

as of 4/15/2024

2024

Ohio Osteopathic Association
House of Delegates Manual

Friday, April 19th
2:00 – 5:00pm
Hilton Columbus at Easton
Easton C/D/E

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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

Hilton Columbus at Easton
3900 Chagrin Drive
Columbus, OH 43219
Easton C/D/E

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

Friday, April 19, 2024

- 2:00pm Delegate/Alternate Credentialing – John F. Ramey, DO, Chair
- 2:00pm Welcome and Call to Order – Nicklaus J. Hess, DO, President
- Pledge of Allegiance – Dr. Hess
 - Osteopathic Pledge of Commitment – Dr. Hess
 - Introduction of the Speaker/Vice Speaker – Dr. Hess
 - Recognition of special guests –David A. Bitonte, DO
- 2:10pm Credentials Committee Report – Dr. Ramey
- 2:15pm Opening Remarks and Routine Business – Dr. Bitonte
- Adoption of Standing Rules
 - Approval of Report of Heidi A. Weber MBA, CAE, Executive Director
 - Approval of Ms. Weber as Secretary of the House
- 2:25pm Program Committee Report – Douglas W. Harley, DO, President-Elect
- 2:30pm OOA/OOF Financial Reports – Andrew P. Eilerman, DO, Treasurer
- 2:35pm OOPAC Report* – Jennifer L. Gwilym, DO
- 2:40pm Advocacy Report – Danny Hurley, OOA Lobbyist
- 2:50pm State of the State Report – Dr. Hess
- 3:15pm Recognition of Reference Committees – Dr. Bitonte

Reference Committee 1

Nicholas J. Pflgebraar, DO (District I)
Open (District II)
Paul A. Martin, DO (District III)
Sean D. Stiltner, DO (District IV)
Nathan P. Samsa, DO (District V)
Henry L. Wehrum, DO (District VI)
Katherine H. Eilenfeld, DO (District VII), Chair

Paul T. Scheatzle, DO (District VIII)
Melinda E. Ford, DO (District IX)
Sharon L. George, DO (District X)

Reference Committee 2

Nicholas G. Espinoza, DO (District I)
Edward E. Hosbach II, DO (District II)
Chelsea A. Nickolson, DO (District III)
Joseph S. Scheidler, DO (District IV)
John F. Ramey, DO (District V)
Charles R. Fisher, DO (District VI)
Sandra L. Cook, DO -or- Kelly A. Raj, DO (District VII)
Douglas W. Harley, DO (District VIII)
Jennifer L. Gwilym, DO, (District IX), Chair
John C. Baker, DO (District X)

- 3:20pm Reference Committee 1 Report – Katherine H. Eilenfeld, DO Chair
- 3:45pm Reference Committee 2 Report – Jennifer L. Gwilym, DO, Chair
- 4:45pm Introduction of 2024-2025 OOA President Douglas W. Harley, DO
Recognition of Nicklaus J. Hess, DO, outgoing president
- 4:55pm Report of the OOA Nominating Committee – Dr. Ramey, Chair

Nominees for OOA Officers

President-Elect: Edward E. Hosbach II, DO
Vice President: Andrew P. Eilerman, DO
Treasurer: Katherine H. Eilenfeld, DO
Speaker of the House: Michael E. Dietz, DO
Vice Speaker of the House: Nathan P. Samsa, DO

Nominees for the Ohio Osteopathic Foundation Board

Three-year term expiring 2027: Forthcoming
Three-year term expiring 2027: Forthcoming

Ohio Delegation to the AOA House

(Included in packet)

- 5:05pm Adjournment

*Off the record

JOIN US FOR THE NETWORKING HAPPY HOUR AT 5:30 IN JUNIPER!

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 may 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.

Reference Committee 1

Purpose: To consider matters relating to osteopathic education, osteopathic colleges, osteopathic hospitals, internship and residency programs, certification, postgraduate training programs, student loans, research, membership and matters related to the practice of osteopathic medicine.

Resolutions: 2024-01, 2024-02, 2024-04, 2024-07

Members:

Nicholas J. Pfleghaar, DO (District I)
Open (District II)
Paul A. Martin, DO (District III)
Sean D. Stiltner, DO (District IV)
Nathan P. Samsa, DO (District V)
Henry L. Wehrum, DO (District VI)
Katherine H. Eilenfeld, DO (District VII), Chair
Gregory Hill, DO (District VIII)
Melinda E. Ford, DO (District IX)
Sharon L. George, DO (District X)
Heidi A. Weber, Staff

RES NO 2024-01

SUBJECT: UPDATED GUIDELINES FOR THE OHIO DELEGATION TO THE
AOA HOUSE OF DELEGATES

SUBMITTED BY: OOA GUIDELINE REVISION COMMITTEE

REFERRED TO:

1 WHEREAS, the guidelines of the Ohio delegation to the AOA House of Delegates were last
2 revised in June 2013; and
3
4 WHEREAS, a committee appointed by Ohio Osteopathic Association Board of Trustees
5 President Nicklaus J. Hess, DO, to revise and update the guidelines, consisted of George
6 Thomas, DO; Robert S. Juhasz, DO; Paul A. Martin, DO' and Teri Collins, OOA staff; and
7
8 WHEREAS, the committee met on Friday, February 2, 2024, and revised the document; now
9 therefore be it
10
11 RESOLVED, that the updated revisions of the guidelines (see next page) are presented to the
12 Ohio Osteopathic Association 2024 House of delegates for approval.

Guidelines for the Ohio Delegation

Elections

OOA Bylaws, Article VI, Section 4 - Election of AOA Delegates. *The officers and district trustees shall be voting members of the elected delegation to the American Osteopathic Association House of Delegates during their term of office. The additional delegates and alternates shall be nominated and elected at the annual meeting of the Ohio Osteopathic Association House of Delegates in the same year they will be serving in the AOA House. These nominations and elections shall follow the same procedure as provided for in Section 1 of this Article. The student delegate(s) and alternate(s) assigned by the AOA to the Ohio delegation shall enjoy the same rights and privileges as all other elected delegates and alternates and each shall have **one vote**.*

Section 5 - Election of AOA Alternates. *The Nominating Committee may nominate one or more alternate for each delegate allotted by the American Osteopathic Association. The number of alternates who will be funded to attend shall be determined each year by the Ohio Osteopathic Association Board of Trustees. Alternates shall be elected to a one year-term and shall automatically include any regular member of this association who has been elected to the AOA Board of Trustees. The duly elected delegates and alternates shall hold at least one meeting annually to elect a chair and to conduct such other business as necessary. In the event that the actual number of delegates certified by the American Osteopathic Association exceeds the number of delegates that have been elected, the chair of the delegation, in consultation with the Nominating Committee shall appoint one or more alternates to fill the position(s). If the number of elected delegates exceeds the number certified by the American Osteopathic Association, the chair shall displace the delegate(s) with the least seniority of attendance at American Osteopathic Association houses, and seat him/her as the first alternate(s).*

Officers

Officers of the Ohio Delegation shall include the chair, the first vice chair and the second vice chair, who shall be elected annually. The president of the OOA shall automatically serve as the second vice chair. Officers of the delegation shall not hold elective office in the AOA.

Duties of the Chair

1. The chair is the unquestioned leader of the delegation and should expect a long tenure in his/her position. He/She shall preside at all meetings of the delegation.
2. He/She shall attend the OOA House of Delegates in order to be familiar with the feelings of the OOA House.
3. During the entire year, he/she shall make contacts and keep in touch with other states' chair regarding political issues and potential candidates for office.
4. He/She shall acknowledge any letters received from other state osteopathic delegations, and a copy of the acknowledgments shall be sent to the first and second vice chairmen.
5. He/She shall keep notes on all telephone conversations with members of other delegations.
6. As soon as the AOA House of Delegates Manual is available, he/she shall assign each delegate/alternate one or more resolutions(s) to discuss at the pre-AOA House meeting.
7. He/She shall present elected Ohio delegates to the AOA.

- 44 8. He/She shall be in attendance at the AOA House from the outset.
45 9. The Chair shall submit nominations for AOA committees to the AOA president-elect.
46 Nominations should include those Ohio DOs who aspire to AOA elective office.
47 10. Immediately following the OOA House the chair shall submit the names of Ohio delegates to
48 the Speaker of the AOA House for possible appointment to House reference Committees.
49 11. The Chair, whenever possible, shall be bound by the wishes of the delegation, *except* he/she
50 shall have the authority to make changes in the best interest of Ohio candidates, as long as the
51 reasons for the changes are reported to the delegation.

52

53 **Duties of the First Vice Chair**

- 54 1. The first vice chair shall preside at all meetings of the delegation in the absence of the chair.
55 2. The vice chair shall attend all caucus meetings with the chair.
56 3. The vice chair shall perform other duties as on the floor at the start of the session and remain
57 until adjournment.

58

59 **Duties of the Second Vice Chair**

- 60 1. The second vice chair shall preside at all meetings of the delegation in the absence of the chair
61 and the vice chair.
62 2. The second vice chair shall attend all caucus meetings in the absence of the chair or vice chair.
63 3. The second vice chair shall perform such other duties as requested by the chair.

64

65 **Rules of Conduct**

- 66 1. Any remarks made about potential Ohio candidates which are heard from members of other state
67 delegations, etc., should be reported immediately to the chair.
68 2. Delegates should not respond with personal opinions about Ohio candidates during
69 conversations with other state delegates, but should advise the delegate to talk with the Ohio
70 chair.
71 3. All personal complaints and opinions should be aired at meetings of the Ohio delegation for the
72 sake of unity.
73 4. All remarks made within the delegation meetings shall be kept strictly confidential.

74

75 **Meetings**

- 76 1. *OOA Annual Delegation Meeting*. Whenever possible, the delegation will hold an annual
77 briefing meeting.
78 a. Election of Chair and first vice chair
79 b. Review of Ohio resolutions
80 c. Review of Delegation Guidelines
81 d. Room reservations
82 e. Other matters as determined by the Chair
83 2. *AOA House of Delegates Organizational Meeting (July)*. During the AOA House, the delegation
84 shall meet as determined by Delegation Chair on Thursday evening before the opening session
85 in order to exchange room numbers and discuss necessary business.
86 a. Any Ohio DO attending the AOA House of Delegates in an official capacity (i.e. OU-
87 HCOM Dean, AOA trustees and officers. and specialty college representatives) shall be
88 invited to the delegation meetings.
89 b. Any OOA member attending the AOA House as an observer is welcome to participate in
90 delegation discussions; however such observers shall not be served meals.
91 c. Some matters may necessitate executive sessions. In such instances, only members of
92 the delegation (delegates and alternates) and OOA staff will be invited to remain.

- 93 d. The delegation shall review each resolution and determine what preliminary action shall
94 be taken by the delegation on all matters. To facilitate discussion, the chair shall assign
95 resolutions to reference committee study groups as soon as the AOA House of Delegates
96 Manual is available. After discussion groups have met, the chair of each study group
97 shall identify each resolution the study group believes should be amended or defeated,
98 state the reason, and make a motion as to what position should be taken on each. Once
99 moved, the entire delegation shall discuss the motion, with input from the Ohio members
100 of the AOA Board of Trustees and other appropriate individuals.
101 e. All members of the delegation should attend the AOA House of Delegates reference
102 committee hearing to which they have been assigned by their study group. Whenever
103 appropriate, the delegate/alternate should testify at the meetings to present Ohio's point
104 of view.
- 105 3. *Strategy Sessions During the AOA House.* Only one breakfast meeting will be held during the
106 AOA House
107 a. Saturday, 6:00 a.m. - Continental Breakfast
- 108 4. *Special Meetings.* Special meetings may be called at the request of the delegation, the chair or at
109 the written request of any two members.

110 **Seating And Voting**

- 111 1. The seating arrangements at the delegation table should facilitate caucusing when necessary.
112 2. All Ohio delegates to the AOA House shall be on the floor at the start of the session and remain
113 until adjournment.
114 3. A scoreboard of AOA House of Delegates voting results shall be kept.
115 4. Every alternate, except AOA officers, shall be seated before the House is adjourned. The order of
116 seating alternates shall be determined by "lot".
117 5. Unit rule vote shall be enforced concerning all elections and all resolutions, unless the delegation
118 votes to suspend unit rule for a specific resolution.
119
120

121 **Reimbursement**

- 122 1. The OOA Board of Trustees shall set the reimbursement for delegates annually.
123 2. Any elected official who serves as a delegate or alternate and received reimbursement by the
124 national office shall not be compensated by the OOA.
125

126 **Room Reservations**

- 127 1. Rooms will be reserved by the OOA central office for all funded Delegates and Alternates. The
128 OOA will make reservations for all delegate lodging. All delegates except student delegates and
129 the OOA Executive Director are responsible for payment of their hotel bill, including incidental
130 charges such as room service and telephone. Please check to see if your bill is correct at
131 checkout. *Normal arrival time is Thursday evening by 5:00p.m. Normal departure is Sunday*
132 *after 12:00 Noon.*
133 2. Delegates/Alternates shall notify the OOA Central office as early as possible in the event that
134 they cannot attend the meeting. Room cancellations require a 72-hour notice. Except in cases of
135 emergency, delegates will be charged for any cancellation penalty resulting from failure to
136 notify the hotel by the cancellation deadline.
137 3. A one-bedroom suite should be reserved as necessary upon request of the chair or his/her
138 designee.
139

140 **Ohio Addendum**

141 Prior to the AOA House of Delegates meeting, the OOA Central Office shall email the following to

142 each delegate/alternate as an addendum to be placed in the Manual:

- 143 a) Explanatory memorandum
- 144 b) Resolution assignment list
- 145 c) Supplemental Ohio agenda
- 146 d) List of delegates, alternates, Ohio guests

147 The following shall be distributed at the Thursday orientation meeting:

- 148 a) Signed Delegate or Alternate Card
- 149 b) Reimbursement form (for those entitled to reimbursement.)

150

151 **Campaigns**

152 The delegation shall plan a campaign strategy for any Ohio candidates for AOA office endorsed by
153 the delegation prior to January of the election year.

154

155 **Criteria For Screening AOA Board Candidates**

- 156 1. The chair will appoint a nominating committee to evaluate potential candidates for the AOA
157 Board of Trustees. The name of the recommended candidate will be presented to the Ohio
158 delegation for approval.
- 159 2. Ohio candidates for election to the AOA Board of Trustees shall be selected using the following
160 criteria.

161 **a. Demonstration of leadership in many of the following areas of the osteopathic 162 profession and the perception as one who can contribute to the needs of the 163 profession.**

- 164 i. Membership in local academy, OOA, & AOA
- 165 ii. AOA Specialty Board Certification
- 166 iii. State/Divisional Society leadership
 - 167 1. Past President of the OOA
 - 168 2. Officer of the OOA
 - 169 3. Trustee OOA
 - 170 4. Speaker OOA
 - 171 5. Academy leadership (Past Officer)
 - 172 6. Committee Chair (OOA)
 - 173 7. Delegate to the OOA House
- 174 iv. Osteopathic Education (Pre/Post Doctoral)
 - 175 1. Member of AOA Committee
 - 176 2. Specialty College Leadership
 - 177 3. OU-HCOM or other college background
- 178 v. Hospital Leadership
 - 179 1. Medical Staff leadership
 - 180 2. Hospital Board Member
 - 181 3. Hospital Administrative Leadership
 - 182 4. Clinical Department Chair

183 **b. Good working knowledge of AOA Governance**

- 184 i. Active Involvement in live AOA and OOA House of Delegates
- 185 ii. Active on AOA Committees

186 **c. Leadership Qualities**

- 187 i. Ability to organize
- 188 ii. Speaking Ability
- 189 iii. Ability to inspire others
- 190 iv. Knowledge of Issues
- 191 v. Ability to win friends and influence people

- 192 vi. Reputation at the state, local and national level
- 193 vii. Ability to offer innovative ideas
- 194 viii. Ability to run meetings
- 195 ix. Ability to mentor others in leadership roles
- 196 **d. Age and Experience Requirements**
- 197 i. There are no criteria for age, geographical rotation or number of years of
- 198 experience or service in any specific leadership position(s)
- 199 ii. There are no specific requirements for holding offices in either an academy or the
- 200 OOA; however, the individual must have a demonstrated commitment to the
- 201 OOA, his/her local academy and Ohio's delegation.
- 202

203 (Revised 2/24)

SUBJECT: CPAP, OBSTRUCTIVE SLEEP APNEA

SUBMITTED BY: 8TH DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

- 1 WHEREAS, obstructive sleep apnea is a sleep disorder in which a person’s breathing stops and
2 starts during sleep caused by obstruction in the airway; and
3
4 WHEREAS, the estimated prevalence in North America of obstructive sleep apnea is 15 to
5 30% in males and 10 to 15% in females; and
6
7 WHEREAS, the obstruction leads to decreased oxygen levels in the blood, causing fragmented
8 sleep; and
9
10 WHEREAS, if left untreated, obstructive sleep apnea may worsen or even lead to multiple disease
11 processes, including hypertension, heart disease, stroke, diabetes, and depression. The resulting
12 daytime fatigue and somnolence negatively impacts our patients quality of life; and
13
14 WHEREAS, unlike other medical conditions, such as infections or elevated blood pressure that are
15 diagnosed when hospitalized, sleep apnea is not able to be treated at discharge with effective life-
16 saving CPAP or BiPAP. This is due to the current requirement for a completed polysomnogram or
17 “sleep study”; now therefore be it
18
19 RESOLVED, that the Ohio Osteopathic Association supports measures to minimize the barriers to
20 obtain life-saving CPAP or BiPAP at the time of hospital discharge for patients newly diagnosed
21 with obstructive sleep apnea; and be it further
22
23 RESOLVED, that the Ohio Osteopathic Association supports an emergency grace period in which a
24 CPAP or BiPAP machine could be provided until the sleep study is completed; and be it further
25
26 RESOLVED, that the Ohio Osteopathic Association pledges support for discharge procedures that
27 ensure access to needed treatments for our patients; and be it further
28
29 RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association
30 for consideration at the 2024 AOA House of Delegates.

SUBJECT: RESOLUTION TO AMEND THE OHIO OSTEOPATHIC ASSOCIATION CONSTITUTION AND BYLAWS

SUBMITTED BY: OOA CONSTITUTION AND BYLAWS COMMITTEE

REFERRED TO:

1 WHEREAS, the Ohio Osteopathic Association Constitution and Bylaws were submitted to the
2 American Osteopathic Association (AOA) Committee on Governance and Organization
3 Structure (CAGOS) for approval at the AOA’s Board of Trustees Midyear Meeting; and
4

5 WHEREAS, the OOA’s Constitution and Bylaws, as submitted with editorial corrections, by the
6 OOA and approved by OOA Speaker, David Bitonte, DO, on February 20, 2024; and
7

8 WHEREAS, there is an ongoing need to review and amend the OOA constitution and bylaws in
9 light of changes that may occur in the OOA’s administrative and governance infrastructure as
10 well as its publications; and
11

12 WHEREAS, there has not been a consistent process to annually review the OOA Constitution
13 and Bylaws to reflect those and any other changes affecting the Ohio Osteopathic Association,
14 its administration, governance and members; and
15

16 WHEREAS, the *Buckeye Osteopathic Physician* magazine has only been published
17 intermittently for the last several years; and
18

19 WHEREAS, the OOA Bylaws, Article VII, Section 7-Official Publication. states that “The
20 Board of Trustees shall provide for the publication of an official journal of the association and
21 such other publications as are deemed necessary or shall be directed by the membership” and
22 that any amendments to the OOA Constitution and Bylaws will be published in the *Buckeye*
23 *Osteopathic Physician* or other written membership communication at least one month before the
24 session” (of the OOA House of Delegates); now therefore be it
25

26 RESOLVED, that the following further editorial corrections and amendments to the OOA
27 Constitution and Bylaws be submitted to the 2024 OOA House of Delegates; and be it further
28

29 RESOLVED, that the OOA Board of Trustees develop a process for annual review of the OOA’s
30 Constitution and Bylaws by the OOA Committee on Constitution and Bylaws, appointed by the
31 OOA President, and with the ex-officio participation of the OOA Speaker and Vice Speaker, to
32 suggest any needed editorial corrections or constitution and bylaws changes that will be
33 submitted to the OOA House of Delegates for their consideration to maintain the appropriate
34 changes in the governance documents of the OOA.

1 **Ohio Osteopathic Association Constitution**

2
3 Article I - Name

4 The name of the association, incorporated under the laws of Ohio as a non-profit educational
5 corporation, shall be the Ohio Osteopathic Association. The sub-divisional societies shall be known
6 as district academies of osteopathic medicine.

7
8 Article II - Purpose

9 The purpose of this association shall be to promote the public health of the people of the state of
10 Ohio; to cooperate with all public health agencies; to maintain high standards of all osteopathic
11 institutions within the state; to maintain and elevate medical education and postgraduate training in
12 the prevention and treatment of disease; to encourage research and investigation, especially that
13 pertaining to the principles of the osteopathic school of medicine; to maintain the highest standards
14 of ethical conduct in all phases of osteopathic medicine and surgery; and to promote such other
15 activities as are consistent with the above purpose.

16
17 Article III - Organization

18 This association, a divisional society of the American Osteopathic Association, is governed by the
19 bylaws of that association insofar as they relate to divisional societies. This association shall be a
20 federation of district academies of osteopathic medicine organized within the state and such other
21 local, auxiliary organizations and/or lay organizations as shall hereafter be authorized by the
22 bylaws.

23
24 Article IV - Membership

25 The active membership in this association shall consist of members who are graduates of an
26 accredited college of osteopathic medicine and who are lawfully licensed to practice in the state of
27 Ohio unless they have voluntarily allowed their license to lapse due to retirement or disability.
28 Persons may be elected to associate or honorary membership in this association, as provided in its
29 bylaws. Any hospital accredited by a CMS-approved accreditor or Commission on Osteopathic
30 College Accreditation (COCA) accredited college of osteopathic medicine or Liaison Committee for
31 Medical Education (LCME) accredited college of medicine located in the state of Ohio shall be
32 eligible to become an institutional member of this association.

33
34 Article V - Code Of Ethics

35 The Code of Ethics of this association shall be the Code of Ethics of the American Osteopathic
36 Association and any other additions as provided by the bylaws, providing such additions do not
37 conflict with the Code of Ethics of the American Osteopathic Association.

38
39 Article VI - House Of Delegates

40 The House of Delegates shall consist of delegates selected by the district academies. The House of
41 Delegates shall be the policy-making body of the association and shall represent the delegated
42 powers of the district academies in state affairs and shall perform such other functions as are
43 defined in the bylaws. Each district academy shall be entitled to one delegate and no more than two
44 alternates for each fifteen (or major fraction thereof) of the number of regular members of the Ohio
45 Osteopathic Association located in the district academy.

46
47 Article VII - Officers

48 The elected officers of this association shall be regular members in good standing and shall be: a
49 President, a President-Elect, a Vice President, a Treasurer, a Speaker of the House of Delegates, and
50 a Vice Speaker of the House of Delegates. Non-elected officers shall include the Immediate Past

51 President and an Executive Director. A President-Elect shall be elected annually by the House of
52 Delegates to serve for one year. He/She shall succeed to the office of President at the next annual
53 election. The Vice President, Treasurer, Speaker and Vice Speaker of the House of Delegates shall
54 be elected annually by the House of Delegates to serve for one year, or until successors are installed.
55 An Executive Director shall be appointed by the Board of Trustees to serve for such term as the
56 Board of Trustees shall define. The duties of these officers shall be those usual to such officers in
57 their respective offices and such others as are defined by the bylaws. In the case of inability upon
58 the part of the President to serve during the term of office for which he has been elected, the
59 responsibility of filling the office of President shall devolve upon the Board of Trustees.

60
61 Article VIII - Board Of Trustees
62 The Board of Trustees of this association shall consist of the President, President-Elect, Immediate
63 Past President, Vice President, Treasurer, one member from each district academy, the President of
64 the Ohio University Heritage College of Osteopathic Medicine Student Council, and a resident in an
65 Ohio based graduate medical education program designated with Osteopathic Recognition
66 accredited by the Accreditation Council for Graduate Medical Education (ACGME), all of whom
67 shall serve until their successors are elected or appointed. The Executive Director shall be a member
68 without vote. Election of the district academy representatives to the association's Board of Trustees
69 shall be conducted as provided in the bylaws. The Board of Trustees shall be the administrative and
70 executive body of the association and perform such other duties as are provided in the bylaws.

71
72 Article IX - Executive Committee
73 The Executive Committee of this association shall consist of the President, President-Elect,
74 Immediate Past President, Vice President, and Treasurer. The Executive Director shall be a member
75 without vote. The Executive Committee shall transact the business of the Board of Trustees between
76 sessions, and such other duties as are provided in the bylaws.

77
78 Article X - Sessions
79 The annual sessions shall be held at such time and place as may be determined by the House of
80 Delegates, but such time and place may be changed by the Board of Trustees should necessity
81 warrant.

82
83 Article XI - Amendments
84 The constitution may be amended by two-thirds vote of the House of Delegates, provided that such
85 amendment shall have been ~~presented~~ communicated to the Board of Trustees and filed with the
86 Executive Director, Speaker, or President at a previous meeting of the Board of Trustees and
87 presented to the membership by ~~publication in the Buckeye Osteopathic Physician~~ not less than one
88 month nor more than three months previous to the meeting at which it is to be acted upon.

89
90
91 Ohio Osteopathic Association Bylaws

92
93 Article I - District Academies and Affiliated Organizations

94
95 Section 1 - Academy Boundaries. The state shall be divided into district academies as defined by
96 action of the Board of Trustees.

97
98 Section 2 - Transfer of Counties. The Board of Trustees may transfer a total county from one
99 academy area to another providing members in good standing present a signed petition requesting
100 transfer setting forth the reasons for such transfer. Redistricting of the district academies involving

101 more than one county shall require the approval of the Board of Trustees and the House of
102 Delegates.

103

104 Section 3 - Transfer of Members. The Board of Trustees may transfer one or more members
105 practicing near the borderline of one academy, but nearer to a hospital area in another academy,
106 providing the member makes the request in writing. ~~and obtains the consent of the academy in
107 which he has affiliation as well as the consent of the academy in which he desires affiliation.~~

108

109 Section 4 - Organization of Academies. The members of the Ohio Osteopathic Association in each
110 district shall organize and maintain a district academy of osteopathic medicine therein, in
111 accordance with these bylaws.

112

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

117

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

120

121 Section 7 - District Constitution. Each district academy shall file a copy of the district constitution
122 and bylaws with the Executive Director of the Ohio Osteopathic Association not later than thirty
123 (30) days after the adoption of said constitution and bylaws. Amendments subsequently made shall
124 be filed in a like manner. The district constitution, bylaws and amendments shall not conflict with
125 the constitution and bylaws of this association.

126

127 Section 8 - County Units. A district academy may organize its members into county units, each
128 county unit to have a chairman who will serve as the county unit representative to the district
129 academy's executive committee.

130

131 Section 9 - Affiliated Organizations. Any auxiliary, student or lay organization wishing to form a
132 society to be chartered as a federated unit of this association shall make application and submit
133 evidence to the Executive Director that its constitution, bylaws and code of ethics conform to those
134 of this association. The Executive Director shall investigate such organization and upon satisfactory
135 proof of a general agreement in policy and governing rules with those of this association, present
136 said proof to the Board of Trustees and, at its order, shall issue a charter to the applying organization
137 and record the same. The Executive Director shall then extend to the chartered organization the
138 fullest cooperation as provided herein, and shall from time to time furnish it with such information
139 and directions as shall best further the interests of both parties to the charter. Any student
140 organization shall be entitled to send a non-voting member to the House of Delegates of the Ohio
141 Osteopathic Association.

142

143 Article II - Membership

144

145 Section 1 - Regular Member. The active membership in this association shall consist of members
146 who are graduates of an accredited college of osteopathic medicine and who are lawfully licensed to
147 practice in the state of Ohio unless they have voluntarily allowed their license to lapse due to
148 retirement or disability. Persons may be elected to associate or honorary membership in this
149 association, as provided in its bylaws. Any hospital accredited by a CMS-approved accreditor or
150 COCA accredited college of osteopathic medicine or Liaison Committee for Medical Education

151 (LCME) accredited college of medicine located in the state of Ohio shall be eligible to become an
152 institutional member of this association.

153
154 Section 1 (a) - Continuing Education. In order to maintain regular membership in this association a
155 minimum of 50 credit hours of approved continuing medical education must be substantiated for
156 each successive two-year period, commencing January 1, 1985. Rules of procedure, guidelines of
157 approved educational categories and certification requirements will be the responsibility of the
158 Education Committee with approval of the Board of Trustees.

159
160 Section 1 (b) - Unprofessional Conduct. Any member of this association who is found guilty of
161 professional or personal conduct detrimental to the welfare of the association, or the profession of
162 osteopathic medicine, or of a breach of the Code of Ethics, or any member of the state association
163 or district academy who fails to maintain membership in good standing in both organizations,
164 ceases to be a member in good standing in either organization and may be suspended or expelled by
165 the Board of Trustees of the society whose rules are violated, provided the accused has been given
166 an opportunity to be heard in person or through a representative and has been found guilty. A
167 member whose license has been revoked by the State of Ohio Medical Board, upon final
168 adjudication of any appeal or upon the expiration of the time for filing such appeal, shall be
169 automatically terminated from membership upon written notice from the Board of Trustees.

170
171 Section 2 - Postgraduate Training Member. Osteopathic or allopathic physicians in ~~AOA ACGME~~
172 accredited graduate medical education approved Ohio postdoctoral training programs in Ohio with
173 Osteopathic Recognition shall automatically be enrolled as members of this association for the
174 duration of their training and shall receive benefits and privileges as defined in these bylaws or by
175 the Board of Trustees.

176
177 Section 3 - Associate Member. Associate membership may be granted to such individuals as deemed
178 appropriate by the Board of Trustees or its Executive Committee. Associate members shall receive
179 benefits defined and approved by the Board of Trustees, but shall not be eligible to vote or hold
180 elective office in the association.

181
182 Section 4 - Allied Membership. The Board of Trustees may grant allied membership to the
183 following upon application and shall set dues and assign benefits associated with this class of
184 membership. Allied members shall not have the privileges of voting or holding office.

185 (1) Ohio licensed healthcare providers who are currently employed with an active member of the
186 OOA, contribute to the practice of that member, are not eligible for any other category of
187 membership and who support the goals and objectives of the OOA;

188 (2) Graduates of accredited schools of medicine or podiatry who are licensed to practice in Ohio
189 and support the OOA mission and subscribe to its code of ethics, but who do not wish to have the
190 benefits of regular members;

191 (3) Doctoral and other non-doctoral personnel holding teaching, research or administrative positions
192 in Ohio accredited hospitals and/or colleges;

193 (4) Administrative employees of this association, accredited hospitals or colleges, affiliated
194 organizations and district academies; and

195 (5) Any other professionals as determined by the Board of trustees, excepting doctors of osteopathy
196 and students in osteopathic colleges or hospitals.

197
198 Section 5 - Honorary Member. The title of honorary member may be conferred upon any individual
199 not eligible for regular membership who has made an outstanding contribution to the osteopathic

200 profession. Such title shall require approval of the Board of Trustees and a two-thirds vote of the
201 OOA House of Delegates.

202
203 Section 6 - Life Member. Life membership may be granted by the Board of Trustees to any regular
204 member who has reached the age of seventy, or who has completed fifty years of osteopathic
205 medical practice, whichever comes first, and who has been in good standing for twenty-five
206 consecutive years immediately preceding. When deemed appropriate, the board may combine years
207 of continuous membership in another divisional society with years of OOA continuous membership
208 to reach the 25-year requirement. Life members shall have the privileges and duties of regular
209 members, but shall not be required to pay dues or assessments. Life membership may also be
210 granted by the Board of Trustees, on recommendation of his/her local district academy, to any
211 regular member who has become permanently totally disabled. Such members shall have the
212 privileges and duties of regular members but shall not be required to pay dues or assessments.

213
214 Section 7 - Out-of-State Member. By action of the Board of Trustees, the association may accept to
215 membership in the association, osteopathic physicians who meet the other regular membership
216 requirements, but who live outside the state of Ohio.

217
218 Section 8 - Student Member. Student membership status shall be granted to each
219 undergraduate student enrolled in the Ohio University Heritage College of Osteopathic Medicine or
220 upon application by any undergraduate student in other American Osteopathic Association
221 accredited colleges of osteopathic medicine and surgery.

222
223 Section 9 - Uniformed Personnel. By action of the Board of Trustees, the association may accept
224 into membership osteopathic physicians who are on active duty in the uniformed services of the
225 federal government and stationed within the state of Ohio. Such members shall be considered first-
226 year members for the duration of their active duty.

227
228 Section 10 - Institutional Member. Any health system, hospital, healthcare facility of institution
229 accredited by a Centers for Medicare & Medicaid Services recognized accreditation agency or
230 COCA accredited college of osteopathic medicine or LCME accredited college of medicine located
231 in the state of Ohio shall be eligible to become an institutional member of this association.

232
233 Section 11 - Termination of Membership. Any member ceasing to qualify for membership as set
234 forth in this section shall cease to be a member of this association.

235
236
237
238 Article III - Code Of Ethics

239
240 Section 1 - The Code of Ethics of this association shall be the Code of Ethics of the American
241 Osteopathic Association.

242
243 Section 2 - It shall be considered unethical for a member to commit an act, which would be
244 detrimental to the prestige of organized osteopathic medicine in Ohio.

245
246 Article IV - Fees And Dues

247
248 Section 1 - Initiation Fees, Annual Dues and Assessments. The Board of Trustees, with the approval
249 of the House of Delegates, may determine from time to time the amount of initiation fees, if any,

250 and annual dues. In addition, the Board of Trustees shall have the authority to determine whether to
251 collect special assessments and to establish the amount of each assessment for all categories,
252 provided such assessments do not exceed the amount of the annual dues. The Board shall maintain a
253 comprehensive policy on initiation fees, dues and assessments as part of an administrative guide.
254 The annual dues of the association shall be payable on or before May 1st of each year.

255
256 Section 2 - Reduced Rate. The Board of Trustees may grant reduced dues to members who are
257 retired, reside in states other than Ohio, are in the U.S. uniformed services, or are disabled or
258 experience financial hardship. The Board and its executive committee shall define such categories
259 of membership and the dues for each. Physicians seeking reduced dues shall submit a written
260 request on a form approved by the Board, which must be authenticated by the trustee of the
261 member's district academy. Written requests for dues reductions as a result of temporary disability
262 or financial hardship must be verified annually.

263
264 Section 3 - Interns, Residents and Fellows. The dues of any osteopathic physician in an ~~approved~~
265 accredited postgraduate training program shall be waived as long as the physician remains in the
266 program. At the conclusion of training, such members shall be required to apply for regular
267 membership status and their dues shall be fixed and distributed under the provisions of Article IV,
268 Section 1.

269
270 Section 4 - Student Members. Student membership dues shall be waived as long as the student is
271 enrolled in an ~~AOA~~ COCA accredited college of osteopathic medicine and surgery.

272
273 Section 5 - Associate and Allied Members. Categories and dues for associate and allied members
274 shall be assigned by the Board of Trustees.

275
276 Section 6 - Institutional Members. Institutional members shall pay annual dues in an amount set by
277 the Ohio Osteopathic Association Executive Committee. They shall not pay any assessment that
278 regular members are assessed.

279
280 Section 7 - Refunds and Failure to Pay Dues or Assessments. Failure to pay dues or assessments
281 may result in the termination of membership or inactive status. No dues will be refunded if a
282 membership is terminated for cause or because of resignation or death.

283
284 Section 8 - Subscription. ~~Ten dollars (\$10) of each regular member's dues shall be allocated to~~
285 ~~purchase a subscription to the Buckeye Osteopathic Physician.~~ Non-member institutions or
286 individuals who are not osteopathic physicians may subscribe to ~~the Buckeye Osteopathic Physician~~
287 ~~and other~~ association publications by paying a non-member subscription fee approved by the Board
288 of Trustees.

289
290 Section 9 - Academy Dues. The membership of the district academy shall be empowered to
291 establish dues in the district academy. Upon request, the OOA may collect dues for any district
292 academy, according to procedures outlined in the administrative guide.

293
294 Article V - House of Delegates

295
296 Section 1 (a) - Method of Election, Duties Election of Academy Delegates. The Executive Director
297 of this association shall furnish to the secretary of each district academy, not less than 90 days prior
298 to the annual meeting of the House of Delegates, the number of regular members of this association
299 located in the district academy. Based on that statement, each district academy shall elect, in the

300 manner prescribed by its constitution and bylaws, the number of delegates and their alternates to the
301 House of Delegates of this association to which said district academy is entitled under the
302 provisions of the constitution of the Ohio Osteopathic Association. The secretary of each district
303 academy shall certify its delegates and alternates to the Executive Director of this association in
304 writing or by wire at least thirty days prior to the first day of the annual meeting of the House of
305 Delegates. It is the responsibility of the district to collect any materials which have been mailed to
306 duly elected delegates who will not be attending and redistribute these materials to certified
307 alternates. The Executive Director shall not be required to reproduce agendas and supplemental
308 materials for such alternates' use. Such delegates and alternates must be regular members in good
309 standing of this association and of the district academy, which they represent and shall serve for a
310 period of twelve months.

311
312 Section 1 (b) - Student Delegate. Each campus of a Commission on Osteopathic College
313 Accreditation (COCA) approved accredited college of osteopathic medicine and surgery located
314 within the state of Ohio shall be entitled to one delegate and one alternate delegate to the Ohio
315 Osteopathic Association House of Delegates. This delegate and his/her alternate shall be selected by
316 the student council of each campus and shall be seated with the district in which the campus is
317 located.

318
319 Section 2 - Seating Alternates. A delegate having been seated shall remain the accredited delegate
320 throughout the session unless he/she finds it impossible to continue in service, in which case, the
321 alternate shall be entitled to his/her seat for the balance of the session. In the event that the delegate
322 is absent, an alternate shall be seated and shall serve as the delegate throughout the session.

323
324 Section 3 - Voting. Each delegate or seated alternate from a district academy shall have at least one
325 vote in the House of Delegates. In recording votes each district academy shall be given one vote for
326 each five regular members of the Ohio Osteopathic Association located in the territory represented
327 by that district academy, and such votes may be cast by one of the delegates then seated or divided
328 among the various members of the delegation as the delegation in caucus shall decide. Every
329 delegate shall be entitled to at least one vote. There shall be no fractional votes. The voting strength
330 shall be proportionate to the delegates registered by the Credentials Committee. Each properly
331 seated student delegate (or alternate) shall have one vote in the House of Delegates.

332
333 Section 4 - Credentials Committee. The President of the association shall appoint a Credentials
334 Committee. The Executive Director shall furnish the Credentials Committee a list showing the
335 number of delegates to which each district academy and college is entitled. In case any district
336 academy has selected more than its legal representation, the Executive Director may drop surplus
337 names from the list, beginning at the bottom, and shall notify the organization of this action.

338
339 Section 5 - Regular and Special House of Delegates Meetings. The House of Delegates shall
340 convene annually preceding the annual convention or upon the call of the President. Special
341 meetings may be called by the President or upon written request by three district academies,
342 provided said request has been passed by a majority of the academy membership at a regular or
343 special meeting of the district academies. Delegates must be given two weeks' notice and the object
344 of the special meeting must be stated in the call.

345
346 Section 6 - Quorum, House of Delegates. One-third of the voting members of the House of
347 Delegates shall constitute a quorum, and a quorum must be present at all meetings of the House of
348 Delegates.

349

350 Section 7 - Rules of Order. The House of Delegates shall be governed by *Roberts Rules of Order*
351 *Newly Revised*. The order of business and any special rules adopted at the beginning of the session
352 shall govern the procedures unless suspended by a two-thirds vote.

353
354 Article VI - Elections

355
356 Section 1 - Election of Officers. All officers of this association, excepting those otherwise provided
357 for in the constitution and bylaws, shall be nominated and elected by the House of Delegates. There
358 shall be a nominating committee as defined by the standing rules of the House. This committee shall
359 nominate one candidate for each office and/or position to be filled by election. Additional
360 nominations may also be made from the floor and nominating speeches shall be limited to not
361 longer than two minutes. All elections shall be by roll call, except as hereinafter provided in this
362 section, and a majority of all votes cast shall be necessary to elect. In recording such vote, each
363 district academy shall be given one vote for each five regular members of the Ohio Osteopathic
364 Association located in the territory represented by the academy, and such votes may be cast by
365 anyone of the delegation then seated or divided among the various members of the delegation. If
366 there shall be but one nominee for a given office or trusteeship, it shall be the duty of the Secretary
367 to cast the elective ballot for that nominee. The officers elected shall be installed during the annual
368 convention.

369
370 Section 2 - Election of District Representatives to the OOA Board of Trustees. Each district
371 academy shall elect a representative from its membership to serve a three-year term on this
372 association's Board of Trustees. Should the duly elected trustee be unable to attend regular or
373 special board meetings, the academy president shall appoint an alternate trustee who shall attend the
374 meeting. The alternate trustee shall have all voting rights and privileges of the duly elected trustee
375 while serving as a substitute. The board shall establish an initial election schedule for District
376 Trustees so that no more than one-third of the Board members are elected in a given year.

377
378 Section 3 - Election of District Officers. District officers must be members of both the district
379 academy and the Ohio Osteopathic Association and should include a president, president-elect, vice
380 president, secretary- treasurer, and three executive committee representatives at large. They shall be
381 elected in the manner prescribed in the academy constitution and bylaws, with the exception of the
382 office of secretary treasurer, which may be an appointive position to be filled by the academy
383 executive committee. All district academies shall complete the annual election of academy officers,
384 academy executive committee members, and the academy representative to the state Board of
385 Trustees (in those years where such a person is to be elected) no later than thirty (30) days prior to
386 the annual meeting of the state association. The election proceedings shall be in accordance with the
387 constitution and bylaws of the district academy.

388
389 Section 4 - Election of AOA Delegates. The officers and district trustees shall be voting members of
390 the elected delegation to the American Osteopathic Association House of Delegates during their
391 term of office. The additional delegates and alternates shall be nominated and elected at the annual
392 meeting of the Ohio Osteopathic Association House of Delegates in the same year they will be
393 serving in the AOA House. These nominations and elections shall follow the same procedure as
394 provided for in Section 1 of this Article. The student delegate and alternate assigned by the AOA to
395 the Ohio delegation shall enjoy the same rights and privileges as all other elected delegates and
396 alternates and shall have one vote.

397
398 Section 5 - Election of AOA Alternates.

399 The Nominating Committee may nominate one or more alternate for each delegate allotted by the
400 American Osteopathic Association. The number of alternates who will be funded to attend shall be
401 determined each year by the Ohio Osteopathic Association Board of Trustees. Alternates shall be
402 elected to a one year-term and shall automatically include any regular member of this association
403 who has been elected to the AOA Board of Trustees. The duly elected delegates and alternates shall
404 hold at least one meeting annually to elect a chairman and to conduct such other business as
405 necessary. In the event that the actual number of delegates certified by the American Osteopathic
406 Association exceeds the number of delegates that have been elected, the chairman of the delegation,
407 in consultation with the Nominating Committee shall appoint one or more alternates to fill the
408 position(s). If the number of elected delegates exceeds the number certified by the American
409 Osteopathic Association, the chairman shall displace the delegate(s) with the least seniority of
410 attendance at American Osteopathic Association houses, and seat him/her as the first alternate(s).

411

412 Article VII - Board Of Trustees

413

414 Section 1 - Meetings. The Board of Trustees shall transact all the business of the association
415 between annual sessions. It shall meet during the annual convention of the association and at other
416 times on call by the President.

417

418 Section 2 - Quorum, Board of Trustees. A majority of the voting members of the Board
419 of Trustees shall constitute a quorum, and a quorum must be present at all meetings of the Board of
420 Trustees.

421

422 Section 3 - Meetings Held Through Telecommunications. A member of the OOA Executive
423 Committee or Board of Trustees, may participate in a meeting of the Board or Executive Committee
424 by any means of communication through which the trustee, participating persons and all those
425 physically present at the meeting may simultaneously communicate with each other during the
426 meeting. Participation in a meeting by that means constitutes a personal presence at the meeting. A
427 conference among trustees and/or executive committee members by any means of communication
428 through which the participants may simultaneously communicate with each other during the
429 conference constitutes a meeting of the Board of Trustees or Executive Committee if the same
430 notice is given for the conference as required for a meeting, and if the number of persons
431 participating in the conference would be sufficient to constitute a quorum at the meeting.

432

433 Section 4 - Mail or Facsimile Vote. With the approval of the OOA President, the Executive Director
434 may conduct a mail and/or facsimile vote of the Board of Trustees, when it is inexpedient to call a
435 special meeting. The question then presented shall be determined by the majority of votes received
436 by the date specified, providing a quorum of the board has voted. Such vote shall be binding in the
437 same manner as any action taken at a duly called meeting.

438

439 Section 5 - Duties of the Board. The Board of Trustees shall have the management of the finances of
440 the association and shall authorize and supervise all expenditures thereof, members of the House of
441 Delegates concurring. It shall appoint a certified public accountant to audit the books of the
442 association and certify to the accuracy of the statement of financial conditions of the association as
443 submitted at the annual sessions. It shall fix the duties of the Executive Director and all other
444 officials, committees, departments and bureaus necessary to the proper execution of the policies of
445 the association dictated by the membership and not fixed by these bylaws. Final approval of all
446 standing and special committees, appointed by the President, shall be by the Board.

447

448 Section 6 - Appointment of Executive Director. The Board of Trustees shall appoint the Executive
449 Director and shall fix the amount of salary and the length of term of office upon recommendation of
450 the Compensation Committee.

451
452 Section 7 - Official Publication. The Board of Trustees shall provide for the publication of an
453 official journal of the association and such other publications as are deemed necessary or shall be
454 directed by the membership.

455
456 Section 8 - Ethical and Judicial Proceedings. The Board of Trustees shall decide all questions of an
457 ethical or judicial character and shall investigate all charges of violation of the constitution, bylaws
458 or code of ethics or of grossly unprofessional conduct of any member and shall have the power to
459 censure, suspend, or expel, after due trial, as the findings warrant and may further cite the member
460 to the Ohio State Medical Board. A member who has been suspended or expelled may be reinstated
461 by a three-fourths vote of the Board of Trustees after receiving satisfactory evidence of an intent to
462 comply with the rules governing membership in the association. The Board of Trustees shall have
463 the power, after careful investigation and by a three-fourths vote, to remove any officer, or to
464 revoke, suspend, or place on probation the charter of any academy or affiliated society of this
465 association when, in its opinion, the best interests of the association would be served thereby.

466
467 Section 9 - Minority Appeal. A minority of one-third or more members of the board present at any
468 meeting may appeal to the House of Delegates from the decision of the majority on any question at
469 the current session.

470
471 Article VIII - Executive Committee

472
473 Section 1 - Duties of Executive Committee. The Executive Committee shall transact the business of
474 the Board of Trustees between sessions.

475
476 Section 2 - Annual Budget and Appropriation of Funds. The Executive Committee shall present to
477 the Board of Trustees at each annual session a budget of expense with an estimate of income as a
478 guide for the budget to be adopted by the Board of Trustees. No appropriation shall be made by the
479 House of Delegates except upon recommendation of the Executive Committee approved by the
480 Board of Trustees, and all resolutions, motions, or otherwise, having for their purpose the
481 appropriation of funds shall first be referred without discussion to the Executive Committee and the
482 Board of Trustees. An adverse ruling on such motions may be overruled by a three-fourths vote by
483 the House of Delegates.

484
485
486 Article IX - Officers

487
488 Section 1 - Duties of the President. The duties of the President shall be to preside at the meetings
489 of the Board of Trustees, Executive Committee, and such other official meetings of the association.
490 The President shall direct the activities of the association generally, and shall, with the consent of
491 the Board of Trustees and the Executive Committee, name members of all standing and special
492 committees. The President shall appoint a Secretary for the House of Delegates, who shall have the
493 duties usual to a secretary.

494
495 Section 2 - Duties of the Vice President. The Vice President shall preside over all official meetings
496 of this association, the Board of Trustees and the Executive Committee in the absence of the
497 President.

498
499 Section 3 - Duties of the Treasurer. The Treasurer shall have as his/her duties the execution of the
500 financial policies of the association through the Executive Director as may be defined by the Board
501 of Trustees. The Executive Director may sign checks in the amount of \$500 or less under guidelines
502 prescribed by the Executive Committee. All checks in excess of \$500 shall be co-signed by any two
503 of the following: President, Executive Director, Treasurer and/or member of the Budget and Finance
504 Committee so appointed by the President. An annual audit of the association's accounting books
505 shall be accomplished by a certified public accountant, selected upon the advice of the Treasurer
506 and Board of Trustees.

507
508 Section 4 - Duties of the Executive Director. The Executive Director shall constitute the executive
509 officer of the association and shall administer the affairs of the association as defined by the Board
510 of Trustees. In addition, the Executive Director shall keep the minutes of all official meetings of the
511 association and may sign checks.

512
513 Section 5 - Duties of the President-Elect. The President-Elect shall be responsible to the Board of
514 Trustees of the association and shall perform such duties as are defined by the body. He/she will
515 assist and observe in the administrative activities of the President and may sit, ex officio, in any
516 committee meeting.

517
518 Section 6 - Duties of the Immediate Past President. The Immediate Past President shall be
519 responsible to the Board of Trustees of the association and shall perform such duties as
520 are defined by the body. He/she will assist and observe in the administrative activities of the
521 President and may sit, ex officio, in any committee meeting.

522
523 Section 7 - Duties of the Speaker of the House. The Speaker of the House shall preside over the
524 House of Delegates. In the event that he/she is unable to perform, the duties shall fall upon the Vice
525 Speaker of the House. The Speaker of the House shall be invited to sit in, without vote, at all
526 meetings of the Board of Trustees, and shall be the Parliamentarian for the Board of Trustees and
527 the Executive Committee when called upon to do so.

528
529 Section 8 - Duties of the Vice Speaker of the House. The Vice Speaker of the House shall preside as
530 Speaker of the House in the absence of the Speaker, may sit ex officio in any committee meeting,
531 and perform such other duties as assigned by the Speaker.

532
533 Section 9 - Officer Vacancy. Any officer may resign or request a temporary leave of absence for a
534 specified period of time by giving written notice to the President, the Executive Committee or to the
535 Board of Trustees. Such resignation or leave shall take effect at the time specified therein, or, if
536 none is stated, at the time of acceptance by the Executive Committee or Board. In case an officer of
537 this association is unable, or, fails to perform the duties required of him, as determined by the Board
538 of Trustees, the Board shall, by a three-fourths vote, declare the office vacant. All vacancies in
539 office may be filled for the unexpired terms by action of the Board of Trustees.

540 Article X - Committees

541
542
543 Section 1 - Appointments. The President, with the approval of the Board of Trustees, shall appoint
544 members to committees established by the Board of Trustees. The Board of Trustees may create,
545 define the duties of, or discontinue committees as it may deem advisable.

546
547 Section 2 - Quorum. The majority of the members of a committee shall constitute a quorum.

548
549 Section 3 - Recommendations to State of Ohio. The Board of Trustees shall recommend to the
550 Governor the osteopathic member of the Ohio State Medical Board and shall recommend or appoint
551 all other committees and boards that the statutes of the state may require of the profession.
552

553 Article XI - Indemnification And Insurance
554

555 Section 1 Persons Indemnified. Each trustee, officer, committee member and employee of this
556 association and his/her heirs, executors and administrators now or hereafter in office or who now act
557 or shall hereafter act at the request of this association as employee, trustee, officer, or committee
558 member of this or another corporate entity controlled by this association shall be indemnified by
559 this association against all costs and expenses, including attorney fees, judgments, fines, penalties,
560 amounts paid in settlement, and other disbursements, reasonably incurred by or imposed upon
561 him/her, to the fullest extent not prohibited by applicable law in connection with or resulting from
562 any action, suit, proceeding, or claim (collectively referred to as "action") to which he/she may be
563 made a party or in which he/she may be or become involved by reason of being or at any time
564 having been a trustee, officer, or employee of this association.
565

566 Section 2 - Scope of Indemnification. Notwithstanding anything to the contrary in this constitution
567 and bylaws, no person shall be indemnified if he/she is finally adjudged in such action to have been
568 individually guilty of willful misconduct, misfeasance, or malfeasance in the performance of his/her
569 duty as a trustee, officer, committee member or employee. With respect to settlement of any action,
570 indemnification shall include any amounts paid and expenses reasonably incurred in settling such
571 action when the Board of Trustees has determined that such settlement and reimbursement appear to
572 be for the best interests of this association.
573

574 Section 3 - Advancement of Expenses. Expenses incurred in defending an action may be paid by the
575 association in advance of the final disposition of the action as authorized by the Board of Trustees
576 or Executive Committee in the manner provided in these Bylaws, upon receipt of a written
577 undertaking by or on behalf of the person to repay such amount unless it shall ultimately be
578 determined the he/she is entitled to be indemnified by the association as authorized in this article.
579

580 Section 4 - Insurance. The Board of Trustees may authorize this association to purchase and
581 maintain insurance against any liability asserted against and incurred by any person who is or was a
582 trustee, officer, committee member or employee of the association or who is or was serving at the
583 request of the association in any capacity for another corporate entity controlled by the association.
584

585 Article XII Amendments
586

587 These bylaws may be amended at any regular or special session of the House of Delegates by a two-
588 thirds vote of the accredited voting members present, provided that a copy of said amendment be
589 deposited with the Executive Director or House Speaker or President 90 days prior to the meeting to
590 be voted upon. Upon receiving a copy of said amendment, it shall be the duty of the Executive
591 Director or House Speaker or President to have the same printed in the ~~Buckeye Osteopathic~~
592 ~~Physician or other~~ a written membership communication at least one month before the session. At
593 this session the Board of Trustees may revise the proposed amendment, if necessary, to secure
594 conformity to this constitution and bylaws and shall then refer it to the annual session of the House
595 of Delegates for final action.
596

597 *Explanatory Statement:*

598
599 CONSTITUTION, Article XI, Amendments. If the *Buckeye Osteopathic Physician* is no longer
600 printed, the communication to members may be through OSTEOFACETS, or another vehicle in the
601 future, such as email or text.
602
603 BYLAWS, Article I, District Academies and Affiliated Offices, Section 3 – Transfer of Members.
604 Most members are assigned by their home or office address. Getting permission to transfer to
605 another academy is an additional burden.
606
607 BYLAWS, Article I, Section 5 – Requirements. Change to February, rather than November as these
608 dates are six months apart and allow for more accurate tabulation of OOA members in the district
609 academies.
610
611 BYLAWS, Article II, Section 1 – Regular Membership. Inserted verbiage from the Constitution to
612 mirror language.

SUBJECT: RECOGNIZING BREAST IMPLANT ILLNESS (BII) AND PROMOTING INFORMED CONSENT FOR BREAST IMPLANT PROCEDURES

SUBMITTED BY: 1ST DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

-
- 1 WHEREAS, breast augmentation procedures involving the insertion of breast implants have
2 become increasingly common; and
- 3 WHEREAS, the Ohio Osteopathic Association (OOA) recognizes the importance of ensuring
4 patient safety and informed decision-making in all medical procedures; and
- 5 WHEREAS, recent evidence has emerged regarding the risks associated with breast implants,
6 including the development of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-
7 ALCL) and systemic symptoms collectively referred to as Breast Implant Illness (BIL); and
- 8 WHEREAS, the Food and Drug Administration (FDA) has issued a boxed warning advising
9 patients and health care professionals about the risks associated with breast implants, including the
10 potential for complications over time, the increased likelihood of additional surgeries, the
11 association with BIA-ALCL, and the occurrence of systemic symptoms; and
- 12 WHEREAS, the OOA acknowledges the importance of providing patients with comprehensive
13 information regarding the risks and benefits of breast implants to facilitate informed decision-
14 making; now therefore, be it
- 15 RESOLVED, that the OOA recognizes Breast Implant Illness (BIL) as a legitimate concern and
16 encourages health care professionals to educate patients about the potential risks associated with
17 breast implants, including the risk of developing BIA-ALCL and systemic symptoms; and be it
18 further
- 19 RESOLVED, that the OOA emphasizes the importance of obtaining informed consent from patients
20 considering breast implant procedures, including a thorough discussion of the risks outlined in the
21 FDA boxed warning; and be it further
- 22 RESOLVED, that the OOA supports efforts to enhance patient awareness of the risks associated
23 with breast implants and advocates for transparent communication between patients and health care
24 providers throughout the decision-making process; and be it further
- 25 RESOLVED, that the OOA calls upon health care professionals to prioritize patient safety and well-
26 being by staying informed about emerging research and guidelines related to breast implant
27 procedures; and be it further
- 28 RESOLVED, that the AOA encourages health care professionals to engage in shared decision-
29 making with patients, taking into account individual preferences, medical history, and the latest
30 evidence-based recommendations; and be it further
- 31 RESOLVED, that the AOA reaffirms its commitment to promoting ethical and patient-centered care
32 in all aspects of medicine, including cosmetic procedures such as breast augmentation with implants

Reference Committee 2

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

Resolutions: 2024-03, 2024-05, 2024-06, 2024-08, 2024-09, 2024-10, 2024-11, 2024-12

Members:

Nicholas G. Espinoza, DO (District I)
Edward E. Hosbach, II, DO (District II)
Chelsea A. Nickolson, DO (District III)
Joseph S. Scheidler, DO (District IV)
John F. Ramey, DO (District V)
Charles R. Fisher, DO (District VI)
Sandra L. Cook, DO *or* Kelly A. Raj, DO (District VII)
Douglas W. Harley, DO (District VIII)
Jennifer L. Gwilym, DO, (District IX), Chair
John C. Baker, DO (District X)
Cheryl Markino, Staff

SUBJECT: ATTENDING AND FACULTY PHYSICIAN PARTICIPATION IN OHIO
OSTEOPATHIC SYMPOSIUM POSTER PRESENTATIONS

SUBMITTED BY: 6th DISTRICT COLUMBUS OSTEOPATHIC ASSOCIATION

REFERRED TO:

1 WHEREAS, Osteopathic Recognition (OR) is an accreditation status that is given to Graduate
2 Medical Education (GME) programs by Review Committee (RC) of the Accreditation Council
3 for Graduate Medical Education (ACGME) that distinctly acknowledges the additional focus on
4 Osteopathic Principles and Practice (OPP) in the training of residents or fellows (1); and
5
6 WHEREAS, the current OR standards (Section IV.A.8) require Osteopathic Faculty to achieve
7 osteopathic scholarly activity (1); and
8
9 WHEREAS, the Ohio Osteopathic Association, in collaboration with the Ohio University
10 Heritage College of Osteopathic Medicine (OUHCOM) and the OUHCOM Society of Alumni
11 and Friends, hosts the “Ohio Osteopathic Symposium (OOS)” annually to serve as the largest
12 osteopathic gathering in the state of Ohio for the promotion of continuing medical education,
13 networking, and osteopathic research (2); and
14
15 WHEREAS, each year the OOS holds a research poster competition, hoping to showcase
16 scholarly projects for the benefit of attendees of the conference (3); and
17
18 WHEREAS, recently this poster competition has been only open to osteopathic medical students,
19 residents or fellows in training (3); and
20
21 WHEREAS, the ACGME OR-RC frequently asked questions document lists “presentation(s) at a
22 regional, state or national meeting”, as an acceptable means where osteopathic scholarly activity
23 for osteopathic faculty members can be achieved (4); and
24
25 WHEREAS, scholarly activity requirements are often listed as a barrier to programs meeting OR
26 standards (4); now therefore be it
27
28 RESOLVED, that the OOA commission the Ohio Osteopathic Symposium planning committee
29 to allow attending and faculty physicians to present posters at the OOS annual research event in
30 the future; and be it further
31
32 RESOLVED, that the OOS planning committee find methods, space, and means for the
33 Symposium research event to do so.

References:

1. ACGME Osteopathic Recognition Standards. Accreditation Council for Graduate Medical Education. 2022, March 21. doi:
https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf
2. Ohio Osteopathic Symposium. Ohio Osteopathic Association. 12 Feb 2024. Doi:
http://www.ooanet.org/aws/OOSA/pt/sp/symposium_home
3. Research and Scholarly Activity Competition. Ohio Osteopathic Association. 12 Feb 2024. Doi: http://www.ooanet.org/aws/OOSA/asset_manager/get_file/527308?ver=4
4. Frequently Asked Questions: Osteopathic Recognition ACGME. Accreditation Council for Graduate Medical Education. 2022, July. Doi:
<https://www.acgme.org/globalassets/pfassets/programrequirements/801osteopathicrecognitionfaqs.pdf>

SUBJECT: RESOLUTION ENCOURAGING LEGISLATION PROHIBITING CORPORATE PRACTICE OF MEDICINE (CPOM)

SUBMITTED BY: JONATHAN PETERS, OMS II

REFERRED TO:

-
- 1 WHEREAS, the American Osteopathic Association supports the protection of the patient-physician
2 relationship, and opposes infringement on physician autonomy and evidence-based medical practice
3 (H307-A/13); and
- 4 WHEREAS, current policies already acknowledge the harms to patients resulting from market
5 consolidation and mergers by non-physician corporate entities including hospital systems (H338-
6 A/19), pharmacy benefit managers (H339-A/19), and health insurers (H617-A/21), and favor
7 regulation and antitrust protections to prevent additional market consolidation; and
- 8 WHEREAS, the consolidation of medical practices by private equity firms and other corporate
9 interests has resulted in a majority of physicians being employees with no ownership in their
10 practice (74% as of January 2022)¹; and
- 11 WHEREAS, the Corporate Practice of Medicine doctrine is a legal prohibition of the ownership and
12 operation of medical groups or practices by laypersons, which is current law in 33 states, but is
13 skirted even in states with strict laws²; and
- 14 WHEREAS, the purpose of the Corporate Practice of Medicine prohibition is to protect patients,
15 preserve the physician-patient relationship, and maintain physician autonomy; and
- 16 WHEREAS, the AOA should acknowledge that lay ownership of medical groups or practices has
17 the potential to erode the patient-physician relationship and the quality of healthcare; and
- 18 WHEREAS, private equity ownership and Corporate Practice of Medicine constitute financial
19 conflicts of interest, and have been demonstrated to degrade the quality of healthcare^{3,4}, increase
20 costs^{4,5}, and infringe upon physician autonomy and the physician-patient relationship⁶; now,
21 therefore be it
- 22 RESOLVED, that the OOA shall encourage federal legislation to prohibit the Corporate Practice of
23 Medicine by limiting ownership of physician medical practices to physicians or physician-owned
24 groups only.

References:

1. Avalere Health. (2022). *COVID-19's Impact on Acquisitions of Physician Practices and Physician Employment 2019-2021*.
https://www.physiciansadvocacyinstitute.org/Portals/0/assets/docs/PAI-Research/PAI%20Avalere%20Physician%20Employment%20Trends%20Study%202019-21%20Final.pdf?ver=ksWkgjKXB_yZfImFdXlvGg%3d%3d
2. Zhu, J. M., Rooke-Ley, H., & Fuse Brown, E. (2023). A Doctrine in Name Only— Strengthening Prohibitions against the Corporate Practice of Medicine. *New England Journal of Medicine*, 389(11), 965–968. <https://doi.org/10.1056/NEJMp2306904>
3. Forman, A. J. (2022). *The Importance of Vigorous Antitrust Enforcement in Health Care*.
<https://www.justice.gov/opa/speech/file/1510391/download>
4. Borsa, A., Bejarano, G., Ellen, M., & Bruch, J. D. (2023). Evaluating trends in private equity ownership and impacts on health outcomes, costs, and quality: Systematic review. *British Medical Journal*, e075244. <https://doi.org/10.1136/bmj-2023-075244>
5. Scheffler, R. M., Alexander, L., Fulton, B. D., Arnold, D. R., & Abdelhadi, O. A. (2023, July 10). Monetizing Medicine: Private Equity and Competition in Physician Practice Markets. Retrieved from https://www.antitrustinstitute.org/wp-content/uploads/2023/07/AAI-UCB-EG_Private-Equity-I-Physician-Practice-Report_FINAL.pdf
6. Fogel, A. L., Hogan, S., & Dover, J. (2022). Surgical Dermatology and Private Equity: A Review of the Literature and Discussion. *Dermatologic Surgery*, 48(3), 339–343. <https://doi.org/10.1097/DSS.0000000000003363>

SUBJECT: PREVENTION AND TREATMENT OF OBESITY IN THE STATE OF OHIO

SUBMITTED BY: 7th DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

1 WHEREAS, obesity is a common, serious, and costly disease; and

2
3 WHEREAS, in 2022, more than 1 billion people in the world are now living with obesity, that is 1 in
4 8 people. Worldwide, obesity among adults has more than doubled since 1990, and has quadrupled
5 among children and adolescents (5 to 19 years of age). The data also show that 43% of adults were
6 overweight in 2022;¹ and

7
8 WHEREAS, The US obesity prevalence continued to rise from 1999 to 2020, with an increase in
9 obesity (BMI \geq 30 kg/m²) rates in adults from 30.5% to 41.9%. During the same time, the prevalence
10 of severe obesity (BMI \geq 40 kg/m²) increased from 4.7% to 9.2%;² and

11
12 WHEREAS, Obesity-related conditions include Osteoarthritis, GERD, Metabolic dysfunction-
13 associated steatohepatitis (MASH), heart disease, stroke, type 2 diabetes, infertility, kidney disease
14 and certain types of cancer (currently 13 types of cancers have been associated with obesity). These
15 are among the leading causes of preventable, premature death in Ohioans with heart disease, cancer
16 and stroke 3 of the top 5;³ and

17
18 WHEREAS, the estimated annual medical cost of obesity in the United States was nearly \$173 billion
19 in 2019 dollars; medical costs for adults who had obesity were \$1,861 higher than medical costs for
20 people with healthy weight;⁴ and

21
22 WHEREAS, the Center for Disease Control's 2022 Adult Obesity Prevalence Maps for 50
23 states show the proportion of adults with a body mass index (BMI) equal to or greater than 30 (\geq 30
24 kg/m²) based on self-reported weight and height in the state of Ohio is 38.1%;⁵ and

25
26 WHEREAS, the American Osteopathic Association (AOA) encourages research at colleges of
27 osteopathic medicine; endorses continued curriculum enhancement for osteopathic medical
28 students, interns, and residents to receive specific training in obesity education and supports
29 continuing medical education for physicians with established practices;⁶ and be it further

30
31 WHEREAS, The AOA supports efforts to close the gap between current and desirable practice
32 patterns, by soliciting grants to collect and study the extent to which obesity treatment and
33 prevention services are covered by third party insurers and will advocate for adequate coverage for
34 obesity treatment and prevention;⁶ and

35
36 WHEREAS, The AOA supports comprehensive efforts, commensurate with available funding, to
37 disseminate knowledge to the treating community, media, legislature and employer groups directed
38 at controlling the obesity epidemic by improving treatment access and encouraging physical
39 activity;⁶ and

40
41 WHEREAS, the American Osteopathic Association, in conjunction with its specialty and divisional
42 affiliates, the American Association of Colleges of Osteopathic Medicine, the National Board of
43 Osteopathic Medical Examiners and the osteopathic certifying boards, will initiate a profession-
44 wide program to provide leadership in addressing the American obesity epidemic; which will
45 encourage each osteopathic physician and medical student to measure the body mass index (BMI)
46 and waist circumference in every patient and address with them their obesity-related issues, and also
47 encourages each osteopathic physician and student to address any obesity-related issues in their own
48 health as an example to their patients;⁶ and
49
50 WHEREAS, the AOA supports the inclusion of medical, surgical, behavioral health, nutritional
51 counseling, and physical conditioning as a paid benefit for members of all health plans for the
52 prevention and treatment of obesity; ⁶ now therefore be it
53
54 RESOLVED, that the Ohio Osteopathic Association (OOA) recognizes obesity as a complex,
55 multifactorial disease, that is an interaction between genotype and environment, which has social,
56 behavioral, cultural, physiological, metabolic, and genetic factors; and be it further
57
58 RESOLVED, that the OOA supports the state of Ohio’s ongoing initiatives to combat the epidemic
59 of adult and childhood obesity across the State of Ohio; and be it further
60
61 RESOLVED, that the OOA combat weight bias in medicine, through support of research,
62 education, and continued advocacy by supplying its members with tools to provide respectful,
63 supportive, and compassionate care to patients of all body sizes and situations; and be it further
64
65 RESOLVED, that the OOA continues to support legislation and programs that address lack of
66 access to obesity related resources, including medications, education, and food related resources;
67 and be it further

68 RESOLVED, that the OOA continues to encourage members to educate patients about national
69 dietary and activity guidelines that will ensure patient education, that is specific, actionable and
70 achievable; and be it further
71
72 RESOLVED, that the OOA continues to encourage members to advocate for more nutritional and
73 exercise science education related to weight loss; and be it further
74
75 RESOLVED, that the OOA continues to encourage members to advocate for greater access
76 to education in, and reduction of barriers to, prescribing evidence-based and effective Anti-Obesity
77 Medications (AOMs) ; and be it further
78
79 RESOLVED, that the OOA support the state of Ohio and national standards for defining childhood
80 obesity; promotion of nutrition and physical activity guidelines; to take a balanced approach of
81 recommending weight loss for people with obesity; the inclusion of weight as a vital sign and
82 greater public access for bariatric surgery, and weight loss medications.
83
84 *Note in June 2013, the American Medical Association (AMA) House of Delegates voted to recognize*
85 *obesity as a disease state requiring treatment and prevention efforts. The stated purpose for this*
86 *decision is to improve research into the causes of obesity, leading to improvement in methods to*
87 *prevent and treat it, ultimately improving patient health and outcomes. This decision would be*

88 *expected to improve insurance coverage and reimbursement to providers for treating individuals with*
89 *obesity. In addition, this change in public policy by the AMA supports the concept that obesity is a*
90 *serious disease that requires treatment and removes the stigma currently associated with obesity.*

References:

1. NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults. *Lancet*. Published Online February 29, 2024. <https://doi.org/10.101>
2. National Health and Nutrition Examination Survey (NHANES), published by the CDC. Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. *NCHS Health E-Stats*. 2020.
3. <https://www.cdc.gov/nchs/pressroom/states/ohio/oh3.htm#lcod>
4. <https://www.cdc.gov/obesity/data/adult.html>
5. Adult Obesity Prevalence Maps. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. (21 September 2023).
6. <https://osteopathic.org/about/leadership/aoa-policy-statements/>

SUBJECT: AGAINST THE USE OF HIGH FRUCTOSE CORN SYRUP

SUBMITTED BY: 1ST DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

1 WHEREAS, the American Osteopathic Association (AOA) is dedicated to improving public health
2 and advocating for evidence-based policies; and
3
4 WHEREAS, high fructose corn syrup (HFCS) is a highly processed sweetener derived from corn
5 and commonly used in various food and beverage products; and
6
7 WHEREAS, the increased consumption of HFCS has been associated with various adverse health
8 effects, including obesity, metabolic syndrome, NASH (Nonalcoholic steatohepatitis), and an
9 increased risk of chronic diseases such as type 2 diabetes and heart disease; and
10
11 WHEREAS, excessive consumption of added sugars, including HFCS, contributes to the rising
12 rates of obesity and related health issues in the United States; and
13
14 WHEREAS, promoting healthier nutrition and reducing the intake of added sugars is crucial in
15 preventing chronic diseases and improving overall public health; and
16
17 WHEREAS, there is a need for public awareness and education regarding the potential health risks
18 associated with high fructose corn syrup; now therefore be it
19
20 RESOLVED, that the American Osteopathic Association (AOA) supports efforts to raise public
21 awareness about the potential health risks of high fructose corn syrup and its link to obesity and
22 chronic diseases; and be it further
23
24 RESOLVED, that the AOA encourages the food industry to reduce the use of high fructose corn
25 syrup in processed foods and beverages, and to explore healthier alternatives for sweetening
26 products; and be it further
27
28 RESOLVED, that the AOA advocates for evidence-based policies that promote the reduction of
29 high fructose corn syrup consumption and support initiatives aimed at improving nutrition and
30 public health; and be it further
31
32 RESOLVED, that the AOA will collaborate with other medical organizations, public health
33 agencies, and stakeholders to develop educational campaigns and resources to inform the public
34 about the potential health risks of high fructose corn syrup and the importance of making healthier
35 food choices; and be it further
36
37 RESOLVED, that the American Osteopathic Association (AOA) will continue to support and
38 participate in research on the impact of high fructose corn syrup on health outcomes and advocate
39 for evidence-based policies that prioritize public health and the well-being of individuals across the
40 nation.

Reference

Ref: Jensen T, Abdelmalek MF, Sullivan S, Nadeau KJ, Green M, Roncal C, Nakagawa T, Kuwabara M, Sato Y, Kang DH, Tolan DR, Sanchez-Lozada LG, Rosen HR, Lanaspa MA, Diehl AM, Johnson RJ. Fructose and sugar: A major mediator of non-alcoholic fatty liver disease. *J Hepatol.* 2018 May;68(5):1063-1075. doi: 10.1016/j.jhep.2018.01.019. Epub 2018 Feb 2. PMID: 29408694; PMCID: PMC5893377

DiNicolantonio JJ, Lucan SC, O'Keefe JH. The Evidence for Saturated Fat and for Sugar Related to Coronary Heart Disease. *Prog Cardiovasc Dis.* 2016 Mar-Apr;58(5):464-72. doi: 10.1016/j.pcad.2015.11.006. Epub 2015 Nov 14. PMID: 26586275; PMCID: PMC4856550. Mai BH, Yan LJ. The negative and detrimental effects of high fructose on the liver, with special reference to metabolic disorders. *Diabetes Metab Syndr Obes.* 2019 May 27;12:821-826. doi: 10.2147/DMSO.S198968. PMID: 31213868; PMCID: PMC6549781.

SUBJECT: ADDRESSING ACCESS TO KIDNEY REPLACEMENT THERAPY FOR UNDOCUMENTED IMMIGRANTS WITH KIDNEY FAILURE IN OHIO

SUBMITTED BY: 7th DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

-
- 1 WHEREAS, there are an estimated 5500 to 8857 undocumented immigrants with kidney failure in
2 the United States¹; and
- 3 WHEREAS, individuals with end-stage kidney failure (ESKD) require kidney replacement therapy
4 (e.g. dialysis or kidney transplantation) to live²; and
- 5 WHEREAS, all citizens and some permanent residents of the United States with ESKD qualify for
6 Medicare because of the ESKD Entitlement program², however, undocumented immigrants are
7 excluded from federal insurance provisions such as Medicare, certain provisions under the Affordable
8 Care Act, and most state Medicaid programs³; and
- 9 WHEREAS, due to lack health care coverage for kidney replacement therapy, undocumented
10 immigrants are only able to receive emergency dialysis treatment (dialysis only when critically ill) at
11 local emergency departments (EDs) as mandated by the Emergency Medical Treatment and Labor
12 Act (EMTALA)³; and
- 13 WHEREAS, providing access to Emergency Medicaid for undocumented immigrants improves
14 deleterious outcomes as evidenced by programs in 20 other states including the surrounding states of
15 Wisconsin, Michigan, Pennsylvania, and New York³; and
- 16 WHEREAS, emergency hemodialysis is associated with many deleterious outcomes, including but
17 not limited to: 5-fold higher mortality rate at 1 year⁴, 14-fold higher mortality rate at 5 years⁴, higher
18 hospitalization rate⁴, higher patient symptom burden⁵, high levels of clinician burnout⁶, and four times
19 the yearly cost of in-center dialysis⁷; and
- 20 WHEREAS, the National Kidney Foundation and American Society of Nephrology recommend state
21 Medicaid changes to allow coverage of scheduled dialysis for undocumented patients⁸; now,
22 therefore, be it
- 23 RESOLVED, that the Ohio Osteopathic Association supports undocumented immigrants with kidney
24 failure be eligible for enrollment for Emergency Medicaid in Ohio.

References:

1. Rodriguez R, Cervantes L, Raghavan R. Estimating the prevalence of undocumented immigrants with end-stage renal disease in the United States. *Clin Nephrol*. 2020 Supplement-Jan;93(1):108-112. doi: 10.5414/CNP92S119. PMID: 31426911.
2. <https://www.cms.gov/medicare/coordination-benefits-recovery/overview/end-stage-renal-disease-esrd>
3. Rizzolo K, Dubey M, Feldman KE, Powe NR, Cervantes L. Access to Kidney Care for Undocumented Immigrants Across the United States. *Ann Intern Med*. 2023 Jun;176(6):877-879. doi: 10.7326/M23-0202. Epub 2023 Apr 25. PMID: 37094340.
4. Cervantes L, Tuot D, Raghavan R, Linas S, Zoucha J, Sweeney L, Vangala C, Hull M, Camacho M, Keniston A, McCulloch CE, Grubbs V, Kendrick J, Powe NR. Association of Emergency-Only vs Standard Hemodialysis With Mortality and Health Care Use Among Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med*. 2018 Feb 1;178(2):188-195. doi: 10.1001/jamainternmed.2017.7039. PMID: 29255898; PMCID: PMC5838789.
5. Cervantes L, Fischer S, Berlinger N, Zabalaga M, Camacho C, Linas S, Ortega D. The Illness Experience of Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med*. 2017 Apr 1;177(4):529-535. doi: 10.1001/jamainternmed.2016.8865. PMID: 28166331.
6. Cervantes L, Richardson S, Raghavan R, Hou N, Hasnain-Wynia R, Wynia MK, Kleiner C, Chonchol M, Tong A. Clinicians' Perspectives on Providing Emergency-Only Hemodialysis to Undocumented Immigrants: A Qualitative Study. *Ann Intern Med*. 2018 Jul 17;169(2):78-86. doi: 10.7326/M18-0400. Epub 2018 May 22. PMID: 29800062.
7. Nguyen OK, Vazquez MA, Charles L, Berger JR, Quiñones H, Fuquay R, Sanders JM, Kapinos KA, Halm EA, Makam AN. Association of Scheduled vs Emergency-Only Dialysis With Health Outcomes and Costs in Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med*. 2019 Feb 1;179(2):175-183. doi: 10.1001/jamainternmed.2018.5866. PMID: 30575859; PMCID: PMC6439652.
8. Kuehn, B. M. (2021). NKF, ASN Recommend State Medicaid Changes to Allow Coverage of Scheduled Dialysis for Undocumented Patients. *Kidney News*, 13(9), 1-5. Retrieved Mar 8, 2024, from https://www.kidneynews.org/view/journals/kidney-news/13/9/article-p1_1.xml

SUBJECT: SUPPORT OF THE PHYSICAL EXAM IN EDUCATION AND PRACTICE

SUBMITTED BY: 6TH DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

1 WHEREAS, the American Medical Association (AMA) has reformatted the Current Procedural
2 Terminology (CPT) Evaluation and Management (E/M) coding process in 2021 so that the
3 determination of the level of a patient visit is based solely on the Medical Decision Making
4 utilized, while the requirement for the physical exam portion is what is merely “necessary” (1);
5 and
6

7 WHEREAS, this new formulation of billing requirements does not account for the medico-legal
8 requirements of documentation, particularly in the physical exam, to holistically document the
9 encounter that ensues (2); and
10

11 WHEREAS, many hospital systems are moving away from the traditional “Subjective,
12 Objective, Assessment and Plan” (SOAP) notes in the name of efficiency for electronic medical
13 records, and towards “Assessment, Plan, Subjective, Objective” or (APSO) notes as a means to
14 quickly access the ‘plans’ of patients, leading to a deprioritizing of the physical exam (3); and
15

16 WHEREAS, the advancement of medical technology has also brought a number of new
17 diagnostic tests over the last few decades that can assist in diagnosing a variety of conditions (4);
18 and
19

20 WHEREAS, this advanced testing may have a tendency to lead learners to use a test to determine
21 a diagnosis for a patient verses use of critical thinking based on a detailed history and physical,
22 thereby adding to the cost of care (5); and
23

24 WHEREAS, the aforementioned changes over the course of time may have a propensity for
25 learners in medicine to perform less detailed physical exams and focus less on their utility; and
26

27 WHEREAS, Andrew Taylor Still, MD, DO, founder of Osteopathic Medicine, empowered his
28 learners to understand the subtle findings of a patient using the element of touch to formulate
29 diagnoses and holistic plans of care (6); now therefore may it be
30

31 RESOLVED, the Ohio Osteopathic Association (OOA) continues to support the physical exam
32 as an integral part of the evaluation of the patient; and be it further
33

34 RESOLVED, the OOA encourages faculty and preceptors in Undergraduate Medical Education
35 (UME) and Graduate Medical Education (GME) to emphasize and model the utility of the
36 physical exam to learners; and be it further
37

38 RESOLVED, upon successful passage a copy of this resolution be sent to the American

39 Osteopathic Association (AOA) for consideration at its annual House of Delegates meeting in
40 July.

References:

1. AMA releases 2021 CPT code set. American Medical Association. 2020. Sept 1. *Doi:* <https://www.ama-assn.org/press-center/press-releases/ama-releases-2021-cpt-code-set>
2. Guidelines for Medical Record Documentation. National Center for Quality Assurance. Found at: https://www.ncqa.org/wp-content/uploads/2018/07/20180110_Guidelines_Medical_Record_Documentation.pdf
3. Leventhal, R. Clinical Leaders discuss SOAP vs APSO. Healthcare Innovation. 2015, Nov 18. *Doi:* <https://www.hcinnovationgroup.com/clinical-it/article/13026007/clinical-leaders-discuss-soap-vs-aps0>
4. Gangurde, S. 8 Recent Advancements in Medical Technology and their Applications. 2023, July 14. *Doi:* <https://blog.creliohealth.com/the-top-8-latest-advances-in-medical-technology-and-their-significance-in-diagnostics/>
5. Trends in healthcare spending. American Medical Association. 2023, Mar 20. *Doi:* <https://www.ama-assn.org/about/research/trends-health-care-spending>
6. APA. Seffinger, D. M. (2018). Foundations of Osteopathic Medicine (4th ed.). Lippincott Williams and Wilkins.

SUBJECT: SUPPORT FOR THE CREATION OF SPECIALTY AND SUB-SPECIALTY OSTEOPATHIC RECOGNITION TRAINING EXAMS

SUBMITTED BY: 6th DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

1 WHEREAS, Osteopathic Recognition (OR) is an accreditation status provided by the
2 Accreditation Council for Graduate Medical Education (ACGME) to recognize the additional
3 Osteopathic teaching provided by programs (1); and
4

5 WHEREEAS, a requirement of OR standards (Standard V.A.2.h) is to have a formal knowledge
6 based assessment in Osteopathic Principles and Practice (OPP) (1); and
7

8 WHEREAS, the Clinical Osteopathic Recognition Training Exam (CORTE_x) is one of few
9 methods(other than the American College of Osteopathic Family Physicians In-service exam)
10 that meets that standards outlined by the OR-Review Committee (2); and
11

12 WHEREAS, the CORTE_x is administered by the American College of Osteopathic Family
13 Physicians (ACOF_P) (2); and
14

15 WHEREAS, the CORTE_x contains family medicine style OPP questions across a broad
16 spectrum of patient types or conditions that are taken from a bank to be used for either the
17 CORTE_x or the ACOF_P In-service exam; and
18

19 WHEREAS, according to the ACGME, the programs that have achieved OR include primary
20 care, specialty care, and sub-specialty programs (3); and
21

22 WHEREAS, the number of total programs that have achieved OR has remained steady for a few
23 years, and national organizations like the American Association of Colleges of Osteopathic
24 Medicine (AACOM) and the American Osteopathic Association (AOA) are studying the barriers
25 that prevent programs from working to achieve OR accreditation (3); and
26

27 WHEREAS, a reported barrier in the literature for programs to achieve OR includes the
28 challenges with creating buy-in among groups, including medial schools, learners, and faculty
29 (4); and
30

31 WHEREAS, meeting the knowledge-based assessment by testing understanding of OPP content
32 that is specialty or sub-specialty related may help create buy-in with learners taking the testing or
33 educators administering it for these programs; now therefore be it
34

35 RESOLVED, the Ohio Osteopathic Association (OOA) supports the creation of both specialty
36 and subspecialty-focused knowledge-based evaluations similar to the CORTE_x for programs
37 outside of primary care to meet the OR standard; and be it further
38

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

References:

1. ACGME Osteopathic Recognition Standards. Accreditation Council for Graduate Medical Education. 2022, March 21. *doi:* https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf
2. Clinical Osteopathic Recognition Training Exam. American College of Osteopathic Family Physicians. 2024, March 6. *doi:* https://www.acofp.org/acofpimis/Acofporg/Program_Directors/cortex.aspx#:~:text=The%20Clinical%20Osteopathic%20Recognition%20Training,accredited%20programs%20with%20osteopathic%20recognition.
3. ACGME List of Programs Applying for and with Osteopathic Recognition by Specialty. 2024, March 6. *doi:* <https://apps.acgme.org/ads/Public/Reports/Report/17>
4. Hempstead LK, Rosemergy B, Foote S, Swade K, Williams KB. Resident and Faculty Attitudes Toward Osteopathic-Focused Education. *J Am Osteopath Assoc.* 2018 Apr 1;118(4):253-263. *doi:* 10.7556/jaoa.2018.050. PMID: 29582060.

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7 - E-prescribing of controlled substances

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

8 - Extended Care Facilities

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

9 - Family Medical Leave Act (FMLA) Employee Relationship

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

10 - Financial Aid for Ohio Medical Students

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

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

11 - Health Planning

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

12 - Jury Duty For Physicians

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

13 - Lead Poisoning

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

14 - Licensure examinations for osteopathic physicians

90
91 RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support the three-level
92 Comprehensive Osteopathic Medical Licensing Examination (COMLEX) and the COMLEX-
93 USA Level 2-Performance Evaluation as the four-part national licensing examinations for ALL
94 osteopathic physicians; and, be it further

95
96 RESOLVED, that the OOA also supports the Comprehensive Osteopathic Medical Variable-
97 Purpose Examination (COMVEX) as the examination that should be used by state medical
98 licensing boards to re-examine a DO's ongoing level of basic medical knowledge for
99 endorsement of licensure, reinstatement, reactivation of a license after a period of inactivity, or
100 where the state licensing board is aware of concerns and/or has questions about a DO's fitness to
101 practice. *(Original 1984)*

102 103 15 - Managed Care

104
105 RESOLVED, that the Ohio Osteopathic Association continue to work with the Ohio General
106 Assembly and the Ohio Department of Insurance to identify and eliminate health insuring
107 corporation practices and policies which limit patient access to cost-effective health care and
108 which inappropriately interfere with the physician-patient relationship. *(Original 1994)*

109 110 16 - Managed Care Plans, Termination Clauses

111
112 RESOLVED, that the Ohio Osteopathic Association continue to work with Ohio provider
113 associations to seek and/or propose legislation mandating due process in health care contract
114 termination clauses. *(Original 1999)*

115 116 17 - Mandatory Assignment

117
118 RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the right of the
119 physician to directly bill the patient for services when not prohibited by contractual agreements;
120 and, be it further;

121
122 RESOLVED, that the OOA continues to oppose any legislation that: (a) prohibits private
123 physicians from billing their private patients; (b) mandates physicians to accept assignment of
124 insurance claims; and (c) requires any third-party payer to reimburse the healthcare facility
125 instead of the physician unless authorized by the physician. *(Original 1984)*

126 127 18 - Medical Malpractice Tort Changes

128
129 RESOLVED, that the Ohio Osteopathic Association supports a statutory change in current
130 medical malpractice tort law to require "clear and convincing" evidence of medical malpractice
131 as the standard for the burden of proof required by the plaintiff attorney. *(Original 2004)*

132 133 19 - Ohio's Indoor Smoking Ban

134
135 RESOLVED, that the Ohio Osteopathic Association strongly supports Ohio's indoor smoking
136 ban to eliminate the dangers of environmental tobacco smoke (ETS), *and to include, e-cigarette*
137 *vapor and cannabis smoke* and opposes any legislation that would generally weaken or make

138 exceptions to the ban. *(Original 2004)*

139

140 20 - OOA Professional Liability Insurance

141

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

148

149 21 - Ohio State Medical Board, State Funding

150

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

153

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

158

159 22 - Osteopathic Unity

160

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

164

165 23 - Prescriptions, Generic Substitution

166

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

170

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

174

175 24 - Professional Liability: Attorney Fees Limit for Medical Injury Awards

176

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

180

181 25 - Professional Liability Insurance Company Ratings

182

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

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26 - Professional Liability Insurance, Legislation and Tort Reform

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

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

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

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

27 - Substance Abuse Insurance Coverage

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

28 - Substance Abuse, Position Statement

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

RESOLVED, that the Ohio Osteopathic Association reaffirm its position that members should prescribe controlled substances in compliance with state and federal laws and regulations; and be it further

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

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

29 - Uncompensated Care, Tax Credits For Providers

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

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30 - Childhood Obesity, Dangers of

RESOLVED, that the Ohio Osteopathic Association supports initiatives by the Ohio Department of Health to combat the epidemic of childhood obesity across Ohio. *(Original 2004)*

31 - Quality Improvement Organizations – Eleventh Statement of Work

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

RESOLVED, the OOA seek osteopathic representation on any state governing board or advisory committee formed by the winning contractor for the State of Ohio for either the BFCC or QIN-QIO work.

32 - Health Care Reform, OOA Position Statement

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

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

1. There should be universal access to health care for all Ohioans through a combination of public and private programs.
2. Proposed changes in the health care system should address those who do not have insurance. A total restructuring of the system is unnecessary, and, in fact, might create serious problems for the Ohioans who now have health care insurance.
3. The OOA endorses access by all Ohioans, regardless of income, to a basic health insurance package, which stresses preventive care and health maintenance. Basic benefits should be defined by physicians and other health care professionals.
4. Public programs should be expanded to include any Ohioans who cannot currently afford to purchase health insurance coverage in the private market.
5. Small business insurance market reforms are essential in correcting deficiencies. Insurance and health benefits plans should be required to accept applicants with preexisting conditions, and premiums should be based on a community rating system.
6. Consumers should share in the cost of health care insurance based on their ability to pay. All Ohioans who have access to health insurance in the private market should be required to purchase, at the very minimum, basic health care coverage in order to share risks and expand the financing basis. Younger, healthy consumers should not be able to opt out of the purchasing coverage.
7. Creative pilot projects should be implemented to investigate the effectiveness of medical IRAs and Medical Savings Accounts.

- 281 8. Cost, financing, and delivery of care issues should be addressed through proper utilization,
282 quality assurance, and elimination of administrative costs, which are duplicative, non-
283 standardized and unnecessary in some instances. Universal credentialing and claims forms
284 should be required for use by all third-party payers. The Medicare fee schedule should not be
285 utilized as a basis for market pricing.
- 286 9. All health care reforms should emphasize full freedom of choice of physicians, hospitals and
287 insurance plans. Managed care programs which exclude physicians and hospitals are not
288 essential to cost containment. Any providers of accepted quality health care, who are willing
289 to accept cost containment methods, should not be excluded.
- 290 10. Public programs should be amended to stress early intervention, education and prevention.
291 Since one of the largest segments of uninsured Ohioans are children under the age of six; aid
292 to dependent children should be expanded. Public assistance for families should be
293 distributed at Women, Infant and Children program sites and health centers in order to ensure
294 compliance with health care as a prerequisite for public assistance.
- 295 11. An entity should be created within state government to oversee and implement a
296 private/public partnership to provide universal access to health insurance. Providers should
297 be adequately represented.
- 298 12. Primary care physicians should be the first step for health care services and payment and
299 market reforms should be enacted to implement the medical home concept as defined by the
300 American Osteopathic Association initiative.
- 301 13. Language should be retained in the Ohio Revised Code to ensure that AOA-approved
302 education, postdoctoral training programs, and specialty certification are equally recognized
303 for hospital staff privileges and inclusion in all health insurance and health benefit plans.
- 304 14. Multiple levels of insurance coverage should be available for those who opt for more
305 extensive benefits.
- 306 15. Reimbursement for new technologies must be addressed, including the development of
307 electronic healthcare records and health data interchange.
- 308 16. Tort reform and regulatory revisions pertaining to medical professional liability insurance
309 issues must be addressed in all health care reform discussions.
- 310 17. Health care policy should encourage geographic redistribution of providers and services.
- 311 18. Expanded governmental support for medical education should be addressed as part of the
312 health care reform package.
- 313 19. Long-term health care policy and statute issues must be addressed as part of any health care
314 reform. *(Original 1989)*

315
316 33 – Recreational Marijuana’s Impact on Patients
317

318 RESOLVED, that the Ohio Osteopathic Association considers marijuana to be a harmful
319 substance for recreational use due to the potentially harmful physiological and psychological
320 effects that it can have on patients, and encourages federal agencies to adapt consistent policies
321 following this same position on recreational use. *(Original 2019)*
322

323 34 - Marijuana Use by Osteopathic Physicians and Students
324

325 RESOLVED, that the Ohio Osteopathic Association recognizes the dangers of recreational use
326 of marijuana among practicing physicians, osteopathic physicians in training, and osteopathic
327 medical students and encourages the American Osteopathic Association to enact a policy
328 statement against the recreational use of marijuana by practicing osteopathic physicians in

329 response to its legalization in states like Alaska, California, the District of Columbia, Colorado
330 Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont, and Washington. *(Original 2019)*

331
332 35 - Medical Student Access and use of Electronic Medical Records (EMR)
333

334 RESOLVED, that the Ohio Osteopathic Association partner with Ohio University Heritage
335 College of Osteopathic Medicine to develop policies to permit medical students the opportunity
336 to document and practice order entry on electronic medical records. *(Amended 2019)*

337
338 36 - Prohibit the Sale of all Forms of Nicotine to Persons Under the Legal Age
339

340 RESOLVED, that the Ohio Osteopathic Association (OOA) supports efforts to eliminate the sale
341 of all forms of nicotine to persons under the legal age. *(Original 2019)*

342
343 37 - Direct to Consumer Sales of Durable Medical Equipment (DME)
344

345 RESOLVED, that the Ohio Osteopathic Association (OOA) support efforts to eliminate direct to
346 consumer sales of Durable Medical Equipment. *(Original 2019)*

347
348 38 - Ohio Chronic Pain Management and Prescription Drug Abuse Initiatives
349

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

353
354 RESOLVED, that the OOA continue to offer continuing medical education programs to help
355 physicians adopt and implement evidence-based, best practices in pain management and drug
356 addiction treatment; and be it further

357
358 RESOLVED, that the OOA continue to work with governmental agencies and the Ohio General
359 Assembly to address Ohio's prescription drug abuse epidemic; and be it further

360
361 RESOLVED, that the OOA petition the Ohio General Assembly to establish an on-going task
362 force of stakeholders, public officials and legislators to oversee state chronic pain treatment and
363 prescription drug abuse education and prevention initiatives to ensure that patients have access to
364 effective pain management, addiction screening, treatment, and recovery resources. *(Original*
365 *2019)*

366
367 39 - Osteopathic Physicians and the Availability of Naloxone
368

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

371
372 RESOLVED, that physicians discuss naloxone and how to obtain it with their patients and
373 patient's families, struggling with opioid addiction, and encourage them to have these kits
374 available at all times. *(Original 2019)*

375

376 40 - Encourage Medicaid & Pharmacy Benefit Mangers to Allow and Support Noncontrolled
377 Alternative to Formulary Controlled Substances or Safer Alternative to Class II Opioid
378

379 RESOLVED, that the Ohio Osteopathic Association (OOA) strongly encourage Medicaid PBMs
380 and commercial PBMs to provide a noncontrolled alternative as a first line option to a controlled
381 substance (e.g. Atomoxetine vs methylphenidate or mixed amphetamine Salts); and be it further
382

383 RESOLVED, that the OOA strongly encourage Medicaid and PBMs to allow prescribers an
384 option to try a less habit forming alternative for chronic pain treatment, where nonsteroidal anti-
385 inflammatory drugs are ineffective or contraindicated. *(Original 2019)*
386

387 41 - Parental Leave Policies for ACGME Residency
388

389 RESOLVED, the Ohio Osteopathic Association request the American Osteopathic Association
390 (AOA) encourages the ACGME to promote the standardization, within the common program
391 requirements, availability and accessibility of requesting adequate parental leave, in adherence
392 with the Family and Medical Leave Act; and be it further
393

394 RESOLVED, the AOA encourage the ACGME to advocate for transparency of parental leave
395 policies at the time of residency matching. *(Original 2019)*

Appendix

EXECUTIVE COMMITTEE 2023-2024

President	Nicklaus J. Hess, DO
President-Elect	Douglas W. Harley, DO
Vice President	Edward E. Hosbach II, DO
Treasurer	Andrew P. Eilerman, DO
Immediate Past President	Jennifer L. Gwilym, DO
Executive Director	Heidi A. Weber, MBA, CAE

EXECUTIVE COMMITTEE 2024-2025

President	Douglas W. Harley, DO
President-Elect	Edward E. Hosbach II, DO
Vice President	Andrew P. Eilerman, DO
Treasurer	Katherine H. Eilenfeld, DO
Immediate Past President	Nicklaus J. Hess, DO
Executive Director	Heidi A. Weber, MBA, CAE

BOARD OF TRUSTEES 2023-2024

DISTRICT		TERM EXPIRES
I-NW OHIO	Nicholas G. Espinoza, DO	2026
II-LIMA	Open	2026
III-DAYTON	Chelsea A. Nickolson, DO	2026
IV-CINCINNATI	Michael E. Dietz, DO	2026
V-SANDUSKY	Nathan P. Samsa, DO	2026
VI-COLUMBUS	Charles R. Fisher, DO	2026
VII-CLEVELAND	Katherine H. Eilenfeld, DO	2025
VIII-AKRON/CANTON	Gregory Hill, DO	2024
IX-MARIETTA	Melinda E. Ford, DO	2025
X-WESTERN RESERVE	John C. Baker, DO	2024
RESIDENT	Nicholas W. Salupo, DO	2025
OU-HCOM STUDENT-Athens	Jasan S. Sandhu, OMS II	2024
OU-HCOM STUDENT-Cleveland	Marisa M. Vislay, OMS II	2024
OU-HCOM STUDENT-Dublin	Jonathan C. Peters, OMS II	2024

NEW TRUSTEES 2024-25

VIII-AKRON/CANTON	Gregory Hill, DO	2027
X-WESTERN RESERVE	John C. Baker, DO	2027
OU-HCOM Rep.-Athens	Amisha Saini, OMS I	2025
OU-HCOM Rep.-Cleveland	Muro Kahyaoglu, OMS I	2025
OU-HCOM Rep.-Dublin	James Applegate, OMS I	2025

2023-2024 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARY
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	Edward E. Hosbach, DO	Lawrence J. Kuk, Jr., DO
III	Benjamin T. Rose, DO	Lindsey N. Davis, DO
IV	Sean D. Stiltner, DO	James E. Coulter, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Charles R. Fisher, DO	---
VII	Kelly A. Raj, DO	John J. Wolf, DO
VIII	Joseph F. Pietrolungo, DO	Mark J. Tereletsky, DO
IX	---	---
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2024-2025 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARY
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	Edward E. Hosbach, DO	Lawrence J. Kuk, Jr., DO
III	Alex H. Bunce, DO	Sean M. Johnson, DO
IV	Sean D. Stiltner, DO	James E. Coulter, DO
V	Nathan P. Samsa, DO	John F. Ramey, DO
VI	Alexandra M. McKenna, DO	TBD
VII	Susan M. Ratay, DO	Kristen J. Conrad-Schnetzer, DO
VIII	Joseph F. Pietrolungo, DO	Mark J. Tereletsky, DO
IX	TBD	TBD
X	TBD	TBD

2024 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates

Northwest Ohio	57	4/4	Nicholas G. Espinoza, DO, Chair C. Jordan Benavente, DO Jennifer L. Pflgebraar, DO Nicholas J. Pflgebraar, DO	All Northwest Ohio Members
Lima	27	2/2	Edward E. Hosbach II, DO, Chair	All Lima Members
Dayton	157	10/10	Benjamin T. Rose, DO, Chair Alex H. Bunce, DO Jennifer J. Hauler, DO Nicklaus J. Hess, DO Mark S. Jeffries, DO Sean M. Johnson, DO Paul A. Martin, DO Shannon N. McAfee, DO Chelsea A. Nickolson, DO Kwame Sarkodie, DO	All Dayton Members
Cincinnati	40	3/3	Victor D. Angel, DO, Chair Joseph S. Scheidler, DO Sean D. Stiltner, DO	All Cincinnati Members James E. Coulter, DO Scott A. Kotzin, DO Barry A. Rubin, DO
Sandusky	37	2/2	John F. Ramey, DO, Chair Nathan P. Samsa, DO	All Sandusky Members
Columbus	188	13/13*	Alexandra M. McKenna, DO, Chair Ying H. Chen, DO Andrew P. Eilerman, DO William F. Emlich Jr., DO Charles R. Fisher, DO Jason R. Jackson, DO Tejal R. Patel, DO Jill Y. Porter, DO Albert M. Salomon, DO Geraldine N. Urse, DO Henry L. Wehrum, DO Jenny Zamor, DO Bailey Hall, OMS I	All Columbus Members Toshiki Nakao, OMS
Cleveland	94	7/7*	Katherine H. Eilenfeld, DO, Chair Andrew K. Culver, DO George J. Friedhoff, DO Robert W. Hostoffer, Jr., DO Kelly A. Raj, DO Susan M. Ratay, DO Norah Wilson, OMS I	All Cleveland Members Sandra L. Cook, DO Robert S. Juhasz, DO Charita C. Ray, DO George Thomas, DO Trevor Boggess, OMS I

Akron/ Canton	113	8/8	Eugene D. Pogorelec, DO, Chair David A. Bitonte, DO Paul T. Scheatzle, DO Mark J. Tereletsy, DO John F. Uslick, DO	All Akron-Canton Members
Marietta	87	6/6*	Melinda E. Ford, DO, Chair Jennifer L. Gwilym, DO Marcia Jacobs, DO Mohammad R. Khan, DO Jean S. Rettos, DO Daniel K. Williamson, DO Alexis Neri, OMS I	All Marietta Members
Western Reserve	60	4/4	Sharon L. George, DO, Chair John C. Baker, DO	All Western Reserve Members

*Includes 1 student delegate

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:

1. The nominating committee shall consist of five (5) members, one member each from districts III (Dayton), VI (Columbus), VIII (Akron-Canton) and two (2) that are selected from the I (Toledo), II (Lima), IV (Cincinnati), V (Sandusky), VII (Cleveland), IX (Marietta) and X (Western Reserve) districts collectively.
2. Each of the five 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.

**Ohio Osteopathic Association
Actions by the 2023 House of Delegates**

The OOA House of Delegates met Friday, April 21, 2023, at the Columbus Hilton at Easton Town Center in conjunction with the Ohio Osteopathic Symposium. Speaker David A. Bitonte, DO, and Vice Speaker Michael E. Dietz, DO, presided over the meeting. Both were re-elected to a one-year term.

Delegates elected the following OOA officers: President-Elect Douglas W. Harley, DO; Vice President Edward E. Hosbach II, DO; and Treasurer Andrew P. Eilerman, DO. Immediate Past President Jennifer L. Gwilym, DO, will remain on the Executive Committee and provided the State of the State Report. Nicklaus J. Hess, DO, was installed as OOA President the following day during the Ohio Osteopathic Symposium luncheon.

The House also elected nominees to the Ohio Osteopathic Foundation Board of Trustees: Mark S. Jeffries, DO, for a three-year term expiring 2026; and Paul T. Scheatzle, DO, for a three-year term expiring 2026. Delegates also approved a list of members to serve as part of the Ohio Delegation to the AOA House of Delegates in July.

Two Reference Committees met virtually in advance of the House. Delegates representing all ten districts were appointed to the Committees and discussed five resolutions in total.

Melinda E. Ford, DO, chaired Reference Committee 1. Committee members included Paul A. Martin, DO; Henry L. Wehrum, DO; Paul T. Scheatzle, DO; Sharon L. George, DO; and Cheryl Markino, staff. Chelsea A. Nickolson, DO, chaired Reference Committee 2. That committee was comprised of John C. Baker, DO; Sandra L. Cook, DO; Nicholas G. Espinoza, DO; Charles R. Fisher, DO; Jennifer L. Gwilym, DO; and Teri Collins, Staff

The resolution to reaffirm existing policy position was approved as submitted:

- RES NO 2023-04 Reaffirmation of Existing Policies
- 2023-04 a. Complementary and Alternative Medicine
- 2023-04 b. Continuing Medical Education, Reduced Registration Fees for Retired and Life Members
- 2023-04 c. Energy Drink Dangers
- 2023-04 d. Engaging Osteopathic Physicians as Preceptors
- 2023-04 e. False Qualification Standards and Advertising for the MD Degree
- 2023-04 f. Health Plans, Stability and Continuity of Care
- 2023-04 g. Hospice and Palliative Care Support
- 2023-04 h. Infectious Waste Disposal
- 2023-04 i. Medicare Services
- 2023-04 j. Medication Reconciliation
- 2023-04 k. Ohio Insurance Guaranty Association
- 2023-04 l. Osteopathic Anti-Discrimination
- 2023-04 m. Osteopathic Education, Promoting a Positive and Enthusiastic Approach
- 2023-04 n. Patient Medical Care Expense Control
- 2023-04 o. Physician Choice to Participate in Health Plans
- 2023-04 p. Protection of the Doctor-Patient relationship as Related to Proposed Gun Control Laws
- 2023-04 q. Reaffirmation of The DO Degree
- 2023-04 r. Social Media Guidelines for DOs
- 2023-04 s. Suicide Prevention and Screening
- 2023-04 t. Taser Safety (In Memory of Kevin Psikura)
- 2023-04 u. Authority of the Ohio Osteopathic Association to Certify Osteopathic Continuing Medical

Education in Ohio

Three new policy statements were submitted; all three of these resolutions were amended and approved:

- RES NO 2023-01 Protection of the Patient-Physician Relationship and Opposition to Physician Penalties for the Provision of Gender Affirming Care
- RES NO 2023-02 Improving Pharmaceutical Formulary Accessibility
- RES NO 2023-03 Invisible Disabilities

Delegates voted to delete one existing policy statement:

- 2023-05 Wireless Enhanced 911 Services for the State of Ohio

Three of the resolutions were forwarded to the AOA House of Delegates for its July 2023 meeting. All of them were amended and adopted by the AOA:

- H-622 Protection of the Patient-Physician Relationship and Opposition to Physician Penalties for the Provision of Gender Affirming Care
- H-623 Invisible Disabilities
- H-624 Improving Pharmaceutical Formulary Accessibility

PROPOSED OHIO DELEGATION

**2023 CERTIFIED DELEGATES/
ALTERNATES**

**PROPOSED 2024 DELEGATES/
ALTERNATES**

OOA BOARD OF TRUSTEES DELEGATES - (EX OFFICIO)/ELECTED	BOARD MEMBERS & ALTERNATES WHO WILL BE CERTIFIED AS DELEGATES
Past President: Jennifer L. Gwilym, DO	Past President: Nicklaus J. Hess, DO
President: Nicklaus J. Hess, DO	President: Douglas W. Harley, DO
President-Elect: Douglas W. Harley, DO	President-Elect: Edward E. Hosbach II, DO
Vice President: Edward E. Hosbach, II, DO	Vice President: Andrew P. Eilerman, DO
Treasurer: Andrew P. Eilerman, DO	Treasurer: Katherine H. Eilenfeld, DO
District 1: Nicholas G. Espinoza, DO	District 1: Nicholas G. Espinoza, DO
District 2: Open	District 2:
District 3: Chelsea A. Nickolson, DO	District 3: Chelsea A. Nickolson, DO
District 4: Michael E. Dietz, DO	District 4: Michael E. Dietz, DO
District 5: Nathan P. Samsa, DO	District 5: Nathan P. Samsa, DO
District 6: Charles R. Fisher, DO	District 6: Charles R. Fisher, DO
District 7: Katherine H. Eilenfeld, DO	District 7:
District 8: Gregory Hill, DO	District 8: Gregory Hill, DO
District 9: Melinda E. Ford, DO	District 9: Melinda E. Ford, DO
District 10: John C. Baker, DO	District 10: John C. Baker, DO
ONE YEAR TERM ENDING 2024	ONE YEAR TERM ENDING 2025
District 5: Christine M. Samsa, DO	District 5: Christine M. Samsa, DO
District 7: Robert S. Juhasz, DO	District 7: Robert S. Juhasz, DO
District 4: Sean D. Stiltner, DO	District 4: Sean D. Stiltner, DO
District 4: Victor D. Angel, DO	District 4: Victor D. Angel, DO
District 3: Gordon J. Katz, DO	District 3: Gordon J. Katz, DO
District 6: Henry L. Wehrum, DO	District 6: Henry L. Wehrum, DO
District 7: George Thomas, DO	District 7: George Thomas, DO
District 7: Sandra L. Cook, DO	District 7: Sandra L. Cook, DO
District 8: David A. Bitonte, DO	District 8: David A. Bitonte, DO
District 6: Ying H. Chen, DO	District 6: Ying H. Chen, DO
District 3: Paul A. Martin, DO	District 3: Paul A. Martin, DO
District 8: Paul T. Scheatzle, DO	District 8: Paul T. Scheatzle, DO
District 8: Eugene D. Pogorelec, DO	District 8: Eugene D. Pogorelec, DO
District 3: Mark S. Jeffries, DO	District 3: Mark S. Jeffries, DO
Student Selected by OU-HCOM SGA	Student Selected by OU-HCOM SGA
Jasan Sandhu, OMS I	Amisha Saini, OMS I
Marisa Vislay, OMS I	Muro Kahyaoglu, OMS I
Jonathan Peters, OMS I	James Applegate, OMS I
FUNDED ALTERNATES	FUNDED ALTERNATES
District 1: Nicholas J. Pflughaar, DO	District 1: Nicholas J. Pflughaar, DO
District 9: Kenneth H. Johnson, DO	District 9: Kenneth H. Johnson, DO
	District 9: Jennifer L. Gwilym, DO
ALTERNATES BY VIRTUE OF AOA	ALTERNATES BY VIRTUE OF AOA

POSITION	POSITION
District 7: Robert W. Hostoffer, Jr., DO	District 7: Robert W. Hostoffer, Jr., DO
District 3: Jennifer J. Hauler, DO	District 3: Jennifer J. Hauler, DO
STUDENT ALTERNATE	STUDENT ALTERNATE
UNFUNDED ALTERNATES	UNFUNDED ALTERNATES
District 9: Jean S. Rettos, DO	District 9: Jean S. Rettos, DO
District 1: Nicholas T. Barnes, DO	District 1: Nicholas T. Barnes, DO
District 5: John F. Ramey, DO	District 5: John F. Ramey, DO
District 7: Isaac J. Kirstein, DO	District 7: Isaac J. Kirstein, DO
District 3: Sharon S. Merryman, DO	District 3: Sharon S. Merryman, DO
District 4: Scott A. Kotzin, DO	District 4: Scott A. Kotzin, DO
District 6: Paige Gutheil Henderson, DO	District 6: Paige Gutheil Henderson, DO
District 1: Roberta J. Guibord, DO	District 1: Roberta J. Guibord, DO
District 3: Benjamin T. Rose, DO	District 3: Benjamin T. Rose, DO
District 1: Jennifer L. Pflgebraar, DO	District 1: Jennifer L. Pflgebraar, DO
District 5: Nicole Jean Barylski Danner, DO	District 5: Nathan P. Samsa, DO
District 8: M. Terrance Simon, DO	District 8: M. Terrance Simon, DO
District 6: William J. Emlich, DO	District 6: William J. Emlich, DO
District 6: Charles G. Vonder Embse, DO	District 6: Geraldine N. Urse, DO
District 2: Barry A. Rubin, DO	District 2: Barry A. Rubin, DO
District 8: Schield M. Wikas, DO	District 8: Schield M. Wikas, DO
District 10: Thomas J. Mucci, DO	District 3: Micah R. Davis, DO
District 3: Katherine A. Clark, DO	District 3: Katherine A. Clark, DO
District 3: Cleanne Cass, DO	District 3: Cleanne Cass, DO
District 3: Micah R. Davis, DO	District 6: Alexandra M. McKenna, DO
District 6: Geraldine N. Urse, DO	District 7: Susan M. Ratay, DO
	District 7: Kelly A. Raj, DO
	District 7: George J. Friedhoff, DO
	District 3: Alex H. Bunce, DO
	District 3: Sean M. Johnson, DO

Bold notates credentialed delegates