

2023

**Ohio Osteopathic
Association
House of Delegates Manual**

Friday, April 21
2:00 – 5:00pm
Hilton Columbus at Easton
Easton C/D/E

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OSTEOPATHIC PLEDGE OF COMMITMENT

As members of the osteopathic medical profession, in an effort to instill loyalty and strengthen the profession, we recall the tenets on which this profession is founded - the dynamic interaction of mind, body and spirit; the body's ability to heal itself; the primary role of the musculoskeletal system; and preventive medicine as the key to maintain health. \A/e 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

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

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

Friday, April 21, 2023

- 2:00pm Delegate/Alternate Credentialing – John F. Ramey, DO, Chair
- 2:00pm Welcome and Call to Order – Jennifer L. Gwilym, DO, President
- Pledge of Allegiance – Dr. Gwilym
 - Osteopathic Pledge of Commitment – Dr. Gwilym
 - Introduction of the Speaker/Vice Speaker – Dr. Gwilym
 - Recognition of special guests – Michael E. Dietz, DO
- 2:10pm Credentials Committee Report – Dr. Ramey
- 2:15pm Opening Remarks and Routine Business – Dr. Dietz
- Adoption of Standing Rules
 - Approval of Report of Matt Harney, MBA, CAE, Executive Director
 - Approval of Mr. Harney as Secretary of the House
- 2:20pm Program Committee Report – Dr. Gwilym
- 2:24pm OOA/OOF Financial Reports – Douglas W. Harley, DO, Treasurer
- 2:30pm OOPAC Report* – Sean D. Stiltner, DO
- 2:35pm State of the State Report – Dr. Gwilym
- 2:45pm District academy survey results and planning update – Nicklaus J. Hess, DO
- 2:50pm Recognition of Reference Committees – Dr. Dietz

Reference Committee 1

Nicholas J. Pflieger, DO (District I)
Robert A. Zukas, DO (District II)
Paul A. Martin, DO (District III)
Sean D. Stiltner, DO (District IV)
Nicole Barylski Danner, DO (District V)

Henry L. Wehrum, DO (District VI)
Katherine H. Eilenfeld, DO (District VII)
Paul T. Scheatzle, DO (District VIII)
Melinda E. Ford, DO (District IX)-Chair
Sharon L. George, DO (District X)

Reference Committee 2

Nicholas G. Espinoza, DO (District I)
Lawrence J. Kuk, DO (District II)
Chelsea A. Nickolson, DO (District III)
Joseph S. Scheidler, DO (District IV)
John F. Ramey, DO (District V)
Charles R. Fisher, DO (District VI)
Sandra L. Cook, DO (District VII)
Douglas W. Harley, DO (District VIII)
Jennifer L. Gwilym, DO, (District IX)
John C. Baker, DO (District X)

- 2:55pm Reference Committee 1 Report – Melinda E. Ford, DO, Chair
- 3:55pm Reference Committee 2 Report – Chelsea A. Nickolson, DO, Chair
- 4:55pm Introduction of 2023-2024 OOA President Nicklaus J. Hess, DO, and recognition of Jennifer L. Gwilym, DO, outgoing president.
- 5:00pm Report of the OOA Nominating Committee – Dr. Ramey, Chair

Nominees for OOA Officers

President-Elect: Douglas W. Harley, DO
Vice President: Edward E. Hosbach II, DO
Treasurer: Andrew P. Eilerman, DO
Speaker of the House: David A. Bitonte, DO
Vice Speaker of the House: Michael E. Dietz, DO

Nominees for the Ohio Osteopathic Foundation Board

Three-year term expiring 2026: Mark S. Jeffries, DO
Three-year term expiring 2026: Paul T. Scheatzle, DO

Ohio Delegation to the AOA House

(Included in packet)

- 5:05pm Adjournment

*Off the record

JOIN US FOR THE COCKTAIL AWARDS RECEPTION AT 6PM TOMORROW!

House Standing Rules

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

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

- Professional Affairs: To consider matters relating to osteopathic education, osteopathic colleges, osteopathic hospitals, internship and residency programs, certification, postgraduate training programs, student loans, research, membership, conventions, etc.
 - Constitution and Bylaws: To consider the wording of all proposed amendments to the Constitution, Bylaws and the Code of Ethics.
 - Ad Hoc: To consider resolutions not having a specific category
10. Reports and resolutions, unless otherwise provided for, shall be referred to an appropriate reference committee for study, investigation and report to the House.
 11. The reference committee shall report their findings to the House at a specified time. The reports of the reference committees shall be given in respect to each item referred to them, and the House shall act upon each item separately or by consent calendar for collective action by the full house when deemed appropriate by the committee. Any seated delegate shall have the right to request the removal of any resolution from the consent calendar for separate consideration. The reference committees may recommend the action to be taken, but the vote of the House shall be the final decision in those matters, which are in its province, according to the rules of procedure.
 12. The Speaker shall have the power to refer any resolution to a special committee or the House may recommend the appointment of a special committee.
 13. The osteopathic student delegate shall be seated with the delegation from the academy within whose boundaries the osteopathic school is located.
 14. Committee reports shall be limited to ten (10) minutes unless an amended report is to be read which has not been previously published. The House reference committees are excluded from this limit.
 15. All resolutions passed by the House of Delegates shall be monitored by the OOA Board of Trustees for appropriate implementation.
 16. The OOA Executive Director shall compile a written report on all actions proposed, initiated or completed in response to resolutions enacted during the annual session. Such report shall be included in the House of Delegates manual the year following enactment.
 17. All resolutions passed by the OOA House of Delegates which pertain to policy, shall be reviewed by the OOA Resolutions Committee and resubmitted to the House of Delegates no later than five years after the enactment date.

**OHIO OSTEOPATHIC ASSOCIATION
ACTIONS BY THE 2022 HOUSE OF DELEGATES**

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

The OOA House of Delegates met April 29, 2022. Delegates representing all ten districts discussed 8 resolutions.

The OOA House of Delegates elected the following OOA officers: President-Elect Nicklaus J. Hess, DO; Vice President Douglas W. Harley, DO; and Treasurer Edward E. Hosbach II, DO. Immediate Past President Henry L. Wehrum, DO, will remain on the Executive Committee and provided the State of the State Report. The House also approved Nicholas Salupo, DO, as the resident trustee. Jennifer L. Gwilym, DO, will be installed as OOA President the following day during the Ohio Osteopathic Symposium.

Speaker of the House David A. Bitonte, DO, and Vice Speaker Michael E. Dietz, DO, presided over the meeting. They were elected to serve in the same positions for 2022-2023. The House also re-elected Sharon George, DO, to a three-year term on the Ohio Osteopathic Foundation Board of Trustees. The House also elected Richard Manchur to the Ohio Osteopathic Foundation Board of Trustees to a three-year term. The House also approved the House of Delegates slate to represent Ohio at the AOA House of Delegates in July. The OOA financial report was approved.

Two reference committees convened virtually. Reference Committee 1 considered resolutions under the five-year review process and included Nicholas J. Pflighaar, DO; Robert A. Zukas, DO; Mark S. Jeffries, DO; Sean D. Stiltner, DO; Nicole Barylski Danner, DO; Henry L. Wehrum, DO; Ayoub Harb, OMS-I; James R. Pritchard, DO; Melinda E. Ford, DO; Sharon L. George, DO; Teri Collins, Staff. Dr. Ford served as Chair.

The following resolutions were reaffirmed:

**Burnout in Medical Students and Residents,
Prevention and Maintenance of**

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

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

RESOLVED, that the OOA encourages physicians, residents, and medical students to engage in open discussion and develop novel solutions to reduce the prevalence of burnout among current and future physicians. (*Original 2017*)

**LGBTQ “Conversion Therapy” or “Reparative Therapy” by Licensed Physicians and Other Medical
and Mental Health Care, Opposition to the Practice of**

RESOLVED, that the Ohio Osteopathic Association affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative (LGBTQ) are not inherently suffering from a

mental disorder; and, be it further

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

RESOLVED, that the OOA supports potential legislation, regulations, or policies that oppose the practice of “Conversion Therapy,” “Reparative Therapy,” or other techniques aimed at changing a person’s sexual orientation or gender identity, by licensed medical and mental health professionals. *(Original 2017)*

Direct Primary Care

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

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

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

RESOLVED, that the OOA supports mechanisms allowing Medicaid and Medicare patients access to direct primary care services while preserving physician autonomy. *(Original 2017)*

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

RESOLVED, that the Ohio Osteopathic Association encourages osteopathic medical institutions to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician’s role in eliminating racial health care disparities in medical treatment as part of a longitudinal curriculum throughout undergraduate medical education years one through four. *(Original 2017)*

Health Insurance Coverage for Residential Treatment and Inpatient Treatment of Eating Disorders

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

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

RESOLVED, that the OOA supports continued care for individuals suffering from eating disorders staying in

residential and inpatient facilities, regardless of insurance criteria requiring termination of treatment. (*Original 2017*)

Strategic Vision for Osteopathic Medicine in Ohio

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

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

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

GOALS

1. Provide high quality and convenient continuing medical education programs that support physicians in achieving the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience and well-being.
2. Advocate on behalf of the osteopathic profession to create the enabling environment to improve the health of the people of Ohio and achieve the quadruple aim (e.g. policy, regulation, funding representation in the American Osteopathic Association).
3. Serve as the unifying platform for osteopathic medicine in Ohio supporting cross-site connections and learning, linking policy, practice and education, and promoting osteopathic identify. (*Original 2017, replacing the previous plan and goals*)

Effective Therapies for Patients, Maintaining

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

Step Therapy and Fail First Medication Policies

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

1. Require that an insurer's process for requesting a step therapy override is transparent and readily available to the provider and patient;
2. Allow automatic exceptions to step therapy requirements when (a) the required prescription is contraindicated or will likely cause an adverse reaction; (b) the required prescription drug is expected to be ineffective; (c) the patient has previously tried the required drug or a drug in the same pharmacologic class

and the drug was ineffective or caused an adverse event; (d) the required prescription drug is not in the best interests of the patient based on medical appropriateness; and/or (e) the patient is already stable on a prescription drug for the medical condition under consideration; and

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

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

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

Medicaid Support of GME Funding

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

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

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

(The following resolutions pre-date 2017)

Antibiotics for Medical Treatment, Preservation of

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

Continuing Medical Education, State-Mandated, Subject Specific

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

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

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

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

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

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

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

Direct Payment by Insurers

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

Disability Coverage for Physicians Who Are HIV Positive

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

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

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

Emergency Department Utilization

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

Immunization Initiatives

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

Information Technology Adoption and Interchange

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

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

Managed Care Plans, Quality Improvement and Utilization Review

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

Managed Care Plans, Standardized Reporting Formats

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

Medicare Mandatory Assignment

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

Nursing Facilities, Tiered

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

OOA Smoking Policy

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

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

Physicians Exclusive Right to Practice Medicine

RESOLVED that the Ohio Osteopathic Association strongly endorses and reaffirms the current Ohio statute, which recognizes osteopathic and allopathic physicians as the only primary care providers qualified to practice

medicine and surgery as defined by Section 4731 of the Ohio Revised Code; and be it further

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

Physician-Patient Relationships

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

Physician Placement in Rural Areas

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

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

Physician Fines by Third Party Payers

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

Pre-Authorized Medical Surgical Services, Denial of Payment

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

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

Preventive Health Services

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

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

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

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

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

Quality of Life Decisions

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

Reimbursement Formulas for Government Sponsored Healthcare Programs

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

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

School Bus Safety Devices

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

Telemedicine

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

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

Third Party Payers, DO Medical Consultants

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

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

The following resolution was amended and reaffirmed:

**Osteopathic Practice and Principles
Through the Continuum of Osteopathic Education**

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

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

RESOLVED that the OOA continue to monitor the transition to the ACGME Single Accreditation System. (*Original 1997, amended and reaffirmed 2002, amended and reaffirmed 2017, amended and reaffirmed 2022*)

The following resolution was deleted:

**Student Involvement in the Ohio Osteopathic
Association, Increasing**

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

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

Actions Taken Since this Resolution Passed: This resolution resulted in an amendment to the OOA Bylaws, Resolution 2018-01. The Board of Trustees recommended that a voting student delegate and alternate from each OU-HCOM campus be seated with the District in which the campus is located. The following amendment to Article V, Section 1 (B) of the OOA bylaws was passed by the OOA House of Delegates in 2018.

Section 1 (b) - Student Delegate. Each campus of an approved college of osteopathic medicine and surgery located within the state of Ohio shall be entitled to one delegate and one alternate delegate to the Ohio Osteopathic Association House of Delegates. This delegate and his/her alternate shall be selected by the student council of ~~the college~~ each campus and shall be seated with the district in which the campus is located. For

purposes of this section, a campus is defined as college, branch campus, or alternate location of a college accredited by the Commission on Osteopathic College Accreditation, which has a certificate of authorization from the State of Ohio to offer the DO degree in the state of Ohio and has a full-time dean of the college at the teaching site.

Reference Committee 2 considered the resolution initially submitted in 2022 as well as final consideration for amendments to the OOA Constitution and Bylaws. Reference Committee 2 included Nicholas G. Espinoza, DO; Lawrence J. Kuk, DO; Chelsea A. Nickolson, DO; Joseph S. Scheidler, DO; Nathan P. Samsa, DO; Andrew P. Eilerman, DO; Sandra L. Cook, DO; Douglas W. Harley, DO; Jennifer L. Gwilym, DO; John C. Baker, DO; Cheryl Markino, Staff. Dr. Hosbach served as Chair.

The following resolution was initially submitted in 2022:

RES. 2022-04

SUBJECT: SUPPORT CRITICAL INTERPRETATION OF MEDICAL INFORMATION AMONG THE GENERAL PUBLIC

SUBMITTED BY: Julia Gaspare-Pruchnicki, OMS II and Philip A. Starr, DO, III, FACOFP

WHEREAS, many patients and community members are seeking medical information from someone other than their physicians and licensed medical providers; and

WHEREAS, there is an abundance of medical information available to the public that is both legitimate and non-legitimate¹; and

WHEREAS, the general public may be unaware how to critically interpret the information that is widely available via social media and other sources which may lead them to a false conclusion²; now, therefore be it

RESOLVED, that the Ohio Osteopathic Association (OOA) encourage the education of the general public on how to critically interpret medical information to determine its legitimacy; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) encourage education of the general public and promote access to resources that help the public critically interpret medical information.

REFERENCES:

1. Suarez-Lledo V, Alvarez-Galvez J. *Prevalence of Health Misinformation on Social Media: Systematic Review*. J Med Internet Res 2021;23(1): e17187
2. United States, Congress, Office of the Surgeon General, and Vivek H Murthy. *Confronting Health Misinformation: The U.S. Surgeon General's Advisory on Building a Healthy Information Environment*. 2021.

The following amendments to the OOA Constitution and Bylaws gained final passage:

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 ~~HERITAGE~~ College of Osteopathic Medicine Student Council, and a resident in an Ohio ~~postdoctoral training~~ **-BASED GRADUATE MEDICAL EDUCATION** 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 BY A CMS-APPROVED ACCREDITOR or ~~college~~ COCA-ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE OR LCME ACCREDITED COLLEGE OF MEDICINE 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.

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 **COCA-ACCREDITED** college of ~~medicine or~~ osteopathic medicine, **OR AN LCME-ACCREDITED COLLEGE OF MEDICINE, OR HAVE BEEN CERTIFIED THROUGH THE ECFMG (Educational Commission for Foreign Medical Graduates)** 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.

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~~ **health system, hospital, healthcare facility or institution accredited by a Centers for Medicare & Medicaid Services recognized accreditation agency or COCA accredited college of osteopathic medicine or LCME accredited college of medicine** ~~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.

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: 2023-01, 2023-02, 2023-03

Members:

Nicholas J. Pflieger, DO (District I)
Robert A. Zukas, DO (District II)
Paul A. Martin, DO (District III)
Sean D. Stiltner, DO (District IV)
Nicole Barylski Danner, DO (District V)
Henry L. Wehrum, DO (District VI)
Katherine H. Eilenfeld, DO (District VII)
Paul T. Scheatzle, DO (District VIII)
Melinda E. Ford, DO (District IX)-Chair
Sharon L. George, DO (District X)
Cheryl Markino, Staff

SUBJECT: Protection of the Patient-Physician Relationship and Opposition to Physician Penalties for the Provision of Gender Affirming Care

SUBMITTED BY: Ohio Osteopathic Association Board of Trustees

REFERRED TO: Reference Committee 1

1 WHEREAS, gender affirming care for transgendered individuals includes one or more
2 components including: social affirmation, puberty blockers, cross-sex hormone therapy, gender
3 affirming surgery, and legal affirmation; and
4

5 WHEREAS, transgendered individuals of all ages consider and attempt suicide at rates
6 significantly higher than the general population. Factors associated with lower risk of suicide
7 include supportive families, receive gender affirming care, and living in a state with a gender
8 identity nondiscrimination statute; and
9

10 WHEREAS, the AOA has adopted Policy H445-A/15 which supports the provision of adequate
11 and medically necessary treatment for transgender and gender-variant people and opposes
12 discrimination on the basis of gender identity; and
13

14 WHEREAS, the American Medical Association, American Academy of Pediatrics, American
15 College of Physicians, and American Psychiatric Association object to policies that interfere
16 with the patient-physician relationship and penalize evidence based gender affirming care; now,
17 therefore, be it
18

19 RESOLVED, that the Ohio Osteopathic Association supports that all patients, including
20 emancipated minors, and minors with parental consent, continue to have access to medically
21 appropriate gender affirming therapies; and be it further
22

23 RESOLVED, that the Ohio Osteopathic Association opposes any policy that penalizes
24 physicians for providing requested medically appropriate gender affirming therapies to their
25 patients; and be it further
26

27 RESOLVED, that this resolution be submitted to the American Osteopathic Association 2023
28 House of Delegates.
29

30 **References:**

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32 Gender Diverse Youth. (2019, November 8). Retrieved March 11, 2023, from
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SUBJECT: Improving Pharmaceutical Formulary Accessibility

SUBMITTED BY: Chelsea Nickolson, DO; Dayton District Academy of Osteopathic
Medicine

REFERRED TO: Reference Committee 1

1 WHEREAS, payors have variable pharmaceutical coverage which changes routinely; and

2

3 WHEREAS, cost of medications is a factor considered by physicians when prescribing; and

4

5 WHEREAS, medicine formularies are inconsistently available to physicians, pharmacists, and
6 patients or require secure login; and

7

8 WHEREAS, payor coverage and financial burden may deter patients from obtaining prescribed
9 prescriptions; and

10

11 WHEREAS, discontinuation or delays in initiating medications can cause detriment to patients'
12 health; and

13

14 WHEREAS, variance from preferred medications leads to requests for substitute prescriptions
15 leading to increased administrative burden for physicians, pharmacists, and medical staff; and

16

17 WHEREAS, deterrents in compliance with medications can directly negatively impact physician
18 quality metrics; now therefore be it

19

20 RESOLVED, that the Ohio Osteopathic Association supports efforts to mandate payors to
21 publish updated medicine formularies online in open accessible means; and be it further

22

23 RESOLVED, that this resolution be submitted to the American Osteopathic Association 2023
24 House of Delegates.

25

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30

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SUBJECT: Invisible Disabilities

SUBMITTED BY: Jennifer Pflieger, DO, Northwest Ohio Osteopathic Association

REFERRED TO: Reference Committee 1

1 WHEREAS, about 20% of people live with a condition which could be considered and invisible
2 disability. That amounts to approximately 66 million Americans; and
3

4 WHEREAS, nearly half of Americans are living with a chronic medical condition, totaling 165
5 million people. Disabilities, chronic illnesses, chronic pain and injuries can all considered
6 invisible disabilities and they impact people from minor impairments to completely disabling;
7 and
8

9 WHEREAS, the term invisible disabilities as created and defined by Invisible Diabetes
10 Association, distinguishes disabilities not readily apparent based upon just looking at a person,
11 leading this person to fight a battle seldom acknowledged by the outside world; and
12

13 WHEREAS, without the obvious signs of disability, many of those with invisible disabilities are
14 accused of faking and exaggerating their conditions. This translates to a lack of funding,
15 accommodations, medical resources, and overall support; and
16

17 WHEREAS, the Invisible Disabilities Association strives to encourage, educate, and connect
18 people and organizations touched by illness, pain and disability. With the help of IDA, we may
19 envision a world where people living with illness, pain, and disability will be Invisible No More;
20 now, therefore be it
21

22 RESOLVED, that the Ohio Osteopathic Association (OOA) encourages the Osteopathic
23 Physician to listen to the patient, believe what they share and provide support as needed; and be
24 it further
25

26 RESOLVED, that the Ohio Osteopathic Association (OOA) encourages increased awareness for
27 patients with Invisible Disabilities; and be it further
28

29 RESOLVED, that this resolution be submitted to the American Osteopathic Association 2023
30 House of Delegates.
31

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: 2023-04 and 2023-05

Members:

Nicholas G. Espinoza, DO (District I)
Lawrence J. Kuk, DO (District II)
Chelsea A. Nickolson, DO (District III)-Chair
Joseph S. Scheidler, DO (District IV)
John F. Ramey, DO (District V)
Charles R. Fisher, DO (District VI)
Sandra L. Cook, DO (District VII)
Douglas W. Harley, DO (District VIII)
Jennifer L. Gwilym, DO, (District IX)
John C. Baker, DO (District X)
Teri Collins, Staff

SUBJECT: Reaffirmation of Existing Policies

Submitted by: OOA Council on Resolutions

REFERRED TO: Reference Committee 2

1 RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:

2
3 **a. Complementary and Alternative Medicine**

4
5 RESOLVED, that the Ohio Osteopathic Association encourages its members to become
6 knowledgeable about all forms of complementary and alternative medicine in order to advise
7 their patients about the benefits or liabilities of these therapies; and be it further,

8
9 RESOLVED, that the Ohio Osteopathic Association supports legislation and regulations which
10 protect the right of Ohio physicians to use all forms of therapies which benefit patients, provided
11 the patient has given appropriate informed consent. (*Original 1998*)

12
13 **b. Continuing Medical Education, Reduced Registration Fees for Retired and Life**
14 **Members**

15
16 RESOLVED, that the Ohio Osteopathic Association (OOA) continue to offer all OOA-sponsored
17 continuing medical education programs at a reduced registration fee of at least 25 percent for all
18 OOA member physicians who document their status as retired or life members; and be it further

19
20 RESOLVED that the OOA continue to encourage all osteopathic continuing medical education
21 sponsors in the state of Ohio to offer reduced registration fees in a similar manner. (*Original*
22 *1998*)

23
24 **c. Energy Drink Dangers**

25
26 RESOLVED, that the Ohio Osteopathic Association supports community awareness and
27 education regarding the effects and potential dangers of consuming energy drinks and
28 encourages physicians to screen for the use of energy drinks. (*Original 2013*)

29
30 *Explanatory Note: The American Osteopathic Association amended and affirmed this resolution*
31 *in 2013 (Policy Compendium H428-A/13 ENERGY DRINKS). AOA and OOA policy statements*
32 *are identical.*

33
34 **d. ENGAGING OSTEOPATHIC PHYSICIANS AS PRECEPTORS**

35
36 RESOLVED, the Ohio Osteopathic Association work with Ohio University Heritage College of
37 Osteopathic Medicine (OU-HCOM), Centers for Osteopathic Research and Education (CORE)/
38 Health Professions Education and Research Network (HPERN), and others to investigate
39 incentives for physician preceptors of CORE/HPERN osteopathic trainees. (*Original 2013*)

40
41 **e. False Qualification Standards and Advertising for the MD Degree**

42
43 RESOLVED, that the Ohio Osteopathic Association protest any solicitations by medical schools
44 which attempt to undermine the integrity of the DO degree by offering to confer MD degrees to
45 DOs through false qualification standards; and, be it further

46
47 RESOLVED, that the Ohio Osteopathic Association continue to urge the Ohio State Medical
48 Board to only recognize the DO or MD degree when full American Osteopathic Association
49 (AOA) Commission on Osteopathic College Accreditation (COCA) or Liaison Committee on
50 Medical Education (LCME) curricular requirements have been met for each degree and when the
51 appropriate state licensing examinations have been successfully passed. *(Original 1998)*

52
53 **f. Health Plans, Stability and Continuity of Care**

54
55 RESOLVED, that the Ohio Osteopathic Association (OOA) adopt as policy the principle that a
56 health plan must keep the physicians, physician groups, medications and hospitals as advertised
57 when a patient enrolled for the duration of the patient's contract. *(Original 2003)*

58
59 **g. Hospice and Palliative Care Support**

60
61 RESOLVED, that the Ohio Osteopathic Association continues to support governmental funding
62 of Hospice and Palliative Care programs. *(Original 1993)*

63
64 **h. Infectious Waste Disposal**

65
66 RESOLVED, that the Ohio Osteopathic Association recommends that the Ohio Department of
67 Health (ODH) promote and encourage educational programs for the public regarding safe and
68 effective disposal of home-generated medical supplies. *(Original 1993)*

69
70 **i. Medicare Services**

71
72 RESOLVED, that the Ohio Osteopathic Association continue to work with Medicare and all
73 health insuring corporations offering a Medicare product in Ohio to ensure osteopathic input in
74 all policies and appeal mechanisms that deal with osteopathic procedures; and be it further

75
76 RESOLVED, that the OOA continue to support the appropriate reimbursement of osteopathic
77 treatment modalities. *(Original 1988)*

78
79 **j. Medication Reconciliation**

80
81 RESOLVED, that the Ohio Osteopathic Association encourages the use of medication
82 reconciliation lists containing drug names, dosages, routes, and administration times to help the
83 health care team identify potential drug interactions and avoid medication errors during the
84 exchange of information between all health care settings. *(Original 2008)*

85
86 **k. Ohio Insurance Guaranty Association**

87
88 RESOLVED, the Ohio Osteopathic Association Continue to advocate for increasing the Ohio
89 Insurance Guaranty Association's claims limits to adequately cover the claims of liquidated

90 medical professional liability insurance companies; and be it further
91
92 RESOLVED, that the Ohio Osteopathic Association continue to actively seek financially stable
93 sources of medical liability, in order to protect its member physicians. *(Original 1998)*
94

95 **I. Osteopathic Anti-Discrimination**

96
97 RESOLVED, that the Ohio Osteopathic Association continue to seek, whenever necessary,
98 amendments to the Ohio Revised Code and the Ohio Administrative Code, which prohibit
99 discrimination against osteopathic physicians by any entity on the basis of degree, AOA
100 approved training or osteopathic specialty board certification. *(Amended by Substitution in 1998,*
101 *originally passed in 1993)*
102

103 **m. OSTEOPATHIC EDUCATION, PROMOTING A POSITIVE AND** 104 **ENTHUSIASTIC APPROACH**

105
106 RESOLVED, that the Ohio Osteopathic Association (OOA) continue to challenge its physician
107 membership to maintain and promote a positive and enthusiastic outlook about the future of
108 osteopathic medicine; and be it further
109

110 RESOLVED, that the OOA in conjunction with the Ohio Osteopathic Foundation, the Ohio
111 University Heritage College of Osteopathic Medicine, the Centers for Osteopathic Education and
112 Research/Health Professions Research and Education Network, and Osteopathic Heritage
113 Foundations continues to urge practicing physicians to serve as enthusiastic and compassionate
114 role models in spite of rapidly evolving changes in the healthcare delivery system which are
115 sometimes demoralizing to practicing physicians; and be it further,
116

117 RESOLVED, that the OOA membership and affiliated groups continue to aggressively recruit
118 and help retain bright, energetic, enthusiastic and compassionate young people as osteopathic
119 students. *(Original 1988)*
120

121 **n. Patient Medical Care Expense Control**

122
123 RESOLVED, that the Ohio Osteopathic Association encourages and supports the development of
124 a Centers for Medicare & Medicaid Services (CMS) website designed to provide simple,
125 straight-forward, and user-friendly public access to the Medicare reimbursement schedule for all
126 medical services in all US geographical market segments. *(Original 2008)*
127

128 **o. Physician Choice to Participate in Health Plans**

129
130 RESOLVED, that the Ohio Osteopathic Association continues to oppose any public policy that
131 requires mandatory participation of physicians in any insurance plan, including Medicare,
132 Medicaid or private insurance plans. *(Original 2013)*
133

134 *Explanatory Note: The American Osteopathic Association amended and affirmed this resolution*
135 *in 2013 (Policy Compendium H617-A/16 MANDATORY PARTICIPATION IN INSURANCE*
136 *PLANS). AOA and OOA policy statements are identical.*
137

138 **p. PROTECTION OF THE DOCTOR-PATIENT RELATIONSHIP AS RELATED TO**
139 **PROPOSED GUN CONTROL LAWS**
140

141 RESOLVED, that while the Ohio Osteopathic Association (OOA) supports measures that save
142 the community at large from gun violence, the OOA opposes public policy that mandates
143 reporting of information regarding patients and gun ownership or use of guns except in those
144 cases where there is duty to protect, as established by the Tarasoff ruling, for fear of degrading
145 the valuable trust established in the patient-doctor relationship. (Original 2013)
146

147 *Explanatory Note: The American Osteopathic Association also affirmed this resolution in 2013*
148 *(Policy H427-A/13 PHYSICIAN-PATIENT RELATIONSHIP AS RELATED TO PROPOSED*
149 *GUN CONTROL LAWS, PROTECTION OF THE).*
150

151 **q. Reaffirmation of The DO Degree**
152

153 RESOLVED, that the Ohio Osteopathic Association enthusiastically embraces the heritage and
154 philosophy of Dr. Andrew Taylor Still by reaffirming the DO, Doctor of Osteopathic Medicine,
155 degree as the recognized degree designation for all graduates of colleges of osteopathic medicine
156 accredited by the American Osteopathic Association's Commission on Osteopathic College
157 Accreditation (COCA). (Original 2008)
158

159 **r. SOCIAL MEDIA GUIDELINES FOR DOs**
160

161 RESOLVED, that the Ohio Osteopathic Association (OOA) supports the use of appropriate
162 social media by osteopathic physicians as a method to promote our profession and practices
163 subject to guidelines published by the American Osteopathic Association. (Original 2013)
164

165 *Explanatory Note: The American Osteopathic Association approved Ohio's original resolution*
166 *in 2013 and developed the following Social Medical Guidelines (Policy Compendium H352-A/13*
167 *SOCIAL MEDIA GUIDELINES – IMPLEMENTATION OF).*
168

169 <http://www.osteopathic.org/inside-aoa/about/leadership/Pages/social-media-guidelines.aspx>
170

171 **s. Suicide Prevention and Screening**
172

173 RESOLVED, that the Ohio Osteopathic Association (OOA) continues to encourage and promote
174 the professional use of suicide prevention screening programs along with the Yellow Ribbon
175 Suicide Prevention Program; and be it further
176

177 RESOLVED, that the OOA encourages AOA Category 1-A continuing medical education
178 programs to include education about suicide prevention and screening. (Original 2008)
179

180 **t. Taser Safety (In memory of Kevin Piskura)**
181

182 RESOLVED, the Ohio Osteopathic Association (OOA) encourages state and federal agencies to
183 develop guidelines for post-taser immediate emergency care to be included in taser certification
184 and annual recertification for all law enforcement professionals who might use a taser. (Original
185 2008)

186
187 The following resolution was adopted in 2018:

188
189 **u. AUTHORITY OF THE OHIO OSTEOPATHIC ASSOCIATION TO CERTIFY**
190 **OSTEOPATHIC CONTINUING MEDICAL EDUCATION IN OHIO**

191
192 ~~WHEREAS, osteopathic continuing medical education (CME) is essential to ensure competency~~
193 ~~and quality for the practice of osteopathic medicine and surgery; and~~

194
195 ~~WHEREAS, in 1943, the osteopathic profession in Ohio was the first profession to self-impose~~
196 ~~and support a mandate in the Ohio Revised Code that required all DOs to complete two~~
197 ~~consecutive days of CME conducted by the Ohio Osteopathic Association (OOA) each year in~~
198 ~~order for a physician to be licensed to practice osteopathic medicine and surgery in the State of~~
199 ~~Ohio; and~~

200
201 ~~WHEREAS, the OOA, under the leadership of Donald Siehl, DO, of Dayton, past president of~~
202 ~~the American Osteopathic Association (AOA), was instrumental in developing AOA's first~~
203 ~~mandatory continuing medical education program in 1974; and~~

204
205 ~~WHEREAS, the AOA was the first national physician organization in the United States to~~
206 ~~require completion of 150 hours of CME over a three-year period in order to be a member of the~~
207 ~~AOA and board-certified in an AOA specialty; and~~

208
209 ~~WHEREAS, in 1975, the Ohio General Assembly amended the Ohio Revised Code (ORC), as a~~
210 ~~part of an omnibus professional liability insurance bill, to mandate all MD, DOs and DPMs~~
211 ~~complete 150 Hours of CME over a three-year period for Ohio licensure, as certified by the~~
212 ~~respective professional organization of each profession; and~~

213
214 ~~WHEREAS, Section 4731.282 of the ORC states:~~

215
216 ~~*“(1) Except as provided in division (D) of this section, each person holding a license to*~~
217 ~~*practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and*~~
218 ~~*surgery issued by the state medical board shall complete biennially not less than one hundred*~~
219 ~~*hours of continuing medical education that has been approved by the board.*~~

220
221 ~~*(2) Each person holding a license to practice shall be given sufficient choice of continuing*~~
222 ~~*education programs to ensure that the person has had a reasonable opportunity to participate*~~
223 ~~*in continuing education programs that are relevant to the person's medical practice in terms*~~
224 ~~*of subject matter and level.*~~

225
226 ~~*(B) In determining whether a course, program, or activity qualifies for credit as continuing*~~
227 ~~*medical education, the board shall approve all of the following:*~~

228
229 ~~*(1) Continuing medical education completed by holders of licenses to practice medicine and*~~
230 ~~*surgery that is certified by the Ohio state medical association;*~~

231
232 ~~*(2) Continuing medical education completed by holders of licenses to practice osteopathic*~~
233 ~~*medicine and surgery that is certified by the Ohio osteopathic association;*~~

234
235 *(3) Continuing medical education completed by holders of licenses to practice podiatric*
236 *medicine and surgery that is certified by the Ohio podiatric medical association.*
237
238 *(C) The board shall approve one or more continuing medical education courses of study*
239 *included within the programs certified by the Ohio state medical association and the Ohio*
240 *osteopathic association under divisions (B) (1) and (2) of this section that assist doctors of*
241 *medicine and doctors of osteopathic medicine in both of the following:*
242
243 *(1) Recognizing the signs of domestic violence and its relationship to child abuse;*
244
245 *(2) Diagnosing and treating chronic pain, as defined in section [4731.052](#) of the Revised Code.*
246
247 *(D) The board shall adopt rules providing for pro-rata reductions by month of the number of*
248 *hours of continuing education that must be completed for license holders who are in their first*
249 *renewal period, have been disabled by illness or accident, or have been absent from the*
250 *country. The board shall adopt the rules in accordance with Chapter 119. of the Revised*
251 *Code.*
252
253 *(E) The board may require a random sample of holders of licenses to practice medicine and*
254 *surgery, osteopathic medicine and surgery, or podiatric medicine and surgery to submit*
255 *materials documenting completion of the required number of hours of continuing medical*
256 *education. This division does not limit the board's authority to conduct investigations*
257 *pursuant to section [4731.22](#) of the Revised Code: and*

258
259 WHEREAS, the OOA and the State Medical Board of Ohio, after a legal challenge by the OOA,
260 entered into an out of court agreement that allows the OOA to review non AOA approved CME
261 programs submitted by DOs for licensure in Ohio, that “ are relevant to a person’s medical
262 practice in terms of subject matter and level” and reclassify them in OOA Osteopathic Category
263 1-C for the purpose of Ohio licensure;” and
264

265 WHEREAS, the OOA has been reviewing and approving applications for Category 1-C on a
266 timely basis and certifying such waivers to the State Medical Board of Ohio for more than 40
267 years to meet the requirements of the Section 4731.282 of the Ohio Revised Code; and
268

269 WHEREAS, AOA and the American Board of Medical Specialties (ABMS) have adopted
270 Osteopathic Continuous Certification (OCC) and Maintenance of Certification (MOC)
271 respectively as a self-imposed process to ensure the ongoing competency of physicians in all
272 specialty areas without relinquishing standard-setting authority solely to state medical boards;
273 and
274

275 WHEREAS, State Rep. Teresa Gavarone, has introduced HB 273 in the 132nd General
276 Assembly, which prohibits OCC and MOC from being used as a condition for state medical
277 licensure, hospital privileges, or reimbursement by health insuring corporations in Ohio; and
278

279 WHEREAS, AOA House of Delegates passed a resolution in 2017 encouraging the AOA to
280 ensure OCC does not become a barrier to licensure, hospital privileges or reimbursement because
281 of high cost, high stakes testing or inability to obtain CME in geographically convenient

282 locations; and

283

284 ~~WHEREAS, HB 273 sets a dangerous precedent that would allow the State of Ohio to override~~
285 ~~competency standards that are developed and self-imposed by physician organizations and~~
286 ~~certification boards, and shift such responsibility to the government; now, therefore be it~~

287

288 RESOLVED, that the Ohio Osteopathic Association’s House of Delegates reaffirms the right and
289 singular authority of the Ohio Osteopathic Association (OOA) to certify all continuing medical
290 education requirements “that are relevant to the person’s medical practice in terms of subject
291 matter and level,” (ORC 4731.282) for osteopathic licensure in Ohio; and be it further

292

293 RESOLVED, OOA reaffirms its commitment to ensure that quality and relevant AOA Category
294 1-A continuing medical education programs are readily accessible to all DOs, regardless of
295 specialty, who are certified by the American Osteopathic Association and/or the American Board
296 of Medical Specialties; and, be it further

297

298 RESOLVED, that the OOA continue to work with the Ohio University Heritage College of
299 Osteopathic Medicine and the Centers for Osteopathic Research and Education/Health
300 Professional Research and Education Network to ensure that quality continuing medical
301 education programs are available to all DOs regardless of specialty throughout the State of Ohio;
302 and, be it further

303

304 RESOLVED, that the OOA, through the Ohio Osteopathic Foundation, work with all CME
305 sponsors and providers in the state of Ohio to ensure that quality, affordable osteopathic
306 continuing medical education programs are available throughout the state, that meet
307 requirements in the Ohio Revised Code for programs that are relevant to every DO’s “medical
308 practice in terms of subject matter and level,” including subject-specific areas mandated by the
309 Ohio Revised Code, such as domestic violence, human trafficking, medical marijuana, and pain
310 management. (Original 2018)

311

SUBJECT: Deletion of Existing Policies

Submitted by: OOA Council on Resolutions

REFERRED TO: Reference Committee 2

1 ~~a. WIRELESS ENHANCED 911 SERVICES FOR THE STATE OF OHIO~~

2
3 RESOLVED, that the Ohio Osteopathic Association endorses expedited implementation of
4 Phase I, and Phase II, wireless enhanced 9 1 1 services to ensure that emergency call centers in
5 all Ohio counties can identify wireless telephone numbers, use global positioning to locate call
6 positions, and receive text messages from wireless phones. (Original 2008)

7
8 *Explanatory Note: The Emergency Services Internet Protocol Network (ESINet) steering*
9 *committee has met monthly to establish a protocol to implement wireless enhanced 9 1 1*
10 *services. Phase I will take place from 5/12/18 to 12/31/18, which will consist of compliance visits*
11 *and mail in packets as well as directing assistance to carriers who are having issues with*
12 *implementation. Phase II will occur from 01/01/19 and beyond with continued follow-ups and*
13 *compliance visits. Phases I and II have been implemented as of 2019.*
14

EXECUTIVE COMMITTEE 2022-23

President	Jennifer L. Gwilym, DO
President-Elect	Nicklaus J. Hess, DO
Vice President	Douglas W. Harley, DO
Treasurer	Edward E. Hosbach II, DO
Immediate Past President	Henry L. Wehrum, DO
Executive Director	Matt Harney, MBA, CAE

EXECUTIVE COMMITTEE 2023-24

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

BOARD OF TRUSTEES 2022-23

DISTRICT		TERM EXPIRES
I-NW OHIO	Nicholas G. Espinoza, DO	2023
II-LIMA	Wayne A. Feister, DO	2023
III-DAYTON	Chelsea A. Nickolson, DO	2023
IV-CINCINNATI	Michael E. Dietz, DO	2023
V-SANDUSKY	John F. Ramey, DO	2025
VI-COLUMBUS	Andrew P. Eilerman, DO	2025
VII-CLEVELAND	Katherine H. Eilenfeld, DO	2024
VIII-AKRON/CANTON	Gregory Hill, DO	2024
IX-MARIETTA	Melinda E. Ford, DO	2025
X-WESTERN RESERVE	John C. Baker, DO	2024
RESIDENT	Nicholas W. Salupo, DO	
OU-HCOM STUDENT-Athens	Lauren Cea, OMS II	2023
OU-HCOM STUDENT-Cleveland	Ayoub Harb, OMS II	2023
OU-HCOM STUDENT-Dublin	Molly Frey, OMS II	2023

NEW TRUSTEES 2023-24

I-NW OHIO	Nicholas G. Espinoza, DO	2026
II-LIMA	Luis L. Perez, DO	2026
III-DAYTON	Chelsea A. Nickolson, DO	2026
IV-CINCINNATI	Michael E. Dietz, DO	2026
OU-HCOM Rep.-Athens	Jasan S. Sandhu, OMS I	2024
OU-HCOM Rep.-Cleveland	Marisa M. Vislay, OMS I	2024
OU-HCOM Rep.-Dublin	Jonathan Peters, OMS I	2024

2022-23 DISTRICT PRESIDENTS AND SECRETARIES

DISTRICT	PRESIDENT	SECRETARIES
I	Nicholas J. Pflgebraar, DO	Nicholas T. Barnes, DO
II	John C. Biery, DO	Lawrence J. Kuk, Jr., DO
III	Paul A. Martin, DO	Benjamin T. Rose, DO
IV	Sean D. Stiltner, DO	James E. Coulter, DO
V	Nicole J. Barylski-Danner, DO	John F. Ramey, DO
VI	TBA	TBA
VII	Kelly A. Raj, DO	John J. Wolf, DO
VIII	Joseph F. Pietrolungo, DO	Mark J. Tereletsky, DO
IX	TBA	TBA
X	TBA	TBA

2023-24 DISTRICT PRESIDENTS AND SECRETARIES

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

2023 OOA DELEGATES AND ALTERNATES

Academy	Voting Members	Delegates/ Votes	Delegates	Alternates
Northwest Ohio	61	4/4	Nicholas G. Espinoza, DO, Chair C. Jordan Benavente, DO Jennifer L. Pflgebraar, DO Nicholas J. Pflgebraar, DO	All Northwest Ohio Members Nicholas T. Barnes, DO
Lima	26	2/2		All Lima Members
Dayton	153	10/10	Paul A. Martin, DO, Chair Alex H. Bunce, DO Jennifer J. Hauler, DO Nicklaus J. Hess, DO Mark S. Jeffries, DO Sean M. Johnson, DO Gordon J. Katz, DO Sharon S. Merryman, DO Chelsea A. Nickolson, DO Benjamin T. Rose, DO	All Dayton Members
Cincinnati	33	2/2	Victor D. Angel, DO, Chair Sean D. Stiltner, DO Joseph S. Scheidler, DO	All Cincinnati Members James E. Coulter, DO Scott A. Kotzin, DO Barry A. Rubin, DO
Sandusky	35	2/2	John F. Ramey, DO, Chair Nicole J. Barylski Danner, DO	All Sandusky Members Nathan P. Samsa, DO
Columbus	184	13/13*	Charles R. Fisher, DO, Chair Ying H. Chen, DO Andrew P. Eilerman, DO William F. Emlich, DO Alexandra M. McKenna, DO Tejal R. Patel, DO Jill Y. Porter, DO Albert M. Salomon, DO Henry L. Wehrum, DO Geraldine N. Urse, DO Jonathan Peters, OMS I	All Columbus Members
Cleveland	90	7/7*	Katherine H. Eilenfeld, DO, Chair Susan M. Ratay, DO Sandra L. Cook, DO, Robert S. Juhasz, DO George Thomas, DO TDB Marisa Vislay, OMS I	All Cleveland Members Andrew K. Culver, DO George J. Friedhoff, DO
Akron/ Canton	128	9/9	M. Terrance Simon, DO, Chair David E. Biats, DO Douglas W. Harley, DO Charles D. Milligan, DO	All Akron-Canton Members Mark J. Tereletsky, DO

			Eugene D. Pogorelec, DO Paul T. Scheatzle, DO John F. Uslick, DO	
Marietta	82	6/6*	Melinda E. Ford, DO, Chair Jennifer L. Gwilym, DO Jean S. Rettos, DO Marcia Jacobs, DO Jasan Sandhu, OMS I	All Marietta Members
Western Reserve	61	4/4	Sharon L. George, DO, Chair John C. Baker, DO	All Western Reserve Members

*Includes 1 student delegate

House of Delegates

Authority/Responsibilities from Constitution and Bylaws:

1. Is the policy-making body of the Association. (*Constitution, Article VI*)
2. Is composed of one delegate for each 15 (or major fraction thereof) of OOA regular members within each district. (*Constitution, Article VI*)
3. Delegates and alternates must be regular members in good standing of the OOA and district and shall serve for 12 months. (*Bylaws, Article V, Section 1 (a)*)
4. Each delegate shall receive at least one vote. In addition, each district receives one vote for each five members, which may be cast by one delegate or divided among the delegation as decided by the delegation in caucus; votes shall be proportionate to delegates registered by the Credentials Committee. (*Bylaws, Article V, Section 3*)
5. Determines the time and place of the annual session, which may be changed by the Board of Trustees should necessity warrant. (*Constitution, Article X*)
6. May confer honorary memberships by a two-thirds vote and on approval by the Board of Trustees. (*Bylaws, Article II, Section 5*)
7. Must concur in levying assessments, which may not exceed the amount of annual dues. (*Bylaws, Article IV, Section 1; Fees and Dues Administrative Guide*)
8. Shall convene annually preceding the annual convention or upon call by the president. (*Bylaws, Article V, Section 5*)
9. Shall hold special meetings upon the call of the President or upon written request by three district academies, provided the request has been passed by a majority of the academy membership at a regular or special meeting of the district. Must be given two weeks' notice and the object of the meeting must be stated. (*Bylaws, Article V, Section 5*)
10. Must have a quorum of one-third the voting members to transact business. (*Bylaws, Article V, Section 6*)
11. Is governed by Roberts Rules of Order Newly Revised, the order of business, and any special rules adopted at the beginning of the sessions unless suspended by a two-thirds vote. (*Bylaws, Article V, Section 7*)
12. Nominates and elects OOA officers. (*Bylaws, Article VI, Section 1*)
13. Nominates and elects delegates and alternates to the AOA House. (*Bylaws, Article VI, Section 4*)
14. Must refer all resolutions, motions, etc. involving the appropriation of funds to the Executive Committee and Board of Trustees without discussion. A negative recommendation from the Board/Executive Committee may be overruled by a three-fourths vote by the House. (*Bylaws, Article VIII, Section 2*)

15. May amend the Constitution by two-thirds vote, provided the amendment has been presented to the Board of Trustees and filed with the Executive Director at a previous meeting of the Board. The amendment must be published in the Buckeye Osteopathic Physician no less than one month nor more than three months prior to the meeting where it will be considered.
(Constitution, Section X)
16. May amend the Bylaws by two-thirds vote, but the amendment must be deposited to the OOA Executive Director at least 90 days in advance of the meeting. The Board may revise the amendment to ensure conformity. The amendment must be circulated to the membership by written communication at least one month prior to the session.
(Bylaws, Article XII)

Authority Given by the Ohio Osteopathic Foundation Code of Regulations

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

Nominating Committee

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

1. The nominating committee shall consist of five (5) members, one member each from districts III (Dayton), VI (Columbus), VIII (Akron-Canton) and two (2) that are selected from the I (Toledo), II (Lima), IV (Cincinnati), V (Sandusky), VII (Cleveland), IX (Marietta) and X (Western Reserve) districts collectively.
2. Each of the five committee members will be selected by their respective academies and their names shall be presented to the Speaker of the OOA House of Delegates for appointment.
3. This committee shall meet at least twice annually after its appointment.
4. This committee will conduct interviews with candidates for each of the following offices: president-elect, vice president, and treasurer.
5. A slate of candidates shall be presented to the OOA president and executive director thirty (30) days in advance of the OOA annual meeting. The slate with a brief description of each candidate's qualifications shall be printed in the House of Delegates Manual and the names of these candidates shall be placed in nomination by the Chairman of the Nominating Committee during the annual OOA meeting. Additional nominations may be made from the floor of the OOA House of Delegates. The slate shall include candidates for Speaker, Vice Speaker and OOF Trustees to be elected by the House.
6. Candidates for OOA officers shall obtain endorsements from and be presented through district academies. Every effort shall be made to continue the current rotational system in the selection of these candidates to ensure that different regions of the state are represented on the OOA Executive Committee.
7. Current members of the nominating committee shall not be candidates for OOA office and shall not be incoming officers of the OOA.
8. The Chairman of this committee will be elected by the committee members annually.
9. The committee shall also present a slate of nominees to serve as delegates and alternates to the AOA House of Delegates in consultation with the Chairman and vice-chairman of the Ohio Delegation. Names shall be placed in nomination by the Nominating Committee Chairman and additional nominations may be made from the floor of the OOA House of Delegates.
10. In the event that any duly appointed nominating committee member resigns or is unable to serve following his/her appointment, the academy(ies) which that member represent(s) shall select a replacement. Committee members are expected to serve on a long-term basis, and once appointed shall continue to serve until the respective academy selects and presents a successor to the Speaker of the House for appointment.

House Standing Rules

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

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

- Ad Hoc: To consider resolutions not having a specific category
10. Reports and resolutions, unless otherwise provided for, shall be referred to an appropriate reference committee for study, investigation and report to the House.
 11. The reference committee shall report their findings to the House at a specified time. The reports of the reference committees shall be given in respect to each item referred to them, and the House shall act upon each item separately or by consent calendar for collective action by the full house when deemed appropriate by the committee. Any seated delegate shall have the right to request the removal of any resolution from the consent calendar for separate consideration. The reference committees may recommend the action to be taken, but the vote of the House shall be the final decision in those matters, which are in its province, according to the rules of procedure.
 12. The Speaker shall have the power to refer any resolution to a special committee or the House may recommend the appointment of a special committee.
 13. The osteopathic student delegate shall be seated with the delegation from the academy within whose boundaries the osteopathic school is located.
 14. Committee reports shall be limited to ten (10) minutes unless an amended report is to be read which has not been previously published. The House reference committees are excluded from this limit.
 15. All resolutions passed by the House of Delegates shall be monitored by the OOA Board of Trustees for appropriate implementation.
 16. The OOA Executive Director shall compile a written report on all actions proposed, initiated or completed in response to resolutions enacted during the annual session. Such report shall be included in the House of Delegates manual the year following enactment.
 17. All resolutions passed by the OOA House of Delegates which pertain to policy, shall be reviewed by the OOA Resolutions Committee and resubmitted to the House of Delegates no later than five years after the enactment date.

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.

Reference Committee 1
Melinda E. Ford, DO, Chair

Mr. Speaker, I present for consideration the following resolution and the committee recommends it be amended as follows and approved and I so move:

RES. NO. 2023-01 Protection of the Patient-Physician Relationship and Opposition to Physician Penalties for the Provision of Gender Affirming Care

1 WHEREAS, gender affirming care for transgendered individuals includes one or more **OF THE**
2 **FOLLOWING** components ~~including~~: social affirmation, puberty blockers, cross-sex hormone
21 appropriate gender affirming ~~therapies~~ **EVIDENCE BASED CARE**; and be it further
24 physicians for providing requested medically appropriate gender affirming ~~therapies~~ **EVIDENCE**
25 **BASED CARE**

Mr. Speaker, I present for consideration the following resolution and the committee recommends it be amended as follows and approved and I so move:

RES. NO. 2023-02 Improving Pharmaceutical Formulary Accessibility

11 WHEREAS, discontinuation or delays in initiating medications can ~~cause~~ **BE** detrimental **AL** to
17 WHEREAS, deterrents ~~in~~ **TO** compliance with medications can directly negatively impact

Mr. Speaker, I present for consideration the following resolution and the committee recommends it be amended as follows and approved and I so move:

RES. NO. 2023-03 Invisible Disabilities

1 WHEREAS, about 20% of people (**approximately 66 million Americans**) live with a condition
2 which could be considered ~~and~~ invisible disability. ~~That amounts to~~;
5 million people. Disabilities, chronic illnesses, chronic pain and injuries can all **BE** considered
6 invisible disabilities ~~and~~ **AS** they impact people **IN A RANGE OF SEVERITIES** from minor
7 impairments to completely ~~disabling~~ **DISABILITY**
9 WHEREAS, the term invisible disabilities as created and defined by Invisible ~~Diabetes~~
10 **DISABILITIES** Association (**IDA**), distinguishes disabilities not readily apparent based upon
11 just looking at a person, leading ~~this~~ **THE** person to fight a battle seldom acknowledged by the
15 accused of faking and **/OR** exaggerating their conditions, **;-RESULTING IN** ~~This translates to a~~
16 lack of funding,
20 envision a world where people living with illness, pain, and disability will be “Invisible No

21 More;”

23 RESOLVED, that the Ohio Osteopathic Association (OOA) encourages ~~the~~ Osteopathic
24 PhysicianS **TO CONTINUE** to listen to the patient **WITHOUT BIAS OR JUDGMENT**, ~~believe~~
25 ~~what they share~~

Mr. Speaker, I would like to thank the members of my committee: Paul A. Martin, DO; Henry L. Wehrum, DO; Paul T. Scheatzle, DO; Sharon L. George, DO; and Cheryl Markino, staff.

Reference Committee 2
Chelsea A. Nickolson, DO, Chair

Mr. Speaker, I present for consideration the following Consent Agenda and the committee recommends that the resolutions be approved (*with editorial corrections for consistency and clarity*) and I so move:

2023-04 Reaffirmation of Existing Policies

- 2023-04 a. Complementary and Alternative Medicine**
- 2023-04 b. Continuing Medical Education, Reduced Registration Fees for Retired and Life Members**
- 2023-04 c. Energy Drink Dangers**
- 2023-04 d. Engaging Osteopathic Physicians as Preceptors**
- 2023-04 e. False Qualification Standards and Advertising for the MD Degree**
- 2023-04 f. Health Plans, Stability and Continuity of Care**
- 2023-04 g. Hospice and Palliative Care Support**
- 2023-04 h. Infectious Waste Disposal**
- 2023-04 i. Medicare Services**
- 2023-04 j. Medication Reconciliation**
- 2023-04 k. Ohio Insurance Guaranty Association**
- 2023-04 l. Osteopathic Anti-Discrimination**
- 2023-04 m. Osteopathic Education, Promoting a Positive and Enthusiastic Approach**
- 2023-04 n. Patient Medical Care Expense Control**
- 2023-04 o. Physician Choice to Participate in Health Plans**
- 2023-04 p. Protection of the Doctor-Patient relationship as Related to Proposed Gun Control Laws.**
- 2023-04 q. Reaffirmation of The DO Degree**
- 2023-04 r. Social Media Guidelines for DOs**
- 2023-04 s. Suicide Prevention and Screening**
- 2023-04 t. Taser Safety (In Memory of Kevin Psikura)**
- 2023-04 u. Authority of the Ohio Osteopathic Association to Certify Osteopathic Continuing Medical Education in Ohio**

Mr. Speaker, I present for consideration the following Resolution and the committee recommends that it be deleted, and I so move:

2023-05 Deletion of Existing Policies

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

Mr. Speaker, I would like to thank the members of my committee:

John C. Baker, DO; Sandra L. Cook, DO; Nicholas G. Espinoza, DO; Charles R. Fisher, DO; Jennifer L. Gwilym, DO; and Teri Collins, Staff

PROPOSED OHIO DELEGATION

**2022 CERTIFIED DELEGATES/
ALTERNATES**

**PROPOSED 2023 DELEGATES/
ALTERNATES**

OOA BOARD OF TRUSTEES DELEGATES - (EX OFFICIO)/ELECTED	BOARD MEMBERS & ALTERNATES WHO WILL BE CERTIFIED AS DELEGATES
Past President: Henry L. Wehrum, DO	Past President: Jennifer L. Gwilym, DO
President: Jennifer L. Gwilym, DO	President: Nicklaus J. Hess, DO
President-Elect: Nicklaus J. Hess, DO	President-Elect: Douglas W. Harley, DO
Vice President: David A. Bitonte, DO*	Vice President: Edward E. Hosbach, II, DO
Treasurer: Edward E. Hosbach, II, DO	Treasurer: Andrew P. Eilerman, DO
District 1: Nicholas G. Espinoza, DO	District 1: Nicholas G. Espinoza, DO
District 2: Robert A. Zukas, DO	District 2: Robert A. Zukas, DO
District 3: Chelsea A. Nickolson, DO	District 3: Chelsea A. Nickolson, DO
District 4: Michael E. Dietz, DO	District 4: Michael E. Dietz, DO
District 5: John F. Ramey, DO	District 5: Nathan P. Samsa, DO
District 6: Andrew P. Eilerman, DO	District 6: Charles R. Fisher, DO
District 7: Katherine H. Eilenfeld, DO	District 7: Katherine H. Eilenfeld, DO
District 8: Gregory Hill, DO	District 8: Gregory Hill, DO
District 9: Melinda E. Ford, DO	District 9: Melinda E. Ford, DO
District 10: John C. Baker, DO	District 10: John C. Baker, DO
ONE YEAR TERM ENDING 2023	ONE YEAR TERM ENDING 2024
District 5: Nathan P. Samsa, DO	District 5: Christine M. Samsa, DO
District 7: Robert S. Juhasz, DO	District 7: Robert S. Juhasz, DO
District 4: Sean D. Stiltner, DO	District 4: Sean D. Stiltner, DO
District 4: Victor D. Angel, DO	District 4: Victor D. Angel, DO
District 3: Gordon J. Katz, DO	District 3: Gordon J. Katz, DO
District 6: Charles G. Vonder Embse, DO	District 6: Henry L. Wehrum, DO
District 7: George Thomas, DO	District 7: George Thomas, DO
District 7: Sandra L. Cook, DO	District 7: Sandra L. Cook, DO
District 8: M. Terrance Simon, DO	District 8: David A. Bitonte, DO
District 6: Ying H. Chen, DO	District 6: Ying H. Chen, DO
District 3: Paul A. Martin, DO	District 3: Paul A. Martin, DO
District 8: Paul T. Scheatzle, DO	District 8: Paul T. Scheatzle, DO
District 8: Eugene D. Pogorelec, DO	District 8: Eugene D. Pogorelec, DO
District 3: Mark S. Jeffries, DO	District 3: Mark S. Jeffries, DO
Student Selected by OU-HCOM SGA	Student Selected by OU-HCOM SGA
Lauren M. Cea, OMS I	Jasan Sandhu, OMS I
Molly Frey, OMS I	Marisa Vislay, OMS I
Ayoub Harb, OMS I	Jonathan Peters, OMS I
FUNDED ALTERNATES	FUNDED ALTERNATES
District 1: Nicholas J. Pflgebraar, DO	District 1: Nicholas J. Pflgebraar, DO
District 9: Kenneth H. Johnson, DO	District 9: Kenneth H. Johnson, DO

ALTERNATES BY VIRTUE OF AOA POSITION	ALTERNATES BY VIRTUE OF AOA POSITION
District 7: Robert W. Hostoffer, Jr., DO	District 7: Robert W. Hostoffer, Jr., DO
District 3: Jennifer J. Hauler, DO	District 3: Jennifer J. Hauler, DO
STUDENT ALTERNATE	STUDENT ALTERNATE
UNFUNDED ALTERNATES	UNFUNDED ALTERNATES
District 6: Geraldine N. Urse, DO	District 9: Jean S. Rettos, DO
District 1: Nicholas T. Barnes, DO	District 1: Nicholas T. Barnes, DO
District 5: Christine M. Samsa, DO	District 5: John F. Ramey, DO
District 7: Isaac J. Kirstein, DO	District 7: Isaac J. Kirstein, DO
District 2: John C. Biery, DO	District 3: Sharon S. Merryman, DO
District 4: Scott A. Kotzin, DO	District 4: Scott A. Kotzin, DO
District 6: William F. Emlich, DO	District 6: Paige Gutheil Henderson, DO
District 6: Paige Gutheil Henderson, DO	District 1: Roberta J. Guibord, DO
District 3: Sharon S. Merryman, DO	District 3: Benjamin T. Rose, DO
District 1: Roberta J. Guibord, DO	District 1: Jennifer L. Pflgebraar, DO
District 5: Nicole Jean Barylski Danner, DO	District 5: Nicole Jean Barylski Danner, DO
District 9: Jean S. Rettos, DO	District 8: M. Terrance Simon, DO
District 4: Barry A. Rubin, DO	District 6: William J. Emlich, DO
District 8: Schield M. Wikas, DO	District 6: Charles G. Vonder Embse, DO
District 10: Thomas J. Mucci, DO	District 2: Barry A. Rubin, DO
	District 8: Schield M. Wikas, DO
	District 10: Thomas J. Mucci, DO
	District 3: Katherine A. Clark, DO
	District 3: Cleanne Cass, DO
	District 3: Micah R. Davis, DO
	District 6: Geraldine N. Urse, DO
	District 1: Jennifer L. Pflgebraar, DO

Notes from 2022 HOD

Bold notates credentialed delegates

*David A. Bitonte, DO, replaced Douglas W. Harley, DO