AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
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osteopathic.org

103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (ALL SERIES W/ACTION)
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTIONS:

- Committee on Educational Affairs (200 series)
  This reference committee reviews and considers matters relating to osteopathic education, osteopathic colleges, and postdoctoral training.
- Committee on Professional Affairs (300 series)
  This reference committee reviews and considers matters relating to osteopathic health care facilities, advocacy, legislation, membership and conventions.
- Committee on Public Affairs (400 series)
  This reference committee reviews and considers matters relating to public and industrial health, research and physical fitness.
- Committee on Constitution and Bylaws (500 series)
  This reference committee reviews and considers the wording of all proposed amendments to the AOA's Constitution, Bylaws and the Code of Ethics.
- Ad Hoc Committee (600 series)
  This reference committee reviews and considers materials relating to physician practice issues, affiliate dynamics, insurance and communications activities.
- Joint Board/House Budget Review Committee (700 series)
  This committee reviews the AOA Strategic Plan and Budget.
- Committee on Resolutions
  This committee drafts the resolutions expressive of the sense of the HOD meeting.
- Credentials Committee
  This Committee receives and validates the credentials of the delegates and alternates, maintains a continuous roll call, determines the presence of a quorum, supervises voting and election procedures and makes recommendations on the eligibility of delegates and alternates to a seat in the House when a seat is contested.

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (200 SERIES) w/ACTION
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTION:
Committee on Educational Affairs (200 series)
This reference committee reviews and considers matters relating to osteopathic education, osteopathic colleges, and postdoctoral training.

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-200	Develop and Implement Curriculum on the Care of People with Developmental Disabilities (SR-Source:H211-A/18)	BOE	Educational Affairs	Adopted
H-201	DO Degree Designation (SR–Source:H204-A/18)	BOE	Educational Affairs	Adopted as Amended
H-202	Osteopathic Manipulative Treatment (OMT) by Osteopathic Medical Students During Medical School Rotations, Promoting use of (SR-Source:H200-A/18)	BOE	Educational Affairs	Adopted as Amended
H-203	Osteopathic Postdoctoral Training in all Specialty Areas (SR–Source:H202-A/18)	BOE	Educational Affairs	Adopted as Amended
H-204	Peer-To-Peer Suicide Prevention Training Amongst Osteopathic Medical Schools (SR-Source:H212-A/18)	BOE	Educational Affairs	Adopted as Amended
H-205	Sex and Gender Based Medicine (SR-Source:H214-A/18)	BOE	Educational Affairs	Adopted as Amended
H-206	Sale of Health-Related Products and Devices (SR-Source:H209-A/18)	BOM	Educational Affairs	Adopted as Amended
H-207	Acupuncture (SR-Source:H207-A/18)	BORPH	Educational Affairs	Adopted
H-208	Osteopathic Continuous Certification-Affordability of (SR–Source:H210-A/18)	BOS	Educational Affairs	Adopted as Amended
H-209	Osteopathic Continuous Certification (SR-Source:H208-A/18)	CSHA	Educational Affairs	Adopted
H-210	Truth in Advertising – Physician Degrees (SR-Source:H206-A/18)	CSHA	Educational Affairs	Adopted as Amended
H-211	Exploring the Impact of Virtual Residency Interviews on Osteopathic Residency Match Rate	BEL	Educational Affairs	Adopted as Amended
H-212	Marketing AOA Board Certification	AOCOPM	Educational Affairs	Adopted as Amended
H-213	American Osteopathic Association Board Certification	IOMA	Educational Affairs	Not Adopted
H-214	Support for Inclusion of Osteopathic Residency Applicants in Surgical Training	OPSC/ ACOS	Educational Affairs	Adopted as Amended

SUBJECT: DEVELOP AND IMPLEMENT CURRICULUM ON THE CARE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES – SOURCE: H211-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) reaffirms the ideals set in the Americans with Disabilities Act (ADA); and that the AOA encourages osteopathic medical schools to develop and implement curricula on the care of people with developmental disabilities.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __ADOPTED_____

DATE: ___July 22, 2023 _____

SUBJECT: DO DEGREE DESIGNATION – SOURCE:H204-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) enthusiastically embraces the heritage and philosophy of Dr. Andrew Taylor Still by reaffirming that DO be the recognized degree designation for all graduates of AOA Commission on Osteopathic College Accreditation (COCA) accredited colleges of osteopathic medicine ~~in the United States~~.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: **ENHANCING PRECEPTOR KNOWLEDGE OF** OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) ~~BY OSTEOPATHIC MEDICAL STUDENTS DURING MEDICAL SCHOOL ROTATIONS~~, PROMOTING USE OF – SOURCE: H200-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED

The American Osteopathic Association (AOA) ~~supports and~~ encourages osteopathic medical schools to provide hands-on osteopathic manipulative treatment (OMT) **TRAINING** and practice sessions to ~~physicians teaching osteopathic medical students in order to~~ **PRECEPTORS IN ORDER TO** increase their ~~understanding~~ **KNOWLEDGE OF** ~~about~~ osteopathic manipulative treatment.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: OSTEOPATHIC POSTDOCTORAL TRAINING IN ALL SPECIALTY AREAS – SOURCE:H202-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED AS AMENDED

The American Osteopathic Association ~~urges the osteopathic profession to reaffirm itself as a complete~~ **REPRESENTING A COMPREHENSIVE** profession of medicine and surgery and ~~re~~affirms its commitment to quality osteopathic postdoctoral training **AND SUPPORTS THE DEVELOPMENT AND CONTINUATION OF OSTEOPATHICALLY RECOGNIZED PROGRAMS** in all specialty areas.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1993; 1998 Reaffirmed as Amended, 2003 Reaffirmed as Amended; 2008 Reaffirmed; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: PEER-TO-PEER SUICIDE PREVENTION TRAINING AMONGST OSTEOPATHIC MEDICAL SCHOOLS – SOURCE:H212-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association recommends that the American Association of Colleges of Osteopathic Medicine (AACOM) encourage osteopathic medical schools to implement peer-to-peer suicide prevention training for ~~incoming and~~ all osteopathic medical students.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: SEX AND GENDER BASED MEDICINE - SOURCE: H214-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports ~~the inclusion of the evolving understanding of sex and gender based medicine~~ **INCLUDING RELEVANT PATHOPHYSIOLOGY AND EVIDENCE-BASED MEDICINE REGARDING SEX AND GENDER BASED HEALTHCARE** in medical education programs and curricula across the continuum.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: SALE OF HEALTH-RELATED PRODUCTS AND DEVICES – SOURCE:H209-A/18

SUBMITTED BY: Bureau of Membership

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Membership has reviewed the policy; and now, therefore be it

RESOLVED, that the Bureau of Membership recommends that the following policy be REAFFIRMED.

The American Osteopathic Association believes that it is appropriate for physicians to derive reasonable monetary gain from the sale of health-related products or devices that are both supported by rigorous scientific testing or authoritative scientific data ~~and, in the opinion of the physician, are~~ THE SALE OF THESE PRODUCTS AND DEVICES TO PATIENTS MUST BE DEEMED TO BE medically necessary or ~~will~~ **BE ABLE TO** provide a significant health benefit provided that such action is permitted by the state licensing board(s) of the state(s) in which the physician practices; and inappropriate and unethical for physicians to use their physician/patient relationship to attempt to involve any patient in a program for the patient to distribute health related products or devices in which distribution results in a profit for the physician.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1999; 2004 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: ACUPUNCTURE - SOURCE:H-207-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association recognizes that acupuncture may be a part of the armamentarium of qualified and licensed physicians.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1978; 1983 Reaffirmed; 1988 Reaffirmed as Amended, 1993; 1998 Reaffirmed, 2003; 2008 Reaffirmed; 2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____ADOPTED_____

DATE: _____July 22, 2023_____

SUBJECT: OSTEOPATHIC CONTINUOUS CERTIFICATION – AFFORDABILITY OF – SOURCE: H210-A/18

SUBMITTED BY: BUREAU OF OSTEOPATHIC SPECIALISTS

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Specialists (BOS) has reviewed the policy; and

WHEREAS, the cost structure of Osteopathic Continuous Certification (OCC) is relevant to AOA affiliate organizations and diplomates; and

WHEREAS, costs to participate in the OCC process are incurred by AOA diplomates; and

WHEREAS, the BOS believes that the policy is still relevant and valid but requires clarification; now, therefore be it

RESOLVED, that the BOS recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association will ~~undertake~~ **BE TRANSPARENT WITH ITS AFFILIATE ORGANIZATIONS AND DIPLOMATES RESPECTIVE TO** ~~every effort to make transparen~~t the cost structure of Osteopathic Continuous Certification (OCC) and, ~~wherever possible, to~~ **LIMIT** ~~make~~ the costs of OCC ~~affordable to its~~ **DIPLOMATES** ~~members and its affiliate organizations~~.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: OSTEOPATHIC CONTINUOUS CERTIFICATION – SOURCE:H208-A/18

SUBMITTED BY: Council on State Health Affairs

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association encourages input from osteopathic physicians on maintenance of licensure, maintenance of certification and osteopathic continuous certification rules.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic:
H627-A/19 Maintenance of Licensure
H210-A/16 Osteopathic Continuous Certification (OCC)
H618-A/18 Osteopathic Continuing Medical Education – AOA Accreditation of Sponsors Providing
H210-A/18 Osteopathic Continuous Certification – Affordability Of
H224-A/17 AOA Membership – Osteopathic CME Requirement Enforcement
H225-A/17 Changes to Osteopathic Continuous Certification – Impact on the Profession
H607-A/20 Physician Competency Retesting

FISCAL IMPACT: $0

ACTION TAKEN: ____ADOPTED_____

DATE: _____July 22, 2023_____

SUBJECT: TRUTH IN ADVERTISING – PHYSICIAN DEGREES - SOURCE:H206-A/18

SUBMITTED BY: Council on State Health Affairs

REFERRED TO: Committee on Educational Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommends that the following policy be REAFFIRMED.

~~It is the policy of the American Osteopathic Association (AOA) that osteopathic physicians should only use their DO degree earned from a college or institution that is accredited by the Commission on Osteopathic College Accreditation (COCA) when representing themselves as a physician.~~ The AOA will remain vigilant for any false or erroneous information that may undermine the integrity of the profession or osteopathic medicine in the US and will work with the Federation of State Medical Boards (FSMB) and its constituent boards to inform them of attempts to misrepresent the practice of osteopathic medicine in the US or to misrepresent the education leading to the degree Doctor of Osteopathy or Doctor of Osteopathic Medicine.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1969; reaffirmed 1978; revised 1983, 1988; reaffirmed 1993; revised 1998; revised 2003; revised 2008; reaffirmed 2013)

Prior HOD action on similar or same topic:
H203-A/21 PHYSICIAN DESIGNATION, TRUTH IN ADVERTISING AND RESIDENCY/FELLOWSHIP TRAINING NON-PHYSICIAN POSTGRADUATE MEDICAL TRAINING
H220-A/22 PHYSICIAN DESIGNATION, TRUTH IN ADVERTISING AND RESIDENCY/FELLOWSHIP TRAINING NON-PHYSICIAN POST GRADUATE MEDICAL TRAINING 2022

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: EXPLORING THE IMPACT OF VIRTUAL RESIDENCY INTERVIEWS ON OSTEOPATHIC RESIDENCY MATCH RATE

SUBMITTED BY: Bureau of Emerging Leaders

REFERRED TO: Committee on Educational Affairs

WHEREAS, the COVID-19 pandemic has made an indelible mark on the transition from osteopathic medical student to osteopathic resident including a transition to an overwhelming majority of virtual interviews[6]; and

WHEREAS, in the 2022 National Resident Matching Program (NRMP) Program Directors Survey, 63% of 1,176 responding programs anticipate continuing either part or all of the interview process in a virtual environment in the future[8]; and

WHEREAS, coming out of the pandemic upcoming osteopathic medical graduates receive conflicting information regarding best practices for their upcoming application cycle[2,4] ;and

WHEREAS, the NRMP as well as several specialty societies such as the Association of American Medical Colleges (AAMC), the Alliance for Academic Internal Medicine (AAIM), and Association of Program Directors in Surgery (APDS) recommend that programs conduct virtual interviews for all applicants in the 2022-2023 cycle[1,3,4,5]; however, the American Association of Colleges of Osteopathic Medicine (AACOM) strongly recommends programs give students the option to interview in person or virtually during the 2022-23 cycle[2]; and

WHEREAS, according to the 2022 NRMP program director survey, over 50% of responding programs (all specialties) reported disadvantages with the virtual interview in assessing applicant interest in and understanding of the program as well as a disadvantage in assessing the applicant's interpersonal skills and alignment with interview team[6]; and

WHEREAS, according to the 2022 NRMP program director survey, over 60% of responding programs (all specialties) reported advantages with the virtual interview in regard to reducing applicant related hosting cost, improved efficiency of interview process.[6]; and

WHEREAS, AACOM reports that to date, no formal studies have been done to ensure the bias of virtual interviewing is fully understood ~~and no evidence has provided any guidance for how to mitigate that harm[2]~~; now, therefore be it

RESOLVED, that The American Osteopathic Association ~~work with the National Resident Matching Program and American Association of Colleges of Osteopathic Medicine~~ **ENCOURAGES COLLABORATION AMONG RELEVANT STAKEHOLDERS** to analyze the impact of the virtual residency interview process on the osteopathic **RESIDENCY PLACEMENT** ~~match~~ rate.

References

1. APDS Task Force . (2022, June). *APDS Task Force General Surgery Application and interview consensus ...* 2022-2023 APDS Task Force Application Cycle Recommendations. Retrieved March 7, 2023, from https://students-residents.aamc.org/media/13466/download
2 .Cameron, C. (2022, May 13). *AACOM strongly recommends hybrid residency interviews for 2022-23 cycle*. Default. Retrieved March 7, 2023, from https://www.aacom.org/news-reports/press-releases/2022/05/13/aacom-strongly-recommends-hybrid-residency-interviews-for-2022-23-cycle
3. Luther, V. P., Wininger, D. A., Lai, C. J., Dao, A., Garcia, M. M., Harper, W., Chow, T. M., Correa, R., Gay, L. J., Fettig, L., Dalal, B., Vassallo, P., Barczi, S., & Sweet, M. (2022, July 8). *Emerging from the pandemic: AAIM recommendations for Internal Medicine Residency and fellowship interview standards*. The American Journal of Medicine. Retrieved March 7, 2023, from https://www.amjmed.com/article/S0002-9343(22)00502-2/fulltext
4. Murphy, B. (2022, August 10). *What to know about this year's physician residency-application cycle*. American Medical Association. Retrieved March 7, 2023, from https://www.ama-assn.org/medical-students/preparing-residency/what-know-about-year-s-physician-residency-application-cycle#:~:text=The%20Association%20of%20American%20Medical,primary%20driver%20of%20the%20format.
5. National Residency Match Program. (2022, May 16). *NRMP supports AAMC interview guidance for 2022-23 residency selection cycle*. NRMP. Retrieved March 7, 2023, from https://www.nrmp.org/about/news/2022/05/nrmp-supports-aamc-interview-guidance-for-2022-23-residency-selection-cycle/
6. National Resident Matching Program, Data Release and Research Committee: (2022, September). *Www.nrmp.org*. Results of the 2022 NRMP Program Director Survey. Retrieved March 7, 2023, from https://www.nrmp.org/wp-content/uploads/2022/09/PD-Survey-Report-2022_FINALrev.pdf

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: H-336 A/2016 is a resolution that was an action item.

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: ~~MARKETING~~ **PROMOTION OF** AOA BOARD CERTIFICATION

SUBMITTED BY: American Osteopathic College of Occupational and Preventive Medicine

REFERRED TO: Committee on Educational Affairs

WHEREAS, the American Osteopathic Association has deeming authority from the US Department of Education to certify physicians, and

WHEREAS, AOA board certified physicians have historically been supportive and involved members of the AOA and its divisional societies, and

WHEREAS, the AOA, and its state associations' and specialty colleges', collectively known as divisional societies, health and viability will be strengthened by having many early career physicians sit for AOA examinations, and

WHEREAS, graduates of ACGME programs must be informed of and provided reasons for pursuing AOA board certification, and

WHEREAS, the eighteen (18) AOA certifying boards depend upon item-writers who are overwhelmingly practicing physicians, and

WHEREAS, the AOA internally uses the tag line "*Practicing Physicians Certifying Practicing Physicians*", and

WHEREAS, Potential candidates must be provided with reasons for pursuing AOA Board Certification: distinctiveness, value, relevance of exam to practice, affordability, convenience and ease of maintenance. With ease of electronic communication and website branding, this resolution can be implemented with low costs and may help to expand our customer base and thus drive revenues to the certifying boards, specialty colleges, and the AOA, now therefore be it

RESOLVED, that the AOA ~~implement a branding campaign for its certifying boards to include incorporating the tag line "*Practicing Physicians Certifying Practicing Physicians*" on all AOA~~ **PROMOTE ITS** certifying boards' ~~webpages and letterhead~~ and, be it further

RESOLVED, THAT THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA) CERTIFYING BOARD SERVICES WORKGROUP PREPARE A REPORT FOR THE 2024 AOA HOUSE OF DELEGATES.

~~RESOLVED, that the American Osteopathic Association (AOA) develop and broadly distribute a one-page info sheet targeting GME sponsoring institutions,~~

~~program directors, postdoctoral trainees, and board-eligible physicians. This info sheet shall incorporate the tag line "*Practicing Physicians Certifying Practicing Physicians*" and discuss AOA certification in terms of relevance of exam to practice, affordability, value, convenience and ease of maintenance.~~

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: H641 October 13, 2020 Marketing AOA Board Certification page 271 was brought before the HOD in 2022 and was not adopted.

FISCAL IMPACT: Up to $90,000 in additional expense
The additional expenses would consist of disposing of the current one-page information sheets and reprinting existing one-page information sheets for 27 primary specialties and 48 subspecialties, which would cost an estimated $10,000. Rebranding and updating each board's website could be from 150 to 400 hours at $200 per hour for content and design work by AOA staff. The range of additional expenses would be between $40,000 and $90,000.

ACTION TAKEN Adopted as Amended

DATE July 22, 2023

SUBJECT: AMERICAN OSTEOPATHIC ASSOCIATION BOARD CERTIFICATION

SUBMITTED BY: Iowa Osteopathic Medical Association

REFERRED TO: Committee on Educational Affairs

WHEREAS, beginning in 2000 the American Osteopathic Association (AOA) began granting osteopathic board certification on a time limited basis; and

WHEREAS, physicians with time limited board certification are required to periodically re-certify in order to maintain their AOA board certification; and

WHEREAS, since the implementation of the re-certification requirement there have been multiple changes to the process; and

WHEREAS, the process of maintaining AOA board certification has become increasingly complicated, time consuming, and costly; and

WHEREAS, there is little to no scientific evidence that board re-certification improves the quality of patient care as compared to simple continuing medical education licensure requirements; now, therefore be it

RESOLVED, the American Osteopathic Association (AOA) shall create a report which demonstrates the effect, if any, of board re-certification on patient care.

Background Information: Provided by AOA Staff

Current AOA Policy:

H-211 A/2022 Equivalency Policy for Osteopathic Continuous Certification

Prior HOD action on similar or same topic: None

FISCAL IMPACT: Estimated $500,000 - $700,000

For the AOA to conduct its own research and develop a report on the effect of osteopathic continuous certification on patient care, it would cost $500,000 over two years. The expenses would include an additional psychometrician, medical editor, purchasing data, and physician author stipends. If the work was outsourced and conducted by a consulting group, it would be an estimated $700,000. The ABMS Continuing Certification Reference Center (CCRC) contains references across multiple specialties relating to physician Board Certification. Publications regarding **Continuing Certification exams relations to quality and/or patient outcomes** are included on the ABMS CRCC.

ACTION TAKEN: ___Not Adopted____

DATE: ____July 22, 2023_____

SUBJECT: SUPPORT FOR INCLUSION OF OSTEOPATHIC ~~RESIDENCY~~ APPLICANTS ~~in~~ **INTO COMPETITIVE POSTGRADUATE** ~~SURGICAL~~ TRAINING

SUBMITTED BY: Osteopathic Physicians and Surgeons of California/American College of Osteopathic Surgeons

REFERRED TO: Committee on Educational Affairs

WHEREAS, osteopathic physicians (DOs) play a crucial role in providing comprehensive and distinctive healthcare to patients across the United States; and

WHEREAS, **ALL MEDICAL AND** surgical specialties form an integral part of healthcare delivery, encompassing various disciplines such as general surgery, orthopedic surgery, neurosurgery, and others; and

WHEREAS, there has been a concerning trend of a decreasing number of DOs matching to ~~surgical~~ **COMPETITIVE** specialties in recent years (1); and

WHEREAS, the shortage of DOs in ~~surgical~~ **COMPETITIVE** specialties has the potential to impact patient access to high-quality surgical care, particularly in underserved and rural communities; and

WHEREAS, it is essential to promote and support the inclusion of DOs in all medical specialties, including surgical disciplines; and

WHEREAS, addressing the factors contributing to the declining number of DOs matching to ~~surgical~~ **COMPETITIVE** specialties requires a collaborative effort from medical education institutions, professional organizations, and policymakers; and

WHEREAS, the American Osteopathic Association (AOA) already has the infrastructure for mentorship, advocacy, inclusion, and equality in place; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) encourage its specialty colleges to enhance career counseling and mentorship programs for DO students interested in pursuing ~~surgical~~ **COMPETITIVE** specialties, **PARTICULARLY SURGICAL SPECIALTIES** providing students with the necessary guidance and support throughout their educational journey; and, be it further

RESOLVED, that the AOA and its ~~surgical~~ specialty colleges call upon all professional ~~surgical~~ organizations to actively engage with DOs, providing

opportunities for collaboration, research, professional development, and leadership; and, be it further

RESOLVED, that the AOA work closely with the Accreditation Council for Graduate Medical Education (ACGME) and other ~~appropriate~~ **RELEVANT** organizations to educate program directors of accredited ~~surgical specialty~~ programs to accept qualified osteopathic residency applicants.

References:
Brazdzionis J, Savla P, Oppenheim R, et al. (June 17, 2023) Comparison of Osteopathic (DO) and Allopathic (MD) Candidates Matching Into Selected Surgical Subspecialties. Cureus 15(6): e40566doi:10.7759/cureus.40566

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

AMERICAN OSTEOPATHIC ASSOCIATION

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (300 SERIES) w/ACTION
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTIONS:

Committee on Professional Affairs (300 series)
This reference committee reviews and considers matters relating to osteopathic health care facilities, advocacy, legislation, membership and conventions.

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-300	Adolescents' Bill of Rights (SR-Source:H301-A/18)	BFHP	Professional Affairs	Adopted
H-301	Airline Medical Kits (SR–Source:H302-A/18)	BFHP	Professional Affairs	Referred to AOCOPM
H-302	Direct to Consumer Advertising in Drugs (SR–Source:H353-A/18)	BFHP	Professional Affairs	Adopted
H-303	Discrimination Against Osteopathic Physicians (SR–Source:H304-A/18)	BFHP	Professional Affairs	Adopted
H-304	Durable Medical Equipment Claims Processing (SR–Source:H303-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-305	Equality in the Military – Transgender (SR–Source:H354-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-306	Federal Student Loan Program (SR–Source:H355-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-307	Government Funding for COCA and LCME Accredited Medical Schools and Students Attending such Institutions (SR–Source:H310-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-308	Health Care that Works for all Americans (SR–Source:H313-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-309	Medicare Limiting Charge / RBRVS System (SR–Source:H325-A/18)	BFHP	Professional Affairs	Adopted
H-310	Medicare User Fees (SR–Source:H324-A/18)	BFHP	Professional Affairs	Adopted
H-311	Medicare (SR–Source:H322-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-312	Physicians In Health Professional Shortage Areas – Model Funding to Increase (SR–Source:H311-A/18)	BFHP	Professional Affairs	Adopted
H-313	Primary Care Physicians Programs in Health Professional Shortage Areas (HPSAS) – Funding to Increase (SR–Source:H307-A/18)	BFHP	Professional Affairs	Adopted as Amended
H-314	Rural Healthcare Payment Equity (SR–Source:H334-A/18)	BFHP	Professional Affairs	Adopted

AMERICAN OSTEOPATHIC ASSOCIATION

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (300 SERIES) w/ACTION
As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-315	Uninsured – Access Health Care (SR–Source:H338-A/18)	BFHP	Professional Affairs	Adopted
H-316	Terminology – Volunteer Osteopathic Medical Health Care Delivery (SR-Source:H349-A/18)	BFHP	Professional Affairs	Adopted
H-317	Osteopathic Medicine Definition (SR-Source:H300-A/18)	BOE	Professional Affairs	Adopted
H-318	Health Care Providers Right of Conscience (SR-Source:H314-A/18)	BOM	Professional Affairs	Adopted as Amended
H-319	Physician Health Assistance (SR-Source:H331-A/18)	BOM	Professional Affairs	Adopted
H-320	Social Media Guidelines – ~~IMPLEMENTATION~~ (SR-Source:H348-A/18)	BOM	Professional Affairs	Adopted as Amended
H-321	Alcohol and Tobacco – Advertising Ban on (SR-Source:H308-A/18)	BORPH	Professional Affairs	Adopted as Amended
H-322	Obesity – Health Plans Should Include Benefits for Treatment of (SR-Source:H327-A/18)	BORPH	Professional Affairs	Adopted as Amended
H-323	Osteopathic Manipulative Treatment (OMT) for Low Back Pain (Response to Res. No. H-334-A/2017) (SR-Source:H358-A/18)	BORPH	Professional Affairs	Adopted
H-324	Physician Fees and Charges (SR-Source:H330-A/18)	CERA	Professional Affairs	Adopted as Amended
H-325	Physician Payment for Electronic Advice, Counseling, and Treatment Plans (SR-Source:H343-A/18)	CERA	Professional Affairs	Adopted as Amended
H-326	Electronic Health Records – ~~Increasing~~ Drug **INTERACTION WARNINGS** (SR-Source:H350-A/18)	CERA	Professional Affairs	Adopted as Amended
H-327	Evaluation And Management Documentation Guidelines (SR-Source:H312-A/18)	CERA	Professional Affairs	Adopted
H-328	Healthcare Practice- Patient-Physician Relationship and (SR-Source:H319-A/18)	CERA	Professional Affairs	Adopted as Amended
H-329	Mandatory Assignment (SR-Source:H320-A/18)	CERA	Professional Affairs	Adopted
H-330	Medical Records- Policy/Guidelines for the Maintenance, Retention, and Release of (SR–Source:H321-A/18)	CERA	Professional Affairs	Adopted as Amended

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As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-331	Osteopathic Manipulative Treatment and Evaluation and Management on the Same Day of Service- Payment for (SR-Source:H328-A/18)	CERA	Professional Affairs	Adopted as Amended
H-332	Patient Confidentiality (SR-Source:H329-A/18)	CERA	Professional Affairs	Adopted
H-333	Pre-Filled Medical Necessity Form (SR-Source:H344-A/18)	CERA	Professional Affairs	Adopted
H-334	Referrals and Consults- Non-Physician Disclosures (SR-Source:H345-A/18)	CERA	Professional Affairs	Adopted
H-335	Tobacco Use (SR-Source:H335-A/18)	CERA	Professional Affairs	Adopted
H-336	Uniform Billing (SR-Source:H336-A/18)	CERA	Professional Affairs	Adopted
H-337	Expert Witness & Peer Review (SR-Source:H341-A/18)	BSGA	Professional Affairs	Adopted as Amended
H-338	Payors – Osteopathic Discrimination by (SR-Source:H318-A/18)	CSHA	Professional Affairs	Adopted
H-339	Special Licensing Pathways for Physicians – Opposition to (SR-Source:H363-A/18)	CSHA	Professional Affairs	Adopted as Amended
H-340	Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) (SR–Source:H347-A/18)	BSGA	Professional Affairs	Adopted as Amended
H-341	Timely Posting of Meeting Agendas/Materials and Approval of Meeting Minutes (SR-Source:H351-A/18)	CAGOS	Professional Affairs	Adopted
H-342	Sunset Resolutions (SR–Source:H364-A/18)	CAGOS	Professional Affairs	Adopted as Amended
H-343	Workplace Violence Against Healthcare Providers	MAOP	Professional Affairs	Adopted as Amended
H-344	Withdrawn		Professional Affairs	Withdrawn
H-345	AOA Support for the Fair Access in Residency (Fair) Act, H.R. 751	VOMA	Professional Affairs	Adopted as Amended
H-346	Reinstatement of Annual Board Certification Fee	BOT	Professional Affairs	Adopted as Amended

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2023 RESOLUTION ROSTER (300 SERIES) w/ACTION
As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-347	Advocate Congress to close the Title IV Loophole that has been used to enable funds to cover the cost of attendance at for profit Medical Schools that would otherwise be Ineligible	NYSOMS	Professional Affairs	Adopted as Amended

SUBJECT: ADOLESCENTS' BILL OF RIGHTS - SOURCE: H301-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association advocates that all medical facilities that provide care for adolescents post an "Adolescents' Bill of Rights" which clearly articulates state and local applicable laws of consent and confidentiality regarding health care for adolescents who have not reached the age of majority.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2003; 2008 Reaffirmed; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_ __

DATE: ___July 22, 2023_____

SUBJECT: AIRLINE MEDICAL KITS – SOURCE: H302-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the current Federal Aviation Administration (FAA) Final Rules on Airline Emergency Equipment.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008 Reaffirmed as Amended; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Referred to AOCOPM_

DATE: ____July 22, 2023_____

SUBJECT: DIRECT TO CONSUMER ADVERTISING IN DRUGS – SOURCE: H353-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association opposes direct to consumer advertising of prescription medicines and will work with legislative bodies and advocacy organizations to make direct to consumer advertising of pharmaceuticals illegal in the United States consistent with World Health Organization recommendations.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2001; 2003 Reaffirmed as Amended, 2005; 2010 Reaffirmed as Amended; 2015 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: DISCRIMINATION AGAINST OSTEOPATHIC PHYSICIANS – SOURCE: H304-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) will continue to ensure that legislation and regulatory policy specifies that any reference at the national level in an executive order, an administrative regulation, or in the federal revised statutes to “medical doctor”, “MD”, “physician”, “allopathic physician”, an allopathic medical specialty board, or reference to any medical student, or postgraduate, shall include and pertain to a “doctor of osteopathic medicine”, “DO”, AOA specialty board, and osteopathic medical students and postgraduates.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: DURABLE MEDICAL EQUIPMENT CLAIMS PROCESSING – SOURCE: H303-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association remains committed to ~~providing~~ cost effective healthcare and supports a reexamination of federal policy regarding the timely processing of claims for durable medical equipment.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1993; 1998 Reaffirmed as Amended, 2003; 2008 Reaffirmed; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: EQUALITY IN THE MILITARY – ~~TRANSGENDER~~ – SOURCE: H354-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA), as the main representative of the osteopathic profession, support that all uniformed service personnel, which includes military physicians, DO or MD, who are physically and operationally qualified are to be recognized as members of the military in the United States without regard to race, color, creed, national origin, medical degree, gender, gender identity or sexual preference; and that the AOA oppose any attempt, either by legislation, directive or hierarchal order, that seeks to infringe upon this status.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: FEDERAL STUDENT LOAN PROGRAM – SOURCE: H355-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) recommends that the Federal Student Loan Program reduce interest rates **TO THE LOWEST POSSIBLE**; the AOA recommend**S** that the Federal Student Loan Program defer any interest to the loan until training is completed and that all student **LOAN** interest be tax deductible regardless of income. **AOA SUPPORTS AFFILIATE EFFORTS TO ENSURE THAT FORGIVEN STUDENT LOAN AMOUNTS ARE NOT COUNTED AS TAXABLE INCOME**

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: GOVERNMENT FUNDING FOR COCA AND LCME ACCREDITED MEDICAL SCHOOLS AND STUDENTS ATTENDING SUCH INSTITUTIONS – SOURCE: H310-A/18

SUBMITTED BY: Bureau of Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association will advocate for policies that promote and prioritize access for ~~u~~**U**nited ~~s~~**S**tates citizens and permanent residents who attend Commission on Osteopathic College Accreditation (COCA) and Liaison Committee on Medical Education (LCME) certified medical schools to post-graduate training programs at U.S.-based institutions, by advocating for policies that restrict access to student loans for students attending non-COCA and non-LCME certified medical schools; oppose agreements between U.S. hospitals and other health care entities that receive local, state and federal funds that discriminate against or restrict training opportunities for students of COCA and LCME accredited colleges of medicine; limit agreements between non-COCA and non-LCME certified medical schools and U.S. institutions that receive local, state or federal funding in which there is training of non-COCA or non-LCME certified medical schools for longer than 12 weeks in order to promote equal access for U.S. citizens and permanent residents; promote a structure that ensures that federal or state funding provided to U.S. institutions for the training of medical students be proportional to the percentage of ~~AOA~~ **COCA** and LCME medical school students That it trains; prohibit the use of local, state and federal funds for non-U.S. citizens that attend non-COCA or non-LCME certified medical schools; and distribute local, state, and federal funding for U.S. citizens and permanent residents that attend non-COCA or non-LCME certified medical schools proportionally to U.S. citizens and permanent residents who attend COCA or LCME certified medical schools.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: ____July 22, 2023_____

SUBJECT: HEALTH CARE THAT WORKS FOR ALL AMERICANS – SOURCE: H313-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association ~~has a priority goal to~~ encourage**S** the U.S. Congress ~~for~~ **TO PASS** ~~passage of~~ **LEGISLATION** ~~to further the national health care debate;~~ **THAT** ~~this public debate~~ address**ES** the major issues that threaten the ability of osteopathic physicians to provide **HIGH** quality, cost-efficient health care to their communities, including the availability of affordable health insurance for all citizens~~,~~**; AND SUPPORTS THE** ~~inclusion of~~ **PAYMENT TO** osteopathic physicians, **AND** training institutions, ~~and~~ **INCLUDING** osteopathic manipulative services on payor reimbursement**.**~~, and the fundamental question of Professional Liability Tort Reform; and that follow up activity assures that Congress enacts the appropriate legislation that assures the accomplishments of the above-listed goals.~~

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: MEDICARE LIMITING CHARGE / RBRVS SYSTEM – SOURCE: H325-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association opposes Medicare's limiting charge ceiling.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1989; 1993 Reaffirmed as Amended, 1998, 2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: MEDICARE USER FEES – SOURCE: H324-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association opposes any legislation that would establish Medicare user fees.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: MEDICARE – SOURCE: H322-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association declares its continued support of the Medicare program, the continued availability of **HIGH** quality medical care at a reasonable cost and comprehensive Medicare reform to ensure that Medicare beneficiaries receive **MEDICALLY** necessary services.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1966; 1978 Reaffirmed; 1983 Reaffirmed as Amended, 1988, 1993, 1998, 2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: ____July 22, 2023_____

SUBJECT: PHYSICIANS IN HEALTH PROFESSIONAL SHORTAGE AREAS – MODEL FUNDING TO INCREASE – SOURCE: H311-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association encourages state and federal U.S. medical student funding agencies to provide loans to U.S. citizens and permanent residents who commit to practice in federally designated Health Professional Shortage Areas (HPSAs) and encourages state and federal U.S. medical student funding agencies to provide medical school loan forgiveness for U.S. citizens and permanent residents for each year they practice in a federally designated HPSA.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: PRIMARY CARE PHYSICIANS PROGRAMS IN HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) – FUNDING TO INCREASE – SOURCE: H307-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) encourages state and federal agencies to provide funds to U.S. osteopathic and allopathic medical schools to develop and maintain informational curricula programs, and mentor U.S. citizens and permanent residents from federally designated Health Professional Shortage Areas (HPSAs), from high school through the first year in primary care practice which encourages long-term primary care medical practice in HPSAs; further, the AOA encourages state and federal agencies to provide loan forgiveness for graduates of osteopathic and allopathic medical schools for the loans related to their medical school education for each year they deliver the informational curriculum and mentoring services to ~~us~~ **U.S**. citizens and permanent residents from Federally designed HPSAs from high school through the first year in primary care practice, which encourages long-term primary care practice in federal designated HPSAs.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: RURAL HEALTHCARE PAYMENT EQUITY – SOURCE: H334-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association endorses equity in reimbursement for rural physicians as part of the strategy to increase the availability of quality healthcare in rural areas.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1988; 1993 Reaffirmed as Amended; 1998 Reaffirmed, 2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: UNINSURED – ACCESS HEALTH CARE – SOURCE: H338-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports federal and state efforts to increase access to affordable health care coverage through initiatives that expand coverage to the uninsured through the efficient use of both private and public resources and supports efforts to reform programs such as Medicaid, Medicare, and State Child Health Insurance Program (SCHIP) to provide coverage to populations that would otherwise lack health care coverage and ultimately, access to needed health care services.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: Terminology – Volunteer Osteopathic Medical Health Care Delivery - SOURCE: H349-A/18

SUBMITTED BY: Bureau of International Osteopathic Medicine

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of International Osteopathic Medicine has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau of International Osteopathic Medicine recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) recommends that the osteopathic medical profession use the following terms to more clearly describe their specific activities when delivering volunteer and/or elective medical care domestically or globally (2013):

- "Osteopathic Medical Outreach," "Osteopathic Global Health" or "Global Health Outreach" – secular-based volunteer work programs outside the everyday practice of an osteopathic physician or physician-in-training, generally carried out in underserved areas, either domestic or global.

- "Osteopathic Medical Mission" or "Medical Mission" – health care activities with specifically religious connotations, affiliations or work.

- "Humanitarian Relief" or "Osteopathic Medical Response" – efforts or programs providing health care assistance and humanitarian aid in emergency situations or disaster relief.

- "Osteopathic Medical Exchanges" or "Osteopathic Medical Rotations/Clerkships" – formal institutional partnerships with international entities (e.g., ministries of health, medical institutions, organizations, etc.) that may include sending or receiving osteopathic physicians, physicians-in-training or other health care trainees for education or outreach programs, to include elective or non-elective osteopathic medical school or residency rotations/clerkships.

Background Information: Provided by AOA Staff
Current AOA Policy: As note above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: OSTEOPATHIC MEDICINE DEFINITION – SOURCE:H300-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association holds as policy the definition of osteopathic medicine as a complete system of medical care with a philosophy that combines the needs of the patient with the current practice of medicine, surgery and obstetrics; that emphasizes the concept of body unity, the interrelationship between structure and function; and that has an appreciation of the body's ability to heal itself.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1991; 1992 Reaffirmed as Amended, 1997, 1998, 2003 Reaffirmed; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: HEALTH CARE PROVIDERS RIGHT OF CONSCIENCE - SOURCE: H314-A/18

SUBMITTED BY: Bureau of Membership

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Membership has reviewed the policy; and

WHEREAS, the Bureau of Membership recommends replacing "him or her" with "them" to be gender inclusive; now, therefore be it

RESOLVED, that the Bureau of Membership recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association policy states that ~~all~~ osteopathic physicians are ethically bound to inform patients of available options with regard to treatment and if an osteopathic physician has an ethical, moral or religious belief that prevents ~~him or her~~ **THEM** from providing a medically-approved service, they should recuse themselves from that aspect of care and/**or** refer the patient to another ~~provider~~ **PHYSICIAN OR LOCATION**.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
Resolution H346-A/17 PHYSICIAN ASSISTED DEATH was approved as an action.

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: PHYSICIAN HEALTH ASSISTANCE - SOURCE:H331-A/18

SUBMITTED BY: Bureau of Membership

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Membership has reviewed the policy; and

WHEREAS, the Bureau of Membership recommends this policy be sunset because the issue brough forth was previously introduced by the Committee on Professional Affairs and the Bureau of Membership has no such programing or finances to assist with the rehabilitation of osteopathic physicians; now, therefore be it

RESOLVED, that the Bureau of Membership recommends that the following policy be SUNSET.

The American Osteopathic Association supports continued assistance in the rehabilitation of the impaired osteopathic physicians through its Bureau of Membership

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1973; 1978 Reaffirmed; 1983 Revised; 1988; 1993; 1998; 2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: SOCIAL MEDIA GUIDELINES ~~– IMPLEMENTATION~~
- SOURCE: H348-A/18

SUBMITTED BY: Bureau of Membership

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Membership has reviewed the policy; and

WHEREAS, the Bureau of Membership recommends removing "Implementation of" from the title

RESOLVED, that the Bureau of Membership recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association supports the use of appropriate social media by osteopathic physicians as a method to promote our profession and practices.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: ALCOHOL AND TOBACCO **PRODUCTS**– ADVERTISING BAN ON - SOURCE: H-308-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association ~~endorses~~ **SUPPORTS** a ban on all advertising of tobacco **PRODUCTS** and alcohol.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1988; 1993 Reaffirmed as Amended; 1998 Reaffirmed; 2003 Reaffirmed as Amended; 2008 Reaffirmed; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic:
H613-A/18 Tobacco Use in Entertainment Media

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ___July 22, 2023_____

SUBJECT: OBESITY – HEALTH PLANS SHOULD INCLUDE BENEFITS FOR TREATMENT OF - SOURCE: H-327-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the inclusion of medical, surgical ~~and~~ **BEHAVORIAL HEALTH** nutritional counseling and physical conditioning as a paid benefit for members of all health plans for the prevention and treatment of obesity.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2003; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
H408-A/22 Prevention and Treatment of Obesity
H417-A/21 Obesity in Children
H429-A/21 Obesity Epidemic – Addressing the American
H433 - A/20 Childhood Obesity - Worsening Epidemic in the American Society
H-419- A/18 Pediatric Obesity

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) FOR LOW BACK PAIN (RESPONSE TO RES. NO. H-334 - A/2017) - SOURCE: H-358-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be SUNSET.

Explanatory Statement:
H-358-A/18 is a summary of the current AOA Low Back Pain Clinical Practice Guidelines, H325 - A/20 Low Back Pain Clinical Practice Guidelines, Revision of. The AOA published the original clinical practice guidelines approved by the HOD in the JAOA in 2010 under the title American Osteopathic Association Guidelines for Osteopathic Manipulative Treatment (OMT) for Patients with Low Back Pain. The revision of the guidelines was approved by the HOD in 2015 and published in the JAOA in 2016. The HOD reaffirmed the guidelines in 2020.

H325 - A/20, the current approved version of the guidelines, will be included in the sunset review process 2025. The guidelines will be reviewed and updated for submission to the HOD in 2025. Because the guidelines are reviewed and updated every 5 years, there is no need for a summary of the guidelines to continue as a separate policy of the AOA. The complete guidelines can be accessed on the AOA policy search website (https://osteopathic.org/about/leadership/aoa-policy-statements/) or at this link: Policy_H325-A-20_Low_Back_Pain_Clinical_Practice_Guidelines,_Revisions_of-2.pdf (osteopathic.org)

H358-A/18 Osteopathic Manipulative Treatment (OMT) for Low Back Pain (Response to RES. NO. H-334 - A/2017)
Policy Statement

The American Osteopathic Association supports the attached white paper entitled "Osteopathic Manipulative Treatment (OMT) for Low Back Pain."

Osteopathic Manipulative Treatment (OMT) for Low Back Pain

Background

The American Osteopathic Association first published clinical practice guidelines for Osteopathic Manipulative Treatment (OMT) for Patients with Low Back Pain in 2010.[1] The revision of the guidelines was approved by the AOA House of Delegates in 2015 and published in the JAOA in 2016.

The summary of the guidelines states:

The American Osteopathic Association recommends that osteopathic physicians use Osteopathic Manipulative Treatment (OMT) in the care of patients with low back pain. These guidelines update the AOA guidelines for osteopathic physicians to utilize OMT for patients with nonspecific acute or chronic LBP. Evidence from systematic reviews and meta-analyses of randomized clinical trials (Evidence Level 1a) supports this recommendation.[2]

Both versions of the guidelines were accepted for inclusion in the National Guideline Clearinghouse (NGC). NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. (https://www.guideline.gov/). The NGC mission is to provide physicians and other health care professionals, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use. (NOTE FROM STAFF 3/2023: THE NGC NO LONGER EXISTS.)

The current guidelines are based on a systematic review of the literature on OMT for patients with low back pain and a meta-analysis of all randomized controlled trials of OMT for patients with low back pain in ambulatory settings by Franke et al.[3] Additionally, they build upon the 2010 AOA Clinical Practice Guidelines for Low Back Pain1 and the 2005 systematic review by Licciardone et al.[4] on which the previous guidelines were based. Franke et al.'s conclusions further strengthen the findings that OMT reduces LBP. Franke et al. specifically state that clinically relevant effects of OMT were found for reducing pain and improving functional status in patients with acute and chronic nonspecific LBP and for LBP in pregnant and postpartum women at 3 months post treatment. [3]

Evidence review for the 2015 Guidelines

In August 2014, a member of the AOA Low Back Pain Task Force conducted a literature search using keywords including back pain, low back pain, Osteopathic Manipulative Treatment (OMT), osteopathic, manual therapy and randomized controlled trials (RCT) in PubMed, CINAHL, Science Direct, and Springer Link databases from 2003-2014. During this search, the systematic review by Franke et al. published in August 2014 was discovered and a determination was made to base the revised guidelines on this publication. At the same time, personal communications yielded two additional articles by Hensel[5] and Licciardone[6] published after the literature review by Franke et al. No other studies were identified.

Two members of the AOA Low Back Pain Task Force reviewed the research design of these studies according to the methods used in the Franke et al. systematic review and determined that both articles met the rigorous criteria applied by the Franke et al researchers. As stated in the Franke et al. publication: "Only randomized clinical trials were included; specific back pain or single treatment techniques studies were excluded. Outcomes were pain and functional status. GRADE was used to assess quality of evidence." Franke et al. also concluded that "larger, high-quality randomized controlled trials with robust comparison groups are recommended."

Both Hensel's and Licciardone's studies were larger than any previous studies and were high quality RCTs with robust comparison groups. The Task Force concluded that these studies were of high quality and low bias in the sense that they incorporated randomization, blinding, baseline comparability between groups, and addressed patient compliance and attrition. The Task Force agreed that these two articles would have met the inclusion criteria of the Franke et al. team and would have been included in the Franke et al. systematic review had they been published earlier. The Task Force believes that the conclusions of the studies support the guidelines and are not contradictory to them. Therefore, they were included in the AOA guidelines.

Results

As stated in the 2016 AOA Guidelines for Osteopathic Manipulative Treatment (OMT) for Patients with Low Back Pain[2], OMT significantly reduces pain and improves functional status in patients, including pregnant and postpartum women, with nonspecific acute and chronic LBP.

OMT versus other interventions for acute and chronic nonspecific low back pain:
Franke et al.[3] found that in acute and chronic non-specific LBP, moderate-quality evidence suggested OMT had a significant effect on pain relief (MD:-12.91, 95% CI: -20.00 to -5.82) and functional status (SMD:-0.36, 95% CI: -0.58 to - 0.14).

OMT versus other interventions for chronic nonspecific low back pain:
More specifically, in chronic nonspecific LBP, the evidence from Franke et al[3] suggested a significant difference in favor of OMT regarding pain (MD:-14.93, 95% CI:-25.18 to -4.68) and functional status (SMD:-0.32, CI:-0.58 to -0.07).

OMT versus untreated for nonspecific low back pain in postpartum women:
For nonspecific LBP postpartum, Franke et al.[3] found that moderate-quality evidence suggested a significant difference in favor of OMT for pain (MD: -41.85; 95% CI: -49.43 to -34.27) and functional status (SMD: -1.78; 95% CI: -2.21 to -1.35).

OMT versus usual obstetric care, sham ultrasound, and untreated for nonspecific low back pain in pregnant women:
When examining nonspecific LBP in pregnancy, Franke et al.[3] found low-quality evidence that suggested a significant difference in favor of OMT for pain (MD: -23.01; 95% CI: -44.13 to -1.88) and functional status (SMD:-0.80; 95% CI: - 1.36 to -0.23).

Two other important studies published subsequent to the Franke et al. systematic review address LBP in pregnant women and enhance the findings of Frank et al. Hensel et al.[5] found that OMT was effective for mitigating pain and functional deterioration compared with usual care only; however, OMT did not differ significantly from placebo ultrasound treatment. In yet another study conducted by Licciardone et al.[6], the investigators found that during the third trimester of pregnancy OMT has medium to large treatment effects in preventing progressive back-specific dysfunction.

Next Steps

Since the systematic review for the current guidelines was completed, additional studies supporting the use of OMT for low back pain have been published.[7-11] Licciardone et al. found that an OMT regimen for chronic low back pain showed significant and relevant measures for recovery[7], and that subgroup analysis by baseline levels of chronic low back pain is a simple strategy to identify patients who have substantial improvement with OMT.[8] Hensel et al. evaluated the safety of an OMT protocol[9] during the third trimester of pregnancy and determined that the protocol is safe with regard to labor and delivery outcomes.[10] In a systematic review and meta-analysis, Franke et al. looked at the effectiveness of OMT for low back pain in pregnant or postpartum women and found that OMT produces clinically relevant benefits for this population.[11]

The current guidelines were approved by the AOA House of Delegates in 2015 and thus will sunset in 2020. Therefore, the AOA will need to revise the guidelines for submission to the 2020 HOD. The National Guideline Clearinghouse also requires a revision every five years for posting to their website. (Please note that as of this writing, funding to support the NGC has not yet been secured beyond July 16, 2018; NGC has established a cut-off date of March 5, 2018 for guideline submissions. The future of the NGC is still unclear.) Revision of the guidelines will require a new systematic review and meta-analysis of the literature. Staff anticipates beginning the revision process for the guidelines in the spring of 2019. (NOTE FROM STAFF 3/2023: THE NGC NO LONGER EXISTS.)

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2. Task Force on the Low Back Pain Clinical Practice Guidelines. (2016). American Osteopathic Association Guidelines for Osteopathic Manipulative Treatment (OMT) for Patients with Low Back Pain. The Journal of the American Osteopathic Association, 116(8), 536-549. http://doi:10.7556/jaoa.2016.107.
3. Franke, H., Franke, J-D., & Fryer, G. (2014). Osteopathic manipulative treatment for nonspecific low back pain: a systematic review and meta-analysis. BMC Musculoskeletal Disorders, 15, 286. http://doi:10.1186/1471-2474-15-286.
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11. Franke, H., Franke, J.D., Belz, S., & Fryer, G. (2017). Osteopathic manipulative treatment for low back and pelvic girdle pain during and after pregnancy: A systematic review and meta-analysis. Journal of Bodywork and Movement Therapies, 21(4), 752-762. https://doi.org/10.1016/j.jbmt.2017.05.014

Background Information: Provided by AOA Staff
Current AOA Policy: As note above (2018)

Prior HOD action on similar or same topic:
H325 - A/20 Low Back Pain Clinical Practice Guidelines, Revision of

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: PHYSICIAN FEES AND CHARGES - SOURCE: H330-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association upholds the following policy on Physician Fees and Charges.

PHYSICIAN FEES AND CHARGES

1. Physician's Fees

A physician's fees should be based on the medical services provided to the patient, with due respect for:

a. The difficulty and/or uniqueness of the services;
b. The time, skill, and experience required;
c. Customary fees charged for the same service in the same community;
d. Overhead and professional liability costs.

2. Excessive Fees

A physician should not collect excessive fees.

3. Reduced Fees

Physicians have the right to offer ~~his/her~~**THEIR** services at a reduced fee, or without fee, when hardships exist or professional courtesy dictates, if ~~he/she~~ **THEY** desire~~s~~ to do so.

4. Specialty Designation

A fee should not be dependent upon a physician's specialty designation but upon the services provided. Any physician who provides a service for which ~~he/she~~ **THEY** ~~is~~ **ARE** properly trained has the right to charge the prevailing rate for such service, whether the service is performed by a family physician, a surgeon, an internist, or any other specialist.

5. Contingency Fees

A physician's fees should be based directly on professional services rendered and not contingent on uncertain outcome. It is, therefore, deemed unethical for a physician to charge contingency fees.

6. Division of Fees

Group practices and partnerships may ethically divide income based on service, contribution to the group, and/or contractual obligations.

7. Fee Splitting

No physician may ethically split a fee to, or accept a fee from, another physician solely for the referral of a patient nor shall a physician accept payments from a hospital, clinic, laboratory, or other healthcare facility based upon patient referrals to that establishment. Surgeons may ethically engage other physicians to assist in the performance of a surgical procedure; however, the financial arrangements should be made known to the patient. This principle applies whether or not the assisting physician is the referring physician.

8. Referrals to Suppliers

Physicians shall not accept payment of any kind from any source such as a hospital, clinic, laboratory, pharmaceutical company, device manufacturer, pharmacist or other healthcare provider or supplier, for referring patients to said facility or prescribing such entity's products. All referrals and prescriptions must be based on the patient's needs and sound medical decision-making, all in the patient's best interest.

9. Form Completion Charges

A physician may charge for completion of forms.

10. Copying Charges

A physician may charge the prevailing rate for the copying of patient records and postage incurred in mailing.

11. Missed Appointments

A physician may ethically charge for missed appointments, or appointments cancelled less than 24 hours in advance, provided:

a. The patient has been previously notified in writing of the policy;
b. Utmost consideration is given to the patient, including the circumstances involved;
c. The practice is resorted to infrequently;
d. The physician's patient load is considered.

12. Delinquent Accounts

Harsh or grossly commercialized collection practices are discouraged. If a physician has experienced problems dealing with patients who have delinquent accounts, ~~he/she~~ **THEY** may properly request payment for service at the time of treatment, or may add interest or other late-payment charges in accordance with state and federal laws. The patient must be notified of such a policy in advance by one or more of the following:

a. Posting a notice in the waiting room;
b. Distribution of patient handbooks containing the policy;
c. Notification by special letter;
d. Notation of the policy on the billing statement before the charge is incurred.

The American Osteopathic Association encourages physicians to make exceptions to implementing these collection charges in cases of financial hardship, after consultation with the involved patient.

The exception to waiving collection charges is the patient who receives payment for medical services from ~~his/her~~ **THEIR** insurance company, and then fails to make payment to the physician. In this case, all legal pressure may be brought to bear on the patient and the insurance company in order to discourage this practice, both by the insurance company and by the patient.

13. **SUBSCRIPTION BASED PAYMENT**

A PHYSICIAN MAY CHOOSE TO CHARGE A REPEATING FEE (MONTHLY, YEARLY, OR OTHERS), FOR PROVISION OF CARE. IF A PHYSICIAN CHOOSES THIS MODEL OF PAYMENT, THERE SHOULD BE CLEAR EXPECTATIONS ABOUT WHAT CARE AND SERVICES WOULD BE COVERED FOR THIS FEE STRUCTURE.

~~**13.**~~**14** Legal Restrictions
The foregoing statements are subject to any restrictions imposed by any state and federal laws or contractual obligations.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: PHYSICIAN PAYMENT FOR ELECTRONIC ADVICE, COUNSELING, AND TREATMENT PLANS - SOURCE: H343-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

RESOLVED, THE AOA RECOGNIZES THAT THE ABILITY FOR PHYSICIANS TO PROVIDE TELEMEDICINE SERVICES AND BE COMPENSATED, IS NECESSARY TO IMPROVE ACCESS TO CARE FOR ALL PATIENTS; AND BE IT FURTHER

RESOLVED, The American Osteopathic Association strongly encourages payers to include as a benefit for physicians to receive payment parity for professional advice, consultation and development of patient treatment plans provided to patients, family members or designee via telemedicine; **AND BE IT FURTHER,**

RESOLVED, THE AOA RECOGNIZES THAT CREATING INFRASTRUCTURE AND POLICIES FOR TELEMEDICINE IS NECESSARY TO IMPROVE OUTCOMES.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: ELECTRONIC HEALTH RECORDS – ~~INCREASING~~ DRUG **INTERACTION WARNINGS** - SOURCE: H350-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy title be REAFFIRMED AS AMENDED.

The American Osteopathic Association supports ongoing evaluation and improvement of ~~increasing~~ drug interaction severity warnings in electronic health records (EHR) and will collaborate with EHR companies to correct inappropriate severity warnings.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: EVALUATION AND MANAGEMENT DOCUMENTATION GUIDELINES - SOURCE: H312-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association:

1. Advocates the use of an independent profession/specialty matched medical peer review process for physicians identified as outliers.

2. Opposes the continuation of random pre-payment audits of claims.

3. Advocates that any auditing of outpatient medical records be conducted on a retrospective post-payment basis and is statistically sound using determinations in effect at the time of claim.

4. Opposes the practice that requires physicians to repay alleged over-payments before all appeal remedies have been exhausted.

5. Advocates immunity from Medicare sanctions for physicians voluntarily participating in Medicare sponsored alternative payment models.

6. Advocates that the Centers for Medicare and Medicaid Services (CMS) develop educational programs that help physicians identify mistakes or misunderstandings with their coding so as to avoid civil penalties.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2003; 2008 Reaffirmed as Amended; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: _____Adopted___

DATE: ____July 22, 2023_____

SUBJECT: HEALTHCARE PRACTICE- PATIENT-PHYSICIAN RELATIONSHIP AND - SOURCE: H319-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association believes that it is the responsibility of the osteopathic physician**S** to advocate for the rights of ~~his/her~~ **THEIR** patients, regardless of any contractual relationship and that the patient-physician relationship shall not be altered by any system of healthcare practice which may place economic considerations above the interest of patients.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (Status: 1998, 2003 Reaffirmed; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: MANDATORY ASSIGNMENT - SOURCE: H320-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the right of physicians to accept assignments of payments on a case-by-case basis.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1988; 1993 Reaffirmed as Amended; 1998 Reaffirmed, 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: MEDICAL RECORDS- POLICY/GUIDELINES FOR THE MAINTENANCE, RETENTION, AND RELEASE OF - SOURCE: H321-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; and

WHEREAS, language has been amended to ensure it is not construed, in any way, to oppose information blocking provisions codified in regulation in 2020, and to reaffirm AOA's support for privacy protections established under HIPAA, to share only the minimum necessary patient information; now, therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association (AOA) supports the use of appropriate single ICD codes should suffice to justify the ordering of laboratory tests, if those tests are ordered as part of the evaluation of a disease process or in the context of an already known disease; and the AOA will communicate this policy to the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, health insurance companies and to the U.S. Congress.

MEDICAL RECORDS-POLICY / GUIDELINES FOR THE MAINTENANCE, RETENTION AND RELEASE OF

The American Osteopathic Association urges osteopathic physicians to become familiar with the applicable laws, rules or regulations on retention of records and patient access to medical records in their states; and approves the following Policy/ Guidelines for the Maintenance, Retention and Release of Medical Records (1998; revised 2003; 2008; reaffirmed as amended 2013).

POLICY/GUIDELINES FOR THE MAINTENANCE, RETENTION AND RELEASE OF MEDICAL RECORDS

A. Release of records*:* The record is a confidential document involving the osteopathic patient-physician relationship and shall not be communicated to any other person or entity without the patient's prior written consent, unless required by law. **TRANSMISSION OF PATIENT DATA TO A THIRD PARTY SHALL ONLY ENTAIL THE MINIMUM NECESSARY TO ACHIEVE THE INTENDED PURPOSE.** ~~Notes made in treating a patient are primarily for the osteopathic physician's own use and constitute his or her personal property.~~ Under The Health Insurance

Portability and Accountability Act of 1996 (HIPAA), patients have the right to request access to review and copy certain information in their medical records. In addition, HIPAA provides patients with the right to request an amendment to health information in their medical records. HIPAA also provides patients with the right to request an "accounting of disclosures" of their protected health information. Upon written request of the patient, an osteopathic physician shall provide a copy of, or a summary of, the record to the patient or to another physician **OR OTHER PROVIDER**, an attorney, or other person or entity authorized by the patient as provided by law. Medical information shall not be withheld because of an unpaid bill for medical services.

B. Records upon retirement or departure from a group*:* A patient's records may be necessary to the patient in the future not only for medical care but also for employment, insurance, litigation or other reasons. When an osteopathic physician retires or dies, patients shall be notified in a timely manner and urged to find a new physician and shall be informed that, upon authorization, records will be sent to the new physician. Records which may be of value to a patient, and which are not forwarded to a new physician shall be retained consistent with the privacy requirements under federal and/or state laws and regulations, either by the treating osteopathic physician, or such other person lawfully permitted to act as a custodian of the records. The patients of an osteopathic physician who leaves a group practice must be notified that the osteopathic physician is leaving the group. It is unethical to withhold the address of the departing osteopathic physician if requested by the patient or his or her authorized designee. If the responsibility for notifying patients falls to the departing osteopathic physician rather than to the group, the group shall not interfere with the discharge of these duties by withholding patient lists or other necessary information.

C. Sale of medical practice: In the event that an estate of, or the practice of an osteopathic physician's medical practice is sold, the assets of such practice or estate, both hard and liquid, should be transferred in a mutually agreeable manner consistent between seller and buyer. If medical records of the estate or of the practicing physician are included in such sale they should be transferred between seller and buyer in accordance with state and federal guidelines to remain compliant with the confidentiality rules and regulations which govern the security of such records, allowing the buyer to have the opportunity to continue caring for those patients.

All active patients should be notified that the osteopathic physician (or the estate) is transferring the practice to another physician who will retain custody of their records and that at their written request, within a reasonable time as specified in the notice, the records or copies will be sent to any other physician of their choice. Rather than destroy the records of a deceased osteopathic physician, it is better that they be transferred to a practicing physician who will retain them consistent with privacy requirements under federal and/or state laws and regulations and subject to requests from patients that they be sent to another physician. A reasonable charge may be assessed for the cost of duplicating records. Any sale of a medical practice should conform to IRS and federal guidelines.

D. Retention of records: Osteopathic physicians have an obligation to retain patient records. The following guidelines are offered to assist osteopathic physicians in meeting their ethical and legal obligations:

1. Medical considerations are the principal basis for deciding how long to retain medical records. For example, operative notes and chemotherapy records should always be part of the patient's chart. In deciding whether to keep certain parts of the record, an appropriate criterion is whether an osteopathic physician would want the information if he or she were seeing the patient for the first time.

2. If a particular record no longer needs to be kept for medical reasons, the osteopathic physician should check state laws to see if there is a requirement that records be kept for a minimum length of time. Most states will not have such a provision. If they do, it will be part of the statutory code or state licensing board.

3. In all cases, medical records should be kept for at least as long as the length of time of the statute of limitations for medical malpractice claims. The statute of limitations may be three or more years, depending on the state law. State medical associations and insurance carriers are the best resources for this information. If a patient is a minor, the statute of limitations for medical malpractice claims may not begin to run until the patient reaches the age of majority.

4. Whatever the statute of limitations, an osteopathic physician should measure time from the last personal professional contact with the patient.

5. The records of any patient covered by Medicare or Medicaid must be kept in accordance with the respective regulations.

6. In order to preserve confidentiality when discarding old records, all documents should be destroyed. Before discarding old records, patients should be given an opportunity to claim the records or have them sent to another physician, if it is feasible to give them the opportunity.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1998; 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended_

DATE: ___July 22, 2023 _____

SUBJECT: OSTEOPATHIC MANIPULATIVE TREATMENT AND EVALUATION & MANAGEMENT ON THE SAME DAY OF SERVICE – PAYMENT FOR - SOURCE: H328-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association supports payment for osteopathic manipulative treatment (OMT) and evaluation and management services separately when performed on the same day of service **AND SUPPORTED BY DOCUMENTATION**.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: PATIENT CONFIDENTIALITY - SOURCE: H329-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association policy supports that in such cases where the physician is bound by law to protect patient confidentiality, the physician shall only be required to provide information that can be disclosed under law and where possible, the physician shall be allowed to submit narrative reports or only copies of the part of a medical record that is pertinent in lieu of a complete record.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1993; 1998 Reaffirmed; 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: PRE-FILLED MEDICAL NECESSITY FORM - SOURCE: H344-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) encourages physicians to verify directly with patients that the patient is in need of supplies; further, the AOA supports disclosure regarding medical necessity and making it inappropriate for supply companies to provide physicians with medical necessity certification forms on which the quantity or indication of a need for a product is pre-filled.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: REFERRALS AND CONSULTS- NON-PHYSICIAN DISCLOSURES - SOURCE: H345-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association recommends that a patient referred to a physician specialist should be seen and evaluated by a physician specialist. Any care by a non-physician in a specialist's office / clinic should be disclosed to the patient and referring physician before the care is provided.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: TOBACCO USE - SOURCE: H335-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports third-party coverage of evidence-based approaches for the treatment of tobacco use and nicotine withdrawal.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998; 2003 Reaffirmed as Amended; 2008 Reaffirmed as Amended; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: UNIFORM BILLING - SOURCE: H336-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association opposes charging a fee or other penalty to physicians for the payment claims that they submit for care provided to Medicare and Medicaid patients.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1993; 1998 Reaffirmed as Amended, 2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: EXPERT WITNESS & PEER REVIEW – SOURCE:H341-A/18

SUBMITTED BY: Council of State Government Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommend that the following policy be REAFFIRMED AS AMENDED:

WHITE PAPER - EXPERT WITNESS & PEER REVIEW

Introduction:

The days when physicians would not testify against fellow colleagues because they did not want to break the code of silence previously associated with the profession are long over. [1] Today, it is common practice for physicians to serve as medical experts in medical malpractice actions. The 1993 U.S. Supreme Court case *Daubert v. Merrell Dow Pharmaceutical* gave the Court an opportunity to establish guidelines for expert witness testimony. The Court concluded that expert witness testimony should be scientifically valid. Additionally, the Court said that testimony is valid if there has been peer review and general acceptance of the testimony.

There is a great deal of skepticism about the role of the physician-expert, and whether an expert's testimony is valid.[2] Some physicians travel the country routinely testifying in malpractice actions, and in many instances they are considered "hired guns" who will alter their opinions for the highest bidder.[3] Concern over speculative expert testimony has led critics to call for stricter scrutiny of expert testimony and to appeal to professional organizations to take a more active role in monitoring physicians who give inaccurate testimony.[4]

Peer Review of Osteopathic Manipulative Treatment

The integrity of both judicial and administrative proceedings regarding physicians and alleged medical malpractice depends in part on the honest, unbiased testimony of expert witnesses. Such testimony serves to clarify and explain technical concepts and to articulate professional standards of care. To that end, the AOA has adopted the policy that "osteopathic physicians acting as medical directors, expert witnesses, or peer reviewers, and affecting patient treatment, outcome of care, and access to care, are practicing osteopathic medicine." This statement suggests that expert witness testimony should be subject to peer review.

The introduction of a peer review requirement, however, presents an interesting question for osteopathic physicians: namely, should MDs be allowed to review the work of osteopathic physicians without the input of another DO? One of the important elements of osteopathic training is osteopathic manipulative treatment (OMT), a practice unique to the osteopathic profession. Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine (NMM/OMM) is a unique specialty within the osteopathic profession that should be reviewed by a like peer. Because both DOs and MDs are licensed for the unlimited practice of medicine in all 50 states, members of either branch of the medical profession can generally testify concerning the actions of the members of the other branch of the profession. However, considering the uniqueness of OMT, MDs will not likely have the education or training to determine if the actions of osteopathic physicians using OMT were within the appropriate standard of care.

In addition, peer review takes place in both hospital and outpatient settings, and by third party payers. Various entities—including the Centers for Medicare and Medicaid Services, managed care organizations, third party payers, and workers' compensation programs—often use peer review for determinations in reimbursement decisions. In addition, many insurance carriers have claims for the service of OMT "peer reviewed" by health care providers that are either not trained or who are inadequately trained in Osteopathic Principles and Practices. Osteopathic physicians are highly trained in the integration of expert, cost effective, and judicious application of OMT when indicated and appropriate.

Healthcare Setting Peer Review

The AOA has always fostered and encouraged peer review, both through voluntary mechanisms and, since 1972, through Federal Peer Review Programs. The AOA wishes to reaffirm its commitment to peer review regardless of federal policy or program changes. Osteopathic medicine must promote and facilitate peer review among and through its members in health care settings.

Medical Societies & Expert Witness Policies

A number of medical organizations have created programs to address the problem of inaccurate expert witness testimony.

In 1989, the American Academy of Pediatrics (AAP) created policy on appropriate expert witness testimony that includes concerns specific to pediatric cases, as well as suggestions for improving the quality of expert testimony by implementing certain requirements for expert witnesses.[5] the American Academy of Family Physicians (AAFP) supports similar requirements.[6] The American Association of Neurological Surgeons (AANS) has guidelines for expert witnesses and operates a professional conduct program under which members can be disciplined for unprofessional conduct if they violate these guidelines.[7] In 2004, the American Academy of Orthopedic Surgeons (AAOS) created an expert witness program that involves

education and advocacy components.[8] The American Society of Anesthesiologists (ASA) also maintains an expert witness testimony review program under which ASA members may submit complaints against other members for violating ASA guidelines on expert testimony.[9]

In addition to the previously described medical societies, other medical organizations that track and monitor their member testimonies include the North American Spine Society and the American College of Osteopathic Obstetricians & Gynecologists (ACOOG), American College of Obstetricians and Gynecologists (ACOG). The ACOG has developed a "qualifications" document~~s~~ that spells out to members the responsibilities and obligations of expert witnesses.[10] Finally, both the American College of Emergency Physicians **(ACEP)** and the American College of Surgeons mandate that their members submit transcripts of depositions and testimony.

Expert Testimony in the Court Room

Judges determine the admissibility of evidence, including expert testimony, based upon judicially created standards and the rules of evidence applicable to their jurisdiction. As a result, the requirements a physician must meet to qualify as an expert witness can be unclear and vary from state to state. An increasing number of states also require physicians to meet statutorily-defined requirements relating to licensure, specialization and practice activity in order to qualify as an expert witness in a medical liability case.[11]

Licensed in the State

Twenty-Four states have statutes that address the licensure required to testify as an expert witness in a medical liability case. Nearly all of these statutes simply require the physician to be licensed to practice in one or more of the fifty states. However, Tennessee requires physician experts to be licensed in the state or a state bordering Tennessee. In addition, Florida and South Carolina require out of state experts to become certified or licensed, respectively, to qualify as an expert witness. **TWENTY-FOUR STATES REFER TO OR INCORPORATE RULE 702 - EXPERT WITNESS IN THEIR STATUTES. THIS RULE DEFINES AN EXPERT WITNESS BASED ON THEIR KNOWLEDGE, SKILL, EXPERIENCE, TRAINING, OR EDUCATION WITHOUT EXPLICITLY STATING THAT LICENSURE IS A PREREQUISITE.**

Active Practice or Teaching

Twenty-three states have statutes that require medical experts to have devoted a certain percentage of their professional time to active practice or teaching, or to have been engaged in active practice or teaching within a certain number of years. Arizona, Kansas, Michigan, New Jersey, North Carolina, Ohio and West Virginia require medical experts to have devoted at least half of their professional time to active clinical practice or teaching.

Board Certification and Specialization

Thirty-two states have statutes that address the specialization or board certification a physician must possess to testify as a medical expert. **TWENTY-TWO STATES REQUIRE AN EXPERT TO BE TRAINED AND EXPERIENCED IN THE SAME SPECIALTY, SUBSPECIALTY, DISCIPLINE OR SCHOOL OR PRACTICE AS THE PERSON THE EXPERT IS TESTIFYING ABOUT.** ~~Alabama, Alaska, California, Connecticut, Florida, Louisiana, Michigan, Mississippi, Montana, Nevada, North Carolina, Ohio, Texas, Virginia and West Virginia require an expert to be trained and experienced in the same specialty, subspecialty, discipline or school or practice as the person the expert is testifying about.~~ If the testimony concerns the practice of a board-certified physician in the field in which he or she is certified, ~~Arizona, Delaware, Maryland, New Jersey, Ohio~~, **TWELVE STATES** require the expert to be board certified in the same or similar field as well.

Pennsylvania and South Carolina permit a medical expert to either be board certified or have professional knowledge and experience in the practice area or specialty in which the opinion is offered.

Pretrial Certificates/Affidavits of Merit

Another technique employed by states to weed out frivolous claims and unnecessary expert testimonies are “certificates of merit,” also known as “affidavits of merit.” A certificate of merit is an affidavit, signed by the plaintiff’s expert witness and attached to the original complaint, certifying that the expert witness is knowledgeable of the relevant facts of the case, is qualified to express an opinion on the merits of the case, and certifying that there is a reasonable and meritorious cause for the filing of the action. In addition, the certificate of merit officially states that the expert is qualified to make a determination of whether the defendant physician departed from the standard of care in treating the injured plaintiff. Twenty-six states currently require a physician to verify that a malpractice lawsuit has merit before it can be filed.

Other Provisions

Aside from the more traditional criteria stated above, some states adopt a broader set of expert witness qualifications. Idaho requires that expert witnesses to have knowledge of the community standards to which his or her testimony is addressed. Nevada requires expert medical testimony to be given by a provider who practices or has practiced in an area that is substantially similar to the type of practice engaged in by the defendant physician at the time of the alleged negligence. Rhode Island only requires “knowledge, skill, experience, training or education” to qualify as an expert witness. Oklahoma, **AND** Pennsylvania ~~and Illinois~~ permit retired physicians to serve as expert witnesses. ~~Illinois allows retired physicians to testify if they can provide proof of attendance and completion of continuing education courses for three years previous to giving testimony.~~

Some states have also clarified that a physician who provides expert testimony is engaged in the practice of medicine or is otherwise subject to discipline by the state’s licensing board for providing false, deceptive, or misleading testimony. California, Florida, Mississippi, Ohio and South Carolina have statutes that subject

expert witnesses to discipline by the state's licensing board. In 2002, the state medical board in North Carolina ordered a physician's license to be suspended for one year due to expert testimony he provided under the theory that the physician had engaged in unprofessional conduct.

Expert Testimony in Administrative and Disciplinary Hearings

Whereas traditional courts and juries have, for the most part, adopted requirements that expert testimony be used in medical malpractice cases, professional licensing boards have responded differently. Medical licensing boards work to police the actions of physicians by establishing and enforcing the standards of medical care within their communities, frequently without the aid of expert testimony.[12] This is because in most administrative settings the judge is trier of both fact and law. Expert testimony is taken to assist the judge as the trier of fact, but it is not required.[13] In some settings, experts will testify only by deposition; whereas in others, live testimony is always needed. Additionally, it is possible that the review panel can provide opinion evidence.

Policy Behind Adopting a Requirement for Expert Testimony in Administrative Hearings

The expert testimony requirement serves three main purposes. First, expert testimony protects the defendant's right to review rather than allow a professional board to base its decision only on its own expertise.[14] Second, having expert testimony in the record makes it easier for the defendant to challenge the evidence used to support the professional board's claim.[15] Finally, many courts recognize that members of a professional board are not necessarily qualified to make a medical opinion, and do not want to put a defendant's license at risk under those circumstances. However, most jurisdictions, even those who require expert testimony, often can decide when to apply the requirement. Consequently, states have a tendency to modify or soften their rules concerning the admission of expert testimony in administrative hearings.[16]

Compensation and Disclosure Requirements

In addition to peer review and strengthened expert witness qualifications, the unregulated compensation an expert witness may charge for medical testimony has contributed to the "hired gun" perception. Exorbitant compensation for expert witness testimony dilutes the integrity of the medical profession by creating the perception that these witnesses have an incentive to tailor their testimonies to the needs of the attorneys who pay them.[17] This perception is exacerbated by the practice of making the payment of an expert witness's fee contingent upon the outcome of the case. In most jurisdictions, the common law rule forbade paying expert witnesses a contingent fee.[18] Arizona, ~~Arkansas~~, Florida, Michigan, ~~Mississippi,~~ New Hampshire, New Jersey, North Carolina, ~~Utah,~~ and Wisconsin now have statutes that prohibit paying expert witnesses on a contingency basis or make expert testimony provided according to a contingent fee arrangement inadmissible.

AOA Policy statements

Appropriate standards are necessary to govern the use of expert testimony and peer review. The following statements represent the AOA's position on appropriate use of expert witness testimony and peer review:

The AOA believes that based on the *Daubert* decision, a trial court must determine if the opinion of the expert is reliable. In making that determination, the trial court may consider: (1) whether the theory or technique has been or can be tested; (2) whether the theory or technique has been proven by the peer review process or published within the scientific community; (3) the known rate of error, or the potential rate of error; (4) whether standards exist in the particular field or science from which the expertise comes; and (5) whether the theory or technique that is the subject of the opinion or testimony has been generally accepted by the particular scientific community;

The AOA finds that as a result of the *Daubert* decision, the medical community has developed guidelines for evidence-based medicine. Evidence-based medicine may be authenticated by three sources: (1) large, controlled, randomized clinical trials; (2) observational scientific studies; and (3) consensus recommendations from a panel of recognized experts in the clinical or research field;[19]

The AOA affirms its commitment to promote and facilitate peer review among and through its members;

The AOA supports a policy that peer review of osteopathic physicians should be conducted by other osteopathic physicians, whenever possible, to account for osteopathic physicians' unique training in Osteopathic Principles and Practices and OMT;

The AOA believes that when the standard of care involves a procedure unique to the osteopathic practice of medicine, such as OMT, then only osteopathic physicians should conduct peer review of DOs;

The AOA pledges to pursue any and all legal and legislative recourses to assure that insurance claims reviewed by peers regarding the provision of OMT procedures may only be conducted by qualified osteopathic physicians;

The AOA believes that the voluntary hospital peer review process remains the most natural and appropriate vehicle through which to effect institutional peer review;

The AOA believes that all peer review should remain confidential and undiscoverable except to the physician who is the subject of the peer review;

The AOA believes that all review under the peer review organization program of osteopathic diagnosis and therapeutics be performed by osteopathic physicians.

The AOA believes that an osteopathic physician's failure to provide truthful testimony or peer review constitutes unprofessional conduct subject to peer review consistent with the AOA's policy that expert testimony and peer review by osteopathic physicians constitute the practice of medicine;

The AOA encourages state divisional societies to develop and implement appropriate procedures and measures to monitor and discipline member expert witnesses who provide fraudulent and misleading testimony;

The AOA pledges to support any osteopathic society that wishes to develop its own program to discipline physicians for unprofessional conduct related to expert witness testimony;

The AOA pledges to act as a clearinghouse for advice on the issue of expert witness testimony;

The AOA supports updating state licensing laws to include "providing false or misleading information in the role of expert witness" in the definition of unprofessional conduct;

The AOA's believes that an expert witness should not provide medical testimony that is false, misleading, or without medical foundation;

The AOA's believes that an expert witness should have a current, unrestricted license to practice in the same state as the defendant physician. Preferably, the expert witness should be board certified in the same medical specialty as the defendant and the certifying board should be one that is recognized by the state;

The AOA's believes that an expert witness should be three (3) years removed from residency training and should be engaged in active medical practice or have teaching experience, or any combination thereof in the same specialty or subspecialty, for a period of no less than three (3) years prior to the date of the testimony. In cases where the physician serving as an expert witness has completed a forensic science, pediatric child abuse, or other approved forensic fellowship and where the expert testimony specifically relates to that training, the requirement of being three (3) years removed from residency training is waived;

The AOA encourages state licensing boards to grant temporary licensure to out-of-state expert witnesses upon a showing of the inability to find an in-state expert witness to make them subject to disciplinary sanctions of the state licensing boards;

The AOA opposes allowing expert witnesses to accept compensation that is contingent on the outcome of the case;

The AOA believes that an expert witness' compensation must be proportionate to the time, level of expertise, and effort given for preparing and attending court appearances; and

The AOA supports a policy that imposes mandatory disclosure to the court and opposing parties of the qualifications of the expert witness, access to copies of all publications authored by the witness in the preceding ten (10) years, and access to transcripts from all cases in which the witness has testified as an expert witness in the preceding four (4) years.

References

[1] Tanya Albert, *On The Hot Seat: Physician Expert Witnesses. With Scrutiny High And The Other Side Out To Get The "Hired Gun," Court Appearances Can Be A Trial For Physicians Who Serve As Expert Witnesses,* American Medical News, April 8, 2002.
[2] Editorial Opinion, *Ensuring Accuracy in Medical Testimony, Calling Experts to Account,* American Medical News, September 16, 2002.
[3] Louise B. Andrew, MD, JD, *The Ethical Medical Expert Witness*, Journal of Medical Licensure and Discipline, Vol. 89, No. 3, p. 125 (2003).
[4] Tanya, Albert, *California Court Throws Out "Speculative" Expert Testimony,* American Medical News, August 4, 2003.
[5] AAP, Guidelines for Expert Witness Testimony In Medical Malpractice Litigation, *Available at* http://Pediatrics.Aappublications.Org/Content/109/5/974
[6] AAFP, Physician Expert Witness in Medical Liability Suits, *Available at* https://www.aafp.org/about/policies/all/physician-expert-witness.html. .
[7] AANS, *Rules for Neurosurgical Medical/Legal Expert Opinion Services, (2006), Available at* http://www.aans.org/-/media/images/aans/header/govenance/aans_neurosurgical_medical-legal_expert_opinion_services_3-22-2006.ashx?la=en&hash=a537337f65481f7c62ec64287bb007c2162f8e80
[8] AAOS Expert Witness Program, *Available At:* https://qa.aaos.org/about/bylaws-policies/ethics-and-professionalism/expertwitness/.
[9] asa, expert witness testimony review program, *available at* http://www.asahq.org/about-asa/office-of-general-counsel/expert-witness-testimony-review-program.
[10] acog, search results: expert witness, *available at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2007/08/expert-testimony.*
[11] See, AOA Division Of State Government Affairs, *Expert Witness Chart* (2018).
[12] In Re Lustgarten, 177 N.C.App. 633 (2006)
[13] Timothy P. McCormack, *Expert Testimony and Professional Licensing Boards: What is Good, What is Necessary, and the Myth of the Majority-Minority Split*, 53 Me. L. Rev. 139, 144 (2001).
[14] Daniel Solomon, *Medical Expert Testimony in Administrative Hearings*, 17 J. NAALJ 285 (1997)
[15] McCormack, *supra* note 23 at 147
[16] *Id.*

[17] *Id* at 187.
[18] Tanya Albert, *On the hot seat: Physician expert witnesses. With scrutiny high and the other side out to get the "hired gun," court appearances can be a trial for physicians who serve as expert witnesses,* American Medical News, April 8, 2002.
[19] 27 NCAC2.3, rule 3.4, comment 3.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; reaffirmed as amended 2013; reaffirmed as amended 2018)

Prior HOD action on similar or same topic:
H308-A/20 PRACTICE RIGHTS OF OSTEOPATHIC PHYSICIANS

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: PAYORS – OSTEOPATHIC DISCRIMINATION BY - SOURCE: H318-A/18

SUBMITTED BY: Council on State Health Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) is opposed to discrimination against osteopathic physicians by payors; and urges that federal and state legislation must clearly state that any and all payors must accept as sufficient professional credentials all licenses properly granted by state boards of medicine or osteopathic medicine, and all specialty certifications granted by boards approved by the AOA or American Board of Medical Specialties.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1993; 1998 Reaffirmed as Amended, 2003; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
H304-A/18 Discrimination Against Osteopathic Physicians
H605-A/22 Discrimination – The Practice of Osteopathic Medicine
Resolution H629-A/20 Discrimination by Insurers was approved as an action

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: Special Licensing Pathways for Physicians – Opposition to - SOURCE: H363-A/18

SUBMITTED BY: Council on State Health Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association (AOA) oppose**S** the creation of special licensing pathways which allow physicians who are not currently enrolled in an ~~AOA or~~ Accreditation Council for Graduate Medical Education (ACGME) accredited training program ("residency"), or who have not completed at least one year of post-graduate U.S. medical education accredited by the ~~AOA or~~ ACGME, to practice medicine under limited supervision by a fully trained and licensed physician.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic:
H640-A/20 Non-Physician Clinicans

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT (UEHVPA) – SOURCE H347-A/18

SUBMITTED BY: Council of State Health Affairs

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the current version of the Uniform Emergency Volunteer Health Practitioners Act ('UEHVPA") contains sections 11 – 15, which are not included in our existing policy; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and additional sections, and determined all to be relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommend that the following policy be REAFFIRMED AS AMENDED:

Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)

Policy Statement

The American Osteopathic Association supports enactment of the ~~following~~ Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) **WITH AMENDENTS TO INCLUDE D.O.S WHEREVER M.D.S ARE LISTED.** ~~as written by the National Conference of Commissioners on Uniform State Laws and amended by the AOA~~.

~~**UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT (UEVHPA)**~~

~~SECTION 1. SHORT TITLE. This [act] may be cited as the Uniform Emergency Volunteer Health Practitioners Act.~~

~~SECTION 2. DEFINITIONS. In this [act]:~~

~~(1) "Disaster relief organization" means an entity that provides emergency or disaster relief services that include health or veterinary services provided by volunteer health practitioners and that:~~

~~(A) is designated or recognized as a provider of those services pursuant to a disaster response and recovery plan adopted by an agency of the federal government or [name of appropriate governmental agency or agencies]; or~~

~~(B) regularly plans and conducts its activities in coordination with an agency of the federal government or [name of appropriate governmental agency or agencies].~~

~~(2) "Emergency" means an event or condition that is an [emergency, disaster, or public health emergency] under [designate the appropriate laws of this state, a political subdivision of this state, or a municipality or other local government within this state].~~

~~(3) "Emergency declaration" means a declaration of emergency issued by a person authorized to do so under the laws of this state [, a political subdivision of this state, or a municipality or other local government within this state].~~

~~(4) "Emergency Management Assistance Compact" means the interstate compact approved by Congress by Public Law No. 104-321,110 Stat. 3877 [cite state statute, if any].~~

~~(5) "Entity" means a person other than an individual.~~

~~(6) "Health facility" means an entity licensed under the laws of this or another state to provide health or veterinary services.~~

~~(7) "Health practitioner" means an individual who is an MD or a DO, and licensed under the laws of this or another state to provide health services.~~

~~(8) "Health services" means the provision of treatment, care, advice or guidance, or other services, or supplies, related to the health or death of individuals or human populations, to the extent necessary to respond to an emergency, including:~~

~~(A) the following, concerning the physical or mental condition or functional status of an individual or affecting the structure or function of the body:~~

~~(i) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care; and~~

~~(ii) counseling, assessment, procedures, or other services;~~

~~(B) sale or dispensing of a drug, a device, equipment, or another item to an individual in accordance with a prescription; and~~

~~(C) funeral, cremation, cemetery, or other mortuary services.~~

~~(9) "Host entity" means an entity operating in this state which uses volunteer health practitioners to respond to an emergency.~~

~~(10) "License" means authorization by a state to engage in health or veterinary services that are unlawful without the authorization. The term includes authorization under the laws of this state to an individual to provide health or veterinary services based upon a national certification issued by a public or private entity.~~

~~(11) "Person" means an individual, corporation, business trust, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity.~~

~~(12) "Scope of practice" means the extent of the authorization to provide health granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner's services are rendered, including any conditions imposed by the licensing authority.~~

~~(13) "State" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States.~~

~~(14) "Volunteer health practitioner" means a health practitioner who provides, whether or not the practitioner receives compensation for those services. The term does not include a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity or affiliate which requires the practitioner to provide health services in this state, unless the practitioner is not a resident of this state and is employed by a disaster relief organization providing services in this state while an emergency declaration is in effect.~~

~~Legislative Note: Definition of "emergency": The terms "emergency," "disaster," and "public health emergency" are the most commonly used terms to describe the circumstances that may lead to the issuance of an emergency declaration referred to in this [act]. States that use other terminology should insert the appropriate terminology into the first set of brackets. The second set of brackets should contain references to the specific statutes pursuant to which emergencies are declared by the state or political subdivisions, municipalities, or local governments within the state.~~

~~Definition of "emergency declaration": The references to declarations issued by political subdivisions, municipalities or local governments should be used in states in which these entities are authorized to issue emergency declarations.~~

~~Definition of "state": A state may expand the reach of this [act] by defining this term to include a foreign country, political subdivision of a foreign country, or Indian tribe or nation.~~

~~SECTION 3. APPLICABILITY TO VOLUNTEER HEALTH PRACTITIONERS. This [act] applies to volunteer health practitioners registered with a registration system that complies with Section 5 and who provide health in this state for a host entity while an emergency declaration is in effect.~~

~~SECTION 4. REGULATION OF SERVICES DURING EMERGENCY.~~

~~(a) While an emergency declaration is in effect, [name of appropriate governmental agency or agencies] may limit, restrict, or otherwise regulate:~~

~~(1) the duration of practice by volunteer health practitioners;~~

~~(2) the geographical areas in which volunteer health practitioners may practice;~~

~~(3) the types of volunteer health practitioners who may practice; and~~

~~(4) any other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.~~

~~(b) An order issued pursuant to subsection (a) may take effect immediately, without prior notice or comment, and is not a rule within the meaning of [state administrative procedures act].~~

~~(c) A host entity that uses volunteer health practitioners to provide health services in this state shall:~~

(1) consult and coordinate its activities with [name of the appropriate governmental agency or agencies] to the extent practicable to provide for the efficient and effective use of volunteer health practitioners; and

(2) comply with any laws other than this [act] relating to the management of emergency health, including [cite appropriate laws of this state].

SECTION 5. VOLUNTEER HEALTH PRACTITIONER REGISTRATION SYSTEMS.

(a) To qualify as a volunteer health practitioner registration system, a system must:

(1) accept applications for the registration of volunteer health practitioners before or during an emergency;

(2) include information about the licensure and good standing of health practitioners which is accessible by authorized persons; and

(3) meet one of the following conditions:

(A) be an emergency system for advance registration of volunteer health-care practitioners established by a state and funded through the Health Resources Services Administration under Section 319I of the Public Health Services Act, 42 USC Section 247d-7b [as amended];

(B) be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed pursuant to Section 2801 of the Public Health Services Act, 42 U.S.C. Section 300hh [as amended];

(C) be operated by a:

(i) disaster relief organization;

(ii) licensing board;

(iii) national or regional association of licensing boards or health practitioners;

(iv) health facility that provides comprehensive inpatient and outpatient health-care services, including a tertiary care and teaching hospital; or

(v) governmental entity; or

(D) be designated by [name of appropriate agency or agencies] as a registration system for purposes of this [act].

(b) While an emergency declaration is in effect, [name of appropriate agency or agencies], a person authorized to act on behalf of [name of governmental agency or agencies], or a host entity, may confirm whether volunteer health practitioners utilized in this state are registered with a registration system that complies with subsection (a). Confirmation is limited to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing.

(c) Upon request of a person in this state authorized under subsection (c), or a similarly authorized person in another state, a registration system located in this state shall notify the person of the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing.

~~(d) A host entity is not required to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.~~

~~Legislative Note: If this state uses a term other than "hospital" to describe a facility with similar functions, such as an "acute care facility", the final phrase of subsection (b)(4) should include a reference to this type of facility – for example, "including a tertiary care, teaching hospital, or acute care facility."~~

~~SECTION 6. RECOGNITION OF VOLUNTEER HEALTH PRACTITIONERS LICENSED IN OTHER STATES.~~

~~(a) While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system that complies with Section 5 and licensed and in good standing in the state upon which the practitioner's registration is based, may practice in this state to the extent authorized by this [act] as if the practitioner were licensed in this state.~~

~~(b) A volunteer health practitioner qualified under subsection (a) is not entitled to the protections of this [act] if the practitioner is licensed in more than one state and any license of the practitioner is suspended, revoked, or subject to an agency order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction.~~

~~SECTION 7. NO EFFECT ON CREDENTIALING AND PRIVILEGING.~~

~~(a) In this section:~~

~~(1) "Credentialing" means obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services in or for a health facility based upon a unified national standard.~~

~~(2) "Privileging" means the authorizing by an appropriate authority, such as a governing body, of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill.~~

~~(b) This [act] does not affect credentialing or privileging standards of a health facility and does not preclude a health facility from waiving or modifying those standards while an emergency declaration is in effect.~~

~~SECTION 8. PROVISION OF VOLUNTEER HEALTH OR VETERINARY SERVICES; ADMINISTRATIVE SANCTIONS.~~

~~(a) Subject to subsections (b) and (c), a volunteer health practitioner shall adhere to the scope of practice for a similarly licensed practitioner established by the licensing provisions, practice acts, or other laws of this state.~~

~~(b) Except as otherwise provided in subsection (c), this [act] does not authorize a volunteer health practitioner to provide services that are outside the practitioner's scope of practice, even if a similarly licensed practitioner in this state would be permitted to provide the services.~~

~~(c) [Name of appropriate governmental agency or agencies] may modify or restrict the health or veterinary services that volunteer health practitioners~~

may provide pursuant to this [act]. An order under this subsection may take effect immediately, without prior notice or comment, and is not a rule within the meaning of [state administrative procedures act].

(d) A host entity may restrict the health or veterinary services that a volunteer health practitioner may provide pursuant to this [act].

(e) A volunteer health practitioner does not engage in unauthorized practice unless the practitioner has reason to know of any limitation, modification, or restriction under this section or that a similarly licensed practitioner in this state would not be permitted to provide the services. A volunteer health practitioner has reason to know of a limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide a service if:

(1) the practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service; or

(2) from all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.

(f) In addition to the authority granted by law of this state other than this [act] to regulate the conduct of health practitioners, a licensing board or other disciplinary authority in this state:

(1) may impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency;

(2) may impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency; and

(3) shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board or other disciplinary authority in any other state in which the practitioner is known to be licensed.

(g) In determining whether to impose administrative sanctions under subsection (f), a licensing board or other disciplinary authority shall consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill.

Legislative Note: The governmental agency or agencies referenced in subsection (c) may, as appropriate, be a state licensing board or boards rather than an agency or agencies that deal[s] with emergency response efforts.

SECTION 9. RELATION TO OTHER LAWS.

(a) This [act] does not limit rights, privileges, or immunities provided to volunteer health practitioners by laws other than this [act]. Except as otherwise provided in subsection (b), this [act] does not affect requirements

~~for the use of health practitioners pursuant to the Emergency Management Assistance Compact.~~

~~(b) [Name of appropriate governmental agency or agencies], pursuant to the Emergency Management Assistance Compact, may incorporate into the emergency forces of this state volunteer health practitioners who are not officers or employees of this state, a political subdivision of this state, or a municipality or other local government within this state.~~

~~Legislative Note: References to other emergency assistance compacts to which the state is a party should be added.~~

~~SECTION 10. REGULATORY AUTHORITY.~~

~~[Name of appropriate governmental agency or agencies] may promulgate rules to implement this [act]. In doing so, [name of appropriate governmental agency or agencies] shall consult with and consider the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact and shall also consult with and consider rules promulgated by similarly empowered agencies in other states to promote uniformity of application of this [act] and make the emergency response systems in the various states reasonably compatible.~~

~~Legislative Note: References to other emergency assistance compacts to which the state is a party should be added.~~

~~SECTION 11. CIVIL LIABILITY FOR VOLUNTEER HEALTH PRACTITIONERS; VICARIOUS LIABILITY.~~

~~Civil liability should be limited to those instances where both malicious intent is demonstrated, and the plaintiff has met a clear and convincing standard for the burden of proof.~~

~~SECTION 11. LIMITATIONS ON CIVIL LIABILITY FOR VOLUNTEER HEALTH PRACTITIONERS[; VICARIOUS LIABILITY].~~

~~ALTERNATIVE A~~

~~(A) SUBJECT TO SUBSECTION (C), A VOLUNTEER HEALTH PRACTITIONER WHO PROVIDES HEALTH OR VETERINARY SERVICES PURSUANT TO THIS [ACT] IS NOT LIABLE FOR DAMAGES FOR AN ACT OR OMISSION OF THE PRACTITIONER IN PROVIDING THOSE SERVICES.~~

~~(B) NO PERSON IS VICARIOUSLY LIABLE FOR DAMAGES FOR AN ACT OR OMISSION OF A VOLUNTEER HEALTH PRACTITIONER IF THE PRACTITIONER IS NOT LIABLE FOR THE DAMAGES UNDER SUBSECTION (A).~~

~~(C) THIS SECTION DOES NOT LIMIT THE LIABILITY OF A VOLUNTEER HEALTH PRACTITIONER FOR:~~

~~(1) WILLFUL MISCONDUCT OR WANTON, GROSSLY NEGLIGENT, RECKLESS, OR CRIMINAL CONDUCT;~~

~~(2) AN INTENTIONAL TORT;~~

~~(3) BREACH OF CONTRACT;~~

~~(4) A CLAIM ASSERTED BY A HOST ENTITY OR BY AN ENTITY LOCATED IN THIS OR ANOTHER STATE WHICH EMPLOYS OR USES THE SERVICES OF THE PRACTITIONER; OR~~

~~(5) AN ACT OR OMISSION RELATING TO THE OPERATION OF A~~

~~MOTOR VEHICLE, VESSEL, AIRCRAFT, OR OTHER VEHICLE.~~

~~(D) A PERSON THAT, PURSUANT TO THIS [ACT], OPERATES, USES, OR RELIES UPON INFORMATION PROVIDED BY A VOLUNTEER HEALTH PRACTITIONER REGISTRATION SYSTEM IS NOT LIABLE FOR DAMAGES FOR AN ACT OR OMISSION RELATING TO THAT OPERATION, USE, OR RELIANCE UNLESS THE ACT OR OMISSION IS AN INTENTIONAL TORT OR IS WILLFUL MISCONDUCT OR WANTON, GROSSLY NEGLIGENT, RECKLESS, OR CRIMINAL CONDUCT.~~

~~[(E) IN ADDITION TO THE PROTECTIONS PROVIDED IN SUBSECTION (A), A VOLUNTEER HEALTH PRACTITIONER WHO PROVIDES HEALTH OR VETERINARY SERVICES PURSUANT TO THIS [ACT] IS ENTITLED TO ALL THE RIGHTS, PRIVILEGES, OR IMMUNITIES PROVIDED BY [CITE STATE LAW.]]~~

~~ALTERNATIVE B~~

~~(A) SUBJECT TO SUBSECTION (B), A VOLUNTEER HEALTH PRACTITIONER WHO RECEIVES COMPENSATION OF [$500] OR LESS PER YEAR FOR PROVIDING HEALTH OR VETERINARY SERVICES PURSUANT TO THIS [ACT] IS NOT LIABLE FOR DAMAGES FOR AN ACT OR OMISSION OF THE PRACTITIONER IN PROVIDING THOSE SERVICES. REIMBURSEMENT OF, OR ALLOWANCE FOR, REASONABLE EXPENSES, OR CONTINUATION OF SALARY OR OTHER REMUNERATION WHILE ON LEAVE, IS NOT COMPENSATION UNDER THIS SUBSECTION.~~

~~(B) THIS SECTION DOES NOT LIMIT THE LIABILITY OF A VOLUNTEER HEALTH PRACTITIONER FOR:~~

~~(1) WILLFUL MISCONDUCT OR WANTON, GROSSLY NEGLIGENT, RECKLESS, OR CRIMINAL CONDUCT;~~

~~(2) AN INTENTIONAL TORT;~~

~~(3) BREACH OF CONTRACT;~~

~~(4) A CLAIM ASSERTED BY A HOST ENTITY OR BY AN ENTITY LOCATED IN THIS OR ANOTHER STATE WHICH EMPLOYS OR USES THE SERVICES OF THE PRACTITIONER; OR~~

~~(5) AN ACT OR OMISSION RELATING TO THE OPERATION OF A MOTOR VEHICLE, VESSEL, AIRCRAFT, OR OTHER VEHICLE.~~

~~(C) A PERSON THAT, PURSUANT TO THIS [ACT], OPERATES, USES, OR RELIES UPON INFORMATION PROVIDED BY A VOLUNTEER HEALTH PRACTITIONER REGISTRATION SYSTEM IS NOT LIABLE FOR DAMAGES FOR AN ACT OR OMISSION RELATING TO THAT OPERATION, USE, OR RELIANCE UNLESS THE ACT OR OMISSION IS AN INTENTIONAL TORT OR IS WILLFUL MISCONDUCT OR WANTON, GROSSLY NEGLIGENT, RECKLESS, OR CRIMINAL CONDUCT.~~

~~[(D) IN ADDITION TO THE PROTECTIONS PROVIDED IN SUBSECTION (A), A VOLUNTEER HEALTH PRACTITIONER WHO PROVIDES HEALTH OR VETERINARY SERVICES PURSUANT TO THIS [ACT] IS ENTITLED TO ALL THE RIGHTS, PRIVILEGES, OR IMMUNITIES PROVIDED BY [CITE STATE LAW].]~~

~~SECTION 12. WORKERS' COMPENSATION COVERAGE.~~

~~(A) IN THIS SECTION, "INJURY" MEANS A PHYSICAL OR MENTAL INJURY OR DISEASE FOR WHICH AN EMPLOYEE OF THIS STATE WHO IS INJURED OR CONTRACTS THE DISEASE IN THE COURSE OF THE EMPLOYEE'S EMPLOYMENT WOULD BE ENTITLED TO BENEFITS UNDER THE WORKERS' COMPENSATION [OR OCCUPATIONAL DISEASE] LAW OF THIS STATE.~~

~~(B) A VOLUNTEER HEALTH PRACTITIONER WHO DIES OR IS INJURED AS THE RESULT OF PROVIDING HEALTH OR VETERINARY SERVICES PURSUANT TO THIS [ACT] IS DEEMED TO BE AN EMPLOYEE OF THIS STATE FOR THE PURPOSE OF RECEIVING BENEFITS FOR THE DEATH OR INJURY UNDER THE WORKERS' COMPENSATION [OR OCCUPATIONAL DISEASE] LAW OF THIS STATE IF:~~

~~(1) THE PRACTITIONER IS NOT OTHERWISE ELIGIBLE FOR SUCH BENEFITS FOR THE INJURY OR DEATH UNDER THE LAW OF THIS OR ANOTHER STATE; AND~~

~~(2) THE PRACTITIONER, OR IN THE CASE OF DEATH THE PRACTITIONER'S PERSONAL REPRESENTATIVE, ELECTS COVERAGE UNDER THE WORKERS' COMPENSATION [OR OCCUPATIONAL DISEASE] LAW OF THIS STATE BY MAKING A CLAIM UNDER THAT LAW.~~

~~(C) THE [NAME OF APPROPRIATE GOVERNMENTAL AGENCY] SHALL ADOPT RULES, ENTER INTO AGREEMENTS WITH OTHER STATES, OR TAKE OTHER MEASURES TO FACILITATE THE RECEIPT OF BENEFITS FOR INJURY OR DEATH UNDER THE WORKERS' COMPENSATION [OR OCCUPATIONAL DISEASE] LAW OF THIS STATE BY VOLUNTEER HEALTH PRACTITIONERS WHO RESIDE IN OTHER STATES, AND MAY WAIVE OR MODIFY REQUIREMENTS FOR FILING, PROCESSING, AND PAYING CLAIMS THAT UNREASONABLY BURDEN THE PRACTITIONERS. TO PROMOTE UNIFORMITY OF APPLICATION OF THIS [ACT] WITH OTHER STATES THAT ENACT SIMILAR LEGISLATION, THE [NAME OF APPROPRIATE GOVERNMENTAL AGENCY] SHALL CONSULT WITH AND CONSIDER THE PRACTICES FOR FILING, PROCESSING, AND PAYING CLAIMS BY AGENCIES WITH SIMILAR AUTHORITY IN OTHER STATES.~~

~~LEGISLATIVE NOTES: THE BRACKETED TERM "OCCUPATIONAL DISEASE" SHOULD NOT BE USED IN STATES THAT DO NOT HAVE SPECIFIC OCCUPATIONAL DISEASE LAWS.~~

~~STATES SHOULD REVIEW THEIR WORKERS' COMPENSATION AND OCCUPATIONAL DISEASE LAWS TO DETERMINE WHETHER THEY HAVE APPROPRIATE PROVISIONS FOR PROVIDING WAGE LOSS BENEFITS TO VOLUNTEER HEALTH PRACTITIONERS. IF NECESSARY, AN ADDITIONAL SUBSECTION CROSS REFERENCING SPECIAL PROVISIONS INCLUDED IN WORKERS' COMPENSATION LAWS FOR CALCULATING WAGE-LOSS BENEFITS FOR VOLUNTEERS, OR DESIGNATING HOW WAGE LOSS BENEFITS FOR VOLUNTEERS WILL BE DETERMINED, SHOULD BE ADDED TO THIS SECTION.~~

~~STATES SHOULD ALSO REVIEW THEIR WORKERS' COMPENSATION AND OCCUPATIONAL DISEASE LAWS TO DETERMINE WHETHER CURRENT LAWS MAY PROVIDE MORE EXPANSIVE BENEFITS TO VOLUNTEERS THAN ARE OTHERWISE PROVIDED BY THIS ACT, SUCH AS BENEFITS FOR INJURIES OR DEATHS OCCURRING DURING DISASTER TRAINING OR DRILLS. IF CURRENT STATE LAWS PROVIDE MORE EXPANSIVE BENEFITS AND STATES WISH TO EXTEND SUCH BENEFITS TO VOLUNTEER HEALTH PRACTITIONERS UNDER THIS ACT, A PROVISION SHOULD BE ADDED TO THIS SECTION CONFORMING THE SCOPE OF BENEFITS AVAILABLE UNDER THIS ACT TO THOSE AVAILABLE UNDER THE OTHER LAWS.~~

~~**THIS SECTION DEFERS TO OTHER PROVISIONS OF STATE LAW TO DETERMINE WHETHER AND TO WHAT EXTENT THE OPTION TO ELECT WORKERS' COMPENSATION OR OCCUPATIONAL DISEASE BENEFITS CONSTITUTES THE EXCLUSIVE REMEDY AGAINST THE STATE FOR INJURIES OR DEATH THAT OCCURS WHEN ACTING AS A VOLUNTEER HEALTH PRACTITIONER IN THE STATE. IF EXISTING STATE LAWS DO NOT ADEQUATELY ADDRESS THIS TOPIC, STATES SHOULD CONSIDER WHETHER APPROPRIATE LANGUAGE CLARIFYING WHETHER AND TO WHAT EXTENT THESE BENEFITS CONSTITUTE AN EXCLUSIVE REMEDY SHOULD BE ADDED TO THIS SECTION.**~~

~~**SECTION 13. UNIFORMITY OF APPLICATION AND CONSTRUCTION. IN APPLYING AND CONSTRUING THIS UNIFORM ACT, CONSIDERATION MUST BE GIVEN TO THE NEED TO PROMOTE UNIFORMITY OF THE LAW WITH RESPECT TO ITS SUBJECT MATTER AMONG STATES THAT ENACT IT.**~~

~~**SECTION 14. REPEALS. THE FOLLOWING ACTS AND PARTS OF ACTS ARE REPEALED:**~~

~~**(1) .....**~~

~~**(2) .....**~~

~~**SECTION 15. EFFECTIVE DATE. THIS [ACT] TAKES EFFECT . . . .**~~

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; reaffirmed 2013; reaffirmed 2018)

Prior HOD action on similar or same topic:
H319-A/21 Good Samaritan Acts (Hold Harmless Agreement) Performed on Commercial Aircraft
H605-A/21 Disaster Relief Volunteers

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended____

DATE: ___July 22, 2023_____

SUBJECT: TIMELY POSTING OF MEETING AGENDAS/MATERIALS AND APPROVAL OF MEETING MINUTES – SOURCE: H351-A/18

SUBMITTED BY: Committee on AOA Governance and Organizational Structure

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Committee on AOA Governance and Organizational Structure has reviewed the policy; now, therefore be it

RESOLVED, that the Committee on AOA Governance and Organizational Structure recommends that the following policy be REAFFIRMED.

Agendas and meeting materials for American Osteopathic Association (AOA) meetings will be sent to committee members and posted to a dedicated webpage on the AOA website at least ten (10) business days prior to the respective meeting. The minutes from AOA meetings will be submitted to the respective committee members for review and comment no later than ten (10) business days following the conclusion of the meeting. Committee members shall then review and provide feedback for AOA staff to incorporate and submit to the committee chair and/or vice chair within ten (10) business days. The committee chair and/or vice chair shall then have ten (10) business days to review and approve any revisions.

AOA staff shall then distribute revised minutes to committee members within ten (10) business days of their approval by the committee chair and/or vice chair, and then they shall be posted to a dedicated website accessible to members no later than ten (10) business days following final approval.

Meeting materials containing sensitive or confidential information may be redacted with the authorization of the appropriate bureau or committee chair and AOA legal counsel prior to being placed on the public website but shall never be redacted in the official minutes of record. No bureau or committee recommendations may be considered by any other AOA body until the minutes of the meeting have been finally approved. Note: “appropriate members” will be defined as members of the bureau, committee or board at the time the meeting was held; and that AOA staff leadership be held accountable by the AOA Board of Trustees for immediately, appropriately and consistently implementing this policy to promote organizational transparency and protect AOA volunteers in the performance of their fiduciary duties.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: SUNSET RESOLUTIONS – SOURCE: H364-A/18

SUBMITTED BY: Committee on AOA Governance and Organizational Structure

REFERRED TO: Committee on Professional Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Committee on AOA Governance and Organizational Structure (CAGOS) has reviewed the policy; and

WHEREAS, CAGOS has provided modifications to ensure the policy reads correctly; now, therefore be it

RESOLVED, that the Committee on AOA Governance and Organizational Structure recommends that the following policy be REAFFIRMED AS AMENDED.

~~The American Osteopathic Association supports that when a sunsetting resolution is presented for review and is recommended for Disapproval, the submitting organization must offer a thorough explanatory statement as to the reason this recommendation is offered; and that the substitution of another resolution that is sunsetting the same year, that the current numbered resolution must be presented as opposed to the expiring year resolution; and that when a Sunsetting resolution is presented for review and recommended for disapproval based on the substitution of another resolution that has been enacted in another year and is not sunsetting, that the more current resolution and policy must be presented for easier review to make certain that the intent and policy are indeed being covered; and when there are recommendations made to alter or enhance, other than for spelling, grammar and clarification and all else of what would be considered "editorial", a resolution that is due for sunsetting and is being presented for approval, that a significant explanatory statement must be presented.~~

THE AMERICAN OSTEOPATHIC ASSOCIATION REVIEWS POLICY EVERY FIVE YEARS TO EITHER REAFFIRM, REAFFIRM WITH AMENDMENTS OR SUNSET THE POLICY. A THOROUGH EXPLANATORY STATEMENT AS TO THE REASON SUPPORTING THE DECISION SHOULD BE PROVIDED. POLICIES UNDER SUNSET REVIEW WILL RECEIVE A NEW RESOLUTION NUMBER PERTINENT TO THE YEAR OF REVIEW. IF APPROVED BY THE HOUSE OF DELEGATES, THE RESOLUTION NUMBER PROVIDED DURING THE YEAR OF REVIEW WILL BECOME THE NEW POLICY NUMBER. THE SOURCE CODE LISTED WITHIN THE TITLE WILL REFLECT THE CURRENT POLICY NUMBER UNDER REVIEW.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: WORKPLACE VIOLENCE AGAINST HEALTHCARE PROVIDERS

SUBMITTED BY: Maryland Association of Osteopathic Physicians

REFERRED TO: Committee on Professional Affairs

WHEREAS, the definition of workplace violence as defined by the Occupational Safety and Health Administration (OSHA) is "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site;"[1] and

WHEREAS, the incidence of violence against healthcare workers has increased exponentially over the last five years, and further escalated in the era of the COVID pandemic[2],[3],[4],[5],[6],[7]; and

WHEREAS, there is correlation between decrease in physician and healthcare worker wellbeing (in the form of burn out, leaving one's job, mental and physical decompensation) and an increase of the incidence of violence in the healthcare setting[8],[9],[10]; and

WHEREAS, the Joint Commission has published standards for hospitals for response to violence on healthcare workers[11],[12],[13]; and

WHEREAS, there remains an incomplete, disunited, and vague response to violence against physicians and other healthcare workers from healthcare systems, law enforcement, professional associations and politicians;[14] and

WHEREAS, our American Osteopathic Association (AOA) represents more than 168,000 osteopathic medical professionals across the United States by "advocating at the state and federal levels on issues that affect DOs and osteopathic medical students;"[15] and

WHEREAS, there is not unified language or policy in regards to a criminal response to workplace violence across the various States where osteopathic physicians practice; and

WHEREAS, "some States raise the offense from simple assault to aggravated assault depending on specific classes of persons (teachers or school employees, park district employees, police officers, and persons over age 60 according to some laws), and in some cases have upgraded assault charges from misdemeanor to felonies;"[16] and

WHEREAS, there is a precedent set of felonious charges against those who commit acts of violence against police officers and other public servants[17]; now therefore be it

RESOLVED, that ~~our~~ **THE** AOA ~~will formally adopt~~ **RE**AFFIRMS the position that acts of violence against ~~healthcare workers~~ **PHYSICIANS,** ~~AND THEIR~~ **LEARNERS, STAFF AND HEALTHCARE WORKERS** should be prosecuted criminally as a felony across all states, territories, provinces, where osteopathic physicians practice; and be it further

RESOLVED, that ~~our~~ **THE** AOA ~~will not only~~ **NOT ONLY** support**S** ~~current~~ **CURRENT** legislation in line with the position that acts of violence against ~~healthcare workers~~ **PHYSICIANS,** ~~AND THEIR~~ **LEARNERS, STAFF AND HEALTHCARE WORKERS** should be prosecuted criminally as a felony across all **JURISDICTIONS** ~~states, territories, provinces~~, where osteopathic physicians practice, ~~but~~ **ALSO WILL SUPPORT EFFORTS MADE** ~~will actively lobby at the state and/or federal level for the adoption of uniform policy across all states where osteopathic physicians practice~~; and be it further

~~RESOLVED, that our AOA form a task force with a specific duty to create rhetoric and legislation to be lobbied at the state and/or federal level in support of the position that acts of violence against healthcare workers~~

~~should be prosecuted criminally as a felony across all states, territories, provinces, where osteopathic physicians practice, for the pursuit of increased protection of healthcare workers; and be it further~~

RESOLVED, that ~~our~~ **THE** AOA will ~~actively reduce~~ **OPPOSE** stigma**TIZING PHYSICIANS, ~~AND THEIR~~ LEARNERS, STAFF** ~~against~~ **AND ~~OTHER~~ HEALTHCARE WORKERS** ~~healthcare workers from~~ **WHO** speak~~ing~~ out against workplace violence in the healthcare environment ; and be it further

RESOLVED, that ~~our~~ **THE** AOA ~~**pledge**~~ **ACKNOWLEDGE** that the threat against physician well being, in the form of workplace violence, is a threat against the healthcare system, and therefore society as a whole.

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[17] https://www.law.cornell.edu/uscode/text/18/111

Background Information: Provided by AOA Staff

Current AOA Policy: H324-A/20 Violence Against Healthcare Staff
AOA policy supports legislation to hold patients and their associates accountable for physical assault and verbal threats to health care staff by upgrading penalties under federal and relevant state law and legislation from misdemeanors to felonies where applicable.

For several Congresses, the AOA Public Policy team has been and continues to be active on this issue. The AOA's support and advocacy were instrumental in the passage of the Workplace Violence Prevention for Health Care and Social Service Workers Act in the House of Representatives last Congress.

After its House passage, the AOA led the effort in partnering with 44 osteopathic state and specialty affiliates on a letter encouraging Senate leadership to take similar action.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: ~~$160,000 Annual Expense~~
~~The fiscal impact includes the hiring of a full-time employee for state and federal to "actively lobby" for this issue as well as the creation of a task force.~~

ACTION TAKEN __Adopted as Amended__

DATE ____July 22, 2023_____

SUBJECT: ~~AOA SUPPORT FOR THE FAIR ACCESS IN RESIDENCY (FAIR) ACT, H.R. 751~~ **AOA SUPPORT FOR GME EQUITY**

SUBMITTED BY: Virginia Osteopathic Medical Association

REFERRED TO: Committee on Professional Affairs

WHEREAS, Osteopathic medicine is the fastest growing field in the US, representing more than 11% of US physicians, and Colleges of Osteopathic Medicine currently educate more than 35,000 physicians, 25% of all US medical students[1]; and

WHEREAS, The Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) is the licensing exam series required by the Commission on Osteopathic College Accreditation (COCA) to be taken by all osteopathic (DO) medical students in order to graduate from COCA-accredited medical schools[2]; and

WHEREAS, The United States Medical Licensing Examination (USMLE) is the licensing exam series taken by all allopathic (MD) medical students[3]; and

WHEREAS, The COMLEX-USA and USMLE are equivalent medical licensing exams, supported by published predictive validity and score concordance studies[4]; and

WHEREAS From 2015 to 2020, residency training was consolidated under a single accreditor, the Accreditation Council for Graduate Medical Education (ACGME) for all US residency and fellowship programs[5]; and

WHEREAS The percentage of DOs matching to their preferred surgical specialties has declined since single accreditation[6]; and

WHEREAS, According to the 2022 National Residency Matching Program survey, 32% of Residency Program Directors reported never (7%) or seldom (25%) interviewing DO seniors[7]; and

WHEREAS, For residency programs that do interview DOs, 56% require the USMLE[7]; and

WHEREAS, ACGME does not specify the licensing exams that residency applicants must take to be eligible for appointment in ACGME-accredited residency programs [8]; and

WHEREAS, In 2020 it was reported that approximately 60% of osteopathic medical students took at least one portion of the USMLE[9]; and

WHEREAS, DO students who take the USMLE spend an additional $2,235 in exam fees and 32 hours of exam time per student[10]; and

WHEREAS, Licensing examinations increase rates of stress, anxiety and depression among medical students, placing significant hardships on DO students who complete both the COMLEX-USA and USMLE[11]; and

WHEREAS, These exclusionary and burdensome requirements on DOs impact specialty choices of osteopathic medical students and exacerbate physician workforce shortages, particularly in rural and underserved communities; and

WHEREAS, Medicare accounts for 71% of Graduate Medical Education (GME) funding totaling over $10 billion annually[12]; and

WHEREAS, The Fair Access In Residency (FAIR) Act, H.R. 751, requires Medicare-funded GME programs, as a condition for participation, to report annually the number of residency applicants and acceptances from osteopathic and allopathic medical schools[13]; and

WHEREAS, The FAIR Act requires residency programs to affirm annually that they accept applications from osteopathic and allopathic medical schools, and that if an examination score is required for acceptance, the COMLEX-USA and USMLE will be ~~equally~~ **EQUITABLY** accepted[13]; and

WHEREAS, The FAIR Act [13] aims to reduce barriers and promote equality of opportunity for DO students and ensure that the nation is leveraging all available physicians to support access to healthcare; now, therefore be it

RESOLVED, THAT THE AOA SUPPORTS NON-LEGISLATIVE, PROPERLY VETTED LEGISLATIVE AND REGULATORY AND OTHER PUBLIC POLICY SOLUTIONS THAT ASSURE GME EQUITY FOR OSTEOPATHIC MEDICAL STUDENTS AND ALSO ASSURE UNIVERSAL ACCEPTANCE OF APPLICATIONS FROM QUALIFIED OSTEOPATHIC MEDICAL STUDENTS AND UNIVERSAL ACCEPTANCE OF COMLEX WHEN A TEST SCORE IS REQUIRED BY A GME PROGRAM; AND, BE IT FURTHER

RESOLVED THAT THE AOA BOARD OF TRUSTEES REPORT BACK SEMI-ANNUALLY TO THE MEMBERS BEGINNING WITH THE MIDYEAR MEETING ON THE PROGRESS THAT HAS BEEN MADE TO ASSURE EQUITY EXISTS FOR OSTEOPATHIC GRADUATES TO ENTER RESIDENCY PROGRAMS IN ALL FIELDS OF MEDICINE AND SURGERY.

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Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic:
Resolution H321-A/19 Recognition of COMLEX and USMLE as Equal Licensing Examinations Among Residency Programs was approved for action

AOA promotes parity between osteopathic and allopathic medical students, residents, and physicians among residency program directors; and collaboration with AACOM, NBOME, AMA, ACGME, and all other appropriate parties, to educate residency program directors on the interpretation of COMLEX-USA score with the understanding that the COMLEX-USA is the most appropriate standardized exam to evaluate the competency of an osteopathic medical student.

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: ~~REINSTATEMENT OF ANNUAL BOARD CERTIFICATION~~ **NON-AOA MEMBER CME SERVICES AND ACTIVITY** FEE

SUBMITTED BY: AOA Board of Trustees

REFERRED TO: Committee on Professional Affairs

WHEREAS, an annual AOA board certification fee has been required for all diplomates since at least 1986; and

WHEREAS, AOA terminated the annual board certification fee for the period from June 1, 2019, through May 31, 2022, as part of the class action settlement; and

WHEREAS, the settlement further stipulated that the AOA has the right to reinstate an annual board certification fee any time after May 31, 2022, if so determined by the AOA House of Delegates; and

WHEREAS, currently non-members do not have access to self-report their CME activities and must email all CME to AOA staff which is manually entered; and

WHEREAS, non-members can purchase a paid subscription to AOA CME Portal to self-report CME and access their AOA CME Activity Report; and

WHEREAS, access to free and discounted CME activities, CME self-reporting, the AOA CME Activity Report, and emailing CME activities to AOA for staff entry are AOA member benefits; and

WHEREAS, at the direction of the AOA Board of Trustees and the Finance Committee, AOA staff analyzed the direct and indirect costs of certification maintenance; and

WHEREAS, these costs include state medical license verification, staff entry of CME activities for diplomates, verification of specialty board CME requirements, certification database maintenance, and customer service; now, therefore be it

RESOLVED, that the ~~AOA~~ annual ~~board certification~~ **NON-AOA MEMBER CME SERVICES AND ACTIVITY** fee be ~~reinstated at~~ an amount determined by the AOA Board of Trustees starting in 2024; and, be it further

RESOLVED, that the annual ~~board certification~~ **NON-AOA MEMBER CME SERVICES AND ACTIVITY** fee is waived for regular AOA members; and, be it further

RESOLVED, that the annual ~~board certification~~ **NON-AOA MEMBER CME SERVICES AND ACTIVITY** fee be part of the CME Portal subscription fee; and, be it further

RESOLVED, that all AOA diplomates have access to self-report their CME activities.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $900,000 Annual Revenue
Based on the number of non-members who have active AOA board certification, we anticipate an additional $900,000 in revenue annually.

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: ADVOCATE CONGRESS TO CLOSE THE TITLE IV LOOPHOLE THAT HAS BEEN USED TO ENABLE FUNDS TO COVER THE COST OF ATTENDANCE AT FOR PROFIT MEDICAL SCHOOLS THAT WOULD OTHERWISE BE INELIGIBLE

SUBMITTED BY: New York State Osteopathic Medical Society

REFERRED TO: Committee on Professional Affairs

WHEREAS, there are a number of strategies used by for-profit offshore medical schools that take advantage of loopholes that are intended to address economic needs of students attending programs of higher education; and

WHEREAS, according to Chronicle of Higher Education for-profit Caribbean medical schools have been exploiting a loophole in the U.S. federal student-aid system to obtain funding for which they would not otherwise be eligible, and.

WHEREAS, some offshore medical schools encourage students to concurrently enroll in secondary, and often unnecessary, degree programs at online American universities that are approved to participate in the Title IV system and to borrow the maximum allowed amount in federal loans and to use that money to pay for both programs, and

WHEREAS, this workaround was uncovered by the Postsecondary Equity and Economics Research or (PEER) Project[i], a public-interest research group started by academics at Columbia and George Washington Universities and lawyers at the National Student Legal Defense Network[ii]; and

WHEREAS, they publish this activity in a recent report "The Hidden Loophole: How Predatory Offshore Medical Schools are Partnering with U.S. Universities to Access Federal Student Aid Funds"[iii] ; and

WHEREAS, at least 18 Caribbean medical schools and two American online providers, Franklin and Walden Universities, have been part of the concurrent-enrollment partnership, which has been around for a decade; and

WHEREAS, in the aforementioned report, it is noted that none of the students interviewed by the PEER Project had received a degree, either from the medical schools or the online universities; and

WHEREAS, Caribbean medical schools often cater to American students who are unable to gain admission to American medical schools. The schools have offices in the United States, but many do not meet eligibility requirements to participate in the Title IV federal-aid program because of poor job-placement

results and subpar passage rates on medical-licensure exams, among other factors. They are also not subject to American regulatory oversight or accreditation by the Liaison Committee on Medical Education (LCME) or the Commission on Osteopathic College Accreditation (COCA); and

WHEREAS, although the cost of attendance at Title IV-ineligible medical schools is typically less than at their eligible peer institutions — average tuition and fees at ineligible Caribbean medical schools is $109,100 — they can be costly for students who have to pay out of pocket or take out private loans; and

~~WHEREAS, students interviewed for the report informed the author, Angela Moats, that the online universities set up tables or hosted pizza lunches at the medical schools to market the program. Others were told about it by their medical-school financial-aid office; and~~

WHEREAS, many of the secondary degrees were in health-care management or administration, which are not necessary for practicing medicine, and in some cases, students were borrowing for additional bachelor's degrees; and

WHEREAS, the online programs benefited from additional students' enrolling in one or two courses a semester, while the medical schools were able to get federal-aid funds. "The Department of Education essentially helped keep them afloat,"; and

~~WHEREAS, "To be clear, concurrent enrollment was presented to students not as an academic option but for financial-aid purposes," said Libby DeBlasio Webster, co-director of the PEER Project and senior counsel at the network. Medical students approached the researchers after the network filed a federal civil-rights lawsuit against one of the online universities, Walden University; and~~

WHEREAS, Federal regulations don't explicitly forbid concurrent-enrollment plans, although it is illegal for colleges to tell prospective students that they can use federal student-aid dollars to pay tuition for a second-degree program at an ineligible institution. ~~Moats and Webster stated that they hoped the Department of Education would review Title IV regulations to close the loophole;~~ now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) work with the American Medical Association (AMA) and other interested stakeholders to advocate for congressional oversight of the misuse of Title IV funding by for-profit offshore medical schools (which would otherwise be ineligible for such funding) through any partnership, affiliation or other type of arrangement with a Title IV-eligible institution. The oversight would expressly prohibit and prevent the use of funds granted in an application to be used for any

purposes, including but not limited to tuition, transportation, or cost of attendance at an institution not identified in the primary application.

References

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Background Information: Provided by AOA Staff

Current AOA Policy:

H302-A/20 Protecting American Students from Profit-Driven Foreign Medical Schools

AOA policy states that federal student loans shall be restricted from medical schools not subject to the accreditation standards of the Commission on Osteopathic College Accreditation or the Liaison Committee on Medical Education.

Past actions on this issue includes AOA's support for the Foreign Medical School Accountability Fairness Act, which would extend current standards on student-body enrollment and pass rates for U.S.-based medical schools to all medical schools outside of the U.S. and Canada that receive federal funding.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

AMERICAN OSTEOPATHIC ASSOCIATION

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (400 SERIES) -w/ACTION
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTIONS:
Committee on Public Affairs (400 series)
This reference committee reviews and considers matters relating to public and industrial health, research and physical fitness.

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-400	Breastfeeding Mothers – Protecting (SR-Source:H426-A/18)	BFHP	Public Affairs	Adopted
H-401	**PROTECTING PATIENTS FROM SEXUAL ABUSE IN THE HEALTHCARE SETTING** ~~American Osteopathic Association Makes Public Statement and Develops Protocols To Prevent Sexual Abuse of Patients~~ (SR-Source:H427-A/18)	BORPH	Public Affairs	Adopted as Amended
H-402	Breastfeeding Exclusivity (SR-Source:H425-A/18)	BORPH	Public Affairs	Adopted as Amended
H-403	Cervical Cancer, Screening for (SR-Source:H405-A/18)	BORPH	Public Affairs	Adopted as Amended
H-404	Choosing Wisely Campaign (SR-Source:H404-A/18)	BORPH	Public Affairs	Adopted as Amended
H-405	Concerns in Homeless Population (SR-Source:H428-A/18)	BORPH	Public Affairs	Adopted as Amended
H-406	Disaster Preparedness Planning (SR-Source:H417-A/18)	BORPH	Public Affairs	Adopted as Amended
H-407	Energy Drinks (SR-Source:H422-A/18)	BORPH	Public Affairs	Adopted
H-408	Environmental Health (SR-Source:H402-A/18)	BORPH	Public Affairs	Adopted
H-409	Fire Prevention – Teaching of (SR-Source:H408-A/18)	BORPH	Public Affairs	Adopted
H-410	Gambling Disorder (SR-Source:H401-A/18)	BORPH	Public Affairs	Adopted
H-411	Healthy Lifestyles (SR-Source:H406-A/18)	BORPH	Public Affairs	Adopted as Amended

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (400 SERIES) -w/ACTION
As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-412	Healthy People **2030** ~~2020~~ (SR-Source:H409-A/18)	BORPH	Public Affairs	Adopted as Amended
H-413	Human Immunodeficiency Virus (HIV) Testing – Clinical and Public Health Application of (SR-Source:H424-A/18)	BORPH	Public Affairs	Referred to BORPH
H-414	Immunizations (SR-Source:H411-A/18)	BORPH	Public Affairs	Adopted
H-415	Medication Take-Back Program (SR-Source:H407-A/18)	BORPH	Public Affairs	Adopted
H-416	"Opioid Overdose" Deaths in America – Epidemic (SR-Source:H423-A/18)	BORPH	Public Affairs	Adopted as Amended
H-417	Osteopathic Manipulative Treatment of Somatic Dysfunction of the Head, Safety in (SR-Source:H420-A/18)	BORPH	Public Affairs	Adopted as Amended
H-418	Patient Education (SR-Source:H412-A/18)	BORPH	Public Affairs	Adopted as Amended
H-419	Policy Statement on End-of-Life Care - Referred Sunset Res. No. H424-A/2022 (SR-Source:H438-A/17)	BORPH	Public Affairs	Adopted as Amended
H-420	Pediatric Medical Imaging (SR-Source:H416-A/18)	BORPH	Public Affairs	Adopted
H-421	Pediatric Obesity (SR-Source:H419-A/18)	BORPH	Public Affairs	Adopted as Amended
H-422	Tuberculosis Medical Training (SR-Source:H415-A/18)	BORPH	Public Affairs	Adopted
H-423	Distracted Driving (SR-Source:H418-A/18)	CSHA	Public Affairs	Adopted
H-424	Artificial Intelligence in Health Care – Task Force	MAOPS	Public Affairs	Adopted as Amended
H-425	Recognizing the Issue of Weight Bias in Healthcare	OPSC	Public Affairs	Adopted as Amended
H-426	Osteopathic Medicine is High-Value Care	OPSC/MOMA	Public Affairs	Adopted
H-427	Voter Registration as a Social Determinant of Health	SOMA	Public Affairs	Not Adopted

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (400 SERIES) -w/ACTION
As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-428	Amendment to H444-A/20 “Adopting and Promoting Non-Stigmatizing Language for Substance Use Disorders”	SOMA	Public Affairs	Adopted as Amended
H-429	Supporting Access to Over-the-Counter Oral Contraceptive Pills	SOMA	Public Affairs	Adopted as Amended

SUBJECT: BREASTFEEDING MOTHERS – PROTECTING
-SOURCE: H426-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports legislation protecting the rights of breastfeeding mothers.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2003; 2008 Amended; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: **PROTECTING PATIENTS FROM SEXUAL ABUSE AND MISCONDUCT ~~IN THE HEALTHCARE SETTING American Osteopathic Association Makes Public Statement and Develops Protocols to Prevent Sexual Abuse of Patients~~** SOURCE: H-427-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity and updates to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association support**S IMPLEMENTATION OF** ~~development of a toolkit with templates of~~ comprehensive uniform protocols for adoption by **ALL** ~~osteopathic~~ **HEALTHCARE** institutions and organizations to protect patients from **SEXUAL ABUSE AND MISCONDUCT** ~~abuse; and to be implemented~~ so that suspected violations are investigated and appropriately referred to legal authorities for prosecution when appropriate.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

The AOA and other organizations are addressing this issue. In 2017, the American Academy of Osteopathy adopted a position paper on Recommended Guidelines for Pelvic Examination and Treatment. The guidelines address Informed Consent, Modesty and Comfort, Pelvic Examinations, Osteopathic Indications, and Documentation. https://www.academyofosteopathy.org/assets/docs/PelvicExaminationAndTreatment2.pdf

In May 2017, the Federation of State Medical Boards (FSMB) convened a Workgroup on Physician Sexual Misconduct. AOA Board of Trustee Member Teresa A. Hubka, DO represented the AOA on this workgroup. The Report and Recommendations of the workgroup were adopted as policy by the FSMB in May 2020. https://www.fsmb.org/siteassets/advocacy/policies/report-of-workgroup-on-sexual-misconduct-adopted-version.pdf

In January 2018, the AOA made a public statement on sexual abuse of patients related to the Larry Nassar case. AOA President Mark A. Baker, DO, sent a letter to AOA members and affiliates. The letter was also published in The DO. https://thedo.osteopathic.org/2018/01/aoa-president-mark-baker-responds-larry-nassar-case/

The AOA will continue to monitor this issue. Possible tactics to be executed but not limited to include making and disseminating public statements, supporting the position of profession-related organizations, as well as participating with AOA leadership representation in official workgroups or organized committees.

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: BREASTFEEDING EXCLUSIVITY- SOURCE:H-425-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports dissemination of information by practicing physicians about the health benefits associated with the duration and exclusivity of breastfeeding for six months. Additionally, ~~in harmony with the Centers for Disease Control and Prevention, American Academy of Pediatrics, and American Academy of Family Physicians,~~ the encouragement of breastfeeding should continue while adding complementary solid foods for at least one year.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2002; 2007 Reaffirmed; 2012; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
H416-A/22 Promotion Protection and Support of Breastfeeding
H331-A/21 Support of Breastfeeding

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: CERVICAL CANCER, SCREENING FOR – SOURCE:H-405-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association encourages all osteopathic physicians and students to continue to educate themselves and their patients on current guidelines related to cervical cancer screening using the Pap and/**OR** HPV testing.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: CHOOSING WISELY CAMPAIGN - SOURCE:H-404-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association (AOA) endorses the spirit of the "Choosing Wisely Campaign" to help disseminate information and education to patients and health care providers to make prudent decisions in the evaluation and management of medical conditions. ŧThe AOA also supports a higher level of commitment to increasing the evidence base for the effectiveness of osteopathic manipulative treatment with the ultimate goal of submitting it to be included in the campaign.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: CONCERNS IN **PEOPLE WITH HOUSING INSECURITY** ~~HOMELESS POPULATION~~ – SOURCE:H-428-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity and updates to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association (AOA) encourage**S** all physicians to partner with their communities ~~to understand barriers to health, and advocate~~ to improve access to healthcare for people experiencing **HOUSING INSECURITY** ~~homelessness~~. ~~;~~ ~~and the~~ **THE AOA** support**S**, through education and advocacy, **THE** dissemination of social and health related resources and programs that serve ~~**HOMELESS**~~ individuals and families **WITH HOUSING INSECURITY**. ~~experiencing a homeless situation and their care providers; and~~ **THE AOA** ~~advocate, promote, and~~ support**S** programs that ensure delivery of primary and preventive healthcare to all underserved populations, including those experiencing **HOUSING INSECURITY.**~~homelessness.~~

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic:
H449-A/20 Homeless Support

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: DISASTER PREPAREDNESS PLANNING – SOURCE: H-417-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the Centers for Disease Control and Prevention's (CDC) Centers for Public Health Preparedness programs established to strengthen **PREPAREDNESS FOR** terrorism and **OTHER** emergenc**IES**~~y preparedness~~ by linking academic expertise to state and local health agency needs, including programs that focus on vulnerable populations such as, but not limited to, pregnant women, new mothers, infants, and the elderly.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
H212-A/21 Disaster Response Courses and Training Within Colleges of Osteopathic Medicine
H605-A/21 Disaster Relief Volunteers

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: __July 22, 2023_____

SUBJECT: ENERGY DRINKS – SOURCE:H-422-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports community awareness and education regarding the effects and potential dangers of consuming energy drinks, and encourages physicians to screen for the use of energy drinks.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: ENVIRONMENTAL HEALTH - SOURCE: H-402-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association strongly encourages the federal government to increase its efforts to promote standards which will prevent human suffering and death from environmental threats and hazards; and reaffirms its commitment to support governmental agencies' efforts in eradicating environmentally related health risks.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1970; 1978 Reaffirmed as Amended; 1983 Reaffirmed; 1988 Reaffirmed as Amended; 1993 Reaffirmed; 1998 Reaffirmed as Amended, 2003; 2008 Reaffirmed; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic:
H417 - A/20 Environmental Responsibility - Waste Materials

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: FIRE PREVENTION – TEACHING OF - SOURCE:H-408-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports fire prevention education.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1988; 1993 Reaffirmed as Amended, 1998, 2003; 2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ___July 22, 2023_____

SUBJECT: GAMBLING DISORDER - SOURCE: H-401-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports research on gambling disorder.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998; 2003 Reaffirmed as Amended; 2008 Reaffirmed; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: HEALTHY LIFESTYLES - SOURCE: H-406-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity and updates to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association promotes guidelines for healthy lifestyles **AND RECOGNIZES THE IMPORTANCE OF COLLABORATION ON THIS TOPIC AMONG SPECIALTIES AND NATIONAL ORGANIZATIONS.** ~~and will continue to work with Congress and related state and federal health care agencies to develop those guidelines.~~ A healthy lifestyle includes healthy eating, regular exercise and maintaining a healthy weight. Healthy eating is **CONSUMING A DIET RICH IN WHOLE, MINIMALLY PROCESSED FOODS.** ~~based on a diet rich in fruits and vegetables, with limited intake of fat, sugar and salt.~~ A healthy lifestyle eliminates the use of tobacco and illicit drugs, **AVOIDS THE MISUSE OF PRESCRIPTION MEDICATIONS,** and limits alcohol intake. A healthy lifestyle also includes proper care for mental health, **ADEQUATE SLEEP, STRESS MANAGEMENT** and encourages connection with one's community.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1992; 1997 Reaffirmed as Amended, 2002; 2007; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic:

H424 - A/20 Healthy Family, Support of

H320 - A/19 Healthy Weight for Families

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: HEALTHY PEOPLE **2030** ~~2020~~ — SOURCE:H-409-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity and updates to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association supports “Healthy People ~~2020~~ **2030**"
WHICH INCLUDES THE FOLLOWING OBJECTIVES:

1. HEALTH CONDITIONS
2. HEALTHY BEHAVIORS ~~POPULATIONS~~
3. HEALTHY POPULATIONS
~~3~~ 4. SETTINGS AND SYSTEMS
~~4~~ 5. SOCIAL DETERMINANTS OF HEALTH

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008; 2013 Referred for review and comment; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended

DATE: ____July 22, 2023_____

SUBJECT: HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING – CLINICAL AND PUBLIC HEALTH APPLICATION OF - SOURCE: H-424-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the American College of Osteopathic Obstetricians and Gynecologists have reviewed this policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports widespread application of HIV testing in the clinical setting particularly for those at risk for HIV infection as determined by physician evaluation; supports continued anonymous testing and counseling programs in public health facilities to maximize individual participation; supports mandatory HIV testing only for source patients, in cases of rape or incest, or in cases of an accidental exposure in patients who are at risk for HIV/AIDS; and supports the following recommendation of the American College of Osteopathic Obstetricians and Gynecologists.

A. Healthcare Workers

1. Healthcare workers have a minimal risk of acquiring HIV infection from patients; however, this risk is much greater than the extremely remote possibility of transmission to patients.

2. Properly used universal precautions are effective in the prevention of transmission of bodily fluids between healthcare workers and patients and diminish the risk of infection. Serologic testing of patients and/or healthcare workers for the purposes of infection control does not prevent the transmission of HIV infection nor enhance the effectiveness of universal precautions. The AOA supports and encourages patients who know they are HIV positive to inform their physician that they are HIV positive prior to receiving medical care.

3. The AOA opposes mandatory testing of patients and healthcare workers as there is no scientific data supporting the efficacy of such testing in the prevention of HIV transmission in the healthcare setting. Should any state or the federal government legislate mandatory HIV testing for any group, the AOA is opposed to any such legislation which does not include the entire population because such legislation

discriminates against certain groups. The AOA affirms the right of HIV-infected individuals to practice their occupations in a manner which does not present any identifiable risk of transmission of disease and pledges itself to promote the ability of these individuals to continue productive careers so long as they can do so responsibly and safely.

4. The AOA supports programs for effective education and implementation of universal precautions in all healthcare settings.

B. Public and Patient Education

1. Although studies have demonstrated an improved awareness of HIV infection and its modes of transmission, myths and misconceptions persist.

2. The AOA supports public education programs that provide accurate, up-to-date and clearly stated information regarding HIV transmission. The AOA urges increased governmental appropriations for implementing public health measures to assist in halting the increasing incidence of HIV and AIDS.

3. Primary care physicians occupy a central role in education of patients regarding preventative healthcare in general and are in an ideal position to serve a central role in HIV prevention.

4. The AOA encourages all osteopathic physicians to be knowledgeable in HIV risk evaluations and to incorporate candid and nonjudgmental assessment of related risk behaviors in routine patient care.

C. Medical Education

1. Osteopathic medical students and physicians in training are particularly vulnerable to the socioeconomic consequences of occupationally acquired HIV infection. The osteopathic profession bears a unique responsibility to provide for their maximum protection and social wellbeing.

All osteopathic medical schools and postdoctoral training programs should make available: life, health and disability insurance including coverage for occupationally acquired HIV infection; effective education and training in AIDS, infection control and universal precautions. 1991; revised 1992; reaffirmed 1997, revised 2003; reaffirmed 2013

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1991; revised 1992; reaffirmed 1997, revised 2003; reaffirmed 2013; reaffirmed 2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: _Referred to BORPH___

DATE: ___July 22, 2023_____

SUBJECT: IMMUNIZATIONS - SOURCE: H-411-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the Centers for Disease Control and Prevention in its efforts to achieve a high compliance rate among infants, children and adults by encouraging osteopathic physicians to immunize patients of all ages when appropriate; supports the HHS National Vaccine Implementation Plan; and encourages third-party payers to pay for vaccines and their administration.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1993; 1998 Reaffirmed as Amended, 2003; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic:
H411 - A/22 Meningococcal Vaccine Recommendations
H402 - A/20 Public Education Regarding the Importance and Safety of Vaccines for Infants, Children and Adults
H407 - A/20 Vaccines for Children Program
H425 - A/20 Immunization of 9 to 26 Year Old Male and Females with Human Papilloma Virus Vaccine
H417- A/19 Vaccines

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: MEDICATION TAKE-BACK PROGRAM - SOURCE: H-407-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the national prescription drug take-back day that aims to provide a safe, convenient and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications; and encourages its state associations and local agencies to sponsor take-back medication days on a frequent basis but at least annually.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: "OPIOID OVERDOSE" DEATHS IN AMERICA – EPIDEMIC
-SOURCE: H-423-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association ~~recommends systematic evaluation of~~ **SUPPORTS** ~~all available~~ interventions to prevent opioid overdose deaths including patient education **TREATMENT OF OPIOID USE DISORDER (OUD) WITH FDA APPROVED MEDICATIONS,** and the normalization of take-home Naloxone **FOR OVERDOSE REVERSAL**.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic:
H322-A/22 Naloxone and other Opioid Antagonists
H-632 – A/18 Increasing the Education and Preventative Prescribing of Naloxone use for Opioid Overdose

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: OSTEOPATHIC MANIPULATIVE TREATMENT OF SOMATIC DYSFUNCTION OF THE HEAD, SAFETY IN - SOURCE: H-420-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association ~~promotes~~ **SUPPORTS** public awareness of the complexity and vulnerability of the human central nervous system~~;~~ ~~promotes public awareness for~~ **AND** the safe intervention of physical forces to the head by the educated hands of a trained osteopathic physician~~;~~. ~~advocates~~ **THE AOA SUPPORTS** full disclosure to patients of all requirements for accredited education, qualifying training, and licensure of AOA recognized medical treatments including osteopathic manipulative treatment of the head~~; AND promotes~~ **AND ENCOURAGES** health care laws which support~~s~~ the teaching of medical interventions to fully qualified professionals~~;~~. **THE AOA** ~~holds the position~~ **BELIEVES** that medical licensure is the most appropriate foundation for the practice of osteopathic medicine and surgery, including osteopathic manipulative treatment of somatic dysfunction of the head ~~including~~ **AND** osteopathic cranial manipulative medicine~~;~~.**THE AOA** ~~and~~ believes that the practice of OMT ~~of~~ **FOR** somatic dysfunction of the head and osteopathic cranial manipulative medicine requires a professional clinical diagnosis, complete medical treatment plan, professional ethics, and appropriate follow-up care.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: PATIENT EDUCATION - SOURCE: H-412-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association ~~reaffirms its commitment to~~ **SUPPORTS** the advancement of patient education to promote a better understanding of personal health and wellness.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1983,1988 Reaffirmed as Amended,1993,1998, 2003, 2008, 2013 Reaffirmed, 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: REFERRED SUNSET RES. NO. H-424-A/22 POLICY STATEMENT ON END OF LIFE CARE - SOURCE: H438-A/17

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, in 2022 the AOA House of Delegates referred Sunset Res. No. H-424-A/2022 Policy Statement on End of Life Care to the Bureau on Osteopathic Research and Public Health; now, therefore be it;

RESOLVED, that the white paper titled End of Life Care Policy Statement be reaffirmed as amended.

The American Osteopathic Association approves the white paper on end of life care and

- encourages all osteopathic physicians to **BE FAMILIAR WITH** ~~maintain competency in~~ end of life care ~~through educational programs such as the web-based osteopathic Education for Professionals on End of Life Care (Osteopathic EPEC) modules;~~
- supports the development, distribution and implementation of comprehensive curricula to train medical students, interns, residents and physicians in end of life issues;
- urges osteopathic medical schools, and appropriate training programs to support innovative approaches to instruction in geriatric medicine and end of life care;
- encourages all osteopathic physicians to stay current with their individual state statutes on end of life care;
- supports public policies which upholds a patient's right to a "Do Not Attempt Resuscitation" (DNAR) and/or ~~a~~Allow ~~n~~Natural ~~d~~Death (~~and~~AND) designation, determined by the patient or, if the patient is incompetent, by the family, attending physicians, patient advocate, and/or Durable Medical Power of Attorney (DMPOA);
- encourages all osteopathic physicians to engage patients and their families in discussion and documentation of advance care planning regarding end of life decisions;
- will work to implement policies to ensure **ACCESS TO** hospice and palliative services for all individuals, including the developmentally challenged, children, and other special populations **REGARDLESS OF INSURANCE STATUS**;
- ~~and urges that~~ **ENCOURAGES** osteopathic physicians **TO** recognize the importance of cultural diversity in perspectives on death, suffering, bereavement and rituals at the end of life, and incorporate cultural assessment into their comprehensive evaluation of the patient and family; **AND**

- ~~the AOA~~ will work to identify sources of culturally appropriate information on advance directives, palliative care, and end of life ethical issues in populations served by osteopathic physicians.

AMERICAN OSTEOPATHIC ASSOCIATION END OF LIFE CARE WHITE PAPER

The osteopathic approach to care can be particularly beneficial at the end of life. Attending to the patient and family holistically is a key principle of osteopathic medicine. Osteopathic palliative care improves the quality of life of patients and their families facing serious illness, through prevention and relief of physical, psychosocial and spiritual suffering. Osteopathic palliative care utilizes many modalities of treatment including osteopathic manipulative medicine.

End of life decisions should be the result of the collaboration and mutual informing of the patient, the patient's **SELF-DEFINED** family and health care professionals, each sharing his or her own expertise to help the patient make the best possible decision.

Adults with decision-making capacity should be informed of their choices and that they have the legal and ethical right to make their own decisions about their end of life care, including the right to receive or refuse recommended life-sustaining or life-prolonging medical treatment. This position honors the patient's autonomy and liberty as guaranteed in the United States Constitution and the Patient Self-Determination Act. This right exists even when the physician disagrees with the patient's decisions.

Patients without decision-making capacity have the right to assurance that their previously executed instructive advance directives, such as living wills, proxy directives (Durable Medical Power of Attorney -DMPOA) and Physician Orders for Life Sustaining Treatment (POLST) will be honored to guide others in delivering their health care. It should be noted that the term "physician" may also mean "medical" in this context. Advance directives delineate treatment options selected by an individual and enable decisions to be made by reviewing these documented wishes. The principle of "substituted judgment" allows for a proxy to speak for an individual who is unable to do so, based upon close personal knowledge of the incapacitated person. The principle of "best interests" (what the reasonable and informed patient would select) is invoked if the individual's wishes are not known. The over-riding issue is not what the family or friends want for the patient at end of life, but rather what would the patient want for himself or herself. If the patient were to awaken and be able to fully understand the circumstances, what decisions would the patient make? If the answer is clear, it is unethical, except in extraordinary circumstances, not to follow the patient's wishes.

Creating **advance directives** (living wills or designating a Durable Medical Power of Attorney) is to be encouraged IN advance of a life threatening situation with the assistance of trusted professionals. Persons holding the DMPOA/legally designated proxy should make decisions in accordance with the patient's previously expressed preferences. Living wills document the desired treatments but leave much room for interpretation when the situation doesn't match the directives, so a combination may be best. If no DMPOA/legally designated proxy has been selected and there is no state approved surrogate available and the patient has not executed an advanced directive or expressed preferences for care at end of life, then decisions should be made based on the principle of "best interests".

When there is disagreement, confusion or a request for another opinion, the use of an ethics committee is to be encouraged. Quality of life should be viewed from the patient's perspective in all these decisions because quality of life can only be self-determined. Extreme caution must be exercised when trying to determine what constitutes quality of life for another person as research has shown that patients consistently assess their quality of life to be better than their caregivers **BELIEVE.** ~~think the patients do.~~ Unfortunately, no documentation or proxy designation can definitively prevent or curtail disagreements between family members.

Palliative care is always appropriate when patients and families are facing a life threatening illness. The osteopathic physician understands that physical suffering from pain; dyspnea and other end of life symptoms can be relieved with good osteopathic medical management. The patient may also need psychosocial and spiritual assistance to address suffering in those domains as well. Hospice and palliative care services provide invaluable benefits to families and patients. The earliest possible involvement of hospice in the end of life care of patients should be encouraged.

The existence of a medical technology does not mandate its use. A physician is not required to provide **futile medical care** though it may be difficult to determine that a requested treatment is actually futile. A life-prolonging treatment may allow a terminally ill patient to achieve an important life goal such as seeing a grandchild, but in other cases aggressive therapies serve only to prolong suffering and expense associated with the dying process. The physician should employ full disclosure and compassionate honesty in discussing a treatment's likely benefits and burdens. If agreement cannot be reached, a consultation with an ethics committee is appropriate. If an ethics committee is not available, it may be necessary to seek the assistance of a court-appointed guardian. When a patient and physician cannot align their goals and treatment approaches, a congenial transfer of care may be necessary. Patient abandonment is unethical.

Withholding or withdrawing life sustaining treatments are considered morally, legally, and ethically identical because the end results are the same. When the benefit of a treatment is uncertain a time-limited trial is frequently advisable to help clarify prognosis. Offering treatment and then withdrawing it if it proves to be ineffective or burdensome is preferable to not offering the treatment at all.

Artificial nutrition and hydration may actually prolong the dying process. The use of artificial nutrition and hydration involves invasive medical procedures with potential side effects and complications. A decision to not provide or to discontinue this intervention may pose significant challenges to professional caregivers as well as to families. Physicians need to assist patients and families to understand the role of artificial nutrition and hydration at the end of life. Research has shown that dying patients do not experience hunger or thirst.

"Do Not Resuscitate/DNR" status is appropriate for patients who are dying from a primary illness or injury, or for whom cardiopulmonary resuscitation (CPR) would not be effective or for whom the burden of treatment outweighs the benefit. It is important to ensure that patients with DNR status receive all comfort care and appropriate treatments. A DNR status does not preclude treatment of correctable conditions. ~~CPR efforts that involve a deliberate decision not to attempt aggressively to bring a patient back to life are~~

~~not appropriate and a clear ethical violation~~. **~~DELIBERATELY PERFORMING INEFFECTIVE CPR ("SLOW CODE") IS UNETHICAL.~~**

"PHYSICIAN ASSISTED SUICIDE" IS GENERALLY DEFINED AS A PATIENT OBTAINING THE ASSISTANCE OF A PHYSICIAN TO SECURE THE MEANS TO CAUSE ~~HIS/HER~~ THEIR OWN DEATH. PHYSICIAN ASSISTED SUICIDE IS LEGAL ONLY AS DETERMINED BY SPECIFIC STATE LAW.

IN THE DEFINITION OF EUTHANASIA, SOMEONE OTHER THAN THE PATIENT ADMINISTERS THE LIFE-ENDING DRUG. EUTHANASIA IS ILLEGAL IN ALL STATES.

WHILE THERE ARE EUPHEMISMS FOR THE TERM PHYSICIAN ASSISTED SUICIDE (PAS), THE DEFINITION OF THIS PRACTICE MAKES IT VERY CLEAR THAT THE PATIENT IS DYING BY SUICIDE AND THE PHYSICIAN HAS ASSISTED BY PROVIDING THE MEANS/MEDICATION PRESCRIPTION.

A FURTHER COMPLICATION OF EMPLOYING PHYSICIAN-ASSISTED SUICIDE IS THAT THE REQUIRED SELF-ADMINISTRATION BY THE PATIENT IS UNAVAILABLE TO THE PARALYZED, THOSE WITH ALS, THOSE WHO CAN'T SWALLOW, AND THOSE WITH GI CANCERS WHICH PREVENT ABSORPTION OF ORAL MEDICATION.

The request for physician-assisted suicide is frequently a call for help. Individuals may request physician-assisted suicide for reasons other than pain, e.g., inability to cope, fear of being a burden, or lack of control. T**HE "OREGON DEATH WITH DIGNITY ACT – 2022 DATA SUMMARY" IS A REPORT OF THE 25 YEARS OF DATA GENERATED FROM IMPLEMENTATION OF THIS LAW IN THE FIRST STATE TO ENACT SUCH A LAW. THE REASONS IDENTIFIED BY PATIENTS WHO DID DIE BY SUICIDE UNDER THIS LAW ARE LISTED IN A TABLE ON PAGE 14 OF THIS DOCUMENT.[1] AS SHOWN IN THE TABLE, OVER THE 25 YEARS OF THE IMPLEMENTATION OF THIS LAW, 28% OF THE CONCERNS PROMPTING INGESTION OF LIFE-ENDING MEDICATION WERE DUE TO "INADEQUATE PAIN CONTROL OR CONCERN ABOUT IT." THE CONCERNS AT THE TOP OF THE LIST, AT 90% EACH, WERE "LESS ABLE TO ENGAGE IN ACTIVITIES MAKING LIFE ENJOYABLE," AND "LOSING AUTONOMY."[1] OTHER CONCERNS INCLUDED "LOSS OF DIGNITY" (71%), "BURDEN ON FAMILY, FRIENDS/CAREGIVERS" (48%), "LOSING CONTROL OF BODILY FUNCTIONS" (44%), AND "FINANCIAL IMPLICATIONS OF TREATMENT" (5%)**.[1]

The alternative to physician-assisted suicide is HAVING physicians who are committed to providing excellence in end of life care and continuing to attend their dying patients. Community resources such as hospice programs should be made available to all patients. ~~Hospice and palliative care principles do not support physician assisted suicide and euthanasia remains an illegal practice.~~

ADDITIONAL SPECIFIC ALTERNATIVES TO PHYSICIAN-ASSISTED SUICIDE IN DEALING WITH ISSUES AT END OF LIFE INCLUDE, VOLUNTARILY STOPPING EATING AND DRINKING (VSED), STOPPING LIFE-SUSTAINING THERAPIES, PROPORTIONAL PALLIATIVE SEDATION, AND PALLIATIVE SEDATION TO

UNCONSCIOUSNESS.[2]

WHETHER OR NOT PHYSICIANS SHOULD CHOOSE TO SUPPORT AND THEN PARTICIPATE IN THE PRACTICE OF PHYSICIAN-ASSISTED SUICIDE IS CONTROVERSIAL. IT IS ALSO A PERSONAL DECISION, REFLECTING THE MORAL CONSCIENCE AND BELIEFS OF EACH PHYSICIAN. ~~EVERY~~ THE LAW IN EVERY STATE RECOGNIZES THE PERSONAL NATURE OF THIS DECISION FOR EVERY PHYSICIAN AND SPECIFICALLY DOES NOT REQUIRE ANY PHYSICIAN TO ADVOCATE FOR OR PARTICIPATE IN THIS PRACTICE.

SOME ORGANIZATIONS HAVE TAKEN AN OFFICIAL POSITION ON THIS ISSUE. PHYSICIAN-ASSISTED SUICIDE IS OPPOSED BY THE AMERICAN MEDICAL ASSOCIATION[3], THE AMERICAN COLLEGE OF PHYSICIANS[4] AND THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION[5], THE LARGEST SUCH MEMBER ORGANIZATION DEALING EXCLUSIVELY WITH END-OF-LIFE ISSUES. THE AMERICAN ASSOCIATION OF FAMILY PHYSICIANS[6] HAS TAKEN A POSITION OF "ENGAGED NEUTRALITY." THE AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE (AAHPM) HAS TAKEN A POSITION OF "STUDIED NEUTRALITY." [7] THE AAHPM STATEMENT GOES ON TO ADD "HOWEVER AS A MATTER OF SOCIAL POLICY, THE ACADEMY HAS CONCERNS ABOUT A SHIFT TO INCLUDE PHYSICIAN-ASSISTED DYING IN ROUTINE MEDICAL PRACTICE, INCLUDING PALLIATIVE CARE. SUCH A CHANGE RISKS UNINTENDED LONG-RANGE CONSEQUENCES THAT MAY NOT YET BE DISCERNABLE, INCLUDING EFFECTS ON THE RELATIONSHIP BETWEEN MEDICINE AND SOCIETY, THE PATIENT AND PHYSICIAN, AND THE PERCEIVED OR ACTUAL INTEGRITY OF THE MEDICAL PROFESSION." (NOTA~~E~~ BENE: THE ACADEMY USES THE TERM 'PHYSICIAN-ASSISTED DYING')

Legal involvement to resolve end of life conflicts is sometimes inevitable, but is usually not the approach of choice. Legislative "remedies" including single-person and single-situation laws are also inappropriate. By far, the best approach to prevention/resolution of conflict is by documented advanced planning, good communication, and the assistance of an ethics committee. Collection of "clear and convincing evidence" of the patient wishes as cited in a US Supreme Court decision, as well as the principles of "substituted judgment" and "best interests" discussed above apply to the decision-making process.

Families of patients living with a terminal illness also have needs: the need to understand the dying process, the need to have cultural and religious differences understood and respected, the need to process grief. The osteopathic physician understands the important contribution of the family to the patient's overall wellbeing and includes the family in the palliative plan of care.

Patients living with a life threatening illness as well as those who are terminally ill have a right to **relief of pain** as well as relief of other physical symptoms. Fear of regulatory scrutiny should never be a deterrent to the prescription of adequate doses of analgesic medications. State licensing boards of medicine and pharmacy should provide assurance to physicians that this care is appropriate and protected under the law. Osteopathic colleges and graduate medical education programs are encouraged to review curricula in

order that adequate education in osteopathic pain management is provided to osteopathic trainees at all levels of their education. Physicians in practice will want to avail themselves of educational opportunities ~~such as Osteopathic EPEC~~ to stay current in pain management and other aspects of end of life care. Osteopathic physicians should always assure their patients that they will provide safe and comfortable dying. Alternatively, patients may elect to suffer significant pain so that they remain alert and engaged until death. In every circumstance, patient autonomy for decision-making must be upheld.

At the end of life, the goal is comfort for the patient and psychosocial support of the family. Osteopathic physicians, through their holistic approach, are well suited to provide quality end of life care. DOs are in a unique position to provide important leadership in enhancing end of life care in the United States. There is no finer gift that osteopathic physicians can give than to provide excellent care through all phases of life and no one is better suited to the task.

Nota bene: In an area as sensitive as end of life, no white paper can address all scenarios and permutations. It should be understood that this white paper presents general guidelines, and osteopathic physicians will always tailor appropriate management to the needs of their individual patients and families.

References

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2. Institute Of Medicine: "Dying In America: Improving Quality And Honoring Individual Preferences Near The End Of Life." Washington, Dc: National Academies Press, 2015.
3. H-140.952 Physician Assisted Suicide, Accessed April 2023 At Https://Code-Medical-Ethics.Ama-Assn.Org/ , And Policy Finder.
4. Sulmasy Ls, Mueller Ps For The Ethics, Professionalism And Human Rights Committee Of The American College Of Physicians, "Ethics And Legalization Of Physician-Assisted Suicide: An American College Of Physicians Position Paper" Ann Intern Med.2017;167:576-578.
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6. AAFP, Https://Www.Aafp.Org/News/2018-Congress-Fmx/20181010cod-Hops.Html
7. Statement On Physician-Assisted Dying. American Academy Of Hospice And Palliative Medicine (AAHPM), 2016, Https://Aahpm.Org/Positions/Pad Accessed March 2023.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2005; 2010 Reaffirmed as Amended; 2015 Reaffirmed as Amended; 2017 Reaffirmed as Amended; 2022 referred to BORPH)

Prior HOD action on similar or same topic:

H322-A/19 End-Of-Life Care – Use of Placebos In
H600-A/19 Hospice – Federal Payment for Required Face-To-Face Visits
H409-A/17 Prenatal and Pediatric Hospice and Palliative Care – Support For
H411-A/17 Hospice Care Programs – AOA Support For

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: PEDIATRIC MEDICAL IMAGING - SOURCE: H-416-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the reduction of excess ionizing radiation exposure of the pediatric population and urges its members involved in medical imaging of pediatric patients to review the latest research and educational materials from the National Cancer Institute and other organizations and pledge to do their part to “child-size” the radiation dose used in children’s imaging.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: PEDIATRIC OBESITY - SOURCE: H-419-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has provided amendments to provide clarity and updates to the policy, now therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED AS AMENDED.

~~The American Osteopathic Association (AOA) encourages dissemination of research related to pediatric obesity and continuing medical education (CME) activities; encourages primary care physicians to teach and use body mass index (BMI) measurements; and encourages physicians providing health care to children to~~

~~1. Monitor their patients for excessive weight gain;~~

~~2. Discuss the possible long and short term consequences of excessive weight gain (E.G. cardiovascular and respiratory problems) with patients and their parents and institute a treatment plan or a referral as appropriate;~~

~~3. Advise patients to engage in moderate, physical activity daily, limit television, computer and video games, and spend family time together in physical activities; and~~

~~4. Advise parents to eat together as a family, set goals for the appropriate number of fruits and vegetables per day, serve portion sizes that are right for a child's age, limit snacking on empty calorie foods, and serve as role models for eating healthy foods. 2008.~~

THE AOA ENCOURAGES~~SUPPORTS~~:

1. **DISSEMINATION OF RESEARCH RELATED TO PEDIATRIC OBESITY;**

2. **CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES ADDRESSING PEDIATRIC OBESITY; AND**

3. ~~**THE USE OF BODY MASS INDEX (BMI) MEASUREMENTS FOR CHILDREN.**~~ **THE USE OF EVIDENCE-BASED GUIDELINES CONCURRENT WITH CURRENT RECOMMENDATIONS.**

~~THE AOA ENCOURAGES PHYSICANS WHO PROVIDE HEALTH CARE TO CHILDREN TO:~~

~~1. MONITOR THEIR PATIENTS FOR EXCESSIVE WEIGHT GAIN;~~

~~2. DISCUSS POSSIBLE LONG AND SHORT-TERM CONSEQUENCES OF EXCESSIVE WEIGHT GAIN (E.G., CARDIOVASCULAR AND RESPIRATORY PROBLEMS WITH PATIENTS AND PARENTS, AND INSTITUTE A TREATMENT PLAN OR REFERRAL AS APPROPRIATE;~~

~~3. ADVISE PATIENTS TO ENGAGE IN MODERATE, PHYSICAL ACTIVITY DAILY, LIMIT TELEVISION, COMPUTER AND VIDEO GAMES, AND SPEND FAMILY TIME TOGETHER IN PHYSICAL ACTIVITIES; AND~~

~~4. ADVISE PARENTS TO EAT TOGETHER AS A FAMILY, SET GOALS FOR THE APPROPRIATE NUMBER OF FRUIT AND VEGETABLES PER DAY, SERVE PORTION SIZES THAT ARE RIGHT FOR A CHILD'S AGE, LIMIT SNACKING ON EMPTY CALORIE FOODS, AND SERVE AS ROLE MODELS FOR EATING HEALTHY FOODS.~~

THE AOA ENCOURAGES PHYSICIANS WHO PROVIDE HEALTHCARE TO CHILDREN AND ADOLESCENTS TO PROVIDE CARE AND CLINICAL RECOMMENDATIONS TO THE PATIENT AND/OR PARENT OR GUARDIAN IN ALIGNMENT WITH CURRENT EVIDENCE-BASED GUIDELINES AND/OR PRACTICES.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic:
H408-A/22 Prevention and Treatment of Obesity
H417-A/21 Obesity in Children
H429-A/21 Obesity Epidemic – Addressing the American
H433 - A/20 Childhood Obesity - Worsening Epidemic in the American Society

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: TUBERCULOSIS MEDICAL TRAINING – SOURCE:H-415-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports tuberculosis prevention programs carried out by the Centers for Disease Control and Prevention (CDC), The National Institutes of Health (NIH) and other organizations and encourages the use of the CDC's core curriculum on tuberculosis by osteopathic physicians who treat patients diagnosed with tuberculosis or who are at high risk for tuberculosis disease or infection.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1993; 1998 Reaffirmed as Amended; 2003 Reaffirmed; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: DISTRACTED DRIVING - SOURCE: H418-A/18

SUBMITTED BY: Council on State Health Affairs

REFERRED TO: Committee on Public Affairs

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on State Health Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports appropriate legislation to ensure safe driving without distractions.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
H413-A/17 Substance Impaired and Distracted Driving

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: ___July 22, 2023_____

SUBJECT: ARTIFICIAL INTELLIGENCE IN HEALTHCARE~~— TASK FORCE~~

SUBMITTED BY: Missouri Association of Osteopathic Physicians and Surgeons

REFERRED TO: Committee on Public Affairs

WHEREAS, the use of artificial intelligence (AI) in healthcare is increasing at an unprecedented pace, with the potential to transform healthcare delivery, improve patient outcomes, and reduce healthcare costs; and

WHEREAS, the ethical, legal, and social implications of AI in healthcare are complex and multifaceted, with issues including but not limited to data privacy, bias, and the impact on healthcare professionals; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) ~~forms a task force to~~ stud~~y~~IES the impact of AI in healthcare, including but not limited to:

1. The potential benefits and risks of AI in healthcare for patients, healthcare professionals, and healthcare organizations.
2. The ethical, legal, and social implications of AI in healthcare, including issues related to data privacy, bias, and transparency.
3. The impact of AI on the roles and responsibilities of healthcare professionals and the potential need for new training and education.
4. The potential impact of AI on healthcare costs and the healthcare system as a whole.
5. The potential impact of AI on the practice of osteopathic medicine; and, be it further

~~RESOLVED, that the task force include members with expertise in AI, medical ethics, and medical law~~.

RESOLVED, THAT AOA WILL PROVIDE A REPORT AND ACTION PLAN TO THE HOUSE OF DELEGATES AT ITS MEETING IN 2024.

Background Information: Provided by AOA Staff

Current AOA Policy: None

AOA does not currently have policy on AI, and this would be helpful in supporting AOA engagement in this space. AOA previously had a Health IT workgroup that engaged on this issue but has been inactive since early 2021. If this is adopted, we will need to identify a way to ensure we have the appropriate staff resources to manage this workstream.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $125,000 Annual Expense
The fiscal impact is contributed to the formation of a task force, assuming the task force would meet in-person as well as expense for the appropriate staffing to manage the workstream.

ACTION TAKEN: __Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: RECOGNIZING THE ISSUE OF WEIGHT BIAS IN HEALTHCARE

SUBMITTED BY: Osteopathic Physicians and Surgeons of California

REFERRED TO: Committee on Public Affairs

WHEREAS, approximately 1 in 3 adults (30.7%) have overweight and more than 2 in 5 adults (42.4%) have obesity[1]; and

WHEREAS, while there has been a push to recognize obesity as a disease, there is still a lack of recognition of the role that implicit weight bias plays in the care for individuals with overweight and obesity and

WHEREAS, providers with weight bias are less likely to provide thorough, patient-centered care to individuals with overweight or obesity[2]; and

WHEREAS, individuals with overweight and obesity are less likely to use preventative health care services and are more likely to avoid treatment, due to perceived weight bias and negative experiences[3,4]; and

~~WHEREAS, the emphasis put on weight by physicians distracts from pertinent health issues that the patients came to be seen for, therefore affecting patient's health utilization[5]; and~~

WHEREAS, H429-A/21 states that the "American Osteopathic Association…will initiate a profession-wide program to provide leadership in addressing the American obesity epidemic"; now therefore be it

RESOLVED, that the American Osteopathic Association (AOA) recognizes that ~~disproportionate~~ bias suffered by individuals with overweight and **OBESE CONDITIONS** ~~obesity~~ in healthcare is a public health issue; and be it further

RESOLVED, THAT THE AOA SUPPORTS EQUITABLE AND AFFORDABLE INSURANCE COVERAGE FOR PROVEN TREATMENTS, INCLUDING THE USE OF PHARMACEUTICALS IN THE MANAGEMENT OF INDIVIDUALS WITH OVERWEIGHT AND OBESE CONDITIONS, AND BE IT FURTHER

RESOLVED, the AOA promote greater awareness and research regarding how to reduce the implicit and explicit bias in healthcare ~~is~~ needed to improve the treatment and management of individuals with **THE ~~DISEASES~~ CONDITIONS OF** overweight and obesity.

References

1. Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960-1962 through 2017-2018. NCHS Health E-Stats. 2020.
2. Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. Obes Rev. 2015 Apr;16(4):319-26. doi: 10.1111/obr.12266. Epub 2015 Mar 5. PMID: 25752756; PMCID: PMC4381543.
3. Lawrence, B. J., Kerr, D., Pollard, C. M., Theophilus, M., Alexander, E., Haywood, D., & O'Connor, M. (2021). Weight bias among health care professionals: A systematic review and meta‚Äêanalysis. Obesity, 29(11), 1802-1812. https://doi.org/10.1002/oby.23266
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Background Information: Provided by AOA Staff

Current AOA Policy:

H408 – A/22 Prevention and Treatment of Obesity Policy Statement

H429-A/21 Obesity Epidemic – Addressing the American Policy Statement

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN ___Adopted as Amended_

DATE ____July 22, 2023_____

SUBJECT: OSTEOPATHIC MEDICINE IS HIGH-VALUE CARE

SUBMITTED BY: Osteopathic Physicians and Surgeons of California / Montana Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

WHEREAS, the Centers for Medicare & Medicaid Services (CMS) have established a goal to have 100 percent of Original Medicare Beneficiaries in accountable care relationships by 2030 (1); and

WHEREAS, The Institute for Healthcare Improvement has defined the Triple Aim of medicine as: improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care (2); and

WHEREAS, studies have shown that osteopathic care, including osteopathic manipulative treatment (OMT), can improve outcomes in a variety of clinical presentations; and

WHEREAS, the addition of OMT to standard care in neonatal intensive care units has been shown to decrease length of stay and costs of care (3); and

WHEREAS, research shows that patient's experiences and expectations improve in the setting of an appropriate bedside evaluation (4); and

WHEREAS, the power of empathy and mind-body connection in osteopathic medical education is being studied by the American Association of Colleges of Osteopathic Medicine (5); now, therefore be it

RESOLVED, that osteopathic medicine, including OMT, meets the values of the Triple Aim, and represents high-value care.

References

1. https://www.cms.gov/blog/cms-innovation-centers-strategy-support-person-centered-value-based-specialty-care
2. https://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx
3. Cerritelli F, Pizzolorusso G, Renzetti C, Cozzolino V, D'Orazio M, Lupacchini M, Marinelli B, Accorsi A, Lucci C, Lancellotti J, Ballabio S, Castelli C, Molteni D, Besana R, Tubaldi L, Perri FP, Fusilli P, D'Incecco C, Barlafante G. A multicenter, randomized, controlled trial of osteopathic manipulative treatment on preterms. PLoS One. 2015 May 14;10(5):e0127370. doi: 10.1371/journal.pone.0127370. PMID: 25974071; PMCID: PMC4431716.
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5. https://www.aacom.org/programs-events/programs-initiatives/project-in-osteopathic-medical-education-and-empathy

Background Information: Provided by AOA Staff

Current AOA Policy:

H436-A/21 Osteopathic Manipulative Medicine (OMM) and Osteopathic Manipulative Treatment (OMT) – Affirming the Scientific and Medical Foundation of Policy Statement

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN ___Adopted_____

DATE ____July 22, 2023_____

SUBJECT: VOTER REGISTRATION AS A SOCIAL DETERMINANT OF HEALTH

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

WHEREAS, citizens from historically excluded backgrounds are impacted more by barriers to voting[1,2]; and

WHEREAS, individuals who experience voter suppression have disproportionately worse health outcomes, and these disparities largely affect people of color[2,3]; and

WHEREAS, the relationship between health and voter participation perpetuates inequities in health, social, and economic policy, further worsening health disparities[3]; and

WHEREAS, individuals who vote as a form of civic participation self-report a better state of health than those who do not vote or choose to abstain from voting[4]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) acknowledge voting as a social determinant of health and establish a relationship between voter participation and health outcomes.

References

1. Yagoda N. Addressing Health Disparities Through Voter Engagement. Ann Fam Med. 2019 Sep;17(5):459-461. doi: 10.1370/afm.2441. PMID: 31501209; PMCID: PMC7032920.
2. Pabayo R, Liu SY, Grinshteyn E, Cook DM, Muennig P. Barriers to Voting and Access to Health Insurance Among US Adults: A Cross-Sectional Study. The Lancet Regional Health - Americas. 2021;2:100026. doi:10.1016/j.lana.2021.100026.
3. Brown CL, Raza D, Pinto AD. Voting, health and interventions in healthcare settings: a scoping review. Public Health Rev. 2020;41:16. doi:10.1186/s40985-020-00133-6.
4. Kim S, Kim C, You MS. Civic participation and self-rated health: a cross-national multi-level analysis using the world value survey. J Prev Med Public Health. 2015;48(1):18-27. doi:10.3961/jpmph.14.031.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Not Adopted____

DATE: ____July 22, 2023_____

SUBJECT: AMENDMENT TO H444-A/20 "ADOPTING AND PROMOTING NON-STIGMATIZING LANGUAGE FOR SUBSTANCE USE DISORDERS"

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

WHEREAS, substance use disorder is recognized as a chronic medical condition by the American Society of Addiction Medicine[1]; and

~~WHEREAS, the word "relapse" has a negative connotation when used toward patients[2] and is not a term that is used to describe those with other chronic conditions who have a reemergence of their disease; and~~

WHEREAS, language used to describe conditions can change patient outcomes and alter physician-patient relationships[3]; now, therefore be it

RESOLVED, that policy H444-A/20 be amended to read: The American Osteopathic Association (AOA) commit to the use of clinically-accurate, non-stigmatizing, person-first language (**INCLUDING, BUT NOT LIMITED TO,** "substance use disorder," "recovery," "substance misuse," "positive or negative urine screen," "person with a substance use disorder," and "**RECURRENCE OF USE**") and discourage the use of stigmatizing terminology ~~(**SUCH AS**, "substance abuse," "substance abuser," "addict," "alcoholic," "clean/dirty," and "**RELAPSE**")~~ in future publications, resolutions, and educational materials both in print and online.

References

1. Definition of Addiction. (2011, August 15). American Society of Addiction Medicine. Retrieved from https://www.asam.org/docs/default-source/public-policy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=a8f64512_4.
2. Ashford, Robert D., Austin M. Brown, and Brenda Curtis. "Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias." Drug and alcohol dependence 189 (2018): 131-138.
3. Robert D. Ashford, Austin M. Brown, Jessica McDaniel & Brenda Curtis (2019) Biased labels: An experimental study of language and stigma among individuals in recovery and health professionals, Substance Use & Misuse, 54:8, 1376-1384, DOI: 10.1080/10826084.2019.1581221.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above: H444-A/20 Adopting and Promoting Non-Stigmatizing Language for Substance Use Disorders Policy Statement

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ADOPTED AS AMENDED
DATE: July 22, 2023

SUBJECT: SUPPORTING ACCESS TO ~~OVER-THE-COUNTER~~ ORAL CONTRACEPTIVE PILLS

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

WHEREAS, access to safe, effective, and affordable contraceptives is necessary to maintain reproductive autonomy[1,2]; ~~and~~**NOW THEREFORE BE IT**

~~WHEREAS, currently oral contraceptive pills (OCPs) are available prescription only[1,3]; and~~

~~WHEREAS, organizations such as the American College of Obstetricians and Gynecologists (ACOG)[4], the American Academy of Family Physicians (AAFP)[5], and the American Medical Association (AMA)[6] support over-the-counter access to oral contraceptive pills; now, therefore be it~~

RESOLVED, that the American Osteopathic Association (AOA) stand in support of affordable ~~over-the-counter~~ access to oral contraceptive pills**.** ~~**CONSISTENT WITH FDA GUIDELINES** without an age restriction; and, be it further~~

~~RESOLVED, that the American Osteopathic Association (AOA) encourage the U.S. Food and Drug Administration to approve affordable over-the-counter access to oral contraceptive pills without an age restriction.~~

References

1. Committee opinion no. 615: Access to contraception. (2015*). Obstetrics and Gynecology*, 125(1), 250–255. *https://doi.org/10.1097/01.AOG.0000459866.14114.33*.
2. Grindlay, K., & Grossman, D. (2016). Prescription Birth Control Access Among U.S. Women at Risk of Unintended Pregnancy. *Journal of women's health* (2016), 25(3), 249–254. https://doi.org/10.1089/jwh.2015.5312.
3. *Grossman D, Grindlay K, Li R, Potter JE, Trussell J, Blanchard K. Interest in over-the-counter access to oral contraceptives among women in the United States. Contraception. 2013 Oct;88(4):544-52. doi: 10.1016/j.contraception.2013.04.005. PMID: 23664627; PMCID: PMC3769514.*
4. American College of Obstetricians and Gynecologists. *Over-the-Counter Access to Hormonal Contraception.* (2019). 134(4), 10. from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/10/over-the-counter-access-to-hormonal-contraception.
5. American Academy of Family Physicians. *Over-the-Counter Oral Contraceptives.* (2019). Retrieved August 28, 2022, from https://www.aafp.org/about/policies/all/otc-oral-contraceptives.html.
6. American Medical Association. *AMA urges FDA to make oral contraceptives available over-the-counter.* (2022). Retrieved May 5, 2023, from https://www.ama-assn.org/press-center/press-releases/ama-urges-fda-make-oral-contraceptive-available-over-counter.

Background Information: Provided by AOA Staff
Current AOA Policy: H409-A/22 Contraceptive Coverage Legislation

AOA policy is limited to maintaining co-payment for contraceptive services at a cost no higher than the set level of co-payment for any other prescription.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended
DATE: July 22, 2023

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
Chicago, IL 60611
312.202.8000
osteopathic.org

103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (500 SERIES) -wACTION
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTIONS:
Committee on Constitution and Bylaws (500 series)
This reference committee reviews and considers the wording of all proposed amendments to the AOA's Constitution, Bylaws and the Code of Ethics.

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-500	Amendments to the American Osteopathic Association Constitution- Article VI: Sec 1B **(*Second Read*)**	CAGOS	Constitution & Bylaws	Adopted as Amended
H-501	Amendments to the American Osteopathic Association Constitution- Article VI: Sec 1D ***(Second Read)***	CAGOS	Constitution & Bylaws	Adopted as Amended
H-502	Amendments to the American Osteopathic Association Constitution- Article VII: Sec 2 ***(Second Read)***	CAGOS	Constitution & Bylaws	Adopted as Amended
H-503	Amendments to the American Osteopathic Association Constitution- Article X ***(Second Read)***	CAGOS	Constitution & Bylaws	Adopted as Amended
H-504	WITHDRAWN			
H-505	Amendments to the American Osteopathic Association Constitution – Article IX – Amendments **(First Read)**	CAGOS	Constitution & Bylaws	First Read
H-506	Amendments to the American Osteopathic Association Constitution – Article VII: Section 2 ***(First Read)***	CAGOS	Constitution & Bylaws	First Read
H-507	Amendments to the American Osteopathic Association Constitution - Article VIII: Section 1 C, D and E ***(First Read)***	CAGOS	Constitution & Bylaws	First Read
H-508	Amendments to the American Osteopathic Association Constitution – Article X ***(First Read)***	CAGOS	Constitution & Bylaws	First Read
H-509	WITHDRAWN			
H-510	Amendments to the American Osteopathic Association Bylaws – Article XI: Section 1 and Section 2	CAGOS	Constitution & Bylaws	Adopted as Amended
H-511	Amendments to the American Osteopathic Association Bylaws – Article I: Section 1 and 3	CAGOS	Constitution & Bylaws	Referred to CAGOS
H-512	Amendments to the American Osteopathic Association Bylaws – Article II: Section 2 A	CAGOS	Constitution & Bylaws	Adopted as Amended

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As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-513	Amendments to the American Osteopathic Association Bylaws – Article II: Section 3	CAGOS	Constitution & Bylaws	Adopted as Amended
H-514	Amendments to the American Osteopathic Association Bylaws – Article II: Section 4	CAGOS	Constitution & Bylaws	Adopted as Amended
H-515	Amendments to the American Osteopathic Association Bylaws – Article III: Section 1, 2 and 3	CAGOS	Constitution & Bylaws	Adopted as Amended
H-516	Amendments to the American Osteopathic Association Bylaws – Article IV: Section 2	CAGOS	Constitution & Bylaws	Adopted as Amended
H-517	Amendments to the American Osteopathic Association Bylaws – Article V: Section 3	CAGOS	Constitution & Bylaws	Adopted as Amended
H-518	WITHDRAWN			
H-519	Amendments to the American Osteopathic Association Bylaws – Article VII: Section 5	CAGOS	Constitution & Bylaws	Adopted as Amended
H-520	Amendments to the American Osteopathic Association Bylaws – Article VIII: Section 9 and New Article XI: Section 1 and 2	CAGOS	Constitution & Bylaws	Postpone to 2024
H-521	Amendments to the American Osteopathic Association Bylaws – Article VIII: Section 6 F, 7 A and D	CAGOS	Constitution & Bylaws	Adopted as Amended
H-522	Amendments to the American Osteopathic Association Bylaws – Article VII: Section 1 H	CAGOS	Constitution & Bylaws	Adopted as Amended
H-523	Amendments to the American Osteopathic Association Bylaws – Article XII	CAGOS	Constitution & Bylaws	Postpone to 2024
H-524	Conflicts of Interest	MAOP	Constitution & Bylaws	Not Adopted
H-525	Interpretation of the American Osteopathic Association Code of Ethics for Employed Physicians	IOMA	Constitution & Bylaws	Not Adopted

SUBJECT: AMENDMENTS TO ARTICLE VI, SEC 1 B OF THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION
(*Second Read*)

SUBMITTED BY: Committee on AOA Governance & Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article VI – House of Delegates - Section 1 - Composition, Part B Student Council Representation – of the Constitution at the 2023 House of Delegates annual meeting: now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2022 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2023 House of Delegates:

AOA Constitution

Article VI – House of Delegates, Section 1 - Composition, Part B (Student Council Representation)

B. Student Council Representation in Divisional Societies
Divisional societies shall be awarded one additional delegate as a student council representative for each college of osteopathic medicine accredited by ~~the association~~ **THE COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA)** and located in the state represented by that divisional society, such student delegate IS to be elected according to the Bylaws of the American Osteopathic Association.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted_as Amended__

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO ARTICLE VI SEC 1 D OF AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION
(Second Read)

SUBMITTED BY: Committee on AOA Governance & Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article VI – House of Delegates – Section 1 – Composition – Part D - of the Constitution at the 2023 House of Delegates annual meeting; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2022 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2023 House of Delegates:

AOA Constitution

Article VI - House of Delegates, Section 1 - Composition

D. REPRESENTATION OF OSTEOPATHIC POSTDOCTORAL TRAINEES AND NEW PHYSICIANS IN PRACTICE. OSTEOPATHIC PHYSICIANS IN POSTDOCTORAL TRAINING AND NEW PHYSICIANS IN PRACTICE SHALL BE REPRESENTED BY THREE DELEGATES TO BE SELECTED BY THE BUREAU OF EMERGING LEADERS AS PROVIDED IN THE BYLAWS OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted as Amended

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO ARTICLE VII SEC 2 OF THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION
(Second Read)

SUBMITTED BY: Committee on AOA Governance & Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article VII – Officers – Section 2 – Administrative Officers – of the Constitution at the 2023 House of Delegates annual meeting; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2022 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2023 House of Delegates:

AOA Constitution

Article VII - Officers, Section 2- Administrative Officers
The administrative officers shall be Chief Executive Officer, a ~~controller~~ **CHIEF FINANCIAL OFFICER**, a General Counsel, and an Editor**-IN-CHIEF** who shall all be appointed by the Board of Trustees and employed to serve for such term as the Board shall define. The duties of these officers shall be those usual to such officers in their respective offices and such others as are set forth in the Bylaws. The Chief Executive Officer shall be the Secretary of the Association.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted as Amended

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO ARTICLE X OF THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION
(Second Read)

SUBMITTED BY: Committee on AOA Governance & Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article X – Gender Disclaimer – of the Constitution at the 2023 House of Delegates annual meeting; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2022 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2023 House of Delegates:

AOA Constitution

Article X - Gender Disclaimer
The American Osteopathic Association is open to **ALL** persons ~~of both sexes~~ and does not discriminate against any persons because of ~~sex~~ **THEIR GENDER IDENTITY**; therefore, the wording herein importing the masculine or feminine gender ~~includes the~~ **IS INCLUSIVE OF ALL** ~~other~~ gender **IDENTITIES** and imports no such discrimination.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None
This resolution to be discussed in conjunction with resolution H508-A/23 and H523-A/23.

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted as Amended

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION – ARTICLE IX ***(First Read)***

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article IX - Amendments - of the Constitution at the 2024 House of Delegates annual meeting; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2023 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2024 House of Delegates:

AOA Constitution

Article IX – Amendments

This Constitution may be amended by the House of Delegates at any annual meeting by a two-thirds vote of the total number of delegates accredited for voting, provided that such amendments shall have been presented to the House and filed with the Chief Executive Officer at a previous annual meeting, who shall cause them to be distributed by U.S. mail or electronic communication to each **VOTING REPRESENTATIVE OF THE** divisional **SOCIETY** and **AFFILIATED ORGANIZATION** ~~specialty society~~ ~~entitled to and voting representatives~~ to the House of Delegates, posted on the AOA's website, and **COMMUNICATED IN AN OFFICIAL PUBLICATION OF THE ASSOCIATION** ~~published ON-LINE in the on-line edition of *THE DO* *The Journal of Osteopathic Medicine*~~ not less than two months nor more than four months prior to the meeting at which they are to be acted upon.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __*First Read*_____

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION – ARTICLE VII: SECTION 2 ***(First Read)***

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the role of the Editor will exist however not as an Administrative Officer. The proposed updated definition of the role of the Editor has been updated in the Bylaws; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article VII – Officers – Section 2 Administrative Officers - of the Constitution at the 2024 House of Delegates annual meeting; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2023 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2024 House of Delegates:

AOA Constitution

Article VII – Officers
Section 2 – Administrative Officers
The administrative officers shall be Chief Executive Officer, a Controller[1], **AND** a General Counsel~~, and an Editor~~ who shall be appointed by the Board of Trustees and employed to serve for such term as the Board shall define. The duties of these officers shall be those usual to such officers in their respective offices and such others as are set forth in the Bylaws. The Chief Executive Officer shall be the Secretary of the Association.

Background Information: Provided by AOA Staff

Current AOA Policy: None
Prior HOD action on similar or same topic: None

[1] The title of Controller to Chief Financial Officer is under review as a second read in 2023.

FISCAL IMPACT: $0

ACTION TAKEN: _____*First Read*_____

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION - ARTICLE VIII: SECTION 1 C, D AND E ***(First Read)***

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article VIII – Board of Trustees and Executive Committee – Section 1 Board of Trustees, Part C, Part D and Part E - of the Constitution at the 2024 House of Delegates annual meeting; and

WHEREAS, Section 1-C are grammatical correction; Section 1-D is a grammatical correction and the AOA no longer has these programs; and Section 1-E is a grammatical correction; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2023 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2024 House of Delegates:

AOA Constitution

Article VIII – Board of Trustees and Executive Committee
Section 1 – Board of Trustees
The Board of Trustees shall be the administrative and executive body of the association and perform such other duties as are provided by the bylaws. The Board of Trustees of this association shall consist of twenty-eight members.

C. One new physician in practice member elected by the House of Delegates to serve for **A TERM OF** one year. Candidates for the new physician in practice position **SHALL BE** osteopathic physicians who have completed their postdoctoral training within the past five years ~~shall be~~ **AND BE** nominated by **THE** Bureau of Emerging Leaders. Candidates must be members in good standing of the AOA;

D. One postdoctoral trainee, to include intern, resident, or a fellow, member elected by the House of Delegates to serve for **A TERM OF** one year. Candidates for the postdoctoral trainee position shall be enrolled in an **ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION** (ACGME) ~~or AOA-approved~~ internship, residency or fellowship. Candidates for the postdoctoral trainee position shall be nominated by the Bureau of Emerging Leaders. Candidates should be members in good standing of the AOA; and

E. One student member elected by the House of Delegates to serve for **A TERM OF** one year. Candidates for the student position shall be nominated, in ~~altering~~ **ALTERNATING** years, by the Council of Osteopathic Student Government Presidents (COSGP) and the Student Osteopathic Medical Association (SOMA).

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ___*First Read*_____

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION – ARTICLE X ***(First Read)***

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the procedure for amending the Constitution of the American Osteopathic Association (AOA), as described in Article IX of the Constitution requires that all proposed amendments be presented to the House of Delegates and filed with the Chief Executive Officer at the annual meeting in the year prior to its presentation to the House of Delegates for action; and

WHEREAS, the Board of Trustees Committee on AOA Governance and Organizational Structure has undertaken a review of the AOA's Constitution and Bylaws and intends to present proposed changes to Article X – Gender Disclaimer - of the Constitution at the 2024 House of Delegates annual meeting; and

WHEREAS, the pronouns within the Constitution and Bylaws to be updated to 'their', 'them', 'they' to be gender neutral to show inclusivity. The usage of these pronouns would eliminate the need for a gender disclaimer; now, therefore be it

RESOLVED, that the official meeting record reflect that a first reading of the following amendment has been presented at the July 2023 annual meeting of the AOA House of Delegates and filed with the Chief Executive Officer of the AOA so that it can be presented for action at the 2024 House of Delegates:

AOA Constitution

~~Article X - Gender Disclaimer~~
~~The American Osteopathic Association is open to persons of both sexes and does not discriminate against any persons because of sex; therefore, the wording herein importing the masculine or feminine gender includes the other gender and imports no such discrimination.~~

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic:
H439-A20 Gender Identity
H406-A19 Discrimination in Healthcare

FISCAL IMPACT: $0

ACTION TAKEN: ___*First Read*_____

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE XI: SECTION 1 AND SECTION 2

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, it is important for all members to be notified of changes to the Bylaws and the Articles of Incorporation; and

WHEREAS, there are several mechanisms to provide notifications and having a broader term provides more opportunity to deliver the messages; and

WHEREAS, it is necessary to amend the AOA's Bylaws to provide clarity; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article ~~XI~~ **XII**[1] Amendments

Section 1-Bylaws

These Bylaws may be amended at any annual or special meeting of the House of Delegates by a two-thirds vote of the total number of delegates accredited for voting, provided that the amendment shall have been filed with the Chief Executive Officer at least two months before the meeting at which the amendment is to be voted upon. Upon receiving a copy of the amendment, it shall be the duty of the Chief Executive Officer **TO USE REASONABLE EFFORTS TO DISTRIBUTE IT** ~~to cause it to be distributed~~ by U.S. mail or electronic mail, to **ALL AOA MEMBERS AND** each divisional **SOCIETY** and **AFFILIATED ORGANIZATIONS** ~~specialty society~~ entitled to send voting representatives to the House of Delegates, posted on the AOA's website, and published in **AN OFFICIAL PUBLICATION OF THE ASSOCIATION** ~~the on-line in *The DO* edition of *The Journal of Osteopathic Medicine*~~ at least one month before the meeting. The Board of Trustees may revise the proposed amendment if necessary to secure conformity to this Constitution and Bylaws and shall then refer it to the House for final action not later than the day prior to the end of the meeting.

Section 2-Articles of Incorporation

The Articles of Incorporation of this Association may be amended by the adoption of a resolution by the Board of Trustees setting forth the proposed amendment and directing that the amendment be submitted to a vote at a meeting of the House of Delegates, which may be either an annual or a special meeting. Written or printed notice setting forth the proposed amendment or a summary of the changes to be

[1] Will be updated to XII should resolution H-520-A/2023 be approved

effected thereby shall be posted on the AOA's website and delivered not less than two weeks nor more than 40 days before the date of the meeting, either personally or by mail, by or at the direction of the President, or the Chief Executive Officer, or the officers or persons calling the meeting, to each delegate entitled to vote at such meeting.

Written or printed notice shall **FURTHER BE PUBLISHED IN AN OFFICIAL PUBLICATION OF THE ASSOCIATION AND SENT IN AN OFFICIAL EMAIL COMMUNICATION TO ALL AOA MEMBERS** ~~include the printing of the amendment in the electronic and/or printed issue of *The Journal of Osteopathic Medicine* published~~ not less than two weeks or more than 40 days before the date of the meeting. The proposed amendment shall be adopted upon receiving at least two-thirds of the votes entitled to be cast by the total number of delegates accredited for voting.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE I: SECTION 1 AND 3

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, it is necessary that AOA's Bylaws provide a clear definition for both when a Charter may be issued and when it may likewise be revoked;

WHEREAS, the Bylaws currently do not detail when a Charter may be revoked and for the purposes of clarifying this process; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article I – Divisional AND District SOCIETIES and Affiliated ~~Societies~~ ORGANIZATIONS

Section 1-Divisional Societies

Any state, territorial, provincial or foreign osteopathic organization, or an organization of osteopathic physicians serving in the uniformed services of the United States, which may desire to become a divisional society of the American Osteopathic Association and be chartered as a divisional society of this Association, shall apply on a prescribed form, submit evidence that its Constitution, Bylaws, and Code of Ethics generally conform to those of this Association, and maintain an organizational structure which shall generally conform to that of this Association.

Upon such application, the Chief Executive Officer and the Board of Trustees shall investigate and, finding satisfactory proof, shall recommend to the House of Delegates that a charter be issued. The Association shall not issue such a charter to more than one divisional society in a given **GEOGRAPHICAL** area**. THE ASSOCIATION ALSO HAS THE AUTHORITY TO REVOKE OR SUSPEND THE CHARTER OF ANY DIVISIONAL SOCIETY. THE BOARD OF TRUSTEES, UPON TWO-THIRDS AFFIRMATIVE VOTE, MAY SUSPEND A CHARTER FOR A PERIOD OF TIME UNTIL THE NEXT REGULARLY SCHEDULED MEETING OF THE HOUSE OF DELEGATES. THE HOUSE OF DELEGATES MAY, BY TWO-THIRDS VOTE, REVOKE A CHARTER**.

Section 3-Affiliated Organizations

Upon application from any organization for a charter as an affiliated organization, the Board of Trustees and the Chief Executive Officer shall investigate such

organization and, upon satisfactory proof of a general agreement in policy and governing rules with those of this Association, shall recommend to the House of Delegates the issuance of such a charter. The Association shall not issue a charter to any organization, which duplicates the function or prerogatives of any present affiliated organization. ~~All organizations which have as their membership osteopathic physicians in good standing with the AOA, whether holding a current charter of affiliation or not, shall have as a medium of communication all publications of the AOA.~~ **THE ASSOCIATION ALSO HAS THE AUTHORITY TO REVOKE OR SUSPEND THE CHARTER OF ANY AFFILIATED ORGANIZATION. THE BOARD OF TRUSTEES, UPON TWO-THIRDS AFFIRMATIVE VOTE, MAY SUSPEND A CHARTER FOR A PERIOD OF TIME UNTIL THE NEXT REGULARLY SCHEDULED MEETING OF THE HOUSE OF DELEGATES. THE HOUSE OF DELEGATES MAY, BY TWO-THIRDS VOTE, REVOKE A CHARTER.**

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Referred to CAGOS_

DATE: ____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE II: SECTION 2 A

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the American Osteopathic Association's Commission on Osteopathic College Accreditation accredits programs; and

WHEREAS, there is no longer a Continuing Medical Education requirement for membership; and

WHEREAS, obtaining an endorsement and written letters of recommendations is a long process that would deter physicians from wanting to reinstate their membership; and

WHEREAS, it is necessary to amend the language in Article II, Section 2 a; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article II Membership
Section 2-Membership Requirements
a. Applicants for Regular Membership
An applicant for regular membership in this Association shall be a graduate of a college of osteopathic medicine ~~approved~~ **ACCREDITED** by the American Osteopathic Association's Commission on Osteopathic College Accreditation or a graduate of an allopathic medical school accredited by the Liaison Committee on Medical Education or a graduate of a school of medicine located outside of the United States who completed residency training in a program accredited by the Accreditation Council on Graduate Medical Education and shall be eligible for licensure as an osteopathic or allopathic physician and/or surgeon or shall be in a training program, which is a prerequisite for licensure. Allopathic applicants should have an interest in promoting, advocating for and representing the interests of osteopathic medicine and osteopathic physicians.

Application shall be made on the prescribed form and shall be accompanied by payment of the appropriate dues amount.

Unless specifically noted, an applicant whose completed application and payment of appropriate dues has been received and processed shall be enrolled as a regular member. An applicant whose membership in this Association has previously been

withdrawn for reasons other than ~~failure to meet CME requirements or~~ non-payment of dues, or who has previously been convicted of a felony offense or whose license to practice has at any time been revoked, shall be further required **TO PROVIDE THE APPLICATION TO AND RECEIVE APPROVAL FROM THE BUREAU OF MEMBERSHIP; SUCH APPROVAL SHALL BE MADE BY THE BUREAU OF MEMBERSHIP IN ITS DISCRETION**. ~~to obtain the endorsement of the secretary of the divisional society in the state, province, or foreign country in which the applicant resides (or the endorsement of the secretary of the uniformed services divisional society in the case of applicants currently serving in the uniformed services of the United States), or, lacking this endorsement, an applicant who is in good standing in his community shall provide letters of recommendation from three members of the Association and provide a personal written statement as to why membership in the Association should be extended or restored. Such information and application shall be carefully reviewed by the Bureau of Membership, which shall make an appropriate recommendation for reinstatement to the Board of Trustees.~~

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended

DATE: _____July 22, 2023_____

UBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE II: SECTION 3

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, it is important to distinguish that a member can be purposeful and/or persistent; and

WHEREAS, to conform the Bylaws with current practices and avoid inconsistencies with Article VII, Section 1(h) that provides that the Committee on Ethics is tasked with investigating complaints now therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article II Membership
Section 3-Disciplinary Action
The membership of any member of the Association who, in the opinion of the Executive Committee of the Association, purposely ~~and~~ **OR** persistently violates the established policy of the Association or who seeks to undermine the unity of the osteopathic profession or of any of its divisional societies or affiliated organizations may be revoked, suspended, or placed on probation by action of the Executive Committee of the Association ~~upon the recommendation of the Committee on Membership~~, after the member has been given notice and an opportunity to be heard before such action is taken. Any individual whose membership has been so revoked, suspended, or placed on probation shall have the right of appeal to the Board of Trustees of the AOA at its next regular meeting, requesting a review of the action of the Executive Committee, ~~and~~ the Board of Trustees, on review, may in its discretion take such action in regard thereto as it deems appropriate.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE II: SECTION 4

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, there is no longer a Continuing Medical Education requirement for membership; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article II Membership

~~Section 4-Continuing Medical Education~~

~~Regular members shall be required to satisfy Continuing Medical Education (CME) requirements. The CME requirements shall be determined and administered by the Board of Trustees. Members who do not meet the CME requirement are subject to such disciplinary action as is determined to be appropriate by the Board of Trustees, including revocation of membership, suspension, censure or probation.~~

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted as Amended

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE III: SECTION 1 A AND 1 B, AND 3

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, to conform the Bylaws language with current and best practices; and

WHEREAS, the Bureau of Membership can develop the policy for hardship cases for the Board of Trustees to approve; and

WHEREAS, an assessment fee has a negative notation and to retain membership should not be considered; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article III - Dues and Assessments

Section 1-Dues

a. Members

The annual dues of all members of the Association (except for allied members discussed in **ARTICLE III**, Section 1(c) and student members discussed in **ARTICLE III**, Section 1(d) shall be determined by the House of Delegates. The Board of Trustees shall be responsible for administration of dues, including determination of the membership year, the schedule for payment of dues, and the suspension of membership for nonpayment of dues. A suspended member may be reinstated upon payment of dues and assessments, provided such payment is received prior to the end of the membership year.

b. Hardship Cases

Upon recommendation of the ~~Committee on~~ **BUREAU OF** Membership, the Board of Trustees, or its Executive Committee, may **APPROVE A POLICY THAT IDENTIFIES CIRCUMSTANCES UNDER WHICH THE AOA WILL** remit a part or all of the annual dues of a member in good standing who, **DUE TO A PHYSICAL OR MENTAL DISABILITY MAINTAINS A LIMITED PRACTICE OR IS UNABLE TO PRACTICE.** ~~because of physical disability, maintain a limited practice or no practice. For just cause, properly authenticated, similar action may be taken by the Board of Trustees, or its Executive Committee, in regard to regular members not otherwise specifically covered by other provisions of this Article.~~

Section 2-Assessments

To meet emergencies the Board of Trustees may levy such assessments as may be necessary, provided that the total of such assessments in any one-year

shall not exceed the amount of the annual dues. Failure to pay such assessments shall incur the same penalty as failure to pay dues. Those dropped from membership for nonpayment of dues during the fiscal year in which an assessment is levied shall be required to pay the assessment prior to reapplying for membership.

Section 3-Refunding Dues
No dues will be refunded if a membership is terminated for cause **AS PROVIDED IN ARTICLE II, SECTION 3 OR ARTICLE VII, SECTION 1, PART H OF THESE BYLAWS** or because of resignation.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE IV: SECTION 2

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, it is desirable to allow for methods of communicating pertinent changes to the AOA's Code of Ethics beyond publication in *The Journal of Osteopathic Medicine*; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article IV Code of Ethics
Section 2
The Code of Ethics may be amended by the House of Delegates at any annual meeting by two-thirds vote of the total number of delegates accredited for voting, provided a copy of the proposed amendment is deposited with the Chief Executive Officer at least 90 days before the annual meeting at which it is to be voted upon.

It shall be the duty of the Chief Executive Officer to have the proposed amendment distributed by electronic communication or first class mail, postage prepaid, to each divisional **SOCIETY** and ~~specialty society~~ **AFFILIATED ORGANIZATION** entitled to send voting representatives to the House of Delegates, posted on the AOA's website, and **COMMUNICATED IN AN OFFICIAL PUBLICATION OF THE ASSOCIATION** ~~published in *The Journal of Osteopathic Medicine*~~ not later than one month before the annual meeting at which the amendment is scheduled for consideration.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE V: SECTION 3

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, to ensure accuracy, the name of the committee has been updated; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article V House of Delegates

Section 3-Committee on Credentials

The Committee on Credentials shall consist of three or more members appointed by the President and it shall be the duty of the Committee to receive and validate the credentials of the delegates to the House and to report all delegates entitled to be seated in the House. The Chief Executive Officer shall furnish the ~~Credentials~~ Committee **ON CREDENTIALS** a list showing the number of delegates to which each divisional society is entitled. In case any organization has selected more than its legal representation, the Chief Executive Officer shall drop surplus names from the list, beginning at the bottom, and shall notify the divisional society of this action.

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE VII: SECTION 5

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, updating the indemnification section to be concise is a standard practice; and

WHEREAS, it is necessary to amend the AOA's Bylaws to provide clarity; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article VII Board of Trustees

Section 5-Indemnification

~~Each trustee, officer, and employee of this Association now or hereafter in office and his heirs, executors, and administrators, and each trustee, officer, and employee of this Association and his heirs, executors, and this Association as employee, trustee, director, or officer of another corporate entity controlled by this Association, shall be indemnified by this Association against all costs, expenses, judgments, fines, and amounts or liability therefore, including counsel fees, reasonably incurred by or imposed upon him in connection with or resulting from any action, suit, proceeding, or claim to which he may be made a party, or in which he may be or become involved by reason of his acts of omission or commission, or alleged acts of omission or commission as such trustee, officer, or employee, or, subject to the subsequent provisions of the section, any settlement thereof, whether or not he continues to be such trustee, officer, or employee at the time of incurring such costs, expenses, judgments, fines or amounts, provided that such indemnification shall not apply with respect to any matters as to which such trustee, officer, or employee shall be finally adjudged in such action, suit, or proceeding to have been individually guilty of misconduct, misfeasance, or malfeasance in the performance of his duty as such trustee, officer, or employee. The indemnification herein provided shall, with respect to any settlement of any such suit, action, proceeding, or claim, include reimbursement of any amounts paid and expenses reasonably incurred in settling any such suit, action, proceeding, or claim, when the Board of Trustees has determined that such settlement and reimbursement appear to be for the best interests of this Association. Such determination shall be made (1) by the Board of Trustees or by a majority vote of a quorum consisting of trustees who were not parties to such action, suit, or proceeding, or (2) if such a quorum is not obtainable (or, even if obtainable, a quorum of disinterested trustees so directs) by independent legal counsel in a written opinion. The foregoing right of indemnification shall be in addition to and not exclusive of any and all other rights~~

~~as to which any such trustee, officer, or employee may be entitled under any bylaw, agreement, or otherwise.~~

~~Expenses incurred in defending a civil or criminal action, suit, or proceeding may be paid by the Association in advance of the final disposition of such action, suit, or proceeding as authorized by the Board of Trustees or Executive Committee in the manner heretofore provided, upon receipt of a written undertaking by or on behalf of the trustee, officer, or employee to repay such amount unless it shall ultimately be determined that he is entitled to be indemnified by the Association as authorized in this section.~~

EACH TRUSTEE, OFFICER, BUREAU MEMBER, COUNCIL MEMBER, COMMITTEE MEMBER, OR EMPLOYEE OF THE ASSOCIATION SHALL BE HELD HARMLESS AND INDEMNIFIED BY THE ASSOCIATION AGAINST ALL CLAIMS AND LIABILITIES AND ALL COSTS AND EXPENSES, INCLUDING ATTORNEYS' FEES AND DEFENSE COSTS, REASONABLY INCURRED OR IMPOSED UPON SUCH PERSON IN CONNECTION WITH OR RESULTING FROM ANY ACTION, SUIT OR PROCEEDING, OR THE SETTLEMENT OR COMPROMISE THEREOF, TO WHICH SUCH PERSON MAY BE MADE A PARTY BY REASON OF ANY ACTION TAKEN OR OMITTED TO BE TAKEN BY SUCH PERSON AS A TRUSTEE, OFFICER, COUNCIL MEMBER, COMMITTEE MEMBER, EMPLOYEE OR AGENT OF THE ASSOCIATION, IN GOOD FAITH. THIS RIGHT OF INDEMNIFICATION SHALL INURE TO SUCH PERSON WHETHER OR NOT SUCH PERSON IS A TRUSTEE, OFFICER, BUREAU MEMBER, COUNCIL MEMBER, COMMITTEE MEMBER, OR EMPLOYEE AT THE TIME SUCH LIABILITIES, COSTS OR EXPENSES ARE IMPOSED OR INCURRED AND, IN THE EVENT OF SUCH PERSON'S DEATH, SHALL EXTEND TO SUCH PERSON'S LEGAL REPRESENTATIVES.

TO THE EXTENT AVAILABLE, the Board of Trustees may authorize the Association to purchase and maintain insurance on behalf of any person who is or was a trustee, **OFFICER, BUREAU MEMBER, COUNCIL MEMBER, COMMITTEE MEMBER, OR** employee of the Association or is or was serving at the request of the Association as a trustee, director, officer, employee, or agent of another corporate entity controlled by the Association against any liability asserted against him and incurred by him in any such capacity, or arising out of his status as such, whether or not the Association would have the authority or power to indemnify him against such liability under the provisions of this section.

Background Information: Provided by AOA Staff
Current AOA Policy: None
Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE VIII SECTION 9 AND NEW ARTICLE XI: SECTION 1 AND 2

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, it is not common business practice to have the Editor-in-Chief as an administrative officer as this position is not intricately involved in the daily operations of the Association; and

WHEREAS, it is common business practice to have an Editor-in-Chief oversee a scholarly journal and report to the Board of Trustees and Chief Executive Officer; and

WHEREAS, if approved any reference to the Editor-In-Chief under the Administrative Officers sections will be removed; and

WHEREAS, it is necessary to amend the AOA's Bylaws to reflect common business practice; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article VIII Duties of Officers

~~Section 9-Editor-in-Chief~~

~~The Editor-in-Chief shall:~~

~~a. Have the editorial direction, in accordance with the established policies of the Board of Trustees and House of Delegates, of *The Journal of Osteopathic Medicine*, other periodical publications of the Association under the general supervision of the Chief Executive Officer and shall cooperate with all departments of the central office.~~

~~b. Be provided with such assistance as is necessary to the proper conduct of his office, subject to the directives of the Board of Trustees through the Chief Executive Officer.~~

ARTICLE XI PUBLICATIONS

SECTION 1 — SCHOLARLY JOURNAL

THE ASSOCIATION SHALL MAINTAIN A SCHOLARLY JOURNAL, *THE JOURNAL OF OSTEOPATHIC MEDICINE*, ALONG WITH ANY OTHER SCIENTIFIC PUBLICATONS AS THE BOARD OF TRUSTEES MAY DEEM APPROPRIATE. ANY SUCH PUBLICATONS SHALL BE OVERSEEN BY AN

EDITOR, APPOINTED BY THE BOARD OF TRUSTEES, WHO SHALL BE RESPONSIBLE FOR OVERSEEING THE EDITORIAL DECISIONS OF ANY SUCH PUBLICATIONS.

SECTION 2 – EDITOR

THE EDITOR SHALL:

a. **HAVE THE EDITORIAL DIRECTION, IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE BOARD OF TRUSTEES AND HOUSE OF DELEGATES, OF *THE JOURNAL OF OSTEOPATHIC MEDICINE*, OTHER PERIODICAL PUBLICATONS OF THE ASSOCIATION UNDER THE GENERAL SUPERVISION OF THE CHIEF EXECUTIVE OFFICER AND SHALL COOPERATE WITH ALL DEPARTMENTS OF THE CENTRAL OFFICE.**

b. **BE PROVIDED WITH SUCH ASSISTANCE AS IS NECESSARY TO THE PROPER CONDUCT OF THEIR OFFICE, SUBJECT TO THE DIRECTIVES OF THE BOARD OF TRUSTEES THROUGH THE CHIEF EXECUTIVE OFFICER**.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Postpone to 2024___

DATE: ____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE VIII: SECTION 6 F and 7 A AND 7 D

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, should the House of Delegates elect to remove the Editor-In-Chief as an Administrative Officer, this position would need to be removed; and

WHEREAS, it is not common practice to file a bond with a surety company; and

WHEREAS, it is necessary to amend the AOA's Bylaws; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article VIII Duties of Officers

Section 6 – Chief Executive Officer

The Chief Executive Office shall:

f. Be authorized to provide such assistance as is necessary for the proper conduct of the central office, subject to the directives of the Board of Trustees, and at the expiration of his term shall deliver to his successor all property and papers pertaining to his office. ~~He shall file bond with such surety company and in such amount as the Board of Trustees shall determine.~~

Section 7— Chief Financial Officer

The Chief Financial Officer **SHALL**:

a. Have charge of the funds and assets of the Association, cooperate with the Chief Executive Officer ~~and Editor-In-Chief~~ under the direction of the Board of Trustees, and disburse such funds only in the manner prescribed by the Board of Trustees.

d. Be provided with such assistance as is necessary to the proper conduct of his office, subject to the directives of the Board of Trustees ~~through~~ **AND** the Chief Executive Officer. ~~He shall file bond with such surety company and in such sum as the Board of Trustees may determine.~~

Background Information: Provided by AOA Staff

Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE VII: SECTION 1 H

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the names of the committees have changed; and

WHEREAS, it is necessary to amend the AOA's Bylaws to reflect the current practice; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

Article VII Board of Trustees
Section 1 - Duties

h. Decide finally all questions of an ethical or judicial character. It shall have investigated by the **BOARD APPEALS AND ETHICS REVIEW** Committee ~~on Ethics~~ all charges or complaints of violation of the Constitution, Bylaws, or of grossly unprofessional conduct of any member. The Board shall have the power to censure, place on probation for not exceeding a three-year period, suspend for not exceeding a three-year period or expel a member, as the findings warrant. A member may be cited to appear before it by the Board of Trustees or the **BOARD APPEALS AND ETHICS REVIEW** Committee ~~on Ethics~~ to answer charges or complaints of unethical or unprofessional conduct. Upon the final conviction of any member of an offense amounting to a felony under the law applicable thereto, or the final revocation of, or suspension of, his license to practice in a state on the grounds of having committed a violation of a disciplinary provision of the licensing law by a duly constituted state licensing agency, or the voluntary surrender of his license while under charges of having committed said violation, such member shall automatically be deemed expelled from membership in this Association; a conviction shall be deemed final for the purposes hereof when affirmed by an appellate tribunal of final jurisdiction or upon expiration of the period allowed for appeal. The ~~Committee on~~ **BUREAU OF** Membership shall be granted the authority to restore to membership a doctor whose license was revoked, and later retroactively reinstated by his licensing board.

If, because of a breach of the Code of Ethics, a member shall have been suspended, or expelled from a divisional society or affiliated organization by proper action of such divisional society or affiliated organization, the Board of Trustees of this Association shall review the record of such decision. The

decision may first be referred to the **BOARD APPEALS AND ETHICS REVIEW** Committee ~~on Ethics~~ for recommendations. If the Board shall concur in the action of the divisional society or affiliated organization, such member shall be suspended for the same period of time or expelled from this Association upon the same basis as in the decision of the divisional society or affiliated organization. The Board is authorized to adopt and amend from time to time, in the manner directed by the Board, a Guide for Administrative Procedure regulating the procedure applicable to matters involving violations of the Code of Ethics.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: AMENDMENTS TO THE AMERICAN OSTEOPATHIC ASSOCIATION BYLAWS – ARTICLE XII

SUBMITTED BY: Committee on AOA Governance and Organizational Structure (CAGOS)

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, it has been recommended that the pronouns within the Bylaws be updated to 'their', 'them', 'they' to be gender neutral, show inclusivity, and eliminate implicit bias.

WHEREAS, the usage of such gender neutral pronouns would eliminate the need for a gender disclaimer; now, therefore be it

RESOLVED, that the AOA House of Delegates approve the following amendments to:

AOA Bylaws

~~Article XII Gender Disclaimer~~
~~The American Osteopathic Association is open to all persons and does not discriminate against any person because of their gender identity; therefore, the wording herein importing the masculine or feminine gender is inclusive of all gender identities and imports no such discrimination.~~

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic:
H439-A20 Gender Identity
H406-A19 Discrimination in Healthcare

FISCAL IMPACT: $0

ACTION TAKEN: __Postpone to 2024___

DATE: ____July 22, 2023_____

SUBJECT: CONFLICTS OF INTEREST

SUBMITTED BY: Maryland Association of Osteopathic Physicians

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, the AOA Rules and Guidelines on Physician Professional Conduct and the AOA Code of Ethics recognizes that physicians have an obligation to act professionally; and

WHEREAS, the AOA Rules and Guidelines is vague in stating what that behavior entails, stating in the Rules and Guidelines that “appropriate management of potential conflicts of interest” be employed; and

WHEREAS, people serving on multiple boards overseeing different aspects of osteopathic medicine may create conflicts. Clarity on what constitutes a conflict of interest, and a process to address potential conflicts is needed to address disagreements on whether or not a conflict exists; and

WHEREAS, meaningful and clear policy can guard against potential conflicts of interest and clarify situations in which conflicts may exist; and

WHEREAS, it is in the best interests of the AOA to maintain fair and effective guidelines to protect against conflicts of interest; and

WHEREAS, this lack of clarity has resulted in disparate definitions of conflict ranging from acceptance of financial incentives of any kind or financial incentives deemed to be substantive enough to effect judgment without clarification of how these determinations would be made; now, therefore be it

RESOLVED, that the AOA work to identify these potential conflicts of interest, particularly in the AOA and affiliated organizations with a policy to be included in the Code of Ethics; and, be it further

RESOLVED, that the AOA accept that people in positions of leadership be asked to recuse themselves from discussion or voting on items in which they have a duality of interest, or conflict of interest, and that policies be developed to guard against decisions being made that could be influenced by conflicting interests, and that public sharing of annual declarations of conflicts be shared on the AOA webpage for members to see; and, be it further

RESOLVED, that a system of adjudicating conflicts of interest in dispute be developed by the AOA for situations where members do not agree on whether a conflict exists.

Background Information: Provided by AOA Staff
Current AOA Policy: The Conflict of Interest policy was approved by the AOA Board of Trustees in February 2022.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN ____Not Adopted_____

DATE _____July 22, 2023_____

SUBJECT: INTERPRETATION OF THE AMERICAN OSTEOPATHIC ASSOCIATION CODE OF ETHICS FOR EMPLOYED PHYSICIANS

SUBMITTED BY: Iowa Osteopathic Medical Association

REFERRED TO: Committee on Constitution and Bylaws

WHEREAS, according to a recent study[1], 74% of physicians are employed by hospitals/healthcare systems or corporations (Physician Employers); and

WHEREAS, employed physicians often face unique ethical challenges as a result of being an employee[2]; and

WHEREAS, having an interpretation of the American Osteopathic Association Code of Ethics which addresses the challenges unique to employed physician would help these physicians advocate for patients and themselves; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) Committee on Ethics is directed to produce a written interpretation guide to the AOA Code of Ethics which addresses the unique ethical challenges experienced by employed physicians.

Resources
1. http://www.physiciansadvocacyinstitute.org/Portals/0/assets/docs/PAI-Research/Specialty%20Analysis%20Key%20Findings-final.pdf?ver=u7j_0pnUKpOdsvLf1i-siA%3d%3d April 2022, accessed May 4, 2023

2. **DeCamp, Matthew, etal.,** Ethical and Professionalism Implications of Physician Employment and Health Care Business Practices: A Policy Paper From the American College of Physicians. Ann Intern Med. 16 March 2021. doi:10.7326/M20-7093

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: Not Adopted

DATE: July 22, 2023

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (600 SERIES) -w/ACTION
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTIONS:
Ad Hoc Committee (600 series)
This reference committee reviews and considers materials relating to physician practice issues, affiliate dynamics, insurance and communications activities.

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-600	Centers For Medicare and Medicaid Services Policies (SR–Source:H600-A/18)	BFHP	Ad Hoc	Adopted
H-601	Combating Pharmaceutical Evergreening to Decrease Healthcare Costs and Increase Quality, Competition (SR–Source:H629-A/18)	BFHP	Ad Hoc	Adopted as Amended
H-602	Comprehensive Gun Violence Reform (SR–Source:H630-A/18)	BFHP	Ad Hoc	Adopted
H-603	Increasing the Education and **AVAILABILITY** ~~Preventative Prescribing~~ of Naloxone Use for Opioid Overdose (SR–Source:H632-A/18)	BFHP	Ad Hoc	Adopted as Amended
H-604	Recognizing Sexual Assault Survivors -Rights (SR–Source:H634-A/18)	BFHP	Ad Hoc	Adopted
H-605	Urge Congress to Retain DACA Protections (SR–Source:H637-A/18)	BFHP	Ad Hoc	Adopted as Amended
H-606	Veterans – Health Care for U.S. (SR–Source:H614-A/18)	BFHP	Ad Hoc	Adopted as Amended
H-607	AOA Accreditation of Sponsors Providing Osteopathic Continuing Medical Education (AOA Category 1-A) (SR-Source:H618-A/18)	BOE	Ad Hoc	Adopted
H-608	Tenets of Osteopathic Medicine (SR-Source:H617-A/18)	BOE	Ad Hoc	Adopted
H-609	Taser Safety (SR-Source:H615-A/18)	BORPH	Ad Hoc	Referred to BORPH
H-610	Tobacco Use in Entertainment Media (SR-Source:H613-A/18)	BORPH	Ad Hoc	Adopted
H-611	Cancer Screening- Payment for (SR-Source:H603-A/18)	CERA	Ad Hoc	Adopted
H-612	Qualifications for the Practice of OMT and the Coding and Billing for (SR-Source:H608-A/18)	CERA	Ad Hoc	Adopted as Amended

AMERICAN OSTEOPATHIC ASSOCIATION

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (600 SERIES) -w/ACTION
As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-613	ICD-10 Codes for Laboratory Tests-Assignment of Appropriate (SR-Source:H610-A/18)	CERA	Ad Hoc	Adopted
H-614	Opposing Policies by Third Party Payors that may Negatively Impact the Provision of Healthcare (SR-Source:H607-A/18)	CERA	Ad Hoc	Adopted as Amended
H-615	Physician Co-Management of a Patient (SR-Source:H604-A/18)	CERA	Ad Hoc	Adopted as Amended
H-616	Recovery Audit Contractors (RAC)- Payment of (SR-Source:H606-A/18)	CERA	Ad Hoc	Adopted
H-617	Criminal Liability for Clinical Decisions (SR-Source:H605-A/18)	CSHA	Ad Hoc	Adopted as Amended
H-618	Osteopathic Graduate Medical Education (SR-Source:H611-A/18)	BOE	Ad Hoc	Adopted as Amended
H-619	Board Certification of Insurance Company Peer Reviewers	MAOPS	Ad Hoc	Adopted as Amended
H-620	Licensure of Insurance Company Employed Physicians	MAOPS	Ad Hoc	Adopted as Amended
H-621	Reducing Burdens in the Utilization of Step Therapy	MOA	Ad Hoc	Not Adopted
H-622	Protection of the Patient-Physician Relationship and Opposition to Physician Penalties for the Provision of Gender Affirming Care	OOA	Ad Hoc	Adopted as Amended
H-623	Invisible Disabilities	OOA	Ad Hoc	Adopted as Amended
H-624	Improving Pharmaceutical Formulary Accessibility	OOA	Ad Hoc	Adopted as Amended
H-625	Conflicts Between Employed Physicians and Employers	IOMA	Ad Hoc	Referred to IOMA
H-626	Non-Physician Clinician Medical Liability	IOMA	Ad Hoc	Adopted as Amended
H-627	CAQ for Bariatric Surgery	ACOS	Ad Hoc	Not Adopted

AMERICAN OSTEOPATHIC ASSOCIATION

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (600 SERIES) -w/ACTION
As of 07-24-23

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-628	In Support of Training and Advocacy for Diverse Patient Populations Including but Not Limited to LGBTQ2+ Within Residency	OPSC	Ad Hoc	Adopted as Amended
H-629	Minimal Credentialing in Post-Acute and Long-Term Care (PALTC) Medicine	FOMA	Ad Hoc	Adopted as Amended
H-630	Requirement for Minimum Education Standards for Medical Directors	FOMA	Ad Hoc	Adopted as Amended
H-631	Implementing Land Acknowledgements at American Osteopathic Association (AOA) Events	SOMA	Ad Hoc	Referred to SOMA
H-632	Increasing Access to Affordable Insurance for Undocumented Immigrants	SOMA	Ad Hoc	Not Adopted
H-633	Non-Compete Clauses in Healthcare Employment Contracts	BFHP	Ad Hoc	Adopted as Amended

SUBJECT: CENTERS FOR MEDICARE AND MEDICAID SERVICES POLICIES – SOURCE: H600-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association will continue to inform state associations and their members on policies and rules being considered by the Centers for Medicare and Medicaid Services and/or other federal agencies on major patient/physician issues and encourages the state associations to provide their members with the information and take an active role in responding to CMS on policies and rules pertinent to their members, their practices, and patients.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1998; 2003 Reaffirmed as Amended; 2008 Reaffirmed; 2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: COMBATING PHARMACEUTICAL EVERGREENING TO DECREASE HEALTHCARE COSTS AND INCREASE QUALITY, COMPETITION – SOURCE: H629-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) advocate**S** for and support**S** all efforts to combat evergreening defined as the practice of extending the patent on a drug by filing a new patent for a marginal modification in shape, dose, or color in such a way that no efficacious benefit is made~~, in the pharmaceutical sector~~.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: COMPREHENSIVE GUN VIOLENCE REFORM – SOURCE: H630-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it is duplicative; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be SUNSET.

The American Osteopathic Association join physician like-minded organizations in the call for Congressional legislation that:

1. Labels gun violence as a national public health issue.
2. Funds appropriate research on gun violence as part of future federal budgets.
3. Establishes constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity.

Background Information: Provided by AOA Staff
Current AOA Policy: H630-A/18 was incorporated in H409-A/21 FIREARM POLICY COMPENDIUM, which is the comprehensive white paper on firearms by BFHP.

Prior HOD action on similar or same topic: As noted above.

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: INCREASING THE EDUCATION AND **AVAILABILITY** ~~PREVENTATIVE PRESCRIBING~~ OF NALOXONE ~~USE~~ FOR OPIOID OVERDOSE – SOURCE: H632-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association (AOA) supports **THE CONTINUED AVAILABILITY OF NALOXONE AS AN OVER-THE-COUNTER MEDICATION,** ~~preventive prescribing of Naloxone~~ and the education and training of its use for patients at risk of overdose, family members, and caregivers~~, in order~~ to prevent opioid/opiate related deaths.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: RECOGNIZING SEXUAL ASSAULT SURVIVORS' RIGHTS – SOURCE: H634-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) advocate for the legal protection of sexual assault survivors' rights as defined by the Survivors' Bill of Rights Act of 2016.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: URGE CONGRESS TO RETAIN DACA PROTECTIONS – SOURCE: H637-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) supports Deferred Action for Childhood Arrivals (DACA) medical students, residents, and physicians; and the AOA support and urge Congress to pass comprehensive immigration legislation that accommodates and resolve**S** DACA status.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: VETERANS – HEALTH CARE FOR U.S. – SOURCE: H614-A/18

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Bureau on Federal Health Programs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Bureau on Federal Health Programs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports adequate health care funding by the federal government to provide health care for all U.S. Veterans at Veterans Health Administration **(VHA)** facilities and supports federal funding for veterans to utilize ~~community~~ **NON-VHA EMPLOYED** physicians for care **IN ORDER TO IMPROVE ACCESS AND QUALITY OF CARE FOR AMERICAN VETERANS** when ~~Veterans' Health Administration~~ **VHA** facilities cannot provide adequate ~~or~~ timely, **OR REASONABLE GEOGRAPHIC** access.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2003; 2008; 2013; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: AOA ACCREDITATION OF SPONSORS PROVIDING OSTEOPATHIC CONTINUING MEDICAL EDUCATION (AOA CATEGORY 1-A) – SOURCE:H-618-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association (AOA) be barred from divesting itself of, through merger, sale or other action, the responsibility of accrediting osteopathic continuing medical education sponsors to any entity other than an AOA recognized osteopathic affiliated organization.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2018)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: TENETS OF OSTEOPATHIC MEDICINE – SOURCE: H617-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association approves the following consensus statement on the tenets of osteopathic medicine:

1. The body is a unit; the person is a unity of body, mind and spirit.
2. The body is capable of self-regulation, self-healing and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation and the interrelationship of structure and function.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: TASER SAFETY - SOURCE: H-615-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association encourages further research on cardiac arrest, death, and other adverse health effects associated with shocks from taser electronic control devices.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: _Referred to BORPH_____

DATE: _____July 22, 2023_____

SUBJECT: TOBACCO USE IN ENTERTAINMENT MEDIA
- SOURCE: H-613-A/18

SUBMITTED BY: Bureau of Osteopathic Research and Public Health

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Research and Public Health has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Research and Public Health recommends that the following policy be REAFFIRMED.

The American Osteopathic Association encourages media producers to eliminate the use of tobacco products in entertainment media.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2003; 2008; 2013 Reaffirmed as Amended)

Prior HOD action on similar or same topic:
H-308-A/18 Alcohol and Tobacco – Advertising Ban on

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: CANCER SCREENING- PAYMENT FOR - SOURCE: H603-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports cancer screening payment by all payers according to the current evidence-based guidelines.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008 Amended and Reaffirmed; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: QUALIFICATIONS FOR THE PRACTICE OF OSTEOPATHIC MANIPULATIVE TREATMENT AND THE CODING AND BILLING FOR- SOURCE: H608-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; and

WHEREAS, certifying boards now provide option for family medicine certification with or without NMM certification. Physicians should still be able to practice and get paid for OMT, regardless of board certification status/type; now, therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association believes that only fully licensed physicians are qualified to perform and report osteopathic manipulative treatment (OMT) with **CURRENT** CPT Codes~~. 98925-98929.~~ **LICENSED PHYSICIANS QUALIFIED TO PROVIDE OMT SHOULD NOT BE DENIED PAYMENT BASED ON WHETHER OR NOT A PHYSICIAN HAS CHOSEN TO PURSUE OMT BOARD CERTIFICATION.**

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: ICD-10 CODES FOR LABORATORY TESTS — ASSIGNMENT OF APPROPRIATE - SOURCE: H610-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now, therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports the use of appropriate single ICD codes to justify the ordering of laboratory tests, if those tests are ordered as part of the evaluation of a disease process or in the context of an already known disease; and the AOA will communicate this policy to the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, health insurance companies, and to the U.S. Congress.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted

DATE: July 22, 2023

SUBJECT: OPPOSING POLICIES BY THIRD PARTY PAYORS THAT MAY NEGATIVELY IMPACT THE PROVISION OF HEALTHCARE - SOURCE: H607-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED AS AMENDED.

The American Osteopathic Association **IN ORDER** to preserve the physician-patient relationship and physician clinical judg~~e~~ment as the basis for formulating an individual plan of care, supports policy requiring that third party payors should assist physicians ~~by publishing~~ **TO PUBLISH UTILIZATION MANAGEMENT POLICIES, COVERAGE CRITERIA, THEIR CORRESPONDING** guidelines, ~~and~~ rationales **AND POLICIES** for exceptions to expedite care; **AND BE IT FURTHER RESOLVED, THAT THE AMERICAN OSTEOTPATHIC ASSOCIATION** opposes **ANY** policies and any practice**S** of third party payors that replace physician clinical judgment with a fixed protocol or potentially less effective medication~~s~~ for required trial of treatment~~; and opposes **ANY** policies and any practice**S** of third party payors that replace physician clinical judgment with a fixed protocol~~ **OR** ~~of~~ prerequisite of diagnostic procedures

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended_

DATE: ____July 22, 2023_____

SUBJECT: PHYSICIAN CO-MANAGEMENT OF A PATIENT
- SOURCE: H604-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association's supports co-management of a patient, requiring the patient to have an examination by the physician who will be performing the procedure; the physician providing the procedure be available for the follow-up care of the patient; and if for any reason the physician providing the procedure cannot provide the pre- and post-procedural care to the patient, that ~~he/she~~ **THEY/THEM** arrange for an osteopathic or allopathic physician to provide for the pre-procedural and post-procedural care. In cases where a physician is unavailable, non-physician clinicians should be under physician supervision, in accordance with the state law.

Background Information: Provided by AOA Staff

Current AOA Policy: As noted above (2002, 2003 Reaffirmed as Amended; 2008 Reaffirmed; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: RECOVERY AUDIT CONTRACTORS (RAC)- PAYMENT OF - SOURCE: H606-A/18

SUBMITTED BY: Council on Economic and Regulatory Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is scheduled for sunset review; and

WHEREAS, the Council on Economic and Regulatory Affairs has reviewed the policy and determined that it remains relevant; now. therefore be it

RESOLVED, that the Council on Economic and Regulatory Affairs recommends that the following policy be REAFFIRMED.

The American Osteopathic Association supports removing the contingency payment of Recovery Audit Contractors (RACs) replacing with a flat-rate compensation.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (2013; 2018 Reaffirmed)

Prior HOD action on similar or same topic: As noted above

FISCAL IMPACT: $0

ACTION TAKEN: ____Adopted_____

DATE: _____July 22, 2023_____

SUBJECT: CRIMINAL LIABILITY FOR CLINICAL DECISIONS
- SOURCE: H605-A/18

SUBMITTED BY: Council on State Health Affairs

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Council on State Health Affairs has reviewed the policy and determined that it remains relevant; now therefore be it

RESOLVED, that the Council on State Health Affairs recommends that the following policy be REAFFIRMED WITH AN EDITORIAL CORRECTION.

The American Osteopathic Association opposes criminal ~~of~~ liability for a physician whose clinical decisions were made without malice and in good faith.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998, 2003 Reaffirmed as Amended; 2008 Reaffirmed; 2013 Reaffirmed as Amended; 2018 Reaffirmed as Amended; 2020 Referred to CSHA)

Prior HOD action on similar or same topic:
Resolution H300-A/20 Intractable and/or Chronic Pain (Not Associated with End of Life Care) was referred to CSHA.

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: OSTEOPATHIC GRADUATE MEDICAL EDUCATION
-SOURCE:H611-A/18

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Ad Hoc Committee

WHEREAS, this policy is to be reviewed for sunset; and

WHEREAS, the Bureau of Osteopathic Education has reviewed the policy; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policy be REAFFIRMED.

The American Osteopathic Association urges its member physicians to support hospitals that provide osteopathic postdoctoral training ~~programs, including those~~ with osteopathic recognition through ACGME, which are an integral part of osteopathic medical education.

Background Information: Provided by AOA Staff
Current AOA Policy: As noted above (1998; 2003 Reaffirmed as Amended; 2008; 2013 Reaffirmed; 2018 Reaffirmed as Amended)

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: ___Adopted as Amended_

DATE: ___July 22, 2023_____

SUBJECT: BOARD CERTIFICATION OF INSURANCE COMPANY PEER REVIEWERS

SUBMITTED BY: Missouri Association of Osteopathic Physicians and Surgeons

REFERRED TO: Ad Hoc Committee

WHEREAS, peer-to-peer reviews are discussions between a physician and an insurance company physician employee that generally occur after an initial prior authorization/pre-certification request has been denied[1]; and

WHEREAS, a 2021 American Medical Association physician survey found that 91% perceived that the prior authorization process, which includes peer-to-peer reviews, had a “somewhat” or “significant” negative impact on patient clinical outcomes[2]; and

WHEREAS, a 2019 survey by the American Medical Association found that physicians responded that in only 15% of peer-to-peer reviews did they feel the health plan’s “peer” ‘always or often’ had the appropriate qualifications to assess and make a determination regarding the prior authorization request[3]; and

WHEREAS, **INITIAL** board certification ~~of physicians~~ helps demonstrate to the public that physicians and medical specialists meet nationally recognized standards for education, knowledge, experience, and skills and ~~maintains~~ **MAINTAINING** their certification through continuous learning and practice improvement ~~in order~~ **ENABLE THEM** to provide high quality care ~~in~~ in a specific medical specialty or subspecialty[4] and ensures the advancement of clinical knowledge and skills throughout a physician’s career[5]; and

WHEREAS, physicians employed by insurance plans who are participating in peer-to-peer reviews may not be required (depending on the state) to be board certified in the specialty and/or subspecialty of the requesting physician or specialty and/or subspecialty related to the medical need(s) of the patient[6]; and

WHEREAS, ~~it is not unprecedented for~~ **MANY** states ~~to~~ **DO** require a physician making medical determinations for insurance companies to be of the same specialty and/or subspecialty as the requesting physician and/or specialty or subspecialty related to the patient’s specific medical needs[7]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) supports state and federal requirements that all insurance company medical directors and any physicians employed by a plan that make medical determinations, including

peer-to-peer reviews, be board certified by the American Osteopathic Association or the American Board of Medical Specialties in a specialty or subspecialty related to the requesting physician's specialty and/**OR** subspecialty and to the specific medical needs of the patient for which the requesting physician is seeking prior authorization/pre-certification.

References

[1,3]2021. Report of the Council on Medical Service. American Medical Association. Promoting Accountability in Prior Authorization. https://www.ama-assn.org/system/files/2021-06/j21-cms-report-4.pdf
[2]2021 AMA Prior Authorization Physician Survey. American Medical Association. https://www.ama-assn.org/system/files/prior-authorization-survey.pdf
[4]American Board of Medical Specialties. Importance of board certification and maintaining certification. Abms.org/faq/importance-of-board-certification-and-maintaining-certification.
[5]American Osteopathic Association. Why choose AOA board certification? Certicifcation.osteopathic.org/why-AOA/
[6,7]2021. Prior Authorization State Law Chart. American Medical Association. 2021. https://www.ama-assn.org/system/files/2021-04/pa-state-chart.pdf

Background Information: Provided by AOA Staff
Current AOA Policy: H642 A/20 Prior Authorization

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended__

DATE: ___July 22, 2023_____

SUBJECT: LICENSURE OF INSURANCE COMPANY-EMPLOYED PHYSICIANS

SUBMITTED BY: Missouri Association of Osteopathic Physicians and Surgeons

REFERRED TO: Ad Hoc Committee

WHEREAS, physician licensing ensures that all practicing physicians have appropriate education and training, and that they abide by recognized standards of professional conduct while serving their patients[1]; and

WHEREAS, practicing physicians are required to have a medical license from the state licensing board in which they are practicing, and these Boards have the responsibility of determining when a physician's professional conduct or ability to practice medicine warrants modification, suspension, or revocation of a license to practice medicine[2]; and

WHEREAS, the Federation of State Medical Boards considers neglect of a patient, failure to meet the accepted standard of care in a state, and failure to meet continuing medical education requirements (which differ from state to state), as unprofessional conduct[3]; and

WHEREAS, **SOME** states such as California, Missouri, North Carolina, and Texas require state licensure of medical directors and/or other physicians employed by the plan and involved in determining clinical appropriateness of noncertifications in the specific state[4]; and

WHEREAS, without licensure in the state the patient is located, it is difficult for **A** state licensing Board to hold physicians accountable for unprofessional conduct related to their medical decision making, including lack of knowledge of standards of care in the state; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) supports state and federal requirements that all insurance company physicians and medical directors participating in reviewing, approving, and denying prior authorization and pre-certification requests, and engaging in peer-to-peer reviews and appeals processes, be licensed to practice medicine in the state in which the patient ~~resides.~~ **IS RECEIVING MEDICAL CARE.**

References

[1]Federation of State Medical Boards. About Physician Licensure. FSMB website, www.fsmb.org.
[2]Federation of State Medical Boards: About Physician Discipline. FSMB Website, www.fsmb.org.
[3]Federation of State Medical Boards: About Physician Discipline. FSMB Website, www.fsmb.org.
[4]2021 Prior Authorization State Law Chart. American Medical Association. 2021. https://www.ama-assn.org/system/files/2021-04/pa-state-chart.pdf

Background Information: Provided by AOA Staff
Current AOA Policy: H301-A-22 State Licensure of Managed Care Organizations Medical Directors

This proposed policy aligns with H602-A/21 which supports requiring MCO medical directors to be fully licensed in the state where the care is being provided.

We have submitted comments to CMS supporting any peer reviews, and especially prior to adverse decisions, be conducted by a relevant specialist and expert in the item/service being reviewed. AOA resolution for action on prior authorization (H602-A/21) is broad but does not include explicit language on peer-to-peer review.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: REDUCING BURDENS IN THE UTILIZATION OF STEP THERAPY

SUBMITTED BY: Michigan Osteopathic Association

REFERRED TO: Ad Hoc Committee

WHEREAS, Step therapy is a process by which medical insurers (private or public) provide coverage for more expensive medications, only after less expensive medications have been prescribed first, even if the lower cost medications may be less effective in the management of the medical condition; and;

WHEREAS, By the time the patient has exhausted treatments as dictated by the step therapy, their medical condition could clinically worsen as well as suffering adverse symptoms as a consequence; and

WHEREAS, difficulty in obtaining exceptions by physicians to the step therapy dedicated regimen, may ultimately increase health care costs; and

WHEREAS, Insurance-mandated step therapy is likely to impede access to newer, innovative therapies; and

WHEREAS, while utilization management like step therapy defines access for patients, it often does not keep pace with clinical guidelines*; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) work with relevant stakeholders to ensure step therapy protocols are based on medical criteria and clinical guidelines developed by independent experts; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) work with relevant stakeholders to streamline the exemption process for patients to move from step therapy.

References

1. https://www.steptherapy.com/step-therapy-legislation-by-state/
2. https://rarediseases.org/state/michigan/
3. https://rarediseases.org/wp-content/uploads/2022/04/20220310_Safe-Step-Coalition-RFI-Comments_Healthy-Futures-Task-Force-Subcommittee-on-Treatments.pdf
4. *Researchers at Tufts Medical Center recently found that step therapy was applied to 38.9% of drug coverage decisions, and more than half (55.6%) of those decisions required more steps than the clinical guidelines for diseases like multiple sclerosis, psoriasis, psoriatic arthritis, or chronic migraines

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic:
Resolution H602-A2021 Prior Authorization was an approved resolution with action assigned to the Public Policy team.

The Public Policy team was involved in drafting legislation to address this issue, the Safe Step Act. The team has been involved since the beginning with drafting of the Safe Step Act, August of 2019, with Sen. Murkowski's office.

Since its initial introduction in late 2019, the AOA has been supportive of the legislation, and continues to be part of our legislative priority in PAC events.

Most recently, the AOA sent endorsement/support letters to sponsors of the legislation for its reintroduction this Congress. The legislation was reported out of the HELP Committee in May of 2023.

FISCAL IMPACT: $0

ACTION TAKEN: _____Not Adopted____

DATE: _____July 22, 2023_____

SUBJECT: PROTECTION OF THE PATIENT-PHYSICIAN RELATIONSHIP AND OPPOSITION TO PHYSICIAN PENALTIES FOR THE PROVISION OF GENDER AFFIRMING CARE

SUBMITTED BY: Ohio Osteopathic Association

REFERRED TO: Ad Hoc Committee

WHEREAS, gender affirming care for transgendered individuals includes one or more of the following components: social affirmation, puberty blockers, cross-sex hormone therapy, gender affirming surgery, and legal affirmation; and

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

WHEREAS, the AOA has adopted Policy ~~H445-A/15~~ **H439-A/20** which supports the provision of adequate and medically necessary treatment for transgender and gender-variant people and opposes discrimination on the basis of gender identity; and

WHEREAS, the **AMERICAN OSTEOPATHIC ASSOCIATION, AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS,** American Medical Association, American Academy of Pediatrics, American College of Physicians, and American Psychiatric Association object to policies that interfere with the patient-physician relationship and penalize evidence based gender affirming care; now, therefore, be it

RESOLVED, that the American Osteopathic Association supports policy that all patients~~, including emancipated minors and minors with parental consent,~~ continue to have access to medically ~~appropriate~~ **COMPREHENSIVE EVIDENCE-BASED** gender affirming ~~evidence based~~ care; and be it further

RESOLVED, that the American Osteopathic Association opposes any policy that penalizes physicians for **RECOMMENDING AND/OR** providing requested medically ~~appropriate~~ **COMPREHENSIVE EVIDENCE-BASED** gender affirming ~~evidence based~~ care to their patients.

Background Information: Provided by AOA Staff

Current AOA Policy:

H439-A/20 Gender Identity Non-Discrimination

AOA policy supports the provision of adequate and medically necessary treatment for transgender and gender-variant people and opposes discrimination on the basis of gender identity.

H325-A/22 Interference Laws – Amendment to American Osteopathic Association

This policy opposes legislative interference in the physician-patient relationship.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended___

DATE: _____July 22, 2023_____

SUBJECT: ~~INVISIBLE~~ **NON APPARENT** DISABILITIES

SUBMITTED BY: Ohio Osteopathic Association

REFERRED TO: Ad Hoc Committee

WHEREAS, ~~about 20% of people (approximately 66 million Americans) live with a condition which could be considered an invisible disability; and~~ **THE TERM ~~INVISIBLE~~ NON APPARENT DISABILITIES ~~AS CREATED AND DEFINED BY THE INVISIBLE DISABILITIES ASSOCIATION (IDA)~~, DISTINGUISHES DISABILITIES NOT READILY APPARENT BASED ON JUST LOOKING AT A PERSON, LEADING THE PERSON TO FIGHT A BATTLE SELDOM ACKNOWLEDGED BY THE OUTSIDE WORLD; AND**

WHEREAS, A SIGNIFICANT NUMBER OF AMERICANS ARE LIVING WITH A CHRONIC MEDICAL CONDITION; DISABILITIES, CHRONIC ILLNESS, CHRONIC PAIN AND INJURIES CAN ALL BE CONSIDERED INVISIBLE DISABILITIES AS THEY IMPACT PEOPLE IN A RANGE OF SEVERITIES FROM MINOR IMPAIRMENTS TO COMPLETE DISABILITY; AND

WHEREAS, WITHOUT THE OBVIOUS SIGNS OF DISABILITY, MANY OF THOSE WITH INVISIBLE DISABILITIESA MAY BE ACCUSED OF FAKING AND/OR EXAGGERATING THEIR CONDITIONS WHICH COULD RESULT IN A LACK OF FUNDING, ACCOMODATIONS, MEDICAL RESOURCES, AND/OR OVERALL SUPPORT; NOW, THEREFORE BE IT

~~WHEREAS, nearly half of Americans are living with a chronic medical condition, totaling 165 million people. Disabilities, chronic illnesses, chronic pain and injuries can all be considered invisible disabilities as they impact people in a range of severities from minor impairments to complete disability; and~~

~~WHEREAS, the term invisible disabilities as created and defined by Invisible Disabilities Association (IDA), distinguishes disabilities not readily apparent based on just looking at a person, leading the person to fight a battle seldom acknowledged by the outside world; and~~

~~WHEREAS, without the obvious signs of disability, many of those with invisible disabilities are accused of faking and/or exaggerating their conditions, resulting in a lack of funding, accommodations, medical resources, and overall support; and~~

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

RESOLVED, THAT THE AMERICAN OSTEOPATHIC ASSOCIATION ENCOURAGES INCREASED AWARENESS FOR PATIENTS WITH INVISIBLE DISABILITIES; AND BE IT FURTHER

RESOLVED, that the American Osteopathic Association **SUPPORTS** ~~encourages~~ osteopathic physicians to continue to listen to the patient without bias or judgment and provide support as needed.~~; and be it further~~

~~RESOLVED, that the American Osteopathic Association encourages increased awareness for patients with invisible disabilities.~~

Background Information: Provided by AOA Staff

Current AOA Policy:

H203-A/22 Education for Performance of Disability Assessment Policy Statement

H209-A/20 Incorporating Continued Medical Education Regarding Intellectual and Developmental Disabilities Policy Statement

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: _____July 22, 2023_____

SUBJECT: IMPROVING PHARMACEUTICAL FORMULARY ACCESSIBILITY

SUBMITTED BY: Ohio Osteopathic Association

REFERRED TO: Ad Hoc Committee

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

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

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

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

WHEREAS, discontinuation or delays in initiating medications can be detrimental to patients' health; and

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

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

RESOLVED, that the American Osteopathic Association supports efforts to mandate payors to timely publish updated medicine formularies online **WITH** ~~in~~ open **ACCESSIBILITY.** ~~accessible means.~~

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: Resolution H325-A/16 Formularies – Notification to Physicians was approved in 2016 as an action item.

AOA requires all entities maintaining formularies to provide regularly updated plan-specific formulary information to physicians in a timely manner; and urge entities to provide patients with access to all information needed to identify the specific formulary the patient is required to utilize.

FISCAL IMPACT: $0

ACTION TAKEN: __Adopted as Amended__

DATE: ____July 22, 2023_____

SUBJECT: CONFLICTS BETWEEN EMPLOYED PHYSICIANS AND EMPLOYERS

SUBMITTED BY: Iowa Osteopathic Medical Association

REFERRED TO: Ad Hoc Committee

WHEREAS, according to a recent study[1], 74% of physicians are employed by hospitals/healthcare systems or corporations (Physician Employers); and

WHEREAS, during the COVID-19 pandemic, some Physician Employers failed to provide physicians and others with appropriate personal protective equipment (PPE), placing the physician, their co-workers, their families, and patients at risk for infection; and

WHEREAS, the American Osteopathic Association Code of Ethics states in part, "A physician should make a reasonable effort to partner with patients to promote their health and **shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts** (emphasis added)[2]."

WHEREAS, caring for patients with potentially infectious diseases without appropriate PPE would violate the AOA Code of Ethics; and

WHEREAS, many physicians who refused to work without adequate PPE were disciplined, fined, or even fired by their Physician Employer[3]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) declares that a physician acts ethically when the physician refuses a directive of a Physician Employer that could reasonably be expected to place the physician, the physician's family, coworkers, or patients at risk of harm.

References

1. http://www.physiciansadvocacyinstitute.org/Portals/0/assets/docs/PAI-Research/Specialty%20Analysis%20Key%20Findings-final.pdf?ver=u7j_0pnUKpOdsvLf1i-siA%3d%3d April 2022, accessed May 4, 2023
2. https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/, Section 5, accessed May 4, 2023
3. https://www.medscape.com/viewarticle/927590, March 26, 2020, accessed May 4, 2023

Background Information: Provided by AOA Staff
Current AOA Policy: AOA Code of Ethics

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: __Referred to IOMA____

DATE: _____July 22, 2023_____

SUBJECT: NON-PHYSICIAN CLINICIAN MEDICAL LIABILITY

SUBMITTED BY: Iowa Osteopathic Medical Association

REFERRED TO: Ad Hoc Committee

WHEREAS, the American Osteopathic Association's policy H640-A/20 NON-PHYSICIAN CLINICIANS addresses several issues related to non-physician clinicians including some aspects of medical legal liability; and

WHEREAS, current AOA policy does not adequately address who should be held liable when a non-physician clinician who is supposed to be working under the supervision of or in collaboration with a physician fails to seek consultation or collaboration with the physician; now, therefore be it

RESOLVED, that the American Osteopathic Association's H640-A/20 NON-PHYSICIAN CLINICIANS policy be amended as follows:

H640-A/20 NON-PHYSICIAN CLINICIANS
The American Osteopathic Association has adopted the attached policy paper as its position on non-physician clinicians including appropriate onsite supervision. 2000, revised 2005; revised 2010; reaffirmed 2015; revised 2018; adopted as amended 2020.

Policy Statement - 2018
NON-PHYSICIAN CLINICIANS

Over the course of the past century, scientific and technological advancements have led to improvements in the treatment of disease and standards of patient care. As a result, the standardized medical education, supervised postgraduate ("residency") training and examination series that physicians in the United States are required to complete in order to obtain an unlimited medical license has increased as well. At the same time, however, some states are creating legislative pathways to independent medical practice for other types of clinicians, despite the absence of nationally standardized education, training and testing pathways for these clinician groups, or evidence regarding patient safety outcomes. The current DO/MD medical model, in which medical students and resident physicians are required to demonstrate their ability to safely provide care to patients under the supervision of fully licensed physicians, leading to greater autonomy over time, has proven its ability to provide Physicians with the complete knowledge and skill base needed to ensure patient safety and optimize outcomes. in addition, most states impose additional continuing medical education (CME) requirements, and many physicians elect to undergo rigorous certifying board examinations to demonstrate excellence in a particular specialty, which helps to ensure that physicians remain trained to provide the current highest standard of patient care over the course of their careers.

Thus, it is appropriate that the practice of medicine and the quality of medical care remain the responsibility of physicians, who are the only clinician group properly trained, licensed, and regulated according to uniform laws governing medical licensure in the United States. The American Osteopathic Association (AOA) values the unique training and contributions of all members of the patient care team and supports the concept of uniform licensure pathways for all clinician groups, based upon scope of practice. The AOA further supports appropriate physician involvement in patient care provided by non-physician clinicians and opposes any legislation or regulations which would authorize the independent practice of medicine by an individual who has not completed the state's requirements for physician licensure.

As non-physician clinicians continue to seek wider roles, public policy dictates **THAT** patient safety and proper patient care should be foremost in mind when the issues encompassing expanded practice rights for non-physician clinicians – autonomy, scopes of practice, prescriptive rights, liability, and reimbursement, among others – are addressed.

A. **Patient Safety.** The AOA supports the "team" approach to medical care, with the physician as the leader of that team. The AOA further supports the position that patients should be made clearly aware at all times whether they are being treated by a non-physician clinician or a physician. The AOA recognizes the growth of non-physician clinicians and supports their rights to practice with appropriate physician involvement within the scope of relevant state statutes.

B. **Independent Practice.** It is the AOA's position that roles within the "team" framework must be clearly defined, through established state-level supervisory protocols and signed agreements, so physician involvement in patient care is sought when a patient's case dictates and patients can rest assured that physician involvement in their care will remain the same regardless of practice setting within the state. Further, all non-physician clinicians must refer a patient to a physician when the patient's condition is beyond the non-physician clinician's scope of education, training or expertise.

C. **Liability**. The AOA endorses the view that physician liability for non-physician clinician actions should be reflective of the quality and degree of supervision being provided and should not exonerate the non-physician clinician from liability. **WHEN NON-PHYSICIAN CLINICIANS ARE REQUIRED TO WORK UNDER THE SUPERVISION OF, OR IN COLLABORATION WITH A PHYSICIAN BUT FAIL TO DO SO, THE NON-PHYSICIAN CLINICIAN SHOULD BEAR THE FULL LIABILITY FOR THEIR ACTIONS.** It is the AOA's position that non-physician clinicians providing care in independent practice states should be regulated and disciplined by the entities responsible for regulating and disciplining physicians (i.e. state medical boards), to ensure that all clinicians who are independently practicing medicine are held to the same standard of care and the equivalent degree of liability to that end, the AOA also believes that non-physician clinicians should be required to obtain equivalent malpractice insurance to physicians in states that currently require physicians to possess malpractice insurance.

Background Information: Provided by AOA Staff
Current AOA Policy: H640-A/20 NON-PHYSICIAN CLINICIANS (as noted above)

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended_

DATE: _____July 22, 2023_____

SUBJECT: CAQ FOR BARIATRIC SURGERY

SUBMITTED BY: American College of Osteopathic Surgeons

REFERRED TO: Ad Hoc Committee

WHEREAS, Many Osteopathic Surgeons Certified by the AOA/ AOBS practice in the field of Bariatric Surgery; and

WHEREAS, The American Board of Surgery in conjunction with the American Society of Metabolic and Bariatric Surgery have created a Focused Practice Designation for physicians practicing Bariatric Surgery and DO's Certified by the American Osteopathic Board of Surgery are ineligible to sit for the exam or be recognized; and

WHEREAS, we have already observed competitors advertising their recognition and implying that they are more qualified than their Osteopathic competitors, and

WHEREAS, there is significant financial risk if unable to demonstrate equivalency, and

WHEREAS, attempts to remedy this inequitable situation through dialogue over the last two years, have all been unsuccessful; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) grant permission for the AOBS to create a Certificate of Added Qualifications (CAQ) for Bariatric Surgery to allow Osteopathic Surgeons the same recognition and opportunities to have a level playing field and, be it further

RESOLVED, that the Examination will be administered by the American Osteopathic Board of Surgery and consist of a written exam administered every ten years.

Background Information: Provided by AOA Staff
Current AOA Policy: AOA Bureau of Osteopathic Specialists (BOS) Handbook Article VIII: Petition for Jurisdiction in a New Specialty Field and Article IX. Petition Review Process, page 14-15. AOBS has made request to the BOS Jurisdiction Committee for the approval of the development of a Bariatric Surgery Certificate of Added Qualification in April 2023. The Jurisdiction Committee will meet July 11, 2023 to review the petition.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $150,000
It is an estimated $150,000 expense to create a new subspecialty exam. This includes conducting a job task analysis, recruiting subject matter experts, purchasing reference materials, honorarium for item writers/subject matter experts, staff time, and exam publishing and administrating fees.

ACTION TAKEN: ___Not Adopted_____

DATE: ____July 22, 2023_____

SUBJECT: IN SUPPORT OF TRAINING AND ADVOCACY FOR DIVERSE PATIENT POPULATIONS INCLUDING BUT NOT LIMITED TO LGBTQ+ WITHIN RESIDENCY

SUBMITTED BY: Osteopathic Physicians and Surgeons of California

REFERRED TO: Ad Hoc Committee

WHEREAS, the population of individuals identifying as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) is rapidly growing within the United States, underscoring the importance of physician competency when working with these patients[1]; and

WHEREAS, lack of provider competency and fear of provider discrimination have been cited as leading contributors to barriers of LGBTQ+ healthcare access since data has been collected in these populations[2,3], especially within transgender/gender non-conforming populations, who disproportionately experience health inequities, in part, due to the exclusion of transgender-specific health needs from medical school and residency curricula[2]; and

WHEREAS, the American Osteopathic Association (AOA) supports the inclusion of the evolving understanding of sex and gender based medicine in the medical education programs and curricula across the continuum as stated in H214-A/18 SEX AND GENDER BASED MEDICINE[4]; and

WHEREAS, the American Osteopathic Association (AOA) supports osteopathic medical training by promoting inclusion of diverse standardized patient panels, including patients of all sexual orientations and gender identities as stated in Resolution H-625-A/2022 INCLUSION OF DIVERSE PATIENT POPULATIONS INCLUDING BUT NOT LIMITED TO LGBTQ+ WITHIN STANDARDIZED PATIENT EDUCATION [5], and

WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) core competency IV.B.1.a).(1).(e) emphasizes respect and responsiveness to diverse populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origins, socioeconomic status, and sexual orientation[6]; and

WHEREAS, didactic modules and isolated workshops do not lead to improved comfort or competency in residents with regards to LGBTQ+ care, and are not sufficient in addressing sexual and gender minority health over the course of their medical career[7,8,9]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA), encourages all graduate medical education programs to implement ~~a more~~ inclusive **CURRICULA** ~~curriculum~~, promoting advocacy for patients of all sexual orientations and gender identities.

References

1. Morris, M., Cooper, R.L., Ramesh, A. et al. 2019.Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. BMC Med Educ 19: 325.
2. Dubin, S. N., Nolan, I. T., Streed, C. G., Jr, Greene, R. E., Radix, A. E., & Morrison, S. D. (2018). Transgender health care: improving medical students' and residents' training and awareness. Advances in medical education and practice, 9, 377–391. https://doi.org/10.2147/AMEP.S147183
3. Lambda Legal. When healthcare isn't caring: Lambda Legal's survey on discrimination against LGBT people and people living with HIV. New York: Lambda Legal 2010
4. *H214-A/18 SEX AND GENDER BASED MEDICINE [PDF*]. (2018). The American Osteopathic Association (AOA)
5. H625-A/2022 *INCLUSION OF DIVERSE PATIENT POPULATIONS INCLUDING BUT NOT LIMITED TO LGBTQ+ WITHIN STANDARDIZED PATIENT EDUCATION [PDF]*. (2022). The American Osteopathic Association (AOA)
6. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements (residency). Effective July 1, 2019, Accessed Feb 10, 2023
7. Streed CG Jr, Hedian HF, Bertram A, Sisson SD. Assessment of internal medicine resident preparedness to care for lesbian, gay, bisexual, transgender, and queer/questioning patients. J Gen Intern Med. 2019; 34:893–898
8. Kidd JD, Bockting W, Cabaniss DL, Blumenshine P. Special-"T" training: Extended follow-up results from a residency-wide professionalism workshop on transgender health. Acad Psychiatry. 2016; 40:802–806
9. Pregnall, Andrew M.; Churchwell, André L. MD; Ehrenfeld, Jesse M. MD, MPH. A Call for LGBTQ Content in Graduate Medical Education Program Requirements. Academic Medicine 96(6):p 828-835, June 2021. | DOI: 10.1097/ACM.0000000000003581

Background Information: Provided by AOA Staff

Current AOA Policy: H214 A/18 Sex and Gender Based Medicine

Prior HOD action on similar or same topic:

H625 A/22 Inclusion of Diverse Patient Populations Including But Not Limited to LGBTQ+ within Standardized Patient Education **–** This resolution was referred to Osteopathic Physicians and Surgeons of California

FISCAL IMPACT: $0

ACTION TAKEN _Adopted as Amended_

DATE _____July 22, 2023_____

SUBJECT: MINIMAL CREDENTIALING IN POST-ACUTE AND LONG-TERM CARE (PALTC) MEDICINE

SUBMITTED BY: Florida Osteopathic Medical Association (FOMA)

REFERRED TO: Ad Hoc Committee

WHEREAS, unlicensed and fraudulent health care providers exist in the **POST-ACUTE AND LONG-TERM CARE (PALTC)** arena; and

WHEREAS, PALTC patients/residents and their families have the appropriate expectation that providers caring for them have been properly vetted; and

WHEREAS, a minimal set of credentialing for medical practitioners in PALTC should be efficient and effective; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) **SUPPORT LAWS AND/OR POLICIES TO REQUIRE EMPLOYERS IN THE POST ACUTE AND LONG TERM CARE (PALTC) ARENA TO OBTAIN** ~~promote a professional standard that all health care providers practicing in the PALTC setting will present,~~ at a minimum, proof of identification, i.e., a current government issued photo identification (e.g., driver's license), a current state issued professional license, and, as appropriate, malpractice insurance certificate and a current DEA certificate **FOR ALL HEALTHCARE PROVIDERS BEFORE ALLOWING THEM TO PROVIDE CARE IN THEIR FACILITIES**.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended___

DATE: ___July 22, 2023_____

SUBJECT: REQUIREMENT FOR MINIMUM EDUCATION STANDARDS FOR MEDICAL DIRECTORS **IN POST-ACUTE AND LONG-TERM CARE FACILITIES**

SUBMITTED BY: Florida Osteopathic Medical Association

REFERRED TO: Ad Hoc Committee

WHEREAS, it is well established that Medical Directors in Post-Acute and Long-Term Care (PALTC) must possess an adequate specific fund of knowledge and unique skill set to optimally perform the functions and tasks mandated by this position; and

WHEREAS, there exists evidence-based literature suggesting that the presence of a Medical Director with additional training may improve care quality and is generally more engaged; and

WHEREAS, in the past several years there has been an influx of specialists into the PALTC arena serving in the role of Medical Director, often without any formal supplemental training; and

WHEREAS, it is the desire of the American Osteopathic Association (AOA) to promote the highest quality of care to patients/residents in the PALTC setting; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) support ~~and encourage all initiatives (Federal, State and Local) to promote~~ minimum education standards for physicians serving in the role of Medical Director in Post-Acute and Long-Term Care.~~, to include the completion of a specified number of initial and maintenance education credits within a defined time period~~.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: Adopted as Amended

DATE: July 22, 2023

SUBJECT: IMPLEMENTING LAND ACKNOWLEDGEMENTS AT AMERICAN OSTEOPATHIC ASSOCIATION (AOA) EVENTS

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Ad Hoc Committee

WHEREAS, Indigenous Peoples are "those who inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived[1]; and

WHEREAS, a Land Acknowledgment is a formal statement that respects and honors Indigenous Peoples as "the original stewards of the lands on which we now live" and acknowledges their ties to their ancestral territories[2]; and

WHEREAS, Land Acknowledgements can bring awareness to the cultural erasure of Indigenous Peoples and the health disparities they currently face as a result[3,4]; and

WHEREAS, organizations such as the American Medical Association (AMA) and Association of American Medical Colleges (AAMC) have introduced Land Acknowledgements as a standard part of their equity practice[5]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) work with relevant stakeholders to implement Land Acknowledgements at the beginning of every major event, including, but not limited to, conferences.

References

1. United Nations. (n.d.). *Who are indigenous peoples?* . Retrieved May 5, 2023, from https://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf.
2. Smithsonian National Museum of the American Indian. (n.d.). Honoring Original Indigenous Inhabitants: Land Acknowledgment. Native Knowledge 360. Retrieved May 5, 2023, from https://americanindian.si.edu/nk360/informational/land-acknowledgment.
3. Farrell, J., Burow, P. B., McConnell, K., Bayham, J., Whyte, K., & Koss, G. (2021). Effects of land dispossession and forced migration on indigenous peoples in North America. *Science*, *374*(6567). https://doi.org/10.1126/science.abe4943.
4. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. Appendix A, Native American Health: Historical and Legal Context. Available from: https://www.ncbi.nlm.nih.gov/books/NBK425854/.
5. AMA Center for Health Equity. (2021, October). *Advancing Health Equity: A guide to language, narrative and concepts*. American Medical Association. Retrieved May 5, 2023, from Advancing Health Equity: A Guide to Language, Narrative and Concepts (ama-assn.org) .

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

Additional resources regarding land acknowledgements:
https://www.pcma.org/indigenous-peoples-land-acknowledgements-purposeful/
https://nativegov.org/news/a-guide-to-indigenous-land-acknowledgment/

FISCAL IMPACT: $0
There would be no direct fiscal impact assuming a land acknowledgement could be created, printed and placed in an existing sign frame.

There will be a staff resource impact to research, verify and validate the correct information within the location of the major event to craft the land acknowledgement.

ACTION TAKEN: __REFERRED TO SOMA_

DATE: ___July 22, 2023_____

SUBJECT: INCREASING ACCESS TO AFFORDABLE INSURANCE FOR UNDOCUMENTED IMMIGRANTS

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Ad Hoc Committee

WHEREAS, immigration status is an important limiting factor in determining the provision of health care[1]; and

WHEREAS, undocumented immigrants nationwide are ineligible for Marketplace insurance coverage or financial assistance plans through the Affordable Care Act[2]; and

WHEREAS, the resulting and predominant reliance on emergency services for medical treatment leads to negative health outcomes while adding significant cost and strain to an already taxed system[3,4]; and

WHEREAS, inability to provide needed services for patients based on citizenship status contributes to the emotional, financial, and physical burden placed on physicians[5]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) advocate for increased access and availability of affordable health care services for undocumented immigrants seeking care.

References

1. Rizzolo, K., & Cervantes, L. (2020, October 21). Immigration status and end-stage kidney disease: Role of policy and access to care. PubMed. Retrieved March 6, 2023, from https://pubmed.ncbi.nlm.nih.gov/33089565/.
2. U.S. Centers for Medicare & Medicaid Services. (n.d.). Health coverage for immigrants. HealthCare.gov. Retrieved March 6, 2023, from http://www.healthcare.gov/immigrants/.
3. Beck, T., Le, T.-K., Henry-Okafor, Q., & Shah, M. (2019, January). Medical Care for Undocumented Immigrants - PMC. NCBI. Retrieved March 6, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7141175/.
4. Ornelas IJ, Yamanis TJ, Ruiz RA. The Health of Undocumented Latinx Immigrants: What We Know and Future Directions. Annu Rev Public Health. 2020 Apr 2;41:289-308. doi: 10.1146/annurev-publhealth-040119-094211. PMID: 32237989; PMCID: PMC9246400.
5. Kuczewski, M., Mejias-Beck, J., & Blair, A. (2019, January 1). Good Sanctuary Doctoring for Undocumented Patients | Journal of Ethics | American Medical Association. AMA Journal of Ethics. Retrieved March 6, 2023, from https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2018-12/pfor1-1901_1.pdf

Background Information: Provided by AOA Staff
Current AOA Policy: H338-A/18 Uninsured – Access Health Care

AOA policy supports federal and state efforts to increase access to affordable health care coverage through initiatives that expand coverage to the uninsured through the efficient use of both private and public resources and supports efforts to reform programs such as Medicaid, Medicare, and State Child Health Insurance Program (SCHIP) to provide coverage to populations that would otherwise lack health care coverage and ultimately, access to needed health care services.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _NOT ADOPTED_

DATE: ___July 22, 2023_____

SUBJECT: NON-COMPETE CLAUSES IN HEALTHCARE EMPLOYMENT CONTRACTS

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Ad Hoc Committee

WHEREAS, the use of non-compete clauses in physician employment contracts can have a negative impact on patient access to care, physicians' career mobility, and the overall practice of medicine; and

WHEREAS, nearly 45% of physicians are bound by non-compete agreements in employment contracts;[1] and

WHEREAS, evidence indicates that, within the healthcare industry, as enforceability of non-compete clauses across states increased, concentration at the firm level and price of final goods also increased;[2] and

WHEREAS, the U.S. healthcare system is currently grappling with the challenge of greater consolidation, including the vertical integration of physician practices with larger health systems, and between 2010 and 2016, the proportion of primary care practices owned by hospitals nationwide grew from 28% to 44%;[3] and

WHEREAS, the Bureau on Federal Health Programs (BFHP) recognizes the diverse perspectives across the medical community on non-compete clauses, and the function they may serve in contractual agreements across the industry. However, non-compete clauses are often used in the healthcare industry to limit competition, particularly in physician contracts, having the effect of driving consolidation among providers and limiting access to patient care; and

WHEREAS, in some instances, patients may lose access to a physician due to the scope of geographic limitations within the non-compete **CLAUSE**. In others, physicians face restrictions that limit valid business operations and patient access due to restrictive covenants that function as a non-compete **CLAUSE**; and

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[1] Kurt Lavetti, Carol Simon, & William D. White, "The Impacts of Restricting Mobility of Skilled Service Workers Evidence from Physicians", 55 J. Hum. Res. 1025, 1042 (2020)

[2] Naomi Hausman & Kurt Lavetti, "Physician Practice Organization and Negotiated Prices: Evidence from State Law Changes", 13 Am. Econ. J. Applied Econ. 258, 284 (2021)

[3] Brent D. Fulton. "Health Care Market Concentration Trends In The United States: Evidence And Policy Responses." Health Affairs 36, no. 9 (September 1, 2017): 1530–38.

WHEREAS, physician practices often have limited resources to compete with large enterprises, and non-compete clauses are just one tool that vertically integrated systems utilize to limit competition and grow their market share; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) opposes the use of those non-compete clauses that can hinder fair market competition. The AOA supports policies seeking to reform the use of non-compete clauses to ensure that they are used in a manner that does not harm patient care or place an unreasonable burden on physicians' ability to practice medicine.

Background Information: Provided by AOA Staff
Current AOA Policy: None

This resolution is consistent with the AOA Board adopted position statement from February 2023, and the BFHP recommendation in April. AOA submitted comments to FTC consistent with this language in April.

Prior HOD action on similar or same topic: None

FISCAL IMPACT: $0

ACTION TAKEN: _Adopted as Amended__

DATE: _____July 22, 2023_____

AMERICAN OSTEOPATHIC ASSOCIATION

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103rd ANNUAL AOA HOUSE OF DELEGATES MEETING
2023 RESOLUTION ROSTER (700 SERIES) – w/ACTION
As of 07-24-23

HOUSE OF DELEGATES' REFERENCE COMMITTEE DESCRIPTION:
Joint Board/House Budget Review Committee (700 series)
This committee reviews the AOA Strategic Plan and Budget.

Res. No.	Resolution Title	Submitted By	Reference Committee	Action
H-700	Approval to Concur with the AOA FY2024 Expenditures	Finance Committee	Joint Board House Budget Review Committee	Adopted as Amended

SUBJECT: Approval to Concur with the AOA FY2024 ~~Expenditures~~ ANNUAL BUDGET

SUBMITTED BY: AOA Finance Committee

REFERRED TO: Joint Board/House Budget Review Committee

WHEREAS the AOA Association's Bylaws Article VII section 1 c. includes that the Board of Trustees "have the responsibility of management of the finances of the Association and shall authorize and supervise, the House of Delegates concurring, with the annual budget for the fiscal year"; and

WHEREAS, the Joint Board/House Budget Review Committee will convene on July 21, 2023 to review and take action on the AOA FY2024 Operating Budget, the AOA FY2024 Capital Expenditures Budget and the AOA FY2024 142 E. Ontario Building budget reports as submitted; now therefore be it

RESOLVED, the American Osteopathic Association House of Delegates concur with the **AOA** FY2024 ~~expenditures~~ **ANNUAL BUDGET** as provided.

Background Information: Provided by AOA Staff
Current AOA Policy: None

Prior HOD action on similar or same topic: None

ACTION TAKEN: ___Adopted as Amended_

DATE: ___July 22, 2023_____