctors' Day, is a chance for us to reflect on the year's accomplishments and celebrate the membership. Additionally, we continued our long-standing tradition of presenting annual awards to recognize the significant contributions of physicians and allied professionals in the field of medicine.

The evening began with a year-in-review presentation by AMCNO Executive Director Jen Johns, followed by the presentation of the annual awards. The first award presented was the Charles L. Hudson Distinguished Service Award. This award is given to an AMCNO member who has provided a steadfast commitment to the organization and its members and has made noteworthy contributions to the physician community and has held positions of leadership within organized medicine. This year's winner was Dr. Mary LaPlante. Dr. LaPlante is a board member for the AMCNO as well as the Ohio State Medical Association and represents our region with the American Medical Association (AMA). Her steadfast commitment to physician advocacy spans decades, and this award recognizes that work.

The second award presented was the Myra King Merrick, MD Women in Medicine Award. This award is given to a female physician who has made a significant contribution to the medical community and has helped advance the work of women in medicine. This year's winner is Dr. Christina Campana. Dr. Campana was nominated in recognition of her role as President of the Ohio Chapter of the American College of Emergency Physicians (ACEP), and for her leadership in counseling resident physicians in Emergency Medicine at Cleveland Clinic Akron General, where she never hesitates to provide mentorship. Dr. Campana is passionate about the intersection of clinical medicine and public policy and has testified before the Ohio legislature in Columbus of issues of importance to the physician community.

The third award presented was the Honorary Membership award. The Honorary Membership award is awarded to a non-physician member of the community who has made significant contributions to the health care profession and/or the health of the community. This year's winner was Anthony Zalewski, RN. Anthony has been an active member of the AMCNO's Northeast Ohio Gun Safety Coalition since its inception in 2024. He has been a key leader in gun safety initiatives, including serving as a trainer for our Stop the Bleed training. He is a warm, kind, and active health care professional with a passion for public health.





The fourth award presented was the Clinician of the Year Award. The Clinician of the Year award is awarded to a physician who exhibits longstanding loyalty and service to one's patients, a devotion to overall well-being of the community, and is highly respected among their peers for outstanding clinical work, and demonstrating an astute, caring, and practical approach to the practice of medicine. This year's winner was Dr. Doug Kohler. An emergency medicine physician by training, Dr. Kohler served as the Chief Medical Officer of Cleveland Clinic's Marymount Hospital. In that role, he worked to develop a chronic care clinic which works to give patient better access to post discharge care and reduce readmissions. His patients say he is attentive, thorough and an active listener.



The final award was the John H. Budd Distinguished Membership Award. This award is given to a physician for their contributions to leading-edge research, exemplary leadership skills, and preserving the professional integrity of practice of medicine. It is the highest honor bestowed by the Academy of Medicine. This year's winner was Dr. Kristin Englund. Dr. Englund was nominated in recognition of her steadfast leadership of the AMCNO as President during the COVID-19 pandemic. Since retiring from practice, she has continued to serve as the President of the Academy of Medicine's Education Foundation, and has been integral in our Gun Safety Coalition, as well as our advocacy work in Columbus and Washington. She works often with our Future Leaders Council as a key mentor and colleague. She is beloved by so many in the Academy also for her kind heart and steadfast leadership.

The evening ended with open networking and a special recognition of the award winners for their achievements this year.



AMCNO Delivers Care Packages on Doctor's Day

In celebration of National Doctor's Day, the Academy of Medicine of Cleveland & Northern Ohio continued its heartfelt tradition of recognizing the dedication and compassion of physicians across the region by delivering gift baskets to local practices.

Throughout the day on March 30, Academy representatives visited clinics, hospitals, and private offices, personally thanking physicians for their unwavering commitment to patient care. The gift baskets—filled with locally sourced treats, wellness items, and handwritten notes of appreciation from local students—served as a small but meaningful token of gratitude for the long hours and tireless efforts that define the medical profession.

The Academy's outreach reflects its ongoing mission to support physicians beyond clinical practice—fostering professional camaraderie, promoting wellness, and advocating for the needs of both providers and patients. By bringing smiles directly to office doors, the organization continues to highlight the vital role physicians play in shaping healthier communities.



AMCNO President Dr. Eric Shapiro joins WKYC on Doctors' Day

In recognition of National Doctors' Day, AMCNO President Eric J. Shapiro, MD, spoke with WKYC's Senior Health Correspondent Monica Robins about to issues facing physicians, including insurance issues and the growth of artificial intelligence (AI).

Dr. Shapiro discussed challenges with the upcoming physician shortage of 86,000 by 2036, which has been complicated by more restrictive visa policies for foreign-born physicians, and a tightening on federal loans while medical school tuition is at an all-time high.

Ms. Robins also pointed out that the average physician spends 13 hours a week on insurance-related administrative tasks.

"No one goes to medical school to spend over a quarter of their time on the phone with insurance companies... we want to spend time trying to help people, in the exam room," said Shapiro.

The two also discussed the state-level insurance reform legislative package initiated by the Ohio State Medical Association (OSMA), and supported by the AMCNO. Ms. Robins ended the interview asking Shapiro what he wanted patients to know this Doctors Day, "We're on the same page. Doctors want to help people; we love interacting with patients and helping them get better. What we want is to get rid of these administrative tasks so we can focus on what makes the work rewarding for us," said Shapiro. The full interview can be accessed at www.amcno.org/in-the-news.



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Member Spotlight: AMCNO President Dr. Eric Shapiro reflects on 35 years of practice

March is National Colorectal Cancer Awareness Month. For Dr. Eric Shapiro, AMCNO President, this March will be his last as a practicing gastroenterologist as he prepares to retire after more than three decades.

“I’ve loved my career; the work’s always been interesting,” Dr. Shapiro said. “I think one of the really lucky things about medicine is that people are varied enough that no matter how long you do it, you’ll still be surprised by things, still hear things and see things that you’ve never seen or heard before. I feel lucky to have had a job that’s both rewarding but also just never stops being interesting.”

Dr. Shapiro did not originally set out to be a doctor. He spent his first half of college studying English Literature, though he took science classes on the side due to his interest in both. After taking a year off, he decided that medicine was the place where his passion for the humanities and sciences intersected and he decided to pursue pre-medical studies, ultimately attending Case Western Reserve Medical School. There, he found that his interests in a variety of topics led him first to internal medicine, and later to gastroenterology.



“I liked that sense that you get when you do procedural medicine where it’s kind of finite; you have a task, you do it, and fix something, and then you move on, as well as having the extended relationships in managing chronic illnesses like inflammatory bowel disease. GI is a place where you sort of do both.”

In his years of practice, Dr. Shapiro has witnessed significant changes, especially when it comes to how much the tools of medicine have expanded in number and complexity. When he talks to medical students, he said, he tells them that when he was in medical school, there were fewer than ten medicines used to treat high blood pressure that he needed to know about – now, he’d estimate there are at least 100 that students learn. That has meant an increasing need to rely on external resources and continuously keep up with the literature, while practicing the discernment needed to wade through the massive amounts of information.

The behavior of some conditions is changing, too. In 2021, guidelines from the American College of Gastroenterology lowered the age of recommended colon cancer screening for average risk people from 50 to 45. The rate of colorectal cancer diagnosis has dropped overall since the 1980s, due in large part to increased screening and early treatment. However, that trend is mostly in older adults; in fact, rates of colorectal cancer are actually increasing in people younger than 50.

As a gastroenterologist, Dr. Shapiro is particularly concerned with the connections between the gut microbiome, the food we eat, and the way that all connects to health and disease, including the connection to cancer risks. Diets that are high in saturated fat, ultra processed foods, and the overuse of antibiotics in both medical and food production settings, he says are all related to many of these risks.



“It actually doesn’t take very long to tell somebody how to eat well, because it isn’t really that complicated. What’s complicated is helping people make behavioral changes.”

Those changes, he says, are made harder by industrial farming practices that produce, for instance, grain-fed meat and dairy that is less healthy than products from grass-fed livestock, as well as the sheer volume of ultra processed, cheap, addictive food available. Dr. Shapiro says that misinformation about health and wellness and mistrust in the medical system – at times spurred by individuals acting in their own interest to sell products – makes having nuanced conversations about health and wellness a challenge.

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“If you stay away from processed foods, eat mostly vegetables and fruits, eat leaner, un-hormone and antibiotic treated proteins, and drink a lot of water, that’s pretty much it. When people talk about prebiotics, that is really just a marketing term. It’s just fiber.”

Ultimately, he believes that if some of the avid consumers of misinformation truly got to know doctors or others in scientific industries, they would see that the vast majority are not part of nefarious conspiracies, but rather individuals who have dedicated their lives to the pursuit of scientific inquiry and meeting the health needs of the public.

Despite the challenges and conversations swirling around medicine, Dr. Shapiro is retiring from the field with a deep love for the work he was able to do, and the relationships he was able to build with patients and families, sometimes for generations.

“There are a lot of things that make the field aggravating – there’s bureaucracy, hospital administrators, insurance companies, stuff like that. The good news is that what you actually do all day long is you walk into the rooms, open the door and sit down and say hi, how are you doing today, what brings you here? You see a patient and you try to figure out what’s wrong with them. And that is just the same as it would have been 100 years ago,” Dr. Shapiro said.

“The fundamental nature of the interactions and what you need to do is incredibly satisfying. People are happy if you are really interested in finding out what’s going on with them. If you’re at all a thoughtful person, it’s an endlessly interesting and challenging profession.”

Passing the Gavel: AMCNO Welcomes New Leadership

At the April meeting of the Academy of Medicine of Cleveland & Northern Ohio Board of Directors, the group marked a familiar and meaningful moment—the passing of the gavel from the outgoing president to the new one. It’s a simple tradition, but it signals a fresh chapter while honoring the work that’s already been done. As Dr. Mary LaPlante steps into the role, the board is looking ahead to working together, supporting physicians, and continuing to find new ways to meet the needs of both doctors and patients. The gavel may change hands, but AMCNO’s mission and values stay the same.



Mary LaPlante, MD receives the gavel from Eric Shapiro, MD

AMCNO Launches Gun Safe & Lockbox Pilot Program with Cleveland Libraries

A new community safety initiative was unveiled April 21 during a press conference hosted by the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), State Representative Darnell Brewer (D-Cleveland), the Cuyahoga County Office of Violence Prevention, and Cleveland Public Library, marking a collaborative step toward reducing firearm-related injuries and deaths across Northeast Ohio.

The program will provide free gun safes and lockboxes to residents at select Cleveland Public Library branches beginning in May 2026. The initiative targets neighborhoods most impacted by gun violence, with distribution sites identified based on community need and local data.

Leaders at the press conference emphasized that the effort goes beyond simply distributing safety devices. Instead, it aims to promote responsible firearm storage practices while fostering broader community conversations around gun safety. “Safe storage is one of the most effective ways to prevent accidental injuries, theft, and misuse of firearms,” said library CEO Felton Thomas Jr., highlighting the program’s preventive focus.

The pilot will roll out at three library campuses—Lorain, Rice, and Glenville—where adults will be able to receive gun locks and lockboxes free of charge while supplies last. Importantly, firearms are not permitted inside library facilities, and residents are instructed not to bring weapons when picking up devices.

Funding support from the Academy of Medicine’s Education Foundation (AMEF) has been central to the program’s launch. The organization has already contributed to similar efforts across Ohio, distributing hundreds of gun safety devices as part of a broader public health strategy.

Speakers also underscored the educational component of the initiative. Participating library branches will host programming that connects residents with local resources, reinforcing safe storage habits and violence prevention strategies. Organizers framed the program as both a practical intervention and an opportunity to engage communities in meaningful dialogue about safety.

State Rep. Brewer described the initiative as a proactive step toward protecting families, noting that increasing access to secure storage options can help prevent tragedies—particularly those involving children or unauthorized access to firearms.

The pilot builds on similar programs implemented in other Ohio cities and reflects a growing trend of public health organizations and community institutions working together to address gun violence through prevention-focused strategies. If successful, organizers suggest the model could be expanded to additional library locations and communities across the region.



Jen Johns, AMCNO Executive Director, announces the gun safe and lockbox pilot program with the Cleveland Public Library.



Community Leaders Gain Insight Through “Doc for a Day” Program

On March 6, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) hosted its “Doc for a Day” mini-internship program, offering community leaders and elected officials an inside look at the healthcare system from a physician’s perspective. This was the first time the AMCNO hosted the program since going on hiatus during the COVID-19 pandemic.

The program paired participants with practicing physicians across Northeast Ohio, providing a firsthand view of the day-to-day realities of patient care. Throughout the experience, attendees observed clinical workflows, engaged in discussions with healthcare professionals, and gained a deeper understanding of the challenges and opportunities facing today’s medical community.



Left to right: Rep. Melanie Miller, Thomas Gilson, MD



Rep. Melanie Miller graduates from the Doc for a Day program.

By stepping into clinical environments, participants were able to see how policy decisions intersect with patient care. From administrative burdens and workforce shortages to patient access and evolving technologies, the experience highlighted the complex factors that influence healthcare delivery.

“Doc for a Day” is designed to strengthen collaboration between the medical community and public leaders. By fostering direct engagement, the program helps ensure that decision-makers are better informed about the real-world impact of healthcare policies on both providers and patients.

The initiative reflects the Academy’s ongoing commitment to advocacy, education, and community partnership. By connecting physicians with those shaping public policy, the program encourages thoughtful dialogue and more informed decision-making that ultimately benefits the broader community.

Programs like “Doc for a Day” serve as a valuable bridge between medicine and public service—equipping leaders with the insight needed to support a more effective and responsive healthcare system.

AMCNO Legislative Committee Makes Positioning Bills

The 136th Ohio General Assembly is rapidly approaching the end of their two-year legislative cycle, while simultaneously heading into a major election season. The executive offices of governor, attorney general, treasurer, auditor, and secretary of state are all critical races, with their current occupants term limited and ineligible to run again. In the statehouse, half of the senate and all of the house seats are on the November ballot, and Congressional races

Amidst this looming potential shake-up, Ohio’s current statehouse occupants are pushing to get their legislative priorities over the finish line before the year end. The AMCNO Legislative Committee met earlier this spring to set organizational positions on some of the legislation that policymakers are pushing.

Bill	Subject	Position
HB 589 - Regards contracts between health insurers, health care providers	The bill changes insurance law pertaining to material amendments to health care contracts, clarifying and extending the timeline for providing notice and objections.	Supportive
HB 629 - Enact the Pharmacist Prescribing Authority Act	Allows pharmacists to test and prescribe for: bronchitis; COVID-19; HIV prevention; influenza; lice; pharyngitis caused by group A Streptococcus; sinusitis; skin conditions, including ringworm and athlete’s foot (topical only); urinary tract infections; and any other minor or generally self-limiting condition specified in the protocol established by a health care provider.	Opposed
HB 682 - Prohibit certain insurance practices	The bill prohibits health benefit plans from restricting coverage or imposing additional costs for physician-administered drugs for patients with chronic, complex, rare, or life-threatening conditions when administered in specified locations such as independent hospitals or physician offices.	Supportive
HB 709 - Require private insurers cover telehealth mental health services	The bill would require a health benefit plan to cover telehealth on the same basis and same extents as in-person coverage for outpatient mental health services.	Supportive
HB 724 - Require health benefit plans cover behavioral health checks	The bill requires insurers to cover an annual behavioral health well check performed by a licensed behavioral health provider, and prohibits cost-sharing or prior authorizations for the service.	Supportive
HB 742 - Regards behavioral health screening during perinatal period	Appropriates \$2 million for both FY 2026 and FY 2027 for the Department of Behavioral Health to partner with organizations that specialize in perinatal behavioral and mental health access.	Supportive

Bill	Subject	Position
HB 754 - Require fetal death register; fetal heartbeat life certificate	The bill would require providers to file certificates of fetal cardiac activity for pregnant patients and issue fetal death certificates, including differentiating between miscarriage care and elective abortion, and match certificates of life with deaths	Opposed
HB 763 - Authorize limited licenses for certain international physicians	The bill creates a path for a licensed physician educated, trained and licensed in a country other than the US or Canada to apply to the state medical board for a two-year limited license to practice in Ohio.	Opposed on the basis that this pathway does not adequately prepare internationally trained physicians for the US medical setting
HB 783 - Regards notice of possibility of reversing a chemical abortion	The bill requires providers tell patients that abortion is reversible using a pre-written script, and allocates resources to an abortion reversal hotline and website at the state level	Opposed on the basis that the information required is unscientific, misleading, and potentially dangerous to patients. The AMCNO does not support compelling a physician's speech on erroneous and nonmedical information.
HB 789 - Require emergency departments to be supervised by physicians	The bill ensures that emergency departments are overseen and managed by an on-site physician.	Supportive on the basis that there should never be an emergency department without medical oversight from a qualified physician
HB 901 - Amaya's Law for Child Access Prevention	The bill encourages safe storage of firearms with tax credits for safety device purchases and state and local sales and use tax exemptions for safety device purchases. The bill also creates the offense of improper storage of a firearm, and sets parameters for voluntary holds of firearms.	Supportive
SB 258 - The Better Access to Health Care Act	The bill grants independent practice to certified nurse practitioners, clinical nurse specialists or certified nurse-midwives once they have completed 2,000 clinical hours in a supervisory agreement with a collaborating provider, which the bill also expands to include APRNs.	Opposed
SB 324 - Revise x-ray machine operator and radiation technician law	The bill allows general x-ray machine operators to perform radiologic procedures under supervision of nurse practitioners or physician assistants, not just physicians. The bill also allows NPs and PAs to work as general x-ray machine operators or radiation technologists themselves without the licensure required of those currently in the role.	Opposed



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AMCNO supports childhood vaccination at Ohio AAP statehouse advocacy day

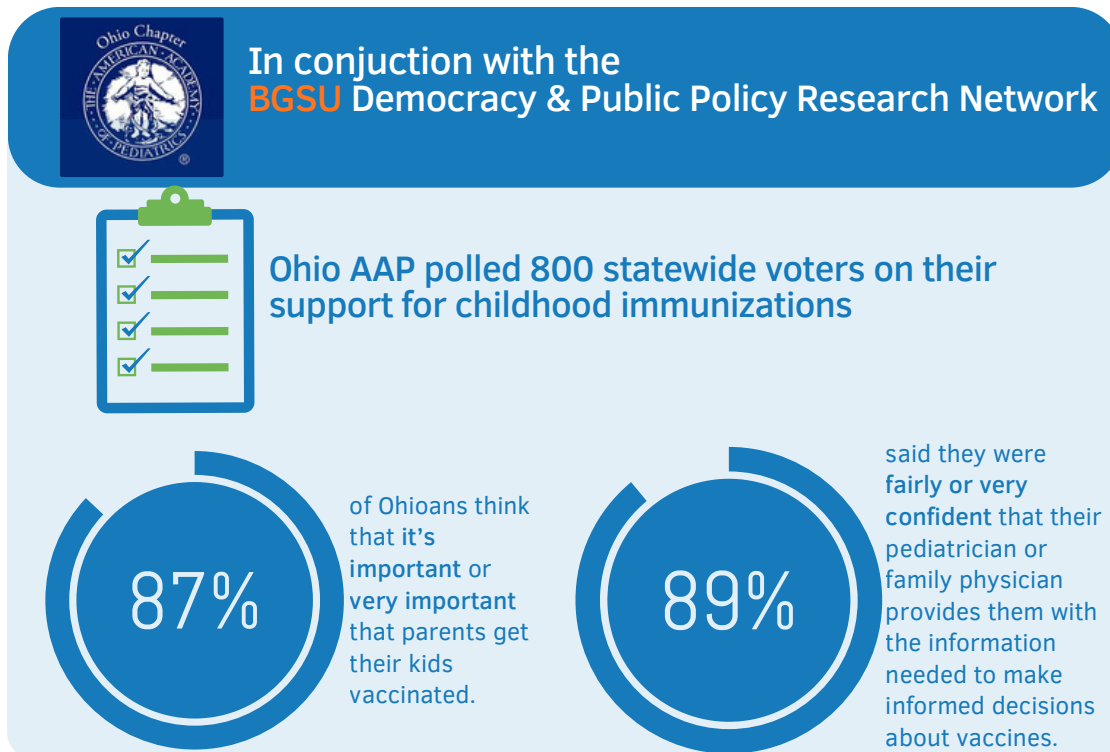
Alongside dozens of pediatricians from across the state of Ohio, AMCNO members met with lawmakers in early spring to emphasize the importance of childhood vaccinations and raise alarm about legislation that undermines vaccine efficacy.

The Ohio Chapter of the American Academy of Pediatrics hosted their annual spring advocacy day at the Ohio Statehouse on April 16. The theme for the event was “Endure, Adapt, Advance: Advocating for Children When it Matters Most” and focused significantly on the organization’s concerns with HB 561.

The bill, which AMCNO Board Member Dr. Olivia Safady testified against earlier in the month (see page 19), would critically weaken public health protections in childcare and school settings. HB 561 requires childcare providers and schools to disseminate information about vaccine exemptions whenever they discuss vaccine requirements. Even more concerning, the bill restricts the ability of schools and care centers to temporarily exclude unvaccinated children during outbreaks of vaccine preventable diseases. While rarely used, temporary exclusion is an important tool to slow the spread of disease, keep outbreaks small, and protect children who are vulnerable to worse outcomes because of their unvaccinated status.

At the Ohio AAP advocacy day, participants were tasked with explaining these concerns to members of the General Assembly, and urge them to vote against the bill, should it come up for a vote. Advocates also discussed the bill’s removal of the Hepatitis B vaccine requirement for childcare centers, and explained to lawmakers the history of Hepatitis B vaccination and its role in protecting children from an infection that can cause lifelong liver disease and liver cancer.

During the event, attendees also had the opportunity to hear from panels of policy and messaging experts about approaching vaccine misinformation conversations, as well as from stakeholders who would be directly impacted by the potential changes to vaccine requirements. The Ohio AAP also shared the results of public opinion polling on vaccines conducted in the fall of 2025.



View the poll in it's entirety at https://ohioaap.org/wp-content/uploads/2026/04/AAP_LegislatorPollResults-1.pdf.

Ultimately, the polling showed that most Ohioans support vaccines, trust their doctors, and want to see greater access to immunization from payers. Still, vocal anti-vaccine activists and their allies in the statehouse are pushing anti-science legislation, which is why advocacy days are a critical strategy for healthcare communities.

For more resources on vaccine advocacy, visit ohioaap.org/springmeeting for toolkits and resources.

Power in Numbers: Dr. Lauren Beene charts her advocacy journey from the clinical to the collective

Dr. Lauren Beene first began making headlines in 2022, when she and a group of other Northeast Ohio doctors formed Ohio Physicians for Reproductive Rights (OPRR) in the wake of the *Dobbs v. Jackson Women's Health* Supreme Court decision that overturned *Roe v. Wade*.

It was Dr. Beene's first foray into advocacy outside of her practice as a pediatrician in the Cleveland area.

"When you're working in an office, you're seeing where systems are breaking down; where people are coming in with common complaints, or common problems that, are a reflection of the ways in which our communities' structures may not be supporting the people as well as they could be," Dr. Beene said.

"When I transitioned from being an advocate for my patients in the in the exam room, where it's part of the daily work, to being more of an activist was really when the *Dobbs* decision happened... Before *Dobbs*, I didn't understand the degree to which reproductive healthcare truly impacts everyone in the community, families, and also doctors of all different specialists. I never anticipated that I would be a reproductive freedom fighter. But when my patient's parents started calling with these questions related to preteen and teenage healthcare, it just hit me in the face, that oh my God, this is this is way bigger than I ever understood. "



Along with Dr. Marcela Azevedo and a handful of other physicians, OPRR was formed and joined the abortion rights movement in Ohio in 2022. Over the next year, OPRR worked as part of a broad movement of organizations to put an amendment enshrining abortion protections and the right to reproductive health care on voters' ballots and, successfully, into the Ohio Constitution in 2023.

"It completely changed my life and how I see my responsibility to my community. Before that, I never imagined that I could be a part of something so enormous that would have such a big impact on people's lives," Dr. Beene said.

"I also realized the power of being a collective. When we formed Ohio Physicians for Reproductive Rights, I think what allowed us to have such a big impact is that we connected with so many doctors so quickly that all had the same concern and became this powerful force of voices. And that on any of our own, we wouldn't have been able to achieve anything, but we really needed all of the doctors, we needed all of the community, we needed the whole state to get this amendment passed. That got me really inspired by the potential to make things better through collective action, and that's really framed how I've been pursuing everything since."

Following the campaign, Dr. Beene deepened her physician advocacy work and commitment to collective action. She, along with Dr. Valerie Fouts-Fowler, began conversations in their workplace with colleagues about organizing a union. They were concerned about what they felt was a lack of transparency in hospital actions and that physician voices were being left out of decisions about patient care.

Shortly after beginning that work, though, Dr. Beene found herself in the headlines once again. In the summer of 2025, Drs. Beene and Fouts-Fowler were fired.

"Not being able to be there for patients has been absolutely heartbreaking, especially because we just suddenly vanished from families' lives," Dr. Beene said. "Not to say that we are that important, but when you have a relationship with somebody and you trust them for personal concerns, intimate issues of your lives, and then all of a sudden, that person is just removed like, a replaceable cog in a machine, that was harmful to families."

Their employer stated that the termination was not about union organizing, but because the physicians had accessed their colleagues' contact information and sent messages "that had nothing to do with care coordination." In late 2025, Drs. Beene and Fouts-Fowler filed a lawsuit against their former employer, claiming defamation and wrongful termination. That lawsuit is ongoing.

“I know that this kind of work comes with risks, and so while I never really thought that I would end up in a situation where I had been fired, it's not going to deter me, because I know I'm challenging the established way I'm doing it with a good intention,” Dr. Beene said.

“Everything that we are doing to organize physicians and strengthen our voices is so that we can provide the best possible health care for our patients and make sure that that care is delivered in a safe way and it is accessible and sustainable, and there's really nothing that's going to stop me from pursuing that goal in my life. This is just a test of that.”

In the meantime, Dr. Beene has not slowed down her organizing; in fact, she's pushing even harder. She is a founding member of Concerned UH Physicians, which describes itself as an independent collective of doctors and healthcare workers at University Hospitals in Cleveland. They are aiming to improve transparency from hospital leadership, ensure that administrative decisions are grounded in equity and data, and defend the integrity of patient care by securing a physician voice in decision making that impacts patients.

Their work has not gone unnoticed. Cleveland City Council, the North Shore Federation of Labor, both the Ohio Senate and House Democratic caucuses, the Ohio Nurses Union and the Utility Workers Union have all published letters of support for the reinstatement of the physicians and for their larger mission of improving care. Ohio state senator Kent Smith (D-Euclid) led the delivery of a petition with more than 8,000 signatures supporting the Concerned UH Physician to hospital leadership, and there have been regular demonstrations outside of the hospital. Even U.S. Senator Bernie Sanders weighed in, writing a letter to the hospital CEO to demand reinstatement of the physicians.

“In our country, the rise of unions allowed for so many good things, because unions are just the power of the people on the ground balancing out the power of the few at the top,” Dr. Beene said. “Right now in our country, that power balance is completely out of whack and it matches how the union power has sort of faded out a little bit. In the way that the medical community is stepping into our power of our voice and responsibility to our patients more as healthcare is getting crazy corporate, I think that people are also stepping in and realizing the importance of unions again as a way to strengthen our voice and combat outrageous imbalances of power. I'm hoping that will continue to grow and lead us forward out of this crazy time that we're living in right now, in all kinds of areas, not just medicine.

The last few years have been a mix of inspiring and difficult for Dr. Beene. She misses her patients, and because of a noncompete clause in her old contract, has limited options for where she could practice medicine and could face repercussions if any patients follow her to a new setting. The time away has meant more time with her family, as well as more time to harden her resolve for organizing.



“We have to do everything we can to make sure that our patients can continue to access healthcare as we enter the future,” Dr. Beene said. “That is going to involve standing up and using our voice. I think that Val and I have become extreme examples, unfortunately, but we're just two people. What really will be powerful is doctors speaking together as a collective, because there's incredible power in numbers.”

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Taking a Stand: AMCNO early career physicians provide witness testimony on priority bills

Amidst the spring flurry of legislation at the Ohio Statehouse, two AMCNO members made the trek down to Columbus to make their voices heard on legislation that touches on some of the AMCNO's priority issues.

On March 24, Dr. David Ceraolo testified in support of House Resolution 148, recognizing the importance of the safe storage of firearms. The legislation, sponsored by Rep. Darnell Brewer (D-22) and Rep. Kellie Deeter (R-54), is largely symbolic, but is a step that supporters hope will lay the groundwork for stronger safe storage support at the state level. Dr. Ceraolo was among dozens of other proponents who testified in person and submitted testimony online, including those who had lost loved ones to unsecured firearms.

In 2020, firearm fatalities passed motor vehicle accidents as the leading cause of death for children in the United States. A study from Nationwide Children's Hospital analyzing 10 years of unintentional firearm fatalities among children found that in the cases where data was available, 90% of the firearms that ultimately killed a child were stored loaded and unlocked. Since 2024, when the AMCNO declared firearm safety a critical public health issue as part of the organization's bicentennial year, members of the Academy have been dedicated to lobbying in support of safe storage strategies.



“The thing I fear most in my career is the day I lose a kid. It hasn't happened, yet, but I know one day it will,” Dr. Ceraolo told the committee. “Some of the hardest emergency room cases are accidents that could have been prevented if a child never had access to guns.”

The March 24 hearing was the second of three required committee hearings on the legislation in the House Public Safety Committee. The third hearing has yet to be scheduled.





The very next day, it was Dr. Olivia Safady who took to the dais in the House Health Committee to give opposition testimony on dangerous, anti-vaccine legislation. House Bill 561, also called the Parental Clarity on Health Options and Information on Conscientious Exemptions "C.H.O.I.C.E." Act, was introduced by Rep. Melanie Miller (R-67) and Rep. Monica Robb Blasdel (R-79).

The bill requires that, wherever public and chartered nonpublic schools, preschool programs, and childcare providers inform parents about vaccine requirements, they also provide information about getting exemptions from vaccines. Furthermore, the bill also limits the public health protocols that schools are able to undertake during an outbreak of a communicable disease. Under the legislation, for instance, if there is a measles outbreak in a school, the school is not allowed to ask unvaccinated students to stay home.

"We vaccinate not just to prevent illness, but to prevent lifelong suffering. Surviving an infection is not the same as being spared from it, many vaccine-preventable diseases leave lasting, life-altering complications," Dr. Safady told the committee. "These long-term consequences are often invisible in policy discussions, but they are very real for the patients we care for."

The bill would also eliminate the requirement for children in care centers to be immunized against hepatitis B.

"The specific removal of the hepatitis B vaccine is of deep concern. Hep B is a highly infectious virus that can be transmitted through blood and bodily fluids, conditions that occur often in childcare settings. When infants and young children become infected, they are far more likely to develop chronic hepatitis B, which can lead to cirrhosis, liver failure, and liver cancer later in life," Dr. Safady said in her testimony. "We have a safe, effective vaccine that prevents this entirely. Removing this reverses decades of progress against a disease we know how to prevent."

Dr. Safady was one of more than 20 testifiers who presented in person or submitted written testimony to the committee against the bill. While the sponsors and proponents of the bill say that it is about parental choice, opponents, including physicians, public health experts, bioethicists, and more emphasized that it puts all children at risk and has the likelihood of making vaccine preventable illnesses more difficult to manage.

House Bill 561 has not been voted on in committee yet. The House is scheduled to come back into session in the summer, during which movement might happen. As in other election years, statehouse watchers are also anticipating a flurry of movement after the November election, when lawmakers try to get any remaining bills through the legislative process before the new general assembly and executive offices take over.

AMCNO Advocates Take to Capitol Hill to Push for Reimbursement, Workforce Reform

As the city of Washington, D.C. prepared for the State of the Union Address on February 24th, physician and medical student advocates from the AMCNO were busy meeting with their congressional representatives to discuss some of the most pressing issues facing medicine.

Drs. Kristen Englund and Olivia Safady, along with students Wes Brooks (NEOMED '28), Moriah Henry-Wickstrom (OUHCOM '27), Evan Kuczynski (NEOMED '28), Peter Moore (NEOMED '28), Ingrid Owusu (OUHCOM '26) and Colin Wilson (OUHCOM '26) represented the AMCNO at the 2026 AMA National Advocacy Conference. In addition to attending the event, which featured discussions and presentations from AMA leaders, lawmakers, strategists and celebrities, members of the AMCNO spent their time in the nation's capital advocating on behalf of physicians everywhere.

"As medical students we tend to think we don't know much, but we are professionals in an expert field," Owusu said. "I think our humbleness sometimes makes us forget our competency. It is our job to inform and educate people with facts and listen to their reasonings."

Healthcare affordability, practice burdens, and workforce development were among the key priorities that AMCNO members discussed with lawmakers. In particular, the AMA focused much of its energy on fighting for long-term solutions to the current problems in the Medicare physician fee schedule. Over the last 20 years, payment rates have declined 33%, adjusted for the inflation of practice costs, and most attempts to address this have been one-time measures. At the same time, cuts to Medicaid are poised to devastate patient access to care and rural employment of physicians. Addressing these threats was a critical part of the conversations between the AMCNO and federal representatives.

When policies change, we see firsthand the effects on our patients," Owusu said. "In family medicine clinic, I have seen patients who come in with chronic illness improving with management, but when they are cut from Medicaid or don't have the Medicare part D, their health declines. They can't afford their medications, or worse, they no longer have insurance to follow up."

For the medical student attendees, the issue of workforce development hit close to home. The Trump Administration's new federal student loan cap of \$250,000 is often not adequate to meet the cost of undergraduate and medical school tuition that students take on, especially as leaders have threatened the Public Service Loan Forgiveness program that many physicians rely on to eventually relieve their debt burden.



Left to right: Ingrid Owusu, DO, Olivia Safady, MD, Kristen Englund, MD, Wes Brooks, Peter Moore, Evan Kuczynski, Colin Wilson, DO, Moriah Henry-Wickstrom

AMCNO medical students were able to share their experience with lawmakers and explain to them the burden of paying for medical school, and whether or not it is something they would have been able to do without federal tuition assistance.

“I do think there are opportunities on the federal side to lessen the financial burdens associated with acquiring the education in the first place,” Henry-Wickstrom said. “I specifically mentioned advocating for more funding from programs like the NHSP Service Corp, which does offer substantial scholarships and loan repayment for folks focused providing primary care, but has limited budget and can only do so much for our early-career docs.”

Another focus for the AMCNO advocates was Pharmacy Benefit Manager reform. For too long, PBMs have abused their position as middlemen in the prescription drug supply chain, raising prices and limiting competition. Without proper reform, PBMs will continue to hurt patients’ ability to afford and stay consistent with medications.

Throughout our trip we had good conversations with lawmakers and staff, where regardless of their political party, they largely agreed with us about the topics we brought up. I found it interesting that everyone we talked to demonstrated frustration with PBMs,” Wilson said. “Unfortunately, while everyone was supportive and agreed with our points, they also expressed their own frustration and an inability to put forth proactive policy improvements with the current administration leading a very reactive environment and limiting what lawmakers are willing to put forward.”

Back in Ohio, the AMCNO continued conversations with federal lawmakers, submitting policy analysis on the state of workforce development initiatives to relevant congress people and committees. As state and federal representatives continue to legislate on healthcare, the AMCNO will continue to fight for the best interests of physicians and patients.



Left to right: Sam Zern, Ingrid Owusu, DO, Wes Brooks, Olivia Safady, MD, Peter Moore, Kristen Englund, MD, Moriah Henry-Wickstrom, Evan Kuczynski, Colin Wilson, DO



AMCNO advocates and members of the Ohio State Medical Association met with Rep. Max Miller (pictured far right) during the AMA National Advocacy Conference.



“There are LOTS of moving parts and the work ahead is looming but necessary, AND we need to continue bringing our faces into these spaces to effectively advocate for our patients,” Henry-Wickstrom said. “It seems like one of the bigger issues may not be getting lawmakers to agree with us but rather keeping them aware of the issues and applying the right pressure when timing is ripe. Especially when other hot-topic bills and events are being made and occurring in the US and across the world.”

For the Love of the Game: Dr. Jessica Tomazic combines her lifelong athleticism with her practice of sports medicine

AMCNO board member and Sports and Exercise Medicine staff physician with the Cleveland Clinic Orthopedic Institute, Dr. Jessica Tomazic sees exercise as a critical component of lifelong health. As a multi-sport athlete herself, with a passion for cycling, Dr. Tomazic routinely provides guidance to patients and the public about how to safely get their bodies moving.

“We call ourselves sports and exercise medicine because we should be ready and able to counsel people on how to stay active throughout the lifespan,” she said.

Since childhood, Dr. Tomazic knew she wanted to go into medicine, but took, in her words, the “scenic route.” She earned her bachelor’s degree from the United States Military Academy West Point, after which she served nearly seven years in US Army healthcare administration.

“Coming out of undergrad, you’re still so young, and kudos to people who are able and ready and willing to go that route at that age, but it’s totally okay to not go that route at that age,” she said. “The program I did was filled with other students who had changed career paths. You can go back -- it’s not never too late to do that.”



After leaving the service, she returned home and worked in healthcare IT before enrolling in a post-baccalaureate program at Cleveland State University. That program gave her a pathway to Northeast Ohio Medical University.

“I was 10 years older than my peers, so I had a different lived experience,” she said. “I had an understanding of the business side of medicine that even in medical school, you don’t really get introduced to well; even in residency, I don’t think they introduce you to it very well. I understood that aspect of it, probably a lot better than my medical school peers did, and I think just having some lived experience, you may relate to patients differently.”

Still, it wasn’t until her fourth year acting internships that Dr. Tomazic learned about the sports medicine subspecialty. The field spoke to her lifelong athleticism, and after her residency at Cleveland Clinic, she completed a sports medicine fellowship at Summa in Akron. She’s now been a practicing sports medicine physician for nearly three years in the Cleveland area, treating the community she came from.

“Part of what we do in sports medicine is sideline coverage, meaning we are helping to manage acute injuries that occur. I cover Lorain High School and Elyria Catholic, and I help out of Cleveland State as well,” Dr. Tomazic said. “It’s a great opportunity, you know, to give back to the community -- Lorain High, that’s my hometown, so it is such a cool thing to come full circle and be back there, working in Lorraine. There are mentorship opportunities, with people seeing folks from their hometown who have these opportunities that you have career wise.”

While sideline coverage is part of her job with the Cleveland Clinic, Dr. Tomazic also takes her expertise to the slopes as a ski patroller with Boston Mills, Brandywine, and Alpine Valley ski resorts. She didn’t start snowboarding until her mid-20s while in the military, and came to love the sport. When she got connected to ski patrol, she said it was the perfect way to be outside, doing a sport she loves, while getting to practice the medicine she loves.

“Ski patrollers, they’re the first ones on the scene. It’s like sideline coverage at a different level, which I love,” she said. “Not only do they have to have the medical skills, but then they’ve got to have the physical skills too, right, because they’re pulling them off the hill on these toboggans. It’s just really cool. If you think about some of the big ski resorts where it may be hours before they get other medical care, it’s so important.”

While still early in her career, Dr. Tomazic has already seen a shift in the field as more patients are thinking about the role of exercise and movement as medicine.

“I take the perspective that I do work with athletes, but athletes come in a lot of different forms. Some athletes are running marathons or are professional athletes, and it’s as important an endeavor to be able to play with your grandkids when you’re older or build durability as

somebody who works in a very physical labor intensive field,” she said. “Being able to help people stay active and fit and, promoting longevity is a big thing that I like to talk to people about in my clinic.”

Since 2007, the American College of Sports Medicine (ACSM) and the American Medical Association (AMA) has managed the [Exercise Is Medicine](#) initiative, promoting research and collaboration across the field. Earlier this year, the Centers for Medicare & Medicaid Services announced a \$100 million initiative to support 30 proposals for three years that will utilize lifestyle medicine interventions that are not currently covered by Medicare. This investment, while exciting for the field of sports medicine, comes at a time when the federal administration is simultaneously slashing healthcare funding and research investment.

For Dr. Tomazic, getting involved in organized medicine through the AMCNO was a natural decision. Leadership was emphasized in her education at West Point and in the military, and she always envisioned using her career as a way to improve her community.

“The AMCNO was an opportunity I felt like to be a voice for the community, but also, you know, be a voice for fellow physicians,” she said. “I think we all know there's a lot of challenges in practicing medicine these days, and it's nice to have a group of people that I think are on the right side, because I think all physicians come in wanting to be advocates. Everybody wants to come in and do better for others, and I think you don't realize how challenging that is going to be.”

Ultimately, like many sports, medicine is about working together.

Human Services Leaders Convene for April Chamber Meeting



On April 16, members of the Cuyahoga Human Services Chamber, including AMCNO Executive Director Jen Johns, gathered for their latest meeting, bringing together nonprofit leaders, advocates, and community partners to discuss ongoing challenges and opportunities across the human services sector.

The Chamber, convened by The Center for Community Solutions, continues to serve as a collaborative forum focused on strengthening Cuyahoga County's network of human service organizations. With nearly 100 nonprofit members represented, the group plays a key role in advancing collective advocacy, sharing resources, and building sector-wide capacity.

During the April meeting, participants engaged in discussions centered on the evolving needs of the community and the systems that support vulnerable populations. Conversations reflected ongoing concerns facing providers, including workforce capacity, funding stability, and the increasing demand for services. Attendees also explored opportunities for cross-sector collaboration and strategies to improve efficiency through shared services and coordinated advocacy.

The guest speaker was Danielle DeLeon Spires of the Ohio Poverty Law Center, who joined the group to discuss proposed federal changes to the Group VIII or Medicaid Expansion eligibility, including the work requirements slated to take effect on Jan. 1, 2027.

There are currently 774,342 members of the Group VIII population in Ohio who will be subject to the requirements if they do not meet one of the exception criteria. 57% of the enrollees are aged 21-44, 35% live in the 3 largest Ohio counties (including Cuyahoga), 61% are white and 54% are male.

Preliminary estimates believe that 77.7%, or about 600,000 of these members already meet the requirements, but there is concern for the 176,000 who do not, and about members who may be eligible but still lose coverage due to administrative burdens and errors with redetermination, a process that will now be required every six months.

AMCNO will continue to work with the Chamber on guidance for enrollees and providers as we navigate this new process for the Group VIII population.



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ADDRESS SERVICE REQUESTED

VOLUNTEERS NEEDED

MEDWISH MEDWORKS VOLUNTEER NIGHT
June 18 - 6-8 pm

CLEVELAND FOOD BANK VOLUNTEER NIGHT
July 16 - 6-8 pm

More info at: amcno.org/events

Stay connected to learn about upcoming events, current advocacy initiatives, and latest news.

