

**OHIO OSTEOPATHIC ASSOCIATION  
ACTIONS BY THE 2022 HOUSE OF DELEGATES**

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

The OOA House of Delegates met April 29, 2022. Delegates representing all ten districts discussed 8 resolutions.

The OOA House of Delegates elected the following OOA officers: President-Elect Nicklaus J. Hess, DO; Vice President Douglas W. Harley, DO; and Treasurer Edward E. Hosbach II, DO. Immediate Past President Henry L. Wehrum, DO, will remain on the Executive Committee and provided the State of the State Report. The House also approved Nicholas Salupo, DO, as the resident trustee. Jennifer L. Gwilym, DO, will be installed as OOA President the following day during the 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 2022-2023. The House also re-elected Sharon George, DO, to a three-year term on the Ohio Osteopathic Foundation Board of Trustees. The House also elected Richard Manchur to the Ohio Osteopathic Foundation Board of Trustees to a three-year term. The House also approved the 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 process and included Nicholas J. Pflighaar, DO; Robert A. Zukas, DO; Mark S. Jeffries, DO; Sean D. Stiltner, DO; Nicole Barylski Danner, DO; Henry L. Wehrum, DO; Ayoub Harb, OMS-I; James R. Pritchard, DO; Melinda E. Ford, DO; Sharon L. George, DO; Teri Collins, Staff. Dr. Ford served as Chair.

The following resolutions were reaffirmed:

**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)*

**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)*

**Direct Primary Care**

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

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

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

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

**Cultural Competency Dialogue on Eliminating Healthcare Disparities, Longitudinal Approach to (2017)**

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

## **Health Insurance Coverage for Residential Treatment and Inpatient Treatment of Eating Disorders**

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

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

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

### **Strategic Vision for Osteopathic Medicine in Ohio**

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

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

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

#### GOALS

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

## **Effective Therapies for Patients, Maintaining**

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

## **Step Therapy and Fail First Medication Policies**

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

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

## **Primary Care and Osteopathic Manipulative Medicine Research, Increased OOA Promotion of**

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

## **Medicaid Support of GME Funding**

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

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

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

(The following resolutions pre-date 2017)

### **Antibiotics for Medical Treatment, Preservation of**

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

### **Continuing Medical Education, State-Mandated, Subject Specific**

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

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

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

### **Current Procedural Terminology Code (CPT) Standardized Usage for Third Party Payers**

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

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

RESOLVED that the OOA continue to work with the Ohio Department of Insurance, the Ohio Association of Health Plans and/or interested provider organizations and coalitions

to expedite the universal usage and annual updating of CPT coding in Ohio. (*Original 2002*)

### **Direct Payment by Insurers**

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

### **Disability Coverage for Physicians Who Are HIV Positive**

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

### **Driving Under the Influence of Alcohol and Other Mind-Altering Substances**

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

### **Emergency Department Utilization**

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

### **Immunization Initiatives**

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

### **Information Technology Adoption and Interchange**

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

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

### **Managed Care Plans, Quality Improvement and Utilization Review**

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

### **Managed Care Plans, Standardized Reporting Formats**

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

### **Medicare Mandatory Assignment**

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

### **Nursing Facilities, Tiered**

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

### **OOA Smoking Policy**

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

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

### **Physicians Exclusive Right to Practice Medicine**

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

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

### **Physician-Patient Relationships**

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

### **Physician Placement in Rural Areas**

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

RESOLVED that the OOA support the establishment of physician practices in rural areas by identifying appropriate sources of information and financial assistance. *(Original 1992)*

### **Physician Fines by Third Party Payers**

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

### **Pre-Authorized Medical Surgical Services, Denial of Payment**

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

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

### **Preventive Health Services**

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

### **Quality Health Care, the role of Medical Staffs and Hospital Governing Bodies**

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages hospital medical



staffs to remain self-governing and independent through bylaws, rules and regulations; and be it further

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

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

### **Quality of Life Decisions**

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

### **Reimbursement Formulas for Government Sponsored Healthcare Programs**

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

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

### **School Bus Safety Devices**

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

### **Telemedicine**

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

RESOLVED that the OOA work with the State Medical Board of Ohio and other Ohio physician organizations to develop laws and rules that encourage innovation and access to physician services through telemedicine while ensuring quality and promoting

effective physician-patient relationships. *(Original 1997, amended and reaffirmed in 2002)*

### **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)*

The following resolution was amended and reaffirmed:

### **Osteopathic Practice and Principles Through the Continuum of Osteopathic Education**

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

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

RESOLVED that the OOA continue to monitor the transition to the ACGME Single Accreditation System. *(Original 1997, amended and reaffirmed 2002, amended and reaffirmed 2017, amended and reaffirmed 2022)*

The following resolution was deleted:

### **Student Involvement in the Ohio Osteopathic Association, Increasing**

~~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 considered the resolution initially submitted in 2022 as well as final consideration for amendments to the OOA Constitution and Bylaws. Reference Committee 2 included Nicholas G. Espinoza, DO; Lawrence J. Kuk, DO; Chelsea A. Nickolson, DO; Joseph S. Scheidler, DO; Nathan P. Samsa, DO; Andrew P. Eilerman, DO; Sandra L. Cook, DO; Douglas W. Harley, DO; Jennifer L. Gwilym, DO; John C. Baker, DO; Cheryl Markino, Staff. Dr. Hosbach served as Chair.

The following resolution was initially submitted in 2022:

RES. 2022-04

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

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

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-legitimate<sup>1</sup>; 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 conclusion<sup>2</sup>; 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.

The following amendments to the OOA Constitution and Bylaws gained final passage:

RES. NO.  
2021-10

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

**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

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 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.  
2021-13

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.  
2021-16

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.*