2018

Ohio Osteopathic Association House of Delegates Manual

Friday, April 27 to
Saturday, April 28

Easton C/D/E
Hilton Columbus at Easton
3900 Chagrin Drive, Columbus Ohio

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OSTEOPATHIC PLEDGE OF COMMITMENT

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

I pledge to:

Provide compassionate, quality care to my patients;

Partner with them to promote health;

Display integrity and professionalism throughout my career;

Advance the philosophy, practice and science of osteopathic medicine;

Continue life-long learning;

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

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

AGENDA

Ohio Osteopathic Association
House of Delegates

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

FRIDAY, APRIL 27, 2018

10:30 am — J.O. Watson, DO Memorial Lecture: *Discovering a Novel Link Between Fatty Liver and Cardiovascular Disease,* Sonia M. Najjar, PhD, Easton A/B

11:30 am — Keynote Speaker: *Igniting a Movement in Primary Care,* Andrew Morris-Singer, MD, Primary Care Progress, Easton A/B

12:30 pm — OOA Luncheon featuring an update from American Osteopathic Association President Mark A. Baker, DO, and Installation of Jennifer J. Hauler, DO, as OOA President, Regent Ballroom

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

BUSINESS SESSION 1 – Easton Ballroom C/D/E

2:15 pm — Welcome and Call to Order – Sean D. Stiltner, DO, President

- Pledge of Allegiance – Dr. Stiltner
- Invocation – Charles G. Vonder Embse, DO
- Osteopathic Pledge of Commitment – Dr. Stiltner
- Introduction of the Speaker/Vice Speaker – Dr. Stiltner

2:20 pm — Opening Remarks – John F. Uslick, DO, Speaker

2:25 pm — Credentials Committee Report – Dr. Ramey

2:30 pm — Program Committee Report – Jennifer J. Hauler, DO, President-Elect

2:35 pm — Routine Business – Dr. Uslick

- Adoption of Standing Rules
- Approval of Report of Jon F. Wills, Executive Director Emeritus

2:45 pm — Introduction of Matt Harney, MBA, OOA Executive Director and Appointment as Secretary of the House – Dr. Stiltner

2:55 pm — Report of the Advocates for the OOA – Barb Wills, Acting President

3:10 pm — State of the State Report – Dr. Stiltner

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

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

Resolutions: 4-7-8-9-10-11

Initial Members: Nicholas G. Espinoza, DO, Chair (District I)
John C. Biery, DO (District II)
Christine B. Weller, DO (District III)
Michael E. Dietz, DO (District IV)
Nicole Barylski-Danner, DO (District V)
Ying H. Chen, DO (District VI)
Katherine Hovsepian Eilenfeld, DO (District VII)
Gregory Hill, DO (District VIII)
Melinda E. Ford, DO (District IX)
John C. Baker, DO (District X)
Henry L. Wehrum, DO (District VI)

Constitution & Bylaws Reference Committee – Juniper B

Resolutions: 1-2-3-5-6

Initial Members: Jennifer L. Gwilym, DO, Chair (District IX)
Roberta J. Guibord, DO (District I)
Edward E. Hosbach, DO (District II)
Christine B. Weller, DO (District III)
Kimbra Joyce, DO (District III)
Christine M. Samsa, DO (District V)
Tejal R. Patel, DO (District VI)
Philip A. Starr, III, DO (District VII)
Paul T. Scheatzle, DO (District VIII)
Sharon L. George, DO (District X)
Noor Ramahi, OMS I (OU-HCOM)

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

SATURDAY, APRIL 28, 2018

7:00 am Poster Exhibition – Regent Ballroom *(Posters on display until 11:00 am),* Regent Ballroom

8:00 am *Toxicology Update: A Rational Approach to Handling Drugs of Abuse Medical and Recreational Marijuana* Heath A. Jolliff, DO, Mid-Ohio Toxicology Services, Easton A/B

10:00 am Refreshment Break/ Visit Poster Exhibition, Regent Ballroom

10:30 am Diabetes Panel Discussion: *What's New in the Guidelines for Treating Diabetes?"* Amber M. Healy, DO, OU-HCOM Diabetes Fellowship; *Current Medical Nutrition Therapy Guidelines for People with Diabetes,* Karen Bailey, Diabetes Educator, OU-HCOM; *Navigating Medications for People with Diabetes,* Sarah Admins, PharmD, OSU College of Pharmacy, Easton A/B

11:30 am *Emerging Osteopathic Research,* Darlene Berryman, OU-HCOM Research and Innovation, Easton A/B

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

1:30 pm Option A: *Responding to Racism in Clinical Settings: A Forum Theater Experience*, Easton A/B
Option B: *Lifestyle Medicine Workshop*, Columbus Room

BUSINESS SESSION TWO – Easton C/D/E

3:30 pm Call to Order – Dr. Uslick

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

3:40 pm Report of the Committee on OOA Governance – Dr. Hauler, Chair

3:55 pm OOPAC Report – Robert S. Juhasz, DO, Chair

4:10 pm OOA/OOF Financial Reports – Sandra L. Cook, DO, Treasurer

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

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

4:55 pm Introduction of 2018-2019 OOA President Jennifer J. Hauler, DO, and recognition of Sean D. Stiltner, DO, outgoing president

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

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

Nominees for OOA Officers
President-Elect .... Charles D. Milligan, DO
Vice President .... Sandra L. Cook, DO
Treasurer.. Henry L. Wehrum, DO
Speaker of the House.. David A. Bitonte, DO
Vice Speaker of the House.. John F. Ramey, DO

Nominees for the Ohio Osteopathic Foundation Board
Three-year term expiring 2021.. John F. Ramey, DO
Three-year term expiring 2021.. M. Terrance Simon, DO

Ohio Delegation to the AOA House (to be distributed)

5:30 pm Adjournment

6:00 pm Reception, Easton A/B (spouses welcome)

See You Next Year!

OHIO OSTEOPATHIC SYMPOSIUM
& OOA HOUSE OF DELEGATES

COLUMBUS HILTON AT EASTON

Columbus, Ohio
April 24 - 28, 2019

House Standing Rules

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

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

- Professional Affairs: To consider matters relating to osteopathic education, osteopathic colleges, osteopathic hospitals, internship and residency programs, certification, postgraduate training programs, student loans, research, membership, conventions, etc.

- Constitution and Bylaws: To consider the wording of all proposed amendments to the Constitution, Bylaws and the Code of Ethics.

- Ad Hoc: To consider resolutions not having a specific category

10. Reports and resolutions, unless otherwise provided for, shall be referred to an appropriate reference committee for study, investigation and report to the House.

11. The reference committee shall report their findings to the House at a specified time. The reports of the reference committees shall be given in respect to each item referred to them, and the House shall act upon each item separately or by consent calendar for collective action by the full house when deemed appropriate by the committee. Any seated delegate shall have the right to request the removal of any resolution from the consent calendar for separate consideration. The reference committees may recommend the action to be taken, but the vote of the House shall be the final decision in those matters, which are in its province, according to the rules of procedure.

12. The Speaker shall have the power to refer any resolution to a special committee or the House may recommend the appointment of a special committee.

13. The osteopathic student delegate shall be seated with the delegation from the academy within whose boundaries the osteopathic school is located.

14. Committee reports shall be limited to ten (10) minutes unless an amended report is to be read which has not been previously published. The House reference committees are excluded from this limit.

15. All resolutions passed by the House of Delegates shall be monitored by the OOA Board of Trustees for appropriate implementation.

16. The OOA Executive Director shall compile a written report on all actions proposed, initiated or completed in response to resolutions enacted during the annual session. Such report shall be included in the House of Delegates manual the year following enactment.

17. All resolutions passed by the OOA House of Delegates which pertain to policy, shall be reviewed by the OOA Resolutions Committee and resubmitted to the House of Delegates no later than five years after the enactment date.

OHIO OSTEOPATHIC ASSOCIATION
Actions by the 2017 House of Delegates

Submitted by OOA Executive Director Jon F. Wills

The OOA House of Delegates met, April 22-23, during the Ohio Osteopathic Symposium. Delegates representing the OOA's ten districts debated 21 resolutions. Ten new policy statements were approved. Those resolutions covered a range of topics -- Physician Burnout, Conversion Therapy, Direct Primary Care, Cultural Competency, Health Insurance Coverage for Eating Disorders; OOA Strategic Vision; Maintaining Effective Therapies; Step Therapy; Increased OOA Promotion of Primary Care and OMT; and Increasing Student Involvement in the OOA. Five resolutions were forwarded to the AOA House of Delegates for consideration at the July meeting.

During the Symposium, Sean D. Stiltner, DO, of Piketon, was installed as OOA president. Other elected officers include: President-elect Jennifer J. Hauler, DO, of Dayton; Vice President Charles D. Milligan, DO, of Orville; and Treasurer Sandra Cook, DO. Immediate Past President Geraldine N. Urse, DO, of Columbus, remains on the Executive Committee. Speaker of the House John F. Uslick, DO, of Canton, and Vice Speaker David A. Bitonte, DO, MBA, MPH, presided over the meeting. Both were re-elected to another term. The House also elected Mark S. Jeffries, DO and Paul T. Scheatzle, DO, to the Ohio Osteopathic Foundation Board of Trustees and voted for a full slate of physicians to represent Ohio at the AOA House of Delegates in July.

NEW POLICY STATEMENTS ADOPTED

Four reference committees met on the first day of the House session to evaluate each resolution and conduct a five-year review of existing policies. Committee chairs then provided a report the following day to the entire House. Henry L. Wehrum, DO, of Columbus, chaired the Ad Hoc Committee and the following served on the panel: Amber Richardson, DO, Lili A. Lustig, Charles D. Milligan, DO; Michael E. Dietz, DO, Melinda E. Ford, DO, and Carol Tatman. Sandra L. Cook, DO, of Cleveland, chaired the Constitution & Bylaws Committee. Committee members included Nicholas G. Espinoza, DO; Robert L. Hunter, DO; Ying H. Chen, DO; Jean S. Rettos, DO; John J. Vargo, DO; and David A. Bitonte, DO. The Professional Affairs Committee was led by Douglas W. Harley, DO with committee members, Roger L. Wohlwend, DO; Kimbra L. Joyce, DO; K. Ronald Routh, DO; Phillip A. Starr, III, DO; Hilary S. Haack, DO, and Cheryl Markino. Nicholas J. Hess, DO, led the Public Affairs Committee. Edward E. Hosbach, II, DO; Luis L. Perez, DO; Paige S. Gutheil Henderson, DO; Schield M. Wikas, DO; and Scott Wang, OMS I, and Jon F. Wills served on the committee. John F. Ramey, DO, of Sandusky, chaired the Credentials Committee. Delegates adopted ten new positions. The full text of those resolutions is printed here.

Burnout in Medical Students and Residents, Prevention and Maintenance of (2017)

WHEREAS, burnout syndrome has been characterized by three main areas of symptoms: emotional exhaustion, alienation from (job-related) activities, and reduced performance1; and

WHEREAS, medical students experience burnout rates at a prevalence ranging from 28 to 45% and residents experience burnout rates ranging from 27 to 75% based on their specialty (which may continue from med school to residency to professional life)2; and

WHEREAS, between 22 and 60% of practicing specialists and general practitioners have experienced burnout3; and

WHEREAS, physician shortages in 2025 have been projected to range from 61,700 to 94,700 fulltime-equivalent physicians from an analysis comparing each of five scenarios commonly expected to affect physician supply (e.g., early or delayed retirement of physicians) to each of six scenarios expected to affect the demand for physician services (e.g. changing demographics) over the next decade (14,900 to 35,600 primary care physicians and 37,400 to 60,300 non-primary care specialists)4,5; and

WHEREAS, a 2016 Austrian study demonstrated that physicians with mild, moderate, and severe burnout, as measured by the Hamburg Burnout Inventory, have elevated odds ratios of 2.99, 10.14, and 46.84, respectively, of suffering from major depression according to the Major Depression Inventory6; and

WHEREAS, using an economic model, the costs of loss of service due to early retirement from burnout were found to be $255,830 per physician per year, with the average early retirement occurring 26 years prior to anticipated retirement7; and

WHEREAS, burnout is associated with errors8, with over half of the articles in Hall and Johnson's review finding that poor wellbeing, which included depression, anxiety, job stress, mental health, and distress, was associated with poorer patient safety, and that 21/30 studies measuring burnout found that more errors were significantly associated with health practitioner burnout; and

WHEREAS, a Swiss study9 found that higher individual burnout scores were related to poorer overall safety scores and that emotional exhaustion was an independent predictor of standardized mortality ratio, and postulates that emotionally exhausted clinicians curtail performance to focus on only the most necessary and pressing tasks, and may also have impaired attention, memory, and executive function, which decreases their recall and attention to detail; and

WHEREAS, doctors have an increased risk of depressive symptoms10, and suicidal thought level was high amongst medical students, and in the first postgraduate year, mental distress was the most important predictor11; and

WHEREAS, 15% of year one students demonstrated lifetime prevalence of mental health problems, 31% of students began exhibiting mental health problems without seeking help at term two, and 14% reported in term three that they had problems in term two, meaning that, overall, a third of students reported mental health problems during the first three years, and that intervention should focus on both individual problems and contextual stress12,13; and

WHEREAS, the Maslach Burnout Inventory (MBI), consisting of 22 items that measure all three burnout dimensions is the most frequently used, highly regarded questionnaire for burnout in medical research literature14; and

WHEREAS, the MBI exists to assess emotional exhaustion, depersonalization, and personal accomplishment in health professionals, and has recently been updated to reflect a portion for students; and

WHEREAS, the overlap between burnout and major depression has been implicated6; now, therefore, be it

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

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

RESOLVED, that the OOA encourages physicians, residents, and medical students to engage in open discussion and develop novel solutions to reduce the prevalence of burnout among current and future physicians; and be it further

RESOLVED, that the OOA submit aa copy of the resolution for consideration at the 2017 American Osteopathic Association House of Delegates. *(Original 2017)*

Explanatory Statement

Existing literature indicates that burnout† is prevalent during medical school, with major US multi-institutional studies estimating that at least half of all medical students may be affected by burnout during their medical education. Studies show that burnout may persist beyond medical school, and is, at times, associated with psychiatric disorders and suicidal ideation. Studies on burnout suggest that it causes changes in professional behavior, attitude and competency, safety and quality of care, career or specialty decision making, and individual risk behaviors and ideas.

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10. Ferrari AJ, Somerville AJ, Baxter AJ, et al. Global variation in the prevalence and incidence of major depressive disorder: a systematic review of the epidemiological literature. Psychological Medicine. 2012;43(03):471-481. doi:10.1017/s0033291712001511.

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12. Midtgaard M, Ekeberg ÿ, Vaglum P, Tyssen R. Mental health treatment needs for medical students: a national longitudinal study. European Psychiatry. 2008;23(7):505-511. doi:10.1016/j.eurpsy.2008.04.006.

13. Tyssen R, Vaglum P, Gr¯nvold NT, Ekeberg ÿ. Factors in medical school that predict postgraduate mental health problems in need of treatment. A nationwide and longitudinal study. Medical Education. 2008;35(2):110-120. doi:10.1111/j.1365-2923.2001.00770.x.

14. Romani M, Ashkar K. Burnout among physicians. The Libyan Journal of Medicine. 2014;9:10.3402/ljm.v9.23556. doi:10.3402/ljm.v9.23556.

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

In Ohio, OOA has joined the Ohio Physician Wellness Coalition, which is coordinated by the Ohio Physicians Health Program. OPWC is dedicated to addressing physician burnout and providing physician wellness initiatives. Members of the OPWC include: Ohio State Medical Association, Ohio Osteopathic

Association, The Academy of Medicine of Cleveland and Northern Ohio, Ohio Psychiatric Physicians Association, Ohio Academy of Family Physicians, Ohio Hospital Association, Columbus Medical Association, Ohio Physicians Health Program, Ohio Chapter, American Academy of Pediatrics, and Ohio Chapter, American College of Emergency Physicians. Sandra L. Cook, DO, serves as the OOA Representative on the Physician Advisory Committee.

LGBTQ "Conversion Therapy" or "Reparative Therapy" by Licensed Physicians and Other Medical and Mental Health Care, Opposition to the Practice of (2017)

WHEREAS, contemporary science recognizes that being lesbian, gay, bisexual, or transgender 1 (LGBT), or identifying as queer, or other than heterosexual, is part of the natural spectrum of human identity and is not a disease, disorder, or illness 1; and

WHEREAS, the Federal Substance Abuse and Mental Health Services Administration states that "interventions aimed at a fixed outcome, such as gender conformity of heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment," 2; and

WHEREAS, investigative studies have shown there is insufficient evidence to support the use of psychological or other purportedly therapeutic interventions to change sexual orientation or gender identity 1; and the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation; and

WHEREAS, the practice of "Conversion Therapy," also known as "Reparative Therapy," or "Sexual Orientation Change Efforts (SOCE)," generally refers to any practices by medical or mental health providers that seek to change an individual's sexual orientation or gender identity. 3 Often, this practice is used on minors, who lack the legal authority to make their own medical and mental health decisions; and

WHEREAS, the practice of "Conversion Therapy" or "Reparative Therapy" does not include counseling or therapy for an individual seeking to transition or transitioning from one gender to another gender; that provides acceptance, support, and understanding of an individual; or the facilitation of an individual's coping, social support, and identity exploration and development; including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity 4; and

27 WHEREAS, the following professional organizations affirm that non-heterosexual identities are normal and that efforts to change sexual orientation are harmful and dangerous to youth 5: American Medical Association; American Academy of Pediatrics; American Academy of Child and Adolescent Psychiatry; American Psychiatric Association; American College of Physicians 9; American Psychological Association; National Association of School Psychologists; National Association of Social Workers; American Counseling Association; American School Counselor Association; American Psychoanalytic Association; Pan American Health Organization; and American Association of Sexuality Educators, Counselors and Therapists; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association affirms that individuals who identify as homosexual, 38 bisexual, transgender, or are otherwise not heteronormative (LGBTQ) are not inherently suffering from a mental disorder; and, be it further

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

RESOLVED, that the OOA supports potential legislation, regulations, or policies that oppose the practice of

"Conversion Therapy," "Reparative Therapy," or other techniques aimed at changing a person's sexual orientation or gender identity, by licensed medical and mental health professionals; and be it further,

RESOLVED, that the OOA submit a copy of this resolution for consideration at the 2017 American Osteopathic Association House of Delegates.

Explanatory Statement:

"Conversion Therapy" continues to be practiced in Ohio by non-licensed religious lay people, clergy, and licensed counselors, social workers, marriage & family therapists, psychologists, psychiatrists, and other physicians. The practices of licensed medical and mental healthcare professionals, who indicate to a parent or patient that being LGBTQ is a disease, disorder, or illness that can be "fixed", fit within the definition of "Conversion Therapy." This highlights the compelling interest Ohio physicians have to ensure the physical and psychological welfare of our patients, including LGBTQ individuals, by protecting them from exposure to the detrimental practices of "Conversion Therapy." *(Original 2017)*

References:

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Relevant AOA and OOA Policies

H403-A/14 SAME-SEX RELATIONSHIPS AND HEALTHY FAMILIES The American Osteopathic Association (AOA) recognizes the need of same-sex households to have the same access to health insurance and health care as opposite-sex households and supports measures to eliminate discrimination against same-sex households in health insurance and health care. The AOA supports children's access to a nurturing home environment, including through adoption or foster parenting without regard to the sexual orientation or the gender identity of the parent(s). The AOA recognizes and promotes healthy families by lessening disparities and increasing access to healthcare for same-sex marriages and civil unions and the children of those families. 2014

H445-A/15 GENDER IDENTITY NON-DISCRIMINATION The American Osteopathic Association supports the provision of adequate and medically necessary treatment for transgender and gender-variant
people and opposes discrimination on the basis of gender identity. 2010; reaffirmed 2015

H439-A/16 LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING PROTECTION LAWS The American Osteopathic Association (AOA) supports the protection of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminating

practices and harassment and reaffirms equal rights and protections for all patient populations as stated in AOA policy H506-A14. 2016 Corresponding OOA Policy (2016): Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws

H647-A/16 EXPANDING GENDER IDENTITY OPTIONS ON PHYSICIAN INTAKE FORMS The American Osteopathic Association (AOA) supports the inclusion of a two-part demographic inquiry on patient intake forms, requesting patients indicate both their sex at birth (male, female, intersex) and gender identity (male, female, transgender, additional category). 2016 Corresponding OOA Policy (2016): Expanding Gender Identity Options on Physician Intake Forms to be More Inclusive of LGBTQ Patients

Relevant legislative Efforts in Ohio and Nationwide

Ohio Senate Bill 74 (2016 – likely to be resubmitted this legislative session): To prohibit certain health care professionals from engaging in sexual orientation change efforts when treating minor patients.
https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA131-SB-74

California Legislative Conversion Therapy Ban: Senate Bill 1172: Sexual orientation change efforts.
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB1172

New Jersey Legislative Conversion Therapy Ban: Assembly Bill 3371: AN ACT concerning the protection of minors from attempts to change sexual orientation and supplementing Title 45 of the
Revised Statutes. http://www.njleg.state.nj.us/2012/Bills/A3500/3371_I1.HTM

Oregon Conversion Therapy Ban: House Bill 2307: Youth Mental Health Protection Act
https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB2307/Enrolled

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

H629-A/17 LGBTQ+ CONVERSION THERAPY OR REPARATIVE THERAPY – OPPOSITION TO THE PRACTICE OF: The American Osteopathic Association (AOA) affirms that individuals who identify as lesbian, gay, bisexual, transgender, questioning, identifying as queer, or other than heterosexual (LGBTQ+) are not inherently suffering from a mental disorder.

The AOA strongly opposes the practice of conversion therapy, reparative therapy, or other techniques aimed at changing a person's sexual orientation or gender identity.

The AOA supports potential legislation, regulations, or policies that oppose the practice of conversion therapy, reparative therapy, or other techniques aimed at changing a person's sexual orientation or gender identity.

The AOA opposes the use of Sexual Orientation Change Efforts (SOCE), which is based on the assumption that homosexuality is a mental disorder that should be changed and that any effort by an osteopathic physician to participate in any SOCE activity is considered unethical. 2017

In Ohio, OOA has been in contact with Equality Ohio to communicate the profession's stand on conversion therapy. Ohio SB 126 (Conversion Therapy) has been introduced by Sen. Charletta Tavares in the Ohio Senate. OOA has communicated our support to the sponsor, although hearings on the bill have not been scheduled. Equality Ohio is also seeking to have the Medical Board and other professional licensing boards enact position statements opposing the use of conversion therapy.

Direct Primary Care

WHEREAS, direct primary care is a growing health care model in which patient's pay directly for services in a periodic fashion and third parties are not billed on a fee-for-service basis; and

WHEREAS, direct primary care has been shown to provide patients with extensive benefits such as substantial savings in health care costs, improved patient access to care, increased time spent with their physician, improved preventative healthcare, and fewer emergency department visits; and

WHEREAS, many direct primary care practices distribute prescription medications out of their office; and

WHEREAS, that within the ACA health insurance exchange rules, the U.S. Department of Health and Human Services recognizes that direct primary care medical homes are providers and not insurance companies; now, therefore be it

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

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

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

RESOLVED, that the OOA supports mechanisms allowing Medicaid and Medicare patients access to direct primary care services while preserving physician autonomy; and be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for consideration at the AOA House of Delegates. *(Original 2017)*

References

Eskew PM, Klink K. Direct Primary Care: Practice Distribution and Cost Across the Nation. *J Am Board Fam* Med 2015;28:793–801.

McCorry, Daniel. *Direct Primary Care: An Innovative Alternative to Conventional Health Insurance*, The Heritage Foundation, 2014.

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

H628-A/17 DIRECT PRIMARY CARE The American Osteopathic Association (AOA) supports the direct primary care model of practice and specify that it is not insurance and supports patients' payments to direct primary care practices as qualified medical expenses eligible for Health Savings Accounts through federal changes to Internal Revenue Code 213(d) and 223(c) and a physician's ability to dispense prescription medications from their office in accordance with applicable federal and state laws. The AOA supports mechanisms allowing Medicaid and Medicare patients access to direct primary care services while preserving physician autonomy. 2017

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

WHEREAS, the Institute of Medicine (IOM) defines racial healthcare disparities as "racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention"[2]; and

WHEREAS, in our nation, minorities tend to receive a lower quality of health care than non-minorities, even when patients' socioeconomic differences, such as insurance status and income, are controlled[2]; and

WHEREAS, the American Medical Association (AMA) emphasizes that the profession can increase awareness of racial and ethnic disparities in healthcare, as well as the role of professionalism and professional obligation of physicians, in efforts to reduce them by engaging in open and broad discussions about the issues within the medical school curriculum[9]; and

WHEREAS, a needs assessment for medical student cultural competency training revealed that "…many of the participating students—38.8 % of the total—do not view an understanding of diverse patient cultural beliefs as important or very important in the provision of effective patient care, and more than one-third of the total (33.8 %) are uncomfortable with and unsure about how to approach culture-related issues arising in patient care" [8]; and

WHEREAS, cultural competency is seen by Accreditation Council on Graduation Medical Education (ACGME) as an important factor of "patient care, professionalism, and interpersonal and communication skills" [10]; and

WHEREAS, promoting awareness of structural forces serves as a first step toward recognition of the relationship between interpersonal networks, environmental factors, and political/socioeconomic forces that surrounds clinical encounters and a better understanding of the cross-cultural conversations that take place there within [3]; and

WHEREAS, the introduction of a longitudinal cultural competency curriculum during the undergraduate medical education that combines classroom lectures with interactive components, such as standardized patient exercises and clinical clerkships, will help medical students gain the cultural competency skills needed to reduce healthcare disparities [7]; and

WHEREAS, according to the Cochrane group meta analysis, cultural competency education has shown improvements in the care of patients from culturally and linguistically diverse backgrounds [4]; and

WHEREAS, the dialogue on health disparities should include historical and institutional implications, environmental factors, cultural considerations, and the production of symptoms or gene methylation by the influence of socioeconomic forces, in order to present knowledge about diseases and bodies in combination with expert analysis of social systems to help put notions of structural stigma at the center of conceptualizations of illness and health[3]; and

WHEREAS, to assist medical schools in their efforts to integrate cultural competency content into their curricula, the American Association of Medical Colleges (AAMC), supported by a Commonwealth Fund grant, has developed the Tool for Assessing Cultural Competence Training (TACCT)[1]; and

WHEREAS, a revised, more user-friendly TACCT has been offered as a resource for approaching integration of cultural competency training within medical school curricula[5]; and

WHEREAS, "…the process of becoming a culturally competent clinician is to have the fundamental attitudes of empathy, curiosity, and respect that are constantly being reshaped by self-reflection"[6]; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association encourages osteopathic medical institutions to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician's role in eliminating racial health care disparities in medical treatment as part of a longitudinal curriculum throughout under graduate medical education years one through four; and be it further,

RESOLVED, that a copy of this resolution be forwarded to the American Osteopathic Association for consideration at the 2017 House of Delegates. *(Original 2017)*

References

1. Cultural Competence Education for Medical Students. aamc.org https://www.aamc.org/download/54338/data/culturalcomped.pdf. Published 2005. Accessed January 3, 2017.
2. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. In: Nelson AR, Smedley BD, Stith, AY. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington DC. The National Academies Press; 2003: 1-5.https://www.nap.edu/read/12875/chapter/2#3. Accessed January 3, 2017
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6. Kodjo C. Cultural Competence in Clinician Communication. *Pediatrics in Review*. 2009;30(2):57-64. doi:10.1542/pir.30-2-57.
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8. Loue S, Wilson-Delfosse A, Limbach K. Identifying gaps in the cultural competence/sensitivity components of an undergraduate medical school curriculum: A needs assessment. *Journal of Immigrant and Minority Health.* 2014;17(5):1412–1419. doi:10.1007/s10903-014-0102-z.
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<u>Actions Taken Since This Resolution Passed</u>: This resolution was submitted to the AOA House of Delegates where it passed as follows:

H215-A/17 CULTURAL COMPETENCY DIALOGUE ON ELIMINATING HEALTH CARE DISPARITIES – LONGITUDINAL APPROACH TO The American Osteopathic Association encourages osteopathic medical institutions to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician's role in eliminating racial health care disparities in medical treatment as part of a longitudinal curriculum throughout undergraduate medical education years one thru four. 2017

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

Health Insurance Coverage for Residential Treatment and Inpatient Treatment of Eating Disorders (2017)

WHEREAS, eating disorders are the third most common chronic condition affecting adolescent females [1] with estimated prevalence of anorexia nervosa, bulimia nervosa, and binge eating disorder among adolescents in the United States is 0.3%, 0.9% and 1.6% respectively [2] and,

WHEREAS, individuals with anorexia nervosa had a six-fold increase in mortality when compared to the general population [3] and crude mortality rates for anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified are 4.0%, 3.9%, and 5.2%, respectively [4] and,

WHEREAS, the Society of Adolescent Health and Medicine suggest weight restoration, resumption of spontaneous menses, and improved bone mineral density are important goals of treatment; and may require inpatient refeeding and nutritional rehabilitation based on the patient's physical and emotional health, rapidity of weight loss, availability of outpatient resources, and family circumstances [5] and,

WHEREAS, patients with less severe eating disorders at baseline were more likely to abstain from eating disorder behavior after family-based outpatient treatment, leaving patients with severe eating concerns needing inpatient therapy [6] and,

WHEREAS, the estimated prevalence of adolescents and children with eating disorders of inpatient psychiatric admissions is 13.3% [7] and,

WHEREAS, research studies have shown a 24% drop out rate of hospitalizations among patients suffering with eating disorders [8] and,

WHEREAS, the Mental Health Parity and Addiction Equity Act of 2008 requires doctors and insurers to treat and cover mental illness in the same manner s physical illness [9] and,

WHEREAS, reimbursement by insurance companies remains inadequate for patients with eating disorders hospitalized on medical units [10] and,

WHEREAS, 96.7% of eating disorder specialists believe that health insurance companies' refusal to cover treatment puts patients with anorexia nervosa in life threatening situations [11] and,

WHEREAS, research evaluating effective treatment of eating disorders have found competing events; for example, termination of insurance coverage competes with patient outcome [12]; now, therefore be it,

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

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

RESOLVED, that the OOA supports continued care for individuals suffering from eating disorders staying in residential and inpatient facilities, regardless of insurance criteria requiring termination of treatment; and be it further

RESOLVED, that a copy of this resolution be forwarded to the American Osteopathic Association for consideration at the 2017 AOA House of Delegates. *(Original 2017)*

Explanatory Statement

The goal of this resolution is for the Student Osteopathic Medical Association and the American Osteopathic Association to support health benefit plans that cover diagnosis and treatment of Eating Disorders on the basis of the medical necessities of an individual patient as judged by their healthcare provider - as opposed to predetermined biometric benchmarks. Some states have passed bills in support of this, for example Missouri 2015 Senate Bill 145; however, it is not a uniform ruling across the United States.

References:

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2. Swanson S, Crow S, Grange D et al. Prevalence and Correlates of Eating Disorders in Adolescents. *Archive of General Psychiatry* 2011; 68: 714-23. DOI: 10.1001/archgenpsychiatry.2011.22.
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***<u>Actions Taken Since this Resolution Passed</u>:* This resolution was submitted for consideration at the 2017 American Osteopathic Association House of Delegates, where it was approved as follows:**

H440-A/17 EATING DISORDERS – HEALTH INSURANCE COVERAGE FOR RESIDENTIAL TREATMENT AND INPATIENT TREATMENT OF: The American Osteopathic Association (AOA) supports improved access to treatment in residential and inpatient facilities and efforts to reduce the financial barriers of intensive treatment for patients suffering from eating disorders. The AOA encourages residential and inpatient treatment facilities caring for patients suffering from eating disorders, to manage care in consideration of the patient's overall medical and mental health needs, and to continue treatment until goals of weight restoration and physiologic status are obtained. The AOA supports continued care for individuals suffering from eating disorders staying in residential and inpatient facilities, regardless of insurance criteria requiring termination of treatment. 2017

Strategic Vision for Osteopathic Medicine in Ohio (2017)

WHEREAS, in, January 2016, the Ohio Osteopathic Association (OOA), in cooperation with the Osteopathic Heritage Foundations, Ohio University Heritage College of Osteopathic Medicine, and Centers for Osteopathic Research and Education, launched a major planning initiative to set the future direction for the association and for osteopathic medicine in Ohio, facilitated by Cavanaugh, Hagan, Pierson, & Mintz, a consulting firm based in Washington, DC; and

WHEREAS, the process began with interviews with ten key thought leaders, conducted in February 2016, to identify major issues, opportunities and challenges facing osteopathic medicine and osteopathic medical education; and

WHEREAS, the interview process was followed by an online survey that provided an opportunity for input from a broad cross-section of the osteopathic medical community in Ohio, including osteopathic physicians (OOA members and non-members), medical educators, residents, students and hospital executives, with almost 400 respondents participating; and

WHEREAS, to obtain more qualitative feedback on the opportunities and challenges facing osteopathic medicine in Ohio, and the OOA's role in responding to these issues, a series of focus groups were conducted with OOA board members, osteopathic medical students and representatives of the graduate medical education community during the 2016 Ohio Osteopathic Symposium in Columbus; and

WHEREAS, the information collected from interviews, survey and focus groups was used to frame and inform the planning discussions at the May 2016 OOA Strategy Summit; and

WHEREAS, in October 2016, the OOA Board of Trustees reviewed the Report from the Ohio Osteopathic Strategy Summit and supporting documents and approved a new vision, mission statement, and set of goals for the Ohio Osteopathic Association; now, therefore, be it

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

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

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

GOALS

1. Provide high quality and convenient continuing medical education programs that support physicians in achieving the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience and well-being.

2. Advocate on behalf of the osteopathic profession to create the enabling environment to improve the health of the people of Ohio and achieve the quadruple aim (e.g. policy, regulation, funding representation in the American Osteopathic Association);

3. Serve as the unifying platform for osteopathic medicine in Ohio supporting cross-site connections and learning, linking policy, practice and education, and promoting osteopathic identify. *(Original 2017, replacing the previous plan and goals)*

***Actions Taken Since This Resolution Passed.** The OOA has completed the Executive Search for a successor to Jon F. Wills. Matt Harney was selected as the new executive director by the Ohio Osteopathic Transformation Committee, February 1, 2018. His contract was approved by the OOA Board of Trustees, on February 25, 2018.*

Effective Therapies for Patients, Maintaining (2017)

WHEREAS, there is a national trend for insurance companies to discontinue payment for medications that have been effective and without side effects for years and demanding that patient switch to a different formulary medication; and

WHEREAS, substituting medications based on cost only can expose patients to unknown side effects and adverse reactions; and

WHEREAS, substituting biologic medications of the same or different class can introduce problems with efficacy potentially allowing an exacerbation of the underlying disease process; and

WHEREAS, autoantibodies can be induced when a biologic agent is discontinued potentially decreasing efficacy if that medication needs to be restarted; and

WHEREAS, the state of California has the Knox-Keene Health Care Services Plan Act of 1975 which regulates managed-care plans: "this bill would require for healthcare service plan contracts covering prescription drug benefits....benefits shall not limit or exclude coverage for a drug for an enrollee if the drug previously has been approved for coverage by the plan for a medical condition of the enrollee and the plan's prescribing provider continues to prescribe the drug for the medical condition, provided that it is appropriately prescribed, and is considered safe and effective for the treatment."; and

WHEREAS, the substitution of medications based only on formulary change in essence places the insurance plan in opposition to the recommendations of the prescriber of record; and

WHEREAS, discontinuing safe and effective medications ethically and morally limits the physician from practicing medicine he/she has been trained for over many years; now, therefore be it

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

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

Step Therapy and Fail First Medication Policies

WHEREAS, insurance companies are increasingly implementing "Step Therapy" or "Fail First" policies that are designed to control costs through price-negotiated drug formularies but that sometimes block patients' access to medications and risk delay of effective treatment; and
WHEREAS, these policies require patients to take other potentially ineffective medications first and fail on these medications before insurers will pay for the physician's original prescriptions; and

WHEREAS, there is little oversight and few regulations to ensure that step therapy procedures are evidence-based, consistent and protect patient safety and timely access to the medications they need; and

WHEREAS, eleven states (CA, CT, IL, IN, KY, LA, MD, MO, MS, WA, WV) have now enacted laws to reform the Step Therapy or Fail First procedures in those states; and

WHEREAS, SB 56 (Lehner, Tavares) and HB 72 (Johnson, Antonio) have been recently introduced in the Ohio General Assembly to reform Step Therapy procedures used by third party payors in Ohio; now, therefore be it

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

1. Require that an insurer's process for requesting a step therapy override is transparent and readily available to the provider and patient;

2. Allow automatic exceptions to step therapy requirements when (a) the required prescription is contraindicated or will likely cause an adverse reaction; (b) the required prescription drug is expected to be ineffective; (c) the patient has previously tried the required drug or a drug in the same pharmacologic class and the drug was ineffective or caused an adverse event; (d) the required prescription drug is not in the best interests of the patient based on medical appropriateness; and/or (e) the patient is already stable on a prescription drug for the medical condition under consideration; and

3. Ensure that step therapy programs are based on clinical guidelines developed by independent experts. *(Original 2017)*

Actions Taken Since this Resolution Passed. ***OOA is one of the key stakeholders leading this initiative. OOA has designed a web site for physician advocacy on the bill, has participated in interested party meetings, met with individual legislators, and has participated in two Step Therapy Days at the Statehouse. SB 56 and HB 72 seek to minimize barriers to treatment by improving the step therapy process. SB 56 is sponsored by State Senators Peggy Lehner (R-Kettering) and Charleta Tavares (D-Columbus). HB 72 is sponsored by State Representatives Terry Johnson (R-McDermott) and Nickie Antonio (D-Lakewood). Draft 4 of SB 56 was accepted by the Senate Health, Human Services and Medicaid Committee, March12, 2018. Draft 2, of companion bill HB 72 was accepted, March 21, 2018, by the House Health Committee. Testimony is anticipated when the House Health Committee meets, April 11, 2018. Although the legislation is opposed by the Ohio Association of Health Plans, the Chamber of Commerce and other business association have taken a more moderate stand.***

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

WHEREAS, as the first state osteopathic association in the nation to add a voting student representative to its Board of Trustees and to seat a student delegate in its House of Delegates, the Ohio Osteopathic Association (OOA) has a long history of supporting student involvement in the osteopathic profession1; and

WHEREAS, to encourage participation in the OOA during medical school and after, the OOA provides all students enrolled in the Ohio University Heritage College of Osteopathic Medicine (OUHCOM) dues-free membership in the OOA; and

WHEREAS, with the recent openings of the Dublin and Cleveland campuses of OUHCOM, by 2018 there will be more than 900 students enrolled at OUHCOM during a given school year, representing an increase of over 70 percent since 2014; and

WHEREAS, student representation in the OOA House of Delegates has not been restructured to take into account the large increase in the number of student members in the OOA; and

WHEREAS, increasing participation by students in the OOA likely will lead to increased participation in the OOA when the students become physicians, thereby strengthening the OOA's future outlook; now, therefore be it

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

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

References

Ohio Osteopathic Association student membership website. Accessed on March 18, 2017 at http://www.ooanet.org/aws/OOSA/pt/sp/students.

***Actions Taken Since this Resolution Passed:* This resolution requires an amendment to the OOA Bylaws. See Resolution 2018-01. The Board of Trustees is recommending that a voting student delegate from each OU-HCOM campus be seated with the District in which the campus is located. OOA Executive Committee continues to discuss student involvement, and Charles Milligan, DO, has been appointed to chair the OOA Task Force on Student Involvement.**

Primary Care and Osteopathic Manipulative Medicine Research, Increased OOA Promotion of (2017)

WHEREAS, in 2016 of the approximately $12 billion given to medical schools by the NIH, only about $23 million (.19%) was granted to colleges of osteopathic medicine[1]; and

WHEREAS, 94% of allopathic medical schools received some type of NIH funding as compared to just 33.3% of osteopathic medical schools[1]; and

WHEREAS, "Schools of Osteopathic Medicine" ranked last among the 10 different types of educational institutions receiving NIH funding, in the fiscal year of 2016[1]; and

WHEREAS, in the 5-year period from 2006 to 2010, 28 colleges of osteopathic medicine combined to produce only 1843 publications[2] which is fewer than 15 publications per year per school, and more than a quarter of these publications had never been cited[3]; and

WHEREAS, a survey of the 2015-2016 osteopathic medical school graduates, reported that only 2% of their time during their clerkship years was devoted to research endeavors, and 47% of the students felt that an inadequate amount of time was devoted to learning research techniques[4]; and

WHEREAS, of the $12 billion awarded to medical schools only $370 million (3.08%) was dedicated to Family Medicine and Public Health & Preventative Medicine[5]; and

WHEREAS, from FY2006 until FY2012, only 2.64% (180 of 6809) of active research contracts and grants at osteopathic medical schools had a subject of "OMT/OPP + Other"[6]; and

WHEREAS, "the mission statements of a majority of colleges of osteopathic medicine (COMs) mention the goal of producing primary care physicians"[7]; and

WHEREAS, primary care research may be a niche for COMs to increase research activity and engagement due to their emphasis on a primary care focused education and location in underserved arease[7,8]; and

WHEREAS, creating research partnerships between COMs and primary care departments such as pediatricians, internal medicine, and family medicine is mutually beneficial for both advances in patient care and osteopathic research[8,9]; now, therefore be it

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

References

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2. American Association of Colleges of Osteopathic Medicine website. *What is Osteopathic Medicine?* Retrieved from http://www.aacom.org/about/osteomed/pages/default.aspx.
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9. Naik AD et al. (2014) Building a primary care/research partnership: lessons learned from a telehealth intervention for diabetes and depression. *Journal of Family Practice*, 32 (2): 216-223

Actions Taken Since This Resolution Passed: ***OOA continues to be leader in promoting scholarly research. Thanks to a generous gift from OOA Past President Robert W. Hostoffer, Jr., DO, the Ohio Osteopathic Foundation has produced and is sponsoring three on-line courses, which are available for free, continuing medical education through the American Osteopathic Association web site. For complete information see http://ooanet.org/aws/OOSA/pt/sp/scholar7***

EXISTING POSITION AMENDED BY SUBSTITUTION

Medicaid Support of GME Funding (2017)

WHEREAS, "Ohio Medicaid subsidizes hospitals $39,000 on average annually for each graduate medical intern or resident the hospital trains [but]. some hospitals receive as much as $385,000 per resident while others receive nothing at all," according to the Ohio Office of Health Transformation; and

WHEREAS, funding formulas originally established under Ohio Medicaid to support graduate medical education have generally discouraged or penalized hospitals from creating and supporting primary care residency programs that rely on resident training in outpatient settings and physician offices; and

WHEREAS, traditional osteopathic residency programs approved by the American Osteopathic Association received significantly less direct medical education (DME) funding under cost-based formulas because they relied heavily on volunteer clinical faculty in all specialties at the time reimbursement formulas were set; and

WHEREAS, ninety-five percent of the entering class at the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) in 2016 were from Ohio; and 70 percent of the 2016 OU-HCOM graduates from the fourth year class remained in Ohio for residency programs; and

WHEREAS, OU-HCOM had the highest percentage of any of Ohio's seven medical school for graduates entering primary care residency programs; and

WHEREAS, current national and state health policy emphasizes the importance of primary care physicians in holding down health care costs by preventing disease, maintaining wellness and managing chronic diseases outside of costly acute care settings; and

WHEREAS, there is a critical shortage of medical school graduates entering primary care specialties today that has been exacerbated by low reimbursement for primary care services and high medical student debt at the time of graduation; now, therefore, be it

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

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

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

Actions Taken Since This Resolution Passed: The OOA is coordinating the Ohio Coalition of Primary Care Physicians (OCPCP). The Council of Medical School Deans, led by Kenneth H. Johnson, DO, and the OCPCP have appointed a new joint study committee headed by Ted Wymyslo, Chief Medical Office of the Ohio Association of Community Health Centers. The Ohio Primary Care Physician Workforce Collaborative was subsequently created to devise a strategy for enhancing the primary care workforce for the state of Ohio. The major focus will initially be on GME, as there has been little change in the number of primary care residency slots in Ohio in the last decade, despite significant growth in the number of medical student training positions during that same time. There is agreement among all national agencies that predict health workforce needs that there is and will continue to be a significant shortage of primary care physicians in Ohio, with the only question being just how great the deficit will be. There is no current statewide plan in Ohio to address this shortage. Dr. Wymsylo is therefore starting by convening a small group of leaders from various organizations who have an interest in beginning a conversation about how to best address this need. Douglas Harley, DO, of Akron, is the OOA representative along with OU-HCOM Executive Dean Johnson. The focus will only be on physician shortage, as there is no predicted shortage of primary care nurse practitioners or physician assistants at the present time.

EXISTING POSITION STATEMENTS AMENDED AND/OR REAFFIRMED

According to the Standing Rules of the OOA House of Delegates "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." The following actions were taken as a result of the five-year review rule.

Antibiotics for Medical Treatment, Preservation of (2017)

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

Continuing Medical Education, State-Mandated, Subject Specific

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

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

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

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

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

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

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

Direct Payment by Insurers

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

Disability Coverage for Physicians Who Are HIV Positive

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

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

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

Emergency Department Utilization

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

Immunization Initiatives

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

Information Technology Adoption and Interchange

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

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

Managed Care Plans, Quality Improvement and Utilization Review (2017)

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

Managed Care Plans, Standardized Reporting Formats

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

Medicare Mandatory Assignment (2012)

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

Nursing Facilities, Tiered (2012)

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 (2012)

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

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

Osteopathic Practice and Principles
Through the Continuum of Osteopathic Education (2017)

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

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

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

Physicians Exclusive Right to Practice Medicine (2012)

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 (2017)

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

Physician Placement in Rural Areas (2017)

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

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

Physician Fines by Third Party Payers (2012)

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

Pre-Authorized Medical Surgical Services, Denial of Payment (2012)

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 (2012)

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 (2012)

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 (2012)

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

Reimbursement Formulas for Government Sponsored Healthcare Programs (2012)

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

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

School Bus Safety Devices (2012)

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

Telemedicine (2012)

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

technologies: and be it further

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

Third Party Payers, DO Medical Consultants (2012)

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)*

EXISTING POSITION STATEMENTS DELETED

The House of Delegates deleting the following resolutions:

- The original resolution supporting creation of the Western Reserve Academy, since the OOA Constitution and bylaws were amended to reflect the change.
- The existing policy on School Allergens was deleted and a new policy adopted in its place.

RESOLUTIONS DEFEATED, REFERRED, OR WITHDRAWN

One resolution, **AOA Category 1-B CME Credit for Preceptoring Physician Assistant Students (PAs)**, was disapproved.

Respectfully submitted by,
Jon F. Wills
Executive Director Emeritus

Ad Hoc Reference Committee

Purpose: To consider resolutions not having a specific category.

Resolutions: 4, 7, 8, 9, 10, 11

Members:

Nicholas G. Espinoza, DO, Chair (District I)
John C. Biery, DO (District II)
Christine B. Weller, DO (District III)
Michael E. Dietz, DO (District IV)
Nicole Barylski-Danner, DO (District V)
Ying H. Chen, DO (District VI)
Katherine Hovsepian Eilenfeld, DO (District VII)
Gregory Hill, DO (District VIII)
Melinda E. Ford, DO (District IX)
John C. Baker, DO (District X)
Henry L. Wehrum, DO (District VI)
Cheryl Markino, Staff

Juniper C

RES. NO.
2018-04

SUBJECT: Engaging Osteopathic Physicians as Preceptors

SUBMITTED BY: OOA Council on Resolution

REFERRED TO:

RESOLVED, THAT THE FOLLOWING POLICY STATEMENT BE AMENDED AND APPROVED IN ITS ENTIRTY:

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

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

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

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

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

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

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

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

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

ACTION TAKEN: ____________________

DATE: ____________________

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

RES. NO.
2018-07

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

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

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

1 ~~WHEREAS, the tragic December 14, 2012, shootings at Sandy Hook Elementary School~~
2 ~~in Newtown, Connecticut, have initiated national discussion regarding measures to~~
3 ~~reduce gun-related violence in the United States by the President, Congress, the media,~~
4 ~~state lawmakers, as well as health care professionals; and~~
5
6 ~~WHEREAS, in 1974, the Supreme Court of California ruled on the Tarasoff case which~~
7 ~~held that mental health professionals have a duty to protect individuals who are being~~
8 ~~threatened with bodily harm by a patient; and~~
9
10 ~~WHEREAS, the Tarasoff case has been the adapted practice by many states and is~~
11 ~~generally 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~~
15 ~~the patient-doctor relationship as pledged by the Osteopathic Oath, and Oath of~~
16 ~~Hippocrates as well as federal law, specifically HIPAA; and~~
17
18 ~~WHEREAS, the American Osteopathic Association, in its policy statement H301-A/05~~
19 ~~states that in all matters of health care, the physician-patient relationship must be~~
20 ~~protected; now therefore, be it~~
21
22 RESOLVED that while the Ohio Osteopathic Association (OOA) supports measures that
23 save the community at large from gun violence, the OOA opposes public policy that
24 mandates reporting of information regarding patients and gun ownership or use of guns
25 except in those cases where there is duty to protect, as established by the Tarasoff ruling,
26 for fear of degrading the valuable trust established in the patient-doctor relationship. ~~; and~~
27 ~~be it further~~
28
29 ~~RESOLVED that upon successful passage of this resolution, a copy be sent to the~~
30 ~~American Osteopathic Association for consideration at its annual House of Delegates~~
31 ~~meeting in July.~~

ACTION TAKEN: ____________________

DATE: ____________________

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

RES. NO.
2018-08

SUBJECT: Social Media Guidelines for DOs

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

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

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; 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; and~~
15
16 ~~WHEREAS, other professional organizations currently have professionalism in the use of~~
17 ~~social media policies, 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 Ohio Osteopathic Association (OOA) supports the use of
23 appropriate social media by osteopathic physicians as a method to promote our profession
24 and practices **subject to guidelines published by the American Osteopathic**
25 **Association.** ~~; and, be it further~~
26
27 ~~RESOLVED, that a copy of this resolution be submitted to the 2013 AOA House of~~
28 ~~Delegates for national consideration. *(Original 2013)*~~

ACTION TAKEN: ____________________

DATE: ____________________

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

Social Media Guidelines for DOs

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

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

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

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

Ensuring patient confidentiality

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

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

Maintaining professional relationships

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

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

Disclosing conflicts of interest

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

Think before posting

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

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

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

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

RES. NO.
2018-09

SUBJECT: Osteopathic Education, Promoting A Positive and Enthusiastic Approach

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

RESOLVED THAT THE FOLLOWING RESOLUTION BE AMENDED AS FOLLOWS AND APPROVED:

1 RESOLVED that the Ohio Osteopathic Association (OOA) continue to challenge its physician
2 membership to maintain and promote a positive and enthusiastic outlook about the future of
3 osteopathic medicine; and be it further
4
5 RESOLVED that the OOA in conjunction with the Ohio Osteopathic Foundation, ~~the Ohio~~
6 ~~Osteopathic Hospital Association and~~, the Ohio University **Heritage** College of Osteopathic
7 Medicine, **the Centers for Osteopathic Education and Research/Health Professions**
8 **Research and Education Network, and Osteopathic Heritage Foundations** continues to urge
9 practicing physicians to serve as enthusiastic and compassionate role models in spite of rapidly
10 evolving changes in the healthcare delivery system which are sometimes demoralizing to
11 practicing physicians; and be it further,
12
13 RESOLVED, that the OOA membership and affiliated groups continue to aggressively recruit
14 and help retain bright, energetic, enthusiastic and compassionate young people as osteopathic
15 students. *(Original 1988)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2018-10

SUBJECT: Wireless Enhanced 911 Services for the State of Ohio

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

1 **RESOLVED, THAT THE FOLLOWING RESOLTION BE AMENDED AS FOLLOWS**
2 **AND APPROVED:**
3
4 RESOLVED, that the Ohio Osteopathic Association endorses ~~state legislation to expedite~~
5 **expedited** implementation of Phase I, **and** Phase II, ~~and Phase III~~ wireless enhanced 9-1-1
6 services to ensure that emergency call centers in all Ohio counties can identify wireless
7 telephone numbers, use global positioning to locate call positions, and receive text messages
8 from wireless phones. (Original 2008)

ACTION TAKEN: ____________________

DATE: ____________________

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

RES. NO.
2018-11

SUBJECT: Authority of the Ohio Osteopathic Association To Certify Osteopathic Continuing Medical Education in Ohio

SUBMITTED BY: OOA Executive Committee

REFERRED TO:

1 WHEREAS, osteopathic continuing medical education (CME) is essential to ensure competency
2 and quality for the practice of osteopathic medicine and surgery; and
3
4 WHEREAS, in 1943, the osteopathic profession in Ohio was the first profession to self-impose
5 and support a mandate in the Ohio Revised Code that required all DOs to complete two
6 consecutive days of CME conducted by the Ohio Osteopathic Association (OOA) each year in
7 order for a physician to be licensed to practice osteopathic medicine and surgery in the State of
8 Ohio; and
9
10 WHEREAS, the OOA, under the leadership of Donald Siehl, DO, of Dayton, past president of
11 the American Osteopathic Association (AOA), was instrumental in developing AOA's first
12 mandatory continuing medical education program in 1974; and
13
14 WHEREAS, the AOA was the first national physician organization in the United States to
15 require completion of 150 hours of CME over a three-year period in order to be a member of the
16 AOA and board certified in an AOA specialty; and
17
18 WHEREAS, in 1975, the Ohio General Assembly amended the Ohio Revised Code (ORC), as a
19 part of an omnibus professional liability insurance bill, to mandate all MD, DOs and DPMs
20 complete 150 Hours of CME over a three-year period for Ohio licensure, as certified by the
21 respective professional organization of each profession; and
22
23 WHEREAS, Section 4731.282 of the ORC states:
24
25 *" (1) Except as provided in division (D) of this section, each person holding a license to*
26 *practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and*
27 *surgery issued by the state medical board shall complete biennially not less than one hundred*
28 *hours of continuing medical education that has been approved by the board.*
29
30 *(2) Each person holding a license to practice shall be given sufficient choice of continuing*
31 *education programs to ensure that the person has had a reasonable opportunity to participate*
32 *in continuing education programs that are relevant to the person's medical practice in terms*
33 *of subject matter and level.*
34

35 *(B) In determining whether a course, program, or activity qualifies for credit as continuing*
36 *medical education, the board shall approve all of the following:*
37
38 *(1) Continuing medical education completed by holders of licenses to practice medicine and*
39 *surgery that is certified by the Ohio state medical association;*
40
41 *(2) Continuing medical education completed by holders of licenses to practice osteopathic*
42 *medicine and surgery that is certified by the Ohio osteopathic association;*
43
44 *(3) Continuing medical education completed by holders of licenses to practice podiatric*
45 *medicine and surgery that is certified by the Ohio podiatric medical association.*
46
47 *(C) The board shall approve one or more continuing medical education courses of study*
48 *included within the programs certified by the Ohio state medical association and the Ohio*
49 *osteopathic association under divisions (B) (1) and (2) of this section that assist doctors of*
50 *medicine and doctors of osteopathic medicine in both of the following:*
51
52 *(1) Recognizing the signs of domestic violence and its relationship to child abuse;*
53
54 *(2) Diagnosing and treating chronic pain, as defined in section <u>4731.052</u> of the Revised Code.*
55
56 *(D) The board shall adopt rules providing for pro rata reductions by month of the number of*
57 *hours of continuing education that must be completed for license holders who are in their first*
58 *renewal period, have been disabled by illness or accident, or have been absent from the*
59 *country. The board shall adopt the rules in accordance with Chapter 119. of the Revised*
60 *Code.*
61
62 *(E) The board may require a random sample of holders of licenses to practice medicine and*
63 *surgery, osteopathic medicine and surgery, or podiatric medicine and surgery to submit*
64 *materials documenting completion of the required number of hours of continuing medical*
65 *education. This division does not limit the board's authority to conduct investigations*
66 *pursuant to section <u>4731.22</u> of the Revised Code: and*
67
68 WHEREAS, the OOA and the State Medical Board of Ohio, after a legal challenge by the OOA,
69 entered into an-out-of-court agreement that allows the OOA to review non-AOA approved CME
70 programs submitted by DOs for licensure in Ohio, that " are relevant to a person's medical
71 practice in terms of subject matter and level" and reclassify them in OOA Osteopathic Category
72 1-C for the purpose of Ohio licensure;" and
73
74 WHEREAS, the OOA has been reviewing and approving applications for Category 1-C on a
75 timely basis and certifying such waivers to the State Medical Board of Ohio for more than 40
76 years to meet the requirements of the Section 4731.282 of the Ohio Revised Code; and
77
78 WHEREAS, AOA and the American Board of Medical Specialties (ABMS) have adopted
79 Osteopathic Continuous Certification (OCC) and Maintenance of Certification (MOC)
80 respectively as a self- imposed process to ensure the ongoing competency of physicians in all

81 specialty areas without relinquishing standard-setting authority solely to state medical boards;
82 and
83
84 WHEREAS, State Rep. Teressa Gavarone, has introduced HB 273 in the 132nd General
85 Assembly, which prohibits OCC and MOC from being used as a condition for state medical
86 licensure, hospital privileges, or reimbursement by health insuring corporations in Ohio; and
87
88 WHEREAS, AOA House of Delegates passed a resolution in 2017 encouraging the AOA to
89 ensure OCC does not become a barrier to licensure, hospital privileges or reimbursement because
90 of high-cost, high-stakes testing or inability to obtain CME in geographically-convenient
91 locations; and
92
93 WHEREAS, HB 273 sets a dangerous precedent that would allow the State of Ohio to override
94 competency standards that are developed and self-imposed by physician organizations and
95 certification boards, and shift such responsibility to the government; now, therefore be it
96
97 RESOLVED, that the Ohio Osteopathic Association's House of Delegates reaffirms the right and
98 authority of the Ohio Osteopathic Association (OOA) to certify all continuing medical education
99 requirements "that are relevant to the person's medical practice in terms of subject matter and
100 level," (ORC 4731.282) for osteopathic licensure in Ohio; and be it further
101
102 RESOLVED, OOA reaffirms its commitment to ensure that quality and relevant AOA Category
103 1-A continuing medical education programs are readily accessible to all DOs, regardless of
104 specialty, who are certified by the American Osteopathic Association and/or the American Board
105 of Medical Specialties; and, be it further
106
107 RESOLVED, that the OOA continue to work with the Ohio University Heritage College of
108 Osteopathic Medicine and the Centers for Osteopathic Research and Education/Health
109 Professional Research and Education Network to ensure that quality continuing medical
110 education programs are available to all DOs regardless of specialty throughout the State of Ohio;
111 and, be it further
112
113 RESOLVED, that the OOA, through the Ohio Osteopathic Foundation, work with all CME
114 sponsors and providers in the state of Ohio to ensure that quality, affordable osteopathic
115 continuing medical education program are available throughout the state, that meet requirements
116 in the Ohio Revised Code for programs that are relevant to every DO's "medical practice in
117 terms of subject matter and level," including subject-specific areas mandated by the Ohio
118 Revised Code, such as domestic violence, human trafficking, medical marijuana, and pain
119 management.

ACTION TAKEN: ____________________

DATE: ____________________

Constitution & Bylaws Reference Committee

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

Resolutions: 1, 2, 3, 5, 6

Members:

Jennifer L. Gwilym, DO, Chair (District IX)
Roberta J. Guibord, DO (District I)
Edward E. Hosbach, DO (District II)
Christine B. Weller, DO (District III)
Kimbra Joyce, DO (District III)
Christine M. Samsa, DO (District V)
Tejal R. Patel, DO (District VI)
Phillip A. Starr, III, DO (District VII)
Paul T. Scheatzle, DO (District VIII)
Sharon L. George, DO (District X)
Noor Ramahi, OMS I (OU-HCOM)
Carol Tatman, Staff

Juniper B

RES. NO
2018-01

SUBJECT: Proposed Amendment to the Ohio Osteopathic Association Bylaws, Student Representation in the OOA House of Delegates

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Constitution and Bylaws Reference Committee

1 **RESOLVED, THAT ARTICLE V, SECTION 1 (B) OF THE OHIO OSTEOPATHIC**
2 **ASSOCIATION BYLAWS BE AMENDED AS FOLLOWS:**
3
4 **Section 1 (b) - Student Delegate.** Each **campus of an** approved college of osteopathic medicine
5 and surgery located within the state of Ohio shall be entitled to one delegate and one alternate
6 delegate to the Ohio Osteopathic Association House of Delegates. This delegate and his/her
7 alternate shall be selected by the student council of ~~the college~~ **each campus** and shall be seated
8 with the district in which the campus is located. **For purposes of this section, a campus is**
9 **defined as college, branch campus, or alternate location of a college accredited by the**
10 **Commission on Osteopathic College Accreditation, which has a certificate of authorization**
11 **from the State of Ohio to offer the DO degree in the state of Ohio and has a full-time dean**
12 **of the college at the teaching site.**

ACTION TAKEN: ____________________

DATE: ____________________

***Explanatory Note**: In 2017, the OOA House of Delegates amended and approved Resolution 2017-21, entitled "Increasing Student Involvement in the Ohio Osteopathic Association." The original resolution called for seating four student delegates and four alternates with the District 9 delegation. The resolution was subsequently discussed in reference committee and amended to allow for two student delegates to be seated with the District 9 delegation.*

Since this change requires an amendment to the OOA Bylaws, the OOA Board of Trustees discussed the implication of student representation and what is appropriate given the increase in the number of osteopathic medical schools across the country. The OOA Board is therefore recommending that student representation in the OOA House of Delegates be increased to three to allow one student from each OU-HCOM campus to be seated with the District in which the campus is located (District 6,7, and 9). Because other osteopathic colleges located in other states now have students in Ohio, the board further recommends defining the word "campus" to maintain the original intent of student representation in the AOA and OOA Houses of Delegates. This language does not increase student representation on the OOA Board of Trustees or in the delegation to the American Osteopathic Association.

RES. NO.
2018-02

SUBJECT: Consent Agenda (Reaffirmation of Existing Policy Statements)

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

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

1 **RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED**
2 **ACCORDING TO THE FIVE-YEAR POLICY REVIEW RULE:**
3
4 **1 - Complementary and Alternative Medicine**
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 advise
8 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 which
11 protect the right of Ohio physicians to use all forms of therapies which benefit patients, provided
12 the patient has given appropriate informed consent. *(Original1998)*
13
14 **2 - Continuing Medical Education, Reduced Registration Fees for Retired and Life**
15 **Members**
16
17 RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer all OOA-sponsored
18 continuing medical education programs at a reduced registration fee of at least 25 percent for all
19 OOA member physicians who document their status as retired or life members; and be it further
20
21 RESOLVED that the OOA continue to encourage all osteopathic continuing medical education
22 sponsors in the state of Ohio to offer reduced registration fees in a similar manner. *(Original*
23 *1988)*
24
25 **3 - False Qualification Standards and Advertising for the MD Degree**
26
27 RESOLVED, that the Ohio Osteopathic Association protest any solicitations by medical schools
28 which attempt to undermine the integrity of the DO degree by offering to confer MD degrees to
29 DOs through false qualification standards; and, be it further
30
31 RESOLVED, that the Ohio Osteopathic Association continue to urge the Ohio State Medical
32 Board to only recognize the DO or MD degree when full American Osteopathic Association
33 (AOA) or Liaison Committee on Medical Education (LCME) curricular requirements have been
34 met for each degree and when the appropriate state licensing examinations have been

35 successfully passed. *(Original 1999)*
36
37 **4 - Hospice Support**
38
39 RESOLVED that the Ohio Osteopathic Association continues to support governmental funding
40 of Hospice programs. *(Original 1993)*
41
42 **5 - Infectious Waste Disposal**
43
44 RESOLVED that the Ohio Osteopathic Association recommends that the Ohio Department of
45 Health (ODH) promote and encourage educational programs for the public regarding safe and
46 effective disposal of home-generated medical supplies. *(Original 1993)*
47
48 **6 - Medicare Services**
49
50 RESOLVED that the Ohio Osteopathic Association continue to work with Medicare and all
51 health insuring corporations offering a Medicare product in Ohio to ensure osteopathic input in
52 all policies and appeal mechanisms that deal with osteopathic procedures; and be it further
53
54 RESOLVED, that the OOA continue to support the appropriate reimbursement of osteopathic
55 treatment modalities. *(Original 1988)*
56
57 **7 - Medication Reconciliation**
58
59 RESOLVED, that the Ohio Osteopathic Association encourages the use of medication
60 reconciliation lists containing drug names, dosages, routes, and administration times to help the
61 health care team identify potential drug interactions and avoid medication errors during the
62 exchange of information between all health care settings. *(Original 2008)*
63
64 **8 - Ohio Insurance Guaranty Association**
65
66 RESOLVED, the Ohio Osteopathic Association Continue to advocate for increasing the Ohio
67 Insurance Guaranty Association's claims limits to adequately cover the claims of liquidated
68 medical professional liability insurance companies; and be it further
69
70 RESOLVED, that the Ohio Osteopathic Association continue to actively seek financially stable
71 sources of medical liability, in order to protect its member physicians. *(Original 1998)*
72
73 **9 - Osteopathic Anti-Discrimination**
74
75 RESOLVED that the Ohio Osteopathic Association continue to seek, whenever necessary,
76 amendments to the Ohio Revised Code and the Ohio Administrative Code, which prohibit
77 discrimination against osteopathic physicians by any entity on the basis of degree, AOA
78 approved training or osteopathic specialty board certification. *(Amended by Substitution in 1998,*
79 *originally passed in 1993)*
80

10 - Patient Medical Care Expense Control

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

11 - Reaffirmation of The DO Degree

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

12 - Suicide Prevention and Screening

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to encourage and promote the professional use of suicide prevention screening programs like the "Columbia Teen Screen," "American Foundation for Suicide Prevention College Screening Project" and the "College Response"; and, be it further,

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

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

13 - Taser Safety (In memory of Kevin Piskura)

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

RES. NO.
2018-03

SUBJECT: Energy Drink Dangers

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

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

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

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

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

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

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

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

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

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

RESOLVED, that the Ohio Osteopathic Association supports community awareness and education regarding the effects and **potential** dangers of consuming energy drinks ~~as well~~

37 ~~as,~~ **and** encourages physicians to ~~increase screening~~ **screen** for the use of energy drinks.~~;~~
38 ~~and be it further~~
39
40 ~~RESOLVED, that upon successful passage of this resolution, a copy be sent to the~~
41 ~~American Osteopathic Association for consideration at the House of Delegates meeting~~
42 ~~in July. (Original 2013)~~

ACTION TAKEN: ____________________

DATE: ____________________

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

RES. NO.
2018-05

SUBJECT: Health Plans, Stability and Continuity of Care

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

1 **RESOLVED, THAT THE FOLLOWING POLICY STATEMENT BE AMENDED**
2 **AS FOLLOWS AND APPROVED:**
3
4 ~~WHEREAS, patients' well – being and health is closely related to and dependent upon~~
5 ~~stable and ongoing relationships with their physicians; and~~
6
7 ~~WHEREAS, patients enroll with health plans based on the availability of physicians and~~
8 ~~physician groups who are contracted providers with the health plans; and~~
9
10 ~~WHEREAS, hundreds of thousands of patients in Ohio have been forced to undergo~~
11 ~~disruption and loss of continuity of health care when their health insurance/maintenance~~
12 ~~organization cancels contracts with providers; now, therefore, be it~~
13
14 RESOLVED, that the Ohio Osteopathic Association (OOA) adopt as policy the principle
15 that a health plan must keep the physicians, physician groups, medications and hospitals
16 advertised when a patient enrolled available to the patient for the duration of the patient's
17 contract. *(Original 2003)*

ACTION TAKEN: ____________________

DATE: ____________________

RES. NO.
2018-06

SUBJECT: Physician Choice to Participate in Health Plans

SUBMITTED BY: OOA Council on Resolutions

REFERRED TO:

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

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

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

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

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

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

~~RESOLVED, that upon successful passage a copy of the resolution be sent to the AOA for consideration at its annual House of Delegates meeting in July. (Original 2013)~~

ACTION TAKEN: ____________________

DATE: ____________________

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

EXECUTIVE COMMITTEE 2017-18

President	Sean D. Stiltner, DO
President-Elect	Jennifer J. Hauler, DO
Vice President	Charles D. Milligan, DO
Treasurer	Sandra L. Cook, DO
Immediate Past President	Geraldine N. Urse, DO
Executive Director	Mr. Jon F. Wills

BOARD OF TRUSTEES 2017-18

DISTRICT		TERM EXPIRES
NW OHIO-I	Nicholas G. Espinoza, DO	2020
LIMA-II	Wayne A. Feister, DO	2020
DAYTON-III	Nicklaus J. Hess, DO	2020
CINCINNATI-IV	Michael E. Dietz, DO	2020
SANDUSKY-V	Gilbert S. Bucholz, DO	2019
COLUMBUS-VI	Henry L. Wehrum, DO	2019
CLEVELAND-VII	John J. Wolf, DO	2019
AKRON/CANTON-VIII	Douglas W. Harley, DO	2018
MARIETTA-IX	Jennifer L. Gwilym, DO	2019
WESTERN RESERVE-X	John C. Baker, DO	2018
RESIDENT	Ryan K. Martin, DO	*
OU-COM STUDENT	E. Scott Wong, OMS II	2017

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

NEW TRUSTEES 2018-19

Columbus	unexpired term for Henry L. Wehrum, DO, to be elected by the Academy April 10	2019
Cleveland	Katherine H. Eilenfeld, DO to fill unexpired term for John J. Wolf, DO	2019
Sandusky	Luis L. Perez, DO to fill unexpired term for Gilbert S. Bucholz, DO	2019
Akron/Canton	Douglas W. Harley, DO	2021
Western Reserve	John C. Baker, DO	2021
Resident	Ryan K. Martin, DO	*
OU-COM Student Rep.	Adam Rabe, OMS I	2019

2017-18 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pfleghaar, DO	John T. Rooney, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr., DO
III	Christine B. Weller, DO	Jeffrey S. Rogers, DO
IV	Michael E. Dietz, DO	Scott A. Kotzin, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Adele M. Lipari, DO	Jeffrey A. Madachy, DO
VII	Christopher J. Loyke, DO	Katherine Hovsepian Eilenfeld, DO
VIII	Mark J. Tereletsky, DO	David A. Bitonte, DO
IX	Melinda E. Ford, DO	Timothy D. Law, DO
X	Sharon L. George, DO	Robert M. Waite, DO

2018-19 DISTRICTS PRESIDENTS AND SECRETARIES

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

2018 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	68	5/14	Nicholas G. Espinoza, DO, Chair George N. Darah, DO Roberta J. Guibord, DO Nicholas J. Pfleghaar, DO	All Northwest Ohio Members
Lima	26	2/5	John C. Biery, DO, Chair Edward E. Hosbach, DO	All Lima Members
Dayton	183	12/37	Christine B. Weller, DO, Chair Barbara A. Bennett, DO Cleanne Cass, DO Jennifer J. Hauler, DO Nicklaus J. Hess, DO Mark S. Jeffries, DO Kimbra L. Joyce, DO Gordon J. Katz, DO Paul A. Martin, DO Sharon S. Merryman, DO Chelsea A. Nickolson, DO Amber L. Richardson, DO	All Dayton Members
Cincinnati	33	2/7	Sean D. Stiltner, DO, Chair Michael E. Dietz, DO	All Cincinnati Members
Sandusky	48	3/10	John F. Ramey, DO, Chair Nicole Barylski-Danner, DO Christine M. Samsa, DO	All Sandusky Members
Columbus	228	15/46	William J. Burke, DO, Chair David L. Bowman, DO Ying H. Chen, DO John A. Cocumelli, DO Mark W. Garwood, DO Adele M. Lipari, DO Tejal R. Patel, DO Albert M. Salomon, DO Eugene F. Trell, DO Alex S. Tsai, DO Charles G. Vonder Embse, DO Henry L. Wehrum, DO	All Columbus Members Tejal R. Patel, DO Maury L. Witkoff, DO
Cleveland	107	7/21	John J. Wolf, Jr., DO, Chair Sandra L. Cook, DO Katherine Hovsepian Eilenfeld, DO Robert S. Juhasz, DO Christopher J. Loyke, DO Philip A. Starr, III, DO	All Cleveland Members
Akron/Canton	141	9/28	David A. Bitonte, DO, Chair Gregory Hill, DO Charles D. Milligan, DO James R. Pritchard, DO Paul T. Scheatzle, DO M. Terrance Simon, DO John F. Uslick, DO Schield M. Wikas. DO	All Akron-Canton Members

Marietta	96	6/19	Melinda E. Ford, DO, Chair Jennifer L. Gwilym, DO Jean S. Rettos, DO Marc D. Richards Morgan R. Werry, DO	All Marietta Members
Western Reserve	75	5/15	Sharon L. George, DO, Chair John C. Baker, DO E. Lee Foster, DO Robert M. Waite, DO	All Western Reserve Members
OU-COM	1	1/1	Noor Ramahi, OMS I	Adam Rabe, OMS I

House of Delegates

Authority/Responsibilities from Constitution and Bylaws:

1. Is the policy-making body of the Association. *(Constitution, Article VI)*

2. Is composed of one delegate for each 15 (or major fraction thereof) of OOA regular members within each district. *(Constitution, Article VI)*

3. Delegates and alternates must be regular members in good standing of the OOA and district and shall serve for 12 months. *(Bylaws, Article V, Section 1 (a))*

4. Each delegate shall receive at least one vote. In addition, each district receives one vote for each five members, which may be cast by one delegate or divided among the delegation as decided by the delegation in caucus; votes shall be proportionate to delegates registered by the Credentials Committee. *(Bylaws, Article V, Section 3)*

5. Determines the time and place of the annual session, which may be changed by the Board of Trustees should necessity warrant. *(Constitution, Article X)*

6. May confer honorary memberships by a two-thirds vote and on approval by the Board of Trustees. *(Bylaws, Article II, Section 5)*

7. Must concur in levying assessments, which may not exceed the amount of annual dues. *(Bylaws, Article IV, Section 1; Fees and Dues Administrative Guide)*

8. Shall convene annually preceding the annual convention or upon call by the president. *(Bylaws, Article V, Section 5)*

9. Shall hold special meetings upon the call of the President or upon written request by three district academies, provided the request has been passed by a majority of the academy membership at a regular or special meeting of the district. Must be given two weeks' notice and the object of the meeting must be stated. *(Bylaws, Article V, Section 5)*

10. Must have a quorum of one-third the voting members to transact business. *(Bylaws, Article V, Section 6)*

11. Is governed by Roberts Rules of Order Newly Revised, the order of business, and any special rules adopted at the beginning of the sessions unless suspended by a two-thirds vote. *(Bylaws, Article V, Section 7)*

12. Nominates and elects OOA officers. *(Bylaws, Article VI, Section 1)*

13. Nominates and elects delegates and alternates to the AOA House. *(Bylaws, Article VI, Section 4)*

14. Must refer all resolutions, motions, etc. involving the appropriation of funds to the Executive Committee and Board of Trustees without discussion. A negative recommendation from the

Board/Executive Committee may be overruled by a three-fourths vote by the House. *(Bylaws, Article VIII, Section 2)*

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

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

Authority Given by the Ohio Osteopathic Foundation Code of Regulations

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

Nominating Committee

The Speaker OOA shall appoint a nominating committee, and the charge of this committee shall be to interview/review potential candidates for OOA officers and recommend candidates for each office. The committee shall operate under the following guidelines (Resolution 98-13):

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

2. Each of the six committee members will be selected by their respective academies and their names shall be presented to the Speaker of the OOA House of Delegates for appointment.

3. This committee shall meet at least twice annually after its appointment.

4. This committee will conduct interviews with candidates for each of the following offices: president-elect, vice president, and treasurer.

5. A slate of candidates shall be presented to the OOA president and executive director thirty (30) days in advance of the OOA annual meeting. The slate with a brief description of each candidate's qualifications shall be printed in the House of Delegates Manual and the names of these candidates shall be placed in nomination by the Chairman of the Nominating Committee during the annual OOA meeting. Additional nominations may be made from the floor of the OOA House of Delegates. The slate shall include candidates for Speaker, Vice Speaker and OOF Trustees to be elected by the House.

6. Candidates for OOA officers shall obtain endorsements from and be presented through district academies. Every effort shall be made to continue the current rotational system in the selection of these candidates to ensure that different regions of the state are represented on the OOA Executive Committee.

7. Current members of the nominating committee shall not be candidates for OOA office and shall not be incoming officers of the OOA.

8. The Chairman of this committee will be elected by the committee members annually.

9. The committee shall also present a slate of nominees to serve as delegates and alternates to the AOA House of Delegates in consultation with the Chairman and vice-chairman of the Ohio Delegation. Names shall be placed in nomination by the Nominating Committee Chairman and additional nominations may be made from the floor of the OOA House of Delegates.

10. In the event that any duly appointed nominating committee member resigns or is unable to serve following his/her appointment, the academy(ies) which that member represent(s) shall select a replacement. Committee members are expected to serve on a long-term basis, and once appointed shall continue to serve until the respective academy selects and presents a successor to the Speaker of the House for appointment.

House Officers and Committees

Speaker Of The House

1. Elected annually by the House of Delegates (Constitution, Article VII)

2. Presides over the House of Delegates (Bylaws, Article X, Section 9)

3. Appoints Nominating Committee in accordance with resolution no 98-13.

4. Appoints Reference Committees. (Standing Rule No. 9)

5. Assigns resolutions to Reference Committees (Standing Rules Nos. 10 and 12)

6. May attend OOA Board of Trustees and Executive Committee meetings, without vote and shall serve as Parliamentarian (Bylaws, Article X, Section 9)

7. With the assistance of the Constitution and Bylaws Committee, reviews all proposed amendments to ensure proper format.

8. Determines whether a registered parliamentarian should be employed or not prior to the annual session.

9. May editorially correct resolutions prior to the printing in the manual upon notification to the originator of the resolution.

10. Serves as chairperson of the Committee on Standing Rules.

11. May sit ex officio in any reference committee meeting.

Vice Speaker

1. Elected annually by the House of Delegates (Constitution, Article VII)

2. Presides as Speaker of the House in the absence of the Speaker or at the Speaker's request (Bylaws, Article X, Section 9)

3. May sit ex officio in any reference committee meeting (Bylaws, Article X, Section 10)

4. Performs such other duties as assigned by the Speaker (Bylaws, Article X, Section 10)

Secretary

1. Appointed by the President (Bylaws, Article X, Section 1)

2. Handles all correspondence concerning the House of Delegates (Bylaws, Article X Section 1)

3. Makes sure that all deadlines are met with proper notice

4. Prepares the House of Delegates Manual

5. With the Executive Director, determines and certifies the number of delegates and alternates to the districts.

6. Maintains accurate minutes of the proceedings

7. Sends certifications to AOA delegates and alternates and prepares resolutions and forms for referral to the AOA.

8. Consults with the Speaker of the House prior to the annual session

Credentials Committee

1. Shall consist of at least two members appointed by the President (Bylaws, Article V, Section 4)

2. Receives and validates the credentials of delegates/alternates

3. Maintains a continuous roll call

4. Determines the presence of a quorum

5. Monitors voting and election procedures

6. Makes recommendations on the eligibility of delegates and alternates to a seat in the House when a seat is contested

Committee on Standing Rules

1. Shall consist of the Speaker of the House, the vice speaker of the House, the OOA President, and the Executive Director

2. Shall periodically review the standing rules of the House and recommend amendments 30 days prior to the House

3. Shall present such rules to the House for adoption

Program Committee

1. Shall consist of the President-Elect (Chairman), President, Executive Director and Immediate Past President

2. Shall review previous agendas and approve proposed agendas in consultation with the Executive Director

3. Shall present the agenda for approval at the House

Resolutions Committee

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

Referral of Business to Reference Committees

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

Reference Committees

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

Reference Committee Duties and Responsibilities

1. The primary responsibility of a reference committee is to recommend to the House an appropriate course of action on matters that have been placed before it. This duty should be accomplished by: evaluating all resolutions received by the committee, basing recommendations

on the best information and advice that is available, and making decisions in the best interests of the public and the profession.

2. Reference committees should NOT attempt to prevent the House from taking action on any matter that has been presented, nor should they automatically accept the opinions of their own committee members or the opinions of those who have testified without deliberation.

3. The reference committee fulfills its duty after thoughtful deliberation by advising the House to approve, disapprove, amend, postpone, or replace by a substitute resolution, any resolution that has been placed before it.

4. Reference committees must act within the standing rules of the House and within the framework of the Constitution and Bylaws. The reference committees may not only recommend action on resolutions before them but may also propose resolutions on their own initiative. They may call upon officers or members of the staff when they desire to gain information. They may make an explanation of the committee's decision before recommending to the House that a resolution be approved, disapproved, amended, postponed or replaced by a substitute resolution.

Reference Committee Hearings and Duties of the Chair

1. Reference committee hearings are conducted to receive and evaluate opinions so that the committee may present well-informed recommendations to the House.

2. Opinions are received during the open hearing that is conducted by the reference committee. During actual deliberations of the committee, the committee and its staff will meet in executive session.

3. All members of the OOA have the right to attend reference committee hearings and participate in the discussion, whether or not they are members of the House of Delegates.

4. The chair of the reference committee should carry out the usual duties of a chair in maintaining order, facilitating the transaction of business and in ruling on length and pertinence of discussion during both the public and executive sessions.

5. The chair should not permit the making of motions or the taking of formal votes at an open hearing, since the objective of the hearing is to receive information and opinions and not to make decisions of any sort that would bind the reference committee in its subsequent deliberations. The final motions should be held in executive session.

6. The chair, with consent of the committee, may impose reasonable time limits on discussion and debate to ensure all can be heard.

Reference Committee Reports

7. Reference committee reports are nothing more than comments and recommendations regarding resolutions and business assigned to the reference committee.

8. All reference committee reports are submitted in the standardized form described below.

9. Reference committees should ensure that resolutions are worded with the utmost clarity and only contain a single topic. Resolutions containing more than one topic must be divided so that the House can vote intelligently on each unrelated issue individually.

10. Each reference committee Chair shall review and approve the reference committee report prior to publication. The chairs should coordinate this activity with their reference committee secretaries.

11. Each reference committees report shall be presented to the House of Delegates by the chair and/or the vice chair of the respective committee.

Reference Committee Written Reports and Presentation to the House

1. Recommendations by reference committees shall be incorporated into a written report and the recommended action for each resolution shall be stated in the following format for oral presentation during the House: "I present for consideration Resolution ___ ; (followed by one of the following options):

   - the Committee recommends it be approved and I so move"; or,
   - the Committee recommends it be amended as follows and approved ("old material crossed out", and "new material underlined"), and I so move." (*All proposed amendments should be shown by line number.)* or,
   - the Committee recommends that it be amended by substitution as follows and approved (*include substitute resolution in entirety if not already included in the manual as a five-year review of an existing policy that is being substituted*)
   - the Committee recommends it be disapproved. "To start debate, I move the Resolution be approved". *(Important note: All motions pertaining to resolutions are presented in the positive. When conducting the vote to disapprove a resolution, the Speaker of the House will instruct the House with the following statement: "If you agree with the recommendation of the Committee, you will vote "nay", against the Resolution.")*

2. All reference committee reports must be approved by the chairs of reference committees prior to publication. The chair should make arrangements with staff to edit, correct and approve reports with secretarial staff assigned to the committee.

3. A resolution or motion, once presented to the House, may be withdrawn only by permission of the Delegates.

House of Delegates Code of Leadership

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

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

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

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

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

II. I will conduct myself with the highest level of **Integrity** to honor the AOA and the OOA and to support the highest ideals of the osteopathic profession for which they stand, as demonstrated by…

- Accepting the bylaws of the Associations and understanding that I am morally and ethically responsible for the health and vitality of the Associations.

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

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

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

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