2021

Ohio Osteopathic Association House of Delegates Manual

Thursday, April 22
Via Zoom

Index

Agenda and Supporting Documents

Reference Committee 1

Reference Committee 2

Appendix

OSTEOPATHIC PLEDGE OF COMMITMENT

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

I pledge to:

Provide compassionate, quality care to my patients;

Partner with them to promote health;

Display integrity and professionalism throughout my career;

Advance the philosophy, practice and science of osteopathic medicine;

Continue life-long learning;

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

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

A G E N D A

Ohio Osteopathic Association
House of Delegates

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

Thursday, April 22, 2021

1:00pm Delegate/Alternate Credentialing – John F. Ramey, DO, Chair

2:00pm Welcome and Call to Order – Sandra L. Cook, DO, President
- Pledge of Allegiance – Dr. Cook
- Osteopathic Pledge of Commitment – Dr. Cook
- Introduction of the Speaker/Vice Speaker – Dr. Cook

2:10pm Credentials Committee Report – Dr. Ramey

2:15pm Opening Remarks and Routine Business – Dr. Bitonte
- Adoption of Standing Rules
- Approval of Report of Matt Harney, MBA, Executive Director
- Approval of Mr. Harney as Secretary of the House

2:20pm Program Committee Report – Henry L. Wehrum, DO

2:25pm OOA/OOF Financial Reports – Nicklaus J. Hess, DO, Treasurer

2:32pm State of the State Report – Dr. Cook

2:45pm OOPAC Report – Jennifer L. Gwilym, DO

2:50pm Recognition of Reference Committees – Dr. Bitonte

Reference Committee 1
Initial Members: Nicholas J. Pfleghaar, DO (District I),
Robert A. Zukas, DO (District II)
Chelsea A. Nickolson, DO (District III)
Sean D. Stiltner, DO (District IV)
Nicole Barylski Danner, DO (District V)
Tejal R. Patel, DO (District VI)
Robert S. Juhasz, DO (District VII)
Charles D. Milligan, DO (District VIII)
Melinda E. Ford, DO (District IX)-Chair
Sharon L. George, DO (District X)

Reference Committee 2
Initial Members: Nicholas G. Espinoza, DO (District I)

Edward E. Hosbach, DO (District II)
Nicklaus J. Hess, DO (District III)
Charles T. Mehlman, DO (District IV)
Nathan P. Samsa, DO (District V)
Andrew P. Eilerman, DO (District VI)
Sandra L. Cook, DO (District VII)
James R. Pritchard, DO (District VIII)
Jennifer L. Gwilym, DO, Chair (District IX)-Chair
John C. Baker, DO (District X)

2:55pm Reference Committee 1 Report – Melinda E. Ford, DO, Chair

3:55pm Reference Committee 2 Report – Jennifer L. Gwilym, DO, Chair

4:55pm Introduction of 2021-2022 OOA President Henry L. Wehrum, DO, and recognition of Sandra L. Cook, DO, outgoing president

5:00pm Report of the OOA Nominating Committee – Dr. Ramey, Chair

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

<u>Nominees for OOA Officers</u>
President-Elect: Jennifer L. Gwilym, DO
Vice President: Nicklaus J. Hess, DO
Treasurer: Douglas W. Harley, DO
Speaker of the House: David A. Bitonte, DO
Vice Speaker of the House: Michael E. Dietz, DO

<u>Nominees for the Ohio Osteopathic Foundation Board</u>
Three-year term expiring 2024: (To be announced)
Three-year term expiring 2024: (To be announced)

<u>Ohio Delegation to the AOA House</u>
(To be distributed)

5:05pm Adjournment

House Standing Rules

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

1. Roll call votes will be by academies and by voice ballot, not by written ballot.

2. Debate, by any one delegate, shall be limited to no more than two speeches on any one subject, no longer than five minutes per speech. The second speech should be after all others have had an opportunity to speak.

3. Nominations shall be presented by the nominating committee.

4. The agenda of the House of Delegates meeting shall be sent to all districts at least twenty-one (21) days before the convention.

5. All resolutions submitted by any district or any other business to require House of Delegates attention shall automatically be brought before the House of Delegates if each district has been notified at least twenty-one (21) days in advance of such resolutions. Emergency resolutions or business addressing issues which occur after the published deadlines my be considered by the House of Delegates provided such resolutions or business have been submitted in typewritten form to the OOA Executive Director, with sufficient copies for distribution to the delegates, prior to the commencement of the first session of the House of Delegates. The sponsor of the resolution may move that the House consider the resolution at this session and that the House judges that the matter could not have been submitted by the published deadline. Each proposed item shall be considered separately.

6. The order of the agenda shall be left to the discretion of the Speaker of the House or presiding official.

7. Persons addressing the House shall identify themselves by name and the district they represent, and shall state whether they are for or against a motion.

8. The district executive directors and/or secretaries shall be permitted to sit with their delegations during all but executive sessions without voice or vote.

9. The Speaker of the House may appoint five or more members to the following Reference Committees: Public Affairs, Ad Hoc, Professional Affairs, Constitution and Bylaws. The purpose of each committee is as follows:

    - Public Affairs: To consider matters relating to public and industrial health, such as medical care plans, health care for the aging, disaster medical care, physical fitness and sports medicine, mental health etc.

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

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

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

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

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

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

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

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

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

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

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

OHIO OSTEOPATHIC ASSOCIATION
ACTIONS BY THE 2019 HOUSE OF DELEGATES

Submitted by OOA Executive Director Matt Harney, MBA & Secretary of the OOA House of Delegates

The OOA House of Delegates met April 26-27, 2019, during the Ohio Osteopathic Symposium. Delegates representing all ten districts discussed 17 resolutions. Seven of the resolutions were new to 2019 with three regarding OOA bylaws. All other resolutions impacted previously submitted policies.

During the Symposium, Charles D. Milligan, DO was installed as the OOA President. The other OOA officers include: President-Elect Sandra L. Cook, DO; Vice President Henry L. Wehrum, DO; and Treasurer Jennifer L. Gwilym, DO. Immediate Past President Jennifer J. Hauler, DO, will remain on the Executive Committee.

Speaker of the House David A. Bitonte, DO, and Vice Speaker Michael E. Dietz, DO, presided over the meeting. This was Dr. Bitonte's first House of Delegates as Speaker, after serving many years as Vice Speaker. With the promotion of Dr. Bitonte as Speaker, it was also the first year for Michael E. Dietz, DO, to serve as Vice Speaker. The House re-elected Sharon L. George, DO, to the Ohio Osteopathic Foundation Board of Trustees. The House also voted for a full House of Delegates slate to represent Ohio at the AOA House of Delegates in July.

Two reference committees convened—Constitution & Bylaws as well as Ad Hoc. The Constitution & Bylaws Reference Committee heard resolutions 1-2, 15-17. The Ad Hoc Reference Committee heard resolutions 3-14.

The Constitution and Bylaws Reference Committee included Nicholas T. Barnes, DO; Edward E. Hosbach, DO; Christine B. Weller, DO; Michael E. Dietz, DO; John F. Ramey, DO; Henry L. Wehrum, DO; Sandra L., Cook, DO; Paul T. Scheatzle, DO; Jennifer L. Gwilym, DO; Sharon L. George, DO; Andrew Williams, OMS-I; Carol Tatman, Staff. Dr. Gwilym served as Chair.

The Ad Hoc Reference Committee included Nicholas G. Espinoza, DO; Victor D. Angel, DO; John C. Baker, DO; John C. Biery, DO; Katherine H. Eilenfeld, DO; Melinda E. Ford, DO; Gregory Hill, DO; Mark S. Jeffries, DO; Tejal R. Patel, DO; Christine M. Samsa, DO; and Cheryl Markino, Staff. Dr. Espinoza served as Chair.

The following policy statements were reaffirmed by the House of Delegates by way of the five-year policy review:

1 - Automatic External Defibrillator Availability

RESOLVED, that the Ohio Osteopathic Association (OOA) supports placement of automatic external defibrillators (AED) in as many public places as possible and necessary legislation to limit liability resulting from such placement. *(Original 2009)*

2 - Cell Phone Usage While Driving

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

3 - Chicken Pox Vaccine for School Entry

RESOLVED, that the Ohio Osteopathic Association supports legislation requiring mandatory chicken pox vaccination for school entry requirements in Ohio. *(Original 2004)*

4 - Collective Bargaining By Physicians

RESOLVED, that the Ohio Osteopathic Association (OOA) monitor developments pertaining to collective bargaining by physicians at the state and national level; and, be it further

RESOLVED, that the OOA supports state and federal legislation to enable physicians to collectively bargain with health insuring corporations and their payors. *(Original 1999)*

5 - Continuing Medical Education, Ohio State Medical Board Requirements

RESOLVED, that the Ohio Osteopathic Association (OOA) House of Delegates charge the Association's Board of Trustees with the responsibility to take whatever action is required to guarantee that the OOA continues to be the body that certifies continuing medical education credits for registration of licensure for all osteopathic physicians and surgeons in the state of Ohio. *(Original 1979)*

6 - Dietary Supplements Hazardous to Health

RESOLVED, that the Ohio Osteopathic Association (OOA) supports legislation to require manufacturers of dietary supplements to disclose any reports they receive of serious adverse effects caused by the use of their products; and, be it further

RESOLVED, that the OOA supports empowering the Food and Drug Administration (FDA) to investigate dietary supplement safety problems and drug interactions. *(Original 2004)*

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 Care Reform, OOA Position Statement

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

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

1. There should be universal access to health care for all Ohioans through a combination of public and private programs.
2. Proposed changes in the health care system should address those who do not have insurance. A total restructuring of the system is unnecessary, and, in fact, might create serious problems for the Ohioans who now have health care insurance.
3. The OOA endorses access by all Ohioans, regardless of income, to a basic health insurance package, which stresses preventive care and health maintenance. Basic benefits should be defined by physicians and other health care professionals.
4. Public programs should be expanded to include any Ohioans who cannot currently afford to purchase health insurance coverage in the private market.
5. Small business insurance market reforms are essential in correcting deficiencies. Insurance and health benefits plans should be required to accept applicants with preexisting conditions, and premiums should be based on a community rating system.

6. Consumers should share in the cost of health care insurance based on their ability to pay. All Ohioans who have access to health insurance in the private market should be required to purchase, at the very minimum, basic health care coverage in order to share risks and expand the financing basis. Younger, healthy consumers should not be able to opt out of the purchasing coverage.
7. Creative pilot projects should be implemented to investigate the effectiveness of medical IRAs and Medical Savings Accounts.
8. Cost, financing, and delivery of care issues should be addressed through proper utilization, quality assurance, and elimination of administrative costs, which are duplicative, non-standardized and unnecessary in some instances. Universal credentialing and claims forms should be required for use by all third-party payers. The Medicare fee schedule should not be utilized as a basis for market pricing.
9. All health care reforms should emphasize full freedom of choice of physicians, hospitals and insurance plans. Managed care programs which exclude physicians and hospitals are not essential to cost containment. Any providers of accepted quality health care, who are willing to accept cost containment methods, should not be excluded.
10. Public programs should be amended to stress early intervention, education and prevention. Since one of the largest segments of uninsured Ohioans are children under the age of six; aid to dependent children should be expanded. Public assistance for families should be distributed at Women, Infant and Children program sites and health centers in order to ensure compliance with health care as a prerequisite for public assistance.
11. An entity should be created within state government to oversee and implement a private/public partnership to provide universal access to health insurance. Providers should be adequately represented.
12. Primary care physicians should be the first step for health care services and payment and market reforms should be enacted to implement the medical home concept as defined by the American Osteopathic Association initiative.
13. Language should be retained in the Ohio Revised Code to ensure that AOA-approved education, postdoctoral training programs, and specialty certification are equally recognized for hospital staff privileges and inclusion in all health insurance and health benefit plans.
14. Multiple levels of insurance coverage should be available for those who opt for more extensive benefits.
15. Reimbursement for new technologies must be addressed, including the development of electronic healthcare records and health data interchange.
16. Tort reform and regulatory revisions pertaining to medical professional liability insurance issues must be addressed in all health care reform discussions.
17. Health care policy should encourage geographic redistribution of providers and services.
18. Expanded governmental support for medical education should be addressed as part of the health care reform package.
19. Long-term health care policy and statute issues must be addressed as part of any health care reform. *(Original 1989)*

12 - 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)*

13 - 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)*

14 - 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)*

15 - Licensure examinations for osteopathic physicians

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

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

16 - Managed Care

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

17 - Managed Care Plans, Termination Clauses

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

18 - Mandatory Assignment

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

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

19 - Medical Malpractice Tort Changes

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

20 - Ohio's Indoor Smoking Ban

RESOLVED, that the Ohio Osteopathic Association strongly supports Ohio's indoor smoking ban to eliminate the dangers of environmental tobacco smoke (ETS) and opposes any legislation that would generally weaken or make exceptions to the ban. *(Original 2004)*

21 - OOA Professional Liability Insurance

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

22 - Ohio State Medical Board, State Funding

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

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

23 - Osteopathic Unity

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

24 - Prescriptions, Generic Substitution

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

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

25 - Professional Liability: Attorney Fees Limit for Medical Injury Awards

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

26 - Professional Liability Insurance Company Ratings

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

27 - Professional Liability Insurance, Legislation and Tort Reform

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

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

6. Periodic payments of jury awards; and be if further

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

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

28 - 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)*

29 - 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)*

30 - 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)*

The following policy statements were deleted by the OOA House of Delegates:

Advocates for the OOA

~~RESOLVED, that the Ohio Osteopathic Association (OOA) continue to provide necessary administrative assistance to the Advocates for the OOA. *(Original 1984)*~~

Explanatory statement: The Advocates for the OOA dissolved effective May 31, 2018.

Postponing ICD-10

~~RESOLVED, that the Ohio Osteopathic Association supports postponing transition to the International Classification of Disease, version 10 (ICD-10) code set for the reporting of medical diagnoses and inpatient procedures as set on October 1, 2014, by the Centers of Medicare & Medicaid Services (CMS), to allow providers more time to adapt new policies for implementation and prevent disruption of services and payments; and be it further~~

~~RESOLVED, that a copy of this resolution is sent to the American Osteopathic Association 2014 House of Delegates instructing them to issue a letter to US Health and Human Services Secretary Kathleen Sebelius to reconsider the mandated adoption of the ICD-10 code set by October 2014.~~

The following policy statements were amended and approved by the OOA House of Delegates:

Childhood Obesity, Dangers of

RESOLVED, that the Ohio Osteopathic Association supports ~~the *Ohio Obesity Prevention Plan* and on-going~~ initiatives by the Ohio Department of Health to combat the epidemic of childhood obesity across Ohio. *(Original 2004)*

Explanatory Note: In June 2013, the Ohio Department of Health announced a new initiative to combat childhood obesity in Ohio. The early childhood obesity prevention grant program funds high-need communities and builds on existing community-based obesity prevention efforts. The state provided $500,000 for the program in 2013 and 2014. Funding did not continue beyond the 2014 fiscal year.

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 if further;

RESOLVED, the OOA seek osteopathic representation on any state governing board or advisory committee formed by the winning contractor for the State of Ohio for either the BFCC or QIN-QIO work; and be it further; *(Original 2004)*

~~RESOLVED that the OOA help recruit osteopathic physicians and osteopathic institutions in Ohio to participate in any review work and care innovation initiatives~~

~~required by the 11th Statement of Work (SOW) which includes any of the following Quality Improvement Aims, each of which has separate Tasks, and technical assistance projects:~~

~~**AIM:** Healthy People, Healthy Communities: Improving the Health Status of Communities~~
~~**Goal 1**: Promote Effective Prevention and Treatment of Chronic Disease~~
~~**Task B.1**: Improving Cardiac Health and Reducing Cardiac Healthcare Disparities~~
~~**Task B.2**: Reducing Disparities in Diabetes Care: Everyone with Diabetes Counts (EDC)~~
~~**Task B.3**: Using Immunization Information Systems to Improve Prevention Coordination~~
~~**Task B.4**: Improving Prevention Coordination through Meaningful Use of HIT and Collaborating with Regional Extension Centers~~
~~**AIM:** Better Healthcare for Communities: Beneficiary-Centered, Reliable, Accessible, Safe Care~~
~~**Goal 2**: Make Care Safer by Reducing Harm Caused in the Delivery of Care~~
~~**Task C.1**: Reducing Healthcare-Associated Infections~~
~~**Task C.2**: Reducing Healthcare-Acquired Conditions in Nursing Homes~~
~~**Goal 3**: Promote Effective Communication and Coordination of Care~~
~~**Task C.3**: Coordination of Care~~
~~**AIM:** Better Care at Lower Cost~~
~~**Goal 4**: Make Care More Affordable~~
~~**Task D.1**: Quality Improvement through Physician Value-Based Modifier and the Physician Feedback Reporting Program~~
~~**Task D.2**: QIN-QIO proposed Projects that Advance Efforts for Better Care at Lower Cost~~
~~Other Technical Assistance Projects~~
~~**Task E.1**: Quality Improvement Initiatives~~

Recreational Marijuana's Impact on Patients

RESOLVED, that the Ohio Osteopathic Association considers marijuana to be a harmful substance for recreational use due to the potentially harmful physiological and psychological effects that it can have on patients, and encourages federal agencies to adapt consistent policies following this same position on recreational use~~; and be it further~~ (Original 2014)

~~RESOLVED, that a copy of this resolution be sent to the American Osteopathic Association for consideration at its 2014 House of Delegates.~~

Footnotes:
(1) http://www.drugabuse.gov/publications/marijuana-abuse/how-does-marijuana-use-affect-your-brain-body
(2) uptodate.com
(3) medicalmarijuana.ohio.gov

Explanatory notes:
Current AOA policy: As marijuana decriminalization moves forward, there is a greater need to educate health professionals about the evidence-based benefits and risks of marijuana use for both medicinal and recreational purposes. All policies should focus on assuring that the public health threat of marijuana is minimalized and that the benefit of the drug, where indicated by evidence, is available to patients in need.

- *The American Osteopathic Association does not support recreational use of marijuana by patients due to uncertainties in properties, dosing, and potential for impairment. Recreational marijuana use is legal only as determined by specific state law.*
- *The American Osteopathic Association recognizes that the use of marijuana is an evolving field of research, and thus, encourages the NIH and other research entities to conduct research on the effects of cannabis use on cognition as well as the public health implications of marijuana use.*
- *The American Osteopathic Association shall review its policy in light of any new evidence that will be generated by research entities and update this policy as necessary.*

Marijuana Use by Osteopathic Physicians and Students

RESOLVED, that the Ohio Osteopathic Association recognizes the dangers of ~~recreational use of~~ marijuana among practicing physicians, osteopathic physicians in training, and osteopathic medical students and encourages the American Osteopathic Association to enact a policy statement against the recreational use of marijuana by practicing osteopathic physicians in response to its legalization in states like Alaska, California, the District of Columbia, Colorado Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont, and Washington. (Original 2014)

~~RESOLVED, that a copy of this resolution is sent to the American Osteopathic Association for consideration at its 2014 House of Delegates.~~

Footnotes:
(1) uptodate.com (Marijuana)
(2) http://www.whitehouse.gov/ondcp/state-laws-related-to-marijuana
(3) medicalmarijuana.ohio.gov

Explanatory notes:
Current AOA policy: As marijuana decriminalization moves forward, there is a greater need to educate health professionals about the evidence-based benefits and risks of marijuana use for both medicinal and recreational purposes. All policies should focus on assuring that the public health threat of marijuana is minimalized and that the benefit of the drug, where indicated by evidence, is available to patients in need.

- *The American Osteopathic Association does not recommend any use of cannabis by physicians and medical students because of patient safety concerns.*

- *Recreational marijuana use is legal only as determined by specific state law.*
- *The American Osteopathic Association recognizes that the use of marijuana is an evolving field of research, and thus, encourages the NIH and other research entities to conduct research on the effects of cannabis use on cognition as well as the public health implications of marijuana use.*
- *The American Osteopathic Association shall review its policy in light of any new evidence that will be generated by research entities and update this policy as necessary.*

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

RESOLVED, that the Ohio Osteopathic Association partner with Ohio University Heritage College of Osteopathic Medicine to develop policies to permit medical students the opportunity to document and practice order entry on electronic medical records; ~~and, be it further~~ (Original 2014)

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

Explanatory notes:
In 2014, the AOA passed H345/14 ELECTRONIC MEDICAL RECORD (EMR) STUDENT ACCESS AND USE. The American Osteopathic Association will work with the American Association of Colleges of Osteopathic Medicine and the American Osteopathic Association of Medical Informatics to promote the opportunity for medical students to document and practice order entry in EMRs at facilities where osteopathic medical students are trained.

Prohibit the Sale of ~~E-Cigarettes to Minors to Minors~~ <u>all Forms of Nicotine to Persons Under the Legal Age</u>

RESOLVED, that the Ohio Osteopathic Association (OOA) supports efforts to eliminate the sale of ~~E-cigarettes to minors~~ <u>all forms of nicotine to persons under the legal age</u>. (Original 2014)

~~RESOLVED, that the OOA forward this resolution to the American Osteopathic Association (AOA) for consideration at the 2014 AOA House of Delegates.~~

(1) www.fda.gov/newsevents/publichealthfocus/ucm172906.htm

Explanatory note:
In 2014, the AOA passed H435-A/14 E-CIGARETTES AND NICOTINE VAPING – REGULATION OF, which in part, states" the AOA supports the FDA and state regulation prohibiting sales and advertisements of electronic cigarettes to persons under the age of 18. Advertisements for electronic cigarettes should be subject to the same rules and regulations that are enforced on traditional cigarettes."

Direct to Consumer Sales of Durable Medical Equipment (DME)

RESOLVED, that the Ohio Osteopathic Association (OOA) support efforts to eliminate direct to consumer sales of DME; ~~and, be it further,~~ (Original 2014)

~~RESOLVED, that the OOA forward this resolution to the American Osteopathic Association (AOA) for consideration at the 2014 AOA House of Delegates.~~
Explanatory notes:

~~*In 2018, the AOA passed H209-A/18 SALE OF HEALTH-RELATED PRODUCTS AND DEVICES The American Osteopathic Association believes that it is (1) appropriate for physicians to derive reasonable monetary gain from the sale of health-related products or devices that are both supported by rigorous scientific testing or authoritative scientific data and, in the opinion of the physician, are medically necessary or will provide a significant health benefit provided that such action is permitted by the state licensing board(s) of the state(s) in which the physician practices; and (2) inappropriate and unethical for physicians to use their physician/patient relationship to attempt to involve any patient in a program for the patient to distribute health related products or devices in which distribution results in a profit for the physician. 1999; revised 2004; reaffirmed 2018*~~

~~*Additionally, the AOA only has opposition policy on direct to consumer ads for pharmacy and testing; not durable medical equipment.*~~

Ohio Chronic Pain Management and Prescription Drug Abuse Initiatives

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

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

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

RESOLVED, that the OOA petition the Ohio General Assembly to establish an on-going task force of stakeholders, public officials and legislators to oversee state chronic pain treatment and prescription drug abuse education and prevention initiatives to ensure that patients have access to effective pain management, addiction screening, treatment, and recovery resources; ~~and be it further~~ (Original 2014)

~~RESOLVED, the OOA urges the Ohio General Assembly to immediately conduct a comprehensive study to determine the impact HB 93 and GCOAT initiatives have had on prescribing practices, continued access to pain management, drug abuse and drug-related deaths, the closure of "pill mills," registration for and use of OARRS data, take-back programs implemented in communities across the state, etc., to better identify what specific deficiencies in existing laws need to be addressed by legislation.~~

The following resolutions were submitted initially in 2019 and approved:

Osteopathic Physicians and the Availability of Naloxone

SUBMITTED BY: Dayton District (III) Academy of Osteopathic Medicine

WHEREAS, opioid deaths are at epidemic proportion. In 2017, the number of overdose deaths involving opioids was 6 times higher than in 1999; and *

WHEREAS, on average 130 Americans die every day from an opioid overdose. (ibid, 2017); and

WHEREAS, rapid administration of naloxone can potentially reverse the effects of opioid overdose; and

WHEREAS, studies have shown naloxone administration by bystanders significantly improve the odds of recovery compared to no naloxone administration; now, therefore, be it **

RESOLVED, that physicians discuss naloxone and how to obtain it with their patients and patient's families, struggling with opioid addiction, and encourage them to have these kits available at all times; and, be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association (AOA) for consideration at the 2019 AOA House of Delegates.

References:
*(ref. Wide-ranging online data for epidemiological research (WONDER). Atlantic, Ga.: CDC, National Center for Health Statistics; 2017.

**(ref. Effectiveness of bystander naloxone administration and overdose education programs: a meta-analysis, Rebecca Giglio, et al. Injury Epidemiology. 2015 Dec: 2(1): 10.

Encourage Medicaid and Pharmacy Benefit Managers to Allow and Support Noncontrolled Alternatives to Formulary Controlled Substances or Safer Alternative to Class II Opioid

SUBMITTED BY: Akron-Canton District (VIII) Academy of Osteopathic Medicine

WHEREAS, there is an opioid epidemic in the United States nationally and especially in the states of Ohio and West Virginia; and

WHEREAS, the safety of the citizens of these states may be at increased risk of addiction when Medicaid and Pharmacy Benefit Managers (PBMs) may be making formulary decisions on a financial basis and not always based on the safest alternative for patients; and

WHEREAS, there are frequently safer and/or less addictive alternatives for treatment of conditions such as acute pain, chronic pain, and Attention Deficit Hyperactivity Disorders; and

WHEREAS, in many cases there are non-formulary/noncontrolled generic alternatives to formulary-approved medications that are covered by Medicaid and PBMs; and

WHEREAS, physicians are frequently forced to prescribe formulary medications due to the patients' financial status or because the PBMs will not allow prescribers to try an alternative medication without requiring patient to first try a medication that has a higher rating on the controlled substance scale (e.g. a CII product versus a CIII, CIV, or CV); now, therefore, be it

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

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

Parental Leave Policies for Accreditation Council for Graduate Medical Education (ACGME) Residency

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

WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) requires that graduate medical education institutions give written statements regarding parental leave policy availability, without requiring implementation or standardization of leave policies across programs[1]; and

WHEREAS, length and availability of parental leave policies in place for resident physicians are determined by respective specialty boards (e.g. American Board of Family Medicine, etc.)[1]; and

WHEREAS, there is discrepancy across specialties regarding establishment and encouragement to utilize parental leave policies[1,2,3,4]; and

WHEREAS, some specialty boards encourage minimum 8 weeks maternal leave, while female surgical residents report that the American Board of Surgery leave policies are a barrier to taking more than 6 weeks of leave[1,2,3,4]; and

WHEREAS, 90% of pediatric residency programs have established maternal leave policies, as compared to only 36.54% of plastic surgery residency programs[5,6,7]; and

WHEREAS, many residency programs do not have paternal leave policies[8]; and

WHEREAS, in a survey conducted by the Association of Women Surgeons of 347 female surgical residents with one or more pregnancies during residency, 72% reported that the six or less weeks of leave they could obtain was inadequate and 39% seriously considered leaving surgical residency due to the challenges faced regarding childbearing and leave[3]; and

WHEREAS, residents in some specialties often face discouragement when taking parental leave, and feel perceived stigma regarding pregnancy[1,2,3]; and

WHEREAS, the Family and Medical Leave Act, covering 60% of American workers including medical residents, states eligible employees are entitled to: "unpaid, job-protected leave for specified family and medical reasons," including up to twelve work weeks within a 12 month period for birth of a child and care for the newborn[9]; and

WHEREAS, a substantial decrease in infant mortality was found when women were given 12 weeks of maternity leave following the Family and Medical Leave Act[10]; now, therefore, be it

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

RESOLVED, the OOA requests the AOA to encourage the ACGME to advocate for transparency of parental leave policies at the time of residency matching; and be it further

RESOLVED, that a copy of this resolution be submitted to the AOA for consideration at its 2019 House of Delegates.

References

1. Greenfield NP. Maternity and medical leave during residency: Time to standardize?. *Int J Womens Dermatol*. 2015;1(1):55. Published 2015 Feb 20. doi:10.1016/j.ijwd.2014.12.009
2. Rangel, Erika L., et al. "Perspectives of Pregnancy and Motherhood among General Surgery Residents: A Qualitative Analysis." *The American Journal of Surgery*, vol. 216, no. 4, 2018, pp. 754–759., doi:10.1016/j.amjsurg.2018.07.036.
3. Rangel, Erika L., et al. "Pregnancy and Motherhood During Surgical Training." *JAMA Surgery*, vol. 153, no. 7, 2018, p. 644., doi:10.1001/jamasurg.2018.0153
4. American Academy of Pediatrics Policy Statement. "Parental Leave for Residents and Pediatric Training Programs." *Pediatrics*, vol. 131, no. 2, 2013, pp. 387–390., doi:10.1542/peds.2012-3542.
5. Sandler, Britt J., et al. "Pregnancy and Parenthood among Surgery Residents: Results of the First Nationwide Survey of General Surgery Residency Program Directors." *Journal of the American College of Surgeons*, vol. 222, no. 6, 2016, pp. 1090–1096., doi:10.1016/j.jamcollsurg.2015.12.004.
6. Garza, Rebecca M., et al. "Pregnancy and the Plastic Surgery Resident." *Plastic and Reconstructive Surgery*, vol. 139, no. 1, 2017, pp. 245–252., doi:10.1097/prs.0000000000002861.
7. Humphries, Laura S., et al. "Parental Leave Policies in Graduate Medical Education: A Systematic Review." *The American Journal of Surgery*, vol. 214, no. 4, 2017, pp. 634–639., doi:10.1016/j.amjsurg.2017.06.023.
8. Wasser, Miriam. "Many Top Medical Training Programs Lack Paid Family Leave Policies, Study Finds." *WBUR*, WBUR, 13 Dec. 2018, www.wbur.org/commonhealth/2018/12/12/medical-resident-paid-parental-leave.
9. Family and Medical Leave Act of 1993. Public Law 103-3, 107 Stat. 6. 1993.
10. Rossin, Maya. "The Effects of Maternity Leave on Children's Birth and Infant Health Outcomes in the United States." *Journal of Health Economics*, vol. 30, no. 2, 2011, pp. 221–239., doi:10.1016/j.jhealeco.2011.01.005.

Additionally, there were three approved amendments to the OOA bylaws.

RESOLVED, THAT ARTICLE I, SECTION 5 OF THE BYLAWS BE AMENDED AS FOLLOWS:

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

Explanatory statement: The OOA already collects dues for a majority of district academies. This amendment provides an enforcement mechanism to ensure coordination.

RESOLVED, THAT ARTICLE I, SECTION 6 OF THE BYLAWS BE AMENDED AS FOLLOWS:

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

Explanatory statement: The OOA has spent the last year assessing the bylaws compliance of its district academies. Several districts are not currently compliant regarding the annual district meetings requirement. This amendment ensures an achievable requirement for all districts. Those district academies that meet more often are strongly encouraged to maintain their respective level of engagement. Resources for district academies such as a template for district bylaws and a district budget have been added to the OOA website in the past year to help aid district academy operations.

RESOLVED, THAT ARTICLE VI, SECTION 4 OF THE BYLAWS BE AMENDED AS FOLLOWS:

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. ~~One-third of the elected delegates shall be elected each year for a three-year term. If the number of additional delegates cannot be divided by three, the remainder shall be elected to one-year terms.~~ These nominations and elections shall follow the same procedure as provided for in Section 1 of this Article. The student delegate and alternate assigned by the AOA to the Ohio delegation shall enjoy the same rights and privileges as all other elected delegates and alternates and shall have one vote.

Explanatory statement: The OOA Nominating Committee requests this amendment to streamline the delegate selection process. By virtue of policy, the Nominating Committee requires geographic diversity of its osteopathic physician members that ensures a balanced roster developed through broad consensus. The current requirement regarding three-year terms unnecessarily complicates the selection process that must already accommodate varying physician leader availability.

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: 2020-01, 02, 2021-01, 02

Members:

Melinda E. Ford, DO (District IX), Chair
Nicholas J. Pfleghaar, DO (District I)
Robert A. Zukas, DO (District II)
Chelsea A. Nickolson, DO (District III)
Sean D. Stiltner, DO (District IV)
Nicole Barylski Danner, DO (District V)
Tejal R. Patel, DO (District VI)
Robert S. Juhasz, DO (District VII)
Charles D. Milligan, DO (District VIII)
Sharon L. George, DO (District X)
Carol Tatmnan, Staff

RES. NO.
2020-01

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:

a. Assisting the Osteopathic Profession in Leveraging Electronic Health Records (EHRs) For Value Based Payment

RESOLVED, that the Ohio Osteopathic Association continue to work with CliniSync/ Ohio Health Information Partnership to assist OOA members in the practice transformation process by helping them to use Electronic Health Records to prepare for a value-based payment reimbursement system in Ohio. (*Original 2010)*

b. Automobile Passive Restraints

RESOLVED that the Ohio Osteopathic Association continues to support state laws requiring mandatory seat belt usage and passive restraints in automobiles, including, but not restricted to appropriate safety bags. *(Original 1990)*

c. Centers Of Osteopathic Research And Education

RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the continuum of undergraduate and graduate osteopathic medical education through the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM), it's evolving educational consortium, the Centers for Osteopathic Research and Education (CORE), and the CORE's hospital members; and, be it further

RESOLVED, that the OOA continue to work collaboratively with the Heritage College and the CORE continue to strengthen organizational ties among the OOA, the Heritage College, each other and its affiliated teaching hospitals and health systems to promote Pride, Unity, Loyalty and Legacy within the osteopathic community; and, be it further

RESOLVED, that the OOA, CORE and the Heritage College embrace transparency and engage physicians, residents, students and other members of the osteopathic family in constructive dialogue in order to promote osteopathic distinctiveness; and, be it further

RESOLVED that the OOA, CORE and the Heritage College encourage osteopathic residency and fellowship programs at member hospitals currently accredited by the American Osteopathic Association to apply for Osteopathic Recognition within the new single accreditation system; and, be it further

RESOLVED, that the OOA urges it members to continue to support osteopathically focused medical education and become involved in the continuum as program directors, clinical faculty, and mentors for osteopathic learners; and, be it further

RESOLVED, that the OOA, CORE, the Heritage College and its health system partners continue to lead the transformation of health care delivery in Ohio and the nation. (*Original 2010*)

d. Charity Care

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to advocate for tax incentives and credits for physicians who provide pro bono care to uninsured patients with financial need; and, be it further

RESOLVED, that the OOA encourage all physicians to participate in pro bono care programs that provide health care services to Ohio's most vulnerable and needy populations. (*Original 2010)*

e. Family Caregivers

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages all osteopathic physicians to acknowledge the needs of family caregivers and to whatever extent possible provide resources to assist those caregivers; and, be it further

RESOLVED, that the OOA encourages its members to utilize resources from the National Association of Area Agencies on Aging and the National Family Caregivers Association to provide information about caregiving and caregiver support services to their patients; and, be it further

RESOLVED, that the OOA partner with the Ohio Association of Area Agencies on Aging to increase statewide awareness of the health implications of caregiving. *(Original 2005)*

f. Gratis Medications

RESOLVED, the Ohio Osteopathic Association (OOA) supports changes in Food and Drug Administration regulations to allow the gratis distribution of medications to needy patients after the manufacturer's expiration date with patient consent, provided such medications are deemed safe by the FDA for clinical use, based on evidence-based studies by independent researchers. *(Original 2010)*

g. Health Savings Accounts

RESOLVED that the Ohio Osteopathic Association continues to advocate for Health Savings Account programs as an alternative form of health insurance. *(Original 1995)*

h. Home Health Care

RESOLVED that the Ohio Osteopathic Association (OOA) continue to monitor home health services to ensure physician involvement in quality monitoring and utilization of services; and be

it further

RESOLVED that the OOA continue to be actively involved with the Ohio Department of Health in the development of proposed legislation or regulations pertaining to home health care. *(Original 1995)*

i. Hospital – Physician Relationships And Medical Staff Credentialing

RESOLVED, that the Ohio Osteopathic Association (OOA) believes that for-profit and not-for-profit hospitals and health care facilities can both provide cost-effective and quality medical services to the community and that all hospitals and health care facilities have an obligation to support the needs of the community at large; and, be it further

RESOLVED, that the OOA is strongly opposed to "exclusionary credentialing" and "economic credentialing." These practices include any process established by a hospital to:

(1) limit a physician's medical staff privileges based in whole or in part by a physician's privileges or participation at a different hospital or hospital system;
(2) impose limitations on medical privileges or participation at a hospital based in whole or in part on the physician's membership or membership of a partner, associate or employee at a different hospital or hospital system; or
(3) exclude physicians from medical staff privileges due to physician ownership or investment—or that of a partner, association or employee—in a for-profit entity including but not limited to specialty hospitals, surgical centers, outpatient healthcare centers, radiology centers, or urgent care centers; and, be it further

RESOLVED, that the OOA believes that hospital privileges should be based on training, expertise, competence, and a staff development plan; and hospital privileges should be unrelated to professional or business relationships; investment in other healthcare facilities; associations with other physicians or groups of physicians; or having medical staff membership or privileges at another hospital system or for-profit facility; and, be it further

RESOLVED, OOA supports hospital ownership information disclosure to patients and supports the patients' right to choose where they receive medical care; and, be it further

RESOLVED, that the OOA calls on Ohio's hospitals and physicians to remain focused on working together to provide quality and cost-effective healthcare services that address the needs of patients.

j. Independent Practices in Rural Areas

RESOLVED, that the OOA supports positive incentives for physicians and healthcare systems to open rural practices, to provide better access to healthcare for Ohioans living in underserved rural areas, especially those with limited access to any type of primary healthcare. *(Original 2015)*

k. Insurance Identification Card for Patients

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the development of

universal insurance identification cards for patients utilizing advanced technology information systems. *(Original 2000)*

l. Leadership Development

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer periodic leadership development programs for OOA district officers and executive directors; and, be it further,

RESOLVED, that the OOA encourages all OOA District academy presidents and presidents-elects to participate in other training and leadership development programs offered by hospitals, local civic organizations and national osteopathic specialty affiliates. *(Original 2010)*

m. Licensed Practical Nurses

RESOLVED that the Ohio Osteopathic Association continues to support the training and practice rights of Licensed Practical Nurses. *(Original 1980)*

n. Long-Term Care Facilities

RESOLVED, that the Ohio Osteopathic Association continues to advocate for government regulations and institutional protocols in long-term care facilities that allow pharmacists to accept verbal orders from nurses acting as agents of attending physicians to ensure patients have timely access to controlled substances (CII–VI). *(Original 2010)*

o. Managed Care, Automatic E/M Down Coding

RESOLVED, that the Ohio Osteopathic Association (OOA) opposes the practice of automatic down-coding by Health Insuring Corporations (HICs); and, be it further

RESOLVED, that the OOA continues to consider the practice of automatic down-coding by HICs inappropriate, misrepresentative and potentially fraudulent; and, be it further

RESOLVED, that the OOA continues to seek policy changes and/or regulatory and legislative mandates to prohibit automatic down coding by health insuring corporations. *(Original 1999)*

p. Managed Care, On-Line Formulary Directory

RESOLVED, that the Ohio Osteopathic Association continue to work with the Ohio Coalition of Primary Care Physicians, the Ohio Association of Health Plans and the Ohio Pharmacists Association to develop an online, centralized directory containing up to date formulary information for Health Insuring Corporations in Ohio. *(Original 2000)*

q. Medical Error Reporting System in Ohio

RESOLVED, that the OOA encourages its members and Ohio hospitals to participate in OPSI programs to improve patient safety for all Ohioans. *(Original 2010)*

r. Nursing Homes, Staffing

RESOLVED, that the Ohio Osteopathic Association supports-efforts-by the State of Ohio to increase the number of training programs for State Tested Nurses Aides (STNAs) to ensure appropriate staffing ratios and quality of care in Ohio's nursing homes. *(Original 2010)*

s. Obesity Epidemic

RESOLVED, that the OOA supports the State of Ohio's ongoing initiatives to combat the epidemic of adult and childhood obesity across Ohio and, be it further

RESOLVED, that the OOA continues to support legislation, programs, and initiatives that encourage Ohio's schools, parents, and the healthcare community to work together to eliminate childhood obesity by encouraging physical activity and good nutrition standards at home and in the schools; and, be it further

RESOLVED, that the OOA urge its members to educate their patients and communities about the dangers of obesity and support community-based programs that improve nutrition, and increase physical activity. (Original 2005)

t. Osteopathic Identity

RESOLVED. that the Ohio Osteopathic Association continues to encourage OOA members to take action on a grassroots level to educate and correct those who misuse the initials "MD" when they mean "physician;" and, be it further

RESOLVED, that the OOA post a sample letter and supporting information on the OOA website for members to download, adapt and distribute to correct instances where osteopathic physicians are incorrectly identified as MDs or required to sign forms that have a preprinted "MD." *(Original 2010)*

u. Prompt Pay Statutes

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to investigate and assist physicians in resolving problems associated with statutory prompt pay requirements in Ohio; and, be it further

RESOLVED, that the OOA encourages its members to file documented prompt pay complaints with the Ohio Department of Insurance (ODI) by completing a health insurance complaint form, which can be downloaded from the ODI website; and, be it further

RESOLVED, that the OOA supports revisions in the prompt pay statute to close any loopholes which allow licensed health insurance companies or government agencies to circumvent current prompt pay provisions of the Ohio Revised Code. *(Original 2000)*

v. Silent PPO's

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to oppose "Silent

Preferred Provider Organizations (PPOs)," that give undisclosed patients access to discounted rates without the physician's legal authorization, when health insuring corporations (HICs) buy or sell physician contracts with discounted fee schedules to other HICs and self-insured employer health plans; and, be it, further

RESOLVED, that the OOA disclose the names of HICs which appear to breach provider contracts to the Ohio Department of Insurance and OOA members, and, be it, further,

RESOLVED, that the OOA continue to advocate for prohibitions against such practices at the state and national levels. (Original 2000)

w. Third Party Reimbursement for Physician Services

RESOLVED, that the Ohio Osteopathic Association work with all third party payers and the Ohio Department of Insurance to ensure appropriate reimbursement to physicians for services they are qualified to render irrespective of their specialty designation *(Original 1990)*

x. Transformation of Ohio DO Primary Care Practices into Medical Homes

RESOLVED, that the Ohio Osteopathic Association continues to strongly encourage its members to seek assistance in transforming their practices into patient centered medical homes; and, be it further

RESOLVED, that the OOA work with the State of Ohio, CliniSync/Ohio Health Information Partnership and other physician organizations, to assist physicians in preparing their practices to be ready for new payment methods; and, be it further

RESOLVED, that the OOA continues to advocate for enhanced primary care reimbursement at the state and federal levels so primary care physicians can achieve an appropriate return on investment (ROI) for practice transformation. *(Original 2010)*

y. Universal Credentialing (2010)

RESOLVED, that the Ohio Osteopathic Association supports universal credentialing by healthcare facilities and health insurance plans. *(Original 2005)*

RES. NO.
2020-02

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE AMENDED AND REAFFIRMED:

a. Advance Directives and Complementary Documents, AOA Health Policy Fellowship, and Training Facilities

RESOLVED, the Ohio Osteopathic Association continues to urge its members to educate patients about the importance of advance directives and other complementary documents, including living wills, health care powers of attorney, do not resuscitate orders (DNRs and DNR-CCs), medical orders for life sustaining treatment (MOLST), and organ donation forms and options; and, be it further,

RESOLVED, that OOA continues to urge its members to encourage their patients to download copies of the latest edition of "Choices: Living Well at the End of Life" and "Conversations that Light the Way" from the OOA website at ~~www.ooanet.org~~ www.ohiodo.org, complete the newly revised advance directive documents, and make copies of the documents available to their attending physician and family members. *(Original 2005)*

b. AOA Health Policy Fellowship

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to endorse the ~~American Osteopathic Association~~ American Association of Colleges of Osteopathic Medicine Health Policy Fellowship Program and encourages Ohio's health policy fellows to participate in the formulation of state and national health policy; and, be it further

RESOLVED, that the OOA encourages interested OOA members to apply for the program and if accepted, request financial support through the Ohio Osteopathic Foundation. *(Original 2010)*

c. Tanning Facilities

~~RESOLVED, that the Ohio Osteopathic Association (OOA) commends Reps. Johnson and Stinziano for sponsoring HB 131, and, be it further,~~

RESOLVED, that the OOA urges its members to continue to educate their patients about the harmful effects of UV light and the correlation between the use of indoor tanning equipment and the incidence of skin cancer. (Original 2010)

RES. NO.
2021-01

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:

a. **Diagnostic, Therapeutic, and Reimbursement**

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to oppose any managed care policy which interferes with a healthcare professional's ability to freely discuss diagnostic, therapeutic and reimbursement options with patients. *(Original 2001)*

b. **Drug Enforcement Administration Numbers**

RESOLVED, that the Ohio Osteopathic Association urges all third party payers to maintain the confidentiality of all Drug Enforcement Administration Numbers and not require them for insurance billing purposes. *(Original 2006)*

c. **Health Literacy and Cultural Competency**

RESOLVED, that the Ohio Osteopathic Association (OOA) recognizes that residents of Ohio have diverse information needs related to cultural differences, language, age, ability, and literacy skills, that affect their ability to obtain, process, and understand health information and services; and, be it further

RESOLVED, that the OOA strongly support efforts to improve health literacy, so all individuals have the opportunity to obtain, process, and understand basic health information and services needed to make appropriate health decisions; and be it further,

RESOLVED, that the OOA strongly supports programs to improve the cultural competency of healthcare providers to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations in Ohio, and to apply that knowledge to produce a positive health outcome by communicating to patients in a manner that is linguistically and culturally appropriate; and be it further

RESOLVED, that the OOA strongly encourages all practitioners and medical facilities to incorporate health literacy improvement and cultural competency in their missions, planning and evaluation to create a shame-free environment where all patients can seek help without feeling stigmatized *(Original 2011)*

Explanatory Statement: This resolution was taken to the AOA House of Delegates in 2011, where it was amended and approved with minor changes recommended by the Public Affairs Reference Committee.

d. **Home Health Care, Physician Reimbursement**

RESOLVED, that the Ohio Osteopathic Association continues to seek adequate reimbursement for physicians supervising and certifying Home Health Services. *(Original 1995)*

e. **Hospital Medical Staff Discrimination**

RESOLVED, that the Ohio Osteopathic Association continue to be vigilant and monitor for discrimination against osteopathic physicians and advocate for equal recognition of AOA specialty certification by hospitals, free-standing medical and surgical centers and third party payers. *(Original 1991)*

f. **Photo IDs for Scheduled Drug Prescriptions**

RESOLVED, that the Ohio Osteopathic Association encourages pharmacists through the Ohio Pharmacists Association, to request photo IDs from individuals who present a prescription or pick up the prescribed medication when the pharmacist has concerns about the identity of that individual. (Original 2006)

g. **Third Party Payers, Osteopathic Representation**

RESOLVED, that the Ohio Osteopathic Association continues to encourage all third party payers to appoint medical policy panels which include osteopathic representation. *(Original 1991)*

h. **Safe Prescriptions and Drug Diversion Tactics**

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages colleges of osteopathic medicine to educate students about common drug diversion tactics used to obtain scheduled drugs; and, be it further

RESOLVED, that the OOA periodically publish information and/or provide continuing medical education on best practices in order to reduce medication errors and prevent drug diversion in physician practices. (Original 2006)

i. **Ohio Automated Rx Reporting System (OARRS)**

RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the Ohio Automated Rx Reporting System (OARRS) as an important tool for identifying patients who may be "doctor shopping" and misusing or abusing controlled substances; and, be it further

RESOLVED, that the OOA continue to work with the Ohio State Board of Pharmacy and the State Medical Board of Ohio to support and improve OARRS; and, be it further,

RESOLVED, the OOA strongly supports efforts to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio to allow instant access for prescribers and pharmacists. (*original 2011*

j. Ohio Bureau of Workers Compensation Health Partnership Program

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to actively participate in ongoing efforts to maintain and improve the Bureau of Workers' Compensation's Health Partnership Program (HPP), as an efficient process for Ohio's injured workers and the osteopathic physicians who provide care for them. *(Original 1997, Substitute Resolution 2011)*

k. Pain Management Education

RESOLVED, that the Ohio Osteopathic Association continue to work with the Governor's Cabinet Opioid Action Team (GCOAT) and the White House Opioid Working Group to educate practicing DOs, residents and osteopathic students on the use of neuromusculoskeletal medicine in pain management, addiction prevention and intervention, buprenorphine treatment, naloxone prescribing and how to educate patients to safely store and dispose of excess medications to prevent drug diversion in Ohio *(Original 2011)*

l. Medicare Three-Day Qualifying Policy for Skilled Nursing Facility Care

RESOLVED, that the OOA continues to advocate for the Centers for Medicare & Medicaid Services and other insurance plans with three day qualifying rules for skilled nursing facility payments to develop exception guidelines that facilitate care for appropriate patients in a less intense setting, without having to fulfill a three-day hospital stay. *(Original 2011)*

Explanatory Statement: Amended and approved with minor changes recommended by the AOA Professional Affairs Reference Committee.

m. Childhood Obesity and School Health Policies

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support comprehensive, evidence-based school health and physical education programs in classes K-12 in public and private schools to promote healthy choices and prevent childhood obesity; and, be it further

RESOLVED, that the OOA supports healthy food and drinks in public and private schools and eliminating the sale of unhealthy drinks and snacks on school property; and, be it further

RESOLVED, that the OOA continues to encourage OOA members to be advocates for comprehensive school health and fitness programs in K-12 in their communities and to educate parents about their role in preventing childhood obesity. *(Original 2005)*

n. Physician Signatures, Reduction of Unnecessary

RESOLVED, that the Ohio Osteopathic Association (OOA) supports continuous evaluation of physician signature requirements imposed by agencies, institutions and private businesses, to eliminate non-essential validation mandates and reduce administrative burdens on physician offices *(Original 2001)*.

o. Improving Outcomes of Law Enforcement Responses to Mental Health Crises Through the Crisis Intervention Team Model

RESOLVED, the Ohio Osteopathic Association (OOA) supports continued research into the public health benefits of (Crisis Intervention Team (CIT) law enforcement training; and be it further

RESOLVED, the OOA encourages physicians, physician practices, allied healthcare professionals, and medical communities to collaborate with law enforcement training programs in order to improve the outcomes of police interventions in mental health crises; and be it further

RESOLVED, the OOA supports the use of public funds to facilitate CIT training for all interested members of police departments. *(Original 2016).*

p. Explore Incentives to Increase Patient Involvement in Cancer Clinical Trials

RESOLVED, that the Ohio Osteopathic Association (OOA) supports increasing the number of cancer patients in Ohio that are enrolled in clinical trials via educational promotions; and, be it further

RESOLVED, that the OOA explore educational promotions to increase patients' awareness of clinical trial opportunities. *(Original 2016).*

Explanatory Statement: The statistic of three percent of cancer patients being enrolled in clinical trials is a worrisome fact. As physicians and as a part of a healthcare team, we should promote avenues to seek patient healing and treatment advancement such as clinical trials. Clinical trials are often covered by insurance or drug companies and as such are no cost to the patient. We should be maximizing the opportunities to improve research and our patients' health.

q. Expanding Gender Identity Options on Physician Intake Forms to be More Inclusive of LGBTQ Patients

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the inclusion of a two part demographic inquiry on patient intake forms, requesting patients indicate their "Sex" (assigned at birth) and "Gender Identity," separately; and, be it further

RESOLVED, that the "Gender Identity" question provide the following four options: "Male," "Female," "Transgender," and "Additional category (please specify)." *(Original 2016).*

Explanatory Statement: It is our role as physicians to be inclusive of all gender identities, and to provide patients with the most appropriate care. Transgender and genderqueer individuals currently face significant disparities in mental health and medical health care, linked to social stigma and discrimination they encounter, when compared to heterosexual or LGB cis-gendered individuals. It is our hope that the OOA HOD would encourage physicians to make patient-

intake forms more welcoming and inclusive of potential Trans and genderqueer patients, in order to reduce what can be a significant barrier to meeting their healthcare needs.

r. Addressing Food and Housing Insecurity for Patients

RESOLVED, the Ohio Osteopathic Association (OOA) recognizes food and housing insecurity as a predictor of health outcomes; and, be it further

RESOLVED, the OOA encourages the use of housing and food insecurity screening tools by physicians and healthcare staff, similar to the depression screening tools; and, be it further

RESOLVED, the OOA supports legislation that aims to decrease food and housing insecurity in Ohio. *(Original 2016).*

s. Human Trafficking Education for Health Care Workers

RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for the mandatory training of health care workers in the recognition and care for victims of human trafficking. *(Original 2016).*

Explanatory Statement: The following AOA policy does not address the gravity of the situation adequately. As HT continues to grow as a problem, it is time that HCW are not just "aware" of the issue, but are trained to recognize the victims. Without hospitals requiring mandatory training, it is likely that victims will continue to go unrecognized by HCW and be forced into slavery.

"AOA policy H401-A/14 Human Trafficking—Awareness as a global health problem The American Osteopathic Association acknowledges human trafficking as a violation of human rights and a global public health problem encourages osteopathic physicians TO be aware of the signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking, including appropriate medical assessment and reporting to law enforcement. 2014"

t. Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the protection of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminating practices and harassment; be it further

RESOLVED, that the OOA work with legislators to provide more comprehensive equal rights, protections, to all patient populations. *(Original 2016)*

u. Eugenic Selection with Preimplantation Genetic Diagnosis

RESOLVED, that the Ohio Osteopathic Association (OOA) opposes the use of Preimplantation Genetic Diagnosis (PGD) to choose a fetus' traits unrelated to disease. *(Original 2016).*

Explanatory Statement: Preimplantation Genetic Diagnosis can prevent inheritance of diseases such as Cystic Fibrosis, tumor suppressor genes, diabetes, obesity, depression, hemophilia, some anemias, etc. With technological advancement, parents will have the ability to choose their children's genes for non-disease traits. Selecting genetic traits in children that have no correlation with pathologies unwillingly predetermines a child's fate. For instance, preimplantation sex selection is appropriate to avoid the birth of children with genetic disorders; it is not acceptable when used solely for non-medical reasons. Phenotypes such as hair, eye, and skin color could be selected. The United Kingdom has taken an initiative to stop the selection of non-pathological traits. The OOA needs to advocate for the United States to follow this precedent.

v. TRICARE Health Insurance for our Military

RESOLVED, the Ohio Osteopathic Association (OOA) supports the efforts of the TRICARE health care delivery system by providing information regarding TRICARE on the OOA web site; and be it further

RESOLVED, the OOA encourages physicians, physician practices and all medical communities to join these other Ohio physician providers and help treat the more than 155,500 Ohio service and family members' beneficiaries who sacrifice so much to protect our freedoms.

SUBJECT: Reaffirmation of Existing Policies

SUBMITTED BY: OOA Council on Resolutions

RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE AMENDED AND REAFFIRMED:

a. OOA Physician Placement Information Service

RESOLVED, that the Ohio Osteopathic Association continues to encourage physicians to advertise practice opportunity information by utilizing osteopathic publications, OsteoFacts; and the OOA website; ~~and be it further~~

~~RESOLVED, that the Ohio Osteopathic Association continues to support Medical Opportunities in Ohio (MOO) as a centralized, comprehensive statewide career source for use by osteopathic residents and OOA members seeking employment opportunities; and be it further~~

~~RESOLVED, that the OOA encourages Ohio's hospitals and other institutional healthcare employers to become members of MOO.~~ *(Original 1991)*

b. Providing CME Credits for Physicians Pursuing Further Education

RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for those individuals seeking degrees that would further provide those physicians the CME credits issued by the American Osteopathic Association; and be it further

RESOLVED, that the OOA petition the AOA ~~Committee on CME~~ Bureau on Osteopathic Education to revisit this request and consider recognizing those efforts by current and future physicians who wish to pursue additional degrees by offering CME credits to those individuals. *(Original 2016)*.

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: 2021-03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18

Members:

Jennifer L. Gwilym, DO, Chair (District IX)
Nicholas G. Espinoza, DO (District I)
Edward E. Hosbach, DO (District II)
Nicklaus J. Hess, DO (District III)
Charles T. Mehlman, DO (District IV)
Nathan P. Samsa, DO (District V)
Andrew P. Eilerman, DO (District VI)
Sandra L. Cook, DO (District VII)
James R. Pritchard, DO (District VIII)
John C. Baker, DO (District X)
Cheryl Markino, Staff

RES. NO.
2021-03

SUBJECT: ADVERSE CHILDHOOD EXPERIENCES SCREENING

SUBMITTED BY: Emily Artz, OMS-II – Ohio Heritage College of Osteopathic Medicine/Athens; Michelle Beeson, OMS-II – Ohio Heritage College of Osteopathic Medicine/Athens; Joel Manzi, OMS-III – Ohio Heritage College of Osteopathic Medicine/Cleveland; and Josh Mohn, OMS-I – Ohio Heritage College of Osteopathic Medicine/Athens

REFERRED TO: Reference Committee 2

WHEREAS, Adverse Childhood Experiences (ACEs) are cumulative potentially traumatic events that occur in childhood (0-17 years), including experiencing or witnessing violence in the home or community, having a family member attempt or die by suicide, or growing up in a household with substance misuse, mental health problems, or instability due to parental separation or household members being in jail or prison[1]; and

WHEREAS, the ACEs can be accurately scored on a validated screening instrument in the primary care setting[2]; and

WHEREAS, the ACEs score has been recognized through multiple agencies, including but not limited to: Center for Disease Control (CDC), the American Academy of Pediatrics (AAP), American Academy of Family Medicine (AAFP), and the American Psychological Association (APA), as a strong predictor of both medical and physical health outcomes, including but not limited to: risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases, leading causes of death, and education and job opportunities[1, 3-6]; and

WHEREAS, as of January 1, 2020, per the Surgeon General of California, Dr. Nadine Burke Harris, the ACEs Aware Initiative in California has begun funding providers for ACEs screening to improve public health and address the state's estimated $112.5 billion per year cost in health care expenditures and disease burden as a result of ACEs-related premature death and years of productive life lost to disability[2]; and

WHEREAS, preventing ACEs could potentially reduce many health conditions with economic and social costs to families, communities, and society of hundreds of billions of dollars each year[7]; and now, therefore, be it

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

References

1. National Center for Injury Prevention and Control. Preventing Adverse Childhood Experiences. cdc.gov. https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html. Published December 31, 2019. Accessed February 10, 2020.
2. Miller TR, Waehrer GM, Oh DL, et al. Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLOS ONE. 2020;15(1):e0228019. doi:10.1371/journal.pone.0228019
3. American Academy of Family Physicians. Adverse Childhood Experiences. cdc.gov. https://www.aafp.org/about/policies/all/adversechildhood-experiences.html. Published April 2, 2019. Accessed February 10, 2020.
4. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245-258. doi:10.1016/s0749-3797(98)00017-8
5. Portwood S. Adverse childhood experiences: Current research and practice applications. https://www.apa.org. https://www.apa.org/pi/families/resources/newsletter/2018/11/adverse-experiences. Accessed February 10, 2020.
6. American Academy of Pediatrics. ACEs and Toxic Stress. AAP.org. http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/ACEs-and-Toxic-Stress.aspx. Published 2020. Accessed February 10, 2020.
7. National Center for Injury Prevention and Control. Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. 2019.

RES. NO.
2021-04

SUBJECT: AVAILABILITY OF MODALITIES OF PRESCRIBING

SUBMITTED BY: Marc D. Richards, DO, Marietta District

REFERRED TO: Reference Committee 2

WHEREAS, the Ohio Osteopathic Association supports policies that promote patient access to and coverage of appropriate pharmacologic treatments; and

WHEREAS, the Wal-Mart Company believes that e-Prescriptions (also known as EPCS and also known as Electronic Prescriptions for Controlled Substances) cannot be altered or copied, are less prone to errors, and can be tracked to ensure proper steps are taken throughout the prescription process; and

WHEREAS, the Wal-Mart Company pharmacies will no longer accept written or faxed prescriptions for controlled substance prescriptions after December 31, 2019; and

WHEREAS, the OPTUMRx™ company will no longer be accepting via fax, telephone, print, or hand-written format prescriptions for controlled substances as of March 1, 2020; and

WHEREAS, EPCS (Electronic Prescriptions for Controlled Substances) systems on occasion may not be immediately available to a prescriber on a scheduled or unscheduled basis (such as scheduled downtime, power outages, or critical infrastructure interruption) or for physicians not utilizing electronic means of documentation; and

WHEREAS, the Drug Enforcement Agency (DEA) requires that a prescription for a controlled substance must be dated and signed on the date when issued, and must include the patient's full name and address, and the practitioner's full name, address, and DEA registration number. In addition, a valid prescription must also include: drug name, strength, dosage form, quantity prescribed, directions for use, and number of refills authorized (if any). Additionally, a valid controlled substance prescription must also be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued; and

WHEREAS, a registered pharmacy may process electronic prescriptions for controlled substances only if the following conditions are met, first, the pharmacy uses a pharmacy application that meets all of the applicable requirements of 21 C.F.R. §1311, and second the prescription is otherwise in conformity with the requirements of the Controlled Substance Act (CSA) and 21 C.F.R.; and

WHEREAS, the Drug Enforcement Agency states that a "pharmacist may dispense directly a controlled substance listed in Schedule III, IV, or V only pursuant to either a paper prescription signed by a practitioner, a facsimile of a signed paper prescription transmitted by the practitioner or the practitioner's agent to the pharmacy, an electronic prescription that meets DEA's requirements for such prescriptions"; now, therefore be it

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

RES. NO.
2021-05

SUBJECT: PATIENT SATISFACTION SURVEYS

SUBMITTED BY: Marc D. Richards, DO, Marietta District

REFERRED TO: Reference Committee 2

WHEREAS, the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care[1]; and

WHEREAS, the survey is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers, public reporting of the survey results creates new incentives for hospitals to improve quality of care, and public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment[1]; and

WHEREAS, physicians are bound to "do no harm" and provide care that is in the best interest of the patient; and

WHEREAS, the surveys are tied in-part to hospital and physician reimbursementi; and

WHEREAS, "satisfaction" is a subjective, and not an objective metric of patient outcomes; and

WHEREAS, physicians may be influenced to implement therapy such as prescribing antibiotics outside of clinical guidelines not in the patient's best interest in order to improve "patient satisfaction"; now, therefore be it

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

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[1] Mehta, Shivan J. MD, MBA Patient Satisfaction Reporting and Its Implications for Patient Care. American Medical Association Journal of Ethics. July 2015, Volume 17, Number 7: 616-621 https://journalofethics.ama-assn.org/article/patient-satisfaction-reporting-and-its-implications-patient-care/2015-07. Accessed February 10, 2020.

RES. NO.
2021-06

SUBJECT: IMPROVING STATE SAVINGS THROUGH BIOSIMILAR SPECIALTY MEDICINES

SUBMITTED BY: OOA Executive Committee

REFERRED TO: Reference Committee 2

WHEREAS, biologic medicines – sometimes called "specialty medicines" – are large complex medicines produced through advanced biotechnology techniques in living systems, such as plant or animal cells;[1]; and

WHEREAS, biologic medicines are between 50 to 1,000 times larger than traditional "small molecule" medicines and due to their size and molecular structure work differently and often must be injected directly into the bloodstream to prevent degradation in the digestive tract;[2]; and

WHEREAS, biosimilars are biologic medicines approved by the FDA as "highly similar" to the original biologic medicine such that they work in the same way and have no clinically meaningful difference in safety or efficacy;[3]; and

WHEREAS, biosimilars are approved by the U.S. Food and Drug Administration (FDA) based on the agency's rigorous standards for safety, potency, and purity;[3-4]; and

WHEREAS, the FDA has approved 24 biosimilars indicated for a wide range of conditions including autoimmune diseases such as rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis, ulcerative colitis, and certain types of colorectal, lung, breast and other types of cancers;[5]; and

WHEREAS, biologic medicines are used by 1-2% of the U.S. population, but alone accounted for 38% of U.S. prescription drug spending in 2015, and a drug spending growth of 70% between 2010-2015;[6]; and

WHEREAS, unlike generics, which account for 90% of prescriptions, biosimilars make up only 2% of the U.S. market;[7-9]; and

WHEREAS, increased use of biosimilars is estimated to save state Medicaid programs between $417 million and $1.2 billion annually, and commercial payers $1.2 to $3.3 billion annually;[10]; and

WHEREAS, anti-competitive behaviors, such as contracts that prevent biosimilars from being included on formularies, and misaligned incentives for providers are inhibiting patient access to, and system savings from, biosimilars;[10-11]; now, therefore be it

RESOLVED, that biosimilar medicines are a critical tool in preventing, treating and curing disease, as well as lowering spending on specialty medicines; and be it further

RESOLVED, that Ohio should examine potential savings of enhanced use of biosimilars in Medicaid and Managed Medicaid health plans, state employee health care programs, state retirement systems and other state funded programs; and be it further

RESOLVED, that Ohio should evaluate Medicaid, Managed Medicaid health plans, state employee health care programs, state retirement systems and other state funded programs formulary coverage of biosimilars and examine provider reimbursement policies for biosimilars

References

1. United States Food and Drug Administration. Biological Product Definitions. February 2018.
2. Burke, E. Pills, Peptides, & Proteins. *Biotechnology Primer.* August 2018.
3. United States Food and Drug Administration. What is a Biosimilar? April 2019.
4. The Biologics Price Competition and Innovation Act of 2009, Pub. L. 111-148, 124 Stat. 804, codified as amended at 42 U.S.C. § 351.
5. United States Food and Drug Administration. Biosimilar Product Information. July 2019.
6. Mulcachy, A., Hlavka, J., Case, S. Biosimilar Cost Savings in the United States. *Rand Health Quartlerly,* 7(4):3. March 2018.
7. Biosimilar Council of the Association for Accessible Medicines. White Paper: Part 2. Failure to Launch: Barriers to Biosimilar Market Adoption. September 2019.
8. Association for Accessible Medicine. The Case for Competition: 2019 Generic Drug and Biosimilars Access and Savings in the U.S. Report. 2019.
9. The IQVIA Institute. The Global Use of Medicine in 2019 and Outlook to 2023. January 2019.
10. Winegarden, W., Pacific Research Institute (PRI), Issue Brief: The Biosimilar Opportunity: A State Breakdown. October 2019.
11. Gottlieb, S. United States Food and Drug Administration Commissioner, Speech: Dynamic Regulation: Key to Maintaining Balance Between Biosimilars Innovation and Competition. July 2018

RES. NO.
2021-07

SUBJECT: Extension of the Shelf Life Extension Program (SLEP) by the FDA

SUBMITTED BY: Richard Boyd, OMS-II, PharmD, RPh

REFERRED TO: Reference Committee 2

WHEREAS, the healthcare system faces a multitude of medication shortages and high medication prices; and

WHEREAS, the FDA's Shelf Life Extension Program (SLEP) has 34 years of data supporting the extension of shelf life for over 122 medications by an average of 5.5 years; and

WHEREAS, the FDA's program cost $3.1 million annually to save the federal government $2.1 billion annually in medications that do not need discarded; and

WHEREAS, all hospital and retail pharmacies are held to the same environmental control standards for the storage of medications that the federal government is subjected to; and

WHEREAS, a significant increase in the availability of medications would occur if FDA expanded the SLEP program to all civilian hospital and retail pharmacies; and

WHEREAS, the safe extension of expiration dating on medications would result in a significant annual cost savings to the US healthcare system; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association petition the US Food and Drug Administration (FDA) and the Congress of the United States for the expansion of the Shelf Life Extension Program to all civilian hospital and retail pharmacies

References:

Allen, Marshall. "The Myth of Drug Expiration Dates." ProPublica, 18 July 2017, www.propublica.org/article/the-myth-of-drug-expiration-dates.

Cantrell, F. Lee, et al. "Epinephrine Concentrations in EpiPens After the Expiration Date." Annals of Internal Medicine, vol. 166, no. 12, 20 June 2017.

Cantrell, Lee, et al. "Stability of Active Ingredients in Long-Expired Prescription Medications." Archives of Internal Medicine, vol. 172, no. 21, 26 November 2012.

Commissioner, Office of the. "Expiration Dating Extension." U.S. Food and Drug Administration, FDA, 8 Aug. 2020, www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension.

Diven, Dayna G., et al. "Extending Shelf Life Just Makes Sense." Mayo Clinic Proceedings, vol. 90, no. 11, 1 November 2015, pp. 1471-1474.

Lyon, Robbe C., et al. "Stability Profiles of Drug Products Extended Beyond Labeled Expiration Dates." Journal of Pharmaceutical Sciences, vol. 95, 7 July 2006, pp. 1549–1560

RES. NO.
2021-08

SUBJECT: Protective Educational Environments For Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Youth

SUBMITTED BY: Erin M. Thornley, DO

REFERRED TO: Reference Committee 2

WHEREAS, the American Osteopathic Association (AOA) supports the protection of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminatory practices and harassment, and reaffirms the equal rights provisions and protections for all patient populations as stated in *H439-A/16 Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws*; and

WHEREAS, the AOA acknowledges that LGBTQ youth experience higher rates of anxiety, depression, emotional distress, and suicidality[1, 2]; and

WHEREAS, scientific literature indicates that the implementation of policies that specifically protect LGBTQ youth from bullying and discrimination based on sexual orientation and gender identity lowers risk of suicide in this population[1,3]; and

WHEREAS, evidence shows that inclusive and non-discriminatory educational institutions can serve as protective environments for LGBTQ students and help improve their sense of belonging and mental health outcomes[1, 4, 5]; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association recognizes the importance and supports the development of curricula that acknowledge LGBTQ identities, inclusive policies that allow LGBTQ youth to participate in extracurricular activities free from discrimination, and the implementation of anti-bullying policies that specifically protect children from harassment based on sexual orientation or gender identity in educational settings; and be it further

RESOLVED, that this resolution be submitted to the 2021 American Osteopathic Association House of Delegates.

[1] Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annu Rev Clin Psychol.* 2016;12:465–487. doi:10.1146/annurev-clinpsy-021815-093153
[2] Johns MM, Poteat VP, Horn SS, Kosciw J. Strengthening Our Schools to Promote Resilience and Health Among LGBTQ Youth: Emerging Evidence and Research Priorities from *The State of LGBTQ Youth Health and Wellbeing* Symposium. *LGBT Health.* 2019;6(4):146–155. doi:10.1089/lgbt.2018.0109
[3] Hatzenbuehler ML, Keyes KM. Inclusive anti-bullying policies and reduced risk of suicide attempts in lesbian and gay youth. *J Adolesc Health.* 2013;53(1 Suppl):S21–S26. doi:10.1016/j.jadohealth.2012.08.010
[4] Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN.

[5] GLSEN. 2020. *Transgender Inclusion In High School Athletics*. [online] Available at: <https://www.glsen.org/activity/transgender-inclusion-high-school-athletics> [Accessed 3 April 2020].

RES. NO.
2021-09

SUBJECT: Elemental Formula Coverage

SUBMITTED BY: Sean M. Johnson, DO

REFERRED TO: Reference Committee 2

WHEREAS, thousands of children are diagnosed annually with diseases that interfere with the digestion and absorption of nutrients(1); and

WHEREAS, without medically necessary nutrition, these patients would risk malnutrition, further morbidity, medical complications, and hospitalizations(2); and

WHEREAS, a delay in coverage can have significant medical consequences during a critical time of growth and development in an infant's life; and

WHEREAS, elemental formula is the standard of care in many diseases of absorption and digestion(3); and

WHEREAS, current Ohio state insurance policies on elemental formula do not always make it possible for families to get sufficient nutrition for their affected children; and

WHEREAS, there exists legislation in 19 states with various requirements regarding the mandatory coverage of elemental formula including Washington, Oregon, Arizona, Colorado, Texas, Nebraska, Missouri, Minnesota, Illinois, Kentucky, Pennsylvania, Maryland, New York, New Jersey, Connecticut, Rhode Island, Massachusetts, New Hampshire, and Maine(4); and

WHEREAS, federal programs such as Women, Infants, and Children (WIC) have income restrictions which can lead to families without needed assistance(5); and

WHEREAS, the state of Ohio does not currently have legislation requiring the coverage of elemental formula; therefore(6), be it

RESOLVED, that the Ohio Osteopathic Association support state legislation requiring the coverage of medically necessary elemental formula.

References:

1) "Text - S.3657 - 116th Congress (2019-2020): Medical Nutrition Equity Act of 2020." *Congress.gov*, 7 May 2020, www.congress.gov/bill/116th-congress/senate-bill/3657/text.
2) "State Insurance Mandates for Elemental Formula." *APFED*, 5 Feb. 2020, apfed.org/advocacy/state-insurance-mandates-for-elemental-formula/.
3) "A Resource Guide for Enteral Formula Coverage." *Complex Child*, 10 Nov. 2020, complexchild.org/articles/2014-articles/april/enteral-formula-coverage/.

4) Singhal, Sarita, et al. "Tube Feeding in Children." *Pediatrics in Review*, vol. 38, no. 1, 2017, pp. 23–34., doi:10.1542/pir.2016-0096.
5) "Government Relations: Statewide Insurance Coverage for Elemental Formula." *Government Relations | Statewide Insurance Coverage for Elemental Formula*, www.foodallergyawareness.org/government-relations/statewide-insurance-coverage-for-elemental-formula/.
6) "State Statutes & Regulations on Dietary Treatment of Disorders Identified Through Newborn Screening." National Coordinating Center, Nov. 2016.
7) "Enteral Nutrition: Access and Coverage." Healthcarenutrition.org, 2019.
8) "EleCare® - Insurance Coverage." *Elecare.com*, elecare.com/insurance-coverage.
9) "MCD." *National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy (180.2)*, www.cms.gov/medicare-coverage-database
10) Yang, Min, et al. "Cost-Effectiveness Analysis of an Enteral Nutrition Protocol for Children With Common Gastrointestinal Diseases in China." *Journal of Parenteral and Enteral Nutrition*, vol. 38, no. 2_suppl, 2014, doi:10.1177/0148607114550002.

RES. NO.
2021-10

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Article VIII - Board Of Trustees

The Board of Trustees of this association shall consist of the President, President-Elect, Immediate Past President, Vice President, Treasurer, one member from each district academy, the President of the Ohio University College of Osteopathic Medicine Student Council, and a resident in an Ohio postdoctoral training program designated with Osteopathic Recognition accredited by the ~~American Osteopathic Association~~ Accreditation Council for Graduate Medical Education, all of whom shall serve until their successors are elected or appointed. The Executive Director shall be a member without vote. Election of the district academy representatives to the association's Board of Trustees shall be conducted as provided in the bylaws. The Board of Trustees shall be the administrative and executive body of the association and perform such other duties as are provided in the bylaws.

Explanatory statement: This amendment accommodates the transition to a single accreditation system for graduate medical education as it relates to the resident member of the OOA Board of Trustees. The amendment would focus eligibility on residents in Osteopathically-Recognized programs.

RES. NO.
2021-11

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Constitution
Article IV – Membership
The active membership in this association shall consist of members who are graduates of an accredited college of osteopathic medicine and who are lawfully licensed to practice in the state of Ohio unless they have voluntarily allowed their license to lapse due to retirement or disability. Persons may be elected to associate or honorary membership in this association, as provided in its bylaws. Any AOA or ACGME accredited hospital or college located in the state of Ohio shall be eligible to become an institutional member of this association.

Explanatory statement: This amendment broadens accreditation consideration for institutional members.

RES. NO.
2021-12

SUBJECT: Amendment to the OOA Constitution

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Article VII - Officers

The elected officers of this association shall be regular members in good standing and shall be: a President, a President-Elect, a Vice President, a Treasurer, a Speaker of the House of Delegates, and a Vice Speaker of the House of Delegates. Non-elected officers shall include the Immediate Past President and an Executive Director. A President-Elect shall be elected annually by the House of Delegates to serve for one year. He/she shall succeed to the office of President at the next annual election. The Vice President, Treasurer, Speaker and Vice Speaker of the House of Delegates shall be elected annually by the House of Delegates to serve for one year, or until successors are installed. An Executive Director shall be appointed by the Board of Trustees to serve for such term as the Board of Trustees shall define. The duties of these officers shall be those usual to such officers in their respective offices and such others as are defined by the bylaws. In the case of inability upon the part of the President to serve during the term of office for which he has been elected, the responsibility of filling the office of President shall devolve upon the Board of Trustees.

Explanatory statement: This amendment accommodates any president-elect who is female.

RES. NO.
2021-13

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Article II
Section 1 - Regular Member. An applicant for regular membership in this association shall be a graduate of a college of <u>medicine or</u> osteopathic medicine and licensed to practice in the state of Ohio. Application shall be made on a prescribed form and shall be accompanied by payment of the appropriate state and local district dues. The executive director shall send a copy of the new member's application and district dues to the appropriate district academy and publish the new member's name in the *Buckeye Osteopathic Physician.*

Explanatory statement: This amendment would allow allopathic physicians a pathway to regular membership. The American Osteopathic Association approved a pathway to regular membership for allopathic physicians in 2018. It's also worth noting allopathic physicians can be accepted to residency programs designated with Osteopathic Recognition.

RES. NO.
2021-14

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Section 1 (a) - Continuing Education. In order to maintain regular membership in this association a minimum of ~~100~~ 50 credit hours of approved continuing medical education must be substantiated for each successive two-year period, commencing January 1, 1985. Rules of procedure, guidelines of approved educational categories and certification requirements will be the responsibility of the Education Committee with approval of the Board of Trustees.

Explanatory statement: This amendment updates the CME requirements for licensure resulting from HB 166 in 2019.

RES. NO.
2021-15

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

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

Explanatory statement: This amendment would continue automatic membership for all DO residents regardless of program status (Osteopathically-Recognized or not) while also providing automatic membership for MDs in Osteopathically-Recognized programs.

RES. NO.
2021-16

SUBJECT: Amendment to the OOA Bylaws

SUBMITTED BY: OOA Board of Trustees

REFERRED TO: Reference Committee 2

Section 10 - Institutional Member. Any ~~American Osteopathic Association~~-accredited healthcare facility, institution or college of osteopathic medicine located in the state of Ohio shall be eligible to become an institutional member of this association.

Explanatory statement: The amendment updates institutional membership as the American Osteopathic Association no longer accredits hospitals.

RES. NO.
2021-17

SUBJECT: Resolution on Decreasing the limitations on Prescribing Calcitonin Gene-Related Peptide (CGRP) Inhibitors in Primary Care

SUBMITTED BY: Dayton District Academy

REFERRED TO: Reference Committee 2

WHEREAS, migraine headache is the sixth most prevalent cause of global burden;

WHEREAS, migraine headache is the second most prevalent for years lived with disability;

WHEREAS, an American seeks care in the ER for an acute migraine every ten seconds;

WHEREAS, healthcare and productivity costs accounts for up to $36 billions dollars annually from associated migraines;

WHEREAS, healthcare costs are 70% higher in a family with a migraine compared with a non-migraine affected family;

WHEREAS, only 4% of migraine suffers seek medical care from a headache or pain specialist;

WHEREAS, 25% of sufferers would benefit from preventative care, only 12% receive it;

WHEREAS, there are about 500 certified headache specialists compared to 39 million migraine suffers in the United States in 2019;

WHEREAS, calcitonin-gene related peptide (CGRP) inhibitors are a novel drug class for the treatment of chronic migraine with improvement in response by 50% each month for the first 3 months;

WHEREAS, the treatment with CGRP inhibitors for chronic migraine demonstrated quality of life adjustment equivalent with episodic migraines;

WHEREAS, side effects of this drug class are minimal including injection site reaction, constipation, and possible upper respiratory infections; and

WHEREAS, insurance companies have been denying coverage for CGRP inhibitors to primary care providers due to reason that the provider is not a headache specialist; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) on behalf of its members urges the support of primary care physicians in the treatment of chronic migraine with the use CGRP inhibitor agents; and be it further

RESOLVED, that the OOA Medicare/Medicaid and private insurers to extend the practicing rights of primary care physicians to utilize CGRP inhibitors in the treatment and management of chronic migraine patients; and be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for further consideration at the House of Delegates 2020.

References:

1. Migraine Research Foundation. *migrainresearchfoundation.org*
2. World Health Organization. *https://www.who.int/news-room/fact-sheets/detail/headache-disorders*
3. American Headache Society

RES. NO.
2021-18

SUBJECT: Direct Acting Antiviral Therapy for Hepatitis C Limitations

SUBMITTED BY: Dayton District Academy

REFERRED TO: Reference Committee 2

WHEREAS, there is an estimated 2.4 million people in the US living with hepatitis c infection with 3216 new cases reported to the CDC in 2017; and

WHEREAS, hepatitis c transmission via bloodborne exposure and vertical transmission has become a public health concern; and

WHEREAS, 75-85% of acute hepatitis c becomes chronic and 10-20% of patients infected with hepatitis c progress to hepatic cirrhosis. Those patients with cirrhosis have increased risk of development of hepatocellular carcinoma and hepatic decompensation. 17, 253 US death certificates listed hepatitis c as an underlying or contributing cause of death and the CDC estimates this is underreported; and

WHEREAS, there are no available immunizations to prevent hepatitis c infection; and

WHEREAS, there has been robust pharmaceutical research and development in the treatment of hepatitis c with resultant numerous oral agents available; and

WHEREAS, treatment has simplified with direct acting antiviral therapies leading to cure in over 90% of hepatitis c infections within 8-12 weeks of oral treatment regardless of genotype with a favorable adverse effect profile; and

WHEREAS, payors have limited prescribing of direct acting antiviral treatments for hepatitis c to infectious disease and gastroenterology specialists; and

WHEREAS, limitations in prescribing lead to decrease access to treatment. This results in continued high prevalence of hepatitis c with progression risks to the patients, elevated long-term cost of care for complications, as well as public health concern for in increased incidents.; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association support elimination of prescribing limitations of direct acting antiviral treatments for hepatitis c based on specialty; and be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for further consideration at the House of Delegates 2020.

References:
www.cdc.gov/hepatitis/hcv
www.Hcvguidelines.org

EXECUTIVE COMMITTEE 2020-21

President	Sandra L. Cook, DO
President-Elect	Henry L. Wehrum, DO
Vice President	Jennifer L. Gwilym, DO
Treasurer	Nicklaus J. Hess, DO
Immediate Past President	Charles D. Milligan, DO
Executive Director	Matt Harney, MBA

EXECUTIVE COMMITTEE 2021-22

President	Henry L. Wehrum, DO
President-Elect	Jennifer L. Gwilym, DO
Vice President	Nicklaus J. Hess, DO
Treasurer	Douglas H. Harley, DO
Immediate Past President	Sandra L. Cook, DO
Executive Director	Matt Harney, MBA

BOARD OF TRUSTEES 2020-21

DISTRICT		TERM EXPIRES
NW OHIO-I	Nicholas G. Espinoza, DO	2023
LIMA-II	Wayne A. Feister, DO	2023
DAYTON-III	Chelsea A. Nickolson, DO	2023
CINCINNATI-IV	Michael E. Dietz, DO	2023
SANDUSKY-V	John F. Ramey, DO	2022
COLUMBUS-VI	Andrew P. Eilerman, DO	2022
CLEVELAND-VII	Katherine H. Eilenfeld, DO	2021
AKRON/CANTON-VIII	Douglas W. Harley, DO	2021
MARIETTA-IX	Melinda E. Ford, DO	2022
WESTERN RESERVE-X	John C. Baker, DO	2021
RESIDENT	Samuel J. Nobilucci, DO	*
OU-HCOM STUDENT (Athens)	Lauren M. Donovan, OMS II	2021
OU-HCOM STUDENT (Cleveland)	Alexander Henderson, OMS II	2021
OU-HCOM STUDENT (Dublin)	Kristina M. Kazimir, OMS II	2021

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

NEW TRUSTEES 2021-22

Akron-Canton – VIII	Gregory Hill, DO	2024
Cleveland – VII	Katherine H. Eilenfeld, DO	2024
Western Reserve – X	John C. Baker, DO	2024
OU-HCOM Rep.-Athens	Harrison Koyilla, OMS I	2022
OU-HCOM Rep.-Cleveland	Julia Gaspare-Purchnicki, OMS I	2022
OU-HCOM Rep.-Dublin	Alexis Ruffing, OMS I	2022

2020-21 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pfleghaar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr., DO
III	Sharon S. Merryman, DO	Micah R. Davis, DO
IV	Michael E. Dietz, DO	Scott A. Kotzin, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Jeffery A. Madachy, DO	Amanda R. Stover, DO
VII	Katherine H. Eilenfeld, DO	Karen H. Rickert, DO
VIII	David A. Bitonte, DO	Mark J. Tereletsky, DO
IX	Jean S. Rettos, DO	Marc D. Richards, DO
X	Sharon L. George, DO	Kimberly N. Jackson, DO

2021-22 DISTRICTS PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pfleghaar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr.
III	Micah R. Davis, DO	Samuel H. Byron, DO
IV	Sean D. Stiltner, DO	Barry A. Rubin, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	Ying H. Chen, DO	Appointed at a later date
VII	Katherine H. Eilenfeld, DO	Karen H. Rickert, DO
VIII	David A. Bitonte, DO	Mark J. Tereletsky, DO
IX	Appointed at a later date	Marc D. Richards, DO
X	Sharon L. George, DO	Kimberly N. Jackson, DO

2021 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	70	5/5	Nicholas G. Espinoza, DO, Chair Nicholas T. Barnes, DO Alexandra Murray-Barnes, DO G. Barton Blossom, DO Nicholas J. Pfleghaar, DO	All Northwest Ohio Members
Lima	31	2/2	Edward E. Hosbach, DO, Chair Robert A. Zukas, DO	All Lima Members
Dayton	188	13/13	Sharon Merryman, DO, Chair Alex H. Bunce, DO Samuel H. Byron, DO Cleanne Cass, DO Micah R. Davis DO Jennifer J. Hauler, DO Nicklaus J. Hess, DO Mark S. Jeffries, DO Kimbra Joyce, DO Gordon J. Katz, DO Paul A. Martin, DO Chelsea A. Nickolson, DO Benjamin T. Rose, DO	All Dayton Members
Cincinnati	38	3/3	Sean D. Stiltner, DO, Chair Charles T. Mehlman, DO Barry A. Rubin, DO	All Cincinnati Members
Sandusky	47	3/3	Nicole Barylski Danner, DO, Chair John F. Ramey, DO Nathan P. Samsa, DO	All Sandusky Members
Columbus	239	17/17	**Ying H. Chen, DO, Chair** **Andrew P. Eilerman, DO** William F. Emlich, DO **Charles R. Fisher, DO** **Miriam L. Garcellano, DO** Jeffery A. Madachy, DO Alexandra M. McKenna, DO **Tejal R. Patel, DO** Alexis Ruffing, OMS I Anita M. Steinbergh, DO Shannon L. Stevenson, DO Amanda R. Stover, DO Charles G. Vonder Embse, DO Henry L. Wehrum, DO	All Columbus Members Erin Thornley, DO, Guest
Cleveland	110	8/8	**Katherine H. Eilenfeld, DO, Chair** **Sandra L. Cook, DO** Julia Gaspare-Purchnicki, OMS I **Robert S. Juhasz, DO** Lili A. Lustig, DO	All Cleveland Members Karen H. Rickert, DO Robert W. Hostoffer, DO

			Kelly A. Raj, DO Philip A. Starr, III, DO George Thomas, DO	
Akron/Canton	156	10/10	Eugene D. Pogorelec, DO, Chair David A. Bitonte, DO Douglas H. Harley, DO Gregory Hill, DO **Charles D. Milligan, DO** Joseph F. Pietrolungo, DO **James R. Pritchard, DO** Paul T. Scheatzle, DO M. Terrance Simon, DO Mark J. Tereletsky, DO	All Akron-Canton Members Thomas P. Wolski, DO
Marietta	97	7/7	**Melinda E. Ford, DO, Chair** **Jennifer L. Gwilym, DO** Kenneth H. Johnson, DO Harrison Koyilla, OMS I Beth A. Longenecker, DO **Jean S. Rettos, DO** **Marc D. Richards, DO**	All Marietta Members Scott A. Jenkinson, DO
Western Reserve	77	5/5	Sharon L. George, DO, Chair John C. Baker, DO	All Western Reserve Members

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 fifteen members, which may be cast by one delegate or divided among the delegation as decided by the delegation in caucus; votes shall be proportionate to delegates registered by the Credentials Committee. *(Bylaws, Article V, Section 3)*

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

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

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

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

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

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

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

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

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

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

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

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

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

Authority Given by the Ohio Osteopathic Foundation Code of Regulations

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

Nominating Committee

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

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

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

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

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

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

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

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

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

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

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

House Officers and Committees

Speaker Of The House

1. Elected annually by the House of Delegates (Constitution, Article VII)
2. Presides over the House of Delegates (Bylaws, Article X, Section 9)
3. Appoints Nominating Committee in accordance with resolution no 98-13.
4. Appoints Reference Committees. (Standing Rule No. 9)
5. Assigns resolutions to Reference Committees (Standing Rules Nos. 10 and 12)
6. May attend OOA Board of Trustees and Executive Committee meetings, without vote and shall serve as Parliamentarian (Bylaws, Article X, Section 9)
7. With the assistance of the Constitution and Bylaws Committee, reviews all proposed amendments to ensure proper format.
8. Determines whether a registered parliamentarian should be employed or not prior to the annual session.
9. May editorially correct resolutions prior to the printing in the manual upon notification to the originator of the resolution.
10. Serves as chairperson of the Committee on Standing Rules.
11. May sit ex officio in any reference committee meeting.

Vice Speaker

1. Elected annually by the House of Delegates (Constitution, Article VII)
2. Presides as Speaker of the House in the absence of the Speaker or at the Speaker's request (Bylaws, Article X, Section 9)
3. May sit ex officio in any reference committee meeting (Bylaws, Article X, Section 10)
4. Performs such other duties as assigned by the Speaker (Bylaws, Article X, Section 10)

Secretary

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

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

4. Prepares the House of Delegates Manual

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

6. Maintains accurate minutes of the proceedings

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

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

Credentials Committee

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

2. Receives and validates the credentials of delegates/alternates

3. Maintains a continuous roll call

4. Determines the presence of a quorum

5. Monitors voting and election procedures

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

Committee on Standing Rules

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

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

3. Shall present such rules to the House for adoption

Program Committee

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

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

3. Shall present the agenda for approval at the House

Resolutions Committee

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

Referral of Business to Reference Committees

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

Reference Committees

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

Reference Committee Duties and Responsibilities

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

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

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

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

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

Reference Committee Hearings and Duties of the Chair

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

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

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

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

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

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

Reference Committee Reports

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

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

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

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

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

Reference Committee Written Reports and Presentation to the House

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

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

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

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

House of Delegates Code of Leadership

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

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

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

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

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

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

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

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

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

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

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