The following American Osteopathic Association House of Delegates (AOA HOD) resolutions and topics will be discussed at the 2016 National Osteopathic Student Caucus (NOSC) on July 20, 2016 at 6pm on the lower level (meeting level) of the Courtyard Downtown 165 E Ontario Street, Chicago IL.

We encourage all osteopathic medical students to read the AOA HOD resolutions proposed this year (http://bit.ly/29rrGLG), with particular emphasis on this select list of resolutions and topics that will have an impact on osteopathic medical students and the osteopathic profession.

In preparation for the NOSC, please review the following:

- The Student Primer – Resolutions, HOD, NOSC
- The following resolutions and topics below

<table>
<thead>
<tr>
<th>RES. #</th>
<th>TITLE</th>
<th>SUBMITTED</th>
<th>COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-211</td>
<td>Preservation of Rural Healthcare Provided by Current AOA GME Programs</td>
<td>OPSC</td>
<td>Education</td>
</tr>
<tr>
<td>H-216</td>
<td>AOA Accredited GME Program Equivalency</td>
<td>IOMA</td>
<td>Education</td>
</tr>
<tr>
<td>H-219</td>
<td>Single Accreditation System</td>
<td>OPSC</td>
<td>Education</td>
</tr>
<tr>
<td>H-329</td>
<td>Graduate Medical Education Funding and Incentives</td>
<td>BSA/BFHP/BSGA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-334</td>
<td>Proposed Creation of a Mental Health Task Force within the AOA</td>
<td>SOMA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-335</td>
<td>National Health Service Corps’ Inclusion of Emergency Medicine for Scholarships and Loan Repayment</td>
<td>SOMA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-339</td>
<td>Teleconference Implementation for GME Interviews</td>
<td>SOMA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-341</td>
<td>Physician Wellness, Burnout Prevention, and Physical Mental Health and Addiction</td>
<td>MOA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-347</td>
<td>Federal Student Loans</td>
<td>MOA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-351</td>
<td>National Health Service Corps’ Inclusion of Emergency Medicine for Scholarships and Loan Repayment</td>
<td>SOMA</td>
<td>Professional</td>
</tr>
<tr>
<td>H-433</td>
<td>Support for Title X Funded Family Planning Services</td>
<td>SOMA</td>
<td>Public</td>
</tr>
<tr>
<td>H-437</td>
<td>Suicide Among Health Professionals</td>
<td>IOMA</td>
<td>Public</td>
</tr>
<tr>
<td>H-500</td>
<td>Health as a Fundamental Human Principle</td>
<td>SOMA</td>
<td>C&amp;B</td>
</tr>
<tr>
<td>H-501</td>
<td>AOA Osteopathic Medical Student Delegation</td>
<td>AOMA</td>
<td>C&amp;B</td>
</tr>
<tr>
<td>H-502</td>
<td>Student Delegates</td>
<td>OPSO</td>
<td>C&amp;B</td>
</tr>
<tr>
<td>H-641</td>
<td>Restore Equality Between COCA and LCME-Accredited Medical School Grads...Training in Canada</td>
<td>MOA</td>
<td>Ad Hoc</td>
</tr>
<tr>
<td>C&amp;B</td>
<td>Proposed Amendments to AOA Constitution, Bylaws, &amp; Code of Ethics</td>
<td>AOA</td>
<td>HOD</td>
</tr>
</tbody>
</table>
WHEREAS, currently the American Osteopathic Association (AOA) has 1248 Graduate Medical Education (GME) programs with 14,997 positions representing less than 49% of the positions chosen by DOs in training; and

WHEREAS, there are greater than 126,000 Accreditation Council for Graduate Medical Education (ACGME) residency positions in 9,920 residency programs which train at least 15,600 DO residents; and

WHEREAS, Colleges of Osteopathic Medicine schools which continue to be developed, increase osteopathic medical school graduates to over 5,500 requiring GME training and much of that training is in rural and underserved areas; and

WHEREAS, many AOA GME programs in rural and underserved areas would be lost if ACGME residency programs, because of need for increased financial resources, lack of desire to submit an ACGME application, or inability to meet ACGME requirements, are not established in their place; and

WHEREAS, the majority of GME positions are funded by Centers for Medicare and Medicaid Services (CMS) which has set a cap of positions in 1997, without an ability to increase that number in established residency programs should it be needed to absorb residents transitioning from AOA GME institutions not participating in future ACGME; and

WHEREAS, the AOA, which is deliberately working to transition AOA GME programs through free consultation services and resources to the Single Accreditation System, should also focus on a mechanism to ensure that rural and underserved healthcare areas continue to meet the current standard beyond June 30, 2020; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) work with Accreditation Council for Graduate Medical Education (ACGME) to establish as a priority the preservation of residencies in rural and underserved communities such that the absolute number of Graduate Medical Education (GME) positions does not decrease under the Single Accreditation System; and, be it further

RESOLVED, that the AOA work with ACGME and Centers for Medicare and Medicaid Services (CMS) to ensure that the absolute number of CMS funded GME positions does not decrease under the Single Accreditation System; and, be it further

RESOLVED, that the AOA annually report to the AOA House of Delegates the absolute and predicted number of GME programs and positions with CMS funding and the efforts,
and, outcomes of those efforts, to maintain at a minimum the 2016 US GME programs, spots, and CMS funding.

Explanatory Statement:

ACTION TAKEN ______________________

DATE ______________________
WHEREAS, tens of thousands of practicing osteopathic physicians have trained in graduate medical education (GME) programs accredited by the American Osteopathic Association (AOA), and

WHEREAS, the AOA, the American Association of Colleges of Osteopathic Medicine (AACOM) and the Accreditation Council for Graduate Medical Education (ACGME) are in the process of creating a single accreditation system (SAS) for graduate medical education in the United States, and

WHEREAS, it has been stated that the SAS would align competency standards, enhance physician quality, increase the relevancy of osteopathic medicine, and would be in the patient’s best interest\(^1\), and

WHEREAS, these statements may lead some to believe that physicians who trained in an AOA accredited GME program are less competent, provide lower quality of care, and do not practice in a way that is in patients’ best interests, and

WHEREAS, as time advances, physicians who graduated from AOA accredited residencies may be discriminated against in credentialing decisions, privileging, employment, faculty appointments, and other areas; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) hereby states that training in AOA accredited graduate medical education programs was and is of equal or greater quality than that provided in Accreditation Council of Graduate Medical Education (ACGME) GME programs, and, be it further

RESOLVED, that the AOA will support and defend any and all osteopathic physicians who may be discriminated against due to their graduation from an AOA accredited GME program.

---

Explanatory Statement:
\(^1\)Boyd Buser, D.O., AOA Webinar, March 26, 2014

ACTION TAKEN ________________________

DATE ________________________
WHEREAS, the American Osteopathic Association (AOA) with the American Association of Colleges of Osteopathic Medicine (AACOM) and the Accreditation Council for Graduate Medical Education (ACGME) developed a Memorandum of Understanding to establish the Single Accreditation System (SAS); and

WHEREAS, the SAS was adopted to assure there was quality in the continuum of training in residency programs and fellowship-training programs under the ACGME’s newly adopted Next Accreditation System (NAS) and Common Program Requirements; and

WHEREAS, the AOA residency programs seeking ACGME accreditation have been offered the opportunity to obtain Osteopathic Recognition under the “Osteopathic Emphasis” clause of the SAS. The academically dedicated and research centered ACGME and the clinically dedicated and community centered AOA agreed that they would retain enough equally qualified positions for all medical school graduates. A 5 year unification desired timeline was established to allow AOA institutions and programs to change their methods to meet the academic dedicated and research centered ACGME specific Review Committee requirements while preserving the long-standing clinically dedicated and community centered osteopathic recognized residency programs; and

WHEREAS, the application for AOA residency programs to ACGME accreditation emphasizes scholarly activity, academic prescriptive dedicated time for faculty and program directors, research, and funding for such activities and does not emphasize clinical dedicated time in community healthcare; and

WHEREAS, this requires a large amount of additional financial and other resources for rural and community based programs accredited by the AOA; and

WHEREAS, these changes have resulted in only a small minority of the AOA residency programs applying for ACGME accreditation in the past year; and

WHEREAS, even a smaller minority of the AOA GME programs that have applied for ACGME accreditation have met the standards for academic dedicated time, funding, resources, and research as required by the ACGME Review Committees; and

WHEREAS, secondary to these difficulties, the projected number of residency positions will actually decrease from the 2015 to 2020; and
WHEREAS, the loss of current rural community healthcare residencies would result in the loss of the ability to provide healthcare to underserved areas and the near permanent loss of each program’s CMS funding; and

WHEREAS, current ACGME programs would not be able to absorb the projected resident transfers due to capped positions at nearby hospitals; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) request of the Accreditation Council for Graduate Medical Education (ACGME) that together they evaluate the current progress of the Single Accreditation System, the ability of all AOA residency programs to meet the Common Program Requirements and the specific Review Committee (RC) Requirements, its impact on AOA residency program transition to ACGME accreditation, the potential loss of residency training programs and CMS funded positions, the effect on rural and community healthcare and whether the transition can be completed in full by June 30, 2020 for all 1,248 AOA programs, and a method to accomplish the transition; and, be it further

RESOLVED, that the AOA report to the AOA Membership by October 2016 the results of the discussion, whether the transition will be completed in full by June 30, 2020 or a later agreed upon date, the method to accomplish the transition, and a plan should the transition of all AOA Residency Programs to ACGME not be completed at a specified date.

Explanatory Statement:

FISCAL IMPACT:
$

ACTION TAKEN ____________________
WHEREAS, the Balanced Budget Act of 1997 limited the number of osteopathic and allopathic medical residents that would be counted for purposes of calculating Medicare indirect medical education (IME) and direct graduate medical education (DGME) reimbursement, but excluded podiatry residents from this resident limit; and

WHEREAS, Congress is unlikely to increase this cap in the near future; and

WHEREAS, the number of current osteopathic and allopathic medical residents already exceeds the number of funded graduate medical education (GME) positions; and

WHEREAS, it currently takes between 7 and 10 years before a medical student becomes a practicing physician; and

WHEREAS, without residency training, medical school graduates cannot obtain licenses or practice medicine; and

WHEREAS, the future of the osteopathic profession lies in its ability to continually improve the quality GME programs that present the profession as a profession based on excellence; and

WHEREAS, the present and future growth and maintenance of membership in osteopathic organizations are in part based on the continued growth and viability of quality GME programs; and

WHEREAS, graduate medical education trains physicians in a variety of patient care settings while providing access to high quality care to patients and their communities; and

WHEREAS, The Affordable Care Act (ACA) has capped the health insurers Medical Loss Ratio to 80% for individual and small group plans and to 85% for large group plans; now, therefore be it

RESOLVED, AOA opposes cuts to GME funding of DO and MD programs while there are increases to GME funding for other professions’ GME programs; and, be it further

RESOLVED, AOA supports the distribution of federal funds for GME, prioritizing areas most in need for DO and MD programs based upon geography and specialty; and, be it further
RESOLVED, AOA strongly advocates for continued and expanded contribution by all payers for health care (including the federal government, the states, and local and private sources) to fund both the direct and indirect costs of graduate medical education; and, be it further

RESOLVED, AOA supports allowing health insurers who provide financial support for expansion or continuation of existing GME programs to include such sums as direct medical expenditures as part of the calculation of the Medical Loss Ratio of their health plans; and, be it further

RESOLVED, AOA will evaluate and support promising model policies that promote GME, such as Physician Education Advancing Community Health (PEACH) model legislation.

Explanatory Statement:
H242-A/04 and H252-A/04 have not been reviewed on cycle and require significant updates and streamlining. We propose that they be deleted and that this resolution replace them to ensure consistent and robust AOA policy on GME funding.

FISCAL IMPACT:
$

ACTION TAKEN ______________________

DATE _____________________________
SUBJECT: PROPOSED CREATION OF A MENTAL HEALTH TASK FORCE WITHIN THE AOA

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Professional Affairs

WHEREAS, depression is a growing problem in the medical community with over 400 physicians committing suicide each year¹; and

WHEREAS, a recent study of 50,000 practicing physicians and medical students demonstrated an increased incidence of severe psychological distress and a two-fold increased incidence of suicidal ideation in physicians compared with the general population²; and

WHEREAS, physicians are often more hesitant to seek mental health treatment, although at increased risk³; and

WHEREAS, a main barrier for physicians seeking mental health treatment is fear of stigma, professional repercussions from state medical boards, or fear of retribution⁴; and

WHEREAS, the Osteopathic Philosophy includes a holistic approach to mind, body, and spirit; and

WHEREAS, there is no explicit entity within the AOA to address physician mental health; and

WHEREAS, physicians who are more aware of their own health show improved communication with patients, higher patient satisfaction, and less medical errors and lawsuits⁵⁺⁶; now, therefore be it

RESOLVED, that the American Osteopathic Association creates a Mental Health Task Force consisting of but not limited to physicians, legislative advocates, mental health experts, residents and/or students with the following goals:

1. Identify and collaborate with already-existing national mental health initiatives

2. Create a D.O. Day of Mental Wellness in May, to coincide with the annual Mental Awareness Health Month, and work with the AOA staff to create resources regarding mental health (existing services, ways to stimulate mental health conversations with coworkers, etc.)

3. Issue white papers to the Bureau of State Governmental Affairs to assist State Societies with mental health information, common ways that medical boards handle mental health issues, and ways to advocate for better practices among state medical boards
4. Collaborate with State Divisional Societies, Specialty Society Affiliates, and Non-Practice affiliates on other relevant mental health initiatives

5. Submit reports each July for the next three years to the AOA Board of Trustees

Explanatory Statement:

References

Fiscal Impact:
$

ACTION TAKEN ______________________

DATE ______________________
SUBJECT: NATIONAL HEALTH SERVICE CORPS’ INCLUSION OF EMERGENCY MEDICINE FOR SCHOLARSHIPS AND LOAN REPAYMENT

SUBMITTED BY: Student Osteopathic Medical Association

REFERRED TO: Committee on Professional Affairs

WHEREAS, the Society of Academic Emergency Medicine identified Emergency Medicine (EM) as an area of need with only 55 percent of the demand for EM physicians being met in 2005; and

WHEREAS, the relief for this shortage has come largely from primary care physicians getting substantial EM experience and receiving board certification in EM. This has the potential to further diminish physicians working in the primary care fields; and

WHEREAS, the National Health Service Corps (NHSC) application states that the purpose of the loan re-payment program is “to provide primary health services in eligible communities of need designated as health professional shortage areas.”; and

WHEREAS, the NHSC only recognizes Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics, and Mental Health for the purpose of scholarships and loan repayment; and

WHEREAS, in rural communities family practice physicians are more likely to spend up to 80% of their time on emergent and urgent care demonstrating a need for board certified emergency physicians.; and

WHEREAS, “Patients experiencing acute illness are likely to visit the Emergency Department (ED) due to barriers to primary care access. A recent study found that less than half of all acute care visits in the United States are made to patients’ personal Physicians, even if patients have a primary care physician.”; now, therefore be it

RESOLVED, that the AOA shall advocate for the inclusion of Emergency Medicine by the National Health Service Corps for the purpose of scholarships and loan repayment.

Explanatory Statement:

References

Fiscal Impact: $
WHEREAS, average student loan debt for a medical student graduating from a public institution is $167,763 and $190,053 from a private institution, in addition to debt from undergraduate and other previous degrees; and

WHEREAS, the average student spends thousands of dollars during the residency match process for application and travel fees; and

WHEREAS, loans for residency application and traveling have to be taken in addition to student loans for tuition and cost of attendance, and are only available through private loans; and

WHEREAS, students from lower socioeconomic classes are disproportionally burdened by increasing debt; and

WHEREAS, increases in teleconferencing capabilities have shown to be effective in utilization, time management, and cost savings in many realms of medical education; and

WHEREAS, teleconferencing could increase access for medical education based in rural and underserved areas; now, therefore be it

RESOLVED, that the AOA and its representatives to the ACGME Accreditation Review Committee encourage residency directors to evaluate the implementation of teleconferencing for GME interviewing in order to allow for equal access to applicants regardless of socioeconomic status.

Explanatory Statement:

References
4. Association of American Medical Colleges (no date). Residency and Relocation Loans – To Borrow or Not to Borrow. Retrieved from
https://www.aamc.org/services/first/first_factsheets/112384/residency_relocation_loans.html


Fiscal Impact: $

ACTION TAKEN __________________________________

DATE _________________________________________
RES. NO. H-339 - A/2016 – Page 1

SUBJECT: PHYSICIAN WELLNESS, BURNOUT PREVENTION, AND PHYSICAL MENTAL HEALTH AND ADDICTION

SUBMITTED BY: Michigan Osteopathic Association

REFERRED TO: Committee on Professional Affairs

WHEREAS, in recent studies evaluating physician lifestyle factors a large percentage of all United States physicians responded that burnout was being experienced; and

WHEREAS, burnout is commonly defined as loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment; and

WHEREAS, burnout has been shown to negatively affect patient care; and

WHEREAS, physician health and well-being is important to patient access to appropriate care and efficient workflows; and

WHEREAS, physicians experiencing wellness challenges and burnout may simultaneously develop mental health and/or substance abuse issues; and

WHEREAS, burnout, mental health issues, and substance abuse may significantly impact not only practicing physicians, but also medical students or residents; and

WHEREAS, the issues of wellness, burnout, mental health or substance abuse represent potential increased risk of suicide in these affected individuals; and

WHEREAS, the American Medical Association (AMA) {see Explanatory Note} and others have recognized the importance of supporting physician wellness, identification and remediation of physician burnout, mental health and substance abuse; and

WHEREAS, osteopathic physicians, physicians in training, and medical students are at similar risks as identified by the AMA; therefore be it

RESOLVED, that the American Osteopathic Association, together with state affiliates, develop a series of programs that may include CME credit, to assist physicians in early identification and management of stress, recognition of impaired physicians, and actively work to overcome physician burnout and recognize risk factors among colleagues; and be it further

RESOLVED, that the programs concentrate on the physical, emotional and psychological aspects of responding to and handling stress in physicians’ profession and personal lives, and how/when to seek professional assistance for stress-related difficulties.
Explanatory Statement:
A resolution was introduced at the AMA which resulted in the AMA HOD adopting resolution 015 which states:

RESOLVED, That our American Medical Association support existing programs to assist physicians in early identification and management of stress, RESOLVED, That the programs supported by the AMA to assist physicians in early identification and management of stress concentrate on the psychological aspects of responding to and handling stress in physicians’ professional and personal lives, and when to seek professional assistance for stress-related difficulties

FISCAL IMPACT:
$

ACTION TAKEN __________________________

DATE __________________________
WHEREAS, the US News and World Report estimated the mean federal student loan debt for medical students graduating from the Michigan State University College of Osteopathic Medicine in 2013 to be $202,022 in at the time of graduation; and

WHEREAS, as of July 1, 2012 the Budget Control Act of 2011 eliminated graduate or professional students' eligibility to receive subsidized loans; and

WHEREAS, concomitantly the Medical Residency loan repayment deferment ended and was replaced by forbearance, in which interest was being applied during the medical residency period and resulting monies capitalized; and

WHEREAS, the interest rate for Graduate or Professional loans disbursed between 2006 and July 1, 2015 was 6.8% for Direct and Stafford Loans, adjusted to 5.84% if subsequently distributed before July 1, 2016, with a maximum loan of $189,000 prior to July 1, 2015 and adjusted to a maximum of $224,000 thereafter; and

WHEREAS, individuals requiring loans, in excess of these maximums to continue and complete their education will need to secure Direct PLUS loans at an interest rate of 7.9%; and

WHEREAS, when compounded during residency, the mean debt from medical school ($202,022) with forbearance during residency would be $246,000 after 3 years and $281,000 after 5 years; and

WHEREAS, private banks, even with the guaranty of a co-signer, rarely approve medical students’ private bank loans in these amounts; and

WHEREAS, Federal legislation and the U.S. Department of Education regulations have established student loan interest rates’ so high as to financially cripple borrowers; and

WHEREAS, the accrued debt burden dissuades many individuals from entering the medical profession as well as impacting physicians to make career specialty decisions driven by financial consideration; and

WHEREAS, the Internal Revenue Service only allows a $2,500 of tax deduction for student loan payments for individuals with less than $80,000 per year in Modified Adjusted Gross Income (MAGI); now; therefore be it
RESOLVED, that the American Osteopathic Association (AOA) encourage Senators and Representatives to the United States Congress enact federal legislation allowing $50,000 of professional student loan payments per year tax deductible regardless of Modified Adjusted Gross Income (MAGI).

Explanatory Statement:

FISCAL IMPACT: $

ACTION TAKEN ______________________

DATE ______________________
SUBJECT: PROTECTION OF LICENSURE FOR OSTEOPATHIC MEDICAL STUDENTS, RESIDENTS AND PRACTICING PHYSICIANS SUFFERING FROM DEPRESSION

SUBMITTED BY: Iowa Osteopathic Association

REFERRED TO: Committee on Professional Affairs

WHEREAS, physician suicide is at an alarming level when compared to the general population, and
WHEREAS, medical student and resident suicides and suicidal ideation far exceed the general population, and
WHEREAS, there is a reluctance of self-reporting of severe depression or suicidal ideation, and
WHEREAS, there is also a reluctance or indifference of fellow physicians or students reporting those colleagues that they believe to be at risk for depression and suicidal ideation, and
WHEREAS, some of this reluctance is based on the reality that they may suffer a loss of professional esteem among colleagues, be subject to undo scrutiny by employers and suffer adverse financial and career punishments for admitting they have a problem and need help, and
WHEREAS, the medical community should have the same compassion and advocacy for its members that it has for their patients; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA), in partnership with all interested parties, including the Federation of State Medical Boards, take the necessary steps to ensure the current and future practice rights and licensure of osteopathic physicians, residents and students who suffer depression requiring treatment or who have suicidal ideation or attempts; and, be it further

RESOLVED, that steps be taken to insure that participation by an osteopathic physician in acts contributing to discrimination of individuals who self report their depression or suicidal ideation, is considered unethical and grounds for discipline by the American Osteopathic Association.

Explanatory Statement:

FISCAL IMPACT:
$

Return to Introduction
ACTION TAKEN ________________

DATE ________________
SUBJECT: INCLUSION OF OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) IN THE CDC CHRONIC PAIN MANAGEMENT GUIDELINES

SUBMITTED BY: Maine Osteopathic Association

REFERRED TO: Committee on Professional Affairs

1. WHEREAS, the Centers for Disease Control and Prevention (CDC) published and released guidelines on March 18, 2016; and

2. WHEREAS, these (CDC guidelines) were released for the purpose of providing guidance for the prescribing of opioids in the management of chronic nonmalignant pain syndromes, in primary care settings for patients 18yo or older; and

3. WHEREAS, the CDC recommendations included the use of non-pharmacologic treatment in the algorithm of treatment for chronic nonmalignant pain syndromes; and

4. WHEREAS, two of the recommended non pharmacologic treatments are physical therapy and exercise; and

5. WHEREAS, there is no mention of osteopathic manipulative medicine (OMM) or osteopathic manipulative treatment (OMT); and

6. WHEREAS, there is sufficient evidence to support the use of OMT in the treatment of many pain syndromes; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) will educate the public, and Centers for Disease Control and Prevention (CDC) about the efficacy and cost effectiveness of osteopathic manipulative treatment (OMT) and advocate for osteopathic manipulative treatment (OMT) as a clinically effective and cost effective intervention for the treatment of chronic non malignant pain syndromes; and be it further

RESOLVED, that the AOA petition the CDC to include specific language to include OMT in the recommendations for non pharmacological interventions for chronic non malignant pain syndromes.

Explanatory Statement:

FISCAL IMPACT: $

ACTION TAKEN _______________________

DATE _______________________

Return to Introduction
WHEREAS, family planning, as defined by the World Health Organization, consists of consulting with individuals and couples on their desired number of children and spacing of their births by means of contraceptive methods; and

WHEREAS, family planning has been declared one of the top ten public health accomplishments of the 20th century by the Centers for Disease Control (CDC) because of its direct impacts on physical, social, and mental health. Access to family planning has reduced maternal and infant morbidity and mortality, saving the lives of mothers and children. It also reduces the need for abortions, including unsafe abortions, and gives women more social and economic mobility in their lives; and

WHEREAS, the American Osteopathic Association (AOA) states that they “will take whatever actions are necessary to ensure Osteopathic physicians can continue to offer their patients complete, objective, informed advice in a confidential, culturally sensitive manner on all aspects of reproductive issues” [H425-A/12 REPRODUCTIVE ISSUES -- COUNSELING FEMALE PATIENTS]; and

WHEREAS, despite physician support and the clear health benefits provided by family planning services, over half of all women of reproductive age in the US, totaling in 37.9 million, remain in need of these services. Furthermore, unintended pregnancy continues to be a problem in the US as 45% of pregnancies are unintended and 42% of those pregnancies end in abortion; and

WHEREAS, such high-unintended pregnancy rates also place a significant financial burden on federally funded public insurance programs, demonstrated by the fact that two-thirds of unintended births are paid for mainly by Medicaid. Overall, unintended pregnancy costs federal and state governments $21 billion in public expenditures; and

WHEREAS, the Title X (Pub L No. 91-572) National Family Planning Program was enacted in 1970 to reaffirm and recognize that reproductive health is “a fundamental human right that ‘governments are legally and morally obligated to protect, respect and fulfill’”; and

WHEREAS, since its enactment, Title X funding is prohibited from use for abortion services; and

WHEREAS, publicly funded family planning and contraceptive services prevent over two million unintended pregnancies and 700,000 abortions every year. The majority of public funds for family planning are supplied through Medicaid and Title X. These programs not only prevent unintended pregnancy, they also provide $13.6 billion of net savings to federal and state governments. Title X federal funding, however, has
decreased by 60% between 1980 and 1999, mostly due to decreased political support; now, therefore be it

RESOLVED, that the official position of the AOA shall be that Title X funded family planning services are critical components of public health and primary health care; and, be it further

RESOLVED, that the AOA shall advocate for Title X funded family planning services.

Explanatory Statement:

References

FISCAL IMPACT:

$ ACTION TAKEN ______________________

DATE _______________________________
SUBJECT: SUICIDE AMONG HEALTH PROFESSIONALS

SUBMITTED BY: Iowa Osteopathic Association

REFERRED TO: Committee on Public Affairs

WHEREAS, the suicide rate among physicians when compared to the general population is alarming; and

WHEREAS, the suicide rate among students and residents when compared to the general population is also alarming; and

WHEREAS, self-reporting and colleague reporting is extremely low in the medical profession; and

WHEREAS, when programs are in place to help individuals who have suicidal ideation and attempts, the recovery rates are above the rates of like non-medical persons; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) will commit sufficient resources to develop programs for the Osteopathic profession to identify, counsel and treat individuals who are contemplating or have tried to commit suicide; and, be it further

RESOLVED, that the AOA will share non-financial resources with state divisional societies, specialty societies, and osteopathic medical schools so that they may participate in the programs developed; and, be it further

RESOLVED, that that the progress of this action be reported back to the 2017 AOA House of Delegates.

Explanatory Statement:

FISCAL IMPACT: $

ACTION TAKEN _______________________

DATE _______________________

Return to Introduction
SUBJECT: HEALTH AS A FUNDAMENTAL HUMAN PRINCIPLE

SUBMITTED BY: Student Osteopathic Medical Association (SOMA)

REFERRED TO: Committee on Constitution & Bylaws

WHEREAS, Article II of the AOA Constitution states, “The objectives of this Association shall be to promote the public health”; and

WHEREAS, Article IV, Section I of the AOA Constitution states that the Code of Ethics “shall cover duties of physicians to patients, duties of physicians to other physicians and to the profession at large, and responsibilities of physicians to the public”; and

WHEREAS, the United States has recognized the human right to health through the Universal Declaration of Human Rights (Article 25), Convention on the Elimination of All Forms of Racial Discrimination (Article 5), and the American Declaration on the Rights and Duties of Man (Article 11); and

WHEREAS, the constitution of the World Health Organization states, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", illustrating that health care be available, accessible, and of appropriate quality; and

now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) declares that the right to health is a fundamental principle; and, be it further

RESOLVED, that the AOA Code of Ethics shall be amended by adding a new section which shall read as follows:

“The right to health is a fundamental principle and a safeguard to human life and dignity. It is the duty of the physician to protect and advocate for the rights of their patients in the pursuit of health.”

Explanatory Statement:
This resolution is not a request for the allocation of funding in any regard, rather, it is an ethical recognition of the legacy of health as it relates to quality of life. Osteopathic physicians are at a crossroads of the future. Just as the signers of the Declaration of Independence did, we must attest to the needed rights of our day, driven by the value held in preserving human rights and freedom. Therefore, let us attest that health is a fundamental principle, worthy of our resources and dedication.


FISCAL IMPACT:

ACTION TAKEN _______________________

DATE ____________________________
AOA Code of Ethics

AMERICAN OSTEOPATHIC ASSOCIATION

CODE OF ETHICS

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1
The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2
The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3
A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin sexual orientation, gender identity or handicap. In emergencies, a physician should make her/his services available.

Section 4
A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5
A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6
The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7
Under the law a physician may advertise, but no physician shall advertise or solicit patients directly
or indirectly through the use of matters or activities which are false or misleading.

Section 8
A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9
A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10
In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11
In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12
Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13
A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14
In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15
It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16
Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17
From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather
AOA Code of Ethics

than simply for the betterment or their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

Section 18
A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19
When participating in research, a physician shall follow the current laws, regulations and standards of the united states or, if the research is conducted outside the united states, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

SECTION 20
THE RIGHT TO HEALTH IS A FUNDAMENTAL PRINCIPLE AND A SAFEGUARD TO HUMAN LIFE AND DIGNITY. IT IS THE DUTY OF THE PHYSICIAN TO PROTECT AND ADVOCATE FOR THE RIGHTS OF THEIR PATIENTS IN THE PURSUIT OF HEALTH.
WHEREAS, Article VI – House of Delegates in the AOA Constitution states that Divisional Societies can only be represented by a student council representative; and

WHEREAS, Article V - House of Delegates in the AOA Bylaws states that Division Societies may be represented by the student council president or alternate elected by the student council; and

WHEREAS, some Colleges of Osteopathic Medicine send students to alternate state campuses or medical sites after first or second year and therefore the student council presidents and/or other student council members may not be actively involved in the Divisional Society or located in the same state as the College of Osteopathic Medicine and the Divisional Society under which the school delegate seat resides or they are unable or unwilling to represent the student body in the delegation from the Divisional Society; and

WHEREAS, the American Osteopathic Association Constitution and Bylaws do not provide a method for a College of Osteopathic Medicine or branch campus to elect or appoint a student to the student delegate or alternate position who is not the student council president or elected by the student council; and

WHEREAS, many qualified Osteopathic Medical Students who are actively involved in local, divisional and national policy development and who are not student council members are denied the opportunity to fulfill this position; and

WHEREAS, the American Osteopathic Association Constitution will need to be amended first before the American Osteopathic Association Bylaws Article V can be amended to clarify the process to allow for an additional method of student representation; and now, therefore, be it

RESOLVED, that Article VI – House of Delegates in the AOA Constitution be amended to allow for an additional method of student representation in the student delegate and alternate student delegate position through the Divisional Societies to the AOA House of Delegates.

Explanatory Statement:

FISCAL IMPACT: $
ACTION TAKEN ______________________

DATE __________________________
WHEREAS, there are 33 accredited colleges of osteopathic medicine in 48 teaching locations; and

WHEREAS, the AOA Constitution allows divisional societies to be awarded with one additional delegate as a student representative for each accredited college of osteopathic medicine in their respective state; and

WHEREAS, divisional societies that have a branch campus of a college of osteopathic medicine are awarded one student representative; and

WHEREAS, divisional societies that have a college of osteopathic medicine designated as an additional location are not awarded a student representative; and

WHEREAS, colleges of osteopathic medicine designated as an additional location have a unique student population just as an accredited college of osteopathic medicine and branch campus; and

WHEREAS, opportunities for student involvement are vital to attracting and retaining young physicians as members for the continued success of the AOA and state divisional societies; now, therefore be it

RESOLVED, that the AOA House of Delegates change the Constitution and Bylaws necessary to allow divisional societies that have a college of osteopathic medicine designated as an additional site to be awarded one additional delegate as a student representative.

ACTION TAKEN ____________________

DATE _______________________
SUBJECT: RESTORE EQUALITY BETWEEN COCA-ACCREDITED AND LCME-ACCREDITED MEDICAL SCHOOL GRADUATES SEEKING RESIDENCY TRAINING IN CANADA

SUBMITTED BY: Michigan Osteopathic Association

REFERRED TO: Ad Hoc Committee

WHEREAS, prior to June 2014, eligibility of osteopathic medical graduates to apply to residency training positions in Canada was governed by the same standards applied to Canadian graduates of United States Liaison Committee on Medical Education (LCME)-accredited medical schools that serves as an accrediting body for educational programs at schools of medicine in the United States and Canada; and

WHEREAS, as of June 2014, Canadian graduates of Commission on Osteopathic College Accreditation (COCA)-accredited medical schools must fulfill the more stringent criteria assigned to international medical graduates outside of North America to apply for residency training in Canada; and

WHEREAS, prospective candidates must apply via a separate pathway reserved for international medical graduates of non-Canadian/non-United States schools while Canadian graduates of United States LCME-accredited schools are not subject to these restrictions; and

WHEREAS, during the 2015 Canadian residency training match, 2959 Canadian medical graduates applied for 2992 domestic residency positions, of which 44 applicants were graduates of United States LCME-accredited medical schools and were thus nominally classified as Canadian medical graduates; and

WHEREAS, in the 2015 Canadian residency match, 1984 international medical graduates applied for 337 residency positions dedicated to international medical graduates (the restricted positions for which US osteopathic graduates must now compete in Canada); and

WHEREAS, in the United States, as a result of the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association joint operating agreement, osteopathic and LCME medical graduates are afforded equal access to residency training opportunities; now, therefore be it

RESOLVED, that that the American Osteopathic Association (AOA) support efforts to restore the equal eligibility standards and criteria for Canadian residency training positions that existed prior to June 2014 for both United States Liaison Committee on Medical Education (LCME) and Commission on Osteopathic College Accreditation (COCA) accredited medical schools; and be it further
RESOLVED, that the AOA encourage relevant Canadian authorities to restore the postgraduate medical education eligibility rules in place prior to June 2014; and be it further
RESOLVED, that the AOA, on behalf of United States osteopathic medical graduates and particularly for Canadian national graduates, advocate with Canadian authorities to restore equal LCME and COCA eligibility that existed prior to June 2014.

Explanatory Statement:

FISCAL IMPACT:

ACTION TAKEN _______________________

DATE _______________________

Return to Introduction
Proposed Amendments to the AOA Constitution, Bylaws, and Code of Ethics

Consistent with the requirements for amending the Constitution of the American Osteopathic Association (AOA), the following proposed amendments to the AOA Constitution, Bylaws, and Code of Ethics have been submitted to the AOA chief executive officer who has arranged for their publication in *The Journal of the American Osteopathic Association* before the annual meeting of the AOA House of Delegates (HOD), which will occur Friday, July 22, 2016, through Sunday, July 24, 2016, at the Chicago Marriot Downtown Magnificent Mile Hotel in Illinois.

The following proposed amendments to the AOA Constitution, Bylaws, and Code of Ethics will be presented at the July 2016 HOD meeting. If approved, the amendments to the AOA Constitution will be considered for final approval at the July 2017 HOD meeting. The amendments to the Bylaws and Code of Ethics may receive final approval at the July 2016 HOD meeting or may be held back for approval with the Constitution at the July 2017 meeting. All amendments require a two-thirds vote by the HOD for approval. Old material is crossed out and new material is capitalized. (doi:10.7556/jaoa.2016.074)

Allowing MDs as Regular Members
The following proposed amendments to the AOA Constitution and Bylaws would, if approved, allow allopathic physicians (ie, MDs) to join the AOA as regular members. Likewise, the proposed changes to the AOA Code of Ethics would recognize MDs as regular members.

**AOA Constitution**

**Article V—Membership**
The membership of this Association shall consist of osteopathic physicians and of such others who meet the requirements prescribed by the Bylaws of the American Osteopathic Association.

**AOA Bylaws**

**Article II—Membership**

**Section 1—Classification**
The members of this Association shall be classified as follows:

a. Regular Members
b. Honorary Life Members
c. Life Members
d. Associate Members
e. Student Members
f. Honorary Members
g. International Physician Members
h. Allied Members

**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 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 ON AN OFFICIAL LIST OF SCHOOLS RECOGNIZED BY THE AOA, and shall be eligible for licensure as an osteopathic physician and/or surgeon or shall be in a training program, which is a prerequisite for her/his licensure. 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 nonpayment 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 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 Committee on Membership, which shall make an appropriate recommendation for reinstatement to the Board of Trustees. An applicant whose license to practice is revoked or suspended, or who is currently serving a sentence for conviction of a felony offense, shall not be considered eligible for membership in this Association.

Article VI—Elections

Section 1—Qualifications

Except where positions are designated as public members, membership in both the AOA and a divisional society shall be a requisite for qualification for any officer or for any member of any department, division, bureau, or committee of the Association, however selected, if the incumbent shall be an osteopathic physician.

Code of Ethics

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician’s ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care, and to self.

Section 8.

A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless she/he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic OR ALLOPATHIC CREDENTIALS school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

AOA Interprets Sections of Code of Ethics (1996 - Present) Interpretation of Section 3

This section notes that a physician-patient relationship must be founded on mutual trust, cooperation, and respect—a patient must have complete freedom to choose his or her physician, and a physician must have complete freedom to choose patients whom he or she will serve.

Section 3 does not address a patient’s discriminating against a physician based on the physician’s race, creed, color, sex, national origin, sexual orientation, gender identity, or disability; and a patient may express a desire to not be treated by a particular physician or by a physician with certain characteristics.

Therefore, the AOA interprets Section 3 of its Code of Ethics to permit but not require an osteopathic physician to treat a patient when the physician reasonably believes the patient is experiencing a life- or limb-threatening event, even though the patient may have previously expressed a desire to not be treated by a physician based on the physician’s race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. (July 2014)

Interpretation of Section 7

This section is designed to discourage practices, which would lead to false, misleading, or deceptive information being promulgated.

Section 7 does not prohibit advertising, so long as advertising is designed as making pro- per factual information available to the public.
People seeking health care are entitled to know the names of osteopathic physicians, the types of practices in which they engage, their office hours, place of their offices, and other pertinent factual information. On the other hand, the public should be protected from subjective advertising material designed to solicit patients, which is essentially misleading. Such material would include attempts to obtain patients by influence or persuasion, employing statements that are self-laudatory and deceptive; the result of which is likely to lead a patient to a misinformed choice and unjustified expectations. (July 1985)

Guide to Section 8
This guide applies to AOA members’ professional (as opposed to organizational) stationery, office signs, telephone directories, and other listings referred to by the general public. (July 1985)

Part I—Indications of Specialty Practice

Osteopathic Physicians who are not certified by the AOA or who do not devote their time exclusively to a specialty should not indicate any area of practice specialization. They may designate the nature of their practice in one of the following ways:

- General Practice
- General Practice of Osteopathic Medicine
- Surgery

Osteopathic Physicians who are certified by the AOA or who devote themselves exclusively to a specialty may designate such specialty in one of the following ways:

- Practice Limited to Internal Medicine
  (or other practice area)
- Internal Medicine

The listing of terms in each of the two categories is illustrative and should act as a guideline.

Part IV—Degrees (other than DO OR MD)
It is strongly recommended that only the degree DO OR MD appear on professional stationery. However, the following additional guides are offered:

No undergraduate degree (BA, BS, etc.) should be used.

Graduate degrees (MA, MS, PhD, etc.) should not be used unless the degree recognizes work in a scientific field directly related to the healing arts. Therefore, advanced degrees in scientific fields such as public health, physiology, anatomy, and chemistry may be used but their use is not recommended.

Honorary degrees relating to scientific achievement in the healing arts or other achievements within the osteopathic profession (such as administrative excellence or educational achievement) may be used if the honorary nature of the degree is indicated by use after the degree of the abbreviation “Hon.”

Law degrees may be used if the physician carries on medical-legal activities.

Part V—Telephone Directory Listings FOR OSTEOPATHIC PHYSICIANS

1. It is desirable for divisional societies to have an established program to implement these guidelines and, where necessary, to meet with representatives of the telephone companies in furtherance of that objective.

2. In classified directories, it is recommended that DOs be listed under the heading “Physicians and Surgeons-(DO)” and that there be a cross-reference to that heading from the heading “Physicians and Surgeons-Osteopathic.” This letter heading is also acceptable as the main listing if it has long been the heading customarily used in the community.

3. In telephone directory listings of doctors, it is recommended that the doctor’s name be followed by the abbreviation DO.

4. The abbreviation “Dr” is not recommended because it is misleading. “Dr” can refer to dentists, doctors of medicine, etc. “Phys” is also misleading because it can refer to MDs.
5. In telephone directories, no indication of certification or membership in any osteopathic professional organization should appear by initials or abbreviations, because such would generally be confusing.

6. In classified telephone directories it is not improper to indicate “Practice limited to” or simply to name the field of specialty.

   Only specialties or practice interests recognized as such by the American Osteopathic Association should be indicated.

   Only physicians who are certify in or who limit their practice exclusively to a specialty should list themselves in a particular field.

Interpretation of Section 17

Section 17 relates to the interaction of physicians with pharmaceutical companies.

2. It is ethical and in the best interest of their patients for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as side effects, clinical effectiveness, and ongoing pharmaceutical research.

Delegates

The following amendments to the AOA Constitution and AOA Bylaws are proposed to allow for national health care associations that represent physicians to send delegates to the AOA’s House of Delegates.

AOA Constitution

CREDENTIALS FOR THAT NATIONAL HEALTH CARE ASSOCIATION TO BE REPRESENTED IN THE AOA’S HOUSE OF DElegates BY ONE DELEGATE AND ONE ALTERNATE DELEGATE.

Section 4-5—Amendments to Governing Documents

Article VI—House of Delegates

The House of Delegates shall be the legislative body of the Association, shall exercise the delegated powers of the divisional societies in the affairs of this Association, and shall perform such other functions as are set forth in the Bylaws.

Section 1—Composition

The House of Delegates shall consist of delegates elected by the divisional societies and other authorized units, of the elected officers and trustees of the Association, and of such other members as may be provided for in the Bylaws.

D. NATIONAL HEALTH CARE ASSOCIATIONS. EACH AOA-RECOGNIZED NATIONAL HEALTH CARE ASSOCIATION SHALL BE REPRESENTED BY ONE DELEGATE TO BE SELECTED AS PROVIDED IN THE BYLAWS OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

AOA Bylaws

Article I—Divisional, District and Affiliated Societies

SECTION 4—NATIONAL HEALTH CARE ASSOCIATIONS FOR PHYSICIANS

UPON APPLICATION FROM A NATIONAL HEALTH CARE ASSOCIATION THAT REPRESENTS THE INTERESTS OF PHYSICIANS FOR REPRESENTATION IN THE AOA HOUSE OF DELEGATES, THE BOARD OF TRUSTEES AND THE CHIEF EXECUTIVE OFFICER SHALL INVESTIGATE SUCH ORGANIZATION AND, UPON SATISFACTORY PROOF OF A GENERAL AGREEMENT IN POLICY WITH THOSE OF THIS ASSOCIATION, SHALL AUTHORIZE THE ISSUANCE OF SHALLSELECT ONE DELEGATE AND AT LEAST ONE ALTERNATE DELEGATE.
SHALL SELECT ONE DELEGATE AND AT LEAST ONE ALTERNATE TO THE AOA HOUSE OF DELEGATES IN A MANNER PRESCRIBED BY ITS ORGANIZATION'S GOVERNING BOARD, PROVIDED THAT SUCH DELEGATE AND ALTERNATE SHALL ALSO BE MEMBERS IN GOOD STANDING OF THE AOA. NO NATIONAL HEALTH CARE ASSOCIATION DELEGATE OR ALTERNATE SHALL ALSO BE A MEMBER OF A DIVISIONAL SOCIETY'S OR SPECIALTY COLLEGE'S DELEGATION TO THE AOA'S HOUSE OF DELEGATES. THE SECRETARY OF EACH NATIONAL HEALTH CARE ASSOCIATION SHALL CERTIFY THE NAME OF ITS DELEGATE AND ALTERNATE TO THE CHIEF EXECUTIVE OFFICER OF THE AOA AT LEAST 30 DAYS PRIOR TO THE FIRST DAY OF THE ANNUAL MEETING OF THE AOA HOUSE OF DELEGATES. DELEGATES AND ALTERNATES MUST BE MEMBERS IN GOOD STANDING OF THE ASSOCIATION THEY REPRESENT.

Section 2—Voting

Each delegate shall have one vote in the House, except when one-fourth of the members present shall call for the yeas and nays on any question; the Chief Executive Officer shall, before any other motion can be made, call the roll by divisional societies and enter the yeas and nays in the record. In recording such vote each divisional society shall be given one vote for each 20 regular members of the American Osteopathic Association located in the area represented by that divisional society (or in the case of the uniformed services divisional society, one vote for each 20 regular members of the American Osteopathic Association currently serving in the uniformed services of the United States), as certify to 75 days before the annual meeting of the House of Delegates under the requirements of Section 1 of this Article, and such votes may be cast by any one of the delegation then seated or divided among the various members of the delegation as the delegation in caucus shall decide.

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 a list showing the number of delegates to which each divisional society is entitled AND A LIST OF EACH SPECIALTY COLLEGE AND NATIONAL HEALTH CARE ASSOCIATION AUTHORIZED TO SEND DELEGATES TO THE AOA HOUSE. 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.

Section 11—Representation of Osteopathic Physicians in Postdoctoral Training

Osteopathic Physicians in postdoctoral training may be represented in the House of Delegates by two individuals who, at the time of the annual meeting, shall be enrolled in postdoctoral training programs. The two individuals and their alternates shall be selected by vote of the AOA's Council of Interns and Residents BUREAU OF EMERGING LEADERS. The delegates (and alternate delegates) selected by the Council of Interns and Residents BUREAU OF EMERGING LEADERS shall serve as the representatives of osteopathic physicians in postdoctoral training and shall not also be members of a divisional society or specialty college delegation to the AOA’s House of Delegates. The chair of the Council of Interns and Residents BUREAU OF EMERGING LEADERS shall certify the name of its delegates and alternate delegates to the Chief Executive Officer of the AOA in writing or by electronic communication.
at least 30 days prior to the first day of the annual meeting of the AOA House of Delegates. Each delegate and alternate must be a member in good standing of this Association.

Nomenclature

The following amendments to the AOA Bylaws are proposed to adjust for current nomenclature:

AOA Bylaws

Article VII—Board of Trustees

Section 1—Duties

The Board of Trustees shall:

c. Have the responsibility of management of the finances of the Association and shall authorize and supervise, the House of Delegates concurring, all expenditures thereof. It shall appoint a certified public accountant to audit the financial records of the Association and certify to the accuracy of the statement of financial condition of the Association to be reported at the annual meetings.

No appropriation shall be made by the House of Delegates except upon recommendation of the Bureau of Finance COMMITTEE approved by the Board of Trustees, and all resolutions, motions or otherwise, having for their purpose the appropriation of funds, shall be referred without discussion to the Bureau of Finance COMMITTEE of the Board of Trustees. An adverse ruling on such motions may be overruled by a three-fourths vote of the House of Delegates.

Health as a Fundamental Principle

The Student Osteopathic Medical Association (SOMA), in alignment with the World Health Organization and the United States recognition of the human right to health through the Universal Declaration of Human Rights, Convention on the Elimination of All Forms of Racial Discrimination, and the American Declaration on the Rights and Duties of Man, has proposed the following amendment to the AOA Code of Ethics, which will be considered at the July 2016 House of Delegates.

AOA Code of Ethics

SECTION 20

THE RIGHT TO HEALTH IS A FUNDAMENTAL PRINCIPLE AND A SAFEGUARD TO HUMAN LIFE AND DIGNITY. IT IS THE DUTY OF THE PHYSICIAN TO PROTECT AND ADVOCATE FOR THE RIGHTS OF THEIR PATIENTS IN THE PURSUIT OF HEALTH.

Explanatory Statement

The AOA Constitution identifies that a key objective of the AOA is to promote public health. This language would be added as a new section to the Code of Ethics and would attest that health is a fundamental principle worthy of the osteopathic medical profession’s resources and dedication.

Miscellaneous Recommendations for AOA Code of Ethics

In June 2015, the Bureau of Membership Ethics Subcommittee approved the following recommendations for amendment of the AOA Code of Ethics and the official interpretations. However, the Subcommittee’s recommendations were not approved in time for publication and submission to the July 2015 HOD meeting. Therefore, the following is now submitted for consideration by the July 2016 HOD meeting.

AOA Code of Ethics

Section 3—A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient’s race, creed, color, sex, national origin
sexual orientation, gender identity or handicap DISABILITY. In emergencies, a physician should make her/his services available.

AOA Interprets Sections of Code of Ethics (1996 - PRESENT) Guide to Section 8

This guide applies to AOA members’ professional (as opposed to organizational) stationery, office signs, telephone directories, and to other listings referred to by the general public. (July 1985)

Part I—Indications of Specialty Practice

1. Osteopathic physicians who are not certified by the AOA or who do not devote their time exclusively to a specialty should not indicate any area of practice specialization. They may designate the nature of their practice in one of the following ways:

- General Practice
- General Practice of Osteopathic Medicine
- Surgery

Osteopathic physicians who are certified by the AOA or who devote themselves exclusively to a specialty may designate such specialty in one of the following ways:

- Practice Limited to Internal Medicine (or other practice area)
- Internal Medicine

The listing of terms in each of the two categories is illustrative and should act as a guideline.

Part II—Membership in Professional Organizations

The public has little or no knowledge of what membership in various professional organizations entails. Accordingly, use of the names or initials of such organizations tends to indicate unusual professional competence, which is usually not justified. Professional stationery should contain no indication whatever of membership in professional organizations or of any present or past office held in any professional organization.

Designation of membership in various professional organizations is permissible on organizational stationery (AOA, divisional and district society, practice organizations, etc.) provided the organizational stationery is not used in practice correspondence.

The above guidelines apply with respect to written signatures of physicians. For example, a physician should not use FACOI or other appropriate fellowship designation in signing a letter or other communications that will go to a patient. The physician may use such designation in correspondence with other physicians or third parties.

Part III—Osteopathic Identification

The following, in order of preference, are considered proper on practice stationery and office signs:

- John Doe, DO
- John Doe, Osteopathic Physician & Surgeon
- John Doe, Doctor of Osteopathy/DOCTOR OF OSTEOPATHIC MEDICINE

The following are not considered proper on practice stationery or office signs:

- Dr. John Doe (this is considered improper even if the doctor signs his name John Doe, DO). The osteopathic identification should be printed.
- Dr. John Doe, Specialist in Osteopathic Medicine. The term specialist should be avoided in this circumstance.

Part IV—Degrees (other than DO)

It is strongly recommended that only the degree DO appear on professional stationery. However, the following additional guides are offered: No undergraduate degree (BA, BS, etc.) should be used.

Graduate degrees (MA, MS, PhD, etc.) should not be used unless the degree recognizes work
in a scientific field directly related to the healing arts. Therefore, advanced degrees in scientific fields such as public health, physiology, anatomy, and chemistry may be used but their use is not recommended.

Honorary degrees relating to scientific achievement in the healing arts or other achievements within the osteopathic profession (such as administrative excellence or educational achievement) may be used if the honorary nature of the degree is indicated by use after the degree of the abbreviation “Hon.”

Law degrees may be used if the physician carries on medical-legal activities.

Part V—Telephone Directory Listings
1. It is desirable for divisional societies to have an established program to implement these guidelines and, where necessary, to meet with representatives of the telephone companies in furtherance of that objective.
2. In classified directories, it is recommended that DOs be listed under the heading “Physicians and Surgeons-(DO)” and that there be a cross-reference to that heading from the heading “Physicians and Surgeons-Osteopathic.” This letter heading is also acceptable as the main listing if it has long been the heading customarily used in the community.
3. In telephone directory listings of doctors, it is recommended that the doctor’s name be followed by the abbreviation DO.
4. The abbreviation “Dr” is not recommended because it is misleading. “Dr” can refer to dentists, doctors of medicine, etc. “Phys” is also misleading because it can refer to MDs.
5. In telephone directories, no indication of certification or membership in any osteopathic professional organization should appear by initials or abbreviations, because such would generally be confusing.
6. In classified telephone directories it is not improper to indicate “Practice limited to” or simply to name the field of specialty.

Interpretation of Section 17
Section 17 relates to the interaction of physicians with pharmaceutical companies.
1. Physicians’ responsibility is to provide appropriate care to patients. This includes determining the best pharmaceuticals to treat their condition. This requires that physicians educate themselves as to the available alternatives and their appropriateness so they can determine the most appropriate treatment for an individual patient. Appropriate sources of information may include journal articles, continuing medical education programs, and interactions with pharmaceutical representatives.
2. It is ethical and in the best interest of their patients for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as side effects, clinical effectiveness, and ongoing pharmaceutical research.
3. Pharmaceutical companies may offer gifts to physicians from time to time. These gifts should be of limited value and the appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are generally inappropriate. The use of a product or service based solely on the receipt of a gift shall be deemed unethical.

When a physician provides services to a pharmaceutical company, it is appropriate to receive compensation. However, it is important that compensation be in proportion to the services rendered. Compensation should not have the substance or appearance of a relationship to the physician’s use of the employer’s products in patient care.

Only specialties or practice interests recognized as such by the American Osteopathic Association should be indicated.

Only physicians who are certified in or who limit their practice exclusively to a specialty should list themselves in a particular field.