

2022

**Ohio Osteopathic
Association
House of Delegates Manual**

Friday, April 29
2:00 – 5:00pm
Hilton Columbus at Easton
Easton C/D/E

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OSTEOPATHIC PLEDGE OF COMMITMENT

As members of the osteopathic medical profession, in an effort to instill loyalty and strengthen the profession, we recall the tenets on which this profession is founded - the dynamic interaction of mind, body and spirit; the body's ability to heal itself; the primary role of the musculoskeletal system; and preventive medicine as the key to maintain health. \A/e recognize the work our predecessors have accomplished in building the profession, and we commit ourselves to continuing that work.

I pledge to:

Provide compassionate, quality care to my patients;

Partner with them to promote health;

Display integrity and professionalism throughout my career;

Advance the philosophy, practice and science of osteopathic medicine;

Continue life-long learning;

Support my profession with loyalty in action, word, and deed; and

Live each day as an example of what an osteopathic physician should be.

A G E N D A

Ohio Osteopathic Association House of Delegates

**Hilton Columbus at Easton
3900 Chagrin Drive
Columbus, OH 43219
Easton C/D/E**

David A. Bitonte, DO, Speaker
Michael E. Dietz, DO, Vice Speaker

Friday, April 29, 2022

- 2:00pm Delegate/Alternate Credentialing – John F. Ramey, DO, Chair
- 2:00pm Welcome and Call to Order – Henry L. Wehrum, DO, President
- Pledge of Allegiance – Dr. Wehrum
 - Osteopathic Pledge of Commitment – Dr. Wehrum
 - Introduction of the Speaker/Vice Speaker – Dr. Wehrum
 - Recognition of special guests – David A. Bitonte, DO
- 2:10pm Credentials Committee Report – Dr. Ramey
- 2:15pm Opening Remarks and Routine Business – Dr. Bitonte
- Adoption of Standing Rules
 - Approval of Report of Matt Harney, MBA, CAE, Executive Director
 - Approval of Mr. Harney as Secretary of the House
- 2:20pm Program Committee Report – Dr. Wehrum
- 2:24pm OOA/OOF Financial Reports – Nicklaus J. Hess, DO
- 2:30pm OOPAC Report* – Jennifer L. Gwilym, DO
- 2:35pm State of the State Report – Dr. Wehrum
- 2:50pm Recognition of Reference Committees – Dr. Bitonte

Reference Committee 1

Initial Members:

- Nicholas J. Pflieger, DO (District I)
- Robert A. Zukas, DO (District II)
- Mark S. Jeffries, DO (District III)
- Sean D. Stiltner, DO (District IV)
- Nicole Barylski Danner, DO (District V)
- Henry L. Wehrum, DO (District VI)
- Ayoub Harb, OMS-I (District VII)
- James R. Pritchard, DO (District VIII)
- Melinda E. Ford, DO (District IX)-Chair

Sharon L. George, DO (District X)

Reference Committee 2

Initial Members: Nicholas G. Espinoza, DO (District I)
Edward E. Hosbach, DO (District II)-Chair
Gordon J. Katz, DO (District III)
Joseph S. Scheidler, DO (District IV)
Nathan P. Samsa, DO (District V)
Andrew P. Eilerman, DO (District VI)
Sandra L. Cook, DO (District VII)
Douglas W. Harley, DO (District VIII)
Jennifer L. Gwilym, DO, (District IX)
John C. Baker, DO (District X)

- 2:55pm Reference Committee 1 Report – Melinda E. Ford, DO, Chair
- 3:55pm Reference Committee 2 Report – Edward E. Hosbach, DO, Chair
- 4:55pm Introduction of 2022-2023 OOA President Jennifer L. Gwilym, DO, and recognition of Henry L. Wehrum, DO, outgoing president
- 5:00pm Report of the OOA Nominating Committee – Dr. Ramey, Chair

Nominees for OOA Officers

President-Elect: Nicklaus J. Hess, DO
Vice President: Douglas W. Harley, DO
Treasurer: Edward E. Hosbach, II, DO
Speaker of the House: David A. Bitonte, DO
Vice Speaker of the House: Michael E. Dietz, DO
Resident Trustee: Nicholas Salupo, DO

Nominees for the Ohio Osteopathic Foundation Board

Three-year term expiring 2025: Sharon L. George, DO
Three-year term expiring 2025: Richard Manchur

Ohio Delegation to the AOA House

(Included in packet)

- 5:05pm Adjournment

*Off the record

SPECIAL ANNOUNCEMENTS WILL BE MADE IMMEDIATELY FOLLOWING ADJOURNMENT

JOIN US FOR THE COCKTAIL AWARDS RECEPTION AT 6PM TOMORROW!

House Standing Rules

The rules governing this House of Delegates shall consist of the Ohio Osteopathic Association Constitution and Bylaws, Robert's Rules of Order "Newly Revised" and the following standing rules:

1. Roll call votes will be by academies and by voice ballot, not by written ballot.
2. Debate, by any one delegate, shall be limited to no more than two speeches on any one subject, no longer than five minutes per speech. The second speech should be after all others have had an opportunity to speak.
3. Nominations shall be presented by the nominating committee.
4. The agenda of the House of Delegates meeting shall be sent to all districts at least twenty-one (21) days before the convention.
5. All resolutions submitted by any district or any other business to require House of Delegates attention shall automatically be brought before the House of Delegates if each district has been notified at least twenty-one (21) days in advance of such resolutions. Emergency resolutions or business addressing issues which occur after the published deadlines may be considered by the House of Delegates provided such resolutions or business have been submitted in typewritten form to the OOA Executive Director, with sufficient copies for distribution to the delegates, prior to the commencement of the first session of the House of Delegates. The sponsor of the resolution may move that the House consider the resolution at this session and that the House judges that the matter could not have been submitted by the published deadline. Each proposed item shall be considered separately.
6. The order of the agenda shall be left to the discretion of the Speaker of the House or presiding official.
7. Persons addressing the House shall identify themselves by name and the district they represent, and shall state whether they are for or against a motion.
8. The district executive directors and/or secretaries shall be permitted to sit with their delegations during all but executive sessions without voice or vote.
9. The Speaker of the House may appoint five or more members to the following Reference Committees: Public Affairs, Ad Hoc, Professional Affairs, Constitution and Bylaws. The purpose of each committee is as follows:
 - Public Affairs: To consider matters relating to public and industrial health, such as medical care plans, health care for the aging, disaster medical care, physical fitness and sports medicine, mental health etc.

- Professional Affairs: To consider matters relating to osteopathic education, osteopathic colleges, osteopathic hospitals, internship and residency programs, certification, postgraduate training programs, student loans, research, membership, conventions, etc.
 - Constitution and Bylaws: To consider the wording of all proposed amendments to the Constitution, Bylaws and the Code of Ethics.
 - Ad Hoc: To consider resolutions not having a specific category
10. Reports and resolutions, unless otherwise provided for, shall be referred to an appropriate reference committee for study, investigation and report to the House.
 11. The reference committee shall report their findings to the House at a specified time. The reports of the reference committees shall be given in respect to each item referred to them, and the House shall act upon each item separately or by consent calendar for collective action by the full house when deemed appropriate by the committee. Any seated delegate shall have the right to request the removal of any resolution from the consent calendar for separate consideration. The reference committees may recommend the action to be taken, but the vote of the House shall be the final decision in those matters, which are in its province, according to the rules of procedure.
 12. The Speaker shall have the power to refer any resolution to a special committee or the House may recommend the appointment of a special committee.
 13. The osteopathic student delegate shall be seated with the delegation from the academy within whose boundaries the osteopathic school is located.
 14. Committee reports shall be limited to ten (10) minutes unless an amended report is to be read which has not been previously published. The House reference committees are excluded from this limit.
 15. All resolutions passed by the House of Delegates shall be monitored by the OOA Board of Trustees for appropriate implementation.
 16. The OOA Executive Director shall compile a written report on all actions proposed, initiated or completed in response to resolutions enacted during the annual session. Such report shall be included in the House of Delegates manual the year following enactment.
 17. All resolutions passed by the OOA House of Delegates which pertain to policy, shall be reviewed by the OOA Resolutions Committee and resubmitted to the House of Delegates no later than five years after the enactment date.

**OHIO OSTEOPATHIC ASSOCIATION
ACTIONS BY THE 2021 HOUSE OF DELEGATES**

Submitted by OOA Executive Director Matt Harney, MBA & Secretary of the OOA House of Delegates

The OOA House of Delegates met virtually April 22, 2021. Delegates representing all ten districts discussed 21 resolutions. The five-year resolution reviews were included in resolutions 2020-1 and 2020-02 (amended reauthorizations) as well as 2021-01 and 2021-02 (amended reauthorizations). Resolutions originally introduced to the OOA HOD in 2021 included resolutions 2021-03 through 2021-19E.

The OOA House of Delegates elected the following OOA officers: President-Elect Jennifer L. Gwilym, DO; Vice President Nicklaus J. Hess, DO; and Treasurer Douglas W. Harley, DO. Immediate Past President Sandra L. Cook, DO, will remain on the Executive Committee and provided the State of the State Report. Henry L. Wehrum, DO, will be installed as OOA President the following day during the virtual Ohio Osteopathic Symposium.

Speaker of the House David A. Bitonte, DO, and Vice Speaker Michael E. Dietz, DO, presided over the meeting. They were elected to serve in the same positions for 2021-2022. The House also re-elected John F. Ramey, DO, and M. Terrance Simon, DO, to three-year terms on the Ohio Osteopathic Foundation Board of Trustees. The House also voted for a full House of Delegates slate to represent Ohio at the AOA House of Delegates in July. The OOA financial report was approved.

Two reference committees convened virtually. Reference Committee 1 considered resolutions under the five-year review and included Melinda E. Ford, DO; Robert A. Zukas, DO; Chelsea A. Nickolson, DO; Sean D. Stiltner, DO; Tejal R. Patel, DO; Robert S. Juhasz, DO; Charles D. Milligan, DO; Sharon L. George, DO; Carol Tatman, Staff. Dr. Ford served as Chair.

The following resolutions originally scheduled for review in 2020 were reaffirmed.

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:

Automobile Passive Restraints

RESOLVED that the Ohio Osteopathic Association continues to support state laws requiring mandatory seat belt usage and passive restraints in automobiles, including, but not restricted to appropriate safety bags. (*Original 1990*)

Family Caregivers

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages all osteopathic physicians to acknowledge the needs of family caregivers and to whatever extent possible provide resources to assist those caregivers; and, be it further

RESOLVED, that the OOA encourages its members to utilize resources from the National Association of Area Agencies on Aging and the National Family Caregivers Association to provide information about caregiving and caregiver support services to their patients; and, be it further

RESOLVED, that the OOA partner with the Ohio Association of Area Agencies on Aging to

increase statewide awareness of the health implications of caregiving. *(Original 2005)*

Health Savings Accounts

RESOLVED that the Ohio Osteopathic Association continues to advocate for Health Savings Account programs as an alternative form of health insurance. *(Original 1995)*

Home Health Care

RESOLVED that the Ohio Osteopathic Association (OOA) continue to monitor home health services to ensure physician involvement in quality monitoring and utilization of services; and be it further

RESOLVED that the OOA continue to be actively involved with the Ohio Department of Health in the development of proposed legislation or regulations pertaining to home health care. *(Original 1995)*

Hospital – Physician Relationships And Medical Staff Credentialing

RESOLVED, that the Ohio Osteopathic Association (OOA) believes that for-profit and not-for-profit hospitals and health care facilities can both provide cost-effective and quality medical services to the community and that all hospitals and health care facilities have an obligation to support the needs of the community at large; and, be it further

RESOLVED, that the OOA is strongly opposed to “exclusionary credentialing” and “economic credentialing.” These practices include any process established by a hospital to:

- (1) limit a physician’s medical staff privileges based in whole or in part by a physician’s privileges or participation at a different hospital or hospital system;
- (2) impose limitations on medical privileges or participation at a hospital based in whole or in part on the physician’s membership or membership of a partner, associate or employee at a different hospital or hospital system; or
- (3) exclude physicians from medical staff privileges due to physician ownership or investment—or that of a partner, association or employee—in a for-profit entity including but not limited to specialty hospitals, surgical centers, outpatient healthcare centers, radiology centers, or urgent care centers; and, be it further

RESOLVED, that the OOA believes that hospital privileges should be based on training, expertise, competence, and a staff development plan; and hospital privileges should be unrelated to professional or business relationships; investment in other healthcare facilities; associations with other physicians or groups of physicians; or having medical staff membership or privileges at another hospital system or for-profit facility; and, be it further

RESOLVED, OOA supports hospital ownership information disclosure to patients and supports the patients’ right to choose where they receive medical care; and, be it further

RESOLVED, that the OOA calls on Ohio’s hospitals and physicians to remain focused on working together to provide quality and cost-effective healthcare services that address the needs of patients.

Independent Practices in Rural Areas

RESOLVED, that the OOA supports positive incentives for physicians and healthcare systems to open rural practices, to provide better access to healthcare for Ohioans living in underserved rural areas, especially those with limited access to any type of primary healthcare. *(Original 2015)*

Insurance Identification Card for Patients

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the development of universal insurance identification cards for patients utilizing advanced technology information systems. *(Original 2000)*

Leadership Development

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer periodic leadership development programs for OOA district officers and executive directors; and, be it further,

RESOLVED, that the OOA encourages all OOA District academy presidents and presidents-elects to participate in other training and leadership development programs offered by hospitals, local civic organizations and national osteopathic specialty affiliates. *(Original 2010)*

Licensed Practical Nurses

RESOLVED that the Ohio Osteopathic Association continues to support the training and practice rights of Licensed Practical Nurses. *(Original 1980)*

Long-Term Care Facilities

RESOLVED, that the Ohio Osteopathic Association continues to advocate for government regulations and institutional protocols in long-term care facilities that allow pharmacists to accept verbal orders from nurses acting as agents of attending physicians to ensure patients have timely access to controlled substances (CII–VI). *(Original 2010)*

Managed Care, Automatic E/M Down Coding

RESOLVED, that the Ohio Osteopathic Association (OOA) opposes the practice of automatic down-coding by Health Insuring Corporations (HICs); and, be it further

RESOLVED, that the OOA continues to consider the practice of automatic down-coding by HICs inappropriate, misrepresentative and potentially fraudulent; and, be it further

RESOLVED, that the OOA continues to seek policy changes and/or regulatory and legislative mandates to prohibit automatic down coding by health insuring corporations. *(Original 1999)*

Managed Care, On-Line Formulary Directory

RESOLVED, that the Ohio Osteopathic Association continue to work with the Ohio Coalition of Primary Care Physicians, the Ohio Association of Health Plans and the Ohio Pharmacists Association to develop an online, centralized directory containing up to date formulary information for Health Insuring Corporations in Ohio. *(Original 2000)*

Medical Error Reporting System in Ohio

RESOLVED, that the OOA encourages its members and Ohio hospitals to participate in OPSI programs to improve patient safety for all Ohioans. *(Original 2010)*

Nursing Homes, Staffing

RESOLVED, that the Ohio Osteopathic Association supports-efforts-by the State of Ohio to increase the number of training programs for State Tested Nurses Aides (STNAs) to ensure appropriate staffing ratios and quality of care in Ohio's nursing homes. *(Original 2010)*

Obesity Epidemic

RESOLVED, that the OOA supports the State of Ohio's ongoing initiatives to combat the epidemic of adult and childhood obesity across Ohio and, be it further

RESOLVED, that the OOA continues to support legislation, programs, and initiatives that encourages Ohio's schools, parents, and the healthcare community to work together to eliminate childhood obesity by encouraging physical activity and good nutrition standards at home and in the schools; and, be it further

RESOLVED, that the OOA urge its members to educate their patients and communities about the dangers of obesity and support community-based programs that improve nutrition, and increase physical activity. *(Original 2005)*

Osteopathic Identity

RESOLVED. that the Ohio Osteopathic Association continues to encourage OOA members to take action on a grassroots level to educate and correct those who misuse the initials "MD" when they mean "physician;" and, be it further

RESOLVED, that the OOA post a sample letter and supporting information on the OOA website for members to download, adapt and distribute to correct instances where osteopathic physicians are incorrectly identified as MDs or required to sign forms that have a preprinted "MD." *(Original 2010)*

Prompt Pay Statutes

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to investigate and assist physicians in resolving problems associated with statutory prompt pay requirements in Ohio; and, be it further

RESOLVED, that the OOA encourages its members to file documented prompt pay complaints with the Ohio Department of Insurance (ODI) by completing a health insurance complaint form, which can be downloaded from the ODI website; and, be it further

RESOLVED, that the OOA supports revisions in the prompt pay statute to close any loopholes which allow licensed health insurance companies or government agencies to circumvent current prompt pay provisions of the Ohio Revised Code. *(Original 2000)*

Silent PPO's

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to oppose “Silent Preferred Provider Organizations (PPOs),” that give undisclosed patients access to discounted rates without the physician’s legal authorization, when health insuring corporations (HICs) buy or sell physician contracts with discounted fee schedules to other HICs and self-insured employer health plans; and, be it, further

RESOLVED, that the OOA disclose the names of HICs which appear to breach provider contracts to the Ohio Department of Insurance and OOA members, and, be it, further,

RESOLVED, that the OOA continue to advocate for prohibitions against such practices at the state and national levels. (Original 2000)

Third Party Reimbursement for Physician Services

RESOLVED, that the Ohio Osteopathic Association work with all third party payers and the Ohio Department of Insurance to ensure appropriate reimbursement to physicians for services they are qualified to render irrespective of their specialty designation (*Original 1990*)

Transformation of Ohio DO Primary Care Practices into Medical Homes

RESOLVED, that the Ohio Osteopathic Association continues to strongly encourage its members to seek assistance in transforming their practices into patient centered medical homes; and, be it further

RESOLVED, that the OOA work with the State of Ohio, CliniSync/Ohio Health Information Partnership and other physician organizations, to assist physicians in preparing their practices to be ready for new payment methods; and, be it further

RESOLVED, that the OOA continues to advocate for enhanced primary care reimbursement at the state and federal levels so primary care physicians can achieve an appropriate return on investment (ROI) for practice transformation. (*Original 2010*)

Universal Credentialing

RESOLVED, that the Ohio Osteopathic Association supports universal credentialing by healthcare facilities and health insurance plans. (*Original 2005*)

The following resolutions originally scheduled for 2020 consideration were amended and reaffirmed as follows:

Advance Directives and Complementary Documents

RESOLVED, the Ohio Osteopathic Association continues to urge its members to educate patients about the importance of advance directives and other complementary documents, including living wills, health care powers of attorney, do not resuscitate orders (DNRs and DNR-CCs), medical orders for life sustaining treatment (MOLST), and organ donation forms and options; and, be it further,

RESOLVED, that OOA continues to urge its members to encourage their patients to download copies of the latest edition of “Choices: Living Well at the End of Life” and “Conversations that Light the Way” from the OOA website at www.ohiodo.org, complete the newly revised advance

directive documents, and make copies of the documents available to their attending physician and family members. *(Original 2005)*

AACOM Health Policy Fellowship

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to endorse the American Association of Colleges of Osteopathic Medicine Health Policy Fellowship Program and encourages Ohio's health policy fellows to participate in the formulation of state and national health policy; and, be it further

RESOLVED, that the OOA encourages interested OOA members to apply for the program and if accepted, request financial support through the Ohio Osteopathic Foundation. *(Original 2010)*

Tanning Facilities

RESOLVED, that the OOA urges its members to continue to educate their patients about the harmful effects of UV light and the correlation between the use of indoor tanning equipment and the incidence of skin cancer. *(Original 2010)*

Assisting the Osteopathic Profession in Leveraging Electronic Health Records (EHRs) For Value Based Payment

RESOLVED, that the Ohio Osteopathic Association continue to work with CliniSync/ Ohio Health Information Partnership to assist OOA members in the practice transformation process by helping them to use Electronic Health Records to prepare for and sustain a value-based payment reimbursement system in Ohio. *(Original 2010)*

Clinical Education Network (CEN)

RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the continuum of undergraduate and graduate osteopathic medical education through the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), its evolving educational consortium, the Centers for Osteopathic Research and Education (CORE), and the CORE's hospital members; and, be it further

RESOLVED, that the OOA continue to work collaboratively with the Heritage College and the CORE to continue to strengthen organizational ties among the OOA, the Heritage College, each other and its affiliated teaching hospitals and health systems to promote Pride, Unity, Loyalty and Legacy within the osteopathic community; and, be it further

RESOLVED, that the OOA, CORE and the Heritage College embrace transparency and engage physicians, residents, students and other members of the osteopathic family in constructive dialogue in order to promote osteopathic distinctiveness; and, be it further

RESOLVED that the OOA, CORE and the Heritage College encourage residency and fellowship programs at member hospitals to apply for Osteopathic Recognition within the Accreditation Council for Graduate Medical Education single accreditation system; and, be it further

RESOLVED, that the OOA urges it members to continue to support osteopathically focused medical education and become involved in the continuum as program directors, clinical faculty, and mentors for osteopathic learners; and, be it further

RESOLVED, that the OOA, CORE, the Heritage College and its health system partners continue to lead the transformation of health care delivery in Ohio and the nation. (*Original 2010*)

Charity Care

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to advocate for tax incentives and credits for physicians who provide pro bono care to uninsured patients with financial need; and, be it further

RESOLVED, that the OOA encourage all physicians to participate in pro bono care programs that provide health care services to Ohio's most vulnerable and underserved populations. (*Original 2010*)

Gratis Medications

RESOLVED, the Ohio Osteopathic Association (OOA) supports changes in Food and Drug Administration regulations to allow the gratis distribution of medications to underserved patients after the manufacturer's expiration date with patient consent, provided such medications are deemed safe by the FDA for clinical use, based on evidence-based studies by independent researchers. (*Original 2010*)

The following resolutions were also reaffirmed by way of resolution 2021-01:

Diagnostic, Therapeutic, and Reimbursement

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to oppose any managed care policy which interferes with a healthcare professional's ability to freely discuss diagnostic, therapeutic and reimbursement options with patients. (*Original 2001*)

Drug Enforcement Administration Numbers

RESOLVED, that the Ohio Osteopathic Association urges all third party payers to maintain the confidentiality of all Drug Enforcement Administration Numbers and not require them for insurance billing purposes. (*Original 2006*)

Health Literacy and Cultural Competency

RESOLVED, that the Ohio Osteopathic Association (OOA) recognizes that residents of Ohio have diverse information needs related to cultural differences, language, age, ability, and literacy skills, that affect their ability to obtain, process, and understand health information and services; and, be it further

RESOLVED, that the OOA strongly support efforts to improve health literacy, so all individuals have the opportunity to obtain, process, and understand basic health information and services needed to make appropriate health decisions; and be it further,

RESOLVED, that the OOA strongly supports programs to improve the cultural competency of

healthcare providers to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations in Ohio, and to apply that knowledge to produce a positive health outcome by communicating to patients in a manner that is linguistically and culturally appropriate; and be it further

RESOLVED, that the OOA strongly encourages all practitioners and medical facilities to incorporate health literacy improvement and cultural competency in their missions, planning and evaluation to create a shame-free environment where all patients can seek help without feeling stigmatized (*Original 2011*)

Explanatory Statement: This resolution was taken to the AOA House of Delegates in 2011, where it was amended and approved with minor changes recommended by the Public Affairs Reference Committee.

Home Health Care, Physician Reimbursement

RESOLVED, that the Ohio Osteopathic Association continues to seek adequate reimbursement for physicians supervising and certifying Home Health Services. (*Original 1995*)

Hospital Medical Staff Discrimination

RESOLVED, that the Ohio Osteopathic Association continue to be vigilant and monitor for discrimination against osteopathic physicians and advocate for equal recognition of AOA specialty certification by hospitals, free-standing medical and surgical centers and third party payers. (*Original 1991*)

Photo IDs for Scheduled Drug Prescriptions

RESOLVED, that the Ohio Osteopathic Association encourages pharmacists through the Ohio Pharmacists Association, to request photo IDs from individuals who present a prescription or pick up the prescribed medication when the pharmacist has concerns about the identity of that individual. (*Original 2006*)

Third Party Payers, Osteopathic Representation

RESOLVED, that the Ohio Osteopathic Association continues to encourage all third party payers to appoint medical policy panels which include osteopathic representation. (*Original 1991*)

Safe Prescriptions and Drug Diversion Tactics

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages colleges of osteopathic medicine to educate students about common drug diversion tactics used to obtain scheduled drugs; and, be it further

RESOLVED, that the OOA periodically publish information and/or provide continuing medical education on best practices in order to reduce medication errors and prevent drug diversion in physician practices. (*Original 2006*)

Ohio Automated Rx Reporting System (OARRS)

RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the Ohio Automated Rx Reporting System (OARRS) as an important tool for identifying patients who may be “doctor shopping” and misusing or abusing controlled substances; and, be it further

RESOLVED, that the OOA continue to work with the Ohio State Board of Pharmacy and the State Medical Board of Ohio to support and improve OARRS; and, be it further,

RESOLVED, the OOA strongly supports efforts to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio to allow instant access for prescribers and pharmacists. (*original 2011*)

Ohio Bureau of Workers Compensation Health Partnership Program

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to actively participate in ongoing efforts to maintain and improve the Bureau of Workers’ Compensation’s Health Partnership Program (HPP), as an efficient process for Ohio’s injured workers and the osteopathic physicians who provide care for them. (*Original 1997, Substitute Resolution 2011*)

Pain Management Education

RESOLVED, that the Ohio Osteopathic Association continue to work with the Governor’s Cabinet Opioid Action Team (GCOAT) and the White House Opioid Working Group to educate practicing DOs, residents and osteopathic students on the use of neuromusculoskeletal medicine in pain management, addiction prevention and intervention, buprenorphine treatment, naloxone prescribing and how to educate patients to safely store and dispose of excess medications to prevent drug diversion in Ohio (*Original 2011*)

Medicare Three-Day Qualifying Policy for Skilled Nursing Facility Care

RESOLVED, that the OOA continues to advocate for the Centers for Medicare & Medicaid Services and other insurance plans with three day qualifying rules for skilled nursing facility payments to develop exception guidelines that facilitate care for appropriate patients in a less intense setting, without having to fulfill a three-day hospital stay. (*Original 2011*)

Explanatory Statement: Amended and approved with minor changes recommended by the AOA Professional Affairs Reference Committee.

Childhood Obesity and School Health Policies

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support comprehensive, evidence-based school health and physical education programs in classes K-12 in public and private schools to promote healthy choices and prevent childhood obesity; and, be it further

RESOLVED, that the OOA supports healthy food and drinks in public and private schools and eliminating the sale of unhealthy drinks and snacks on school property; and, be it further

RESOLVED, that the OOA continues to encourage OOA members to be advocates for comprehensive school health and fitness programs in K-12 in their communities and to educate parents about their role in preventing childhood obesity. (*Original 2005*)

Physician Signatures, Reduction of Unnecessary

RESOLVED, that the Ohio Osteopathic Association (OOA) supports continuous evaluation of physician signature requirements imposed by agencies, institutions and private businesses, to eliminate non-essential validation mandates and reduce administrative burdens on physician offices (*Original 2001*).

Improving Outcomes of Law Enforcement Responses to Mental Health Crises Through the Crisis Intervention Team Model

RESOLVED, the Ohio Osteopathic Association (OOA) supports continued research into the public health benefits of (Crisis Intervention Team (CIT) law enforcement training; and be it further

RESOLVED, the OOA encourages physicians, physician practices, allied healthcare professionals, and medical communities to collaborate with law enforcement training programs in order to improve the outcomes of police interventions in mental health crises; and be it further

RESOLVED, the OOA supports the use of public funds to facilitate CIT training for all interested members of police departments. (*Original 2016*).

Explore Incentives to Increase Patient Involvement in Cancer Clinical Trials

RESOLVED, that the Ohio Osteopathic Association (OOA) supports increasing the number of cancer patients in Ohio that are enrolled in clinical trials via educational promotions; and, be it further

RESOLVED, that the OOA explore educational promotions to increase patients' awareness of clinical trial opportunities. (*Original 2016*).

Explanatory Statement: The statistic of three percent of cancer patients being enrolled in clinical trials is a worrisome fact. As physicians and as a part of a healthcare team, we should promote avenues to seek patient healing and treatment advancement such as clinical trials. Clinical trials are often covered by insurance or drug companies and as such are no cost to the patient. We should be maximizing the opportunities to improve research and our patients' health.

Expanding Gender Identity Options on Physician Intake Forms to be More Inclusive of LGBTQ Patients

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the inclusion of a two part demographic inquiry on patient intake forms, requesting patients indicate their "Sex" (assigned at birth) and "Gender Identity," separately; and, be it further

RESOLVED, that the "Gender Identity" question provide the following four options: "Male," "Female," "Transgender," and "Additional category (please specify)." (*Original 2016*).

Explanatory Statement: It is our role as physicians to be inclusive of all gender identities, and to provide patients with the most appropriate care. Transgender and genderqueer individuals currently face significant disparities in mental health and medical health care, linked to social stigma and discrimination they encounter, when compared to heterosexual or LGB cis-gendered individuals. It is our hope that the OOA HOD would encourage physicians to make patient-intake forms more welcoming and

inclusive of potential Trans and genderqueer patients, in order to reduce what can be a significant barrier to meeting their healthcare needs.

Addressing Food and Housing Insecurity for Patients

RESOLVED, the Ohio Osteopathic Association (OOA) recognizes food and housing insecurity as a predictor of health outcomes; and, be it further

RESOLVED, the OOA encourages the use of housing and food insecurity screening tools by physicians and healthcare staff, similar to the depression screening tools; and, be it further

RESOLVED, the OOA supports legislation that aims to decrease food and housing insecurity in Ohio. (*Original 2016*).

Human Trafficking Education for Health Care Workers

RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for the mandatory training of health care workers in the recognition and care for victims of human trafficking. (*Original 2016*).

Explanatory Statement: The following AOA policy does not address the gravity of the situation adequately. As HT continues to grow as a problem, it is time that HCW are not just “aware” of the issue, but are trained to recognize the victims. Without hospitals requiring mandatory training, it is likely that victims will continue to go unrecognized by HCW and be forced into slavery.

“AOA policy H401-A/14 Human Trafficking—Awareness as a global health problem The American Osteopathic Association acknowledges human trafficking as a violation of human rights and a global public health problem encourages osteopathic physicians TO be aware of the signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking, including appropriate medical assessment and reporting to law enforcement. 2014”

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the protection of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminating practices and harassment; be it further

RESOLVED, that the OOA work with legislators to provide more comprehensive equal rights, protections, to all patient populations. (*Original 2016*)

Eugenic Selection with Preimplantation Genetic Diagnosis

RESOLVED, that the Ohio Osteopathic Association (OOA) opposes the use of Preimplantation Genetic Diagnosis (PGD) to choose a fetus' traits unrelated to disease. (*Original 2016*).

Explanatory Statement: Preimplantation Genetic Diagnosis can prevent inheritance of diseases such as Cystic Fibrosis, tumor suppressor genes, diabetes, obesity, depression, hemophilia, some anemias, etc. With technological advancement, parents will have the ability to choose their children's genes for non-disease traits. Selecting genetic traits in children that have no

correlation with pathologies unwillingly predetermines a child's fate. For instance, preimplantation sex selection is appropriate to avoid the birth of children with genetic disorders; it is not acceptable when used solely for non-medical reasons. Phenotypes such as hair, eye, and skin color could be selected. The United Kingdom has taken an initiative to stop the selection of non-pathological traits. The OOA needs to advocate for the United States to follow this precedent.

TRICARE Health Insurance for our Military

RESOLVED, the Ohio Osteopathic Association (OOA) supports the efforts of the TRICARE health care delivery system by providing information regarding TRICARE on the OOA web site; and be it further

RESOLVED, the OOA encourages physicians, physician practices and all medical communities to join these other Ohio physician providers and help treat the more than 155,500 Ohio service and family members' beneficiaries who sacrifice so much to protect our freedoms.

The following resolutions were amended and reaffirmed by way of resolution 2021-02:

OOA Physician Placement Information Service

RESOLVED, that the Ohio Osteopathic Association continues to encourage physicians to advertise practice opportunity information by utilizing osteopathic publications, OsteoFacts; and the OOA website. *(Original 1991)*

Providing CME Credits for Physicians Pursuing Further Education

RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for those individuals seeking degrees that would further provide those physicians the CME credits issued by the American Osteopathic Association; and be it further

RESOLVED, that the OOA petition the AOA Bureau on Osteopathic Education to revisit this request and consider recognizing those efforts by current and future physicians who wish to pursue additional degrees by offering CME credits to those individuals. *(Original 2016)*.

Reference Committee 2 considered all resolutions being initially introduced and included Jennifer L. Gwilym, DO; Nicholas G. Espinoza, DO; Edward E. Hosbach, DO; Nicklaus J. Hess, DO; Charles T. Mehlman, DO; Nathan P. Samsa, DO; Andrew P. Eilerman, DO; Sandra L. Cook, DO; James R. Pritchard, DO; John C. Baker, DO; Cheryl Markino, Staff. Dr. Gwilym served as Chair.

RES. NO.
2021-03

SUBJECT: ADVERSE CHILDHOOD EXPERIENCES SCREENING

SUBMITTED BY: Emily Artz, OMS-II – Ohio Heritage College of Osteopathic Medicine/Athens; Michelle Beeson, OMS-II – Ohio Heritage College of Osteopathic Medicine/Athens; Joel Manzi, OMS-III – Ohio Heritage College of Osteopathic Medicine/Cleveland; and Josh Mohn, OMS-I – Ohio Heritage College of Osteopathic Medicine/Athens

WHEREAS, Adverse Childhood Experiences (ACEs) are cumulative potentially traumatic events that occur in childhood (0-17 years), including experiencing or witnessing violence in the home or community, having a family member attempt or die by suicide, or growing up in a household with substance misuse, mental health problems, or instability due to parental separation or household members being in jail or prison¹; and

WHEREAS, the ACEs can be accurately scored on a validated screening instrument in the primary care setting²; and

WHEREAS, the ACEs score has been recognized through multiple agencies, including but not limited to: Center for Disease Control (CDC), the American Academy of Pediatrics (AAP), American Academy of Family Medicine (AAFP), and the American Psychological Association (APA), as a strong predictor of both medical and physical health outcomes, including but not limited to: risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases, leading causes of death, and education and job opportunities^{1, 3-6}; and

WHEREAS, as of January 1, 2020, per the Surgeon General of California, Dr. Nadine Burke Harris, the ACEs Aware Initiative in California has begun funding providers for ACEs screening to improve public health and address the state's estimated \$112.5 billion per year cost in health care expenditures and disease burden as a result of ACEs-related premature death and years of productive life lost to disability²; and

WHEREAS, preventing ACEs could potentially reduce many health conditions with economic and social costs to families, communities, and society of hundreds of billions of dollars each year⁷; and now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for the inclusion of an ACEs screening in establishing care visits with patients in primary care settings.

References

1. National Center for Injury Prevention and Control. Preventing Adverse Childhood Experiences. cdc.gov. <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>. Published December 31, 2019. Accessed February 10, 2020.
2. Miller TR, Waehrer GM, Oh DL, et al. Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLOS ONE. 2020;15(1):e0228019. doi:10.1371/journal.pone.0228019
3. American Academy of Family Physicians. Adverse Childhood Experiences. cdc.gov. <https://www.aafp.org/about/policies/all/adversechildhood-experiences.html>. Published April 2, 2019. Accessed February 10, 2020.
4. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245-258. doi:10.1016/s0749-3797(98)00017-8
5. Portwood S. Adverse childhood experiences: Current research and practice applications. <https://www.apa.org>. <https://www.apa.org/pi/families/resources/newsletter/2018/11/adverse-experiences>. Accessed February 10, 2020.
6. American Academy of Pediatrics. ACEs and Toxic Stress. AAP.org. <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/ACEs-and-Toxic-Stress.aspx>. Published 2020. Accessed February 10, 2020.
7. National Center for Injury Prevention and Control. Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. 2019.

SUBJECT: AVAILABILITY OF MODALITIES OF PRESCRIBING

SUBMITTED BY: Marc D. Richards, DO, Marietta District

WHEREAS, the Ohio Osteopathic Association supports policies that promote patient access to and coverage of appropriate pharmacologic treatments; and

WHEREAS, the Wal-Mart Company believes that e-Prescriptions (also known as EPCS and also known as Electronic Prescriptions for Controlled Substances) cannot be altered or copied, are less prone to errors, and can be tracked to ensure proper steps are taken throughout the prescription process; and

WHEREAS, the Wal-Mart Company pharmacies will no longer accept written or faxed prescriptions for controlled substance prescriptions after December 31, 2019; and

WHEREAS, the OPTUMRx™ company will no longer be accepting via fax, telephone, print, or hand-written format prescriptions for controlled substances as of March 1, 2020; and

WHEREAS, EPCS (Electronic Prescriptions for Controlled Substances) systems on occasion may not be immediately available to a prescriber on a scheduled or unscheduled basis (such as scheduled downtime, power outages, or critical infrastructure interruption) or for physicians not utilizing electronic means of documentation; and

WHEREAS, the Drug Enforcement Agency (DEA) requires that a prescription for a controlled substance must be dated and signed on the date when issued, and must include the patient's full name and address, and the practitioner's full name, address, and DEA registration number. In addition, a valid prescription must also include: drug name, strength, dosage form, quantity prescribed, directions for use, and number of refills authorized (if any). Additionally, a valid controlled substance prescription must also be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued; and

WHEREAS, a registered pharmacy may process electronic prescriptions for controlled substances only if the following conditions are met, first, the pharmacy uses a pharmacy application that meets all of the applicable requirements of 21 C.F.R. §1311, and second the prescription is otherwise in conformity with the requirements of the Controlled Substance Act (CSA) and 21 C.F.R.; and

WHEREAS, the Drug Enforcement Agency states that a "pharmacist may dispense directly a controlled substance listed in Schedule III, IV, or V only pursuant to either a paper prescription signed by a practitioner, a facsimile of a signed paper prescription transmitted by the practitioner or the practitioner's agent to the pharmacy, an electronic prescription that meets DEA's requirements for such prescriptions"; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association advocate for all methods of prescribing by physicians for schedule II through schedule V controlled substances including fax, telephone, print, EPCS (Electronic Prescriptions for Controlled Substances) and hand-written prescriptions that meet the United States Drug Enforcement Agency guidelines for a valid controlled

substance prescription without limitation or preference for any one specific method or limitation on prescribing. And be it further,

RESOLVED, that this resolution be submitted to the 2021 American Osteopathic Association House of Delegates.

SUBJECT: PATIENT SATISFACTION SURVEYS

SUBMITTED BY: Marc D. Richards, DO, Marietta District

WHEREAS, the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care¹; and

WHEREAS, the survey is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers, public reporting of the survey results creates new incentives for hospitals to improve quality of care, and public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment¹; and

WHEREAS, physicians are bound to “do no harm” and provide care that is in the best interest of the patient; and

WHEREAS, the surveys are tied in-part to hospital and physician reimbursement; and

WHEREAS, “satisfaction” is a subjective, and not an objective metric of patient outcomes; and

WHEREAS, physicians may be influenced to implement therapy such as prescribing antibiotics outside of clinical guidelines not in the patient’s best interest in order to improve “patient satisfaction”; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association discourage the use and implementation of any tool that supports incorporation of “patient satisfaction” to reimbursement models to hospitals or physicians for patient care and to maintain the use of objective evidence-based methods of providing care rather than patient interpretation of care as evidenced by “patient satisfaction” surveys.

¹ Mehta, Shivan J. MD, MBA Patient Satisfaction Reporting and Its Implications for Patient Care. American Medical Association Journal of Ethics. July 2015, Volume 17, Number 7: 616-621 <https://journalofethics.ama-assn.org/article/patient-satisfaction-reporting-and-its-implications-patient-care/2015-07>. Accessed February 10, 2020.

SUBJECT: IMPROVING STATE SAVINGS THROUGH BIOSIMILAR SPECIALTY MEDICINES

SUBMITTED BY: OOA Council on Resolutions

WHEREAS, biologic medicines – sometimes called “specialty medicines” – are large complex medicines produced through advanced biotechnology techniques in living systems, such as plant or animal cells;¹; and

WHEREAS, biologic medicines are between 50 to 1,000 times larger than traditional “small molecule” medicines and due to their size and molecular structure work differently and often must be injected directly into the bloodstream to prevent degradation in the digestive tract;²; and

WHEREAS, biosimilars are biologic medicines approved by the FDA as “highly similar” to the original biologic

medicine such that they work in the same way and have no clinically meaningful difference in safety or efficacy;³; and

WHEREAS, biosimilars are approved by the U.S. Food and Drug Administration (FDA) based on the agency's rigorous standards for safety, potency, and purity;³⁻⁴; and

WHEREAS, the FDA has approved 24 biosimilars indicated for a wide range of conditions including autoimmune diseases such as rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis, ulcerative colitis, and certain types of colorectal, lung, breast and other types of cancers;⁵; and

WHEREAS, biologic medicines are used by 1-2% of the U.S. population, but alone accounted for 38% of U.S. prescription drug spending in 2015, and a drug spending growth of 70% between 2010-2015;⁶; and

WHEREAS, unlike generics, which account for 90% of prescriptions, biosimilars make up only 2% of the U.S. market;⁷⁻⁹; and

WHEREAS, increased use of biosimilars is estimated to save state Medicaid programs between \$417 million and \$1.2 billion annually, and commercial payers \$1.2 to \$3.3 billion annually;¹⁰; and

WHEREAS, anti-competitive behaviors, such as contracts that prevent biosimilars from being included on formularies, and misaligned incentives for providers are inhibiting patient access to, and system savings from, biosimilars;¹⁰⁻¹¹; now, therefore be it

RESOLVED, that biosimilar medicines are a critical tool in preventing, treating and curing disease, as well as lowering spending on specialty medicines; and be it further

RESOLVED, that relevant Ohio departments should examine potential savings of enhanced use of biosimilars in Medicaid and Managed Medicaid health plans, state employee health care programs, state retirement systems and other state funded programs; and be it further

RESOLVED, that relevant Ohio departments should evaluate formulary coverage of biosimilars and examine provider reimbursement policies for biosimilars

References

1. United States Food and Drug Administration. [Biological Product Definitions](#). February 2018.
2. Burke, E. [Pills, Peptides, & Proteins](#). *Biotechnology Primer*. August 2018.
3. United States Food and Drug Administration. [What is a Biosimilar?](#) April 2019.
4. [The Biologics Price Competition and Innovation Act of 2009](#), Pub. L. 111-148, 124 Stat. 804, codified as amended at 42 U.S.C. § 351.
5. United States Food and Drug Administration. [Biosimilar Product Information](#). July 2019.
6. Mulcachy, A., Hlavka, J., Case, S. [Biosimilar Cost Savings in the United States](#). *Rand Health Quarterly*, 7(4):3. March 2018.
7. Biosimilar Council of the Association for Accessible Medicines. [White Paper: Part 2. Failure to Launch: Barriers to Biosimilar Market Adoption](#). September 2019.
8. Association for Accessible Medicine. [The Case for Competition: 2019 Generic Drug and Biosimilars Access and Savings in the U.S. Report](#). 2019.
9. The IQVIA Institute. [The Global Use of Medicine in 2019 and Outlook to 2023](#). January 2019.
10. Winegarden, W., Pacific Research Institute (PRI), [Issue Brief: The Biosimilar Opportunity: A State Breakdown](#). October 2019.
11. Gottlieb, S. United States Food and Drug Administration Commissioner, [Speech: Dynamic Regulation: Key to Maintaining Balance Between Biosimilars Innovation and Competition](#). July 2018

SUBJECT: Extension of the Shelf Life Extension Program (SLEP) by the FDA

SUBMITTED BY: Richard Boyd, OMS-II, PharmD, RPh

WHEREAS, the healthcare system faces a multitude of medication shortages and high medication prices; and

WHEREAS, the FDA's Shelf Life Extension Program (SLEP) has 34 years of data supporting the extension of shelf life for over 122 medications by an average of 5.5 years; and

WHEREAS, the FDA's program cost \$3.1 million annually to save the federal government \$2.1 billion annually in medications that do not need discarded; and

WHEREAS, all hospital and retail pharmacies are held to the same environmental control standards for the storage of medications that the federal government is subjected to; and

WHEREAS, a significant increase in the availability of medications would occur if FDA expanded the SLEP program to all civilian hospital and retail pharmacies; and

WHEREAS, the safe extension of expiration dating on medications would result in a significant annual cost savings to the US healthcare system; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association advocate to the American Osteopathic Association to petition the US Food and Drug Administration (FDA) and the Congress of the United States for the expansion of the Shelf Life Extension Program to all civilian hospital and retail pharmacies; and be it further

RESOLVED, that this resolution be submitted to the 2021 American Osteopathic Association House of Delegates.

References:

Allen, Marshall. "The Myth of Drug Expiration Dates." ProPublica, 18 July 2017, www.propublica.org/article/the-myth-of-drug-expiration-dates.

Cantrell, F. Lee, et al. "Epinephrine Concentrations in EpiPens After the Expiration Date." Annals of Internal Medicine, vol. 166, no. 12, 20 June 2017.

Cantrell, Lee, et al. "Stability of Active Ingredients in Long-Expired Prescription Medications." Archives of Internal Medicine, vol. 172, no. 21, 26 November 2012.

Commissioner, Office of the. "Expiration Dating Extension." U.S. Food and Drug Administration, FDA, 8 Aug. 2020, www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension.

Diven, Dayna G., et al. "Extending Shelf Life Just Makes Sense." Mayo Clinic Proceedings, vol. 90, no. 11, 1 November 2015, pp. 1471-1474.

Lyon, Robbe C., et al. "Stability Profiles of Drug Products Extended Beyond Labeled Expiration Dates." Journal of Pharmaceutical Sciences, vol. 95, 7 July 2006, pp. 1549-1560

SUBJECT: Protective Educational Environments For Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Youth

SUBMITTED BY: Erin M. Thornley, DO

WHEREAS, the American Osteopathic Association (AOA) supports the protection of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminatory practices and harassment, and reaffirms the equal rights provisions and protections for all patient populations as stated in *H439-A/16 Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws*; and

WHEREAS, the AOA acknowledges that LGBTQ youth experience higher rates of anxiety, depression, emotional distress, and suicidality^{1, 2}; and

WHEREAS, scientific literature indicates that the implementation of policies that specifically protect LGBTQ youth from bullying and discrimination based on sexual orientation and gender identity lowers risk of suicide in this population^{1, 3}; and

WHEREAS, evidence shows that inclusive and non-discriminatory educational institutions can serve as protective environments for LGBTQ students and help improve their sense of belonging and mental health outcomes^{1, 4, 5}; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association recognizes the importance and supports the development of curricula that acknowledge LGBTQ identities, inclusive policies that allow LGBTQ youth to participate in extracurricular activities free from discrimination, and the implementation of anti-bullying policies that specifically protect children from harassment based on sexual orientation or gender identity in educational settings; and be it further

RESOLVED, that this resolution be submitted to the 2021 American Osteopathic Association House of Delegates.

¹ Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annu Rev Clin Psychol*. 2016;12:465–487. doi:10.1146/annurev-clinpsy-021815-093153

² Johns MM, Poteat VP, Horn SS, Kosciw J. Strengthening Our Schools to Promote Resilience and Health Among LGBTQ Youth: Emerging Evidence and Research Priorities from *The State of LGBTQ Youth Health and Wellbeing Symposium*. *LGBT Health*. 2019;6(4):146–155. doi:10.1089/lgbt.2018.0109

³ Hatzenbuehler ML, Keyes KM. Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *J Adolesc Health*. 2013;53(1 Suppl):S21–S26. doi:10.1016/j.jadohealth.2012.08.010

⁴ Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

⁵ GLSEN. 2020. *Transgender Inclusion In High School Athletics*. [online] Available at: <<https://www.glsen.org/activity/transgender-inclusion-high-school-athletics>> [Accessed 3 April 2020].

SUBJECT: Elemental Formula Coverage

SUBMITTED BY: Sean M. Johnson, DO

WHEREAS, thousands of children are diagnosed annually with diseases that interfere with the digestion and absorption of nutrients(1); and

WHEREAS, without medically necessary nutrition, these patients would risk malnutrition, further morbidity, medical complications, and hospitalizations(2); and

WHEREAS, a delay in coverage can have significant medical consequences during a critical time of growth and development in an infant's life; and

WHEREAS, elemental formula is the standard of care in many diseases of absorption and digestion(3); and

WHEREAS, current Ohio state insurance policies on elemental formula do not always make it possible for families to get sufficient nutrition for their affected children; and

WHEREAS, there exists legislation in 19 states with various requirements regarding the mandatory coverage of elemental formula including Washington, Oregon, Arizona, Colorado, Texas, Nebraska, Missouri, Minnesota, Illinois, Kentucky, Pennsylvania, Maryland, New York, New Jersey, Connecticut, Rhode Island, Massachusetts, New Hampshire, and Maine(4); and

WHEREAS, federal programs such as Women, Infants, and Children (WIC) have income restrictions which can lead to families without needed assistance(5); and

WHEREAS, the state of Ohio does not currently have legislation requiring the coverage of elemental formula; therefore(6), be it

RESOLVED, that the Ohio Osteopathic Association support state legislation requiring the coverage of medically necessary elemental formula.

References:

- 1) "Text - S.3657 - 116th Congress (2019-2020): Medical Nutrition Equity Act of 2020." *Congress.gov*, 7 May 2020, www.congress.gov/bill/116th-congress/senate-bill/3657/text.
- 2) "State Insurance Mandates for Elemental Formula." *APFED*, 5 Feb. 2020, apfed.org/advocacy/state-insurance-mandates-for-elemental-formula/.
- 3) "A Resource Guide for Enteral Formula Coverage." *Complex Child*, 10 Nov. 2020, complexchild.org/articles/2014-articles/april/enteral-formula-coverage/.
- 4) Singhal, Sarita, et al. "Tube Feeding in Children." *Pediatrics in Review*, vol. 38, no. 1, 2017, pp. 23–34., doi:10.1542/pir.2016-0096.
- 5) "Government Relations: Statewide Insurance Coverage for Elemental Formula." *Government Relations | Statewide Insurance Coverage for Elemental Formula*, www.foodallergyawareness.org/government-relations/statewide-insurance-coverage-for-elemental-formula/.
- 6) "State Statutes & Regulations on Dietary Treatment of Disorders Identified Through Newborn Screening." National Coordinating Center, Nov. 2016.
- 7) "Enteral Nutrition: Access and Coverage." *Healthcarenutrition.org*, 2019.
- 8) "EleCare® - Insurance Coverage." *Elecare.com*, elecare.com/insurance-coverage.

- 9) "MCD." *National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy (180.2)*, www.cms.gov/medicare-coverage-database
- 10) Yang, Min, et al. "Cost-Effectiveness Analysis of an Enteral Nutrition Protocol for Children With Common Gastrointestinal Diseases in China." *Journal of Parenteral and Enteral Nutrition*, vol. 38, no. 2_suppl, 2014, doi:10.1177/0148607114550002.

RES. NO.
2021-10

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

Article VIII - Board Of Trustees

The Board of Trustees of this association shall consist of the President, President-Elect, Immediate Past President, Vice President, Treasurer, one member from each district academy, the President of the Ohio University HERITAGE College of Osteopathic Medicine Student Council, and a resident in an Ohio ~~postdoctoral training~~ **-BASED GRADUATE MEDICAL EDUCATION** program designated with Osteopathic Recognition accredited by the American Osteopathic Association Accreditation Council for Graduate Medical Education, all of whom shall serve until their successors are elected or appointed. The Executive Director shall be a member without vote. Election of the district academy representatives to the association's Board of Trustees shall be conducted as provided in the bylaws. The Board of Trustees shall be the administrative and executive body of the association and perform such other duties as are provided in the bylaws.

Explanatory statement: This amendment accommodates the transition to a single accreditation system for graduate medical education as it relates to the resident member of the OOA Board of Trustees. The amendment would focus eligibility on residents in Osteopathically-Recognized programs.

RES. NO.
2021-11

Amendment (blue and red): Adopted; Resolution: Adopted

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Constitution

Article IV – Membership

The active membership in this association shall consist of members who are graduates of an accredited college of osteopathic medicine and who are lawfully licensed to practice in the state of Ohio unless they have voluntarily allowed their license to lapse due to retirement or disability. Persons may be elected to associate or honorary membership in this association, as provided in its bylaws. Any ~~AOA or ACGME accredited hospital~~ **ACCREDITED BY A CMS-APPROVED ACCREDITOR** or college **COCA-ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE OR LCME ACCREDITED COLLEGE OF MEDICINE** located in the state of Ohio shall be eligible to become an institutional member of this association.

Explanatory statement: This amendment broadens accreditation consideration for institutional members.

RES. NO.
2021-12

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

Article VII - Officers

The elected officers of this association shall be regular members in good standing and shall be: a President, a President-Elect, a Vice President, a Treasurer, a Speaker of the House of Delegates, and a Vice Speaker of the House of Delegates. Non-elected officers shall include the-Immediate Past President and an Executive Director. A President-Elect shall be elected annually by the House of Delegates to serve for one year. He/she shall succeed to the office of President at the next annual election. The Vice President, Treasurer, Speaker and Vice Speaker of the House of Delegates shall be elected annually by the House of Delegates to serve for one year, or until successors are installed. An Executive Director shall be appointed by the Board of Trustees to serve for such term as the Board of Trustees shall define. The duties of these officers shall be those usual to such officers in their respective offices and such others as are defined by the bylaws. In the case of inability upon the part of the President to serve during the term of office for which he has been elected, the responsibility of filling the office of President shall devolve upon the Board of Trustees.

Explanatory statement: This amendment accommodates any president-elect who is female.

RES. NO.
2021-13

Amendment (in red): Approved; Resolution: Approved

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Article II

Section 1 - Regular Member. An applicant for regular membership in this association shall be a graduate of a **COCA-ACCREDITED** college of ~~medicine or~~ osteopathic medicine, **OR AN LCME-ACCREDITED COLLEGE OF MEDICINE, OR HAVE BEEN CERTIFIED THROUGH THE ECFMG (Educational Commission for Foreign Medical Graduates)** and licensed to practice in the state of Ohio. Application shall be made on a prescribed form and shall be accompanied by payment of the appropriate state and local district dues. The executive director shall send a copy of the new member's application and district dues to the appropriate district academy and publish the new member's name in the *Buckeye Osteopathic Physician*.

Explanatory statement: This amendment would allow allopathic physicians a pathway to regular membership. The American Osteopathic Association approved a pathway to regular membership for allopathic physicians in 2018. It's also worth noting allopathic physicians can be accepted to residency programs designated with Osteopathic Recognition.

RES. NO. 2021-14

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Section 1 (a) - Continuing Education. In order to maintain regular membership in this association a minimum of 400 50 credit hours of approved continuing medical education must be substantiated for each successive two-year period, commencing January 1, 1985. Rules of procedure, guidelines of approved educational categories and certification requirements will be the responsibility of the Education Committee with approval of the Board of Trustees.

Explanatory statement: This amendment updates the CME requirements for licensure resulting from HB 166 in 2019.

RES. NO.
2021-15

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Section 2 - Postgraduate Training Member. Osteopathic physicians in AOA or ACGME approved Ohio ~~osteopathic~~ postdoctoral training programs or allopathic physicians in programs with Osteopathic Recognition shall automatically be enrolled as members of this association for the duration of their training and shall receive benefits and privileges as defined in these bylaws or by the Board of Trustees.

Explanatory statement: This amendment would continue automatic membership for all DO residents regardless of program status (Osteopathically-Recognized or not) while also providing automatic membership for MDs in Osteopathically-Recognized programs.

RES. NO.
2021-16

Amendment (in red): Approved; Resolution: Approved

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Section 10 - Institutional Member. Any ~~American Osteopathic Association-accredited~~ **health system, hospital, healthcare facility or institution accredited by a Centers for Medicare & Medicaid Services recognized accreditation agency or COCA accredited college of osteopathic medicine or LCME accredited college of medicine** ~~healthcare facility institution or college of osteopathic medicine.~~ Located in the state of Ohio shall be eligible to become an institutional member of this association.

Explanatory statement: The amendment updates institutional membership as the American Osteopathic Association no longer accredits hospitals.

SUBJECT: Decreasing the limitations on Prescribing Calcitonin Gene-Related Peptide (CGRP) Inhibitors in Primary Care

SUBMITTED BY: Dayton District Academy

WHEREAS, migraine headache is the sixth most prevalent cause of global burden; and

WHEREAS, an American seeks care in the ER for an acute migraine every ten seconds; and

WHEREAS, healthcare and productivity costs accounts for up to \$36 billions dollars annually from associated migraines; and

WHEREAS, healthcare costs are 70% higher in a family with a migraine compared with a non-migraine affected family; and

WHEREAS, only 4% of migraine sufferers seek medical care from a headache or pain specialist; and

WHEREAS, 25% of sufferers would benefit from preventative care, only 12% receive it; and

WHEREAS, there are about 500 certified headache specialists compared to 39 million migraine sufferers in the United States in 2019; and

WHEREAS, calcitonin-gene related peptide (CGRP) inhibitors are a novel drug class for the treatment of chronic migraine with improvement in response by 50% each month for the first 3 months; and

WHEREAS, the treatment with CGRP inhibitors for chronic migraine demonstrated quality of life adjustment equivalent with episodic migraines; and

WHEREAS, side effects of this drug class are minimal including injection site reaction, constipation, and possible upper respiratory infections; and

WHEREAS, insurance companies have been denying coverage for CGRP inhibitors to primary care providers due to reason that the provider is not a headache specialist; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) on behalf of its members urges Ohio Medicaid, Medicare, and private insurers to enhance the coverage of CGRP inhibitor agents by primary care physicians for the treatment and management of chronic migraine; and be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for further consideration at the House of Delegates 2021.

References:

1. Migraine Research Foundation. migrainresearchfoundation.org
2. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/headache-disorders>

RES. NO.
2021-18

SUBJECT: Direct Acting Antiviral Therapy for Hepatitis C Limitations

SUBMITTED BY: Dayton District Academy

WHEREAS, there is an estimated 2.4 million people in the US living with Hepatitis C infection with 3216 new cases reported to the CDC in 2017; and

WHEREAS, Hepatitis C transmission via bloodborne exposure and vertical transmission has become a public health concern; and

WHEREAS, 75-85% of acute Hepatitis C becomes chronic and 10-20% of patients infected with Hepatitis C progress to hepatic cirrhosis. Those patients with cirrhosis have increased risk of development of hepatocellular carcinoma and hepatic decompensation. 17,253 US death certificates listed Hepatitis C as an underlying or contributing cause of death and the CDC estimates this is underreported; and

WHEREAS, there are no available immunizations to prevent Hepatitis C infection; and

WHEREAS, there has been robust pharmaceutical research and development in the treatment of Hepatitis C with resultant numerous oral agents available; and

WHEREAS, treatment has simplified with direct acting antiviral therapies leading to cure in over 90% of Hepatitis C infections within 8-12 weeks of oral treatment regardless of genotype with a favorable adverse effect profile; and

WHEREAS, payors have limited prescribing of direct acting antiviral treatments for Hepatitis C to infectious disease and gastroenterology specialists; and

WHEREAS, limitations in prescribing lead to decrease access to treatment. This results in continued high prevalence of Hepatitis C with progression risks to the patients, elevated long-term cost of care for complications, as well as public health concern for in increased incidents.; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association support elimination of prescribing limitations of direct acting antiviral treatments for Hepatitis C based on specialty; and be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for further consideration at the House of Delegates 2021.

References:

- www.cdc.gov/hepatitis/hcv
www.Hcvguidelines.org

SUBJECT: Following CDC Guidance Regarding Facial Coverings for COVID-19

SUBMITTED BY: OOA Executive Committee

WHEREAS, SARS-CoV-2 infection is transmitted predominately by respiratory droplets generated when people cough, sneeze, sing, talk, or breathe, and

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends community use of masks, specifically non-valved multi-layer cloth masks, to prevent transmission of SARS-CoV-2, and

WHEREAS, the strain of coronavirus SARS-CoV-2 causes the disease Coronavirus Disease 2019 (COVID-19), and

WHEREAS, COVID-19 pandemic control requires a multipronged application of evidence-based strategies including universal face mask use, and

WHEREAS, according to the CDC, cloth masks not only effectively block most large droplets (i.e., 20-30 microns and larger) but they can also block the exhalation of fine droplets and particles (also often referred to as aerosols) smaller than 10 microns; and

WHEREAS, multi-layer cloth masks can both block up to 50-70% of these fine droplets and particles and limit the forward spread of those that are not captured, and

WHEREAS, upwards of 80% blockage has been achieved in human experiments that have measured blocking of all respiratory droplets with cloth masks in some studies performing on par with surgical masks as barriers for source control; and

WHEREAS, Americans are increasingly adopting the use of cloth face masks to slow the spread of COVID-19; now therefore be it

RESOLVED, the Ohio Osteopathic Association support and encourage the use of facial coverings to prevent transmission of COVID-19.

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html>

Reference Committee 1

Purpose: To consider matters relating to osteopathic education, osteopathic colleges, osteopathic hospitals, internship and residency programs, certification, postgraduate training programs, student loans, research, membership and matters related to the practice of osteopathic medicine.

Resolutions: 2022-01, 02, 03

Members:

Nicholas J. Pflgebraar, DO (District I)
Robert A. Zukas, DO (District II)
Mark S. Jeffries, DO (District III)
Sean D. Stiltner, DO (District IV)
Nicole Jean Barylski Danner, DO (District V)
Henry L. Wehrum, DO (District VI)
Ayoub Harb, OMS-I (District VII)
James R. Pritchard, DO (District VIII)
Melinda E. Ford, DO (District IX)-Chair
Sharon L. George, DO (District X)
Teri Collins, Staff

SUBJECT: Reaffirmation of Existing Policies

Submitted by: OOA Council on Resolutions

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:

a. Burnout in Medical Students and Residents, Prevention and Maintenance of

RESOLVED, that the Ohio Osteopathic Association (OOA) supports training institutions and programs in monitoring the mental health status of medical students and residents to prevent burnout; and, be it further

RESOLVED, the OOA promotes the use of tools to measure burnout for medical students and physicians, such as the MBI; and, be it further

RESOLVED, that the OOA encourages physicians, residents, and medical students to engage in open discussion and develop novel solutions to reduce the prevalence of burnout among current and future physicians. *(Original 2017)*

Actions Taken Since the Resolution Passed: This resolution was submitted for consideration at the 2017 American Osteopathic Association House of Delegates. The OOA delegation withdrew the resolution because the AOA is already working on physician wellness initiatives. As a result, an OU-HCOM student representative was added to the AOA Committee.

In Ohio, OOA has joined the Ohio Physician Wellness Coalition, which is coordinated by the Ohio Physicians Health Program. OPWC is dedicated to addressing physician burnout and providing physician wellness initiatives.

b. LGBTQ “Conversion Therapy” or “Reparative Therapy” by Licensed Physicians and Other Medical and Mental Health Care, Opposition to the Practice of

RESOLVED, that the Ohio Osteopathic Association affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative (LGBTQ) are not inherently suffering from a mental disorder; and, be it further

RESOLVED, that the OOA strongly opposes the practice of “Conversion Therapy,” “Reparative Therapy,” or other techniques aimed at changing a person’s sexual orientation or gender identity, by licensed medical and mental health professionals; and, be it further

RESOLVED, that the OOA supports potential legislation, regulations, or policies that oppose the practice of “Conversion Therapy,” “Reparative Therapy,” or other techniques aimed at changing a person’s sexual orientation or gender identity, by licensed medical and mental health professionals. *(Original 2017)*

Actions Taken Since This Resolution Passed: This resolution was submitted for consideration at the 2017 American Osteopathic Association House of Delegates. Resolution H629, originated out of Ohio University Heritage College of Osteopathic Medicine and was written by students Rashmi Singh, OMS-III & Margaret Watt, OMS-III. Scott Wong, Ph.D., OMS-II advocated in support of the resolution at OOA House of Delegates, April 23-24th 2017, and at the AOA House, July 21-22 2017. The Ohio Osteopathic Association, the Michigan Osteopathic Association, & the Student Osteopathic Medical Association submitted the resolution to the AOA. The AOA House amended Resolution Number 629 on the floor to emphasize that conversion therapy violates AOA ethical standards.

52 **c. Direct Primary Care**

53
54 RESOLVED, that the Ohio Osteopathic Association (OOA) supports the direct primary care model of practice and efforts
55 to specify that it is not insurance; and be it further

56
57 RESOLVED, that the OOA supports patient’s payments to direct primary care practices as qualified medical expenses
58 eligible for Health Savings Accounts through federal changes to Internal Revenue Code 213(d) and 223(c); and be it
59 further

60
61 RESOLVED, that the OOA supports a physician’s ability to dispense prescription medications from their office subject to
62 state and federal laws; and be it further

63
64 RESOLVED, that the OOA supports mechanisms allowing Medicaid and Medicare patients access to direct primary care
65 services while preserving physician autonomy. (Original 2017)

66
67 ***Actions Taken Since this Resolution Passed: This resolution was submitted for consideration at the 2017 American***
68 ***Osteopathic Association House of Delegates, where it approved as follows:***

69
70 ***H628-A/17 DIRECT PRIMARY CARE The American Osteopathic Association (AOA) supports the direct primary care***
71 ***model of practice and specify that it is not insurance and supports patients’ payments to direct primary care practices***
72 ***as qualified medical expenses eligible for Health Savings Accounts through federal changes to Internal Revenue Code***
73 ***213(d) and 223(c) and a physician’s ability to dispense prescription medications from their office in accordance with***
74 ***applicable federal and state laws. The AOA supports mechanisms allowing Medicaid and Medicare patients access to***
75 ***direct primary care services while preserving physician autonomy.***

76
77
78 **d. Cultural Competency Dialogue on Eliminating Healthcare Disparities,**
79 **Longitudinal Approach to**

80
81
82 RESOLVED, that the Ohio Osteopathic Association encourages osteopathic medical institutions to engage in expert
83 facilitated, evidence-based dialogue in cultural competency and the physician’s role in eliminating racial health care
84 disparities in medical treatment as part of a longitudinal curriculum throughout undergraduate medical education years
85 one through four. (Original 2017)

86
87 ***Actions Taken Since This Resolution Passed: This resolution was submitted to the AOA House of Delegates where it***
88 ***passed as follows:***

89
90 ***H215-A/17 CULTURAL COMPETENCY DIALOGUE ON ELIMINATING HEALTH CARE DISPARITIES –***
91 ***LONGITUDINAL APPROACH TO The American Osteopathic Association encourages osteopathic medical***
92 ***institutions to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician’s role in***
93 ***eliminating racial health care disparities in medical treatment as part of a longitudinal curriculum throughout***
94 ***undergraduate medical education years one through four.***

95
96 ***In Ohio, OOA continues to educate legislators about what the osteopathic profession is doing to ensure medical***
97 ***students are culturally competent.***

99
100 **e. Health Insurance Coverage for Residential Treatment and**
101 **Inpatient Treatment of Eating Disorders**
102

103 RESOLVED, that the Ohio Osteopathic Association supports improved access to treatment in residential and inpatient
104 facilities, and efforts to reduce the financial barriers of intensive treatment for patients suffering from eating disorders;
105 and, be it further
106

107 RESOLVED, that the Ohio Osteopathic Association encourages residential and inpatient treatment facilities caring for
108 patients suffering from eating disorders, to manage care in consideration of the patient's overall medical and mental health
109 needs, and to continue treatment until goals of weight restoration and physiologic status are obtained; and, be it further.
110

111 RESOLVED, that the OOA supports continued care for individuals suffering from eating disorders staying in residential
112 and inpatient facilities, regardless of insurance criteria requiring termination of treatment. *(Original 2017)*
113

114 ***Actions Taken Since this Resolution Passed: This resolution was submitted for consideration at the 2017 American***
115 ***Osteopathic Association House of Delegates, where it was approved as follows:***
116

117 ***H440-A/17 EATING DISORDERS – HEALTH INSURANCE COVERAGE FOR RESIDENTIAL TREATMENT***
118 ***AND INPATIENT TREATMENT OF: The American Osteopathic Association (AOA) supports improved access to***
119 ***treatment in residential and inpatient facilities and efforts to reduce the financial barriers of intensive treatment for***
120 ***patients suffering from eating disorders. The AOA encourages residential and inpatient treatment facilities caring for***
121 ***patients suffering from eating disorders, to manage care in consideration of the patient's overall medical and mental***
122 ***health needs, and to continue treatment until goals of weight restoration and physiologic status are obtained. The AOA***
123 ***supports continued care for individuals suffering from eating disorders staying in residential and inpatient facilities,***
124 ***regardless of insurance criteria requiring termination of treatment.***
125

126 **f. Strategic Vision for Osteopathic Medicine in Ohio**
127

128 RESOLVED, that the 2017 Ohio Osteopathic House of Delegates, hereby accepts the report of the Ohio Osteopathic
129 Strategy Summit and adopts the following vision, mission and goals for the Ohio Osteopathic Association:
130

131 VISION: Improved health for the people of Ohio by delivering on the promise of osteopathic
132 medicine.
133

134 MISSION: Support Ohio's osteopathic physicians in delivering principle centered medicine and achieving the quadruple
135 aim through the practice of osteopathic medicine.
136

137 GOALS
138

- 139 1. Provide high quality and convenient continuing medical education programs that support physicians in achieving
140 the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience
141 and well-being.
142
- 143 2. Advocate on behalf of the osteopathic profession to create the enabling environment to improve the health of the
144 people of Ohio and achieve the quadruple aim (e.g. policy, regulation, funding representation in the American
145 Osteopathic Association);
146
- 147 3. Serve as the unifying platform for osteopathic medicine in Ohio supporting cross-site connections and learning,
148 linking policy, practice and education, and promoting osteopathic identify. *(Original 2017, replacing the previous*
149 *plan and goals)*

150
151 **g. Effective Therapies for Patients, Maintaining**
152

153 RESOLVED, that the Ohio Osteopathic Association supports laws to protect Ohio citizens from medical plans demanding
154 that their enrollees discontinue/change medications that have been safe and effective based on a change in formulary only.
155 *(Original 2017)*
156

157 ***Actions Taken Since this Resolution Passed:*** *This topic is closely related to the Step Therapy resolution,*
158 *which follows. For complete details of actions taken, see the next resolution.*
159

160 **h. Step Therapy and Fail First Medication Policies**
161

162 RESOLVED, that the Ohio Osteopathic Association supports legislation to reform Step Therapy (Fail First) procedures
163 used by third party payers in Ohio to:
164

- 165 1. Require that an insurer’s process for requesting a step therapy override is transparent and readily available to the
166 provider and patient;
167
- 168 2. Allow automatic exceptions to step therapy requirements when (a) the required prescription is contraindicated or will
169 likely cause an adverse reaction; (b) the required prescription drug is expected to be ineffective; (c) the patient has
170 previously tried the required drug or a drug in the same pharmacologic class and the drug was ineffective or caused an
171 adverse event; (d) the required prescription drug is not in the best interests of the patient based on medical
172 appropriateness; and/or (e) the patient is already stable on a prescription drug for the medical condition under
173 consideration; and
174
- 175 3. Ensure that step therapy programs are based on clinical guidelines developed by independent experts. *(Original 2017)*
176

177 ***Actions Taken Since this Resolution Passed.*** *OOA is one of the key stakeholders leading this initiative. OOA has*
178 *designed a web site for physician advocacy on the bill, has participated in interested party meetings, met with*
179 *individual legislators, and has participated in two Step Therapy Days at the Statehouse. SB 56 and HB 72 seek to*
180 *minimize barriers to treatment by improving the step therapy process. SB 56 is sponsored by State Senators Peggy*
181 *Lehner (R-Kettering) and Charleta Tavares (D-Columbus). HB 72 is sponsored by State Representatives Terry*
182 *Johnson (R-McDermott) and Nickie Antonio (D-Lakewood). Language from SB 56/HB 72 was ultimately included in*
183 *a different piece of legislation, SB 265, and passed in December 2019. Gov. Kasich signed SB 265 into law on January*
184 *4, 2019.*
185

186 **i. Primary Care and Osteopathic Manipulative Medicine Research,**
187 **Increased OOA Promotion of**
188

189 RESOLVED, that the Ohio Osteopathic Association (OOA) promote the furthering of both primary care and osteopathic
190 manipulative research and publications from within the colleges and schools of osteopathic medicine. *(Original 2017)*
191

192 ***Actions Taken Since This Resolution Passed:*** *The OOA continues to be a leader in promoting scholarly research.*
193 *Thanks to OOA Past President Robert W. Hostoffer, Jr., DO, the Ohio Osteopathic Foundation is sponsoring multiple*
194 *online courses dedicated to scholarly activity, called the Scholar Series. The courses are available for free on the OOA*
195 *website and are available for continuing medical education through the American Osteopathic Association web site.*
196

197 **j. Medicaid Support of GME Funding**
198

199 RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports legislation to require the Ohio Department
200 of Medicaid to continue to support and fund the costs of graduate medical education in Ohio; and be it further,

201
202 RESOLVED, that the OOA supports recommendations contained in the *2015 Graduate Medical Education Study*
203 *Committee Report to the Ohio General Assembly and the Governor* as “a starting point for future reforms” in the GME
204 funding formula, and be it further,
205

206 RESOLVED, that OOA supports increased funding and incentives for primary care residencies in rural and underserved
207 areas and Medicaid reimbursement policies that encourage physicians to continue to practice and precept medical students
208 in those areas after completion of residency training. (*Original 1997, Substitute Resolution 2017*)
209

210
211 **(THE FOLLOWING RESOLUTIONS PRE-DATE 2017)**
212

213 **k. Antibiotics for Medical Treatment, Preservation of**
214

215 RESOLVED, that the Ohio Osteopathic Association continues to support legislation banning antibiotics and other feed
216 additives for non-therapeutic purposes (such as for growth promotion, feed efficiency, weight gain, and routine disease
217 prevention), where any clinical sign of disease is non-existent. (*Original 2007*)
218

219 **l. Continuing Medical Education, State-Mandated, Subject Specific**
220

221 RESOLVED that the Ohio Osteopathic Association (OOA) continues to oppose any legislation that would mandate
222 subject-specific Continuing Medical Education (CME) requirements for Ohio physicians, unless there is an extraordinary
223 and/or overwhelming reason to do so, and be it further
224

225 RESOLVED that the OOA Health Policy Committee and staff work with state legislators to address the concerns and
226 requests by the public sector for subject-specific CME for physicians licensed in Ohio with respect to healthcare issues
227 requiring legislative action; and be it further;
228

229 RESOLVED, that the OOA will continue to be sensitive to addressing these concerns in the planning and implementation
230 of its statewide CME programs. (*Original 2002*)
231

232 **m. Current Procedural Terminology Code (CPT) Standardized Usage for Third Party Payers**
233

234 RESOLVED that the Ohio Osteopathic Association (OOA) continues to support legislation to require all third party
235 payers doing business in Ohio to solely utilize Current Procedural Terminology (CPT) coding as published by the
236 American Medical Association for the reporting and reimbursement of medical services and procedures performed by
237 physicians; and be it further
238

239 RESOLVED that the OOA supports legislation to prohibit third party payers doing business in Ohio from indiscriminately
240 substituting their own internal coding for any published CPT code – and in particular those related to osteopathic
241 manipulative treatment; and be it further
242

243 RESOLVED that the OOA continue to work with the Ohio Department of Insurance, the Ohio Association of Health
244 Plans and/or interested provider organizations and coalitions to expedite the universal usage and annual updating of CPT
245 coding in Ohio. (*Original 2002*)
246

247 **n. Direct Payment by Insurers**
248

249 RESOLVED, that the Ohio Osteopathic Association supports legislation requiring all third party payers to reimburse
250 providers directly rather than the policyholder. (*Original 1982*)
251

252 **o. Disability Coverage for Physicians Who Are HIV Positive**

253
254 RESOLVED that the Ohio Osteopathic Association supports language in all disability insurance contracts to define HIV
255 positive status as a disability for all physicians, regardless of specialty, provided that the physician can demonstrate that
256 this status has caused a significant loss of patients, income, or privileges. *(Original 1992)*

257
258 **p. Driving Under the Influence of Alcohol and Other Mind-Altering Substances**

259
260 RESOLVED that the Ohio Osteopathic Association continues to support legislation and programs designed to eliminate
261 driving while under the influence of alcohol and other mind-altering substances. *(Original 1982)*

262
263 **q. Emergency Department Utilization**

264
265 RESOLVED that the Ohio Osteopathic Association continues to support policies and regulations which eliminate
266 unnecessary patient utilization of high cost hospital emergency department services. *(Original 1995)*

267
268 **r. Immunization Initiatives**

269
270 RESOLVED that the Ohio Osteopathic Association continues to encourage the active involvement of its members in the
271 promotion and administration of vaccination programs, which target at-risk populations in Ohio. *(Original 1992)*

272
273 **s. Information Technology Adoption and Interchange**

274
275 RESOLVED, that the Ohio Osteopathic Association (OOA) continue to participate in efforts to advance health
276 information technology adoption and health information exchange in Ohio with appropriate Health Insurance Portability
277 and Accountability Act (HIPAA)-compliant privacy and security protections; and, be it further

278
279 RESOLVED, that the OOA continue to seek funding from public and private sector sources to help underwrite the cost of
280 adopting and maintaining electronic health records (EHR) in physician offices. *(Original 2007)*

281
282 **t. Managed Care Plans, Quality Improvement**
283 **and Utilization Review**

284
285 RESOLVED that the Ohio Osteopathic Association continue to support licensing provisions that require all managed care
286 organizations (MCOs) doing business in Ohio to be certified by the National Committee on Quality Assurance (NCQA).
287 *(Original 1997)*

288
289
290
291 **u. Managed Care Plans, Standardized Reporting Formats**

292
293 RESOLVED that the Ohio Osteopathic Association (OOA) continues to support legislation to require all third party
294 payers doing business in Ohio to utilize standardized billing, credentialing and reporting forms. *(Original 1997)*

295
296 **v. Medicare Mandatory Assignment**

297
298 RESOLVED that the Ohio Osteopathic Association continues to oppose Mandatory Medicare Assignment as a condition
299 for state licensure. *(Original 1987)*

300

301 **w. Nursing Facilities, Tiered**

302
303 RESOLVED that the OOA continues to support multiple levels of licensed nursing facilities and encourages osteopathic
304 physicians in Ohio to promote quality independent living for senior citizens and to direct patients to appropriate tiered
305 care as needed. *(Original 1992)*

306
307 **x. OOA Smoking Policy**

308
309 RESOLVED, that all meetings of the Ohio Osteopathic Association’s House of Delegates, board of trustees, executive
310 committee, education conferences and committees continue to be conducted in a smoke-free environment, and be it
311 further;

312
313 RESOLVED, that the offices of the Ohio Osteopathic Association (OOA) be declared a smoke-free environment with
314 such policy to be enforced by the OOA Executive Director. *(Original 1987)*

315
316 **y. Physicians Exclusive Right to Practice Medicine**

317
318 RESOLVED that the Ohio Osteopathic Association strongly endorses and reaffirms the current Ohio statute, which
319 recognizes osteopathic and allopathic physicians as the only primary care providers qualified to practice medicine and
320 surgery as defined by Section 4731 of the Ohio Revised Code; and be it further

321
322 RESOLVED that the Ohio Osteopathic Association supports legislation that requires all third party payers of healthcare to
323 recognize fully licensed DOs and MDs as the only primary healthcare providers in Ohio qualified to deliver, coordinate,
324 and/or supervise all aspects of patient care. *(Original 1997)*

325
326 **z. Physician-Patient Relationships**

327
328 RESOLVED that the Ohio Osteopathic Association opposes any governmental or third party regulation which seeks to
329 limit a physician’s ability and ethical responsibility to offer complete, objective, and informed advice to his/her patients.
330 *(Originally passed, 1992 to address counseling on reproductive issues, amended to broaden the intent and affirmed in*
331 *1997)*

332
333 **aa. Physician Placement in Rural Areas**

334
335 RESOLVED that the Ohio Osteopathic Association work closely with the Ohio University Heritage College of
336 Osteopathic Medicine, the Ohio Association of Community Health Centers, and the Ohio Department of Health to
337 encourage the placement of osteopathic physicians in rural and underserved areas in Ohio; and be it further

338
339 RESOLVED that the OOA support the establishment of physician practices in rural areas by identifying appropriate
340 sources of information and financial assistance. *(Originally passed, 1992)*

341
342 **bb. Physician Fines by Third Party Payers**

343
344 RESOLVED, that the Ohio Osteopathic Association opposes all punitive fines levied on physicians for acts committed by
345 patients that are not under the absolute control of the physician. *(Original 2007)*

346
347 **cc. Pre-Authorized Medical Surgical Services, Denial of Payment**

348
349 RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support legislation that would prohibit any
350 healthcare insurer doing business in Ohio from retrospectively denying payment for any medical or surgical service or
351 procedure that has already been pre-authorized by the health insurer; and be it further,

352
353 RESOLVED, that the OOA encourages its members to file formal complaints with the Ohio Department of Insurance
354 against any third party payer which retroactively denies payment for any medical or surgical service or procedure that was
355 already preauthorized. *(Original resolution 2002, amended and affirmed 2007)*

356
357 **dd. Preventive Health Services**
358

359 RESOLVED that the Ohio Osteopathic Association (OOA) continue to work with all interested parties to develop
360 guidelines for the delivery and reimbursement of preventive medicine services. *(Original 1992)*

361
362 **ee. Quality Health Care, the role of Medical Staffs and Hospital Governing Bodies**
363

364 RESOLVED, that the Ohio Osteopathic Association (OOA) encourages hospital medical staffs to remain self-governing
365 and independent through bylaws, rules and regulations; and be it further

366
367 RESOLVED, that the OOA encourages hospital medical staffs to maintain independence in exercising medical judgments
368 to control patient care and establish professional standards accountable to the hospital governing body, but not
369 surrendering authority; and be it further

370 RESOLVED, that the OOA encourages hospital medical staffs and hospital governing bodies to
371 respect the rights and obligations of each body and together be advocates to insure that quality health care is not
372 compromised. *(Originally passed in 1987, amended by substitution in 1992, amended and affirmed in 1997)*

373
374 **ff. Quality of Life Decisions**
375

376 RESOLVED, that the Ohio Osteopathic Association and its members continue to participate in ongoing debates, decisions
377 and legislative issues concerning quality of life, dignity of death, and individual patient decisions and rights. *(Original*
378 *1992)*

379
380 **gg. Reimbursement Formulas for Government Sponsored Healthcare Programs**
381

382 RESOLVED, that the Ohio Osteopathic Association (OOA) continues to seek equitable reimbursement formulas for
383 Medicare, Medicaid and other government- sponsored healthcare programs; and be it further

384
385 RESOLVED, if payment for services cannot be at acceptable, usual, customary and reasonable levels, that the OOA
386 continues to seek other economic incentives, such as tax credits and deductions to enhance the willingness of physicians
387 to participate in these programs. *(Original 1992)*

388
389 **hh. School Bus Safety Devices**
390

391 RESOLVED, that the Ohio Osteopathic Association supports legislation requiring the use of protective devices and
392 restraints and/or any other measures to improve the safety of children in school buses in the state of Ohio. *(Original 1987)*

393
394 **ii. Telemedicine**
395

396 RESOLVED, that the Ohio Osteopathic Association continues to support affordable and uniform medical licensure
397 requirements to enable physicians to practice medicine and surgery by utilizing telemedicine technologies: and be it
398 further

399
400 RESOLVED that the OOA work with the State Medical Board of Ohio and other Ohio physician organizations to develop
401 laws and rules that encourage innovation and access to physician services through telemedicine while ensuring quality and
402 promoting effective physician-patient relationships. *(Originally passed in 1997, amended and affirmed in 2002)*

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jj. Third Party Payers, DO Medical Consultants

RESOLVED that the Ohio Osteopathic Association continues to urge all third party insurers doing business in Ohio to hire osteopathic physicians (DOs) as medical consultants to review services provided by osteopathic physicians (DOs) particularly in cases involving osteopathic manipulative treatment (OMT); and be it further

RESOLVED that third party review of claims from osteopathic physicians which involve OMT should only be performed by a like physician who is licensed to practice osteopathic medicine and surgery pursuant to Section 4731.14 of the Ohio Revised Code and who has a demonstrated proficiency in OMT. (*Original 1992*)

1
2
3
4 SUBJECT: Reaffirmation of Existing Policies

5
6 Submitted by: OOA Council on Resolutions

7
8 RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE AMENDED AND REAFFIRMED:

9
10 **Osteopathic Practice and Principles**
11 **Through the Continuum of Osteopathic Education**

12
13 RESOLVED that the Ohio Osteopathic Association (OOA) continues to support the development of training in osteopathic
14 principles and practice throughout the entire continuum of osteopathic education; and be it further

15
16 RESOLVED that OOA and its members promote and encourage all graduate medical education training programs in the
17 State of Ohio to seek osteopathic recognition as outlined by the Accreditation Council for Graduate Medical Education
18 (ACGME); and be it further

19
20 RESOLVED that the OOA continue to monitor ~~the progress of~~ the transition to the ACGME Single Accreditation System.
21 (*Original 1997, amended and affirmed 2002, reaffirmed 2007, amended and affirmed 2017*)
22

SUBJECT: Deletion of Existing Policies

Submitted by: OOA Council on Resolutions

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE DELETED:

Student Involvement in the Ohio Osteopathic Association, Increasing (2017)

~~RESOLVED, that Article V, Section 1 (B) of the Ohio Osteopathic Association (OOA) Constitution be amended to read, "The Ohio University Heritage College of Osteopathic Medicine shall be entitled to two delegates and four alternate delegates to the OOA House of Delegates. Three shall be from years one and two, one from each campus with one voting delegate. The other three will be from years three and four with one voting delegate. They will not diminish the total seated delegates from any district and will be seated together; and, be it further~~

~~RESOLVED, that the OOA shall establish a task force on student involvement that will meet periodically to examine the current structure, processes, and activities of the OOA with the goal of determining additional modes for student involvement in the OOA. (Original 2017)~~

Actions Taken Since this Resolution Passed: This resolution resulted in an amendment to the OOA Bylaws, Resolution 2018-01. The Board of Trustees recommended that a voting student delegate and alternate from each OU-HCOM campus be seated with the District in which the campus is located. The following amendment to Article V, Section 1 (B) of the OOA bylaws was passed by the OOA House of Delegates in 2018.

Section 1 (b) - Student Delegate. Each campus of an approved college of osteopathic medicine and surgery located within the state of Ohio shall be entitled to one delegate and one alternate delegate to the Ohio Osteopathic Association House of Delegates. This delegate and his/her alternate shall be selected by the student council of ~~the college~~ each campus and shall be seated with the district in which the campus is located. For purposes of this section, a campus is defined as college, branch campus, or alternate location of a college accredited by the Commission on Osteopathic College Accreditation, which has a certificate of authorization from the State of Ohio to offer the DO degree in the state of Ohio and has a full-time dean of the college at the teaching site.

Reference Committee 2

Purpose: To consider the wording of all proposed amendments to the constitution, bylaws, the code of ethics, and existing policy statements as assigned.

Resolutions: 2022-04, 2021-10, 11, 13, 16

Members:

Nicholas G. Espinoza, DO (District I)
Edward E. Hosbach, DO (District II)-Chair
Gordon J. Katz, DO (District III)
Joseph S. Scheidler, DO (District IV)
Nathan P. Samsa, DO (District V)
Andrew P. Eilerman, DO (District VI)
Sandra L. Cook, DO (District VII)
Douglas W. Harley, DO (District VIII)
Jennifer L. Gwilym, DO, (District IX)
John C. Baker, DO (District X)
Cheryl Markino, Staff

SUBJECT: SUPPORT CRITICAL INTERPRETATION OF MEDICAL INFORMATION AMONG THE GENERAL PUBLIC

SUBMITTED BY: Julia Gaspare-Pruchnicki, OMS2 and Philip A. Starr, DO, III, FACOFP

REFERRED TO: Reference Committee 2

WHEREAS, many patients and community members are seeking medical information from someone other than their physicians and licensed medical providers; and

WHEREAS, there is an abundance of medical information available to the public that is both legitimate and non-legitimate¹; and

WHEREAS, the general public may be unaware how to critically interpret the information that is widely available via social media and other sources which may lead them to a false conclusion²; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association (OOA) encourage the education of the general public on how to critically interpret medical information to determine its legitimacy; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) encourage education of the general public and promote access to resources that help the public critically interpret medical information.

REFERENCES:

1. Suarez-Lledo V, Alvarez-Galvez J. *Prevalence of Health Misinformation on Social Media: Systematic Review*. J Med Internet Res 2021;23(1):e17187
2. United States, Congress, Office of the Surgeon General, and Vivek H Murthy. *Confronting Health Misinformation: The U.S. Surgeon General's Advisory on Building a Healthy Information Environment*. 2021.

1
2
3
4 SUBJECT: Amendment to the OOA Constitution

5
6 SUBMITTED BY: OOA Board of Trustees

7
8 REFERRED TO: Reference Committee 2

9
10 **Article VIII - Board Of Trustees**

11 The Board of Trustees of this association shall consist of the President, President-Elect, Immediate Past President,
12 Vice President, Treasurer, one member from each district academy, the President of the Ohio University HERITAGE
13 College of Osteopathic Medicine Student Council, and a resident in an Ohio ~~postdoctoral training~~ **-BASED**
14 **GRADUATE MEDICAL EDUCATION** program designated with Osteopathic Recognition accredited by
15 the ~~American Osteopathic Association~~ Accreditation Council for Graduate Medical Education, all of whom shall serve
16 until their successors are elected or appointed. The Executive Director shall be a member without vote. Election of the
17 district academy representatives to the association's Board of Trustees shall be conducted as provided in the bylaws.
18 The Board of Trustees shall be the administrative and executive body of the association and perform such other duties
19 as are provided in the bylaws.

20
21 *Explanatory statement: This amendment accommodates the transition to a single accreditation system for graduate*
22 *medical education as it relates to the resident member of the OOA Board of Trustees. The amendment would focus*
23 *eligibility on residents in Osteopathically-Recognized programs.*
24

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2
3
4 Amendment (blue and red): Adopted; Resolution: Adopted

5
6 SUBJECT: Amendment to the OOA Constitution

7
8 SUBMITTED BY: OOA Board of Trustees

9
10 REFERRED TO: Reference Committee 2

11
12 **Constitution**

13 **Article IV – Membership**

14 The active membership in this association shall consist of members who are graduates of an accredited college of
15 osteopathic medicine and who are lawfully licensed to practice in the state of Ohio unless they have voluntarily
16 allowed their license to lapse due to retirement or disability. Persons may be elected to associate or honorary
17 membership in this association, as provided in its bylaws. Any ~~AOA or ACGME accredited~~ hospital **ACCREDITED**
18 **BY A CMS-APPROVED ACCREDITOR** or college **COCA-ACCREDITED COLLEGE OF OSTEOPATHIC**
19 **MEDICINE OR LCME ACCREDITED COLLEGE OF MEDICINE** located in the state of Ohio shall be eligible to
20 become an institutional member of this association.

21
22 *Explanatory statement: This amendment broadens accreditation consideration for institutional members.*
23

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3
4 Amendment (in red): Approved; Resolution: Approved

5
6 SUBJECT: Amendment to the OOA Bylaws

7
8 SUBMITTED BY: OOA Board of Trustees

9
10 REFERRED TO: Reference Committee 2

11
12 **Article II**

13 **Section 1 - Regular Member.** An applicant for regular membership in this association shall be a graduate of a **COCA-**
14 **ACCREDITED** college of ~~medicine or~~ osteopathic medicine, **OR AN LCME-ACCREDITED COLLEGE OF**
15 **MEDICINE, OR HAVE BEEN CERTIFIED THROUGH THE ECFMG (Educational Commission for Foreign**
16 **Medical Graduates)** and licensed to practice in the state of Ohio. Application shall be made on a prescribed form and
17 shall be accompanied by payment of the appropriate state and local district dues. The executive director shall send a
18 copy of the new member's application and district dues to the appropriate district academy and publish the new
19 member's name in the *Buckeye Osteopathic Physician*.

20
21 *Explanatory statement: This amendment would allow allopathic physicians a pathway to regular membership. The*
22 *American Osteopathic Association approved a pathway to regular membership for allopathic physicians in 2018. It's*
23 *also worth noting allopathic physicians can be accepted to residency programs designated with Osteopathic*
24 *Recognition.*
25

1
2
3 Amendment (in red): Approved; Resolution: Approved

4
5 SUBJECT: Amendment to the OOA Bylaws

6
7 SUBMITTED BY: OOA Board of Trustees

8
9 REFERRED TO: Reference Committee 2

10
11 **Section 10 - Institutional Member.** Any ~~American Osteopathic Association-accredited~~
12 ~~health system, hospital, healthcare facility or institution~~ accredited by a Centers for Medicare & Medicaid Services
13 recognized accreditation agency or COCA accredited college of osteopathic medicine or LCME accredited college of
14 ~~medicine healthcare facility institution or college of osteopathic medicine.~~ located in the state of Ohio shall be eligible
15 to become an institutional member of this association.

16
17 *Explanatory statement: The amendment updates institutional membership as the American Osteopathic Association no*
18 *longer accredits hospitals.*
19

EXECUTIVE COMMITTEE 2021-22

President	Henry L. Wehrum, DO
President-Elect	Jennifer L. Gwilym, DO
Vice President	Nicklaus J. Hess, DO
Treasurer	Douglas W. Harley, DO
Immediate Past President	Sandra L. Cook, DO
Executive Director	Matt Harney, MBA, CAE

EXECUTIVE COMMITTEE 2022-23

President	Jennifer L. Gwilym, DO
President-Elect	Nicklaus J. Hess, DO
Vice President	Douglas W. Harley, DO
Treasurer	Edward E. Hosbach II, DO
Immediate Past President	Henry L. Wehrum, DO
Executive Director	Matt Harney, MBA, CAE

BOARD OF TRUSTEES 2021-22

DISTRICT		TERM EXPIRES
I-NW OHIO	Nicholas G. Espinoza, DO	2023
II-LIMA	Wayne A. Feister, DO	2023
III-DAYTON	Chelsea A. Nickolson, DO	2023
IV-CINCINNATI	Michael E. Dietz, DO	2023
V-SANDUSKY	John F. Ramey, DO	2022
VI-COLUMBUS	Andrew P. Eilerman, DO	2022
VII-CLEVELAND	Katherine H. Eilenfeld, DO	2024
VIII-AKRON/CANTON	Gregory Hill, DO	2024
IX-MARIETTA	Melinda E. Ford, DO	2022
X-WESTERN RESERVE	John C. Baker, DO	2024
OU-HCOM STUDENT-Athens	Harrison Koyilla, OMS I	2022
OU-HCOM STUDENT-Cleveland	Julia Gaspare-Purchnicki, OMS I	2022
OU-HCOM STUDENT-Dublin	Alexis Ruffing, OMS I	2022

NEW TRUSTEES 2022-23

V-SANDUSKY	John F. Ramey, DO	2025
VI-COLUMBUS	Andrew P. Eilerman, DO	2025
IX-MARIETTA	Melinda E. Ford, DO	2025
RESIDENT	Nicholas W. Salupo, DO	
OU-HCOM Rep.-Athens	Lauren Cea, OMS I	2023
OU-HCOM Rep.-Cleveland	Ayoub Harb, OMS I	2023
OU-HCOM Rep.-Dublin	Molly Frey, OMS I	2023

2021-22 DISTRICTS PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr.
III	Micah R. Davis, DO	Samuel H. Byron, DO
IV	Sean D. Stiltner, DO	Barry A. Rubin, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Ying H. Chen, DO	Alexandra M. McKenna, DO
VII	Katherine H. Eilenfeld, DO	Karen H. Rickert, DO
VIII	David A. Bitonte, DO	Mark J. Tereletsy, DO
IX	Appointed at a later date	Marc D. Richards, DO
X	Sharon L. George, DO	Kimberly N. Jackson, DO

2022-23 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr., DO
III	Paul A. Martin, DO	Benjamin T. Rose, DO
IV	Sean D. Stiltner, DO	James E. Coulter, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	TBA	TBA
VII	Kelly A. Raj, DO	John J. Wolf, DO
VIII	Joseph F. Pietrolungo, DO	Mark J. Tereletsy, DO
IX	TBA	TBA
X	TBA	TBA

2022 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	64	4/4	Nicholas G. Espinoza, DO, Chair C. Jordan Benavente, DO Jennifer L. Pflighaar, DO Nicholas J. Pflighaar, DO	All Northwest Ohio Members
Lima	30	2/2	Edward E. Hosbach, DO, Chair John C. Biery, DO	All Lima Members
Dayton	163	11/11	Micah R. Davis DO, Chair Alex H. Bunce, DO Samuel H. Byron, DO Jennifer J. Hauler, DO Nicklaus J. Hess, DO Mark S. Jeffries, DO Gordon J. Katz, DO Paul A. Martin, DO Chelsea A. Nickolson, DO Benjamin T. Rose, DO	All Dayton Members Sharon S. Merryman, DO
Cincinnati	37	2/2	Victor D. Angel, DO, Chair Sean D. Stiltner, DO	All Cincinnati Members James E. Coulter, DO Scott A. Kotzin, DO Barry A. Rubin, DO
Sandusky	38	3/3	Nicole J. Barylski Danner, DO, Chair John F. Ramey, DO Nathan P. Samsa, DO	All Sandusky Members Christine M. Samsa, DO
Columbus	200	14/14*	Ying H. Chen, DO, Chair Andrew P. Eilerman, DO William F. Emlich, DO Charles R. Fisher, DO Kaeli Loeb, OMS I Miriam L. Garcellano, DO Alexandra M. McKenna, DO Tejal R. Patel, DO Albert M. Salomon, DO Amanda R. Stover, DO Geraldine N. Urse, DO Charles G. Vonder Embse, DO Henry L. Wehrum, DO	All Columbus Members
Cleveland	85	7/7*	Sandra L. Cook, DO, Chair Andrew K. Culver, DO Katherine H. Eilenfeld, DO George J. Friedhoff, DO Ayoub Harb, OMS I Robert W. Hostoffer, DO George Thomas, DO	All Cleveland Members Kelly A. Raj, DO John J. Wolfe, DO

Akron/ Canton	138	9/9	M. Terrance Simon, DO, Chair David A. Bitonte, DO Douglas W. Harley, DO Joseph F. Pietrolungo, DO Eugene D. Pogorelec, DO James R. Pritchard, DO Paul T. Scheatzle, DO Mark J. Tereletsky, DO	All Akron-Canton Members
Marietta	87	7/7*	Melinda E. Ford, DO, Chair Lauren Cea, OMS I Jennifer L. Gwilym, DO Kenneth H. Johnson, DO Beth A. Longenecker, DO Jean S. Rettos, DO	All Marietta Members
Western Reserve	73	5/5	Sharon L. George, DO, Chair John C. Baker, DO	All Western Reserve Members

*Includes 1 student delegate

House of Delegates

Authority/Responsibilities from Constitution and Bylaws:

1. Is the policy-making body of the Association. (*Constitution, Article VI*)
2. Is composed of one delegate for each 15 (or major fraction thereof) of OOA regular members within each district. (*Constitution, Article VI*)
3. Delegates and alternates must be regular members in good standing of the OOA and district and shall serve for 12 months. (*Bylaws, Article V, Section 1 (a)*)
4. Each delegate shall receive at least one vote. In addition, each district receives one vote for each five members, which may be cast by one delegate or divided among the delegation as decided by the delegation in caucus; votes shall be proportionate to delegates registered by the Credentials Committee. (*Bylaws, Article V, Section 3*)
5. Determines the time and place of the annual session, which may be changed by the Board of Trustees should necessity warrant. (*Constitution, Article X*)
6. May confer honorary memberships by a two-thirds vote and on approval by the Board of Trustees. (*Bylaws, Article II, Section 5*)
7. Must concur in levying assessments, which may not exceed the amount of annual dues. (*Bylaws, Article IV, Section 1; Fees and Dues Administrative Guide*)
8. Shall convene annually preceding the annual convention or upon call by the president. (*Bylaws, Article V, Section 5*)
9. Shall hold special meetings upon the call of the President or upon written request by three district academies, provided the request has been passed by a majority of the academy membership at a regular or special meeting of the district. Must be given two weeks' notice and the object of the meeting must be stated. (*Bylaws, Article V, Section 5*)
10. Must have a quorum of one-third the voting members to transact business. (*Bylaws, Article V, Section 6*)
11. Is governed by Roberts Rules of Order Newly Revised, the order of business, and any special rules adopted at the beginning of the sessions unless suspended by a two-thirds vote. (*Bylaws, Article V, Section 7*)
12. Nominates and elects OOA officers. (*Bylaws, Article VI, Section 1*)
13. Nominates and elects delegates and alternates to the AOA House. (*Bylaws, Article VI, Section 4*)
14. Must refer all resolutions, motions, etc. involving the appropriation of funds to the Executive Committee and Board of Trustees without discussion. A negative recommendation from the Board/Executive Committee may be overruled by a three-fourths vote by the House. (*Bylaws, Article VIII, Section 2*)

15. May amend the Constitution by two-thirds vote, provided the amendment has been presented to the Board of Trustees and filed with the Executive Director at a previous meeting of the Board. The amendment must be published in the Buckeye Osteopathic Physician no less than one month nor more than three months prior to the meeting where it will be considered.
(Constitution, Section X)

16. May amend the Bylaws by two-thirds vote, but the amendment must be deposited to the OOA Executive Director at least 90 days in advance of the meeting. The Board may revise the amendment to ensure conformity. The amendment must be circulated to the membership by written communication at least one month prior to the session.
(Bylaws, Article XII)

Authority Given by the Ohio Osteopathic Foundation Code of Regulations

1. Shall elect six trustees of the Ohio Osteopathic Foundation Board to three-year terms. *(OOF Code of Regulations, Article IV, Section 1 (c))*

Nominating Committee

The Speaker OOA shall appoint a nominating committee, and the charge of this committee shall be to interview/review potential candidates for OOA officers and recommend candidates for each office. The committee shall operate under the following guidelines:

1. The nominating committee shall consist of five (5) members, one member each from districts III (Dayton), VI (Columbus), VIII (Akron-Canton) and two (2) that are selected from the I (Toledo), II (Lima), IV (Cincinnati), V (Sandusky), VII (Cleveland), IX (Marietta) and X (Western Reserve) districts collectively.
2. Each of the five committee members will be selected by their respective academies and their names shall be presented to the Speaker of the OOA House of Delegates for appointment.
3. This committee shall meet at least twice annually after its appointment.
4. This committee will conduct interviews with candidates for each of the following offices: president-elect, vice president, and treasurer.
5. A slate of candidates shall be presented to the OOA president and executive director thirty (30) days in advance of the OOA annual meeting. The slate with a brief description of each candidate's qualifications shall be printed in the House of Delegates Manual and the names of these candidates shall be placed in nomination by the Chairman of the Nominating Committee during the annual OOA meeting. Additional nominations may be made from the floor of the OOA House of Delegates. The slate shall include candidates for Speaker, Vice Speaker and OOF Trustees to be elected by the House.
6. Candidates for OOA officers shall obtain endorsements from and be presented through district academies. Every effort shall be made to continue the current rotational system in the selection of these candidates to ensure that different regions of the state are represented on the OOA Executive Committee.
7. Current members of the nominating committee shall not be candidates for OOA office and shall not be incoming officers of the OOA.
8. The Chairman of this committee will be elected by the committee members annually.
9. The committee shall also present a slate of nominees to serve as delegates and alternates to the AOA House of Delegates in consultation with the Chairman and vice-chairman of the Ohio Delegation. Names shall be placed in nomination by the Nominating Committee Chairman and additional nominations may be made from the floor of the OOA House of Delegates.
10. In the event that any duly appointed nominating committee member resigns or is unable to serve following his/her appointment, the academy(ies) which that member represent(s) shall select a replacement. Committee members are expected to serve on a long-term basis, and once appointed shall continue to serve until the respective academy selects and presents a successor to the Speaker of the House for appointment.

House Standing Rules

The rules governing this House of Delegates shall consist of the Ohio Osteopathic Association Constitution and Bylaws, Robert's Rules of Order "Newly Revised" and the following standing rules:

1. Roll call votes will be by academies and by voice ballot, not by written ballot.
2. Debate, by any one delegate, shall be limited to no more than two speeches on any one subject, no longer than five minutes per speech. The second speech should be after all others have had an opportunity to speak.
3. Nominations shall be presented by the nominating committee.
4. The agenda of the House of Delegates meeting shall be sent to all districts at least twenty-one (21) days before the convention.
5. All resolutions submitted by any district or any other business to require House of Delegates attention shall automatically be brought before the House of Delegates if each district has been notified at least twenty-one (21) days in advance of such resolutions. Emergency resolutions or business addressing issues which occur after the published deadlines may be considered by the House of Delegates provided such resolutions or business have been submitted in typewritten form to the OOA Executive Director, with sufficient copies for distribution to the delegates, prior to the commencement of the first session of the House of Delegates. The sponsor of the resolution may move that the House consider the resolution at this session and that the House judges that the matter could not have been submitted by the published deadline. Each proposed item shall be considered separately.
6. The order of the agenda shall be left to the discretion of the Speaker of the House or presiding official.
7. Persons addressing the House shall identify themselves by name and the district they represent, and shall state whether they are for or against a motion.
8. The district executive directors and/or secretaries shall be permitted to sit with their delegations during all but executive sessions without voice or vote.
9. The Speaker of the House may appoint five or more members to the following Reference Committees: Public Affairs, Ad Hoc, Professional Affairs, Constitution and Bylaws. The purpose of each committee is as follows:
 - Public Affairs: To consider matters relating to public and industrial health, such as medical care plans, health care for the aging, disaster medical care, physical fitness and sports medicine, mental health etc.
 - Professional Affairs: To consider matters relating to osteopathic education, osteopathic colleges, osteopathic hospitals, internship and residency programs, certification, postgraduate training programs, student loans, research, membership, conventions, etc.
 - Constitution and Bylaws: To consider the wording of all proposed amendments to the Constitution, Bylaws and the Code of Ethics.

- Ad Hoc: To consider resolutions not having a specific category
10. Reports and resolutions, unless otherwise provided for, shall be referred to an appropriate reference committee for study, investigation and report to the House.
 11. The reference committee shall report their findings to the House at a specified time. The reports of the reference committees shall be given in respect to each item referred to them, and the House shall act upon each item separately or by consent calendar for collective action by the full house when deemed appropriate by the committee. Any seated delegate shall have the right to request the removal of any resolution from the consent calendar for separate consideration. The reference committees may recommend the action to be taken, but the vote of the House shall be the final decision in those matters, which are in its province, according to the rules of procedure.
 12. The Speaker shall have the power to refer any resolution to a special committee or the House may recommend the appointment of a special committee.
 13. The osteopathic student delegate shall be seated with the delegation from the academy within whose boundaries the osteopathic school is located.
 14. Committee reports shall be limited to ten (10) minutes unless an amended report is to be read which has not been previously published. The House reference committees are excluded from this limit.
 15. All resolutions passed by the House of Delegates shall be monitored by the OOA Board of Trustees for appropriate implementation.
 16. The OOA Executive Director shall compile a written report on all actions proposed, initiated or completed in response to resolutions enacted during the annual session. Such report shall be included in the House of Delegates manual the year following enactment.
 17. All resolutions passed by the OOA House of Delegates which pertain to policy, shall be reviewed by the OOA Resolutions Committee and resubmitted to the House of Delegates no later than five years after the enactment date.

House Officers and Committees

Speaker Of The House

1. Elected annually by the House of Delegates (Constitution, Article VII)
2. Presides over the House of Delegates (Bylaws, Article X, Section 9)
3. Appoints Nominating Committee in accordance with resolution no 98-13.
4. Appoints Reference Committees. (Standing Rule No. 9)
5. Assigns resolutions to Reference Committees (Standing Rules Nos. 10 and 12)
6. May attend OOA Board of Trustees and Executive Committee meetings, without vote and shall serve as Parliamentarian (Bylaws, Article X, Section 9)
7. With the assistance of the Constitution and Bylaws Committee, reviews all proposed amendments to ensure proper format.
8. Determines whether a registered parliamentarian should be employed or not prior to the annual session.
9. May editorially correct resolutions prior to the printing in the manual upon notification to the originator of the resolution.
10. Serves as chairperson of the Committee on Standing Rules.
11. May sit ex officio in any reference committee meeting.

Vice Speaker

1. Elected annually by the House of Delegates (Constitution, Article VII)
2. Presides as Speaker of the House in the absence of the Speaker or at the Speaker's request (Bylaws, Article X, Section 9)
3. May sit ex officio in any reference committee meeting (Bylaws, Article X, Section 10)
4. Performs such other duties as assigned by the Speaker (Bylaws, Article X, Section 10)

Secretary

1. Appointed by the President (Bylaws, Article X, Section 1)
2. Handles all correspondence concerning the House of Delegates (Bylaws, Article X Section 1)
3. Makes sure that all deadlines are met with proper notice

4. Prepares the House of Delegates Manual
5. With the Executive Director, determines and certifies the number of delegates and alternates to the districts.
6. Maintains accurate minutes of the proceedings
7. Sends certifications to AOA delegates and alternates and prepares resolutions and forms for referral to the AOA.
8. Consults with the Speaker of the House prior to the annual session

Credentials Committee

1. Shall consist of at least two members appointed by the President (Bylaws, Article V, Section 4)
2. Receives and validates the credentials of delegates/alternates
3. Maintains a continuous roll call
4. Determines the presence of a quorum
5. Monitors voting and election procedures
6. Makes recommendations on the eligibility of delegates and alternates to a seat in the House when a seat is contested

Committee on Standing Rules

1. Shall consist of the Speaker of the House, the vice speaker of the House, the OOA President, and the Executive Director
2. Shall periodically review the standing rules of the House and recommend amendments 30 days prior to the House
3. Shall present such rules to the House for adoption

Program Committee

1. Shall consist of the President-Elect (Chairman), President, Executive Director and Immediate Past President
2. Shall review previous agendas and approve proposed agendas in consultation with the Executive Director
3. Shall present the agenda for approval at the House

Resolutions Committee

1. Shall consist of the Speaker, Vice Speaker, Secretary of the House and Executive Director

2. Shall review existing OOA policies no later than five years after each policy is passed for reconsideration by the full house
3. Shall recommend that such policies be reaffirmed, amended, substituted or deleted based on any subsequent action that has occurred during the five year period.
4. Shall review all new resolutions prior to the House to determine whether existing policies already exist at the state or AOA levels or whether the proposed resolution conflicts with existing policies. Such findings shall be reported to the appropriate reference committee.
5. Shall editorially correct any resolutions following the House, so they can be submitted to the AOA House of Delegates in the proper format

Referral of Business to Reference Committees

1. The Speaker of the House shall assign resolutions and other business to reference committees as part of the published agenda. The House, at its discretion, may refer a resolution to a different reference committee and accept new resolutions for assignment as defined in the Standing Rules.
2. The Speaker of the House may refer other items of business to a reference committee during the course of business.

Reference Committees

1. Shall consist of duly elected delegates or seated alternates
2. Shall consist of at least five members from five different academies appointed by the Speaker.
3. Committee members shall serve a one-year term, commencing with the annual meeting
4. Individual members should:
 - a. Review resolutions prior to the House of Delegates
 - b. Research issues involving resolutions
 - c. Listen to testimony and maintain objectivity
 - d. Notify the Speaker of the House in the event s/he cannot attend the meeting and recommend a replacement from his/her academy

Reference Committee Duties and Responsibilities

1. The primary responsibility of a reference committee is to recommend to the House an appropriate course of action on matters that have been placed before it. This duty should be accomplished by: evaluating all resolutions received by the committee, basing recommendations on the best information and advice that is available, and making decisions in the best interests of the public and the profession.
2. Reference committees should NOT attempt to prevent the House from taking action on any matter that has been presented, nor should they automatically accept the opinions of their own committee members or the opinions of those who have testified without deliberation.

3. The reference committee fulfills its duty after thoughtful deliberation by advising the House to approve, disapprove, amend, postpone, or replace by a substitute resolution, any resolution that has been placed before it.
4. Reference committees must act within the standing rules of the House and within the framework of the Constitution and Bylaws. The reference committees may not only recommend action on resolutions before them but may also propose resolutions on their own initiative. They may call upon officers or members of the staff when they desire to gain information. They may make an explanation of the committee's decision before recommending to the House that a resolution be approved, disapproved, amended, postponed or replaced by a substitute resolution.

Reference Committee Hearings and Duties of the Chair

1. Reference committee hearings are conducted to receive and evaluate opinions so that the committee may present well-informed recommendations to the House.
2. Opinions are received during the open hearing that is conducted by the reference committee. During actual deliberations of the committee, the committee and its staff will meet in executive session.
3. All members of the OOA have the right to attend reference committee hearings and participate in the discussion, whether or not they are members of the House of Delegates.
4. The chair of the reference committee should carry out the usual duties of a chair in maintaining order, facilitating the transaction of business and in ruling on length and pertinence of discussion during both the public and executive sessions.
5. The chair should not permit the making of motions or the taking of formal votes at an open hearing, since the objective of the hearing is to receive information and opinions and not to make decisions of any sort that would bind the reference committee in its subsequent deliberations. The final motions should be held in executive session.
6. The chair, with consent of the committee, may impose reasonable time limits on discussion and debate to ensure all can be heard.

Reference Committee Reports

7. Reference committee reports are nothing more than comments and recommendations regarding resolutions and business assigned to the reference committee.
8. All reference committee reports are submitted in the standardized form described below.
9. Reference committees should ensure that resolutions are worded with the utmost clarity and only contain a single topic. Resolutions containing more than one topic must be divided so that the House can vote intelligently on each unrelated issue individually.
10. Each reference committee Chair shall review and approve the reference committee report prior to publication. The chairs should coordinate this activity with their reference committee secretaries.
11. Each reference committees report shall be presented to the House of Delegates by the chair and/or the vice chair of the respective committee.

Reference Committee Written Reports and Presentation to the House

1. Recommendations by reference committees shall be incorporated into a written report and the recommended action for each resolution shall be stated in the following format for oral presentation during the House: "I present for consideration Resolution ___ ; (followed by one of the following options):
 - the Committee recommends it be approved and I so move"; or,
 - the Committee recommends it be amended as follows and approved ("old material crossed out", and "new material underlined"), and I so move." (*All proposed amendments should be shown by line number.*) or,
 - the Committee recommends that it be amended by substitution as follows and approved (*include substitute resolution in entirety if not already included in the manual as a five-year review of an existing policy that is being substituted*)
 - the Committee recommends it be disapproved. "To start debate, I move the Resolution be approved." (*Important note: All motions pertaining to resolutions are presented in the positive. When conducting the vote to disapprove a resolution, the Speaker of the House will instruct the House with the following statement: "If you agree with the recommendation of the Committee, you will vote "nay", against the Resolution."*)
2. All reference committee reports must be approved by the chairs of reference committees prior to publication. The chair should make arrangements with staff to edit, correct and approve reports with secretarial staff assigned to the committee.
3. A resolution or motion, once presented to the House, may be withdrawn only by permission of the Delegates.

House of Delegates Code of Leadership

The mission of the AOA, as established by the AOA Board of Trustees and the AOA House of Delegates, is to serve the membership by advancing the philosophy and practice of osteopathic medicine and by promoting excellence in education, research, and the delivery of quality cost-effective healthcare in a distinct, unified profession.

The mission of the Ohio Osteopathic Association (OOA) as established by the OOA Board of Trustees is to partner with our members in order to create, provide and promote programs, services and initiatives that prepare osteopathic physicians (DOs) to thrive now and in the future; to educate the public; and to promote legislative and regulatory initiatives that allow DOs to continue to provide excellent and comprehensive health care. The OOA Constitution further defines the purpose of the state association to include the following:

- To promote the public health of the people of Ohio;
- To cooperate with all public health agencies;
- To maintain high standards at all osteopathic institutions within the state;
- To maintain and elevate osteopathic medical education and postgraduate training programs in the prevention and treatment of disease;
- To encourage research and investigation especially that pertaining to the principles of the osteopathic school of medicine;
- To maintain the highest standards of ethical conduct in all phases of osteopathic medicine and surgery; and
- To promote such other activities as are consistent with the above purposes.

As a Delegate to the Ohio Osteopathic Association's House of Delegates, I am fully committed to the American Osteopathic Association and the Ohio Osteopathic Association and their missions. I recognize that serving as a representative of an OOA District Academy carries additional responsibilities and obligations to support the activities of the American Osteopathic Association and the Ohio Osteopathic Association. As a leader, my decisions and actions must be guided by what is best for osteopathic medicine and the American Osteopathic Association and Ohio Osteopathic Association. To this end, I pledge to honor and promote the American Osteopathic Association and the Ohio Osteopathic Association and their missions by following three guiding principles:

- I. I will maintain and strengthen the **Vision** of the AOA and OOA as defined by the OOA and AOA Boards of Trustees and the AOA and OOA House of Delegates, as demonstrated by...
 - Defining with other Delegates the mission of the Associations and participating in strategic planning to review the purposes, programs, priorities, funding needs, and targets of achievement.
 - Being a role model by participating in osteopathic philanthropy, encouraging DO colleagues to do the same, and by encouraging my spouse to participate in the Auxiliaries.
 - Publicly promoting the Associations' policies within the osteopathic family and to the public.

- II. I will conduct myself with the highest level of **Integrity** to honor the AOA and the OOA and to support the highest ideals of the osteopathic profession for which they stand, as demonstrated by...
 - Accepting the bylaws of the Associations and understanding that I am morally and ethically responsible for the health and vitality of the Associations.

- Leading the way by being an enthusiastic booster and a positive advocate for the Associations, and extend that enthusiasm to the Associations' affiliates and auxiliary groups.
- Accepting that every Delegate is making a statement of faith about every other Delegate, we trust each other to carry out this Code to the best of our ability.

III. I will be **Competent** in my actions and decisions for the AOA and OOA, as demonstrated by...

- Fulfilling my financial responsibilities by reviewing and approving the OOA's annual budget.
- Making myself available to attend the OOA House of Delegates' annual meeting, serving on committees as assigned, and being prepared for the annual meeting by reading the agenda and other materials.

Understanding that the House of Delegates is the legislative body of the OOA, exercising the delegated powers of the divisional societies in the affairs of the AOA and performing all other duties as described in the OOA Bylaws.

Reference Committee 1
Melinda E. Ford, DO, Chair

Mr. Speaker, I present for consideration the following Consent Agenda and the committee recommends that the resolutions be approved (*with editorial corrections for consistency and clarity*) and I so move:

2022-01 Reaffirmation of Existing Policies

- 2022-01 a. Burnout in Medical Students and Residents, Prevention and Maintenance of
2022-01 b. LGBTQ “Conversion Therapy” or Reparative Therapy” by Licensed Physicians and Other Medical and Mental Health Care, Opposition to the Practice of
2022-01 c. Direct Primary Care
2022-01 d. Cultural Competency
2022-01 e. Health Insurance Coverage for Residential Treatment and Inpatient Treatment of Eating Disorders
2022-01 f. Strategic Vision for Osteopathic Medicine in Ohio
135 aim through the practice of osteopathic medicine.
- 2022-01 g. Effective Therapies for Patients Maintaining
2022-01 h. Step Therapy and Fail First medication Policies
2022-01 i. Primary Care and Osteopathic Manipulative Medicine Research, Increased OOA Promotion of
2022-01 j. Medicaid Support of GME Funding
2022-01 k. Antibiotics for Medical Treatment, Preservation of
2022-01 l. Continuing Medical Education, State-Mandated, Subject Specific
2022-01 m. Current Procedural Terminology Code (CPT) Standardized Usage for Third Party Payers
2022-01 n. Direct Payment Insurers
2022-01 o. Disability Coverage for Physicians Who Are HIV Positive
2022-01 p. Driving Under the Influence of Alcohol and Other Mind-Altering Substances
2022-01 q. Emergency Department Utilization
2022-01 r. Immunization Initiatives
2022-01 s. Information Technology Adoption and Interchange
2022-01 t. Managed Care Plans, Quality Improvement and Utilization review
2022-01 u. Managed Care Plans, Standardized reporting Formats
2022-01 v. Medicare Mandatory Assignment
2022-01 w. Nursing Facilities, Tiered
2022-01 x. OOA Smoking Policy
2022-01 y. Physicians Exclusive Right to Practice Medicine
2022-01 z. Physician-Patient Relationships
2022-01 aa. Physician Placement in Rural Areas
2022-01 bb. Physician Fines by Third Party Payers
2022-01 cc. Pre-Authorized Medical Surgical Services, Denial of Payment
2022-01 dd. Preventive Health Services
2022-01 ee. Quality Health Care, the role of Medical Staffs and Hospital Governing Bodies
2022-01 ff. Quality of Life Decisions
2022-01 gg. Reimbursement Formulas for Government Sponsored Healthcare Programs
2022-01 hh. School Bus Safety Devices

2022-01 ii. Telemedicine**2022-01 jj. Third Party Payers, DO Medical Consultants**

Mr. Speaker, I present for consideration the following Amended Reaffirmations and the committee recommends that they be approved, and I so move:

2022-02 Osteopathic Practice and Principles Through the Continuum of Osteopathic Education

20 RESOLVED that the OOA continue to monitor the progress of the transition to the ACGME Single Accreditation System.
21 (*Original 1997, amended and affirmed 2002, reaffirmed 2007, amended and affirmed 2017*)

Mr. Speaker, I present for consideration the following Resolution and the committee recommends that it be deleted, and I so move:

2022-03 Student Involvement in the Ohio Osteopathic Association, Increasing (2017)

13 ~~RESOLVED, that Article V, Section 1 (B) of the Ohio Osteopathic Association (OOA) Constitution be amended to read, “The~~
14 ~~Ohio University Heritage College of Osteopathic Medicine shall be entitled to two delegates and four alternate delegates to~~
15 ~~the OOA House of Delegates. Three shall be from years one and two, one from each campus with one voting delegate. The~~
16 ~~other three will be from years three and four with one voting delegate. They will not diminish the total seated delegates from~~
17 ~~any district and will be seated together; and, be it further~~

18
19 ~~RESOLVED, that the OOA shall establish a task force on student involvement that will meet periodically to examine the~~
20 ~~current structure, processes, and activities of the OOA with the goal of determining additional modes for student involvement~~
21 ~~in the OOA. (Original 2017)~~

22

23

24 *Actions Taken Since this Resolution Passed: This resolution resulted in an amendment to the OOA Bylaws, Resolution*
25 *2018-01. The Board of Trustees recommended that a voting student delegate and alternate from each OU-HCOM campus*
26 *be seated with the District in which the campus is located. The following amendment to Article V, Section 1 (B) of the OOA*
27 *bylaws was passed by the OOA House of Delegates in 2018.*

Mr. Speaker, I would like to thank the members of my committee:

Nicholas J. Pflieger, DO; Sean D. Stiltner, DO; Nicole Jean Barylski Danner, DO; Henry L. Wehrum, DO; Ayoub Harb, OMS-I; Sharon L. George, DO; Matt Harney and Teri Collins.

Reference Committee 2

Edward E. Hosbach, DO, Chair

Mr. Speaker, I present for consideration the following Consent Agenda and the committee recommends that the resolutions be approved (*with editorial corrections for consistency and clarity*) and I so move:

RES. 2021-10 Article VII – Board of Trustees

RES. 2021-11 Article VI – Membership

17 association, as provided in its bylaws. Any ~~AOA or ACGME~~ accredited hospital **ACCREDITED BY A CMS-**
 18 **APPROVED ACCREDITOR** or ~~college~~ **COCA-ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE OR LCME**
 19 **ACCREDITED COLLEGE OF MEDICINE** located in the state of Ohio shall be eligible to become an institutional

RES. 2021-13 Article II – Section I – Regular Member

12 **Section 1 - Regular Member.** An applicant for regular membership in this association shall be a graduate of a **COCA-**
 13 **ACCREDITED** college of ~~medicine or~~ osteopathic medicine, **OR AN LCME-ACCREDITED COLLEGE OF**
 14 **MEDICINE, OR HAVE BEEN CERTIFIED THROUGH THE ECFMG (Educational Commission for Foreign Medical**
 15 **Graduates)** and licensed to practice in the state of Ohio. Application shall be made on a prescribed form and shall be

RES. 2021-16 Article II - Section 10 – Institutional Member

11 **Section 10 - Institutional Member.** Any ~~American Osteopathic Association-accredited~~
 12 **health system, hospital, healthcare facility or institution accredited by a Centers for Medicare & Medicaid Services**
 13 **recognized accreditation agency or COCA accredited college of osteopathic medicine or LCME accredited college of**
 14 **medicine** ~~healthcare facility institution or college of osteopathic medicine.~~ located in the state of Ohio shall be eligible to

Per the Committee, there are three organizations to spell out:

CMS – Centers for Medicare & Medicaid Services (Res. 2021-11, Line 17)

COCA – Commission on Osteopathic College Accreditation (Res. 2021-11, Line 18, Res. 2021-13, Line 12 & Res. 2021-16, Line 13)

LCME – Liaison Committee on Medical Education (Res. 2021-11, Line 18; Res. 2021-13, Line 13; & Res. 2021-16, Line 13)

Mr. Speaker, I present for your consideration the following resolution and the committee recommends it be amended as follows and approved and I so move:

RES. 2022-04 Support ~~Critical~~ Interpretation of Medical Information Among the General Public

4 **SUBJECT: SUPPORT ~~CRITICAL~~ INTERPRETATION OF MEDICAL**

17 **WHEREAS,** the general public may be unaware how to ~~critically~~ interpret the information that is
 22 public on how to ~~critically~~ interpret medical information to determine its legitimacy; and, be it
 26 public and promote access to resources that help the public ~~critically~~ interpret medical information.

Mr. Speaker, I would like to thank the members of my committee:

John C. Baker, DO; Sandra L. Cook, DO; Andrew P. Eilerman, DO; Nicholas G. Espinoza, DO; Jennifer L. Gwilym, DO; Douglas W. Harley, DO; Gordon J. Katz, DO; Nathan P. Samsa, DO; Joseph S. Scheidler, DO; and Cheryl Markino, Staff

PROPOSED OHIO DELEGATION**2021 CERTIFIED DELEGATES/
ALTERNATES****PROPOSED 2022 DELEGATES/
ALTERNATES**

OOA BOARD OF TRUSTEES DELEGATES - (EX OFFICIO)/ELECTED	BOARD MEMBERS & ALTERNATES WHO WILL BE CERTIFIED AS DELEGATES
Past President: Sandra L. Cook, DO	Past President: Henry L. Wehrum, DO
President: Henry L. Wehrum, DO	President: Jennifer L. Gwilym, DO
President-Elect: Jennifer L. Gwilym, DO	President-Elect: Nicklaus J. Hess, DO
Vice President: Nicklaus J. Hess, DO	Vice President: David A. Bitonte, DO*
Treasurer: Douglas H. Harley, DO	Treasurer: Edward E. Hosbach, II, DO
District 1: Nicholas G. Espinoza, DO	District 1: Nicholas G. Espinoza, DO
District 2: Edward E. Hosbach, II, DO	District 2: Robert A. Zukas, DO
District 3: Chelsea A. Nickolson, DO	District 3: Chelsea A. Nickolson, DO
District 4: Michael E. Dietz, DO	District 4: Michael E. Dietz, DO
District 5: John F. Ramey, DO	District 5: John F. Ramey, DO
District 6: Andrew P. Eilerman, DO	District 6: Andrew P. Eilerman, DO
District 7: Katherine H. Eilenfeld, DO	District 7: Katherine H. Eilenfeld, DO
District 8: Gregory Hill, DO	District 8: Gregory Hill, DO
District 9: Melinda E. Ford, DO	District 9: Melinda E. Ford, DO
District 10: John C. Baker, DO	District 10: John C. Baker, DO
ONE YEAR TERM ENDING 2022	ONE YEAR TERM ENDING 2023
District 9: Kenneth H. Johnson, DO	District 5: Nathan P. Samsa, DO
District 7: Robert S. Juhasz, DO	District 7: Robert S. Juhasz, DO
District 4: Sean D. Stiltner, DO	District 4: Sean D. Stiltner, DO
District 4: Victor D. Angel, DO	District 4: Victor D. Angel, DO
District 3: Gordon J. Katz, DO	District 3: Gordon J. Katz, DO
District 6: Charles G. Vonder Embse, DO	District 6: Charles G. Vonder Embse, DO
District 7: George Thomas, DO	District 7: George Thomas, DO
District 7: Christopher J. Loyke, DO	District 7: Sandra L. Cook, DO
District 8: M. Terrance Simon, DO	District 8: M. Terrance Simon, DO
District 6: Albert M. Salomon, DO	District 6: Ying H. Chen, DO
District 3: Paul A. Martin, DO	District 3: Paul A. Martin, DO
District 8: Paul T. Scheatzle, DO	District 8: Paul T. Scheatzle, DO
District 8: Eugene D. Pogorelec, DO	District 8: Eugene D. Pogorelec, DO
District 3: Mark S. Jeffries, DO	District 3: Mark S. Jeffries, DO
Student Selected by OU-HCOM SGA	Student Selected by OU-HCOM SGA
Harrison Koyilla, OMS I	Lauren M. Cea, OMS I
Alexis Ruffing, OMS I	Molly Frey, OMS I
Julia Gaspare-Purchnicki, OMS I	Ayoub Harb, OMS I
FUNDED ALTERNATES	FUNDED ALTERNATES
District 1: Nicholas J. Pflieger, DO	District 1: Nicholas J. Pflieger, DO
District 7: Lili A. Lustig, DO	District 9: Kenneth H. Johnson, DO

ALTERNATES BY VIRTUE OF AOA POSITION	ALTERNATES BY VIRTUE OF POSITION
District 7: Robert W. Hostoffer, Jr., DO	District 7: Robert W. Hostoffer, Jr., DO
District 3: Jennifer J. Hauler, DO	District 3: Jennifer J. Hauler, DO
STUDENT ALTERNATE	STUDENT ALTERNATE
UNFUNDED ALTERNATES	UNFUNDED ALTERNATES
District 6: Ying H. Chen, DO	District 6: Geraldine N. Urse, DO
District 10: Thomas J. Mucci, DO	District 1: Nicholas T. Barnes, DO
District 5: Christine M. Samsa, DO	District 5: Christine M. Samsa, DO
District 7: Isaac J. Kirstein, DO	District 7: Isaac J. Kirstein, DO
District 2: John C. Biery, DO	District 2: John C. Biery, DO
District 1: Nicholas T. Barnes, DO	District 4: Scott A. Kotzin, DO
District 6: William F. Emlich, DO	District 6: William F. Emlich, DO
District 8: Schield M. Wikas, DO	District 6: Paige Gutheil Henderson, DO
District 1: Roberta J. Guibord, DO	District 3: Sharon S. Merryman, DO
	District 1: Roberta J. Guibord, DO
	District 5: Nicole Jean Barylski Danner, DO
	District 9: Jean S. Rettos, DO
	District 4: Barry A. Rubin, DO
	District 8: Schield M. Wikas, DO
	District 10: Thomas J. Mucci, DO

*David A. Bitonte, DO, is substituting for OOA Vice President Douglas W. Harley, DO.