

*As of 4/8/25*

# 2025

Ohio Osteopathic Association  
House of Delegates Manual

Friday, April 11<sup>th</sup>  
9:00am – 12:00pm  
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

Michael E. Dietz, DO, Speaker  
Nathan P. Samsa, DO, Vice Speaker

### Friday, April 11, 2025

- 9:00 am Delegate/Alternate Credentialing – John F. Ramey, DO, Chair
- 9:10 am Welcome and Call to Order – Douglas W. Harley, DO, President
- Pledge of Allegiance – Dr. Harley
  - Osteopathic Pledge of Commitment – Dr. Harley
  - Introduction of the Speaker and Vice Speaker – Dr. Harley
  - Recognition of Special Guests – Michael E. Dietz, DO
    - 9:20 am – 9:30 am – Dr. Jim O’Neal, MD – State Medical Board of Ohio Medical Director
- 9:40 am Credentials Committee Report – Dr. Ramey
- 9:45 am Opening Remarks and Routine Business – Dr. Dietz
- Adoption of Standing Rules
  - Approval of Report of Heidi A. Weber, MBA, CAE, Executive Director
  - Approval of Ms. Weber as Secretary of the House
- 9:55 am State of the State Report – Dr. Harley
- 10:05 am OOA/OOF Financial Reports – Katherine H. Eilenfeld, DO, Treasurer
- 10:25 am OOPAC Report\* – Jennifer L. Gwilym, DO
- 10:35 am Advocacy Update – Danny Hurley, Capital Consultants
- 10:35 am Recognition of Reference Committee – Dr. Dietz

## Reference Committee

Reference Committee Report: Katherine H. Eilenfeld, DO, Chair

11:45 am Introduction of 2025-26 OOA President Edward E. Hosbach, II, DO, and recognition of Douglas W. Harley, DO, Outgoing President

11:55 am Report of the OOA Nominating Committee – Dr. Ramey, Chair

### Nominees for OOA Officers

President-Elect: Andrew P. Eilerman, DO

Vice President: Katherine H. Eilenfeld, DO

Treasurer: Chelsea A. Nickolson, DO

Speaker: Michael E. Dietz, DO

Vice-Speaker: Nathan P. Samsa, DO

### Nominees for the Ohio Osteopathic Foundation Board

Three-year term expiring 2027: Sharon L. George, DO

Three-year term expiring 2027: Nicklaus J. Hess, DO

### Ohio Delegation to the AOA House

(Included in packet)

12:00 pm Adjournment

\*Off the record

## 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 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 to 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 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 a 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

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: 2025-01, 2025-02, 2025-03, 2025-04, 2025-05, 2025-06, 2025-07, 2025-08

**Members:** Katherine H. Eilenfeld, DO, Chair  
John C. Baker, DO  
Alex H. Bunce, DO  
Brian L. Colopy, DO  
Michael E. Dietz, DO  
Andrew P. Eilerman, DO  
Melinda E. Ford, DO  
Douglas W. Harley, DO  
Jennifer J. Hauler, DO  
Nicklaus J. Hess, DO  
Edward E. Hosbach, II, DO  
Chelsea A. Nickolson, DO  
Nathan P. Samsa, DO  
Paul T. Scheatzle, DO  
Sean D. Stiltner, DO  
Henry L. Wehrum, DO  
Heidi A. Weber, Staff



SUBJECT: RESOLUTION ON RECOGNIZING POST-VACCINATION SYNDROME (PVS) AND VACCINE INJURY AS DIFFERENTIAL DIAGNOSES IN PATIENT CARE

SUBMITTED BY: NORTHWEST OHIO DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

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1 **WHEREAS** the global vaccination efforts have been paramount in controlling the spread of  
2 COVID-19 and have saved countless lives, contributing to public health and societal resilience;

3  
4 **WHEREAS** a growing body of research, including the study "Immunological and Antigenic  
5 Signatures Associated with Chronic Illnesses after COVID-19 Vaccination," has identified  
6 potential pathobiological features associated with post-vaccination syndrome (PVS), including  
7 immune system abnormalities, persistent presence of circulating spike proteins, and serological  
8 evidence of viral reactivation;

9  
10 **WHEREAS** other studies have also indicated that individuals with PVS may exhibit reduced  
11 levels of circulating memory and effector CD4 T cells, increased inflammatory markers like  
12 TNF $\alpha$ , and ongoing symptoms resembling those of chronic illnesses such as Lyme disease and  
13 mold exposure;

14  
15 **WHEREAS**, recognizing the importance of a comprehensive approach to understanding and  
16 addressing post-vaccination syndrome (PVS) and vaccine injuries in patient care.

17  
18 **RESOLVED**, healthcare providers and medical institutions may recognize post-vaccination  
19 syndrome (PVS) and vaccine injuries as potential differential diagnoses when evaluating patients  
20 presenting with chronic symptoms following vaccination.

21  
22 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
23 Association for consideration at the 2025 AOA House of Delegates.

24  
25 **RECOMMEND** – referral back to author for improved language and supporting references, Not  
26 our purview to dictate practice patterns

27 References:

28 Holzer, F. R., Fierro, J., Megson, C., Patwardhan, P., Daley, B., Winter, A. A., & Altamirano, M.  
29 (2025). Immunological and Antigenic Signatures Associated with Chronic Illnesses after  
30 COVID-19 Vaccination. *medRxiv*. <https://doi.org/10.1101/2025.02.18.25322379v1>

31  
32 Krumholz, H., Wu, Y., Sawano, M., Shah, R., Zhou, T., Arun, A., ... & Iwasaki, A. (2023). post-  
33 vaccination syndrome: a descriptive analysis of reported symptoms and patient experiences after

34 covid-19 immunization. <https://doi.org/10.1101/2023.11.09.23298266>  
35  
36 Rosipal, Š., Grešíková, M., Plank, L., & Rosipal, R. (2014). A post-vaccination  
37 autoinflammatory syndrome. *Research in Immunology an International Journal*, 1-6.  
38 <https://doi.org/10.5171/2014.537063>  
39  
40 Dang, Y. and Bryson, A. (2021). Miller-fisher syndrome and guillain-barre syndrome overlap  
41 syndrome in a patient post oxford-astrazeneca sars-cov-2 vaccination. *BMJ Case Reports*,  
42 14(11), e246701. <https://doi.org/10.1136/bcr-2021-246701>  
43  
44 Saeed, S., Jianqing, C., Xu, J., Zhang, Y., Zheng, X., Jiang, L., ... & Zhang, X. (2023). Case  
45 report: a case of multisystem inflammatory syndrome in an 11-year-old female after covid-19  
46 inactivated vaccine. *Frontiers in Pediatrics*, 11. <https://doi.org/10.3389/fped.2023.1068301>  
47  
48 Khan, S., Khalil, M., Waqar, Z., Khan, S., & Jan, Z. (2022). post covid-19 vaccine guillain barre  
49 syndrome. *Pakistan Journal of Neurological Sciences*, 17(02).  
50 <https://doi.org/10.56310/pjns.v17i02.174>  
51  
52 Platschek, B. and Boege, F. (2024). The post-acute covid-vaccination syndrome in the light of  
53 pharmacovigilance.. <https://doi.org/10.20944/preprints202410.2497.v1>  
54  
55 Finsterer, J. (2022). A case report: long post-covid vaccination syndrome during the eleven  
56 months after the third moderna dose. *Cureus*. <https://doi.org/10.7759/cureus.32433>  
57  
58 Krumholz, H., Wu, Y., Sawano, M., Shah, R., Zhou, T., Arun, A., ... & Iwasaki, A. (2023). post-  
59 vaccination syndrome: a descriptive analysis of reported symptoms and patient experiences after  
60 covid-19 immunization.. <https://doi.org/10.1101/2023.11.09.23298266>  
61  
62 Shnawa, I. (2023). vaccine and adjuvant mediated autoimmunity. *Journal of Pharmaceutical*  
63 *Research International*, 35(24), 42-48. <https://doi.org/10.9734/jpri/2023/v35i247426>

SUBJECT: AGAINST THE USE OF FOOD DYES AND PRESERVATIVES

SUBMITTED BY: NORTHWEST OHIO DISTRICT ACADEMY OF OSTEOPATHIC  
MEDICINE

REFERRED TO:

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64 **WHEREAS**, synthetic food dyes such as Red 40, Yellow 5, and Blue 1 are widely used in food  
65 products despite studies linking them to hyperactivity, allergic reactions, and potential  
66 carcinogenic effects; and

67  
68 **WHEREAS**, research published in the *International Journal of Occupational Medicine and*  
69 *Environmental Health* has associated prolonged exposure to artificial food dyes with increased  
70 oxidative stress and DNA damage; and

71  
72 **WHEREAS**, preservatives such as sodium benzoate, butylated hydroxyanisole (BHA), and  
73 butylated hydroxytoluene (BHT) have been shown to disrupt endocrine function and increase the  
74 risk of chronic illnesses, including cancer and metabolic disorders; and

75  
76 **WHEREAS**, the European Union has placed restrictions or labeling requirements on certain  
77 food dyes and preservatives due to health concerns, providing a regulatory model that prioritizes  
78 consumer safety; and

79  
80 **WHEREAS**, educating patients and advocating for stricter regulations can help reduce exposure  
81 to potentially harmful additives, thereby improving public health; now therefore be it

82  
83 **RESOLVED**, the OOA strongly opposes the widespread use in food products of synthetic dyes  
84 and preservatives that have known harmful effects in food products and advocates for increased  
85 research and regulation on their safety; and be it further

86  
87 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
88 Association for consideration at the 2025 AOA House of Delegates.

89  
90 **Author to add citations into the WHEREAS clauses**  
91 **APPROVE with edits**

92 References:  
93 Kobylewski, Sarah, et al. "Toxicology of food dyes". *International Journal of Occupational and*  
94 *Environmental Health*, vol. 18, no. 3, 2012, p. 220-246.  
95 <https://doi.org/10.1179/1077352512z.00000000034>  
96 Erickson, Zachary, et al. "Lifespan psychomotor behaviour profiles of multigenerational prenatal  
97 stress and artificial food dye effects in rats". *Plos One*, vol. 9, no. 6, 2014, p. e92132.  
98 <https://doi.org/10.1371/journal.pone.0092132>

99 Rajadurai, M. (2022). Adverse effects of chemical preservatives: a review. *Journal of Food and*  
100 *Nutrition*, 1(1), 01-06. <https://doi.org/10.58489/2836-2276/002>  
101 Batada, A. and Jacobson, M. (2016). Prevalence of artificial food colors in grocery store products  
102 marketed to children. *Clinical Pediatrics*, 55(12), 1113-1119.  
103 <https://doi.org/10.1177/0009922816651621>

SUBJECT: SUPPORT OF OSTEOPATHIC RECOGNITION AND THE INTEGRITY OF OSTEOPATHIC TRAINING

SUBMITTED BY: COLUMBUS DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

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104 **WHEREAS**, Osteopathic Recognition (OR) is an accreditation status with the Accreditation  
105 Council for Graduate Medical Education (ACGME) that distinctly acknowledges programs that  
106 provide structured training on osteopathic principles and practice and the tenants of osteopathic  
107 medicine in graduate medical education (GME) [1]; and

108  
109 **WHEREAS**, the OR-Review Committee with the ACGME outlines specific standards for  
110 achieving OR status [1]; and

111  
112 **WHEREAS**, to date, the number of programs that have achieved OR is far smaller than the  
113 number of programs previously accredited by the American Osteopathic Association before the  
114 establishment of the Single Accreditation System (SAS) with the ACGME [2,3]; and

115  
116 **WHEREAS**, the American Association of Colleges of Osteopathic Medicine (AACOM)  
117 published in August of 2024 the results of a study on the barriers to achieving Osteopathic  
118 Recognition, with hopes that the results would drive ideas/methods to overcome these barriers  
119 [4]; and

120  
121 **WHEREAS**, some successful OR programs have already demonstrated viable models of  
122 maintaining and expanding high-quality osteopathic training [5]; and

123  
124 **WHEREAS**, efforts have arisen to label non-Osteopathically Recognized programs that have  
125 historically provided some osteopathic instruction, but have not yet received OR status, with  
126 alternative ‘osteopathic’ names, a move which risks diluting the value and distinctiveness of  
127 fully Recognized osteopathic training; and

128  
129 **WHEREAS**, the American Osteopathic Association (AOA) and the American Association of  
130 Colleges of Osteopathic Medicine (AACOM) have the responsibility to safeguard and promote  
131 the integrity of osteopathic training and education; and

132  
133 **WHEREAS**, The AOA and AACOM should prioritize overcoming barriers to OR through the  
134 development of collaborative solutions to expand OR by studying and implementing best  
135 practices from successful OR programs nationwide; now therefore may it be  
136

137 **RESOLVED**, the OOA reaffirms its strong support for Osteopathic Recognition as the standard  
138 for graduate medical education programs seeking to provide comprehensive osteopathic training;  
139 and be it further

140  
141 **RESOLVED**, that the OOA opposes efforts to label non-OR programs that include elements of  
142 osteopathic training by any alternative designation that could mislead students, trainees, or the  
143 public regarding the level of osteopathic integration; and be it further

144  
145 **RESOLVED**, the OOA advocates for collaborative work by the AOA and AACOM to identify  
146 and promote successful models of Osteopathic Recognition, provide guidance and resources to  
147 programs seeking recognition to ensure the continued strength and growth of Osteopathic  
148 education and training in graduate medical education; and be it further

149  
150 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
151 Association for consideration at the 2025 AOA House of Delegates.

152  
153 References:

- 154 1. ACGME Osteopathic Recognition Standards. Accreditation Council for Graduate  
155 Medical Education. 2022, March 21. *doi*:  
156 [https://www.acgme.org/globalassets/pfassets/programrequirements/801\\_osteopathicrecog  
157 nition\\_2021v2.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf)
- 158 2. Former AOA Programs that have Transitioned to the ACGME Accreditation. American  
159 Osteopathic Association. Accessed Aug 8<sup>th</sup>, 2023. *doi*:  
160 [https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/02/single-gme-  
161 transitioned-program-opportunities.pdf](https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/02/single-gme-transitioned-program-opportunities.pdf)
- 162 3. List of Programs for or and with Osteopathic Recognition. Accreditation Council for  
163 Graduate Medical Education. Accessed on 24 Feb 2025. *doi*:  
164 <http://apps.acgme.org/ads/Public/Reports/ReportRun>.
- 165 4. American Association of Colleges of Osteopathic Medicine (AACOM). Aug 21, 2024.  
166 Landmark Study Answers Question: What's Next for Osteopathic Recognition?. *doi*  
167 [https://www.aacom.org/news-reports/news/2024/08/21/landmark-study-answers-  
168 question---what-s-next-for-osteopathic-recognition](https://www.aacom.org/news-reports/news/2024/08/21/landmark-study-answers-question---what-s-next-for-osteopathic-recognition)
- 169 5. Eilerman, Andrew, Porter, Chas, Faherty, Mallory and Zmuda, Elizabeth. "Effectiveness  
170 of a program director for osteopathic medical education to support osteopathic  
171 recognition at a training site with multiple programs" *Journal of Osteopathic Medicine*,  
172 2025. <https://doi.org/10.1515/jom-2023-0253>

SUBJECT: SUPPORT OF OSTEOPATHIC RECOGNITION AND THE INTEGRITY OF OSTEOPATHIC TRAINING

SUBMITTED BY: COLUMBUS DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

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173 **WHEREAS**, Osteopathic Recognition (OR) is an accreditation status with the Accreditation  
174 Council for Graduate Medical Education (ACGME) that distinctly acknowledges programs that  
175 provide structured training on osteopathic principles and practice and the tenets of osteopathic  
176 medicine in graduate medical education (GME) [1]; and

177  
178 **WHEREAS**, the OR-Review Committee with the ACGME outlines specific standards for  
179 achieving OR status [1]; and

180  
181 **WHEREAS**, to date, the number of programs that have achieved OR is far smaller than the  
182 number of programs previously accredited by the American Osteopathic Association before the  
183 establishment of the Single Accreditation System (SAS) with the ACGME [2,3]; and

184  
185 **WHEREAS**, the American Association of Colleges of Osteopathic Medicine (AACOM)  
186 published in August of 2024 the results of a study on the barriers to achieving Osteopathic  
187 Recognition, with hopes that the results would drive ideas/methods to overcome these barriers  
188 [4]; and

189  
190 **WHEREAS**, some successful OR programs have already demonstrated viable models of  
191 maintaining and expanding high-quality osteopathic training [5]; and

192  
193 **WHEREAS**, the American Osteopathic Association (AOA) and the American Association of  
194 Colleges of Osteopathic Medicine (AACOM) have the responsibility to safeguard and promote  
195 the integrity of osteopathic training and education; and

196  
197 **RESOLVED**, the OOA encourages all osteopathic training in graduate medical education and  
198 reaffirms its strong support for strongly supports ACGME Osteopathic Recognition as the gold  
199 standard for graduate medical education programs seeking to provide comprehensive osteopathic  
200 training; and be it further

201  
202 **RESOLVED**, the OOA advocates for collaborative work by the AOA and AACOM to identify  
203 and promote successful models of Osteopathic Recognition, provide guidance and resources to  
204 programs seeking recognition to ensure the continued strength and growth of osteopathic  
205 education and training in graduate medical education; and be it further

206  
207 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
208 Association for consideration at the 2025 AOA House of Delegates.

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APPROVE with edits

References:

6. 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](https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf)
7. Former AOA Programs that have Transitioned to the ACGME Accreditation. American Osteopathic Association. Accessed Aug 8<sup>th</sup>, 2023. *doi:* <https://osteopathic.org/index.php?aam-media=/wp-content/uploads/2018/02/single-gme-transitioned-program-opportunities.pdf>
8. List of Programs for or and with Osteopathic Recognition. Accreditation Council for Graduate Medical Education. Accessed on 24 Feb 2025. *doi:* <http://apps.acgme.org/ads/Public/Reports/ReportRun>.
9. American Association of Colleges of Osteopathic Medicine (AACOM). Aug 21, 2024. Landmark Study Answers Question: What's Next for Osteopathic Recognition?. *doi* <https://www.aacom.org/news-reports/news/2024/08/21/landmark-study-answers-question---what-s-next-for-osteopathic-recognition>
10. Eilerman, Andrew, Porter, Chas, Faherty, Mallory and Zmuda, Elizabeth. "Effectiveness of a program director for osteopathic medical education to support osteopathic recognition at a training site with multiple programs" *Journal of Osteopathic Medicine*, 2025. <https://doi.org/10.1515/jom-2023-0253>



SUBJECT: RE-ESTABLISHING AOA BOARD CERTIFICATION REQUIREMENT FOR DEANS OF OSTEOPATHIC MEDICAL SCHOOLS

SUBMITTED BY: DAYTON DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

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232 WHEREAS, the American Osteopathic Association (AOA) serves as the leading professional  
233 organization for osteopathic physicians and plays a central role in ensuring the quality and  
234 integrity of osteopathic education and practice; and  
235

236 WHEREAS, the Council on Osteopathic College Accreditation (COCA) is the primary body  
237 responsible for overseeing the accreditation of osteopathic medical schools in the United States,  
238 ensuring that these institutions maintain high standards in medical education and training; and  
239

240 WHEREAS, the role of the dean of an osteopathic medical school is critical in shaping the  
241 educational direction, clinical excellence, and overall quality of the institution, as well as  
242 ensuring alignment with osteopathic principles and practice; and  
243

244 WHEREAS, AOA board certification represents the highest standard of expertise and knowledge  
245 in osteopathic medicine and serves as a marker of commitment to ongoing professional  
246 development, quality care, and a deep understanding of osteopathic philosophy and principles;  
247 and  
248

249 WHEREAS, requiring AOA board certification for deans of osteopathic medical schools would  
250 ensure that the leadership of these institutions maintains the highest standards of excellence in  
251 both clinical and academic domains; and  
252

253 WHEREAS, AOA board-certified deans would be more likely to uphold and advocate for  
254 osteopathic principles in the training of future physicians, fostering a stronger alignment between  
255 academic leadership and the profession's foundational values; now therefore be it  
256

257 RESOLVED, that the OOA encourage the Council on Osteopathic College Accreditation  
258 (COCA) to re-establish the requirement that all deans of osteopathic medical schools be board-  
259 certified by the AOA; and be it further  
260

261 RESOLVED, that a copy of this resolution be submitted to the American Osteopathic  
262 Association for consideration at the 2025 AOA House of Delegates.

**SUBSTITUTE WITH VERSION B**

SUBJECT: ADVOCATE FOR ACCESS TO OVERWEIGHT AND OBESITY CARE

SUBMITTED BY: CLEVELAND DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

---

263 **WHEREAS**, Per the Centers for Disease Control (CDC), from August 2021 to August 2023, the  
264 prevalence of obesity among adults in the United States was 40.3%, which remains above the  
265 Healthy People 2030 goal of 36.0%;

266  
267 **WHEREAS**, In June 2013, the American Medical Association (AMA) House of Delegates voted  
268 to recognize obesity as a disease state requiring treatment and prevention efforts;

269  
270 **WHEREAS**, the majority of insurance providers continue to exclude reimbursement for weight  
271 management visits, as well as coverage of Federal Drug Agency (FDA) approved medications  
272 for treatment of patients with overweight and/or obesity;

273  
274 **RESOLVED**, that the Ohio Osteopathic Association (OOA) recognize obesity as a complex,  
275 multifactorial disease, an interaction between genotype and environment, which has  
276 socioeconomic, behavioral, cultural, physiological, metabolic, and genetic factors; and be it  
277 further

278  
279 **RESOLVED**, that the OOA advocate for ~~reimbursement of office visits~~ **payment for medical**  
280 **services and procedures** used to treat and manage patient's weight with or without associated  
281 weight related conditions; and be it further

282  
283 **RESOLVED**, that the OOA advocate ~~and promote the use and~~ **for insurance coverage**  
284 ~~payment~~ of FDA approved medications used to treat patients with overweight and/or obesity;  
285 and be it further

286 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
287 Association for consideration at the 2025 AOA House of Delegates.

**APPROVE with edits**

**Author to add references for cited data in WHEREAS clauses**

SUBJECT: INCLUSION OF OSTEOPATHIC MANIPULATIVE TREATMENT (OMT)  
PROCEDURES IN ACGME CASE LOGS

SUBMITTED BY: COLUMBUS DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

---

288 **WHEREAS**, the Accreditation Council for Graduate Medical Education (ACGME) case log  
289 system is an essential tool for tracking procedural competencies of resident physicians in  
290 accredited training programs (1); and  
291

292 **WHEREAS**, some ACGME-accredited programs maintain Osteopathic Recognition (OR), an  
293 accreditation status that distinctly acknowledges the additional focus on Osteopathic Principles  
294 and Practice (OPP) in the training of residents or fellows (2); and  
295

296 **WHEREAS**, OR requires residents and fellows to demonstrate the competency in all  
297 components of OPP, including demonstrating skill of OMT; and  
298

299 **WHEREAS**, currently there is no mechanism in ACGME case logs for residents and fellows to  
300 document their use of OMT as procedural intervention, despite its importance in patient care and  
301 Osteopathic training; and  
302

303 **WHEREAS**, the inability to log OMT procedures limits the ability of Osteopathic residents and  
304 fellows to formally track their procedural experience, impairs program directors' ability to assess  
305 competency, and devalues the role of Osteopathic medicine within ACGME training programs;  
306 and  
307

308 **WHEREAS**, previous efforts to request ACGME to incorporate OMT into case logs have been  
309 met with resistance, further exacerbating concerns about equitable recognition of Osteopathic  
310 competencies within the single accreditation system; now therefore, may it be

311 **RESOLVED**, that the Ohio Osteopathic Association (OOA) advocate for the inclusion of  
312 Osteopathic Manipulative Treatment (OMT) procedures within the ACGME case log system,  
313 ensuring residents and fellows, particularly those in Osteopathic Recognized programs, have the  
314 capacity to log their procedural experiences in OMT; and be it further

315 **RESOLVED**, that upon successful passage, a copy of this resolution be submitted to the  
316 American Osteopathic Association for consideration at the 2025 AOA House of Delegates.  
317

318 **APPROVE**

319  
320 References:

321 1) ACGME case logs. Accreditation Council for Graduate Medical Education. 11 Feb,  
322 2025. doi: <https://www.acgme.org/data-systems-technical-support/case-log-system/>

323 2) ACGME Osteopathic Recognition Standards. Accreditation Council for Graduate  
324 Medical Education. 2022, March 21. *doi*:  
325 [https://www.acgme.org/globalassets/pfassets/programrequirements/801\\_osteopathicrecog](https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf)  
326 [nition\\_2021v2.pdf](https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf)

SUBJECT: SUPPORT FOR METHODS TO INCREASE THE COMPENSATION FOR PEDIATRICIANS TO ADDRESS FUTURE WORKFORCE CHALLENGES

SUBMITTED BY: COLUMBUS DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

---

327 **WHEREAS**, pediatrics is a critical specialty in the American Healthcare system, providing  
328 essential care to infants, children, and adolescents and contributing to the long-term health of the  
329 population [1]; and

330  
331 **WHEREAS**, the number of graduating medical students matching into pediatric residency  
332 programs has declined in recent years, leading to concerns about the adequacy of the future  
333 pediatric workforce [2]; and

334  
335 **WHEREAS**, pediatricians face unique financial challenges, including lower average  
336 compensation compared to many other medical specialties, despite the high demands of their  
337 work and the complex care required by pediatric patients [2,3]; and

338  
339 **WHEREAS**, pediatricians often care for a disproportionately high percentage of Medicaid  
340 populations, which are subject to lower reimbursement rates and increased administrative  
341 burdens, further impacting their financial viability [2,3]; and

342  
343 **WHEREAS**, addressing the compensation disparities faced by pediatricians is necessary to  
344 increase the attractiveness of the specialty to graduating medical students who face a heavy  
345 medical school debt load, to ensure adequate access to pediatric care nationwide [4]; now  
346 therefore may it be

347  
348 **RESOLVED**, that the OOA advocate for the exploration and implementation of creative  
349 methods to increase the compensation of pediatricians, including but not limited to:

- 350
- 351 • Advocacy for increased Medicaid and Medicare reimbursement rates for pediatric services
  - 352 • Development of loan repayment programs, scholarships, or financial incentives targeted specifically at medical students and residents pursuing primary care pediatrics
  - 353 • Establishing public and private grants or subsidies to support pediatric practices in underserved or high-need areas
  - 354 • Promoting value-based care models that reward pediatricians for improving health outcomes in vulnerable populations, and be it further
  - 355
  - 356
  - 357

358 **RESOLVED**, that the OOA advocate for collaboration with federal and state policymakers,  
359 healthcare organizations, and medical education stakeholders to advocate for policy reforms that  
360 address financial barriers to entering the pediatric specialty; and be it further

361  
362 **RESOLVED**, that the OOA advocate for research into innovative payment models and  
363 compensation structures for pediatricians to ensure long-term sustainability of the pediatric  
364 workforce for the future, and be it further

365  
366 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
367 Association for consideration at the 2025 AOA House of Delegates.

368  
369 **APPROVE**

370

371 References:

- 372 1) Pediatricians. 27 Jan 2025. Cleveland Clinic. Doi:  
373 <https://my.clevelandclinic.org/health/articles/21716-what-is-a-pediatrician>  
374 2) Carroll, A. Why Doctors aren't going into pediatrics. New York Times. 1, July, 2024.  
375 Doi: <https://www.nytimes.com/2024/07/01/opinion/pediatrician-shortage.html>  
376 3) Rascoe, A. Fewer Doctors are going into Pediatrics: That's leaving a huge gap in  
377 hospitals. NPR. 14, April 2024. Doi:  
378 [https://www.npr.org/2024/04/14/1244683914/fewer-doctors-are-going-into-pediatrics-](https://www.npr.org/2024/04/14/1244683914/fewer-doctors-are-going-into-pediatrics-thats-leaving-a-huge-gap-in-hospitals)  
379 [thats-leaving-a-huge-gap-in-hospitals](https://www.npr.org/2024/04/14/1244683914/fewer-doctors-are-going-into-pediatrics-thats-leaving-a-huge-gap-in-hospitals)  
380 4) Permar, S and RJ Vinci. A nation with too few pediatricians could see health care costs  
381 soar. STAT: Reporting from the frontiers of health and medicine. 2 April 2024. Doi:  
382 <https://www.statnews.com/2024/04/02/too-few-pediatricians-health-care-costs/>

SUBJECT: SUPPORT FOR RESEARCH ON LONG TERM EFFECTS OF GLP-1 RECEPTOR AGONISTS

SUBMITTED BY: COLUMBUS DISTRICT ACADEMY OF OSTEOPATHIC MEDICINE

REFERRED TO:

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383 **WHEREAS**, Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are increasingly  
384 prescribed for the treatment of type 2 diabetes and obesity due to their effectiveness in improving  
385 glycemic control and promoting weight loss; and  
386

387 **WHEREAS**, limited long-term safety and efficacy data currently exist regarding the use of  
388 GLP-1 RAs, including their impact on gastrointestinal health, pancreatic function, cardiovascular  
389 outcomes, metabolic regulation, and potential associations with conditions such as thyroid cancer  
390 or gallbladder disease; and  
391

392 **WHEREAS**, the osteopathic profession is committed to supporting evidence-based medicine  
393 and improving patient care through the advancement of research and understanding of long-term  
394 medication effects; and  
395

396 **WHEREAS**, additional research into the long-term effects of GLP-1 RAs is critical to ensure  
397 optimal patient outcomes, guide clinical decision-making, and inform regulatory policies;  
398 therefore, may it be  
399

400 **RESOLVED**, that the Ohio Osteopathic Association support research into the long-term safety  
401 and efficacy of GLP-1 receptor agonists; and be it further  
402

403 **RESOLVED**, that the OOA encourage the work of federal agencies, academic institutions,  
404 pharmaceutical companies and other stakeholders to promote and prioritize longitudinal studies  
405 and post-market analysis on the use of GLP-1 receptor agonists; and be it further  
406

407 **RESOLVED**, that the OOA encourages dissemination of research findings related to the long-  
408 term effects of physicians to enhance clinical understanding and guide safe prescribing practices,  
409 and be it further  
410

411 **RESOLVED**, that the OOA encourages the inclusion of diverse patient populations in research  
412 on GLP-1 receptor agonists to ensure equitable assessment of risks and benefits across  
413 demographic groups, and be it further  
414

415 **RESOLVED**, that a copy of this resolution be submitted to the American Osteopathic  
416 Association for consideration at the 2025 AOA House of Delegates.

**WITHDRAWN** by author

Ohio Osteopathic Association  
2025  
5-YEAR RESOLUTION REVIEW

**ADVERSE CHILDHOOD EXPERIENCES SCREENING**

417 RESOLVED, that the Ohio Osteopathic Association (OOA) support and advocate for the  
418 inclusion of an ACEs screening in establishing care visits with patients *in* primary care  
419 settings.

**AVAILABILITIES OF MODALITIES OF PRESCRIBING**

420 RESOLVED, that the Ohio Osteopathic Association support all methods of prescribing by  
421 physicians for schedule II through schedule V controlled substances including fax,  
422 telephone, print, EPCS (Electronic Prescriptions for Controlled Substances) and hand-  
423 written prescriptions that meet the United States Drug Enforcement Agency guidelines for  
424 a valid controlled substance prescription without limitation or preference for any one  
425 specific method or limitation on prescribing.  
426

**PATIENT SATISFACTION SURVEYS**

427 RESOLVED, that the Ohio Osteopathic Association discourages the use and  
428 implementation of any tool that supports the incorporation of "patient satisfaction" to  
429 reimbursement models to hospitals or physicians for patient care and to maintain the use  
430 of objective evidence-based methods of providing care rather than patient interpretation  
431 of care as evidenced by "patient satisfaction" surveys.



## Appendix

### 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

### EXECUTIVE COMMITTEE 2025-2026

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

### BOARD OF TRUSTEES 2024-2025

DISTRICT		TERM EXPIRES
I-NW OHIO	Nicholas G. Espinoza, DO	2026
II-LIMA	Brian L. Colopy, DO	2026
III-DAYTON	Sean M. Johnson, 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	Kristen J. Conrad-Schnetz, DO	2025
VIII-AKRON/CANTON	Gregory Hill, DO	2027
IX-MARIETTA	Melinda E. Ford, DO	2025
X-WESTERN RESERVE	John C. Baker, DO	2027
RESIDENT	Nicholas W. Salupo, DO	2025
OU-HCOM STUDENT-Athens	Amisha Saini, OMS II	2025
OU-HCOM STUDENT-Cleveland	Murathan Kahyaoglu, OMS II	2025
OU-HCOM STUDENT-Dublin	James Applegate, OMS II	2025

### NEW TRUSTEES 2025-26

III-DAYTON	TBD	2026
OU-HCOM Rep.-Athens	George Papadeas, OMS I	2026
OU-HCOM Rep.-Cleveland	Joseph Kalout, OMS I	2026
OU-HCOM Rep.-Dublin	Thomas Shneker, OMS I	2026

2024-2025 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARY
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	Edward E. Hosbach, DO	
III	Alex H. Bunce, DO	Sean M. Johnson, DO
IV	Sean D. Stiltner, DO	James E. Coulter, DO
V	Nicole J. Barylski-Danner, DO	
VI	Alexandra M. McKenna, DO	
VII	Susan M. Ratay, DO	Kristen J. Conrad-Schnetz
VIII	Joseph F. Pietrolungo, DO	Mark J. Tereletsky, DO
IX	N/A	N/A
X	Sharon L. George, DO	Kimberly N. Jackson, DO

2025-2026 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARY
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	Edward E. Hosbach, DO	
III	Alex H. Bunce, DO	Sean M. Johnson, DO
IV	Sean D. Stiltner, DO	James E. Coulter, DO
V	Nicole J. Barylski-Danner, DO	
VI	Alexandra M. McKenna, DO	-
VII	Susan M. Ratay, DO	Kristen J. Conrad-Schnetz, DO
VIII	Joseph F. Pietrolungo, DO	Mark J. Tereletsky, DO
IX	N/A	N/A
X	Sharon L. George, DO	Kimberly N. Jackson, DO

2025 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	50	4/4	Nicholas G. Espinoza, DO, Chair Jennifer L. Pflgebraar, DO Nicholas J. Pflgebraar, DO	All Northwest Ohio Members
Lima	22	2/2	Edward E. Hosbach II, DO, Chair Brian L. Colopy, DO	All Lima Members
Dayton	145	10/10	Alex H. Bunce, DO, Chair Jennifer J. Hauler, DO Nicklaus J. Hess, DO Mark S. Jeffries, DO Sean M. Johnson, DO Kimbra L. Joyce, DO Paul A. Martin, DO Shannon N. McAfee, DO Chelsea A. Nickolson, DO Kwame O. Sarkodie, DO	All Dayton Members
Cincinnati	36	3/3	Sean D. Stiltner, DO, Chair Victor D. Angel, DO Michael E. Dietz, DO	All Cincinnati Members
Sandusky	33	2/2	John F. Ramey, DO, Chair Nathan P. Samsa, DO	All Sandusky Members Christine M. Samsa, DO
Columbus	172	13/13*	Andrew P. Eilerman, DO, Chair Jason R. Jackson, DO Henry L. Wehrum, DO Elizabeth B. Lottes, DO Charles R. Fisher, DO Geraldine N. Urse, DO	All Columbus Members
Cleveland	97	7/7*	Katherine H. Eilenfeld, DO, Chair Kristen J. Conrad-Schnetzer, DO Susan M. Ratay, DO Andrew W. Culver, DO George J. Friedhoff, DO Robert W. Hostoffer, Jr. DO Sarah Kittelberger, OMS-II, Secretary/Treasurer, OU-HCOM CLE Campus	All Cleveland Members Robert S. Juhasz, DO Charita C. Ray, DO George Thomas, DO Julia C. Gaspare- Pruchnicki, DO, PGY-1 Gabrielle M. Koczab, DO

Akron/ Canton	108	8/8	Douglas W. Harley, DO, Chair Eugene D. Pogorelec, DO David A. Bitonte, DO Paul T. Scheatzle, DO	All Akron-Canton Members
Marietta	85	6/6*	Melinda E. Ford, DO, Chair Jennifer L. Gwilym, DO Chloe Harless, DO, PGY-2 Daniel G. Williams, DO	All Marietta Members
Western Reserve	56	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 2024 House of Delegates**

(NEW) RES 2024-01 Updated Guidelines for the Ohio Delegation to the AOA House of Delegates	Amended on Floor and Approved (no committee changes)	---
(NEW) RES 2024-02 Continuous Positive Airway Pressure (CPAP), Obstructive Sleep Apnea	Amended by Committee and Approved	Send to AOA
(NEW) RES 2024-03 Attending and Faculty Physician Participation in Ohio Osteopathic Symposium Poster Presentation	Amended by Committee and Approved	---
(NEW) RES 2024-04 Amend the OOA C&B	Approved as Introduced	---
RES 2024-05 Encourage Legislation Prohibiting Corporate Practice of Medicine (CPOM)	Referred back to author	---
(NEW) RES 2024-06 Prevention and Treatment of Obesity in the State of Ohio	Referred back to Cleveland District	---
(NEW) RES 2024-07 Recognizing Breast Implant Illness (BII) and Promoting Informed Consent for Breast Implant Procedures	Amended by Committee and Approved	Send to AOA
(NEW) RES 2024-08 Against the Use of High Fructose Corn Syrup	Amended by Committee and Approved	Send to AOA
(NEW) RES 2024-09 Access to Kidney Replacement Therapy for Undocumented Immigrants with Kidney Failure in Ohio	Amended by Committee and Approved	---
(NEW) RES 2024-10 Support of the Physical Exam in Education and Practice	Amended on Floor and Approved (no committee changes)	Send to AOA
(NEW)	Amended by	Send to AOA

RES 2024-11 Support for the Creation of Specialty and Sub-Specialty Osteopathic Recognition Training Exams	Committee and Approved	
RES 2024-12 Five-Year Review of Existing Policy Positions	Amended by Committee (19 - Ohio's Indoor Smoking Ban) and Approved	---



**PROPOSED OHIO DELEGATION**

**2024 DELEGATES & ALTERNATES**

**PROPOSED 2025 DELEGATES & ALTERNATES**

<b>BOARD MEMBERS &amp; ALTERNATES WHO WILL BE CERTIFIED AS DELEGATES</b>	<b>BOARD MEMBERS &amp; ALTERNATES WHO WILL BE CERTIFIED AS DELEGATES</b>
Past President: Nicklaus J. Hess, DO	Past President: Douglas W. Harley, DO
President: Douglas W. Harley, DO	President: Edward E. Hosbach II, DO
President-Elect: Edward E. Hosbach II, DO	President-Elect: Andrew P. Eilerman, DO
Vice President: Andrew P. Eilerman, DO	Vice President: Katherine H. Eilenfeld, DO
Treasurer: Katherine H. Eilenfeld, DO	Treasurer: Chelsea A. Nicholson, DO
District 1: Nicholas G. Espinoza, DO	District 1: Nicholas G. Espinoza, DO
District 2: Brian L. Colopy, DO	District 2: Brian L. Colopy, DO
District 3: Chelsea A. Nickolson, DO	District 3: Sean M. Johnson, 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: Kristen J. Conrad-Schnetz, DO	District 7: Kristen J. Conrad-Schnetz, DO
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
<b>ONE YEAR TERM ENDING 2025</b>	<b>ONE YEAR TERM ENDING 2026</b>
District 5: Christine M. Samsa, DO	District 9: Jean S. Rettos, DO
District 7: Robert S. Juhasz, DO	District 5: Christine M. Samsa, DO
District 4: Sean D. Stiltner, DO	District 7: Robert S. Juhasz, DO
District 4: Victor D. Angel, DO	District 4: Sean D. Stiltner, DO
District 3: Gordon J. Katz, DO	District 4: Victor D. Angel, DO
District 6: Henry L. Wehrum, DO	District 3: Alex H. Bunce, DO
District 7: George Thomas, DO	District 6: Henry L. Wehrum, DO
District 7: Sandra L. Cook, DO	District 7: George Thomas, DO
District 8: David A. Bitonte, DO	District 7: Susan M. Ratay, DO
District 6: Ying H. Chen, DO	District 8: David A. Bitonte, DO
District 3: Paul A. Martin, DO	District 6: Jason M. Jackson, DO
District 8: Paul T. Scheatzle, DO	District 3: Paul A. Martin, DO
District 8: Eugene D. Pogorelec, DO	District 8: Paul T. Scheatzle, DO
District 3: Mark S. Jeffries, DO	District 8: Eugene D. Pogorelec, DO
	District 3: Mark S. Jeffries, DO
<b>Student Selected by OU-HCOM SGA</b>	<b>Student Selected by OU-HCOM SGA</b>
Amisha Saini, OMS I	Joseph Kalout, OMS-I
Muro Kahyaoglu, OMS I	George Papadeus, OMS-I
James Applegate, OMS I	Thomas Shneker, OMS-I
<b>FUNDED ALTERNATES</b>	<b>FUNDED ALTERNATES</b>
District 1: Nicholas J. Pfleghaar, DO	District 1: Nicholas J. Pfleghaar, DO
District 9: Kenneth H. Johnson, DO	District 3: Nicklaus J. Hess, DO
District 9: Jennifer L. Gwilym, DO	District 9: Jennifer L. Gwilym, DO

<b>ALTERNATES BY VIRTUE OF AOA POSITION</b>	<b>ALTERNATES BY VIRTUE OF AOA POSITION</b>
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
<b>STUDENT ALTERNATE</b>	<b>STUDENT ALTERNATE</b>
	Kelsey Shaffer, OMS-I
<b>UNFUNDED ALTERNATES</b>	<b>UNFUNDED ALTERNATES</b>
District 9: Jean S. Rettos, DO	District 9:
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: George J. Friedhoff, DO
District 3: Sharon S. Merryman, DO	District 3:
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. Pflighaar, DO	District 1: Jennifer L. Pflighaar, DO
District 5: Nathan P. Samsa, DO	District 5:
District 8: M. Terrance Simon, DO	District 8: M. Terrance Simon, DO
District 6: William J. Emlich, DO	District 6: Ying Chen, DO
District 6: Geraldine N. Urse, 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 3: Micah R. Davis, DO	District 3: Andrew K. Culver, DO
District 3: Katherine A. Clark, DO	District 3: Katherine A. Clark, DO
District 3: Cleanne Cass, DO	District 3: Cleanne Cass, DO
District 6: Alexandra M. McKenna, DO	District 6: Alexandra M. McKenna, DO
District 7: Susan M. Ratay, DO	District 7: Julia C. Gaspere-Pruchnicki, DO, PGY-1
District 7: Kelly A. Raj, DO	District 7: Charita C. Ray, DO
District 7: George J. Friedhoff, DO	District 7: Shannon N. McAfee, DO
District 3: Alex H. Bunce, DO	District 3: Kimbra Joyce, DO
District 3: Sean M. Johnson, DO	District 3: Sara Ramquist, DO

Bold notates credentialed delegates