2019

OHIO OSTEOPATHIC ASSOCIATION HOUSE OF DELEGATES MANUAL

FRIDAY, APRIL 26 TO
SATURDAY, APRIL 27

EASTON C/D/E
HILTON COLUMBUS AT EASTON
3900 CHAGRIN DRIVE, COLUMBUS OHIO

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Agenda and Supporting Documents

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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. We 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.

AGENDA

Ohio Osteopathic Association
House of Delegates

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

FRIDAY, APRIL 26, 2019

2:00pm Delegate/Alternate Credentialing – John F. Ramey, DO, Chair

BUSINESS SESSION ONE – Easton Ballroom C/D/E

2:15pm Welcome and Call to Order – Jennifer J. Hauler, DO, President
- Pledge of Allegiance – Dr. Hauler
- Invocation – Charles G. Vonder Embse, DO
- Osteopathic Pledge of Commitment – Dr. Hauler
- Introduction of the Speaker/Vice Speaker – Dr. Hauler
- Recognition of AOA President William S. Mayo, DO – Dr. Hauler

2:25pm Credentials Committee Report – Dr. Ramey

2:30pm Opening Remarks and Routine Business – Dr. Bitonte
- Adoption of Standing Rules
- Approval of Report of Matt Harney, MBA, Executive Director
- Approval of Mr. Harney as Secretary of the House

2:35pm Program Committee Report – Charles Milligan, DO

2:40pm OOA/OOF Financial Reports – Henry L. Wehrum, DO, Treasurer

2:50pm Report of the Committee on OOA Governance – Dr. Hauler

3:05pm State of the State Report – Dr. Hauler

3:30pm Assignment of Resolutions and Reference Committees – Dr. Bitonte

3:45pm **Ad Hoc Reference Committee – Juniper C**

Initial Members:
Nicholas G. Espinoza, DO, Chair (District I), Chair
John C. Biery, DO (District II)
Mark S. Jeffries, DO (District III)
Victor D. Angel, DO (District IV)
Christine M. Samsa, DO (District V)
Andrew P. Eilerman, DO (District VI)
Katherine Hovsepian Eilenfeld, DO (District VII)
Gregory Hill, DO (District VIII)
Melinda E. Ford, DO (District IX)

John C. Baker, DO (District X)

Constitution & Bylaws Reference Committee – Juniper B

Initial Members:
Nicholas T. Barnes, DO (District I)
Edward E. Hosbach, DO (District II)
Christine B. Weller, DO (District III)
Michael E. Dietz, DO (District IV)
John F. Ramey, DO (District V)
Henry L. Wehrum, DO (District VI)
Sandra L. Cook, DO (District VII)
Paul T. Scheatzle, DO (District VIII)
Jennifer L. Gwilym, DO, Chair (District IX), Chair
Sharon L. George, DO (District X)
Andrew Williams, OMS-I (OU-HCOM)

6:00pm Awards Ceremony & Cocktail Reception, Regent Ballroom

SATURDAY, APRIL 27, 2019

12:00pm **District Academy Caucus Meetings** (box lunches will be served)
Akron-Canton – Easton C/D/E
Columbus – Juniper B
Cleveland – Worthington
Dayton – Lilac
Small Districts – Juniper C

BUSINESS SESSION TWO – Easton C/D/E

3:30pm Call to Order – Dr. Bitonte

3:35pm Report of the Credentials Committee – Dr. Ramey

3:40pm AOA Board Certification update – William S. Mayo, DO

4:10pm OOPAC Report – Jennifer L. Gwilym, DO

4:25pm Ad Hoc Reference Committee Report – Nicholas G. Espinoza, DO, Chair

4:40pm Constitution & Bylaws Reference Committee – Dr. Gwilym, DO, Chair

4:55pm Introduction of 2019-2020 OOA President Charles D. Milligan, DO, and recognition of Jennifer J. Hauler, DO, outgoing president

5:10pm Report of the OOA Nominating Committee – Dr. Ramey, Chair

(Members: Paul A. Martin, DO, Dayton; Christopher J. Loyke, DO, Cleveland; Charles G. Vonder Embse, DO, Columbus; M. Terrance Simon, DO, Akron-Canton; and Victor D. Angel, DO, Cincinnati)

Nominees for OOA Officers
President-Elect: Sandra L. Cook, DO
Vice President: Henry L. Wehrum, DO
Treasurer: Jennifer L. Gwilym, DO
Speaker of the House: David A. Bitonte, DO
Vice Speaker of the House: Michael E. Dietz, DO

Nominees for the Ohio Osteopathic Foundation Board
Three-year term expiring 2022: Sharon L. George, DO

Ohio Delegation to the AOA House
(To be distributed)

5:30pm Adjournment

SEE YOU NEXT YEAR!
OHIO OSTEOPATHIC SYMPOSIUM & OOA HOUSE OF DELEGATES
COLUMBUS HILTON AT EASTON
APRIL 22-26, 2020

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 my 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 2018 HOUSE OF DELEGATES

Submitted by OOA Executive Director Matt Harney, MBA

The OOA House of Delegates met April 27 & 28, during the Ohio Osteopathic Symposium. Delegates representing all ten districts discussed eleven resolutions. Two of the resolutions were new to 2018. One dealt with a change to OOA bylaws expanding student leadership partnership in the OOA House of Delegates. The other codified the OOA's authority to certify osteopathic CME in Ohio. All remaining resolutions amended or reaffirmed current policy.

During the Symposium, Jennifer J. Hauler, DO was installed as the OOA President. Others officers include: President-Elect Charles D. Milligan, DO; Vice President Sandra L. Cook, DO; Treasurer Henry L. Wehrum, DO. Immediate Past President Sean D. Stiltner, DO, will remain on the Executive Committee.

Speaker of the House John F. Uslick, DO, and Vice Speaker David A. Bitonte, DO, presided over the meeting. This was Speaker Uslick's last year as Speaker, opting not to run again. Dr. Bitonte was elected to serve as Speaker of the House with Michael E. Dietz, DO, elected as Vice Speaker. The House also elected John F. Ramey, DO, and re-elected M. Terrance Simon, DO, to 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. At the meeting, it was announced the OOA Executive Committee had voted earlier in the month to transition AOA delegates representing Ohio to a $1,000 stipend to all delegates, with an understanding any resident would be funded completely. This will take effect in 2019.

Two reference committees convened—Constitution & Bylaws and Ad Hoc. The Constitution & Bylaws Reference Committee heard resolutions 1, 2, 3, 5, and 6. The Ad Hoc Reference Committee discussed resolutions 4, 7, 8, 9, 10, and 11.

The Constitution and Bylaws Reference Committee included Jennifer L. Gwilym, DO; Roberta J. Guibord, DO; Edward E. Hosbach, DO; Kimbra L. Joyce, DO; Mark S. Jeffries, DO; Tejal R. Patel, DO; Phillip A. Starr, DO; Paul T. Scheatzle, DO; Sharon L. George, DO; Noor Ramahi, OMS-I; Dubem Obianagha, OMS-I; Adam Rabe, OMS-I; and Carol Tatman. Dr. Gwilym served as Chair.

The Ad Hoc Reference Committee included Melinda E. Ford, DO; John C. Biery, DO; Christine B. Weller, DO; Michael E. Dietz, DO; Nicole Barylski-Danner, DO; Ying H. Chen, DO; Katherine Hovsepian Eilenfeld, DO; Gregory Hill, DO; John C. Baker, DO; Henry L. Wehrum, DO; Matt Harney, MBA; and Cheryl Markino. Dr. Ford served as Chair.

There was one change to the OOA bylaws expanding student representation at the OOA House of Delegates. The resolution, 2018-1, increases student leadership

participation in the OOA House of Delegates. Current policy allows only one student representative. The resolution submitted by the OOA Board of Trustees provides for student representation from each of the three OU-HCOM campuses. Resolution 2018-01 was approved and adopted as follows:

OOA BYLAWS AMENDMENT, STUDENT REPRESENTATION IN THE OOA HOUSE OF DELEGATES

RESOLVED, THAT ARTICLE V, SECTION 1 (B) OF THE OHIO OSTEOPATHIC ASSOCIATION BYLAWS BE AMENDED AS FOLLOWS:

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.

In addition to Resolution 2018-1, the Constitution & Bylaws Reference Committee also discussed resolutions 2, 3, 5, and 6.

Resolution 2018-2 reaffirmed policies originally adopted or amended in 2013. They are as follows:

Complementary and Alternative Medicine

RESOLVED, that the Ohio Osteopathic Association encourages its members to become knowledgeable about all forms of complementary and alternative medicine in order to advise their patients about the benefits or liabilities of these therapies; and be it further,

RESOLVED, that the Ohio Osteopathic Association supports legislation and regulations which protect the right of Ohio physicians to use all forms of therapies which benefit patients, provided the patient has given appropriate informed consent. *(Original 1998)*

Continuing Medical Education, Reduced Registration Fees for Retired and Life Members

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer all OOA-sponsored continuing medical education programs at a reduced registration fee of at least 25 percent for all OOA member physicians who document their status as retired or life members; and be it further

RESOLVED that the OOA continue to encourage all osteopathic continuing medical education sponsors in the state of Ohio to offer reduced registration fees in a similar manner. *(Original 1998)*

False Qualification Standards and Advertising for the MD Degree

RESOLVED, that the Ohio Osteopathic Association protest any solicitations by medical schools which attempt to undermine the integrity of the DO degree by offering to confer MD degrees to DOs through false qualification standards; and, be it further

RESOLVED, that the Ohio Osteopathic Association continue to urge the Ohio State Medical Board to only recognize the DO or MD degree when full American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA) or Liaison Committee on Medical Education (LCME) curricular requirements have been met for each degree and when the appropriate state licensing examinations have been successfully passed. *(Original 1998)*

Hospice and Palliative Care Support

RESOLVED, that the Ohio Osteopathic Association continues to support governmental funding of Hospice and Palliative Care programs. *(Original 1993)*

Infectious Waste Disposal

RESOLVED, that the Ohio Osteopathic Association recommends that the Ohio Department of Health (ODH) promote and encourage educational programs for the public regarding safe and effective disposal of home-generated medical supplies. *(Original 1993)*

Medicare Services

RESOLVED, that the Ohio Osteopathic Association continue to work with Medicare and all health insuring corporations offering a Medicare product in Ohio to ensure osteopathic input in all policies and appeal mechanisms that deal with osteopathic procedures; and be it further

RESOLVED, that the OOA continue to support the appropriate reimbursement of osteopathic treatment modalities. *(Original 1988)*

Medication Reconciliation

RESOLVED, that the Ohio Osteopathic Association encourages the use of medication reconciliation lists containing drug names, dosages, routes, and administration times to help the health care team identify potential drug interactions and avoid medication

errors during the exchange of information between all health care settings. *(Original 2008)*

Ohio Insurance Guaranty Association

RESOLVED, the Ohio Osteopathic Association Continue to advocate for increasing the Ohio Insurance Guaranty Association's claims limits to adequately cover the claims of liquidated medical professional liability insurance companies; and be it further

RESOLVED, that the Ohio Osteopathic Association continue to actively seek financially stable sources of medical liability, in order to protect its member physicians. *(Original 1998)*

Osteopathic Anti-Discrimination

RESOLVED, that the Ohio Osteopathic Association continue to seek, whenever necessary, amendments to the Ohio Revised Code and the Ohio Administrative Code, which prohibit discrimination against osteopathic physicians by any entity on the basis of degree, AOA approved training or osteopathic specialty board certification. *(Amended by Substitution in 1998, originally passed in 1993)*

Patient Medical Care Expense Control

RESOLVED, that the Ohio Osteopathic Association encourages and supports the development of a Centers for Medicare & Medicaid Services (CMS) website designed to provide simple, straight-forward, and user-friendly public access to the Medicare reimbursement schedule for all medical services in all US geographical market segments. *(Original 2008)*

Reaffirmation of The DO Degree

RESOLVED, that the Ohio Osteopathic Association enthusiastically embraces the heritage and philosophy of Dr. Andrew Taylor Still by reaffirming the DO, Doctor of Osteopathic Medicine, degree as the recognized degree designation for all graduates of colleges of osteopathic medicine accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA). *(Original 2008)*

Suicide Prevention and Screening

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to encourage and promote the professional use of suicide prevention screening programs along with the Yellow Ribbon Suicide Prevention Program; and be it further

RESOLVED, that the OOA encourages AOA Category 1-A continuing medical education programs to include education about suicide prevention and screening. *(Original 2008)*

Taser Safety (In memory of Kevin Piskura)

RESOLVED, the Ohio Osteopathic Association (OOA) encourages state and federal agencies to develop guidelines for post-taser immediate emergency care to be included in taser certification and annual recertification for all law enforcement professionals who might use a taser. *(Original 2008)*

Resolution 2018-3 was originally adopted in 2013 and approved as follows:

Energy Drink Dangers

RESOLVED, that the Ohio Osteopathic Association supports community awareness and education regarding the effects and potential dangers of consuming energy drinks and encourages physicians to screen for the use of energy drinks. *(Original 2013)*

Explanatory Note: *The American Osteopathic Association amended and affirmed this resolution in 2013 (Policy Compendium H428-A/13 ENERGY DRINKS). The proposed amendments shown will make the AOA and OOA policy statements identical.*

Resolution 2018-5 was originally adopted in 2013 and approved as follows:

Health Plans, Stability and Continuity of Care

RESOLVED, that the Ohio Osteopathic Association (OOA) adopt as policy the principle that a health plan must keep the physicians, physician groups, medications and hospitals as advertised when a patient enrolled for the duration of the patient's contract. *(Original 2003)*

Resolution 2018-6 was originally adopted in 2013 and amended and approved as follows:

Physician Choice to Participate in Health Plans

RESOLVED, that the Ohio Osteopathic Association continues to oppose any public policy that requires mandatory participation of physicians in any insurance plan, including Medicare, Medicaid or private insurance plans. (Original 2013)

Explanatory Note: *The American Osteopathic Association amended and affirmed this resolution in 2013 as noted in lines 18 – 24 (Policy Compendium H617-A/16 MANDATORY PARTICIPATION IN INSURANCE PLANS). The amendments make the AOA and OOA policy statements identical.*

The Ad Hoc Reference Committee discussed resolutions 4, 7, 8, 9, 10, and 11. Resolutions 4, 7, 8, 9, and 10 amended policies adopted in previous years upon the five-year review process. Only Resolution 11 was originally submitted in 2018.

Resolution 2018-4 was originally adopted in 2013 and amended and approved as follows:

ENGAGING OSTEOPATHIC PHYSICIANS AS PRECEPTORS

WHEREAS, osteopathic medical education in Ohio relies strongly on community-based preceptors to teach students and residents; and

WHEREAS, trainees in office-based teaching environments gain educational experiences that are reflective of real-world medicine; and

WHEREAS, Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) has opened branch campuses in Columbus and Cleveland, ~~will~~ which means more students within the Centers for Osteopathic Research and Education (CORE)/Health Professions Education and Research Network (HPERN) system in need of clinical experiences and therefore more preceptors to teach them; and

WHEREAS, it is important for the osteopathic profession that preceptors are not only effective teachers, but also quality clinicians; and

WHEREAS, continuing medical education programs provide current best practices in medicine and can help to improve clinical knowledge, physician performance, and patient outcomes; and

WHEREAS, Nationwide Children's Hospital of Columbus successfully uses voucher programs for participating preceptors to use for its CME programs to incentivize community physicians to volunteer in teaching its interns and residents; and

WHEREAS, the osteopathic profession should encourage and incentivize physicians in the state to participate as preceptors for CORE/HPERN students and trainees; and

WHEREAS, physician preceptors who are training the next generation of osteopathic physicians should be recognized and valued; now therefore be it

RESOLVED, the Ohio Osteopathic Association work with Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), Centers for Osteopathic Research and Education (CORE)/ Health Professions Education and Research Network (HPERN), and others to investigate incentives for physician preceptors of CORE/HPERN osteopathic trainees. (Original 2013)

Explanatory Note: *Because incentives for preceptors are still being evaluated, the Council on Resolutions recommends that "whereas" clauses be maintained to facilitate discussion.*

Resolution 2018-7 was also originally adopted in 2013 and was amended and approved as follows:

PROTECTION OF THE DOCTOR-PATIENT RELATIONSHIP AS RELATED TO PROPOSED GUN CONTROL LAWS

RESOLVED, that while the Ohio Osteopathic Association (OOA) supports measures that save the community at large from gun violence, the OOA opposes public policy that mandates reporting of information regarding patients and gun ownership or use of guns except in those cases where there is duty to protect, as established by the Tarasoff ruling, for fear of degrading the valuable trust established in the patient-doctor relationship.~~; and be it further~~

Explanatory Note: The American Osteopathic Association also affirmed this resolution in 2013 (Policy H427-A/13 PHYSICIAN-PATIENT RELATIONSHIP AS RELATED TO PROPOSED GUN CONTROL LAWS, PROTECTION OF THE).

Resolution 2018-8, originally adopted in 2013 was amended and approved as follows:

SOCIAL MEDIA GUIDELINES FOR DOs

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the use of appropriate social media by osteopathic physicians as a method to promote our profession and practices subject to guidelines published by the American Osteopathic Association.

Explanatory Note: *The American Osteopathic Association approved Ohio's original resolution in 2013 and developed the following Social Medical Guidelines (Policy Compendium H352-A/13 SOCIAL MEDIA GUIDELINES – IMPLEMENTATION OF).*

Social Media Guidelines for DOs

Approximately 7 in 10 Americans use social media, according to a 2017 report from Pew Research Center. In turn, more physicians than ever before are using social media as a way to connect with patients and share health information.

Patients, too, are increasingly looking to social media for health and wellness content—and technology is radically changing how patients navigate the healthcare delivery system. More than 40% of consumers looking for health information on social media view health-related consumer reviews, according to PWC.

When handled properly, social media can be a valuable tool for physicians, offering as a platform to promote health information and promote osteopathic medicine. The following social media guidelines are meant to be just that—guidelines and suggestions for professional conduct on social media.

For DOs engaging on social media, it is important to comply with the established AOA Code of Ethics. These standards are applicable to posting and commenting on social sites. The AOA also recommends that physicians refer to the social media guidelines/policies (if available) from their respective specialties, state medical boards and/or employers.

Ensuring patient confidentiality

Patient privacy is of the utmost concern under ethical requirements and state and federal privacy laws, such as HIPAA. Osteopathic physicians should never post identifiable patient information on social media platforms. Even when posting anonymously or using what is believed to be an unidentifiable name, physicians should be aware of information being shared and avoid any information that could be traced to specific patients. This includes the posting of photos and videos.

It is also good practice to use strict privacy settings to limit who can access your content and/or photos wherever possible. Be aware that no social media platform is completely secure. Privacy settings on social media sites often change, so be sure to confirm settings regularly.

Maintaining professional relationships

Just as with physician-patient interactions outside of social media, it is important to create and maintain clear and appropriate boundaries between a physician and a patient.

Many physicians choose to create separate accounts/pages/handles for their professional and personal interactions. DOs should feel comfortable ignoring personal requests from patients on accounts that are not used for professional purposes. If DOs have sites or accounts for professional purposes, when possible, keep conversations professional and refrain from posting personal information. Particular caution should be used with sites, such as Twitter, where many accounts do not allow you to limit who sees your posts.

Disclosing conflicts of interest

Osteopathic physicians have an obligation to disclose conflicts of interest. Any information or advice offered on a website or social media site should clearly state financial, professional or personal information that could impact any statements made. This includes discussions, reviews, retweets or other comments on products or services.

Think before posting

Manage your online presence carefully in status updates, tweets, blogs, and article posts. Avoid posting nonprofessional photos and language. Strive for accuracy, and when in doubt, pause and think carefully before posting in a public forum. Each post shared on social media platforms has the potential to negatively impact not only one's own reputation, but also the public's perception of the osteopathic medical profession. If you disagree with others' opinions, keep it appropriate and polite. Avoid any negative statements about other medical professionals that could be construed as libelous. Also, use caution about statements made when responding to negative comments about you or your place of employment on social media. This applies on social media and other platforms (Yelp, Angie's List, etc.) that allow patients to rate physicians and organizations that provide medical care.

When posting information, note whether information is based upon scientific studies, expert consensus, professional experience or personal opinion, when possible. Clearly stating that opinions are an osteopathic physician's own is important when communicating on forums that may include patients.

Also be cautious when providing medical advice online. You could be liable for advice given to patients with whom you haven't conducted an appropriate in-person exam. If giving advice it is advisable to recommend that patients seek in-person patient care for any medical concerns.

http://www.osteopathic.org/inside-aoa/about/leadership/Pages/social-media-guidelines.aspx

Resolution 2018-9 was originally adopted in 1988 and amended and approved as follows:

OSTEOPATHIC EDUCATION, PROMOTING A POSITIVE AND ENTHUSIASTIC APPROACH

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to challenge its physician membership to maintain and promote a positive and enthusiastic outlook about the future of osteopathic medicine; and be it further

RESOLVED, that the OOA in conjunction with the Ohio Osteopathic Foundation, the Ohio University Heritage College of Osteopathic Medicine, the Centers for Osteopathic Education and Research/Health Professions Research and Education Network, and Osteopathic Heritage Foundations continues to urge practicing physicians to serve as enthusiastic and compassionate role models in spite of rapidly evolving changes in the healthcare delivery system which are sometimes demoralizing to practicing physicians; and be it further,

RESOLVED, that the OOA membership and affiliated groups continue to aggressively recruit and help retain bright, energetic, enthusiastic and compassionate young people as osteopathic students. *(Original 1988)*

Resolution 2018-10 was originally adopted in 2008 and amended and approved as follows:

WIRELESS ENHANCED 911 SERVICES FOR THE STATE OF OHIO

RESOLVED, that the Ohio Osteopathic Association endorses expedited implementation of Phase I, and Phase II, wireless enhanced 9-1-1 services to ensure that emergency call centers in all Ohio counties can identify wireless telephone numbers, use global positioning to locate call positions, and receive text messages from wireless phones. (Original 2008)

Explanatory Note: *The Emergency Services Internet Protocol Network (ESINet) steering committee has met monthly to establish a protocol to implement wireless enhanced 9-1-1 services. Phase I will take place from 5/12/18 to 12/31/18, which will consist of compliance visits and mail-in packets as well as directing assistance to carriers who are having issues with implementation. Phase II will occur from 01/01/19 and beyond with continued follow-ups and compliance visits.*

Resolution 2018-11 was submitted in 2018 by the OOA Executive Committee. Excluding editorial changes, the only amendment to this resolution from its original form is the insertion of the word "singular" to the first resolved clause. The approved resolution is as follows:

AUTHORITY OF THE OHIO OSTEOPATHIC ASSOCIATION TO CERTIFY OSTEOPATHIC CONTINUING MEDICAL EDUCATION IN OHIO

WHEREAS, osteopathic continuing medical education (CME) is essential to ensure competency and quality for the practice of osteopathic medicine and surgery; and

WHEREAS, in 1943, the osteopathic profession in Ohio was the first profession to self-impose and support a mandate in the Ohio Revised Code that required all DOs to complete two consecutive days of CME conducted by the Ohio Osteopathic Association (OOA) each year in order for a physician to be licensed to practice osteopathic medicine and surgery in the State of Ohio; and

WHEREAS, the OOA, under the leadership of Donald Siehl, DO, of Dayton, past president of the American Osteopathic Association (AOA), was instrumental in developing AOA's first mandatory continuing medical education program in 1974; and

WHEREAS, the AOA was the first national physician organization in the United States to require completion of 150 hours of CME over a three-year period in order to be a member of the AOA and board certified in an AOA specialty; and

WHEREAS, in 1975, the Ohio General Assembly amended the Ohio Revised Code (ORC), as a part of an omnibus professional liability insurance bill, to mandate all MD, DOs and DPMs complete 150 Hours of CME over a three-year period for Ohio licensure, as certified by the respective professional organization of each profession; and

WHEREAS, Section 4731.282 of the ORC states:

" (1) Except as provided in division (D) of this section, each person holding a license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery issued by the state medical board shall complete biennially not less than one hundred hours of continuing medical education that has been approved by the board.

(2) Each person holding a license to practice shall be given sufficient choice of continuing education programs to ensure that the person has had a reasonable opportunity to participate in continuing education programs that are relevant to the person's medical practice in terms of subject matter and level.

(B) In determining whether a course, program, or activity qualifies for credit as continuing medical education, the board shall approve all of the following:

(1) Continuing medical education completed by holders of licenses to practice medicine and surgery that is certified by the Ohio state medical association;

(2) Continuing medical education completed by holders of licenses to practice osteopathic medicine and surgery that is certified by the Ohio osteopathic association;

(3) Continuing medical education completed by holders of licenses to practice podiatric medicine and surgery that is certified by the Ohio podiatric medical association.

(C) The board shall approve one or more continuing medical education courses of study included within the programs certified by the Ohio state medical association and the Ohio osteopathic association under divisions (B) (1) and (2) of this section that assist doctors of medicine and doctors of osteopathic medicine in both of the following:

(1) Recognizing the signs of domestic violence and its relationship to child abuse;

(2) Diagnosing and treating chronic pain, as defined in section 4731.052 of the Revised Code.

(D) The board shall adopt rules providing for pro rata reductions by month of the number of hours of continuing education that must be completed for license holders who are in their first renewal period, have been disabled by illness or accident, or have been absent from the country. The board shall adopt the rules in accordance with Chapter 119. of the Revised Code.

(E) The board may require a random sample of holders of licenses to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery to submit materials documenting completion of the required number of hours of continuing medical education. This division does not limit the board's authority to conduct investigations pursuant to section 4731.22 of the Revised Code: and

WHEREAS, the OOA and the State Medical Board of Ohio, after a legal challenge by the OOA, entered into an-out-of-court agreement that allows the OOA to review non-AOA approved CME programs submitted by DOs for licensure in Ohio, that " are relevant to a person's medical practice in terms of subject matter and level" and reclassify them in OOA Osteopathic Category 1-C for the purpose of Ohio licensure;" and

WHEREAS, the OOA has been reviewing and approving applications for Category 1-C on a timely basis and certifying such waivers to the State Medical Board of Ohio for more than 40 years to meet the requirements of the Section 4731.282 of the Ohio Revised Code; and

WHEREAS, AOA and the American Board of Medical Specialties (ABMS) have adopted Osteopathic Continuous Certification (OCC) and Maintenance of Certification (MOC) respectively as a self- imposed process to ensure the ongoing competency of physicians in all specialty areas without relinquishing standard-setting authority solely to state medical boards; and

WHEREAS, State Rep. Teresa Gavarone, has introduced HB 273 in the 132nd General Assembly, which prohibits OCC and MOC from being used as a condition for state medical licensure, hospital privileges, or reimbursement by health insuring corporations in Ohio; and

WHEREAS, AOA House of Delegates passed a resolution in 2017 encouraging the AOA to ensure OCC does not become a barrier to licensure, hospital privileges or reimbursement because of high-cost, high-stakes testing or inability to obtain CME in geographically-convenient locations; and

WHEREAS, HB 273 sets a dangerous precedent that would allow the State of Ohio to override competency standards that are developed and self-imposed by physician

organizations and certification boards, and shift such responsibility to the government; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association's House of Delegates reaffirms the right and singular authority of the Ohio Osteopathic Association (OOA) to certify all continuing medical education requirements "that are relevant to the person's medical practice in terms of subject matter and level," (ORC 4731.282) for osteopathic licensure in Ohio; and be it further

RESOLVED, OOA reaffirms its commitment to ensure that quality and relevant AOA Category 1-A continuing medical education programs are readily accessible to all DOs, regardless of specialty, who are certified by the American Osteopathic Association and/or the American Board of Medical Specialties; and, be it further

RESOLVED, that the OOA continue to work with the Ohio University Heritage College of Osteopathic Medicine and the Centers for Osteopathic Research and Education/Health Professional Research and Education Network to ensure that quality continuing medical education programs are available to all DOs regardless of specialty throughout the State of Ohio; and, be it further

RESOLVED, that the OOA, through the Ohio Osteopathic Foundation, work with all CME sponsors and providers in the state of Ohio to ensure that quality, affordable osteopathic continuing medical education programs are available throughout the state, that meet requirements in the Ohio Revised Code for programs that are relevant to every DO's "medical practice in terms of subject matter and level," including subject-specific areas mandated by the Ohio Revised Code, such as domestic violence, human trafficking, medical marijuana, and pain management.

Ad Hoc
Reference Committee

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: 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14

Members:

Nicholas G. Espinoza, DO (District I), Chair
John C. Biery, DO (District II)
Mark S. Jeffries, DO (District III)
Victor D. Angel, DO (District IV)
Christine M. Samsa, DO (District V)
Andrew P. Eilerman, DO (District VI)
Katherine Hovsepian Eilenfeld, DO (District VII)
Gregory Hill, DO (District VIII)
Melinda E. Ford, DO (District IX)
John C. Baker, DO (District X)
Cheryl Markino, Staff

Location: Juniper C

RES. NO.
2019-03

SUBJECT: Childhood Obesity, Dangers of

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT AMENDED IN 2014 BE AMENDED AS FOLLOWS AND APPROVED:

RESOLVED, that the Ohio Osteopathic Association supports ~~the *Ohio Obesity Prevention Plan* and on-going~~ initiatives by the Ohio Department of Health to combat the epidemic of childhood obesity across Ohio. *(Original 2004)*

Explanatory Note: In June 2013, the Ohio Department of Health announced a new initiative to combat childhood obesity in Ohio. The early childhood obesity prevention grant program funds high-need communities and builds on existing community-based obesity prevention efforts. The state provided $500,000 for the program in 2013 and 2014. Funding did not continue beyond the 2014 fiscal year.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-04

SUBJECT: Quality Improvement Organizations – Eleventh Statement of Work

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POSITION STATEMENT, ORIGINALLY ADOPTED IN 2004, BE AMENDED AND APPROVED:

~~WHEREAS, the Centers for Medicare and Medicaid Services (CMS) has restructured the Quality Improvement Organization Program for the Eleventh Statement of Work (SOW) by regions rather than individual states; and~~

~~WHEREAS, CMS has separated the traditional combined responsibilities of the existing QIOs, such as KEPRO, into two separate contractor responsibilities including (1) Beneficiary and Family Centered Care (BFCC) or (2) Quality Innovation Network – Quality Improvement Organization (QIN-QIO); and~~

~~WHEREAS, each QIN-QIO contractor will cover three to six states and bidders can define each proposed region when submitting proposals; and~~

~~WHEREAS, BFCC Contractors can apply for contracts in up to five regions that are specifically defined by CMS; and~~

~~WHEREAS, a winning BFCC contractor is prohibited from also being a QIN-QIO contractor at the same time; and~~

~~WHEREAS, the Ohio Osteopathic Association (OOA) has been approached by at least four separate potential QIN-QIO contractors to support specific competing proposals for the state of Ohio; and~~

~~WHEREAS, it is important for the OOA to be work closely with all CMS contractors in Ohio to ensure that osteopathic physicians are represented in both the BFCC and QIN-QIO initiatives; now therefore be it~~

RESOLVED, that the Ohio Osteopathic Association (OOA) pledges to work collaboratively with any contractor that is awarded the Beneficiary and Family Centered Care (BFCC) or Quality Innovation Network – Quality Improvement Organization (QIN-QIO) contract covering the State of Ohio; and be if further

RESOLVED, the OOA seeks osteopathic representation on any state governing board or advisory committee formed by the winning contractor for the state of Ohio for either the BFCC

or QIN-QIO work. (Original 2004)

~~RESOLVED that the OOA help recruit osteopathic physicians and osteopathic institutions in Ohio to participate in any review work and care innovation initiatives required by the 11th Statement of Work (SOW) which includes any of the following Quality Improvement Aims, each of which has separate Tasks, and technical assistance projects:~~

~~**AIM:** Healthy People, Healthy Communities: Improving the Health Status of Communities~~
~~**Goal 1**: Promote Effective Prevention and Treatment of Chronic Disease~~
~~**Task B.1**: Improving Cardiac Health and Reducing Cardiac Healthcare Disparities~~
~~**Task B.2**: Reducing Disparities in Diabetes Care: Everyone with Diabetes Counts (EDC)~~
~~**Task B.3**: Using Immunization Information Systems to Improve Prevention Coordination~~
~~**Task B.4**: Improving Prevention Coordination through Meaningful Use of HIT and Collaborating with Regional Extension Centers~~
~~**AIM:** Better Healthcare for Communities: Beneficiary-Centered, Reliable, Accessible, Safe Care~~
~~**Goal 2**: Make Care Safer by Reducing Harm Caused in the Delivery of Care~~
~~**Task C.1**: Reducing Healthcare-Associated Infections~~
~~**Task C.2**: Reducing Healthcare-Acquired Conditions in Nursing Homes~~
~~**Goal 3**: Promote Effective Communication and Coordination of Care~~
~~**Task C.3**: Coordination of Care~~
~~**AIM:** Better Care at Lower Cost~~
~~**Goal 4**: Make Care More Affordable~~
~~**Task D.1**: Quality Improvement through Physician Value-Based Modifier and the Physician Feedback Reporting Program~~
~~**Task D.2**: QIN-QIO proposed Projects that Advance Efforts for Better Care at Lower Cost~~
~~Other Technical Assistance Projects~~
~~**Task E.1**: Quality Improvement Initiatives~~

ACTION TAKEN: _____

DATE: _____

SUBJECT: Recreational Marijuana's Impact on Patients

SUBMITTED BY: District (VI) Columbus Osteopathic Association

REDERRED TO:

RESOLVED THAT THE FOLLOWING POLICY STATEMENT BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, marijuana, and its psychoactive substance, THC (delta-9-tetrahydrocannabinol) is the most used illegal substance in the world (2); and~~

~~WHEREAS, the World Health Organization ranks the United States first among 17 European and North American countries for prevalence of marijuana use (1); and~~

~~WHEREAS, more Americans are starting to use marijuana each day and in 2010, an estimated 2.4 million Americans used marijuana for the first time, with greater than one-half under age 18 (1); and~~

~~WHEREAS, according to the Monitoring the Future — an annual survey of attitudes and drug use among the nation's middle and high school students, most measures on use in adolescents recently have not declined due to softening views by the population at large on the harmful effects of marijuana (1); and~~

~~WHEREAS, the concentration of the THC in marijuana used by the population is much more potent today than in the past (concentrations in the 1960s were 1-5 percent THC, whereas today the average concentration of THC in marijuana is as high as 10-15 percent (2); and~~

~~WHEREAS, the effects of THC use on the body are numerous, including decreases in reaction time and impairment of attention, concentration, short-term memory, and risk assessment and these effects are additive when cannabis is used in conjunction with other central nervous system depressants (2); and~~

~~WHEREAS, the physiological effects of marijuana include increased heart rate, which may increase by 20-50 beats per minute or may even double in some cases and taking other drugs with marijuana can amplify this effect, thereby increasing the risk for heart disease in susceptible individuals (1); and~~

~~WHEREAS, repeated use of THC over an extended time can lead to harmful effects including recurrent failure to fulfill major role responsibilities, persistent social problems, and legal issues (2); and~~

~~WHEREAS, more severe manifestations of cannabis use disorder are characterized by behavioral and physiologic symptoms: including using larger amounts of cannabis over longer periods of time, unsuccessful efforts to limit use, tolerance to cannabis's effects, and possibly physiologic withdrawal (2), and~~

~~WHEREAS, long-term psychological effects may include the development of schizophrenia in susceptible individuals (1); and~~

~~WHEREAS, research has shown that some babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased tremulousness, and a high-pitched cry, which could indicate problems with neurological development (1), and~~

~~WHEREAS, in school, marijuana-exposed children are more likely to show gaps in problem-solving skills, memory, and the ability to remain attentive (1); and~~

~~WHEREAS, the Drug Abuse Warning Network (DAWN), a system for monitoring the health impact of drugs, estimated that in 2009, marijuana was a contributing factor in more than 376,000 emergency department (ED) visits in the United States (1); now therefore be it~~

RESOLVED, that the Ohio Osteopathic Association considers marijuana to be a harmful substance for recreational use due to the potentially harmful physiological and psychological effects that it can have on patients, and encourages federal agencies to adapt consistent policies following this same position on recreational use. (Original 2014)

~~RESOLVED, that a copy of this resolution be sent to the American Osteopathic Association for consideration at its 2014 House of Delegates.~~

Footnotes:

(1) http://www.drugabuse.gov/publications/marijuana-abuse/how-does-marijuana-use- affect-your-brain-body

(2) uptodate.com

Explanatory notes:

Current AOA policy: As marijuana decriminalization moves forward, there is a greater need to educate health professionals about the evidence-based benefits and risks of marijuana use for both medicinal and recreational purposes. All policies should focus on assuring that the public health threat of marijuana is minimalized and that the benefit of the drug, where indicated by evidence, is available to patients in need.

- *The American Osteopathic Association does not support recreational use of marijuana by patients due to uncertainties in properties, dosing, and potential for impairment. Recreational marijuana use is legal only as determined by specific state law.*
- *The American Osteopathic Association recognizes that the use of marijuana is an evolving field of research, and thus, encourages the NIH and other research entities to conduct research on the effects of cannabis use on cognition as well as the public health implications of marijuana use.*
- *The American Osteopathic Association shall review its policy in light of any new evidence that will be generated by research entities and update this policy as necessary.*

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-06

SUBJECT: Marijuana Use by Osteopathic Physicians and Students

SUBMITTED BY: District (VI) Columbus Osteopathic Association

REFERRED TO:

RESOLVED THAT THE FOLLOWING POLICY STATEMENT BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the adverse effects of marijuana use and its active substance THC (delta-9-tetrahydrocannabinol) on the body are numerous, including decreases in reaction time and impairment of attention, concentration, short term memory, as well as potential habit formation when used for longer periods of time (1); and~~

~~WHEREAS, in the November 2012 general election, the states of Colorado and Washington legalized the use of small amounts of marijuana for most adults in each state ; and~~

~~WHEREAS, now enacted as Article 18, section 16 of the state constitution, the Colorado law allows for "personal use and regulation of marijuana for adults 21 and over, as well as commercial cultivation, manufacture, and sale, effectively regulating cannabis in a manner similar to alcohol"; and~~

~~WHEREAS, the Washington State Code (RCW 69.50.101), defined and legalized "small amounts of marijuana related products for most adults, taxing them and designating the revenue for health care and substance abuse prevention and education"; and~~

~~WHEREAS, as noted under Washington State Code (RCW 69.50.101), cannabis is still classified as a schedule 1 controlled substance under federal law and subject to federal prosecution under the doctrine of dual sovereignty. Possession by anyone younger than 21, possession of larger amounts, and the growing of unlicensed or unregulated marijuana remains illegal under state law; and~~

~~WHEREAS, osteopathic physicians practice in the states of Colorado and Washington; and~~

~~WHEREAS, federal law recognizes marijuana as a dangerous drug and prohibits its illegal distribution and sale under the Controlled Substances Act (CSA) and the United States Department of Justice has claimed it will continue to enforce the CSA with help of federal prosecutors (2); now therefore be it~~

RESOLVED, that the Ohio Osteopathic Association recognizes the dangers of ~~recreational use of~~ marijuana among practicing physicians, osteopathic physicians in training, and osteopathic medical students and encourages the American Osteopathic Association to enact a policy

statement against the recreational use of marijuana by practicing osteopathic physicians in response to its legalization in states like Alaska, California, the District of Columbia, Colorado Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont, and Washington.

~~RESOLVED, that a copy of this resolution is sent to the American Osteopathic Association for consideration at its 2014 House of Delegates.~~

Footnotes:

(1) uptodate.com (Marijuana)

(2) http://www.whitehouse.gov/ondcp/state-laws-related-to-marijuana

(3) medicalmarijuana.ohio.gov

Explanatory notes:

Current AOA policy: As marijuana decriminalization moves forward, there is a greater need to educate health professionals about the evidence-based benefits and risks of marijuana use for both medicinal and recreational purposes. All policies should focus on assuring that the public health threat of marijuana is minimalized and that the benefit of the drug, where indicated by evidence, is available to patients in need.

- *The American Osteopathic Association does not recommend any use of cannabis by physicians and medical students because of patient safety concerns.*
- *Recreational marijuana use is legal only as determined by specific state law.*
- *The American Osteopathic Association recognizes that the use of marijuana is an evolving field of research, and thus, encourages the NIH and other research entities to conduct research on the effects of cannabis use on cognition as well as the public health implications of marijuana use.*
- *The American Osteopathic Association shall review its policy in light of any new evidence that will be generated by research entities and update this policy as necessary.*

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-07

SUBJECT: Medical Student Access and use of Electronic Medical Records (EMR)

SUBMITTED BY: Marietta (IX) District Academy of Osteopathic Medicine

REFERRED TO:

RESOLVED THAT THE FOLLOWING POLICY STATEMENT BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the office of the National Coordinator for Health Information Technology reported 44.4% of acute care hospitals had implemented a basic Electronic Medical Record (EMR) system as of 2012; and~~

~~WHEREAS, the Alliance for Clinical Education found that only 64% of medical school programs allowed students to use their EMR and only 67% of these programs permitted students to document and write notes in the record; and~~

~~WHEREAS, osteopathic medical schools have a responsibility to graduate students with basic skills in medical practice, which includes meaningful use of electronic medical records; now, therefore be it~~

RESOLVED, that the Ohio Osteopathic Association partners with ~~Ohio University Heritage College of Osteopathic Medicine~~ training environments to develop policies to permit medical students the opportunity to document and practice order entry on electronic medical records. ~~; and, be it further~~

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

Explanatory notes:
In 2014, the AOA passed H345/14 ELECTRONIC MEDICAL RECORD (EMR) STUDENT ACCESS AND USE The American Osteopathic Association will work with the American Association of Colleges of Osteopathic Medicine and the American Osteopathic Association of Medical Informatics to promote the opportunity for medical students to document and practice order entry in EMRs at facilities where osteopathic medical students are trained.

ACTION TAKEN: _____

DATE: _____

RES. NO
2019-08

SUBJECT: Prohibit the Sale of ~~E-Cigarettes~~ all Forms of Nicotine to Minors

SUBMITTED BY: Marietta (IX) District Academy of Osteopathic Medicine

REFERRED TO:

RESOLVED THAT THE FOLLOWING POLICY STATEMENT BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, minors under 18 years of age are currently able to purchase e-Cigarettes; and~~

~~WHEREAS, the Food and Drug Administration (FDA) states that, "E-cigarettes have not been fully studied so consumers currently do not know the potential risks of e-cigarettes, how much nicotine or other potentially harmful chemicals are being inhaled during use, or if there are any benefits associated with using these products; (1)"; and~~

~~WHEREAS, "It is not known if e-cigarettes may lead young people to try other tobacco products including conventional cigarettes, which are known to cause disease and lead to premature death; (1)"; now, therefore be it~~

RESOLVED, that the Ohio Osteopathic Association (OOA) supports efforts to eliminate the sale of ~~E-cigarettes~~ all forms of nicotine to minors.~~; and, be it further~~

~~RESOLVED, that the OOA forward this resolution to the American Osteopathic Association (AOA) for consideration at the 2014 AOA House of Delegates.~~

(1) www.fda.gov/newsevents/publichealthfocus/ucm172906.htm

Explanatory note:
In 2014, the AOA passed H435-A/14 E-CIGARETTES AND NICOTINE VAPING – REGULATION OF, which in part, states" the AOA supports the FDA and state regulation prohibiting sales and advertisements of electronic cigarettes to persons under the age of 18. Advertisements for electronic cigarettes should be subject to the same rules and regulations that are enforced on traditional cigarettes."

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-09

SUBJECT: Direct to Consumer Sales of Durable Medical Equipment (DME)

SUBMITTED BY: Marietta (IX) District Academy of Osteopathic Medicine

REFERRED TO:

RESOLVED THAT THE FOLLOWING POLICY STATEMENT BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, companies that supply Durable Medical Equipment (DME) such as diabetic testing supplies, braces, heating pads, etc. are marketing directly to patients by phone calls, print and electronic ads; and~~

~~WHEREAS, the DME companies ask the patient a small number of questions to determine what DME items their insurance may cover; and~~

~~WHEREAS, the DME companies then contact the physician office by mail or fax to attempt to obtain an order for the supplies, sometimes with repetitive requests on a daily basis that necessitate time and effort on the part of the physician's office; and~~

~~WHEREAS, at times the DME requested is not appropriate for the patient and may be for a condition that the patient either does not have or has not discussed with their physician; and~~

~~WHEREAS, even when the physician responds that the DME is not appropriate or that the patient needs to be seen prior to ordering it, the DME companies continues to send the requests daily; now, therefore be it~~

RESOLVED, that the Ohio Osteopathic Association supports efforts to eliminate direct to consumer sales of DME.~~; and, be it further,~~ (Original 2014)

~~RESOLVED, that the OOA forward this resolution to the American Osteopathic Association (AOA) for consideration at the 2014 AOA House of Delegates.~~

Explanatory notes: In 2018, the AOA passed H209-A/18 SALE OF HEALTH-RELATED PRODUCTS AND DEVICES The American Osteopathic Association believes that it is (1) appropriate for physicians to derive reasonable monetary gain from the sale of health-related products or devices that are both supported by rigorous scientific testing or authoritative scientific data and, in the opinion of the physician, are medically necessary or will provide a significant health benefit provided that such action is permitted by the state licensing board(s) of the state(s) in which the physician practices; and (2) inappropriate and unethical for physicians to use their physician/patient relationship to attempt to involve any patient in a program for the patient to distribute health related products or devices in which distribution results in a profit for

the physician. AOA originally adopted in1999; revised 2004; reaffirmed 2018

Additionally, the AOA only has opposition policy on direct to consumer ads for pharmacy and testing; not durable medical equipment.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-10

SUBJECT: Ohio Chronic Pain Management and Prescription Drug Abuse Initiatives

SUBMITTED BY: OOA Board of Trustees

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT BE AMENDED BY SUBSTITUTION AND APPROVED AS FOLLOWS:

~~RESOLVED, that the Ohio Osteopathic Association supports efforts to improve medical education involving the treatment of patients with chronic pain and continues to seek the elimination of regulatory barriers that interfere with effective pain management.~~ ~~*(Original 2004)*~~

~~WHEREAS, prescription drug abuse has reached epidemic proportions in Ohio and throughout the nation; and~~

~~WHEREAS, under the leadership of State Rep. Terry Johnson and State Senator David Burke (a practicing osteopathic physician and a pharmacist respectively), the Ohio General Assembly passed focused legislation (HB 93) to shut down "pill mills" and help stop drug diversion through the licensure of pain clinics, the establishment of take back programs for unused prescription drugs, the imposition of limits on provider furnished controlled substances, and the expanded use of the Ohio Automated Prescription Registry System (OARRS) data base; and~~

~~WHEREAS, the Governor's Cabinet Opiate Action Team (GCOAT) has simultaneously been coordinating efforts by stakeholders to stop prescription drug abuse through five working groups focused on Treatment, Professional Education, Public Education, Enforcement; and Recovery Supports; and~~

~~WHEREAS, the Ohio Osteopathic Association is committed to continuing to work with the Ohio General Assembly, GCOAT, and other stakeholders on a holistic approach to prevent prescription drug abuse deaths and stop the diversion of prescription drugs without negatively impacting chronic pain patients; and~~

~~WHEREAS, GCOAT has established 80 mg morphine equivalency dosing (MED) as a trigger threshold for physicians to reevaluate prescribing levels for patients who are on opioid therapy; and~~

~~WHEREAS, GCOAT has created a website (www.opiodprescribing.ohio.gov) to provide educational tools and guidelines for prescribing providers, and has established metrics to measure the progress that educational programs and prescribing guidelines will have on helping to eliminate prescription drug diversion and drug related deaths; and~~

~~WHEREAS, members of the Ohio House Prescription Drug Addiction and Healthcare Reform Study Committee, led by State Rep. Robert Sprague, and the House Opiate Drug Treatment and Addiction Subcommittee of the Health and Aging Committee, chaired by Rep. Ryan Smith, have introduced a series of well-intentioned bills to further address Ohio's prescription drug abuse epidemic through increased regulations and mandates; and~~

~~WHEREAS, some proposed legislation could adversely affect access to pain management with unintended consequences for pain patients; now therefore be it,~~

RESOLVED, that the Ohio Osteopathic Association (OOA) urges its members to take the lead in their communities to educate patients about the dangers of prescription drug abuse and to help implement evidenced-based, multimodal treatment options and drug abuse programs throughout Ohio; and be it further

RESOLVED, that the OOA continues to offer continuing medical education programs to help physicians adopt and implement evidence-based, best practices in pain management and drug addiction treatment; and be it further

RESOLVED, that the OOA continues to work with government agencies and the Ohio General Assembly to address Ohio's prescription drug abuse epidemic; and be it further

RESOLVED, that the OOA petition the Ohio General Assembly to establish an ongoing task force of stakeholders, public officials and legislators to oversee state chronic pain treatment and prescription drug abuse education and prevention initiatives to ensure that patients have access to effective pain management, addiction screening, treatment, and recovery resources.~~; and be it further:~~

~~RESOLVED, the OOA urges the Ohio General Assembly to immediately conduct a comprehensive study to determine the impact HB 93 and GCOAT initiatives have had on prescribing practices, continued access to pain management, drug abuse and drug-related deaths, the closure of "pill mills," registration for and use of OARRS data, take-back programs implemented in communities across the state, etc., to better identify what specific deficiencies in existing laws need to be addressed by legislation.~~

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-11

SUBJECT: Osteopathic Medicine and CrossFit

SUBMITTED BY: Dayton District (III) Academy of Osteopathic Medicine

REFERRED TO:

WHEREAS, obesity is a common problem in America, affecting 39.8% of adults (approximately 93.3 million adults). Heart disease, stroke, and type 2 diabetes are some of the preventable obesity related diseases; and *

WHEREAS, an alarming low number of Americans are physically active. Less than 5% of adults participate in 30 minutes of physical activity each day and only one in three adults receive the recommend amount of physical activity per week; and **

WHEREAS, less than 20% of adults meet the guidelines for both aerobic and muscle-strengthening activities; and ***

WHEREAS, Osteopathic Medicine believes in a whole person approach to caring for patients. This should include tools to help increase physical activity and life style changes to improve health and fitness for our patients; and

WHEREAS, CrossFit, as defined by Greg Glassman, the founder of CrossFit, is a workout that uses constantly varied functional movements performed at high intensity. All CrossFit workouts are based on functional movements, and these movements reflect the best aspects of gymnastics, weightlifting, running, rowing and more. All of the movements of CrossFit are scalable for any fitness level. This allows participation of all fitness levels from the person trying to get in shape to the elite athlete; and

WHEREAS, CrossFit is best done in a CrossFit gym that has been certified by CrossFit, Inc. and staffed by certified Cross Fit Coaches. These coaches are trained in how to teach, supervise, and modified all the activity movements done during a workout. The Coaches also lead the workout and are constantly monitoring all the participants to assure the movements are done correctly and safely; and

WHEREAS, CrossFit workouts can be done by anyone at any fitness level because of scaling. Scaling a movement simply means that a movement can be modified by altering the weights and/or range of motion of that movement. Scaling allows the same intensity to be achieved by the beginner as well as the elite athlete; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) recognize the advantages of CrossFit for all patients and strongly encourage CrossFit as an excellent way to help our patients improve their health and fitness levels; and, be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association (AOA) for consideration at the 2019 AOA House of Delegates.

ACTION TAKEN: _____

DATE: _____

References:

*(ref. NCHS Data Brief, No. 288, October 2017. Prevalence of Obesity Among Adults and Youth: United States, 2015-2016, Craig M. Hales, MD, et al.)

**(ref. U.S. Department of Agriculture. Dietary Guidelines of Americas, 2010 and U.S.Department of Health and Human Services, Healthy People 2010.)

***(ref. U. S. Department of Health and Human Services, Healthy People 2020.)

RES. NO.
2019-12

SUBJECT: Osteopathic Physicians and the Availability of Naloxone

SUBMITTED BY: Dayton District (III) Academy of Osteopathic Medicine

REFERRED TO:

WHEREAS, opioid deaths are at epidemic proportion. In 2017, the number of overdose deaths involving opioids was six times higher than in 1999; and

WHEREAS, on average 130 Americans die every day from an opioid overdose. (ibid, 2017); and

WHEREAS, rapid administration of naloxone can potentially reverse the effects of opioid overdose; and

WHEREAS, studies have shown naloxone administration by bystanders significantly improves the odds of recovery compared to no naloxone administration; now, therefore, be it

RESOLVED, the Ohio Osteopathic Association (OOA) encourages that physicians have in their possession naloxone kits for the emergency overdose situation; and be it further

RESOLVED, that physicians discuss naloxone and how to obtain it with their patients and patients' families, struggling with opioid addiction, and encourage them to have these kits available at all times; and be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association (AOA) for consideration at the 2019 AOA House of Delegates.

ACTION TAKEN: _____

DATE: _____

References:
(ref. Wide-ranging online data for epidemiological research (WONDER). Atlantic, Ga.: CDC, National Center for Health Statistics; 2017.

(ref. Effectiveness of bystander naloxone administration and overdose education programs: a meta-analysis, Rebecca Giglio, et al. Injury Epidemiology. 2015 Dec: 2(1): 10.

RES. NO.
2019-13

SUBLECT: Encourage Medicaid & Pharmacy Benefit Mangers to Allow and Support Noncontrolled Alternative to Formulary Controlled Substances or Safer Alternative to Class II Opioid

SUBMITTED BY: Akron-Canton District (VIII) Academy of Osteopathic Medicine

REFERRED TO:

WHEREAS, there is an opioid epidemic in the United States nationally and especially in the states of Ohio and West Virginia; and

WHEREAS, the safety of the citizens of these states are at increased risk of addiction when Medicaid and Pharmacy Benefit Management (PBMs) are making formulary decisions based solely on financial basis and not based on the safest alternative for the patients; and

WHEREAS, there are frequently safer and/or less addictive alternatives for treatment of pain, chronic pain, and Attention Deficit Hyperactivity Disorders; and

WHEREAS, in many cases there are generic alternatives that are not on formulary to formulary medications that are covered by Medicaid & PBMs; and

WHEREAS, physicians are frequently forced to prescribe formulary medications due to the patients' financial status or because the PBMs will not allow prescribers to try an alternative medication without requiring patient to first try a medication that has a higher rating on the controlled substance scale (e.g. a CII product versus a CIII, CIV, or CV); now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) strongly encourage Medicaid PBMs and commercial PBMs to provide a noncontrolled alternative as a first line option to a controlled substance (e.g. Atomoxetine vs methylphenidate or mixed amphetamine Salts); and, be it further

RESOLVED, that the OOA strongly encourage Medicaid and PBMs to allow prescribers an option to try a less habit forming alternative for chronic pain treatment, where nonsteroidal anti-inflammatory drugs are ineffective or contraindicated.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2019-14

SUBJECT: Parental Leave Policies for ACGME Residency

SUBMITTED BY: Marietta District (IX) Academy of Osteopathic Medicine

REFERRED TO:

WHEREAS, the ACGME requires that graduate medical education institutions give written statements regarding parental leave policy availability, without requiring implementation or standardization of leave policies across programs[1]; and

WHEREAS, length and availability of parental leave policies in place for resident physicians are determined by respective specialty boards (e.g. American Board of Family Medicine, etc.)[1]; and

WHEREAS, there is discrepancy across specialties regarding establishment and encouragement to utilize parental leave policies[1,2,3,4]; and

WHEREAS, some specialty boards encourage minimum 8 weeks maternal leave, while female surgical residents report that the American Board of Surgery leave policies are a barrier to taking more than 6 weeks of leave[1,2,3,4]; and

WHEREAS, 90% of pediatric residency programs have established maternal leave policies, as compared to only 36.54% of plastic surgery residency programs[5,6,7]; and

WHEREAS, many residency programs do not have paternal leave policies[8]; and

WHEREAS, in a survey conducted by the Association of Women Surgeons of 347 female surgical residents with one or more pregnancies during residency, 72% reported that the six or less weeks of leave they could obtain was inadequate and 39% seriously considered leaving surgical residency due to the challenges faced regarding childbearing and leave[3]; and

WHEREAS, residents in some specialties often face discouragement when taking parental leave, and feel perceived stigma regarding pregnancy[1,2,3]; and

WHEREAS, the Family and Medical Leave Act, covering 60% of American workers including medical residents, states eligible employees are entitled to: "unpaid, job-protected leave for specified family and medical reasons," including up to twelve work weeks within a 12 month period for birth of a child and care for the newborn[9]; and

WHEREAS, a substantial decrease in infant mortality was found when women were given 12 weeks of maternity leave following the Family and Medical Leave Act[10]; now, therefore, be it

RESOLVED, the American Osteopathic Association (AOA) encourage the ACGME to promote the availability and accessibility of requesting adequate parental leave, in adherence with the Family and Medical Leave Act; and, be it further

RESOLVED, the AOA encourage the ACGME to advocate for transparency of parental leave policies at the time of residency matching.

ACTION TAKEN: _____

DATE: _____

References

1. Greenfield NP. Maternity and medical leave during residency: Time to standardize?. *Int J Womens Dermatol*. 2015;1(1):55. Published 2015 Feb 20. doi:10.1016/j.ijwd.2014.12.009
2. Rangel, Erika L., et al. "Perspectives of Pregnancy and Motherhood among General Surgery Residents: A Qualitative Analysis." *The American Journal of Surgery*, vol. 216, no. 4, 2018, pp. 754–759., doi:10.1016/j.amjsurg.2018.07.036.
3. Rangel, Erika L., et al. "Pregnancy and Motherhood During Surgical Training." *JAMA Surgery*, vol. 153, no. 7, 2018, p. 644., doi:10.1001/jamasurg.2018.0153
4. American Academy of Pediatrics Policy Statement. "Parental Leave for Residents and Pediatric Training Programs." *Pediatrics*, vol. 131, no. 2, 2013, pp. 387–390., doi:10.1542/peds.2012-3542.
5. Sandler, Britt J., et al. "Pregnancy and Parenthood among Surgery Residents: Results of the First Nationwide Survey of General Surgery Residency Program Directors." *Journal of the American College of Surgeons*, vol. 222, no. 6, 2016, pp. 1090–1096., doi:10.1016/j.jamcollsurg.2015.12.004.
6. Garza, Rebecca M., et al. "Pregnancy and the Plastic Surgery Resident." *Plastic and Reconstructive Surgery*, vol. 139, no. 1, 2017, pp. 245–252., doi:10.1097/prs.0000000000002861.
7. Humphries, Laura S., et al. "Parental Leave Policies in Graduate Medical Education: A Systematic Review." *The American Journal of Surgery*, vol. 214, no. 4, 2017, pp. 634–639., doi:10.1016/j.amjsurg.2017.06.023.
8. Wasser, Miriam. "Many Top Medical Training Programs Lack Paid Family Leave Policies, Study Finds." *WBUR*, WBUR, 13 Dec. 2018, www.wbur.org/commonhealth/2018/12/12/medical-resident-paid-parental-leave.
9. Family and Medical Leave Act of 1993. Public Law 103-3, 107 Stat. 6. 1993.
10. Rossin, Maya. "The Effects of Maternity Leave on Children's Birth and Infant Health Outcomes in the United States." *Journal of Health Economics*, vol. 30, no. 2, 2011, pp. 221–239., doi:10.1016/j.jhealeco.2011.01.005.

Submitted by:

Marisa DeSanto, OMSII, Ohio University Heritage College of Osteopathic Medicine - Athens
Brylie Schafer, OMSII, Ohio University Heritage College of Osteopathic Medicine - Athens

Constitution & Bylaws Reference Committee

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

Resolutions: 1, 2, 15, 16, 17

Members:

Nicholas T. Barnes, DO (District I)
Edward E. Hosbach, DO (District II)
Christine B. Weller, DO (District III)
Michael E. Dietz, DO (District IV)
John F. Ramey, DO (District V)
Henry L. Wehrum, DO (District VI)
Sandra L. Cook, DO (District VII)
Paul T. Scheatzle, DO (District VIII)
Jennifer L. Gwilym, DO (District IX), Chair
Sharon L. George, DO (District X)
Andrew Williams, OMS I (OU-HCOM)
Carol Tatman, Staff

Location: Juniper B

RES. NO.
2019-01

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

THE OOA COUNCIL ON RESOLUTIONS PRESENTS THE FOLLOWING POLICY STATEMENTS FOR REAFFIRMATION BY CONSENT CALENDAR

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED ACCORDING TO THE FIVE-YEAR POLICY REVIEW:

1 - Automatic External Defibrillator Availability

RESOLVED, that the Ohio Osteopathic Association supports placement of automatic external defibrillators (AED) in as many public places as possible and necessary legislation to limit liability resulting from such placement. *(Original 2009)*

2 - Cell Phone Usage while Driving

RESOLVED, that the Ohio Osteopathic Association supports laws that prohibit the use of handheld cellular phones while operating a motor vehicle and encourages ongoing public awareness campaigns about the dangers of using these devices while driving. *(Original 2004)*

3 - Chicken Pox Vaccine for School Entry

RESOLVED, that the Ohio Osteopathic Association supports legislation requiring mandatory chicken pox vaccination for school entry requirements in Ohio. *(Original 2004)*

4 - Collective Bargaining by Physicians

RESOLVED, that the Ohio Osteopathic Association (OOA) monitors developments pertaining to collective bargaining by physicians at the state and national level; and be it further

RESOLVED, that the OOA supports state and federal legislation to enable physicians to collectively bargain with health insuring corporations and their payors. *(Original 1999)*

5 - Continuing Medical Education, Ohio State Medical Board Requirements

RESOLVED, that the Ohio Osteopathic Association (OOA) House of Delegates charge

the OOA Board of Trustees with the responsibility to take whatever action is required to guarantee that the OOA continues to be the body that certifies continuing medical education credits for registration of licensure for all osteopathic physicians and surgeons in the state of Ohio. *(Original 1979)*

6 - Dietary Supplements Hazardous to Health

RESOLVED, that the Ohio Osteopathic Association (OOA) supports legislation to require manufacturers of dietary supplements to disclose any reports they receive of serious adverse effects caused by the use of their products; and be it further

RESOLVED, that the OOA supports empowering the Food and Drug Administration (FDA) to investigate dietary supplement safety problems and drug interactions. *(Original 2004)*

7 - E-Prescribing of Controlled Substances

RESOLVED, that the Ohio Osteopathic Association supports state and federal regulations that ensure that e-prescriptions for controlled substances, written for patients in nursing homes and
skilled nursing facilities, can be filled in a timely yet safe manner. *(Original 2009)*

8 - Extended Care Facilities

RESOLVED, that the Ohio Osteopathic Association continues to work with the Ohio Department of Health to increase physician involvement in development of appropriate policies and procedures governing extended care facilities. *(Original 1994, reconfirmed 2009)*

9 - Family Medical Leave Act (FMLA) Employee Relationship

RESOLVED, that the Ohio Osteopathic Association supports amendments to the Family and Medical Leave Act of 1993, to allow eligible employees to care for next of kin and their spouses when such individuals do not have a parent, spouse, or child to care for them. *(Original 2009)*

10 - Financial Aid for Ohio Medical Students

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support the Ohio Physician Loan Repayment Program; and be it further

RESOLVED, that the OOA work with the Ohio Department of Health to promote the Ohio Physician Loan Repayment Program to OOA members and osteopathic students, interns and residents. (*Original 1979*)

11 Health Care Reform, OOA Position Statement

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to endorse and/or support introduction of legislation, which is consistent with the following statement, and proposes modification or defeat of any initiatives which are not substantially consistent with these principles:

Statistics indicate that a significant percent of non-elderly Ohioans are uninsured. The OOA believes:

1. There should be universal access to health care for all Ohioans through a combination of public and private programs.
2. Proposed changes in the health care system should address those who do not have insurance. A total restructuring of the system is unnecessary, and, in fact, might create serious problems for the Ohioans who now have health care insurance.
3. The OOA endorses access by all Ohioans, regardless of income, to a basic health insurance package, which stresses preventive care and health maintenance. Basic benefits should be defined by physicians and other health care professionals.
4. Public programs should be expanded to include any Ohioans who cannot currently afford to purchase health insurance coverage in the private market.
5. Small business insurance market reforms are essential in correcting deficiencies. Insurance and health benefits plans should be required to accept applicants with preexisting conditions, and premiums should be based on a community rating system.
6. Consumers should share in the cost of health care insurance based on their ability to pay. All Ohioans who have access to health insurance in the private market should be required to purchase, at the very minimum, basic health care coverage in order to share risks and expand the financing basis. Younger, healthy consumers should not be able to opt out of the purchasing coverage.
7. Creative pilot projects should be implemented to investigate the effectiveness of medical IRAs and Medical Savings Accounts.
8. Cost, financing, and delivery of care issues should be addressed through proper utilization, quality assurance, and elimination of administrative costs, which are duplicative, non-standardized and unnecessary in some instances. Universal credentialing and claims forms should be required for use by all third-party payers. The Medicare fee schedule should not be utilized as a basis for market pricing.
9. All health care reforms should emphasize full freedom of choice of physicians, hospitals and insurance plans. Managed care programs which exclude physicians and hospitals are not essential to cost containment. Any providers of accepted quality health care, who are willing to accept cost containment methods, should not be excluded.
10. Public programs should be amended to stress early intervention, education and prevention. Since one of the largest segments of uninsured Ohioans are children under the age of six; aid to dependent children should be expanded. Public assistance for families should be distributed at Women, Infant and Children program sites and health centers in order to ensure compliance with health care as a

prerequisite for public assistance.

11. An entity should be created within state government to oversee and implement a private/public partnership to provide universal access to health insurance. Providers should be adequately represented.
12. Primary care physicians should be the first step for health care services and payment and market reforms should be enacted to implement the medical home concept as defined by the American Osteopathic Association initiative.
13. Language should be retained in the Ohio Revised Code to ensure that AOA-approved education, postdoctoral training programs, and specialty certification are equally recognized for hospital staff privileges and inclusion in all health insurance and health benefit plans.
14. Multiple levels of insurance coverage should be available for those who opt for more extensive benefits.
15. Reimbursement for new technologies must be addressed, including the development of electronic healthcare records and health data interchange.
16. Tort reform and regulatory revisions pertaining to medical professional liability insurance issues must be addressed in all health care reform discussions.
17. Health care policy should encourage geographic redistribution of providers and services.
18. Expanded governmental support for medical education should be addressed as part of the health care reform package.
19. Long-term health care policy and statute issues must be addressed as part of any health care reform. *(Original 1989)*

12 - Health Planning

RESOLVED, that the Ohio Osteopathic Association encourages and advocates for osteopathic physician participation in the health planning process at the state and local level to assure that the osteopathic profession's viewpoint is made known to those who make regulations affecting the practice of osteopathic medicine. *(Original 1978)*

13 - Jury Duty for Physicians

RESOLVED, that upon request, the Ohio Osteopathic Association advocate on behalf of any member who has been required to serve jury duty against their wishes after demonstrating the difficulty and hardships involved in rescheduling his/her practice on short notice. *(Original 1999)*

14 - Lead Poisoning

RESOLVED, that the Ohio Osteopathic Association continues to inform and educate its members and their associates regarding the Ohio Child Lead Poisoning Program. *(Original 1994)*

15 - Licensure Examinations for Osteopathic Physicians

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support the three-level Comprehensive Osteopathic Medical Licensing Examination (COMLEX) and the COMLEX-USA Level 2-Preformance Evaluation as the four-part national licensing examinations for ALL osteopathic physicians; and be it further

RESOLVED, that the OOA also supports the Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX) as the examination that should be used by state medical licensing boards to re-examine a DO's ongoing level of basic medical knowledge for endorsement of licensure, reinstatement, reactivation of a license after a period of inactivity, or where the state licensing board is aware of concerns and/or has questions about a DO's fitness to practice. *(Original 1984)*

16 - Managed Care

RESOLVED, that the Ohio Osteopathic Association continues to work with the Ohio General Assembly and the Ohio Department of Insurance to identify and eliminate health insuring corporation practices and policies which limit patient access to cost-effective health care and which inappropriately interfere with the physician-patient relationship. *(Original 1994)*

17 - Managed Care Plans, Termination Clauses

RESOLVED, that the Ohio Osteopathic Association continues to work with Ohio provider associations to seek and/or propose legislation mandating due process in health care contract termination clauses. *(Original 1999)*

18 - Mandatory Assignment

RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the right of the physician to directly bill the patient for services when not prohibited by contractual agreements; and be it further

RESOLVED, that the OOA continues to oppose any legislation that: (a) prohibits private physicians from billing their private patients; (b) mandates physicians to accept assignment of insurance claims; and (c) requires any third party payer to reimburse the health care facility instead of the physician unless authorized by the physician. *(Original 1984)*

19 - Medical Malpractice Tort Changes

RESOLVED, that the Ohio Osteopathic Association supports a statutory change in current medical malpractice tort law to require "clear and convincing" evidence of medical malpractice as the standard for the burden of proof required by the plaintiff attorney. *(Original 2004)*

20 - Ohio's Indoor Smoking Ban

RESOLVED, that the Ohio Osteopathic Association strongly supports Ohio's indoor smoking ban to eliminate the dangers of environmental tobacco smoke (ETS) and opposes any legislation that would generally weaken or make exceptions to the ban. *(Original 2004)*

21 - OOA Professional Liability Insurance

RESOLVED, that the Ohio Osteopathic Association continues to monitor the stability of all medical professional liability carriers doing business in Ohio, encourage nondiscriminatory policies toward osteopathic physicians (DOs) by the companies, provide complete information and referral services on sources available, and encourage members to consider all the pros and cons of each company when selecting a carrier, and to not base their decision on premium amount alone. *(Original 1992)*

22 - Ohio State Medical Board, State Funding

RESOLVED, that the Ohio Osteopathic Association reaffirms its current position that all fees collected by a state licensing board should support that agency only; and be it further

RESOLVED, that the Ohio Osteopathic Association opposes any further increase in Ohio medical licensure fees that are not publicly justified and that do not directly support the programmatic needs of the Ohio State Medical Board as endorsed by the Ohio Osteopathic Association Board of Trustees. *(original 1984)*

23 - Osteopathic Unity

RESOLVED, that the Ohio Osteopathic Association continues efforts directed to all persons bearing the degree DO to recognize the need for unity and the importance of belonging to national, state, and district osteopathic associations and their affiliated societies. (*Original 1979)*

24 - Prescriptions, Generic Substitution

RESOLVED, that the Ohio Osteopathic Association (OOA) opposes any mandatory generic
substitution programs in Ohio that remove control of the patient's treatment program from the physician; and be it further

RESOLVED, that the OOA encourages its members to continue to prescribe the drug products that are the most efficacious and cost effective for their patients. *(Original 1977*)

25 - Professional Liability: Attorney Fees Limit for Medical Injury Awards

RESOLVED, that as advocates for Ohioans injured in the course of receiving medical care, the Ohio Osteopathic Association supports statutory changes that limit plaintiff attorney fees, thus providing a larger percentage of the damage award to the injured person. *(Original 2004)*

26 - Professional Liability Insurance Company Ratings

RESOLVED, that the Ohio Osteopathic Association urges Ohio hospitals to use flexible criteria to rate the adequacy of medical professional liability insurance (PLI) companies for medical staff insurance coverage. *(Original 2004)*

27 - Professional Liability Insurance, Legislation and Tort Reform

RESOLVED, that the Ohio Osteopathic Association (OOA) works with members and staff of the Ohio General Assembly to study and develop all appropriate legislative means to improve the professional liability system in Ohio, including:

1. Pilot projects involving alternate dispute resolution procedures;
2. Limits on general damages such as pain and suffering and loss of consortium;
3. Adoption of a four-year statute of repose;
4. Jury consideration of collateral source payments when making awards;
5. Limitations on attorney contingency fees; and
6. Periodic payments of jury awards; and be if further

RESOLVED, that the OOA continues to work with Ohio Department of Insurance, hospitals and health profession groups to improve the professional liability market in Ohio; and be it further

RESOLVED, that the OOA keeps its membership informed of all alternatives and proposals under study. *(Original 1975)*

28 - Substance Abuse Insurance Coverage

RESOLVED, that the Ohio Osteopathic Association supports mandated offering of coverage for in-hospital and ambulatory treatment of substance abuse as part of all health benefits plans or policies offered in Ohio. *(Original 1977)*

29 - Substance Abuse, Position Statement

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to cooperate with the pharmaceutical industry, law enforcement officials, and government agencies to stop prescription drug abuse that is a threat to the health and well-being of the American public; and be it further

RESOLVED, that the OOA reaffirms its position that members should prescribe controlled substances in compliance with state and federal laws and regulations; and be it further

RESOLVED, that the OOA supports the crusade to reduce substance abuse by advocating intelligent enforcement of existing state and federal laws which govern handling of all dangerous substances; and be it further

RESOLVED, that the OOA pledges its full support of existing and future programs which promote proper use of prescription drugs and other substances among young and old alike in an effort to reduce or eliminate substance abuse. *(Original 1972)*

30 - Uncompensated Care, Tax Credits for Providers

RESOLVED, that the Ohio Osteopathic Association supports business tax credits and/or tax deductions for uncompensated medical services provided to indigent patients in order to encourage physicians to provide such care. *(Original 1989)*

SUBJECT: Deletion of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE DELETED:

Advocates for the OOA

~~RESOLVED, that the Ohio Osteopathic Association (OOA) continue to provide necessary administrative assistance to the Advocates for the OOA. *(Original 1984)*~~

Explanatory statement: The Advocates for the OOA dissolved effective May 31, 2018.

SUBJECT: Postponing ICD-10

SUBMITTED BY: District (VI) Columbus Osteopathic Association

REFERRED TO:

~~WHEREAS, the year 2014 has posed many challenges to the practice of osteopathic medicine due the efforts in implementation of the Affordable Care Act, implementation of electronic health records (EMR) and achieving Meaningful Use, implementation of the Patient Centered Medical Home, and more recently, achieving population health initiatives; and~~

~~WHEREAS, such bold undertakings have required significant investments of time and resources for practicing physicians in purchasing equipment, investing in software and EMR systems, training staff, hiring additional staff, decreasing patient visits, establishing newer work flows, and researching/updating forms and records; and~~

~~WHEREAS, the Centers for Medicare & Medicaid Services (CMS) mandated that on October 1, 2014, the International Classification of Disease version 9 (ICD-9) code sets used to report medical diagnoses and inpatient procedures will be replaced by International Classification of Disease version 10 (ICD-10) code sets (1); and~~

~~WHEREAS, ICD-10-CM is intended for use in all US health care settings (1); and~~

~~WHEREAS physicians and providers have been recommended by CMS to take *additional* actions to implement ICD-10, including developing new business plans, ensuring that leadership~~

~~and staff understand the extent of the effort ICD-10 transition requires, as well as securing budgets that account for: software upgrades/software license costs, hardware procurement, staff training costs, work flow changes during and after implementation, and contingency planning, and~~

~~WHEREAS, CMS also recommends providers talk with payers, billing staff, IT staff, and vendors to confirm their readiness status, and to also coordinate ICD-10 transition plans among partners and evaluate contracts with payers and vendors for policy revisions, test timelines, and evaluate overall cost related to the ICD-10 transition (1); and~~

~~WHEREAS, the Workgroup for Electronic Data Interchange (WEDI) conducted a survey of providers, vendors and health plans in December 2013 which indicated that significant disruption from a lack of ICD-10 preparedness could result unless progress occurs very quickly and also found: Only 25 percent of vendors surveyed say they are ready for ICD-10, and one-fifth of the vendors indicate they are halfway or less than halfway complete with product development; and~~

~~WHEREAS, about 40 percent of health plans have not yet completed an impact assessment regarding ICD-10; and~~

~~WHEREAS, the majority of providers said they will not complete impact assessments, business changes or external testing until well into 2014, and 0nly about 50 percent of providers will begin external testing in the first half of 2014; and~~

~~WHEREAS, it has been reported in another recent survey that although 76 percent of health care providers had completed an ICD-10 impact assessment, only about half of respondents had not determined what effect it will have on their revenue cycles and cash flow (3); and~~

~~WHEREAS, the mandated implementation of the ICD-10 code set will be dramatically more expensive for most physician practices than previously estimated, according to a 2014 cost study conducted by Nachimson Advisors (4); and~~

~~WHEREAS, according to the study, costs for a small physician practice could be more than $225,000, while a typical large physician practice could expect to spend as much as $8 million on implementation; and~~

~~WHEREAS, this cost study shows the estimates include much higher figures due in part to significant post-implementation costs, including the need for testing and the potential risk of payment disruption; and~~

~~WHEREAS, CMS has estimated that claims denial rates could increase 100-200 percent in the early stages of coding with ICD-10; and~~

~~WHEREAS, ICD-10 has potential to have catastrophic disruption to practices; now therefore be it~~

~~RESOLVED, that the Ohio Osteopathic Association supports postponing transition to the International Classification of Disease, version 10 (ICD-10) code set for the reporting of medical diagnoses and inpatient procedures as set on October 1, 2014, by the Centers of Medicare & Medicaid Services (CMS), to allow providers more time to adapt new policies for implementation and prevent disruption of services and payments; and be it further~~

~~RESOLVED, that a copy of this resolution is sent to the American Osteopathic Association 2014 House of Delegates instructing them to issue a letter to US Health and Human Services Secretary Kathleen Sebelius to reconsider the mandated adoption of the ICD-10 code set by October 2014.~~

ACTION TAKEN: _____

DATE: _____

Footnotes:

(1) http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD10FAQs.pdf

(2) http://medicaleconomics.modernmedicine.com/medical-economics/news/physicians-unprepared-icd-10-cash-flow-disruptions-survey-says

(3) http://medicaleconomics.modernmedicine.com/medical-economics/news/healthcare-not-ready icd-10-wedi-report-says

(4) http://www.ama-assn.org/resources/doc/washington/icd-10-costs-for-physician-practices-study.pdf

Explanatory notes:
ICD-10 was implemented October 1, 2015.

RES. NO.
2019-15

SUBJECT: Amendments to the Bylaws of the Ohio Osteopathic Association

SUBMITTED BY: OOA Executive Committee

REFERRED TO:

RESOLVED, THAT ARTICLE I, SECTION 5 OF THE BYLAWS BE AMENDED AS FOLLOWS:

Section 5 – Requirements. The Board of Trustees of the Ohio Osteopathic Association shall enforce the requirements relative to the organization and maintenance of district academies of osteopathic medicine. District leadership shall send a current district membership list to the Ohio Osteopathic Association in August and November to confirm members in good standing.

Explanatory statement: The OOA already collects dues for a majority of district academies. This amendment provides an enforcement mechanism to ensure coordination.

APPROVED BY: _____

DATE: _____

RES. NO.
2019-16

SUBJECT: Amendments to the Bylaws of the Ohio Osteopathic Association

SUBMITTED BY: OOA Executive Committee

REFERRED TO:

RESOLVED, THAT ARTICLE I, SECTION 6 OF THE BYLAWS BE AMENDED AS FOLLOWS:

Section 6 - Academy Meetings. Each district academy shall hold a minimum of ~~four~~ two regular meetings during each fiscal year. One of these regular meetings may be a social meeting.

Explanatory statement: The OOA has spent the last year assessing the bylaws compliance of its district academies. Several districts are not currently compliant regarding the annual district meetings requirement. This amendment ensures an achievable requirement for all districts. Those district academies that meet more often are strongly encouraged to maintain their respective level of engagement. Resources for district academies such as a template for district bylaws and a district budget have been added to the OOA website in the past year to help aid district academy operations.

APPROVED BY: _____

DATE: _____

RES. NO.
2019-17

SUBJECT: Amendments to the Bylaws of the Ohio Osteopathic Association

SUBMITTED BY: OOA Executive Committee

REFERRED TO:

RESOLVED, THAT ARTICLE VI, SECTION 4 OF THE BYLAWS BE AMENDED AS FOLLOWS:

Section 4 - Election of AOA Delegates. The officers and district trustees shall be voting members of the elected delegation to the American Osteopathic Association House of Delegates during their term of office. The additional delegates and alternates shall be nominated and elected at the annual meeting of the Ohio Osteopathic Association House of Delegates in the same year they will be serving in the AOA House. ~~One-third of the elected delegates shall be elected each year for a three-year term. If the number of additional delegates cannot be divided by three, the remainder shall be elected to one-year terms.~~ These nominations and elections shall follow the same procedure as provided for in Section 1 of this Article. The student delegate and alternate assigned by the AOA to the Ohio delegation shall enjoy the same rights and privileges as all other elected delegates and alternates and shall have one vote.

Explanatory statement: The OOA Nominating Committee requests this amendment to streamline the delegate selection process. By virtue of policy, the Nominating Committee requires geographic diversity of its osteopathic physician members that ensures a balanced roster developed through broad consensus. The current requirement regarding three-year terms unnecessarily complicates the selection process that must already accommodate varying physician leader availability.

APPROVED BY: _____

DATE: _____

EXECUTIVE COMMITTEE 2018-19

President	Jennifer J. Hauler, DO
President-Elect	Charles D. Milligan, DO
Vice President	Sandra L. Cook, DO
Treasurer	Henry L. Wehrum, DO
Immediate Past President	Sean D. Stiltner, DO
Executive Director	Matt Harney, MBA

EXECUTIVE COMMITTEE 2019-20

President	Charles D. Milligan, DO
President-Elect	Sandra L. Cook, DO
Vice President	Henry L. Wehrum, DO
Treasurer	Jennifer L. Gwilym, DO
Immediate Past President	Jennifer J. Hauler, DO
Executive Director	Matt Harney, MBA

BOARD OF TRUSTEES 2018-19

DISTRICT		TERM EXPIRES
NW OHIO-I	Nicholas G. Espinoza, DO	2020
LIMA-II	Wayne A. Feister, DO	2020
DAYTON-III	Nicklaus J. Hess, DO	2020
CINCINNATI-IV	Michael E. Dietz, DO	2020
SANDUSKY-V	Luis L. Perez, DO	2019
COLUMBUS-VI	Andrew P. Eilerman, DO	2019
CLEVELAND-VII	Katherine H. Eilenfeld, DO	2021
AKRON/CANTON-VIII	Douglas W. Harley, DO	2021
MARIETTA-IX	Jennifer L. Gwilym, DO	2019
WESTERN RESERVE-X	John C. Baker, DO	2021
RESIDENT	Ryan K. Martin, DO	*
OU-HCOM STUDENT	Dubem Obianagha, OMS II	2019

***Individual serves until a successor is appointed.**

NEW TRUSTEES 2019-20

Sandusky	Luis L. Perez, DO, DO	2022
Columbus	Andrew P. Eilerman, DO	2022
Marietta	Melinda E. Ford, DO	2022
OU-HCOM Student Rep.	Andrew Williams, OMS II	2020

2018-19 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pfleghaar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr., DO
III	Nicklaus J. Hess, DO	John T. Rooney, DO
IV	Michael E. Dietz, DO	Scott A. Kotzin, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Tejal R. Patel, DO	Ying H. Chen, DO
VII	Louis D. Leone, DO	Katherine H. Eilenfeld, DO
VIII	Gregory Hill, DO	David A. Bitonte, DO
IX	Melinda E. Ford, DO	Timothy D. Law, DO
X	Sharon L. George, DO	Robert M. Waite, DO

2019-20 DISTRICTS PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pfleghaar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr.
III	Chelsea A. Nickolson, DO	Amber L. Richardson, DO
IV	Michael E. Dietz, DO	Scott A. Kotzin, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Miriam L. Garcellano, DO	Charles R. Fisher, DO
VII	Gerald F. Lackey, DO	Katherine Hovsepian Eilenfeld, DO
VIII	Gregory Hill, DO	David A. Bitonte, DO
IX	Jean S. Rettos, DO	Marc D. Richards, DO
X	Sharon L. George, DO	Robert M. Waite, DO

2019 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	72	5/10	Nicholas G. Espinoza, DO, Chair Nicholas T. Barnes, DO Tracy A. Karolyi, DO Ray J. Miller, DO Nicholas J. Pfleghaar, DO	All Northwest Ohio Members
Lima	25	2/3	John C. Biery, DO, Chair Edward E. Hosbach, DO	All Lima Members
Dayton	186	12/25	Chelsea A. Nickolson, DO, Chair Samuel H. Byron, DO Cleanne Cass, DO Micah R. Davis, DO Jennifer J. Hauler, DO Mark S. Jeffries, DO Kimbra L. Joyce, DO Gordon J. Katz, DO Paul A. Martin, DO Sharon S. Merryman, DO Amber L. Richardson, DO Christine B. Weller, DO	All Dayton Members
Cincinnati	37	2/5	Victor D. Angel, DO, Chair Michael E. Dietz, DO	All Cincinnati Members
Sandusky	50	3/7	John F. Ramey, DO, Chair Nicole Baryiski-Danner, DO Christine M. Samsa, DO	All Sandusky Members
Columbus	233	17/31	Miriam L. Garcellano, DO, Chair David L. Bowman, DO William J. Burke, DO Ying H. Chen, DO John A. Cocumelli, DO Andrew P. Eilerman, DO William F. Emlich Jr., DO Mark W. Garwood, DO Edward Passen, OMS I Tejal R. Patel, DO Albert M. Salomon, DO Anita M. Steinbergh, DO Amanda R. Stover, DO Eugene F. Trell, DO Geraldine N. Urse, DO Charles G. Vonder Embse, DO Henry L. Wehrum, DO	All Columbus Members
Cleveland	109	8/15	Katherine Hovsepian Eilenfeld, DO, Chair Sandra L. Cook, DO Robert W. Hostoffer, Jr., DO Marcus Lowe, OMS I	All Cleveland Members
Akron/Canton	146	10/19	Gregory Hill, DO, Chair David A. Bitonte, DO Richard L. Fuller, DO	All Akron-Canton Members

			Charles D. Milligan, DO Joseph F. Pietrolungo, DO Eugene D. Pogorelec, DO Paul T. Scheatzle, DO M. Terrance Simon, DO Mark J. Tereletsky, DO Schield M. Wikas. DO	
Marietta	101	8/13	Melinda E. Ford, DO, Chair Morgan R. Gordon, DO Jennifer L. Gwilym, DO Kenneth H. Johnson, DO Jean S. Rettos, DO Marc D. Richards Edward W. Schreck, DO Andrew Williams, OMS I	All Marietta Members
Western Reserve	75	5/10	Sharon L. George, DO, Chair John C. Baker, DO Kimberly N. Jackson, DO Thomas J. Mucci, DO Frank G. Veres, DO	All Western Reserve Members

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 (Resolution 98-13):

1. The nominating committee shall consist of six (6) members, one member each from districts III (Dayton), VI (Columbus), VII (Cleveland), VIII (Akron-Canton) and two (2) that are selected from the I (Toledo), II (Lima), IV (Cincinnati), V (Sandusky), IX (Marietta) and Western Reserve, X districts collectively.

2. Each of the six 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 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.

Henry L. Wehrum, D.O.
CURRICULUM VITAE

Address: 5194 Betonywood Place
Dublin, Ohio 43016-3202
(614)777-9175

Born: October 7, 1957
Warrensville Heights, Ohio

Professional Experience:

Dennison Renal Care, Inc.
Physician – Nephrology/Hypertension
1993 – present

FMC – Dialysis Specialists of Columbus
Medical Director
1997 - present

DENNISON RENAL CARE, INC.

FMC – Grant Park Dialysis
Medical Director
2000 – present

Doctors Community Health Specialists
Internal Medicine Residency Program, Assistant Program Director
June 2009 – present

DaVita – Meadowhawk Dialysis
Medical Director
2014 - present

Education:

Bedford High School
Bedford, Ohio
Graduated in June, 1976

Wittenberg University
200 West Ward Street
Springfield, Ohio 45504
Graduated in June, 1980
B.A., Physics

Ohio University College of Osteopathic Medicine
101 Grosvenor West
Athens, Ohio 45701
Began in September, 1981
Graduated in June, 1985
Doctor of Osteopathy (D.O.)

Internship: Brentwood Hospital
4110 Warrensville Center Road
Warrensville Heights, Ohio 44122
July, 1985 – June, 1986

Residency: Cuyahoga Falls General Hospital
Internal Medicine
1900 23rd Street
Cuyahoga Falls, Ohio 44223
July, 1986 – June, 1989

Fellowship: Cleveland Clinic Foundation
Hypertension / Nephrology
9500 Euclid Avenue
Cleveland, Ohio 44195
July, 1989 – June, 1991

Medical Licensure:
Ohio, certificate number: 4176

DENNISON
RENAL CARE, INC.

Certification: American Osteopathic Board of Internal Medicine,
Board certified in Internal Medicine – 1990
Board certified in Nephrology – 1997, 2008

Honors / Awards: Internal Medicine Teaching Award, Doctors Hospital, Columbus, Ohio – 1993, 1996

Ohio University College of Osteopathic Medicine, Central Ohio Region, Outstanding Faculty Award – 1994, 1995, 1998, 2001, 2002

Internal Medicine Educator of the Year Award, Doctors Hospital, Columbus, Ohio – 1995-1996, 2003-2004

Emergency Medicine Preceptor Teaching Award, Doctors Hospital, Columbus, Ohio – 1995

Ohio University College of Osteopathic Medicine, Doctors Hospital, Emergency Medicine Award for Outstanding Preceptor – 1998, 2004, 2008

Ohio University College of Osteopathic Medicine, Clinical Assistant Professor, Nephrology – 1998-2001
Ohio University College of Osteopathic Medicine, Southeast Ohio Region, Outstanding Specialty Physician Award - 2001, 2002

985 West Third Avenue
Columbus, Ohio 43212

Jennifer L. Gwilym, DO, FACOFP, FAAFP, CS
Health Policy Fellowship Class of 2013
Board Certified-Family Physician

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Athens, Ohio 45701
740.707.6307
jennifer_gwilym@yahoo.com

Education:

Doctor of Osteopathy
Ohio University Heritage College of Osteopathic Medicine
June 2003
Athens, Ohio

Bachelor of Science
Ohio University
March 1999
Athens, Ohio
Major: Biology, *Cum Laude*

Postgraduate Training:

Residency Doctors Hospital, Columbus, Ohio
Family Medicine, 2005-2006

Cuyahoga Falls General Hospital, Cuyahoga Falls, Ohio
Family Medicine, 2004- 2005

Internship Cuyahoga Falls General Hospital, Cuyahoga Falls, Ohio
Traditional Rotating, 2003-2004

Fellowships **Health Policy Fellowship (HPF)**
OU-HCOM/NYITCOM
Completed 2013

Residency Director Fellowship Program (RDFP)
OU-HCOM
Completed 2014

Costin Leadership Institute
Midwestern University
Completed 2015

Administrator Leadership Development Program (ALDP)
American Association of Colleges of Osteopathic Medicine (AACOM)
Present

Certifications:

Family Medicine/OMT Board Recertification, AOBFP, Expires 6/2022
Family Medicine/OMT Board Certification, AOBFP, Expires 6/2014
Basic Life Support, Expires 5/2019
Advanced Cardiac Life Support, Expires 5/2020
Introduction Hyperbaric Medicine and Problem Wound Management, Certified April 2012
CITI Program Training
Human Research-Basic Course, Expires 6/2020
Responsible Conduct of Research, Expires, N/A
Conflict of Interest-Mini Course, Expires 6/2021
Good Clinical Practice Course, Expires N/A
Information Privacy &Security-Basic Course, Expires 5/2019

Other Credentials:

Fellow-**American College of Osteopathic Family Physicians (FACOFP)**, 2015
Fellow- **American Academy of Family Physicians (FAAFP)**, 2014

Licensures:

State Medical Board of Ohio, Expires 1/2019
Drug Enforcement Agent (DEA), expires 10/2021
Suboxone Certification, expires 10/2021

Employment:

A. T. Still University, Kirksville, Missouri
Regional Assistant Dean, 01/2018-Present

Ohio University College of Osteopathic Medicine, Athens, Ohio
Assistant Dean of Clinical Education, Southeastern Ohio Campus, 12/2017-Present

Ohio University College of Osteopathic Medicine, Athens, Ohio
Assistant Dean of Clinical Education, Central Ohio Campus, 12/2017-Present

Appalachian Behavioral Health, Athens, Ohio
Physician, Medical Services, 10/2017-02/2018

Appalachian Behavioral Health, Athens, Ohio
MOD (Medical Officer of the Day), Medical Services, 09/2017-01/2018

Anthem FEP, Indianapolis, Indiana
Medical Director, Medical Claims Reviewer, 11/2016-Present

OhioHealth formerly University Medical Associates, Athens, Ohio
Physician, Campus Care Ohio University, 11/2015-11/2017

Ohio University Heritage College of Osteopathic Medicine, Athens, Ohio
Assistant Professor Family Medicine, Dept. of Family Medicine, 6/2012-Present

Hopewell Health (FQHC), Coolville, Ohio
Physician, Family Medicine, 11/2015-6/2016

Adena Regional Medical Center, Chillicothe, Ohio
Founding Residency Program Director, Family Medicine, 12/2013-12/2015

Ohio University Heritage College of Osteopathic Medicine, Athens, Ohio
Clinical Skills Liaison-Year 1, Dept. of Family Medicine, 1/ 2013-6/2015

O'Bleness Memorial Hospital, Athens, Ohio
Residency Program Director, Family Medicine, 6/2012-11/2013

O'Bleness Memorial Hospital, Athens, Ohio
Physician, Wound Care, 6/2012-8/2013

Hocking Valley Medical Group, Logan, Ohio
Physician, Family Medicine, 3/2009-6/2012

University Medical Associates, Athens, Ohio
Physician, Express Care/Urgent Care, 1/2012-6/2012

Western Healthcare, Texas
Locum Tenens, Adena Fast Track/Emergency Department, 6/2011-1/2012

Doctors Urgent Care, Milford, Ohio
Physician, Urgent Care, 9/2011-11/2011

Express Med Urgent Care, Hilliard, Ohio
Physician, Owner, Urgent Care, 1/2009-10/2009

Immediate Health Associates, Westerville, Ohio
Physician, Urgent Care, 3/2008-3/2009

Columbus Public Health Department, Columbus, Ohio
Medical Director, Sexual Health, 11/2007-3/2008

Columbus Public Health Department, Columbus, Ohio
Public Health Physician, Sexual Health, 7/2006-11/2007

Hilliard Rome Family Medicine, Columbus, Ohio
Physician, Family Medicine, 7/2006-1/2007

Teaching:

Pathways to Health and Wellness Curriculum, **Ohio University Heritage College of Osteopathic Medicine**
1/2017-10/2017
Back to Wellness, Curriculum Team Member

Infection and Immunology Block Team, Ohio University Heritage College of Osteopathic Medicine
9/2015-resent
CPC Curriculum, Block Team Member

Adjunct Clinical Professor of Family Medicine, University of Pikeville Kentucky College of Osteopathic Medicine
6/2014-11/2015
I was responsible for providing Family Medicine training to the third and fourth year medical students.

Clinical Skills Liaison-Year 1, Ohio University Heritage College of Osteopathic Medicine
1/2013-6/2015
I was responsible for coordinating, teaching, and grading the clinical skills portion of each year one student at OU-HCOM. I am also responsible for ensuring faculty is trained to supervise, teach, and grade the year 1 students in the Clinical Skills course.

Assistant Professor of Family Medicine, Ohio University Heritage College of Osteopathic Medicine, Group II
6/2012-Present
Teach basic clinical skills course to the first-year medical students.

Assistant Clinical Faculty, Ohio University Heritage College of Osteopathic Medicine, Group IV
8/2007-06/2012
I have educated Family Practice Interns, Residents, Infectious Disease Fellows, and medical students regarding Sexually Transmitted Diseases and a broad range of family practice topics.

Teaching Assistant, Physical Science,

1/ 1999-4/1999
I was responsible for lecturing, supervising, and grading the laboratory portion of the physical science course.

Grading Physics Correspondence Courses at Ohio University,
12/1998-9/1999
I graded all physics and physical science correspondence courses weekly assignments, mid- terms examinations, and final exams. It was then my job to assign final course grades for the correspondence courses, and the student would then receive college credit for the course.

Teaching Assistant, Astronomy,
9/1998-12/1998
As an undergraduate, I was given the opportunity to supervise astronomy laboratory experiments, evaluate and grade student progress through the laboratory aspect of astronomy, and present lectures about upcoming experiments to students.

Teaching Assistant, Human Anatomy,
09/1997-04/1998
Selected, as an undergraduate, to supervise the human anatomy laboratory, proctor exams, and assign grades based on the students' performance.

Publications/Posters/Presentations/Research:

Shipman, James T., and Clyde D. Baker. An Introduction to Physical Science. Edited **Jennifer L. Gwilym** and Karen M. Baker. Ninth Edition. Houghton Mifflin Company, Boston: 2000.

Gwilym, Jennifer L., Got Vaccines? Doctors Hospital Family Practice Center: 2006.

Gwilym, Jennifer L., Sexually Transmitted Diseases.
Presentation Doctors Hospital Family Medicine Update September 2008. Columbus, Ohio.

Gwilym, Jennifer L., Sexually Transmitted Diseases.
Presentation Doctors Hospital Women's Health Conference April 2009. Columbus, Ohio.

Gwilym, Jennifer L., Impact of Medicare's New Value-Based Payment Modifier. Presented at the AOA Health Policy Forum September 2013. Washington D.C.

Gwilym, Jennifer L., Medicare's New Value-Based Payment Modifier.