Ohio Osteopathic Association

2013 House of Delegates
Manual Index

AGENDA AND SUPPORTING DOCUMENTS

Index 01
Osteopathic Pledge Of Commitment 02
Agenda 03
House Responsibilities from the OOA Constitution and Bylaws and Standing Rules 06
Executive Director's Report on 2012 Resolutions 08

PROFESSIONAL AFFAIRS REFERENCE COMMITTEE

Committee Members/Resolution Assignment by the Speaker 15
13-01 Reaffirmation of Existing Policies 16
13-02 Health Plans Stability and Continuity of Care 19
13-03 Medication Reconciliation 20
13-05 Reaffirmation of the DO Degree 21
13-11 Gun Control Laws, Protection of the Doctor Patient Relationship 23
13-12 Maintaining Insurance Participation Choice Among Physicians 25
13-14 Valuing Osteopathic Physician Preceptors 27

PUBLIC AFFAIRS REFERENCE COMMITTEE

Members/Resolution Assignment by the Speaker 28
13-04 Patient Medical Expense Control 29
13-06 Suicide Prevention and Screening 31
13-07 Taser Safety 32
13-08 Wireless Enhanced 9-1-1 Services for the State of Ohio 33
13-09 Implementation of Social Media Guidelines 35
13-10 Energy Drink Dangers 36
13-13 Medical Tattoo Standards 38

APPENDIX

OOA and District Officers 42
2013 Delegates and Alternates 44
House Officers and Committees 46
Nominating Committee 49
Code of Leadership 50

OSTEOPATHIC PLEDGE OF COMMITMENT

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

I pledge to:

Provide compassionate, quality care to my patients;

Partner with them to promote health;

Display integrity and professionalism throughout my career;

Advance the philosophy, practice and science of osteopathic medicine;

Continue life-long learning;

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

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

A G E N D A

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

John F. Uslick, DO, Speaker
Stuart B. Chesky, DO, Vice Speaker

Friday, May 17, 2013

1:30 p.m.	Delegate/Alternate Credentialing
1:45 p.m.	Welcome and Call to Order, John F. Ramey, DO, President
1:50 p.m.	Invocation- Charles G. Vonder Embse, DO
	Osteopathic Pledge of Commitment – Dr. Ramey
	Introduction of the Speaker/Vice Speaker – Dr. Ramey
2:00 p.m.	Credentials Committee Report – David D. Goldberg, DO, Chair
2:05 p.m.	Adoption of Standing Rules – John F. Uslick, DO, Speaker
2:10 p.m.	Approval of Executive Director Report of 2012 House
2:15 p.m.	Program Committee Report – Robert L. Hunter, DO, President-Elect
2:20 p.m.	American Osteopathic Association Report – John B. Crosby, JD
2:35 p.m.	State of the State Report and Presidential Proclamations – Dr. Ramey
2:50 p.m.	Introducing OOA Practice Solutions – Wesley B. Gipe, Agil IT, Eric A. Jones, Jones Law Group, and Joseph M. Pannitto, OOA Insurance Agency
3:05 pm	Health Workforce Update - Ann K. Peton, Director, National Center for the Analysis of Healthcare Data
3:15 p.m.	Ohio State Medical Board Report – Anita M. Steinbergh, DO
3:30 p.m.	Reference Committee Hearings
	Professional Affairs Reference Committee – Lilac
	Resolutions: 01, 02, 03, 05, 11, 12, 14,

Initial Members: Geraldine N. Urse, DO, Chair (District 6)
Roberta J. Guibord, DO (District 1)
Jennifer J. Hauler, DO (District 3)
David L. Tolentino, DO (District 7)
Charles D. Milligan, DO (District 8)
Melinda E. Ford, DO (District 9)
Phillip A. "Duke" Starr, II, DO (District 10)

Public Affairs Reference Committee – Magnolia

Resolutions: 04, 06, 07, 08, 09, 10, 13

Initial Members: James A. Schoen, DO, Chair (District 3)
Nicholas G. Espinoza, DO (District 1)
John C. Biery, DO (District 2)
Brett R. Kuns, DO (District 5)
Andrew P. Eilerman, DO (District 6)
Ronobir R. Mallick, DO (District 7)
Daniel J. Raub, DO (District 8)
John J. Vargo, DO (District 10)

5:30 PM **AOOA/OU-HCOM/Ohio ACOFP/OOA Awards Reception and Recognition Ceremony, Easton A/B** (Spouses Welcome)

Saturday, May 18, 2013

10:00 a.m. *Columbus Osteopathic Association Caucus Meeting, Magnolia*

12:15 p.m. **OOA President's Inauguration with Keynote Speaker Norman Vinn, DO, AOA President, Easton A/B (Spouses Welcome)**

2:00 p.m. *Akron-Canton Academy Caucus Meeting – New Albany Board Room*
Cleveland Academy Caucus Meeting - Columbus Board Room
Dayton Academy Caucus Meeting – Lilac
Small Academies Caucus Meeting – Magnolia Room

3:15 p.m. Check In OOA House of Delegates

3:30 p.m. Call To Order – Dr. Uslick

3:35 p.m. Report of the Advocates for the OOA – Mary Schreck, President

3:45 p.m. Report of the Credentials Committee –David D. Goldberg, DO, Chair

3:50 p.m. OOPAC Report – Robert L. Hunter, DO, & Robert S. Juhasz, DO, Co-Chairs

4:05 p.m. OOA Financial Reports – Robert W. Hostoffer, Jr., DO, Treasurer

4:15 p.m.	Report of the Professional Affairs Reference Committee – Geraldine N. Urse, DO, Chair
4:45 p.m.	Report of the Public Affairs Reference Committee –James A. Schoen, DO, Chair
5:15 p.m.	Introduction of Robert L. Hunter, DO, OOA 2013 – 14 OOA President, and recognition of John F. Ramey, DO, outgoing president
5:25 p.m.	Report of the OOA Nominating Committee: E. Lee Foster, DO, Chair

(Members: Paul A. Martin, DO, Dayton; Ronobir R. Mallick, 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 .... Paul T. Scheatzle DO
Vice President .... Robert W. Hostoffer, Jr., DO
Treasurer.. Geraldine N. Urse, DO
Speaker of the House.. John F. Uslick, DO
Vice Speaker of the House.. (To be determined)

Nominees for the Ohio Osteopathic Foundation Board
Three-year Term expiring 2016.. E. Lee Foster, DO

Three-year Term expiring 2016 .... Sharon L. George, DO

Ohio Delegation to the AOA House (To be distributed)

5:45 p.m.	Adjournment
6:15 p.m.	**Careers in Medicine Networking Reception and Ohio Mentoring Hall of Fame Inductions – Regent Ballroom (Spouses Welcome)**

2014
OHIO OSTEOPATHIC SYMPOSIUM

COLUMBUS HILTON AT EASTON

Columbus, Ohio

April 23 – 27, 2014

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))*

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
2012 House of Delegates

Submitted by Jon F. Wills
Executive Director

The 2012 OOA House of Delegates adopted the resolutions listed below. Any activity during the year related to a specific resolution is indicated in bold. A complete review of all resolutions passed by the 2006 OOA House of Delegates was published in the Buckeye Osteopathic Physician (Summer 2006). John F. Ramey, DO, of Sandusky, was installed as OOA president for 2012-2013 and the following slate of officers was approved: President-elect Robert L. Hunter, DO, of Dayton; Vice President Paul T. Scheatzle, DO, of Canton; Treasurer Robert W. Hostoffer, Jr., DO, of Cleveland; House Speaker John F. Uslick, DO, of Canton; and House Vice Speaker Stuart B. Chesky, DO, JD, of Vermilion.

Creation of the Western Reserve Academy of Osteopathic Medicine

WHEREAS, the 2011 Ohio Osteopathic Association House of Delegates approved a three-year Strategic Plan, which in part called for creation of an Ad Hoc Committee to reduce the number of OOA districts; and

WHEREAS, the OOA Board of Trustees has appointed a strategic committee of the OOA Board focused on governance and redistricting; and

WHEREAS, the Board Governance Committee has discussed preliminary strategies for redistricting, but believes that any changes in OOA Districts must be accomplished methodically and in consultation with the membership in each district; and

WHEREAS, the leadership of the Warren and Youngstown academies held a meeting on April 4, 2012, and recommended the creation of a new district in Northeast Ohio to be known as the Western Reserve Academy of Osteopathic Medicine; and

WHEREAS, the OOA Board of Trustees approved the recommendations of the Warren-Youngstown Academy leadership work by poll vote; and

WHEREAS, Article I, Section 1, of the OOA Bylaws gives the OOA Board of Trustees the authority to divide the state into districts; and

WHEREAS, Article I, Section 2, requires any redistricting involving more than one county to be also approved by the OOA House of Delegates; now, therefore be it

RESOLVED, that the OOA House of Delegation approve Phase I of the OOA Board of Trustees' Strategic Redistricting Plan by creating a new district to be known as the Western Reserve Academy of Osteopathic Medicine, by combining the geographical area formerly comprising the Warren and Youngstown academies, which includes Trumbull, Mahoning, Columbiana, Carroll, Jefferson, and Harrison Counties.

ACTION RELATED TO THIS RESOLUTION: *The new district and been organized and held a welcome event for new students and residents in July 2012.*

Food Allergies and Mandates on School Lunches

WHEREAS, food allergy is a potentially serious immune response to eating specific foods or food additives, and eight types of food account for over 90 percent of allergic reactions in affected individuals, including milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat; and

WHEREAS, in 2007, the reported food allergy rate among all children younger than 18 years was 18 percent higher than in 1997. During the 10-year period 1997 to 2006, food allergy rates increased significantly among both preschool-aged and older children; and

WHEREAS, recent data show hospitalizations with diagnoses related to food allergies have increased among children; and

WHEREAS, the Ohio Osteopathic Association realizes that the Division of Child Development and Early Education at the Department of Health and Human Services requires all lunches served in pre-kindergarten programs — including in-home day care centers — to meet USDA guidelines; and

WHEREAS, a preschooler at West Hoke Elementary School, in North Carolina, on January 26, 2012, was forced to purchase a school lunch (including chicken nuggets, fried potatoes, applesauce, and milk), over a packed home lunch because a state inspector interpreted the toddler's lunch her mother packed (a turkey and cheese sandwich, potato chips, banana, and apple juice) was not nutritious based on the USDA guidelines; and

WHEREAS, children with food allergies may pack school lunches to prevent allergic reactions to lunches provided by schools; and

WHEREAS, the Centers for Disease Control and Prevention, preeminent Children's Hospitals, and the American Osteopathic Association all support an all-inclusive approach to the treatment of childhood nutrition and wellness, including educational programs in the community and within schools, better access to healthier foods, and more physical activity within schools; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association advocates a holistic approach with respect to childhood nutrition and wellness without mandates that force potentially food allergic children to purchase school lunches; and, be it further

RESOLVED, that upon successful passage of this resolution, a copy be submitted to the American Osteopathic Association for consideration and discussion at its 2012 House of Delegates meeting.

ACTION RELATED TO THIS RESOLUTION: A copy of this resolution was taken to the AOA House of Delegates where it was editorially amended and otherwise approved as submitted.

Existing Position Statements Amended and/or Reaffirmed

By action of the Board of Trustees, the OOA Resolutions Committee submits each policy statement to the House of Delegates every five years for reaffirmation, deletion or amendment. The "whereas" clause is deleted when a resolution is reaffirmed.

Antibiotics for Medical Treatment, Preservation of

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

Continuing Medical Education, State-Mandated, Subject Specific

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

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

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

Current Procedural Terminology Code (CPT) Standardized
Usage For Third Party Payers

RESOLVED that the Ohio Osteopathic Association (OOA) continues to seek legislation to require all third party payers doing business in Ohio to solely utilize Current Procedural Terminology (CPT) coding as published by the American

Medical Association for the reporting and reimbursement of medical services and procedures performed by physicians; and be it further

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

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

Direct Payment By Insurers

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

Disability Coverage For Physicians Who Are HIV Positive

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

Driving Under the Influence of Alcohol And Other Mind-Altering Substances

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

Emergency Department Utilization

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

Immunization Initiatives

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

Managed Care Plans, Standardized Reporting Formats for

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

Managed Care Plans, Quality Improvement and Utilization Review

RESOLVED that the Ohio Osteopathic Association continues to seek legislation to require all managed care organizations (MCOs) doing business in Ohio to be certified by the National Committee on Quality Assurance (NCQA). (Original1997)

Medicaid Support of GME Funding

RESOLVED, that the Ohio Osteopathic Association continues to support legislation to require the Ohio Department of Job & Family Services (Medicaid) to support and fund the costs of graduate medical education in Ohio. (Original 1997)

Medicare Mandatory Assignment

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

Nursing Facilities, Tiered

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

OOA Smoking Policy

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

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

Osteopathic Practice and Principles/Osteopathic Manipulative Medicine Curricula Standardization

RESOLVED that the Ohio Osteopathic Association (OOA) continues to support the development of a clear and demonstrable osteopathic component for every clinical rotation that a Phase III and Phase IV medical student is assigned to regardless of the location or preceptor that those students are assigned to or elected to rotate with; and be it further

RESOLVED that this process of establishing clear and demonstrable osteopathic components for each clinical rotation should extend into all accredited osteopathic residency programs and incorporated into the curricular standards of the osteopathic postdoctoral training institution (OPTI) programs; and be it further

RESOLVED that the OOA continue to monitor the progress of the American Osteopathic Association in implementing such standards through the Bureau of Professional Education and the OPTI Task Force., as directed by Resolution 306, passed by the American Osteopathic Association House of Delegates in 1997. (Original 1997, amended and affirmed 2002, reaffirmed 2007)

Physicians Exclusive Right To Practice Medicine

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

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

Physician-Patient Relationships

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

Pre-Authorized Medical Surgical Services, Denial Of Payment

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

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

Preventive Health Services

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

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

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

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

RESOLVED, that the OOA encourages hospital medical staffs and hospital governing bodies to respect the rights and obligations of each body and together be advocates to insure that quality health care is not compromised. (Originally passed in 1987, amended by substitution in 1992, amended and affirmed in 1997, reaffirmed in 2002)

Quality of Life Decisions

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

ACTIONS RELATED TO THE RESOLUTION: The OOA is a member of the Honoring Wishes Task Force and continues to work on legislation that would substitute DNR and DNR-Comfort Care documents with a new form, entitled Medical Orders For Life Sustaining Treatment (MOLST).

Reimbursement Formulas for Government Sponsored Health Care Programs

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

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

School Bus Safety Devices

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

Third Party Payers, DO Medical Consultants

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

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

Tobacco Control

RESOLVED, that the Ohio Osteopathic Association:

1. Encourages elimination of federal and state subsidies for the tobacco industry;
2. Supports increased taxation on tobacco products at both the state and federal levels, and urges that any revenue from such taxes be earmarked for smoking reduction programs and research involving tobacco-related diseases;

3. Encourages municipal, state and federal governmental agencies and lawmakers to enact clean indoor acts, a total ban on tobacco product advertising, and elimination of free distribution of cigarettes in the United States:
4. Urges schools to incorporate recognized tobacco use prevention courses in their health education curriculum.
5. Aggressively supports state and national efforts to eliminate smoking from all health care facilities, long-term care facilities and public buildings;
6. Encourages adults to avoid smoking in private homes and vehicles when children are present;
7. Opposes the availability of cigarette vending machines in general and supports state and federal legislation that would further limit access to these machines by minors; and
8. Supports the position statements of Tobacco Free Ohio and the Ohio Tobacco Control Resource Group.

ACTIONS RELATED TO THIS RESOLUTION: *The OOA has signed on to letters circulated by Ohio anti-smoking coalitions that (a) support an increase in the Ohio Tobacco Tax as it relates to all forms of tobacco products and (b) urge Ohio's Congressional Delegation not to support proposed legislation that would remove cigars from FDA regulation.*

Information Technology Adoption and Interchange

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

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

ACTIONS RELATED TO THIS RESOLUTION: *The OOA continues to be a member of the CliniSync – the Ohio Health Information Partnership's Executive Committee. CliniSynce has signed contracts with nearly 80 hospitals to implement a statewide health information exchange and has finalized consent forms so providers can access medical records through the exchange. CliniSync is developing a sustainability plan to continue work with primary care providers and hospitals to help them qualify for Medicaid and Medicare incentive payments.*

Ohio Medical Reserve Corps (OMRC)

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages all of its District Academies to establish contact with the local Ohio Medical Reserve Corps (OMRC) units that have been established in counties within its district; and be it further,

RESOLVED, that the OOA encourages its members to register to become members of the OMRC and obtain necessary training to respond to state, local and national public health emergencies. (Original 2007)

Physician Fines

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

Physician Placement in Rural Areas

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

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

School Multiple Allergen Exposure Emergency Plan

RESOLVED, that the Ohio Osteopathic Association urges all school districts in Ohio to adopt comprehensive allergen exposure emergency plans to protect students from food allergies and environmental allergies such as bee stings, mold, dust, and fragrances; and be if further

RESOLVED, that the OOA work with the Ohio Department of Health and the Ohio Department of Education to investigate the feasibility of changing Ohio law to allow schools to maintain stocks of epi-pens to use on any student suspected of having an allergic reaction (anaphylaxis); and be it further,

RESOLVED, that the OOA encourages its members to assist school districts in developing these plans and help educate parents and school employees on how to use epi-pens in emergency situations.

Telemedicine

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

RESOLVED, that the OOA work with the Ohio State Medical Board and other Ohio physician organizations to develop rules that encourage innovation and access to physician services through telemedicine while ensuring quality and promoting effective physician-patient relationships.

ACTIONS RELATED TO THIS RESOLUTION: *The Ohio State Medical Board recently revised its rules to facilitate telehealth activities and legislation has been introduced in the Ohio House of Representatives. The American Osteopathic Association sent letters to the House Health Committee supporting the legislation. The OOA is also a member of the Health Policy Institution of Ohio's Telehealth Initiative.*

Existing Policy Statements Deleted

As part of the five-year review, the following position statements were recommended for deletion as they are no longer pertinent. The OOA House of Delegates approved the recommendation.

- **Securitization of Ohio's Tobacco Settlement Funds** (The funds were securitized, but later used by the state to balance the budget in 2009.)

Resolutions Defeated, Referred, or Withdrawn

- The Cleveland Academy of Osteopathic Medicine withdrew its resolution regarding CME Accreditation.
- One resolution, RN Pronouncement of Death in the Hospice Setting, was disapproved.
- Two resolutions, Spirituality in Medicine and Affordable Care Act Contraception Mandate were referred back to the author.

Professional Affairs Reference Committee

Resolutions: 01, 02, 03, 05, 11, 12, 14

Members:

Geraldine N. Urse, DO, Chair (District 6)
Roberta J. Guibord, DO (District 1)
Jennifer J. Hauler, DO (District 3)
David L. Tolentino, DO (District 7)
Charles D. Milligan, DO (District 8)
Melinda E. Ford, DO (District 9)
Phillip A. "Duke" Starr, II, DO (District 10)
Cheryl Markino, Staff

RES. NO.
2013-01

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

1 **RESOLVED, THAT THE FOLLOWING RESOLUTIONS ADOPTED IN 2008 BE**
2 **REAFFIRMED:**
3
4 **Complementary And Alternative Medicine (2008)**
5
6 RESOLVED, that the Ohio Osteopathic Association encourages its members to become
7 knowledgeable about all forms of complementary and alternative medicine in order to
8 advise their patients about the benefits or liabilities of these therapies; and be it further,
9
10 RESOLVED, that the Ohio Osteopathic Association supports legislation and regulations
11 which protect the right of Ohio physicians to use all forms of therapies which benefit
12 patients, provided the patient has given appropriate informed consent. *(Original 1998)*
13
14 **Continuing Medical Education, Reduced Registration Fees For Retired and Life**
15 **Members (2008)**
16
17 RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer all OOA-
18 sponsored continuing medical education programs at a reduced registration fee of at least
19 25 percent for all OOA member physicians who document their status as retired or life
20 members; and be it further
21
22 RESOLVED that the OOA continue to encourage all osteopathic continuing medical
23 education sponsors in the state of Ohio to offer reduced registration fees in a similar
24 manner. *(Original 1988)*
25
26 **End of Life Care (2008)**
27
28 RESOLVED, that the Ohio Osteopathic Association (OOA) encourages member
29 physicians to discuss advance directives with all their patients, and end of life options
30 when appropriate; and be it further
31
32 RESOLVED, that the OOA continue to offer continuing medical educational programs
33 on end of life care to update member physicians on the latest clinical and legal issues
34 pertaining to pain management and end of life care; and be it further
35
36 RESOLVED, that the OOA supports the right of physicians to carry out the wishes of
37 terminally-ill patients as declared in statutorily-recognized advance directives; and be it
38 further
39

40 RESOLVED, that the OOA continues to seek regulatory and legislative protection as
41 necessary to ensure the right of physicians to utilize all medically accepted palliative care
42 and pain management methodologies during end of life care without fear of legal
43 prosecution or disciplinary action; and be it further
44
45 RESOLVED, that the Ohio Osteopathic Association continue to monitor and participate
46 in legislative and regulatory initiatives involving end of life care. *(Original 1988)*
47
48 **False Qualification Standards and Advertising For the MD Degree (2008)**
49
50 RESOLVED, that the Ohio Osteopathic Association protest any solicitations by medical
51 schools which attempt to undermine the integrity of the DO degree by offering to confer
52 MD degrees to DOs through false qualification standards; and, be it further
53
54 RESOLVED, that the Ohio Osteopathic Association continue to urge the Ohio State
55 Medical Board to only recognize the DO or MD degree when full American Osteopathic
56 Association (AOA) or Liaison Committee on Medical Education (LCME) curricular
57 requirements have been met for each degree and when the appropriate state licensing
58 examinations have been successfully passed. *(Original 1999)*
59
60 **Hospice, Support (2008)**
61
62 RESOLVED that the Ohio Osteopathic Association continues to support governmental
63 funding of Hospice programs *(Original 1993)*
64
65 **Infectious Waste Disposal (2008)**
66
67 RESOLVED that the Ohio Osteopathic Association recommends that the Ohio
68 Department of Health (ODH) promote and encourage educational programs for the public
69 regarding safe and effective disposal of home-generated medical supplies. *(Original*
70 *1993)*
71
72 **Medicare Services (2008)**
73
74 RESOLVED that the Ohio Osteopathic Association continue to work with Medicare and
75 all health insuring corporations offering a Medicare product in Ohio to ensure osteopathic
76 input in all policies and appeal mechanisms that deal with osteopathic procedures; and be
77 it further
78
79 RESOLVED, that the OOA continue to support the appropriate reimbursement of
80 osteopathic treatment modalities. *(Original 1988)*
81
82 **Mopeds, Motorcycles, Non- Motorized Cycles and All- Terrain Vehicles (2008)**
83
84 RESOLVED that the Ohio Osteopathic Association continues to support legislation to
85 ensure the safe and efficient operation of non-motorized cycles, mopeds, motorcycles,
86 and all-terrain vehicles in the state of Ohio. (*Original 1988)*
87

88 **Ohio Insurance Guaranty Association (2008)**
89
90 RESOLVED, the Ohio Osteopathic Association continue to advocate for increasing the
91 Ohio Insurance Guaranty Association's claims limits to adequately cover the claims of
92 liquidated medical professional liability insurance companies; and be it further
93
94 RESOLVED, that the Ohio Osteopathic Association continue to actively seek financially
95 stable sources of medical liability, in order to protect its member physicians. *(Original*
96 *1998)*
97
98 **Osteopathic Anti-Discrimination (2008)**
99
100 RESOLVED that the Ohio Osteopathic Association continue to seek, whenever
101 necessary, amendments to the Ohio Revised Code and the Ohio Administrative Code,
102 which prohibit discrimination against osteopathic physicians by any entity on the basis of
103 degree, AOA approved training or osteopathic specialty board certification. *(Amended by*
104 *Substitution in 1998, originally passed in 1993)*
105
106 **Osteopathic Education, Promoting A Positive and Enthusiastic Approach (2008)**
107
108 RESOLVED that the Ohio Osteopathic Association (OOA) continue to challenge its
109 physician membership to maintain and promote a positive and enthusiastic outlook about
110 the future of osteopathic medicine; and be it further
111
112 RESOLVED that the OOA in conjunction with the Ohio Osteopathic Foundation, the
113 Ohio Osteopathic Hospital Association and the Ohio University Heritage College of
114 Osteopathic Medicine urge practicing physicians to serve as enthusiastic and
115 compassionate role models in spite of rapidly evolving changes in the healthcare delivery
116 system which are sometimes demoralizing to practicing physicians; and be it further,
117
118 RESOLVED, that the OOA membership and affiliated groups continue to aggressively
119 recruit and help retain bright, energetic, enthusiastic and compassionate young people as
120 osteopathic students. *(Original 1988)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-02

SUBJECT: Health Plans, Stability and Continuity of Care

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, patients' well being and health is closely related to and dependent upon stable and ongoing relationships with their physicians; and~~

~~WHEREAS, patients enroll with health plans based on the availability of physicians and physician groups who are contracted providers with the health plans; and~~

~~WHEREAS, hundreds of thousands of patients in Ohio have been forced to undergo disruption and loss of continuity of health care when their health insurance/maintenance organization cancels contracts with providers; now, therefore, be it~~

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

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.

EXPLANATORY NOTE: *The current language is overly broad and does not take into account issues like physician retirement, contract negotiations, and drugs that are taken off the market.*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-03

SUBJECT: Medication Reconciliation

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the Ohio Osteopathic Association supports efforts to reduce medical errors; and~~

~~WHEREAS, medication dosages, routes, and times may alert physicians of potential errors; and~~

~~WHEREAS, names of medication, dosages, routes, and times should be considered in the evaluation of drug actions and interactions; now, therefore, be it~~

RESOLVED, the Ohio Osteopathic Association encourages the use of medication reconciliation lists containing ~~the names of medication~~ drug names, dosages, routes, and administration times ~~in medication lists~~ to help the healthcare team identify potential drug interactions and avoid medication errors during the exchange of information between all healthcare settings. *(Original 2008)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-05

SUBJECT: Reaffirmation Of The DO Degree

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, "DO" has always been the degree designation for the graduates of AOA or AOA Commission on Osteopathic College Accreditation (COCA) accredited colleges of osteopathic medicine; and~~

~~WHEREAS, Dr. Andrew Taylor Still could have awarded the MD degree at the American School of Osteopathy, but chose to confer the DO degree to show the distinctiveness of osteopathic medicine as a movement "to improve our present systems of surgery, obstetrics, and treatment of disease generally;" and~~

~~WHEREAS, for more than 100 years, the patients of osteopathic physicians have actively sought distinctive osteopathic care and have been able to locate DOs because of their degree; and~~

~~WHEREAS, revising the DO degree in any way would not resolve the public's perception or understanding of the degree, and would confuse the millions of patients of DOs who are already familiar with the distinctive practice of the physicians who proudly display the DO degree on office signs, stationary and promotional materials; and~~

~~WHEREAS, it took over 75 years to gain statutory and/or regulatory recognition of the DO degree in all 50 states and nationally in federal statutes through acts of congress; and~~

~~WHEREAS, the US Department of Education recognizes the AOA COCA as the official body for osteopathic college accreditation, and all federal documents specifically delineate "MD/DO" to indicate fully licensed physicians; and~~

~~WHEREAS, hospitals, managed care organizations, insurance companies, etc. recognize the DO degree when contracting with individual physicians; and~~

~~WHEREAS, it would take statutory and regulatory changes in each state and in the US Congress to give recognition of a new degree to identify graduates from AOA COCA accredited colleges of osteopathic medicine;~~

~~WHEREAS, said recognition of a new degree designation could take years to achieve and cost hundreds of thousands of dollars to accomplish with no significant benefit; and~~

39 ~~WHEREAS, if a new degree were to be established, it would still require a costly~~
40 ~~campaign to re-educate the public, Federal and State officials, managed care~~
41 ~~organizations, hospitals, and many other entities about the new nomenclature; now,~~
42 ~~therefore, be it~~
43
44 RESOLVED, that the Ohio Osteopathic Association enthusiastically embraces the
45 heritage and philosophy of Dr. Andrew Taylor Still by reaffirming the DO, Doctor of
46 Osteopathic Medicine, degree as the recognized degree designation for all graduates of
47 ~~AOA COCA accredited~~ colleges of osteopathic medicine accredited by the American
48 Osteopathic Association's Commission on Osteopathic College Accreditation (COCA);
49 ~~and be it further~~
50
51 ~~RESOLVED, that a copy of this resolution be submitted to the American Osteopathic~~
52 ~~Association for consideration at the 2008 AOA House of Delegates.~~ *(Original 2008)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-11

SUBJECT: Protection of the Doctor-Patient Relationship As Related to Proposed Gun Control Laws

SUBMITTED BY: Columbus Osteopathic Association

REFERRED TO:

1 WHEREAS, the tragic December 14, 2012, shootings at Sandy Hook Elementary School in
2 Newtown, Connecticut, has initiated national discussion regarding measures to reduce gun-
3 related violence in the United States by the President, Congress, the media, state lawmakers, as
4 well as health care professionals; and
5
6 WHEREAS, in 1974, the Supreme Court of California ruled on the Tarasoff case which held that
7 mental health professionals have a duty to protect individuals who are being threatened with
8 bodily harm by a patient; and
9
10 WHEREAS, the Tarasoff case has been the adapted practice by many states and is generally
11 already followed by many medical entities across the country; and
12
13 WHEREAS, any measures regarding the reporting of information about patients and gun
14 ownership or use of guns must always be balanced with the inviolable trust established in the
15 patient-doctor relationship as pledged by the Osteopathic Oath, and Oath of Hippocrates as well
16 as federal law, specifically HIPAA; and
17
18 WHEREAS, the American Osteopathic Association, in its policy statement H301-A/05 states
19 that in all matters of health care, the physician-patient relationship must be protected; now
20 therefore, be it
21
22 RESOLVED that while the Ohio Osteopathic Association (OOA) supports measures that save
23 the community at large from gun violence, the OOA opposes public policy that mandates
24 reporting of information regarding patients and gun ownership or use of guns EXCEPT in those
25 cases where there is duty to protect, as established by the Tarasoff ruling, for fear of degrading
26 the valuable trust established in the patient-doctor relationship; and be it further
27
28 RESOLVED that upon successful passage of this resolution, a copy be sent to the American
29 Osteopathic Association for consideration at its annual House of Delegates meeting in July.
30
31 Sources
32 "Tarasoff vs. the Regents of the University of California."
33 http://en.wikipedia.org/wiki/Tarasoff_v._Regents_of_the_University_of_California
34 "AOA position papers." www.osteopathic.org/inside-aoa/advocacy/Documents/2011-Policy-
35 Compendium.pdf

ACTION TAKEN: ____________________

DATE: ____________________

H301-A/05 AOA HEALTH POLICY STATEMENT

The American Osteopathic Association is dedicated to putting patients first and protecting the patient/physician relationship, and as such, provides the following guiding policies and principles:

1. The American Osteopathic Association will work with Congress, the Administration, the states, and the private sector to ensure that Americans have access to the highest quality medical care in the world. Addressing the issue of professional liability insurance is central to this goal. The AOA will continue working to ensure that osteopathic physicians have the freedom to practice medicine.
2. The American Osteopathic Association will work with Congress and the Administration to implement provisions set forth in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173).
3. The American Osteopathic Association will work with Congress to ensure high priority consideration of the osteopathic graduate medical education program within physician workforce planning and financing legislation.
4. The American Osteopathic Association will work with Congress and the Administration to support research that advances medical science.

RES. NO.
2013-12

SUBJECT: Maintaining Insurance Participation Choice Among Physicians

SUBMITTED BY: Columbus Osteopathic Association

REFERRED TO:

1 WHEREAS, the Affordable Care Act of 2010 helps create a private health insurance market
2 through the creation of Affordable Insurance Exchanges with state-based marketplaces,
3 which will launch in 2014, providing an estimated 36 million newly-insured Americans and
4 small businesses with a place to find a suitable insurance plan (1); and
5
6 WHEREAS, osteopathic medical practices may decide to accept a variety of insurance plans
7 while others may not find it financially acceptable to do so based on location of practice,
8 reimbursement rates, number of patients in an individual plan, or other factors; and
9
10 WHEREAS, the Ohio Osteopathic Association, in recognizing the autonomy of the practicing
11 osteopathic physician, respects the choice of a physician on whether or not to participate in each
12 individual insurance plan, including government insurance; and
13
14 WHEREAS, the American Osteopathic Association, in its H215-A/06 policy statement opposes
15 any legislation that requires mandatory participation of physicians in Medicare or Medicaid
16 programs as a basis for licensure; now therefore be it
17
18 RESOLVED, that the Ohio Osteopathic Association reaffirms and expands the H215-A/06
19 policy statement to oppose any legislation that requires mandatory participation of physicians in
20 ANY insurance plan, including Medicare, Medicaid, private insurance plans or any plan derived
21 under the Affordable Care Act's state-based insurance exchanges as a basis for licensure; and
22 therefore be it further
23
24 RESOLVED, that upon successful passage a copy of the resolution be sent to the AOA for
25 consideration at its annual House of Delegates meeting in July.
26
27 Source
28 "Affordable Insurance Exchanges." US Department of Health and Human Services. The Center
29 for Consumer Information and Insurance Oversight. Found at:
30 http://cciio.cms.gov/programs/exchanges/

ACTION TAKEN: ____________________

DATE: ____________________

SUBJECT: H215-A/06 MANDATORY PARTICIPATION IN MEDICARE

SUBMITTED BY: Bureau of Federal Health Programs / Bureau of State Government Affairs - Council on AOA Policy

REFERRED TO: Ad Hoc Committee

---

1 RESOLVED, that the Bureau of Federal Health Programs, the Bureau of State Government
2 Affairs and the Council on AOA Policy recommend that the following policy be
3 REAFFIRMED AS AMENDED, WITH THE CHANGE IN TITLE TO READ:

4 H215-A/06 MANDATORY PARTICIPATION IN MEDICARE **/ MEDICAID** The
5 American Osteopathic Association opposes any legislation that requires mandatory
6 participation of physicians in Medicare or Medicaid programs as a basis for licensure. 1994;
7 revised 1996, 2001; reaffirmed 2006

ACTION TAKEN ____________________

DATE ____________________________

RES. NO.
2013-14

SUBJECT: Valuing Osteopathic Physician Preceptors

SUBMITTED BY: Columbus Osteopathic Association

REFERRED TO:

1 WHEREAS, osteopathic medical education in Ohio relies strongly on community-based
2 preceptors to teach students; and
3
4 WHEREAS, students in office-based teaching environments gain
5 educational experiences that are reflective of real-world medicine; and
6
7 WHEREAS, Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) plans to
8 open branch campuses in Columbus and Cleveland, each with approximately 50 students per
9 class, which will mean more students within the Centers for Osteopathic Research and Education
10 (CORE) system in need of clinical experiences and therefore more preceptors to teach them; and
11
12 WHEREAS, it is important for the osteopathic profession that preceptors are not only effective
13 teachers, but also quality clinicians; and
14
15 WHEREAS, continuing medical education programs provide current best practices in medicine
16 and can help to improve clinical knowledge, physician performance, and patient outcomes; and
17
18 WHEREAS, Nationwide Children's Hospital of Columbus successfully uses voucher programs
19 for participating preceptors to use for its CME programs to incentivize community physicians to
20 volunteer in teaching its interns and residents; and
21
22 WHEREAS, the osteopathic profession should encourage and incentivize DOs in the state to
23 participate as preceptors for OU-HCOM students and trainees; and
24
25 WHEREAS, osteopathic physician preceptors who are training the next generation of osteopathic
26 physicians should be recognized and valued; now therefore be it
27
28 RESOLVED, the Ohio Osteopathic Association work with the Ohio University Heritage College
29 of Osteopathic Medicine (OU-HCOM), Centers for Osteopathic Research and Education
30 (CORE), and others to investigate the possibility of providing financial vouchers for DO
31 preceptors to attend the Ohio Osteopathic Symposium and/or other osteopathic medical
32 education programs.

ACTION TAKEN: ____________________

DATE: ____________________

Public Affairs Reference Committee

Resolutions: 04, 06, 07, 08, 09, 10, 13

Members:

James A. Schoen, DO, Chair (District 3)
Nicholas G. Espinoza, DO (District 1)
John C. Biery, DO (District 2)
Brett R. Kuns, DO (District 5)
Andrew Eilerman, DO (District 6)
Ronobir R. Mallick, DO (District 7)
Daniel J. Raub, DO (District 8)
John J. Vargo, DO (District 10)
Carol Tatman, Staff

RES. NO.
2013-04

SUBJECT: Patient Medical Care Expense Control

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, the Federal Government has encouraged citizens to take control of personal health care issues; and WHEREAS, this includes encouragement to be frugal and shop for appropriate medical services; and~~

~~WHEREAS, the growth of government approved high deducible insurances policies with associated health savings accounts (HSA) has greatly increased the number of self paying patients; and~~

~~WHEREAS, this has increased the out of pocket health care expenses for physician services, laboratory, radiology, physical therapy, durable medical equipment, medications, and other services and supplies; and~~

~~WHEREAS, patients have little to no direction to assist with decisions in these purchases; and~~

~~WHEREAS, there is no easily accessible source of pricing information for patients; and~~

~~WHEREAS, it is in the best interest of patients to provide information and transparency of pricing information and to encourage an open and competitive market place for services; and~~

~~WHEREAS, the Medicare reimbursement schedule for services effectively serves as a baseline for essentially all parties; now, therefore, be it~~

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages and supports the development of a ~~federal~~ Centers for Medicare and 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 U.S. geographical market segments; and, be it further

RESOLVED, that this website ~~provide a price basis for patients to compare with quoted prices for services being considered for purchase by the patients; and, be it further~~ should contain a listing by zip code of all service providers, who wish to be listed, along with their pricing information, so patients can compare actual prices with Medicare reimbursement prior to purchase.

39 ~~RESOLVED, that a volunteer "store locator" link should be made for ZIP code specific~~
40 ~~sources of services that desire to be listed along with their quoted pricing information;~~
41 ~~and, be it further~~
42
43 ~~RESOLVED, that a copy of this resolution be submitted to the American Osteopathic~~
44 ~~Association (AOA) for consideration at the 2008 AOA House of Delegates.~~ *(Original*
45 *2008)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-06

SUBJECT: Suicide Prevention And Screening

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE AMENDED AS FOLLOWS AND APPROVED:

~~WHEREAS, 32,000 people in the United States commit suicide each year; and~~

~~WHEREAS, suicide is the second most common cause of death in college students; and~~

~~WHEREAS, 90 percent of these students that commit suicide suffer from undiagnosed and untreated major depressive disorder, bi-polar disease, alcohol or substance abuse, schizophrenia, or other treatable disorders; and~~

~~WHEREAS, despite advancement in treatment, the suicide rate has not consistently decreased; and~~

~~WHEREAS, the identification of individuals at risk for suicide on college campuses is difficult; now, therefore, be it~~

RESOLVED, that the Ohio Osteopathic Association (OOA) ~~makes effort to distribute the following screening tests to the dean of students at Colleges and Universities within Ohio:~~ 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" ~~by Ohio's colleges and universities to help for suicide risk and encourage the professional use of these tests to evaluate all students~~; 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 ~~Campaign~~ Suicide Prevention Program ~~and assist with promotional needs for this program;~~ to Ohio's schools, colleges and universities; and be it further

RESOLVED, that the OOA encourages ~~category~~ AOA Category 1-A continuing medical education programs ~~CME programs~~ to include education about suicide prevention and screening tests~~; and, be it further~~

~~RESOLVED, that the OOA petition the American Osteopathic Association (AOA) to encourage the use of these tests nationwide~~. *(Original 2008)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-07

SUBJECT: Taser Safety (In memory of Kevin Piskura)

SYBMITTED BY: OOA Council on Resolutions

REFERRED TO:

1 **RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE**
2 **AMENDED AS FOLLOWS AND APPROVED:**
3
4 ~~WHEREAS, the use of tasers as a less- lethal option for law enforcement personnel has~~
5 ~~increased; and~~
6
7 ~~WHEREAS, the law enforcement professional will probably not know underlying~~
8 ~~medical conditions of the subject such as heart conditions, drugs or alcohol; and~~
9
10 ~~WHEREAS, the electrical stimulation of the taser has the potential to cause fatal~~
11 ~~arrhythmias and over 300 people have died after being tasered; and~~
12
13 ~~WHEREAS, routine taser training may not include guidelines for post-taser care; now,~~
14 ~~therefore, be it~~
15
16 RESOLVED, the Ohio Osteopathic Association (OOA) ~~work with~~ encourages state and
17 federal agencies to develop guidelines for post-taser immediate emergency care to be
18 included in taser certification and annual recertification for all law enforcement
19 professionals who ~~will~~ might use a taser~~; and, be it further~~
20
21 ~~RESOLVED, that a copy of this resolution be submitted to the 2008 American~~
22 ~~Osteopathic Association House of Delegates to request the AOA to work with federal~~
23 ~~agencies to develop national guidelines for post-taser care.~~ *(Original 2008)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-08

SUBJECT: Wireless Enhanced 9-1-1 Services For The State of Ohio

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

1 **RESOLVED, THAT THE FOLLOWING RESOLUTION ADOPTED IN 2008, BE**
2 **AMENDED AS FOLLOWS AND APPROVED:**
3
4 ~~WHEREAS, the mission statement of the Ohio Osteopathic Association is to promote the~~
5 ~~health and safety of the people of Ohio; and~~
6
7 ~~WHEREAS, the Federal Wireless Communications and Public Safety Act of 1999 was~~
8 ~~passed by Congress to promote and enhance public safety through the use of 9-1-1 as the~~
9 ~~universal emergency assistance number, further deployment of wireless 9-1-1 service,~~
10 ~~support of States in upgrading 9-1-1 capabilities and related functions, and the~~
11 ~~encouragement of construction and operation of seamless, ubiquitous, and reliable~~
12 ~~networks for personal wireless services; and~~
13
14 ~~WHEREAS, Enhanced 9-1-1 or E9-1-1 service is a North American telephone network~~
15 ~~(NANP) feature of the 9-1-1 emergency-calling system that automatically associates a~~
16 ~~physical address with the calling party's telephone number as required by the Wireless~~
17 ~~Communications and Public Safety Act of 1999; and~~
18
19 ~~WHEREAS, the International Association of Wireless Telecommunications reports there~~
20 ~~are more than 250 million current wireless phone subscribers in the United States, which~~
21 ~~equals over 82 percent of the US population based on latest Census Bureau statistics; and~~
22
23 ~~WHEREAS, the National Emergency Number Association reports that over half of the~~
24 ~~current calls to 9-1-1 services in the state of Ohio originate from cell phones; and~~
25
26 ~~WHEREAS, the three phases of wireless E9-1-1 implementation include Phase I, which~~
27 ~~allows operators at 9-1-1 centers to know the telephone number of the caller when the~~
28 ~~call is received; Phase II, where call centers are able to use global positioning to locate~~
29 ~~caller position; and Phase III, where call centers can receive text messages from wireless~~
30 ~~phones; and~~
31
32 ~~WHEREAS, currently only 31 of Ohio's 88 counties have Phase I and Phase II wireless~~
33 ~~E9-1-1 capabilities for wireless phones, now, therefore, be it~~
34
35 RESOLVED, the Ohio Osteopathic Association endorses state legislation ~~that promotes~~
36 ~~the~~ <u>to expedite</u> ~~expedient~~ implementation of Phase I, Phase II, and Phase III wireless

37 enhanced-9-1-1 services ~~to all Ohio counties for the safety of its constituents~~ to ensure
38 that emergency call centers in all Ohio counties can identify wireless telephone numbers,
39 use global positioning to locate call positions, and receive text messages from wireless
40 phones . *(Original 2008)*
41
42
43 Note*: According to the Ohio Public Utilities Commission, Substitute House Bill 360 and*
44 *its companion provisions in House Bill 472, as passed by the 129th General*
45 *Assembly extended the funding mechanism for wireless enhanced 9-1-1 (E9-1-1) service*
46 *in Ohio. This charge, entitled "State/Local Wireless E9-1-1 Costs", has appeared on*
47 *wireless customers' bills and has been remitted to the Commission since 2005. HB 472*
48 *reduced the monthly surcharge from 28 cents ($.28), which was due to sunset December*
49 *31, 2012, to 25 cents ($.25) with no sunset provision. The bill also established a Prepaid*
50 *Wireless 9-1-1 Surcharge of .50% at point-of-sale to become effective January 1, 2014.*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-09

SUBJECT: Implementation of Social Media Guidelines

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

REFERRED TO:

1 WHEREAS, a 2012 survey shows that about one in four physicians use social media
2 daily or multiple times a day to scan or explore medical information, and 14 percent use
3 social media each day to contribute new information[1]; and
4
5 WHEREAS, social media use offers valuable and real-time health information to help
6 guide patients and consumers; and
7
8 WHEREAS, social media allows health care consumers the ability to tap into health
9 experts that they can trust; and
10
11 WHEREAS, social media establishes a relationship with the community; and
12
13 WHEREAS, with the growing benefits of social media in medicine, there are some
14 unclear dangers of social media use in our profession[2]; and
15
16 WHEREAS, other professional organizations currently have professionalism in the use of
17 social media policys[3] therefore be it
18
19 RESOLVED, that the OOA encourages the AOA to explore and define a
20 "Professionalism in Social Media" policy; and, be it further
21
22 RESOLVED, that the OOA supports the use of appropriate social media by osteopathic
23 physicians as a method to promote our profession and practices; and, be it further
24
25 RESOLVED, that a copy of this resolution be submitted to the 2013 AOA House of
26 Delegates for national consideration.
27
28 Explanatory Statement:
29 [1]SOCIAL MEDIA USED DAILY BY ONE IN FOUR PHYSICIANS
30 (http://www.omglobe.com/2012/12/07/social-media-used-daily-by-one-in-four-
31 physicians/)
32 [2]DOCTORS AND SOCIAL MEDIA: BENEFITS AND DANGERS
33 (http://www.medscape.com/viewarticle/711717)
34 [3]AMA POLICY: PROFESSIONALISM IN THE USE OF SOCIAL MEDIA
35 (http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml)

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2013-10

SUBJECT: Energy Drink Dangers

SUBMITTED BY: Columbus Osteopathic Association

REFERRED TO:

1 WHEREAS, the energy drink business has grown to a more than $3.4 billion-a-year industry that
2 grew by 80 percent last year after the launch of more than 500 new energy drinks; and
3
4 WHEREAS, 31 percent of US teenagers say they drink energy drinks representing
5 approximately 7.6 million adolescents and an increase of almost 3 million in three years; and
6
7 WHEREAS, one study of college student consumption found 50 percent of students drank at
8 least 1-4 energy drinks monthly; and
9
10 WHEREAS, the most popular energy drinks contain elevated amounts of caffeine and often
11 other ingredients such as L-carnitine, ginsing, ephedra, guarana (as an additional source of
12 caffeine) taurine, and sugar all of which present health risks when consumed in large quantities;
13 and
14
15 WHEREAS, caffeine is known to produce detrimental health effects in adolescents including
16 dehydration, digestive problems, obesity, anxiety, insomnia and tachycardia; and
17
18 WHEREAS, energy drinks are not regulated in the United States, are sold as dietary
19 supplements, and are not required to have the amounts of ingredients listed on the label; and
20
21 WHEREAS, when energy drinks are mixed with alcohol the potential dangers are much greater
22 and there is also a risk of abuse, as energy drinks mask the effect of consuming alcohol by
23 making the effects of the alcohol less apparent; and
24
25 WHEREAS, 42 percent of emergency room cases in 2011 involved energy drinks mixed with
26 either alcohol or medications such as Ritalin or Adderall; now, therefore be it
27
28 RESOLVED, that the Ohio Osteopathic Association (OOA) support community and parent
29 education advancing the dangers of using energy drinks on a regular basis by adolescents and
30 children as well as encourage physicians to increase screening for the use of energy drinks; and
31 be it further
32
33 RESOLVED, that upon successful passage of this resolution, a copy be sent to the American
34 Osteopathic Association for consideration at it's annual House of Delegates meeting in July.
35
36 Sources:

37 "Energy Drinks Health Hazards for Adolescents" Medical News Today. February 6, 2013.
38 http://www.medicalnewstoday.com/printerfriendlynews.php?newsid=255925
39
40 "Doctors Fear Teens Abusing Energy Boosting Drinks" DNR, Inc.
41 www.dnrsite.com/Merchant2/merchant.mv?Screen=CTGY&Category_Code=DRINKSNEW
42 "What's in your energy drink?" TIME.com February 6, 2013.
43 http://www.cnn.com/2013/02/06/health/time-energy-drink
44
45 "Health Effects of Energy Drinks on Children, Adolescents, and Young Adults" Pediatrics.
46 February 14, 2011. (doi: 10.1542/peds.2009-3592)

ACTION TAKEN: ___________________

DATE: ___________________

RES. NO.
2013-13

SUBJECT: Setting Standards for Medical Tattoos

SUBMITTED BY: Columbus Osteopathic Association

REFERRED TO:

1 WHEREAS, an increasing number of patients are using the medical tattoo to relay personal
2 health care information to providers in times of distress when the patient cannot speak for
3 themselves; and
4
5 WHEREAS, the information provided by these tattoos can be found in a variety of places on the
6 body, disclose a variety of messages, and come in a variety of styles; and
7
8 WHEREAS, the information is unlikely to be honored in times of emergency as first responders
9 follow standard protocols for acute treatment or honor only state-approved documents like living
10 wills, power of attorney forms, and code status forms when veering from protocol; and
11
12 WHEREAS, currently no uniform standards exist for medical tattoos; and
13
14 WHEREAS, it would be beneficial for physicians, other medical providers, and patients for
15 emergency responders to develop protocols to establish acceptable uniformity for medical
16 tattoos, thereby standardizing location, style, acceptable information, or other factors; now
17 therefore be it
18
19 RESOLVED, that the Ohio Osteopathic Association promote the development of standard
20 protocols for medical tattoos to establish guidelines on location, style and message, so they may
21 become a better avenue for relaying a patient's medical information; and be it further
22
23 RESOLVED, that upon successful passage of the resolution a copy be sent to the American
24 Osteopathic Association House of Delegates for consideration at is July meeting.
25
26 Source:
27 CBS News Story, February 27, 2012
28 http://www.cbsnews.com/8301-504763_162-57386101-10391704/medical-tattoos-with-vital-
29 information-replacing-bracelets-for-some/

ACTION TAKEN: ____________________

DATE: ____________________

Medical Tattoos with Vital Information Replacing Bracelets for Some

(AP) Move over medical bracelets. An increasing number of Americans are turning to medical tattoos to warn emergency responders about important medical conditions.

“Bracelets are nice, but something as strong as a tattoo ... that is a strong statement,” said Dr. Ed Friedlander, a Kansas City pathologist who has “No CPR” tattooed in the center of his chest, so a paramedic would see it. Friedlander, 60, got the tattoo to emphasize his decision to forgo CPR if his heart stops.

Medical tattoos don't appear to carry much legal weight. It's unclear whether an ambulance crew racing to treat a gravely ill patient could honor a request such as Friedlander's based on the tattoo alone.

But the markings do offer a simple and permanent way to give rescuers important health details.

Melissa Boyer, of Nashville, Mich., wore bracelets for years to identify her as a diabetic, but she kept losing or breaking them. The 31-year-old decided months ago to get a 3 1/2-inch tattoo on her left forearm that includes the medical symbol and identifies her as a Type 1 diabetic. It also declares her allergies to penicillin and aspirin.

“It’s been 29 years that I've had (diabetes), and I went through I-don't-know-how-many bracelets,” she said. “I went and got the tattoo, and it made life easier.”

The American Medical Association does not specifically address medical tattoos in its guidelines. But Dr. Saleh Aldasouqi, an endocrinologist at Michigan State University, hopes that might change.

Aldasouqi, who has written about the tattoos, has seen them among his diabetic patients and feels they are becoming so popular that the medical profession needs to help guide their development.

“My intention has been to bring this issue to the surface so that medical organizations can have a say in that," he said. "When you just Google it, you're going to find hundreds of stories and discussions, but no medical say. So I feel we leave our patients kind of afloat.”

It would be helpful, for instance, if the tattoos were uniform or placed in the same area of the body so responders would know where to look, he said.

Aldasouqi does not advocate for or against the tattoos, but he says patients and doctors should discuss the idea beforehand.

If one of his diabetic patients sought a tattoo, Aldasouqi would recommend using a licensed tattoo artist and carefully controlling blood sugar during the procedure.

The National Tattoo Association, a nonprofit that raises awareness about tattooing, does not track the numbers or styles of tattoos. Sailor Bill Johnson, a spokesman for the association, said he does about one medical tattoo a year at his shop in Orlando, Fla.

"Nine times out of 10, it's either allergic to something, penicillin or peanuts," he said.

Still, it's questionable whether medics or doctors would be under any obligation to honor end-of-life instructions in a tattoo, unless they could be sure the patient also had signed legally binding papers. Laws on do-not-resuscitate orders can vary widely from state to state. Missouri law does not address medical tattoos at all.

"What we can tell you is what the law says. What we can't tell you is what assumptions people are going to make," said Gena Terlizzi, spokeswoman for the state Department of Health and Senior Services.

However, emergency professionals are always on the lookout for information about a patient's condition and treatment preferences, and that includes looking for medical tags, bracelets and possibly tattoos, said Dr. David Tan, medical director of Washington University Emergency Medical Services in St. Louis.

"It's something I have not seen a whole lot of, but it's out there," Tan said. "I think tattoos just aren't that conventional. But I don't think it makes it any less useful."

A tattoo alerts "any medical professional to stop and think a moment," he added.

Tattoos are unlikely to replace medical alert jewelry, said Ramesh Srinivasan, spokesman for the MedicAlert Foundation, which sells more than 100,000 pieces of jewelry a year that have medical conditions on them.

Unlike tattoos, MedicAlert jewelry also provide information that gives a "complete snapshot" of the person's health that can be accessed by professionals.

"Tattoos are totally different," Srinivasan said. "What's the validation behind it?"

Friedlander encourages patients to make their own medical decisions and to spell out their wishes ahead of time. He has paperwork outlining his preference to avoid CPR, but the tattoo, he explained, will "make people a whole lot more comfortable about honoring my known wishes."

"In pathology, you think a lot about the end of life," he said. "Nobody would ever accuse me of not loving life. ... When this thing stops beating, it's time for me to move on."

Appendix

- **OOA and District Officers**
- **Delegates and Alternates by District**
- **House Officers and Committees**
- **House of Delegates Code of Leadership**

EXECUTIVE COMMITTEE 2012-13

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

BOARD OF TRUSTEES 2012-13

DISTRICT		TERM EXPIRES
TOLEDO-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	2013
COLUMBUS-VI	Geraldine N. Urse, DO	2013
CLEVELAND-VII	John J. Wolf, DO	2013
AKRON/CANTON-VIII	Charles D. Milligan, DO	2015
MARIETTA-IX	William A. Cline, DO	2013
WESTERN RESERVE-X	John C. Baker, DO	2015
RESIDENT	Molly Malone-Prioleau, DO	*
OU-COM STUDENT	Simon R. Fraser, OMS II	2013

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

NEW TRUSTEES 2013-14

SANDUSKY (V)	Gilbert S. Bucholz, DO	2016
Columbus (VI)	Henry L. Wehrum, DO	2016
Cleveland (VII)	John J. Wolf, DO	2016
Western Reserve (X)	John C. Baker, DO	2015
OU-COM Student Rep.	Simon R. Fraser, OMS I	2013

2012-13 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	Charles D. Hanshaw, DO	Michael A. Elrod, DO
IV	Michael E. Dietz, DO	Scott A. Kotzin, DO
V	Nicole J. Barylski-Danner, DO	James E. Preston, DO
VI	Shelby K. Raiser, DO	Carrie A. Lembach, DO
VII	David L. Tolentino, DO	John J. Wolf, DO
VIII	Mark J. Tereletsky, DO	Benjamin P. Graef, DO
IX	Melinda E. Ford, DO	Poncet C. Bills, DO
X	Sharon L. George, DO	Robert M. Waite, DO

2013-14 DISTRICTS PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas G. Espinoza, DO	John T. Rooney, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr.
III	James A. Schoen, DO	Chandler L. Parker, DO
IV	No Name Submitted	No Name Submitted
V	Nicole Danner, DO	Vacant
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

2013 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	79	5/11	Nicholas G. Espinoza, DO, Chair George N. Darah, DO Roberta J. Guibord, DO Kristopher L. Lindbloom, DO Nicholas J. Pfleghaar, DO	All Northwest Ohio Members
Lima	36	2/5	John C. Biery, DO, Chair Wayne A. Feister, DO	All Lima Members
Dayton	244	16/33	James A. Schoen, Jr., DO, Chair Barbara A. Bennett, DO Cleanne Cass, DO Katherine A. Clark, DO Steven L. Dona, DO David D. Goldberg, DO Aaron P. Hanshaw, DO Charles D Hanshaw, DO Jennifer J. Hauler, DO Robert L. Hunter, DO Mark S. Jeffries, DO Gordon J. Katz, DO Paul A. Martin, DO Jeffrey S. Rogers, DO Ruth M. Thomson, DO Christine B. Weller, DO	All Dayton Members
Cincinnati	48	3/7	No Names Submitted	No Names Submitted
Sandusky	62	4/8	John F. Ramey, DO, Chair William D. Bruner, DO Gilbert S. Bucholz, DO Brett R. Kuns, DO	All Sandusky Members
Columbus	312	21/42	Andrew P. Eilerman, DO, Chair Peter A. Bell, DO William J. Burke, DO John A. Cocumelli, DO William F. Emlich, Jr., DO Mark W. Garwood, DO Paige S. Gutheil-Henderson, DO Roy W. Harris, DO Adele M. Liperi, DO Shelby K. Raiser, DO Albert M. Salomon, DO Gary L. Saltus, DO Robert S. Seiple, DO Richard J. Snow, DO Anita M. Steinbergh, DO Eugene F. Trell, DO Alex S. Tsai, DO Geraldine N. Urse, DO Charles G. Vonder Embse, DO J. Todd Weihl, DO Maury L. Witkoff, DO	All Columbus Members
Cleveland	146	10/19	Sandra L. Cook, DO, Chair Stuart B. Chesky, DO	All Cleveland Members

			Gary W. Dinger, DO Jason B. Frazier, DO Robert S. Juhasz, DO Christopher J. Loke, DO Ronobir R. Mallick, DO George Thomas, DO David L. Tolentino, DO	
Akron/Canton	204	14/27	John F. Uslick, DO, Chair David A. Bitonte, DO Douglas W. Harley, DO Charles D. Milligan, DO Eugene D. Pogorelec, DO Daniel J. Raub, DO Paul T. Scheatzle, DO M. Terrance Simon, 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 Jennifer L. Gwilym, DO Jean S. Rettos, DO Edward W. Schreck, DO	All Marietta Members
Western Reserve	102	7/14	Sharon L. George, DO, Chair John C. Baker, DO E. Lee Foster, DO Philip A. Starr, III, DO Robert M. Waite, DO John J. Vargo, DO Alex J. Vrable, DO	All Western Reserve Members
OU-COM	1	1/1	Simon R. Fraser, OMS II	

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

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 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.