AGENDA

Ohio Osteopathic Association
House of Delegates
Easton Ballroom C/D/E

John F. Uslick, DO, Speaker
David A. Bitonte, DO, Vice Speaker

Friday, April 25, 2014

1:30 p.m. Delegate/Alternate Credentialing

1:45 p.m. Welcome and Call to Order, Robert L. Hunter, DO, President

1:50 p.m. Invocation- Charles G. Vonder Embse, DO
Osteopathic Pledge of Commitment – Dr. Hunter
Introduction of the Speaker/Vice Speaker – Dr. Hunter

2:00 p.m. Credentials Committee Report – John F. Ramey, DO, Chair

2:05 p.m. Adoption of Standing Rules – John F. Uslick, DO, Speaker

2:10 p.m. Approval of Executive Director's Report of 2013 House Proceedings

2:15 p.m. Program Committee Report – Paul T. Scheatzle, DO, President-Elect

2:20 p.m. State of the State Report – Dr. Hunter

2:40 p.m. OOA Practice Solutions Update – Douglas Ventura, Agil IT, and Eric A. Jones, Jones Law Group

2:50 p.m. Report of the Advocates for the OOA – Mary Schreck, President

3:00 p.m. **Professional Affairs Reference Committee – Magnolia**
Resolutions: 02, 06, 08, 10, 13, 17, 18,
Initial Members: Peter A. Bell, DO, Chair (District 6)
Kristopher L. Lindbloom, DO (District 1)
Jennifer L. Gwilym, DO (District 9)
Charles Milligan, DO (District 8)
David L. Tolentino, DO (District 7)
Sean Stiltner, DO (District 4)

Public Affairs Reference Committee – Easton C/D/E
Resolutions: 07, 14, 15, 16, 19, 20, 21
Initial Members: Cleanne Cass, DO, Chair (District 3)
Luis L. Perez, DO, (District 5)
Melinda E. Ford, DO (District 9)
Edward E. Hosbach, DO (District 2)

Christopher J. Loyke, DO (District 7)
M. Terrance Simon, DO (District 8)
Darren J. Sommer, DO (District 6)

Constitution and Bylaws Reference Committee – Lilac
Resolutions: 01, 03, 04, 05, 09, 11, 12
Initial Members: Douglas E. Harley, DO, Chair (District 8)
Sandra L. Cook, DO (District 7)
Michael E. Dietz, DO (District 4)
Jennifer J. Hauler, DO (District 3)
Henry L. Wehrum, DO (District 6)
John C. Baker, DO (District 10)
Daniel Krajcik, OMS I (OU-HCOM)

6:00 p.m. **Awards Reception and Recognition Ceremony, Regent Ballroom**

Saturday, April 26, 2014

8:00 a.m. **Keynote Address: "Are We Really Doing No Harm?" Robert Stutman, Easton A/B**

10:30 a.m. District Academy Caucus Meetings
Akron-Canton – Lilac
Columbus - Magnolia
Cleveland – Juniper B
Dayton – Easton C/D/E
Small Districts – Juniper C

12:00 p.m. **OOA President's Luncheon and Installation, Easton A/B**

3:00 p.m. Town Hall Meeting on the ACGME Unified Pathway – presentation by William J. Burke, DO, AOA Board of Trustees

3:45 p.m. Call To Order – Dr. Uslick

3:50 p.m. Report of the Credentials Committee –John F. Ramey, DO, Chair

3:55 p.m. OOA Financial Reports –Paul T. Scheatzle, DO, President-Elect

4:05 p.m. OOPAC Report – Robert L. Hunter, DO

4:20 p.m. Report of the Professional Affairs Reference Committee – Peter A. Bell, DO, Chair

4:35 p.m. Report of the Public Affairs Reference Committee – Cleanne Cass, DO, Chair, Chair

4:50 p.m. Report of the Constitution & Bylaws Reference Committee – Douglas E. Harley, DO, Chair

5:05 p.m. Introduction of Paul T. Scheatzle, DO, OOA 2014 – 15 OOA President, and recognition of Robert L. Hunter, DO, outgoing president

5:15 p.m. Report of the OOA Nominating Committee: John F. Ramey, DO, 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 .....Robert W. Hostoffer, Jr., DO
Vice President ..... Geraldine N. Urse, DO
Treasurer.....Sean D. Stiltner, DO
Speaker of the House..... John F. Uslick, DO
Vice Speaker of the House..... David A. Bitonte, DO

Nominees for the Ohio Osteopathic Foundation Board

Three-year Term expiring 2017..... Mark S. Jeffries, DO

Three-year Term expiring 2017 ..... Richard L. Sims

Ohio Delegation to the AOA House (To be distributed)

5:45 p.m. Adjournment

6:00 p.m. **Careers in Medicine Networking Reception and Ohio Mentoring Hall of Fame Inductions – Regent Ballroom (Spouses Welcome)**

2015
OHIO OSTEOPATHIC SYMPOSIUM

COLUMBUS HILTON AT EASTON

Columbus, Ohio

April 22 – 26, 2015

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.
3. Nominating speeches will be limited to two minutes and seconding speeches will be limited to two minutes.
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 resolutions or business shall be read by the presiding officer 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.
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.

Report On Actions Taken by the
2013 OOA House of Delegates

Submitted by,
Jon F. Wills, Executive Director

The 2013 OOA House of Delegates adopted five new position statements. In addition, 18 existing position statements, subject to five-year review, were amended and affirmed or reaffirmed. Robert L. Hunter, DO, of Beavercreek, was installed as OOA president for 2013-2014 and the following slate of officers was approved by acclamation: President-Elect Paul T. Scheatzle, DO, of Canton; Vice President Robert W. Hostoffer, Jr., DO, of Cleveland; Treasurer Geraldine N. Urse, DO, of Columbus; House Speaker John F. Uslick, DO, of Canton; and House Vice Speaker David A. Bitonte, DO, MBA, of Canton. A complete compendium of policy statements and resolutions approved by the OOA House is posted on the OOA website under "About – OOA Documents."

The following new resolutions were approved as position statements:

Implementation of Social Media Guidelines

WHEREAS, a 2012 survey shows that about one in four physicians use social media daily or multiple times a day to scan or explore medical information, and 14 percent use social media each day to contribute new information; and

WHEREAS, social media use offers valuable and real-time health information to help guide patients and consumers; and

WHEREAS, social media allows health care consumers the ability to tap into health experts that they can trust; and

WHEREAS, social media establishes a relationship with the community; and

WHEREAS, with the growing benefits of social media in medicine, there are some unclear dangers of social media use in our profession; and

WHEREAS, other professional organizations currently have professionalism in the use of social media policies, therefore be it

RESOLVED, that the OOA encourages the AOA to explore and define a "Professionalism in Social Media" policy; and, be it further

RESOLVED, that the OOA supports the use of appropriate social media by osteopathic physicians as a method to promote our profession and practices; and, be it further

RESOLVED, that a copy of this resolution be submitted to the 2013 AOA House of Delegates for national consideration.

***Action Taken**: This resolution was taken to the 2013 AOA House of Delegates where it was approved.*

Energy Drink Dangers

WHEREAS, the energy drink business has grown to a more than $3.4 billion-a-year industry that grew by 80 percent last year after the launch of more than 500 new energy drinks; and

WHEREAS, 31 percent of US teenagers say they drink energy drinks representing approximately 7.6 million adolescents and an increase of almost 3 million in three years; and

WHEREAS, one study of college student consumption found 50 percent of students drank at least 1-4 energy drinks monthly; and

WHEREAS, the most popular energy drinks contain elevated amounts of caffeine and often other ingredients such as L-carnitine, ginsing, ephedra, guarana (as an additional source of caffeine), taurine, and sugar all of which present health risks when consumed in large quantities; and

WHEREAS, caffeine is known to produce detrimental health effects in adolescents including dehydration, digestive problems, obesity, anxiety, insomnia, and tachycardia; and

WHEREAS, energy drinks are not regulated in the United States, are sold as dietary supplements, and are not required to have the amounts of ingredients listed on the label; and

WHEREAS, when energy drinks are mixed with alcohol the potential dangers are much greater and there is also a risk of abuse, as energy drinks mask the effect of consuming alcohol by making the effects of the alcohol less apparent; and

WHEREAS, 42 percent of emergency room cases in 2011 involved energy drinks mixed with either alcohol or medications such as Ritalin or Adderall; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association supports community awareness and education regarding the effects and dangers of consuming energy drinks as well as encourages physicians to increase screening for the use of energy drinks; and be it further

RESOLVED, that upon successful passage of this resolution, a copy be sent to the American Osteopathic Association for consideration at the House of Delegates meeting in July.

***Action Taken**: This resolution was taken to the 2013 AOA House of Delegates where it was approved*

Protection of the Doctor-Patient Relationship as Related to Proposed Gun Control Laws

WHEREAS, the tragic December 14, 2012, shootings at Sandy Hook Elementary School in Newtown, Connecticut, have initiated national discussion regarding measures to reduce gun-related violence in the United States by the President, Congress, the media, state lawmakers, as well as health care professionals; and

WHEREAS, in 1974, the Supreme Court of California ruled on the Tarasoff case which held that mental health professionals have a duty to protect individuals who are being threatened with bodily harm by a patient; and

WHEREAS, the Tarasoff case has been the adapted practice by many states and is generally already followed by many medical entities across the country; and

WHEREAS, any measures regarding the reporting of information about patients and gun ownership or use of guns must always be balanced with the inviolable trust established in the patient-doctor relationship as pledged by the Osteopathic Oath, and Oath of Hippocrates as well as federal law, specifically HIPAA; and

WHEREAS, the American Osteopathic Association, in its policy statement H301-A/05 states that in all matters of health care, the physician-patient relationship must be protected; now therefore, be it

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

RESOLVED that upon successful passage of this resolution, a copy be sent to the American Osteopathic Association for consideration at its annual House of Delegates meeting in July.

***Action Taken**: This resolution was taken to the 2013 AOA House of Delegates where it was approved*

Maintaining Insurance Participation Choice among Physicians

WHEREAS, the Affordable Care Act of 2010 helps create a private health insurance market through the creation of Affordable Insurance Exchanges with state-based marketplaces, which will launch in 2014, providing an estimated 36 million newly-insured Americans and small businesses with a place to find a suitable insurance plan; and

WHEREAS, osteopathic medical practices may decide to accept a variety of insurance plans while others may not find it financially acceptable to do so based on location of practice, reimbursement rates, number of patients in an individual plan, or other factors; and

WHEREAS, the Ohio Osteopathic Association, in recognizing the autonomy of the practicing osteopathic physician, respects the choice of a physician on whether or not to participate in each individual insurance plan, including government insurance; and

WHEREAS, the American Osteopathic Association, in its H215-A/06 policy statement opposes any legislation that requires mandatory participation of physicians in Medicare or Medicaid programs as a basis for licensure; now therefore be it

RESOLVED, that the Ohio Osteopathic Association reaffirms and expands the H215-A/06 policy statement to oppose any legislation that requires mandatory participation of physicians in ANY insurance plan, including Medicare, Medicaid, private insurance plans or any plan derived under the Affordable Care Act's state-based insurance exchanges as a basis for licensure; and therefore be it further

RESOLVED, that upon successful passage a copy of the resolution be sent to the AOA for consideration at its annual House of Delegates meeting in July.

***Action Taken**: This resolution was taken to the 2013 AOA House of Delegates where it was approved*
The following new position state, which did not require action at the national level, was approved:

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) plans to open branch campuses in Columbus and Cleveland, which will mean more students within the Centers for Osteopathic Research and Education (CORE) 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 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), and others to investigate incentives for physician preceptors of CORE osteopathic trainees.

***Action Taken**: This resolution is being reviewed by the OOA, OU-HCOM and the CORE.*

***The following position statements, subject to five-year automatic review, were either amended and affirmed, or reaffirmed**:*

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 1988)*

End of Life Care

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages member physicians to discuss advance directives with all their patients, and end of life options when appropriate; and be it further

RESOLVED, that the OOA continue to offer continuing medical educational programs on end of life care to update member physicians on the latest clinical and legal issues pertaining to pain management and end of life care; and be it further

RESOLVED, that the OOA supports the right of physicians to carry out the wishes of terminally-ill patients as declared in statutorily-recognized advance directives; and be it further

RESOLVED, that the OOA continues to seek regulatory and legislative protection as necessary to ensure the right of physicians to utilize all medically accepted palliative care and pain management methodologies during end of life care without fear of legal prosecution or disciplinary action; and be it further

RESOLVED, that the Ohio Osteopathic Association continue to monitor and participate in legislative and regulatory initiatives involving end of life care. *(Original 1988)*

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) 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 1999)*

Hospice, Support

RESOLVED that the Ohio Osteopathic Association continues to support governmental funding of Hospice 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)*

Mopeds, Motorcycles, Non- Motorized Cycles and All- Terrain Vehicles

RESOLVED that the Ohio Osteopathic Association continues to support legislation to ensure the safe and efficient operation of non-motorized cycles, mopeds, motorcycles, and all-terrain vehicles in the state of Ohio. *(Original 1988)*

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)*

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 Osteopathic Hospital Association and the Ohio University Heritage College of Osteopathic Medicine 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)*

Health Plans, Stability and Continuity of Care

RESOLVED, that the Ohio Osteopathic Association supports legislation and regulations that ensure stability and continuity of patient care when changes are made to a health plan's drug formulary or provider network.

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)*

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 like the "Columbia Teen Screen," "American Foundation for Suicide Prevention College Screening Project" and the "College Response"; and, be it further,

RESOLVED, that the OOA work closely with the Advocates for the Ohio Osteopathic Association to promote these screening programs along with the Yellow Ribbon Suicide Prevention Program to Ohio's schools, colleges and universities; 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)*

Wireless Enhanced 9-1-1 Services for the State of Ohio

RESOLVED, the Ohio Osteopathic Association endorses state legislation to expedite implementation of Phase I, Phase II, and Phase III 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)*

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)*

One resolution, "Setting Standards for Medical Tattoos," was referred back to the Columbus Osteopathic Association for clarification.

Professional Affairs 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, clinical practice, etc.

Resolutions: 02, 06, 08, 10, 13, 17, 18

Members:

Peter A. Bell, DO, Chair (District 6)
Kristopher L. Lindbloom, DO (District 1)
Jennifer L. Gwilym, DO (District 9)
Charles Milligan, DO (District 8)
David L. Tolentino, DO (District 7)
Sean Stiltner, DO (District 4)
Carol Tatman, OOA Staff

RES. NO
2014-02

SUBJECT: Automated External Defibrillator Availability

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the prompt use of an automated external defibrillator (AED) can improve the survival rate of sudden cardiac arrest victims; and~~

~~WHEREAS, these devices are designed for use even by untrained rescuers; and~~

~~WHEREAS, the presence of these AED devices in airports, health clubs, and other public places have saved lives; and~~

~~WHEREAS, many hotels have resisted installing an AED because of concerns about potential liability; now, therefore, be it~~

RESOLVED, that the Ohio Osteopathic Association (OOA) ~~recommend~~ supports placement of ~~an~~ automatic external defibrillators (AED) ~~be placed~~ in as many public places as possible and necessary legislation to limit liability resulting from such placement. ~~and, be it further~~

~~RESOLVED, that the OOA supports legislation that will to limit the liability from placement of an AED for use by the public; and, be it further~~

~~RESOLVED, that a copy of this resolution will be submitted to the American Osteopathic Association (AOA) for consideration at the 2009 AOA House of Delegates.~~

Explanatory Note: This resolution was taken to the AOA House of Delegates in 2009 where it was amended and approved.

ACTION TAKEN: _____

DATE: _____

RES. No.
2014-06

SUBJECT: Prescriptions, Triplicate

SUBMITTED By: OOA Council on Resolutions

REFERRED TO:

RESOLVED THAT THE FOLLOWING POLICY STATEMENT BE DELETED:

~~RESOLVED that the Ohio Osteopathic Association opposes any mandatory state multiple prescription program, which would impair the physician's ability to prescribe effective medications for patients who need them and which threaten doctor-patient confidentiality, and be it further~~

~~RESOLVED that the Ohio Osteopathic Association continue to cooperate with the pharmaceutical industry, law enforcement officials, and government agencies to stop prescription drug abuse as a threat to the health and well-being of the American public.~~ ~~*(Original 1989)*~~

Explanatory Note: Triplicate prescriptions are no longer being promoted and have been replaced by tamper proof prescription pad requirements.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-08

SUBJECT: E-prescribing of Controlled Substances ~~Prescriptions in the Technological World (2009)~~

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the new rules set forth by the Drug Enforcement Administration (DEA) has made it increasingly difficult to provide nursing home and skilled nursing facility patients with narcotic medications; and~~

~~WHEREAS, the facility is required to have a prescription written and signed by the doctor; and~~

~~WHEREAS, in the past, a facility was able to obtain orders such as in the hospital setting (verbal orders and faxed to be signed off on later); now, therefore, be it~~

RESOLVED, that the Ohio Osteopathic Association ~~petition the American Osteopathic Association to encourage the DEA to develop password protected software that would enable the computer literate (and computer encouraged) medical world to~~ 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 ~~provide these prescriptions~~ in a timely yet safe manner. ~~So that patients do not suffer~~

Explanatory Note: This resolution was taken to the AOA House of Delegates in 2009 which passed the following related resolutions:

H301-A/09ELECTRONIC PRESCRIBING FOR SCHEDULED PHARMACEUTICALS
The American Osteopathic Association requests the Drug Enforcement Administration to change the policy that prohibits electronic prescription of any scheduled pharmaceuticals, and open schedule II, III, IV and V pharmaceuticals to electronic prescription. 2009

H328-A/10 ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES
The American Osteopathic Association will continue to encourage the US Drug Enforcement Administration to modify rules to reduce any potential administrative barriers to electronic prescribing of controlled substances. 2010

56 H 309 A/04 ELECTRONIC PRESCRIBING STANDARDS
The American Osteopathic Association supports the following principles in its advocacy efforts relating to the development of electronic prescribing standards:

- *SAFETY: Safety alerts should be prioritized and readily distinguishable from commercial messages; these messages should be allowed to be suppressed for efficiency.*
- *PRIVACY: Information on patients' medication should be current, comprehensive, accurate and maintained in compliance with HIPA.*
- *TRANSPARENCY: Third part involvement must be transparent and disclosed.*
- *DESIGN: Financial interests should not dictate the design of systems (i.e., all drugs should be available). Standards must require fail-safes in any system to prevent the introduction of new health care errors.*
- *INTEGRATION: Systems should be proven and should integrate with existing healthcare technology and existing workflow (i.e., download of patient data from EMR).*
- *SCALABILITY: Any standards should be broad-based and applicable to all healthcare delivery systems.*
- *TIMING: These standards should be in place at the earliest possible time to allow software vendors and practitioners adequate time to become compliant with said standards and perform all necessary testing prior to the implementation. 2004; reaffirmed as amended 2009*

On March 31, 2010, DEA's Interim Final Rule with Request for Comment titled "Electronic Prescriptions for Controlled Substances" [Docket No. DEA-218, RIN 1117-AA61] was published in the Federal Register. The rule became effective June 1, 2010.

The rule revises DEA regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically. The regulations also permit pharmacies to receive, dispense, and archive these electronic prescriptions. These regulations are an addition to, not a replacement of, the existing rules. The regulations provide pharmacies, hospitals, and practitioners with the ability to use modern technology for controlled substance prescriptions while maintaining the closed system of controls on controlledsubstances. http://www.deadiversion.usdoj.gov/ecomm/e_rx/index.html

ACTION TAKEN: _____

DATE: _____

SUBJECT: ~~KEPRO~~ 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 BY SUBSTITUTION AND APPROVED:

~~RESOLVED, that the Ohio Osteopathic Association continues to support Ohio KEPRO, Inc. as the contracted Medicare Quality Improvement Organization (QIO) in Ohio and pledges its cooperation in performing federally mandated scopes of work in a fair and professional manner with physician direction and osteopathic representation. *(Original, by substitution 2004)*~~

WHEREAS, the Centers for Medicare and Medicaid Services (CMS) has restructured the Quality Improvement Organization Program for the Eleventh Scope 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 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 seek 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; and be it further;

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 Scope 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: _____

RES. NO.
2014-13

SUBJECT: Licensure Examinations For Osteopathic Physicians

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT REAFFIRMED IN 2009 BE AMENDED AS FOLLOWS AND APPROVED:

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 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.

~~RESOLVED, that the OOA supports the efforts of the American Osteopathic Association, the American Association of Colleges of Osteopathic Medicine, the National Board of Osteopathic Medical Examiners, and the National Association of Osteopathic Examiners to implement the COMLEX-USA Level 2-PE as the standardized patient-based clinical skills examination for licensing osteopathic physicians.~~ *(Original 1984)*

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-17

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.

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

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-18

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

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

REFERRED TO:

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 partner with Ohio University Heritage College of Osteopathic Medicine to develop policies the 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

ACTION TAKEN: _____

DATE: _____

Public Affairs Reference Committee

Purpose: 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.

Resolutions: 07, 14, 15, 16, 19, 20, 21

Members:

Cleanne Cass, DO, Chair (District 3)
Luis L. Perez, DO, (District 5)
Melinda E. Ford, DO (District 9)
Edward E. Hosbach, DO (District 2)
Christopher J. Loyke, DO (District 7)
M. Terrance Simon, DO (District 8)
Darren J. Sommer, DO (District 6)
Cheryl Markino, OOA Staff

RES. NO.
2014-07

SUBJECT: Childhood Obesity, Dangers of

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE AMENDED AS FOLLOWS AND APPROVED:

RESOLVED, that the Ohio Osteopathic Association supports the *Ohio Obesity Prevention Plan* ~~released March 2009 by the Office of Healthy Ohio~~ 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 will provide $500,000 for the program in 2013 and 2014.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-14

SUBJECT: Substance Abuse, Position Statement

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

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

RESOLVED that the Ohio Osteopathic Association pledges its full support in cooperating 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 Ohio Osteopathic Association 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 Ohio Osteopathic Association 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 Ohio Osteopathic Association 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)*

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-15

SUBJECT: Marijuana's Impact on Patients

SUBMITTED BY: District (VI) Columbus Osteopathic Association

REDERRED TO:

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; and be it further

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

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-16

SUBJECT: Marijuana Use by Osteopathic Physicians and Students

SUBMITTED BY: District (VI) Columbus Osteopathic Association

REFERRED TO:

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 Colorado and Washington; and be it further

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

ACTION TAKEN: _____

DATE: _____

RES. NO
2014-19

SUBJECT: Prohibit the Sale of E-Cigarettes to Minors

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

REFERRED TO:

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 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

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-20

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

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

REFERRED TO:

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 (OOA) support efforts to eliminate direct to consumer sales of DME; 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.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-21

SUBJECT: ~~Pain Management~~ 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 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 continue 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 continue to work with governmental 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 on-going 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: _____

Constitution & Bylaws Reference Committee

Purpose: To consider the wording of all proposed amendments to the Constitution, Bylaws, and the Code of Ethics and review changes to policy statements.

Resolutions: 01, 03, 04, 05, 09, 11, 12

Members:

Douglas E. Harley, DO, Chair (District 8)
Sandra L. Cook, DO (District 7)
Michael E. Dietz, DO (District 4)
Jennifer J. Hauler, DO (District 3)
Henry L.Wehrum, DO (District 6)
John C. Baker, DO (District 10)
Daniel Krajcik, OMS I (OU-HCOM)

RES. NO.
2014-01

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:

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)*

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)*

Collective Bargaining By Physicians

RESOLVED, that the Ohio Osteopathic Association (OOA) monitor 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.)*

Continuing Medical Education, Ohio State Medical Board Requirements

WHEREAS, there has been an attempt to deny the right of the Ohio Osteopathic Association to certify mandatory continuing medical education credits for all osteopathic physicians as prescribed by Ohio state law; now therefore, be it

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

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)*

Extended Care Facilities

RESOLVED, that the Ohio Osteopathic Association continue 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)*

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*)

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)*

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)*

Lead Poisoning

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

Managed Care

RESOLVED, that the Ohio Osteopathic Association continue 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)*

Managed Care Plans, Termination Clauses

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

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 healthcare facility instead of the physician unless authorized by the physician. *(Original 1984)*

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)*

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)*

OOA Professional Liability Insurance

RESOLVED that the Ohio Osteopathic Association continue 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)*

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)*

Osteopathic Unity

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

Prescriptions, Generic Substitution

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

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)*

Professional Liability Insurance Company Ratings

RESOLVED, that the Ohio Osteopathic Association (OOA) 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)*

Professional Liability Insurance, Legislation and Tort Reform

RESOLVED, that the Ohio Osteopathic Association (OOA) work 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 continue 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 keep its membership informed of all alternatives and proposals

under study. *(Original 1975)*

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)*

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)*

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-03

SUBJECT: Cell Phone Usage While Driving

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE AMENDED AS FOLLOWS AND APPROVED:

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

Explanatory Note: In March 2013, Ohio passed legislation becoming the 39th state to ban text messaging by all drivers. In addition, the new law prohibits the use of cell phones and other mobile devices for drivers under the age of 18. The law went into effect at the end of August 2013 and includes the following provisions:

1. *Cell Phone Use: Novice drivers in Ohio - drivers aged 18 or less – are banned from using cell-phones (both handheld and hands-free) and, like all drivers, banned from texting.*
2. *Texting: All drivers are banned from texting while driving.*
3. *Bus Drivers: Like all drivers, bus drivers are banned from texting*
4. *Exceptions: There are some exceptions to the Ohio law. Adults can use cell phones for emergency communications and voice-operated or hands-free devices. In addition, adult drivers can enter phone numbers or use navigation devices.*
5. *Enforcement: Fines for violation of the anti-texting law are up to $150 and for novice drivers, up to $300. Ohio's (over 18) anti-texting laws are considered "secondary" laws, which means that an officer must have another reason for pulling a driver over other than texting. Ohio's cell phone and texting ban for novice drivers is a "primary" law. A primary law means that an officer can pull over a novice driver for texting or cell phone use without having to witness some other violation. That is, the officer sees the novice driver texting and simply issues a citation.*

ACTION TAKEN: _____

DATE: _____

RES. No.
2014-04

SUBJECT: Deletion of Policy Statements

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS ADOPTED IN 2009 BE DELEATED:

Charity Care

~~WHEREAS, current economic conditions will increase the number of patients unable to pay for needed medical care; and~~

~~WHEREAS, there are limited options for these patients to obtain care; and~~

~~WHEREAS, physicians are willing to continue to provide uncompensated services to those in need; now, therefore, be it~~

~~RESOLVED, that the federal and state governments establish mechanisms for tax relief for physicians providing pro bono care to~~ indigent ~~designated patients; and, be it further~~

~~RESOLVED, that the Ohio Osteopathic Association encourages physicians~~ in Ohio ~~to increase their participation in pro bono care programs; and, be it further~~

~~RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association (AOA) for consideration at the 2009 AOA House of Delegates. (*Original 2009*)~~

Explanatory Note: The content of this resolution is covered by the policy statement entitled, Uncompensated Care, Tax Credits For Providers.

Electronic Prescribing Software Resolution

~~WHEREAS, the federal government is requiring the future use of electronic prescription software; and~~

~~WHEREAS, the capabilities of this software is being specified by the federal government; and~~

~~WHEREAS, this causes additional expense to physicians and pharmacies; and~~

~~WHEREAS, this is essentially an unfunded mandate; now, therefore, be it~~

~~RESOLVED, that the Ohio Osteopathic Association (OOA) support the federal government distribution of appropriate electronic prescribing software at no cost to physicians and pharmacies; and, be it further~~

~~RESOLVED, that the software include a universal conduit that allows access by electronic medical record (EMR) providers in order to integrate the EMR system with the electronic prescribing software if necessary; and, be it further~~

~~RESOLVED, that continued support of the electronic prescribing software be provided gratis by the federal government; and, be it further~~

~~RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association (AOA) for consideration at the 2009 AOA House of Delegates.~~

Explanatory Note: This resolution was taken to the AOA House of Delegates where it was disapproved. The content of this resolution is not feasible or possible to accomplish. CMS also established an e-prescribing incentive program to help offset implementation costs.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-05

SUBJECT: Family Health Radio Series

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE DELETED:

~~WHEREAS, the Family Health radio show has been on the air continually since March, 1981 and has received an Exceptional Achievement Award from the Council for Advancement and Support of Education (CASE) and a second place National Journalism Award from the American Academy of Family Physicians; and~~

~~WHEREAS, the Family Health radio show is broadcast daily by nearly 250 radio stations in the United States, reaching an estimated audience of 12 million listeners each day; and~~

~~WHEREAS, the Family Health radio show, is aired twice daily in 175 countries around the world via Armed Forces Radio; and~~

~~WHEREAS, the Family Health radio show, is produced by the WOUB Center for Public Media at Ohio University, and features Harold C. Thompson, III, DO, as host of the program; and~~

~~WHEREAS, the show has received nearly 7,000 listener responses since 1997, and its website (www.fhradio.org) has received nearly 700,000 hits during the same time period; and~~

~~WHEREAS, state budget cuts in Ohio have forced the Ohio University College of Osteopathic Medicine to eliminate funding for the program; now, therefore, be it~~

~~RESOLVED, that the Ohio Osteopathic Association work with the American College of Osteopathic Family Physicians, the National Association of Osteopathic Foundations and other national osteopathic organizations to immediately develop a long range plan to assume sponsorship and secure funding for the Family Health radio program. (Original 2004)~~

Explanatory Note: Family Health Radio went off the air in 2011 when the OOA and the show's producers were unable to find necessary financial support through national osteopathic organizations.

ACTION TAKEN: _____

DATE: _____

SUBJECT: Family Medical Leave Act (FMLA) Employee Relationship

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the FMLA requires covered employers to provide up to twelve (12) weeks of unpaid, job-protected leave to eligible employees to, among other things, care for the employee's spouse, son or daughter, or parent, who has a serious health condition; and~~

~~WHEREAS, the FMLA does not allow job-protected leave to eligible employees to care for the employee's sibling or significant other; and~~

~~WHEREAS, individuals that require care may not have a parent, child or spouse to care for them if they have a serious health condition; and~~

~~WHEREAS, the National Defense Authorization Act (NDAA) amends the Family and Medical Leave Act of 1993 (FMLA) to permit a "spouse, son, daughter, parent, or next of kin" to take up to 26 workweeks of leave to care for a "member of the armed forces"; now, therefore be it~~

~~RESOLVED, that the Ohio Osteopathic Association (OOA) support legislation amending the the Family and Medical Leave Act of 1993 (FMLA) 'To care for the employee's spouse, son or daughter, or parent, who has a serious health condition' to include next of kin and significant other; and, be it further~~

~~RESOLVED, that the OOA petition the AOA to request the Department of Labor to include these changes at the federal level.~~

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.

Explanatory Note: According to the US Department of Labor web site, the FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

Twelve workweeks of leave in a 12-month period for: (1) the birth of a child and to care for the newborn child within one year of birth; (2) the placement with the employee of a

child for adoption or foster care and to care for the newly placed child within one year of placement; (3) to care for the employee's spouse, child, or parent who has a serious health condition; (4) a serious health condition that makes the employee unable to perform the essential functions of his or her job; (5) any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-11

SUBJECT: Hardware Language on Medical Equipment

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT ADOPTED IN 2009 BE DELETED:

~~WHEREAS, current medical equipment manufactured by companies such as Phillips and GE have their machines preprogrammed to print "Ordering MD"; and~~

~~WHEREAS, MDs are not the only ordering medical professional for such equipment and this is not a software issue that can be changed by the user to read "Ordering Medical Professional;" now, therefore be it~~

~~RESOLVED, that the Ohio Osteopathic Association petition the American Osteopathic Association to work with medical equipment manufacturers such as Phillips and GE to have this line in all medical equipment changed to allow for any ordering medical professional.~~

Explanatory Note: This resolution was taken to the AOA House of Delegates, which passed the following resolution: H309-A/09 HARDWARE LANGUAGE ON MEDICAL EQUIPMENT – The American Osteopathic Association will work with medical equipment manufacturers to have the line "Ordering MD" in all medical equipment changed to "Ordering Physician." 2009.

ACTION TAKEN: _____

DATE: _____

RES. NO.
2014-12

SUBJECT: Health Care Reform, OOA Position Statement

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT BE EDITORIALLY AMENDED AS FOLLOWS AND REAFFIRMED:

RESOLVED, that the Ohio Osteopathic Association continues to endorse and/or support introduction of legislation, which is consistent with the following statement and propose 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 ~~added to~~ 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)*

ACTION TAKEN: _____

DATE: _____

Appendix

EXECUTIVE COMMITTEE 2013-14

President	Robert L. Hunter, DO
President-Elect	Paul T. Scheatzle, DO
Vice President	Robert W. Hostoffer, Jr., DO
Treasurer	Geraldine N. Urse, DO
Immediate Past President	John F. Ramey, DO
Executive Director	Mr. Jon F. Wills

BOARD OF TRUSTEES 2013-14

DISTRICT		TERM EXPIRES
NW OHIO-I	Roberta J. Guibord, DO	2014
LIMA-II	Wayne A. Feister, DO	2014
DAYTON-III	Jennifer J. Hauler, DO	2014
CINCINNATI-IV	Sean D. Stiltner, DO	2014
SANDUSKY-V	Gilbert S. Bucholz, DO	2016
COLUMBUS-VI	Henry L. Wehrum, DO	2016
CLEVELAND-VII	John J. Wolf, DO	2016
AKRON/CANTON-VIII	Charles D. Milligan, DO	2015
MARIETTA-IX	William A. Cline, DO	2016
WESTERN RESERVE-X	John C. Baker, DO	2015
RESIDENT	Edward A. Craft, DO	*
OU-COM STUDENT	Austin Moore, OMS II	2014

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

NEW TRUSTEES 2014-15

NW Ohio (I)	Nicholas G. Espinoza, DO	2017
Lima (II)	Wayne A. Feister, DO	2017
Dayton (III)	Jennifer J. Hauler	2017
Cincinnati (IV)	Sean D. Stiltner, DO	2017
Marietta (IX)	Jennifer L. Gwilym, DO, for the unexpired term of	
William A. Cline, DO		2016
OU-COM Student Rep.	Daniel Krajcik, OMS I	2015

2013-14 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas G. Espinoza, DO	John T. Rooney, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr., DO
III	James A. Schoen, DO	Chandler L. Parker, DO
IV	Michael E. Dietz, DO	Scott A. Kotzin, DO
V	Nicole J. Barylski-Danner, DO	James E. Preston, DO
VI	Andrew P. Eilerman, DO	Carrie A. Lembach, DO
VII	Sandra L. Cook, DO	Ronobir R. Mallick, DO
VIII	Douglas W. Harley, DO	Lili J. Poon, DO
IX	Melinda E. Ford, DO	Poncet C. Bills, DO
X	Sharon L. George, DO	Robert M. Waite, DO

2014-15 DISTRICTS PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pfleghaar, DO	John T. Rooney, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr.
III	Gordon J. Katz, DO	Christine B. Weller, DO
IV	Michael E. Deitz, DO	Scott A. Kotzin, DO
V	Nicole Danner, DO	James E. Preston, DO
VI	J. Todd Weihl, DO	Carrie A. Lembach, DO
VII	Michael P. Rowane, DO	Katie E. Pestak, DO
VIII	Douglas W. Harley, DO	Kevin A. Zacour, DO
IX	Melinda E. Ford, DO	Poncet C. Bills, DO
X	Sharon L. George, DO	Robert M. Waite, DO

2014 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	84	5/11	Nicholas G. Espinoza, DO, Chair Christopher J. Benavente, DO George N. Darah, DO Roberta J. Guibord, DO Kristopher L. Lindbloom, DO Nicholas J. Pfleghaar, DO	All Northwest Ohio Members
Lima	38	3/5	John C. Biery, DO, Chair Edward E. Hosbach, DO Lawrence J. Kuk, Jr., DO	All Lima Members
Dayton	234	16/31	James A. Schoen, Jr., DO, Chair Barbara A. Bennett, DO Cleanne Cass, DO Steven L. Dona, DO Aaron P. Hanshaw, DO Charles D Hanshaw, DO Jennifer J. Hauler, DO Nicklaus J. Hess, DO Robert L. Hunter, DO Mark S. Jeffries, DO Patrick J. Lytle, DO Paul A. Martin, DO Ruth M. Thomson, DO Christine B. Weller, DO Charles J. Zeller, III, DO	All Dayton Members
Cincinnati	43	3/6	Victor D. Angel. DO, Chair Michael E. Dietz, DO Sean D. Stiltner, DO	All Cincinnati Members
Sandusky	58	4/8	John F. Ramey, DO, Chair Gilbert S. Bucholz, DO Dennis G. Furlong, DO Luis L. Perez, DO	All Sandusky Members
Columbus	296	20/39	J. Todd Weihl, DO, Chair Peter A. Bell, DO William J. Burke, DO John A. Cocumelli, DO William F. Emlich, Jr., DO Donald R. Furci, DO Patricia C. Garcia, DO Mark W. Garwood, DO Paige S. Gutheil-Henderson, DO Roy W. Harris, DO Adele M. Liperi, DO Gerard M. Papp, DO Shelby K. Raiser, DO Albert M. Salomon, DO Gary L. Saltus, DO Richard J. Snow, DO Darren J. Sommer, DO Eugene F. Trell, DO Charles G. Vonder Embse, DO Henry L. Wehrum, DO Maury L. Witkoff, DO	All Columbus Members

Cleveland	146	10/19	John J. Wolf, Jr., DO, Chair Sandra L. Cook, DO Gary W. Dinger, DO Robert W. Hostoffer, Jr., DO Robert S. Juhasz, DO Christopher J. Loyke, DO George Thomas, DO David L. Tolentino, DO	All Cleveland Members
Akron/Canton	204	14/27	Douglas W. Harley, DO, Chair David A. Bitonte, DO Richard L. Fuller, DO Charles D. Milligan, DO Eugene D. Pogorelec, DO Daniel J. Raub, DO Paul T. Scheatzle, DO Edward T. Schirack, DO M. Terrance Simon, DO Mark J. Tereletsky, DO John F. Uslick, DO Schield M. Wikas. DO Kevin A. Zacour, DO	All Akron-Canton Members
Marietta	110	8/15	Melinda E. Ford, DO, Chair. Poncet C. Bills, DO William A. Cline, DO Jennifer L. Gwilym, DO Kenneth H. Johnson, DO Jean S. Rettos, DO Edward W. Schreck, DO	All Marietta Members
Western Reserve	92	6/12	Sharon L. George, DO, Chair John C. Baker, DO E. Lee Foster, DO Robert M. Waite, DO John J. Vargo, DO Alex J. Vrable, DO	All Western Reserve Members
OU-COM	1	1/1	Daniel Krajcik, OMS I	

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 the III (Dayton), VI (Columbus), VII (Cleveland), VIII (Akron-Canton) academies and two (2) that are selected from the I (Toledo), II (Lima), IV (Cincinnati), V (Sandusky), IX (Marietta), X (Youngstown), XI Madison, and XII (Warren) academies 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, first vice president, second 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

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. Shall hear open debate on each assigned resolution

5. Shall meet in executive session after all resolutions have been discussed

6. Shall check resolutions for accuracy and format and may request staff or appropriate individuals to return during executive session.

7. Shall prepare a report for presentation by the chairman to the House of Delegates according to the Reference Committee Procedure for conducting business:

8. 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 he cannot attend the meeting and recommend a replacement from his academy

Committee Procedures

1. Purpose: The purpose of a reference committee is to hear open debate on each resolution under its consideration. The chair should limit debate and ensure that no one speaks for more than five minutes on any one topic. After all assigned resolutions have been discussed, the committee meets in executive session and then recommends that a resolution be (1) approved, (2) disapproved, (3) amended in substance and/or wording for clarity and consistency or (4) amended by substitution of another resolution.

2. Reports should be typed and worded so that the chairman can make a simple and clear report to the house. The format should be as follows:
   a. The title and number of the resolution should be typed in all caps followed by the resolution number in parenthesis.
   b. The following wording should follow each resolution title:

3. Mr. Speaker, I move adoption of Res. No. __ and the committee recommends that it be (a, b, c, or d)
   a. approved
   b. disapproved. (an explanatory note of why may be included)
   c. amended as follows and approved (see below)
   d. amended by substitution as follows and approved (see below).

4. If the committee is recommending amendment, the passage in question should be typed in full. The existing language should have a line through it and the amended passage typed in all caps:

   a. With respect to fee information,
   b. IT SHALL NOT BE CONSIDERED UNETHICAL
   c. FOR a physician TO include his charge for a standard office visit or his fee or range of fees for particular types of services.

5. If a substitute resolution is recommended the entire substitute resolution should be included in the report.

6. The committee may group multiple resolutions into a "consent calendar" for collective action by the full House of Delegates. Such calendar shall only contain resolutions that the committee agrees should be adopted as submitted without amendment. The calendar shall list the number of each resolution, followed by its title under the motion, "Mr. Speaker, I move adoption of the following resolutions and the Committee recommends that they be approved.

7. All "WHEREAS' clauses shall be dropped from resolutions that are adopted by the House of Delegates, unless they are to be forwarded to the American Osteopathic Association for consideration at the national level.

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 five years after each policy is passed for reconsideration by the full house

3. Shall recommend that such policies be reaffirmed, amended, 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

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.