

HOUSE OF DELEGATES
2017 Resolutions – Action

RESOLUTION NUMBER / TITLE	TYPE Policy or Action	B/C/C ASSIGNMENT FROM 2017	RESOLVES	SLT Assigned	Action Update
H200-A/17 ENSURING THAT GRADUATE MEDICAL EDUCATION (GME) PROGRAMS CONTINUE TO SELECT RESIDENTS BASED ON MERIT	Policy and Action	BOE	The American Osteopathic Association will work with the American Medical Association, the American Association of Colleges of Osteopathic Medicine, the Association of American Medical Colleges and other US stakeholders to ensure that US-based graduate medical education programs maintain their ability to select residents based on merit. 2012; 2017 Reaffirmed	Maura Biszewski	
H201-A/17 AMBULATORY-BASED PRIMARY CARE RESIDENCY PROGRAMS	Policy and Action	BOE	The American Osteopathic Association supports and advocates for development and implementation of ambulatory-based primary care residency programs; encourages the US Congress and state legislatures to strengthen its graduate medical education reimbursement policies to, at least, equivalently fund ambulatory-based primary care residency programs; and will lobby Congress and state legislatures to support legislation funding demonstration models of ambulatory-based primary care residency programs. 2012; 2017 Reaffirmed as Amended	Maura Biszewski	
H204-A/17 POSTDOCTORAL FELLOWSHIPS – INCREASING	Action	BOE	The American Osteopathic Association will collect fellowship data including type, certification, location and AOA resident eligibility; will propose methods to initiate or increase AOA fellowships in those areas of shortage; and will provide that information to osteopathic medical students and to the AOA specialty colleges for	Maura Biszewski	

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			<p>dissemination to its directors of medical education, program directors and residents.</p> <p>2012; 2017 Reaffirmed</p>		
<p>H205-A/17 JOINING FORCES INITIATIVE</p>	<p>Policy and Action</p>	<p>BOE</p>	<p>The American Osteopathic Association will continue to encourage the American Association of Colleges of Osteopathic Medicine (AACOM) to partner with the Association of American Medical Colleges (AAMC) to promote and develop curriculum that will help osteopathic and allopathic medical students prepare to care for the unique issues returning veterans and their families face; will encourage practicing osteopathic physicians to care for veterans and their families and to accept Tri-Care; will help develop continuing medical education that will help prepare the existing osteopathic work force to comprehend and be prepared to manage the unique issues faced by the veteran population and military families; will encourage the National Board of Osteopathic Medical Examiners (NBOME) to incorporate military service-related conditions in the development of case-based evaluation items for testing; and will support efforts to support veterans and military families by partnering with organizations such as Joining Forces and other organizations that help military members and their families.</p> <p>2012; 2017 Reaffirmed as Amended</p>	<p>Maura Biszewski</p>	

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H219-A/17 RESIDENCY POSITIONS FOR COCA MEDICAL STUDENT GRADUATES – PROMOTING	Action	OPSC	<p>The American Osteopathic Association will advocate the importance of GME first year positions being proportional to graduating osteopathic medical students to the Bureau of Osteopathic Graduate Medical Education Development.</p> <p>The AOA will continue investigating and promoting innovative solutions to opening new GME residency positions.</p> <p>2017</p>	Maura Biszewski	
H221-A/17 AOA ACCREDITED GME PROGRAM EQUIVALENCY	Action	IOMA	<p>The American Osteopathic Association (AOA) will provide documentation verifying the equivalency of AOA-approved training to any physician requesting such and will request the same commitment from the American College of Graduate Medical Education (ACGME).</p> <p>2017</p>	Maura Biszewski	
H224-A/17 AOA MEMBERSHIP – OSTEOPATHIC CME REQUIREMENT ENFORCEMENT	Action	MAOPS	<p>The American Osteopathic Association (AOA) Board of Trustees will submit to the AOA House of Delegates, within one (1) year, bylaws change(s) necessary to accomplish the desired outcome and any bylaws change recommendations be submitted with a thorough assessment and report of the financial impact of such change(s) on the profession, the AOA and its affiliates in light of the Board's recent policy changes regarding</p>	Maura Biszewski	

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			Osteopathic Continuous Certification. 2017		
H225-A/17 CHANGES TO OSTEOPATHIC CONTINUOUS CERTIFICATION – IMPACT ON THE PROFESSION	Action	MAOPS	The American Osteopathic Association (AOA) Board of Trustees will re-evaluate all five components regarding Osteopathic Continuous Certification (OCC) approved by the AOA Board of Trustees at the 2017 Mid-year meeting. The AOA Board of Trustees will submit a single document to the 2018 AOA House Of Delegates regarding recommended changes to OCC with reference to an attached report detailing the new OCC process in its entirety. 2017	Maura Biszewski	
H227-A/17 EQUIVALENCY POLICY FOR OSTEOPATHIC CONTINUOUS CERTIFICATION	Policy and Action	BOS	American Osteopathic Association, through its bureaus, councils and committees, will ensure that osteopathic continuous certification (OCC) is comparable to other maintenance of certification programs so that OCC can be recognized by the federal government, state governments and other regulatory agencies and credentialing bodies as an equivalent of other national certifying bodies' "maintenance" or "continuous" certification programs.	Maura Biszewski	

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			<p>While the AOA supports the use of board certification as a mark of academic achievement, the AOA opposes any efforts to require OCC as a condition for medical licensure, insurance reimbursement, hospital privileges, network participation, malpractice insurance coverage or as a requirement for physician employment.</p> <p>That the AOA through the Bureau of Osteopathic Specialists (BOS) will review the OCC process so as to make it more manageable and economically feasible</p>		
<p>H303-A/17 NATIONAL PRACTITIONER DATA BANK – AOA REPORTING</p>	<p>Action</p>	<p>BOM</p>	<p>Adverse membership action based on a physician’s loss of license do not need to be reported to the National Practitioner Data Bank (NPDB) by the American Osteopathic Association (AOA) because state licensing boards report separately to the NPDB on their adverse actions. The AOA will not report membership actions based on failure to pay dues or complete AOA requirements for continuing medical education to the NPDB. The AOA shall report adverse membership actions to the NPDB that are related to quality of care issues and will report on adverse membership actions if the action is based on ethical or professional misconduct that affected or could have affected patient care.</p> <p>2012; 2017 Reaffirmed</p>	<p>Jay Carino</p>	
<p>H307–A/17 FAMILY AND MEDICAL</p>	<p>Policy and Action</p>	<p>BFHP</p>	<p>The American Osteopathic Association will work with patient advocacy groups and other similar groups to</p>	<p>John- Michael</p>	

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LEAVE ACT (FMLA) DOCUMENTATION			<p>assure uniform family and medical leave act documentation requirements that provide adequate information for employers while ensuring the patient’s right to privacy.</p> <p>2002; 2007 Reaffirmed as Amended; 2012 Reaffirmed; 2017 Reaffirmed</p>	Villarama	
H308-A/17 PRESCRIPTION DRUGS	Policy and Action	BFHP	<p>The American Osteopathic Association will: urge the FDA to strengthen its inspection and approval procedures and equivalency standards to ensure that generic drugs approved by the FDA are therapeutically equivalent to the brand drug for which they are to be substituted; oppose mandatory use of generic drugs or generic substitution programs that remove control of the treatment program from the physician; urge the development and enactment of public policy that would mandate that prescription drug plans cover name-brand medications when evidence-based treatment protocols recommend their use; act to educate healthcare insurers and managed care companies on the potential dangers of formulary substitutions; support public policy that requires a physician be available for consultation in a timely manner on pharmaceutical formulary and drug substitution decisions; oppose any attempt by federal or state governments to restrict, prohibit, or otherwise impede the prerogative of physicians to prescribe and dispense appropriate medications to their patients; urge the FDA to ensure safe and consistent drug supply that avoids shortages and ensures adequate generic pharmaceutical</p>	John- Michael Villarama	

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			<p>manufacture and supply for U.S. patients and physicians.</p> <p>1990; 1995 Reaffirmed, 1997; 2002 Reaffirmed as Amended; 2007; 2012 Reaffirmed as Amended; 2017 Reaffirmed as Amended</p>		
<p>H315-A/17 DIETARY SUPPLEMENTS – GUIDELINES FOR NUTRITIONAL AND</p>	<p>Policy and Action</p>	<p>BFHP</p>	<p>The American Osteopathic Association requests: the Food and Drug Administration (FDA) to be diligent in their monitoring of all products marketed for human consumption, including nutritional supplements, and that there be close attention to reported adverse events directly caused by any of these products; and that the US Congress pass legislation requiring dietary supplements to undergo pre-market safety and efficacy evaluation by the FDA.</p> <p>2002; 2007 Amended; 2011 Reaffirmed as Amended; 2012; 2017 Reaffirmed as Amended</p>	<p>John-Michael Villarama</p>	
<p>H318-A/17 ETHICAL AND SOCIOLOGICAL CONSIDERATIONS FOR MEDICAL CARE</p>	<p>Policy and Action</p>	<p>BFHP</p>	<p>The American Osteopathic Association encourages Congress and the Department of Health and Human Services to consult with the osteopathic and allopathic medical professions to determine the necessary, proper and acceptable role of government in ethical and sociological matters regarding medical care.</p> <p>1985; 1990 Reaffirmed, 1995, 1997; 2002 Reaffirmed as Amended; 2007 Reaffirmed; 2012; 2017 Reaffirmed</p>	<p>John-Michael Villarama</p>	

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H320-A/17 OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) REGULATIONS	Policy and action	BFHP	The American Osteopathic Association urges that the Occupational Safety and Health Administration (OSHA) prioritize education and training to create a safe workplace before considering assessment of fines. 1992; 1997 Reaffirmed as Amended, 2002; 2007; 2012 Reaffirmed; 2017 Reaffirmed as Amended	John-Michael Villarama	
H325-A/17 SCHOOL BASED HEALTH EDUCATION – PROMOTION	Policy and action	BFHP	The American Osteopathic Association will continue to urge the state legislatures to enact measures establishing programs that meet with the Centers for Disease Control and Prevention definition of comprehensive school health education. 1992; 1997 Reaffirmed, 2002 Reaffirmed as Amended; 2007; 2012 Reaffirmed; 2017 Reaffirmed	John-Michael Villarama	
H329-A/17 OSTEOPATHIC MANIPULATIVE TREATMENT – RIGHT TO PRACTICE AND PAYMENT FOR	Policy and Action	CSGA / BFHP / CSA	The American Osteopathic Association will pursue any and all legal and legislative recourse to protect patient access and the rights of its member physicians to deliver approved and beneficial modalities of healthcare; will work with legislators and state licensing boards to preserve the osteopathic profession’s right to establish and maintain standards of practice of osteopathic manipulative treatment; objects to any attempt by third party payers to deny or restrict payment for osteopathic manipulative treatment when appropriately rendered by a physician with appropriate training in osteopathic	John-Michael Villarama	

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			<p>principles and practice; and will continue to oppose any attempt by third-party payers to interchange and/or combine osteopathic manipulative treatment codes with codes used to describe other forms of manual therapy.</p> <p>1986; 1991 Reaffirmed as Amended, 1992, 1997, 2002 Reaffirmed as Amended; 2007; 2012 Reaffirmed as Amended; 2017 Reaffirmed as Amended</p>		
H330-A/17 PATIENT LOAD RESTRICTIONS TO INCREASE PHARMACOLOGICAL OPIOID ADDICTION TREATMENT ACCESS – ABOLISHMENT OF	Action	SOMA	<p>The American Osteopathic Association will advocate to states to not lower opioid addiction treatment numbers below the 275 maximum patient load allowed under the Comprehensive Addiction Recovery Act (2016).</p> <p>2017</p>	Sharon McGill	
H333-A/17 IMPROVE LIFE- SAVING ACCESS TO EPINEPHRINE	Action and action	WAOPS	<p>The American Osteopathic Association will advocate for states to enact comprehensive epinephrine training protocols for medical and non-medical professionals working in public facilities and supports increased availability of epinephrine in all forms to properly trained individuals.</p> <p>2017</p>	Sharon McGill	
H339-A/17 EQUITY IN MEDICARE	Policy and Action	MOA	<p>The American Osteopathic Association will actively support federal legislation, rules or regulations, to include</p>	John- Michael	

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& MEDICAID PAYMENTS			<p>socioeconomic risk stratification in public reporting and evaluation of healthcare provider reimbursement in all Medicare and Medicaid pay for performance value-based purchasing incentives or penalties to account for the challenges serving socioeconomically or medically underserved disadvantaged patient populations to ensure continued timely access to appropriate clinical services.</p> <p>The AOA will support federal legislation, rules or regulations to improve Medicare and Medicaid reimbursements to physicians working in socioeconomic, disadvantaged medically underserved areas to ensure an adequate workforce to address the burden of care associated with complex comorbid conditions in these areas.</p> <p>2017</p>	Villarama	
H340-A/17 NALOXONE	Policy and Action	IOMA	<p>The American Osteopathic Association (AOA) will work with legislators to give statutory protection in evaluation for and prescription of Naloxone.</p> <p>2017</p>	Sharon McGill	
H341-A/17 TASK FORCE TO STUDY PHYSICIAN	Action	MOA	<p>The American Osteopathic Association will examine AOA ethical policy concerning physician aid-in-dying including a review relevant literature, data current state laws, and</p>	Sharon McGill	

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AID IN DYING			deliberate whether current AOA ethical policy should be reaffirmed or amended, and report the results of its deliberations to the 2018 AOA House of Delegates. 2017		
H343-A/17 AOA PHYSICIAN WELLNESS STRATEGY	Action v	Task Force on Physician Wellness (in the future a TF is not a recognized entity of the HOD. This should have come from a BCC or BOT)	<p>The American Osteopathic Association House of Delegates has adopted the Final Report of the Task Force on Physician Wellness on the Overall AOA Physician Wellness Strategy. 2017</p> <p style="text-align: center;">AOA Physician Wellness Strategy</p> <p>Introduction Burnout, depression, and suicidal ideation are key areas of concern because of the consequences they can have on physicians as well as the patients for whom they care (Shanafelt et al., 2012; West et al., 2016). The level of burnout in the medical profession has increased at an alarming rate in the past decade. Statistics reveal that about 54 percent of all physicians are burnt out (30–40 percent of employed physicians and 55–60 percent of self-employed physicians) (Shanafelt et al., 2012, 2015). Students, interns, and residents also factor into the equation as reports indicate they experience burnout at a rate of 20–40 percent (Lapinski et al., 2016). Similar to burnout, depression has increased in the medical profession. It is most commonly studied in medical students and residents (Downs et al., 2014; Mata et al., 2015). The prevalence of depression among resident physicians is approximately 29 percent (Mata et al., 2015). Suicidal ideation is an alteration of one’s</p>	Sharon McGill	The report can stand on file. The resolution could have but did not ask for this report to be official policy of the AOA. This is a summary but does not state policy. The report should be available, but is not policy.

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			<p>thought process in which ending his or her life is the preferred avenue to seeking other options to cope with stressors at the time. Approximately 300–400 physicians commit suicide every year (American Foundation for Suicide Prevention, 2017; Andrew, 2015). Suicidal ideation is not merely an issue for students and residents, but is also a concern across a physician’s life cycle—and an even higher concern among physicians toward the end of their careers (Petersen and Burnett, 2008).</p> <p>Together, burnout, depression, and suicidal ideation (or simply, physician wellness) are multifactorial issues that include physicians’ socioeconomic strains and presumptive factors of lifestyle, loss of autonomy in the workplace, and ever-changing demands of regulations (Privitera et al., 2015). These factors can pose a heavy burden on physicians at different stages of their careers (e.g., student, resident, practicing physician, and retired physician).</p> <p>Silo Approach The medical field has typically managed physician wellness in silos. For example, medical schools generally handle issues within their four walls and then send students off to residency training; training programs, in turn, send the new physician off to practice, at which time the respective specialty society and state association may be asked to help find assistance to address any remaining issues. With the latest developments and statistics regarding physician burnout, depression, and suicidal ideation, the</p>		

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			<p>osteopathic profession can ill afford to stay this course. A concerted effort to implement a continuity of care across a physician’s life cycle is the answer. This continuity of care must be flexible as wellness is not based on a continuum, but rather, fluctuates for various reasons (e.g., a physician may experience a loss of a family member and the immediate result may be depression; burnout as defined above may never be a factor).</p> <p>Osteopathic Approach The osteopathic approach should not look at patients, in this case physicians, in a vacuum, but rather, look at all facets of the patient’s life, which includes physical, social, emotional, and mental elements. The approach should address stressful issues during all stages of career development because failure to do so can have lasting ramifications for a physician mentally, emotionally, socially, and physically. Too often there is a tendency for key stakeholders to focus on the end goal, such as completing medical school or completing a training program, and ignore or minimize the fact that a person is having difficulty coping or positively resolving issues. The AOA and its leaders accept the responsibility they have to the osteopathic profession to change this culture of expediency, destigmatize mental health concerns, and improve fitness to practice by encouraging wellness. The AOA is committed to engaging all levels of the profession and promoting a shared vision to encourage physician wellness. Additionally, the AOA</p>		

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			<p>recognizes that burnout, depression, and suicidal ideation extend beyond the student/ physician, but also affect family, friends, and ultimately, patients. Family and friends often suffer in silence when a student's/physician's wellness is challenged or he or she suffers from mental health issues. Consequently, an osteopathic approach must recognize key stakeholders and their role in the treatment process.</p> <p>Challenges to Wellness The medical profession is constantly evolving with the world around it. The demands and stresses new generations of physicians may face can have a profound effect on their personal lives and careers as well as the patients for whom they care. It is imperative that medical schools, training programs, employers, families/significant others, medical organizations, and society as a whole recognize that the public perception and reality of physicians can be drastically different. Current physicians are facing high educational debt, perceived excessive workloads, increased volume and complexity of medical knowledge, new and ever-changing reporting requirements, an aging population that is increasing patient volume and care complexity, patients using Internet sources and social media to educate and self-diagnose, and an over-litigious society. Physicians are facing these pressures along with the demands of raising families, caring for</p>		

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			<p>elderly parents, managing finances, and other stresses of many citizens in today’s society. In light of these overwhelming challenges, burnout, depression, and suicidal ideation are real. Physician wellness must be a priority, and is imperative for a healthy society. AOA Strategies for Physician Wellness (2018-2020)</p>		
<p>H346-A/17 PHYSICIAN ASSISTED DEATH</p>	<p>Policy Action</p>	<p>BOCER BORPH</p>	<p>The American Osteopathic Association will: provide information on the care of the seriously ill to physicians and the public; provide osteopathic physicians with continuing medical education on palliative therapies utilized to provide patients with an improved quality of life; recommend that osteopathic medical colleges and osteopathic post-graduate medical education programs include specific courses of study on pain management and palliative care of the seriously ill, specifically addressing the goals, objectives and value of hospice and palliative medicine; urge that continuing medical education programs include information and resources for physicians on supportive care valuable to their patients, including, but not limited to hospice and palliative care; urge that the osteopathic profession take a leadership role in providing the public with information on the alternatives to physician assisted death; recognize that physician assisted death (“death with dignity”) is a complex biomedical and ethical issue that merits serious discussion within our profession; oppose legislation that mandates or legalizes individual physician participation in</p>	<p>Sharon McGill</p>	

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			<p>physician assisted death.</p> <p>1997; 2001 Reaffirmed; 2007 Reaffirmed; 2012 Reaffirmed as Amended; 2017 Reaffirmed</p>		
<p>H347-A/17 RANSOMWARE AND CYBERSECURITY</p>	<p>Action</p>	<p>NJAOP S</p>	<p>The American Osteopathic Association will partner with the Office of the National Coordinator for Health IT (ONC-Health IT) in bringing its members greater awareness regarding available tools and methods to better safeguard against cybersecurity and ransomware threats, such as the Safety Assurance Factors for EHR Resilience (SAFER) Guides⁽¹⁾, as well as encouraging promotion and support for a Health IT Safety Center⁽²⁾.</p> <p>(1) HHS makes progress on Health IT Safety Plan with release of the SAFER Guides http://www.hhs.gov/about/news/2014/01/15/hhs-makes-progress-on-health-it-safety-plan-with-release-of-the-safer-guides.html</p> <p>(2) Health IT Safety Center Roadmap http://www.healthitsafety.org/</p> <p>2017</p>	<p>Sharon McGill</p>	
<p>H400-A/17 DRUGS – PRESCRIPTION DISCOUNTS</p>	<p>Policy and Action</p>	<p>BFHP</p>	<p>The American Osteopathic Association encourages pharmaceutical companies to continue to provide prescription medicines at reduced or no cost to low-income, uninsured, and under-insured patients through their patient assistance programs.</p>	<p>John- Michael Villarama</p>	

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			2002, 2007 Reaffirmed as Amended; 2012 Reaffirmed as Amended; 2017 Reaffirmed as Amended		
H411-A/17 HOSPICE CARE PROGRAMS – AOA SUPPORT FOR	Policy and Action	BORPH	The American Osteopathic Association will: continue to encourage its membership to educate themselves and their patients regarding the availability and benefits of hospice care programs, in concurrence with traditional medical and palliative care; encourage its membership to advocate for participation in and/or utilization of hospice care programs; urge adoption of measures and programs to improve access to hospice care for all patient populations, including hospice and palliative care services as a benefit under all. 2007; 2012 Reaffirmed as Amended; 2017 Reaffirmed as Amended	Sharon McGill	
H438-A/17 END OF LIFE CARE – POLICY STATEMENT ON	Policy and Action	CSGA / BFHP / CSA	The American Osteopathic Association approves the white paper on end of life care and encourages all osteopathic physicians to 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;	John-Michael Villarama	The action is the approval of the white paper

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			<p>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 allow natural death (and), designation, determined by the patient or, if the patient is incompetent, by the family, attending physicians, patient advocate, and/or Durable Power Of Health Care Attorney (DPOA); 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 hospice and palliative services for all individuals, including the developmentally challenged, children, and other special populations; and urges that osteopathic physicians 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; 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.</p> <p>2005; 2010 Reaffirmed as Amended; 2015 Reaffirmed as Amended; 2017 Reaffirmed as Amended</p> <p style="text-align: center;">White Paper is on file</p>		

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H443-A/17 HARM REDUCTION MODALITIES FOR PEOPLE WHO INJECT DRUGS	Policy and Action	BORPH	The American Osteopathic Association (AOA) adopted the “Harm Reduction Modalities for People Who Inject Drugs” white paper as its position. 2017 HARM REDUCTION MODALITIES FOR PEOPLE WHO INJECT DRUGS (White Paper is on file)	Sharon McGill	The action is the approval of the white paper
H600-A/17 OSTEOPATHIC CERTIFICATIONS – RIGHTS OF MEMBERS TO PROTECT THEIR	Action	BOS	The American Osteopathic Association shall not withdraw an osteopathic physician’s certification, due to restrictions placed upon their medical licenses, unless all appeals have been exhausted. 2012; 2017 Reaffirmed	John-Michael Villarama	This is an action as it is an operational policy and not subject to sunseting.
H601-A/17 TELEMEDICINE – AOA POLICY ON - WHITEPAPER	Policy and Action	BSGA	The American Osteopathic Association adopted the Telemedicine white paper. 2012; 2017 Reaffirmed as Amended AOA POLICY STATEMENT – TELEMEDICINE WHITE PAPER (WHITE PAPER ON FILE)	John-Michael Villarama	The action is the approval of the white paper
H612-A/17 MEDICARE AND	Action	CSA/BF HP	The American Osteopathic Association will continue to inform its members regarding the safe harbor rules as put	John-Michael	

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MEDICAID – ETHICAL PHYSICIAN ARRANGEMENTS			forward by the U.S. Department of Health & Human Services (HHS) Inspector General. 1992; 1997 Reaffirmed as Amended; 2002 Reaffirmed; 2007 Reaffirmed; 2012 Reaffirmed; 2017 Reaffirmed	Villarama	
H619-A/17 ILLEGAL IMMIGRANTS TO IMMIGRATION AND NATURALIZATION SERVICE – REPORTING OF	Action	CSGA / BFHP	The American Osteopathic Association will petition the Centers for Medicare and Medicaid Services, and relevant state agencies, to review and modify their rules and regulations to ensure that physicians are indemnified and therefore not held responsible to identify the legal resident status of any patient. 2007; 2012 Reaffirmed as Amended; 2017 Reaffirmed	John- Michael Villarama	
H620-A/17 TRANSLATOR SERVICES – PAYMENT FOR	Action	CSA	The American Osteopathic Association will work with third party payers and government insurers to develop a system wherein physicians will be offered additional payment when the use of translators is necessary for the care of the patient. 2007; 2012 Reaffirmed as Amended; 2017 Reaffirmed	John- Michael Villarama	
H630-A/17 IMMUNIZATIONS GIVEN IN THE VETERANS ADMINISTRATION SYSTEM AND INDIAN	Action	MOMS	The American Osteopathic Association will work with the Veterans Administration and Indian Health Services to become mandated reporters of immunization given within their facilities.	John- Michael Villarama	

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HEALTH SERVICES – MANDATED REPORTING OF			2017		
H632-A/17 PRIOR AUTHORIZATION	Action	IOWA	<p>The American Osteopathic Association (AOA) work to seek legislation which would require insurance claims payers and pharmacy benefit managers to:</p> <ul style="list-style-type: none"> • Disclose in sales, promotional materials and advertising that their products utilize a prior authorization process which may result in a delay in or denial of diagnosis and or treatment which may be detrimental to the patient's health or well being • Require contracts with healthcare providers to include hold harmless clauses indemnifying healthcare providers against financial loss due to injury to a patient as a result of their failure or refusal to timely grant a prior authorization request • Include a correct phone number and web address on the patient identification card for initiating the prior authorization process • Make all forms used in the prior authorization process readily available to healthcare providers • Publish and make available to the 	John- Michael Villarama	

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			<p>public all requirements for prior authorization and follow those published policies</p> <ul style="list-style-type: none"> • Provide sufficient knowledgeable staff to ensure that healthcare providers are able to contact medical claims payers and pharmacy benefit managers without average hold times exceeding 10 minutes • Compensate medical practices and healthcare providers for the cost of time spent on inappropriately denied PA requests • The medical director of the payor /claim adjudicator shall be identifiable and shall be held accountable for the results of their decisions 		
H638-A/17 PRESCRIPTION DRUG PRICING	Policy and Action	BFHP / CSGA/ CSA	<p>The American Osteopathic Association will advocate for policies that encourage pharmaceutical manufacturers, prescription drug benefit managers, pharmacies, and payers to price drugs and insurance products on prescription drugs in order to promote access, affordability, and continued advancement of healthcare quality and innovation.</p> <p>2017</p>	John-Michael Villarama	

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
H-316	Insurance Carriers – Patient Accessibility of Diagnostic Services (H317-A/13)	Action	The American Osteopathic Association will work with the state health insurance regulators and health insurance companies to allow physicians to provide diagnostic services at the same payment level that the insurance carrier has contracted with its other approved providers.	BSA		John-Michael Villarama
H-323	Medicare-Equitable Payment (H324-A/13)	Action	The American Osteopathic Association will work to ensure fair and equitable payment for to health care for all Medicare beneficiaries.	BFHP		John-Michael Villarama
H-326	National Practitioner Data Bank (H327-A/13)	Action	The AOA will continue to persuade the National Practitioner Data Bank to limit required reports to significant findings relative to professional matters; establish a maximum time limit of five (5) years for retention of data; record as an action only a settlement that exceeds \$50,000; and eliminate inclusion of postdoctoral trainees who perform their services properly under the supervision of an attending physician; and urges the US Congress to amend the National Practitioner Data Bank law to mandate that all federal confidentiality protections accorded to the bank supersede state discovery or open-record laws.	BFHP		John-Michael Villarama
H-332	Prescription Plans – Restrictive (H335-A/13)	Action	The American Osteopathic Association urges state legislatures to pass laws that would: Require truth in advertising and prohibit marketing such plans from restricting their payment for pharmaceuticals to formularies or other devices intended to limit patient and physician choice to a narrow list of approved medications; and prohibit payors from mandating the use of generic drugs to the exclusion of proprietary	BSGA		John-Michael Villarama

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
			pharmaceuticals.			
H-339	Veterans Hospitals and Clinics – OMT in (H342-A/13)	Action	The American Osteopathic Association will continue to work with the Department of Veterans Affairs to provide information to appropriate administrative and managerial personnel on osteopathic manipulative treatment (OMT) that will allow osteopathic physicians to provide OMT in all departments of Veterans Affairs healthcare facilities.	BFHP		John-Michael Villarama
H-352	Availability of Epinephrine Products - The William G. Anderson, DO Initiative	Action	The American Osteopathic Association (AOA) advocate for the availability by legislation of epinephrine products at schools, restaurants, sporting events and places of business accompanied by appropriate training and funding; the AOA advocate for the subsidization of such devices to be included in any legislation in all such instances so as to not be a financial burden on the individual school, business, or institution; and that all such attempts and actions by the AOA be from this point onwards be known as the "William G. Anderson, DO Initiative for the Availability of Epinephrine Products".	NYSOMS		John-Michael Villarama
H-357	OMED Education on Chronic Disease	Action	The American Osteopathic Association (AOA) develop an OMED Convention theme with a keynote speaker focused on nutrition and lifestyle to further promote a national focus on reversing the high chronic disease incidence here in the United States; and the AOA recommend this nutrition and lifestyle theme be considered in future OMED conventions as an important theme.	MOA		Nicole

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
H-359	Preventing Physician Burnout – Safe Haven Protection for Physicians	Action	The American Osteopathic Association’s Bureau of State Government Affairs and/or other appropriate bureaus or committees develop policy in support of safe haven non-reporting protections and develop draft statute language for use by state affiliates interested in pursuing safe haven non-reporting protections for physicians.		MAOPS	John-Michael Villarama
H-362	Resolution Implementation	Action	The House of Delegates (HOD) expresses its strongest dissatisfaction over the American Osteopathic Association (AOA) administration’s failure to implement the duly adopted resolutions of the House; and that the HOD directs the AOA Board to take all necessary action to ensure that policy ‘Timely Posting of Agenda and Meeting Minutes’, and all resolutions passed by the HOD are promptly and fully implemented by the AOA administration; and that the HOD recommends that the AOA Board include the effectiveness and timeliness of implementation of all HOD resolutions as a metric in the job performance of the Chief Executive Officer of the AOA.		IOMA / et al	CEO
H-365	Nutrition at AOA Events	Action	The American Osteopathic Association (AOA) consider meal nutritional content when planning events; and that plant-based meals options be provided at all AOA sponsored events where a meal is served.		OPSO	Dawn Amaskee
H-366	Resolution Retention	Action and Policy	The House of Delegates hereby admonishes the American Osteopathic Association (AOA) administration for failing to implement and adhere to a duly passed resolution of the House; and that beginning with the 2018 House of Delegates the AOA		IOMA	CEO

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
			immediately and fully implement H604-A/12.			

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
H-412	Patient Education (H413-A/13)	Action and Policy	The American Osteopathic Association reaffirms its commitment to the advancement of patient education to promote a better understanding of personal health and wellness.	BSAPH		Sharon
H-420	Osteopathic Manipulative Treatment of Somatic Dysfunction of the Head, Safety in (H426-A/13)	Action and Policy	The American Osteopathic Association promotes public awareness of the complexity and vulnerability of the human central nervous system; promotes public awareness for the safe intervention of physical forces to the head by the educated hands of a trained osteopathic physician; advocates 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; promotes health care laws which supports the teaching of medical interventions to fully qualified professionals; hold the position 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 osteopathic cranial manipulative medicine; and believes that the practice of OMT of 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.	BOCER		Sharon
H-503	Representation of Physicians in Postdoctoral Training in the AOA House of Delegates and	Action	The AOA Board of Trustees supports the addition of one designated seat in the House of Delegates for representation of physicians who are currently in a fellowship postdoctoral training program; and that the	BOT		Dawn Amaskee

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
	Proposed Amendment to the American Osteopathic Association Constitution & Bylaws		AOA Board of Trustees approves the following proposed amendments to the AOA's governing documents and requests that the AOA Chief Executive Officer take the necessary steps to arrange for publication of this proposed amendment and submission of a resolution to the July 2018 House of Delegates meeting that, if approved, would amend the AOA's Bylaws as follows.			
H-504	Designation of AOA Immediate Past President as AOA Treasurer	Action	The House of Delegates meeting approves the following amendment to the AOA's Bylaws.	BOT		Dawn Amaskane

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
H-600	Centers for Medicare and Medicaid Services Policies (H601-A/13)	Action and Policy	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.	BFHP	John-Michael Villarama	
H-601	Centers for Medicare and Medicaid – Regulatory Reform (H602-A/13)	Action	The American Osteopathic Association will: remain committed to securing the enactment of comprehensive reforms that reduce the regulatory burden and allow physicians to dedicate the majority of their time to providing patient care; urge the Centers for Medicaid and Medicare Services (CMS) to provide more physician education regarding Medicare policies, procedures, and regulations, particularly in rural and frontier areas; and support actions that will hold carriers accountable for providing inaccurate information to physicians.	BSA	John-Michael Villarama	
H-616	Centers for Medicare and Medicaid Services’ – Burdensome Requirements for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (H619-A/13)	Action	The American Osteopathic Association shall make the reduction of administrative burdens a priority and will work with that CMS to develop less burdensome requirements that assist physician efficiency, protect patient confidentiality, and do not result in a duplication of efforts for physicians when providing documentation of medical necessity for all durable medical equipment, prosthetics, orthotics and supplies and other covered Medicare and Medicaid services.	BSA	John-Michael Villarama	

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
H-622	Inclusion of Osteopathic Language and Structural Exam in Electronic Health Record Systems	Action	The American Osteopathic Association (AOA) will continue to advocate for the inclusion of osteopathically-focused terminology and structural exam templates within electronic health records systems; and that the AOA report back to the House of Delegates at the 2019 annual meeting on the activity taken to implement this resolution and on the results of that activity.	IOMA		John-Michael Villarama
H-626	Adoption of Expedited Partner Therapy (EPT) Policy and Advocacy for National Legalization of Interstate Opioid Database	Action	The American Osteopathic Association (AOA) advocate for the use of Expedited Partner Therapy (EPT) in accordance with the evidence-based medicine and in accordance with state laws.	SOMA		John-Michael Villarama
H-628	Cannabis Reclassification: Effect on Research	Action	The American Osteopathic Association support a review of the classification of cannabis under the Controlled Substance Act of 1970, to facilitate advancement in clinical, public health, patient safety, and health policy research involving medical cannabis use.	SOMA		John-Michael Villarama
H-630	Comprehensive Gun Violence Reform	Action and Policy	The American Osteopathic Association join physician like-minded organizations in the call for Congressional legislation that: <ol style="list-style-type: none"> 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 	SOMA		John-Michael Villarama

**HOUSE OF DELEGATES
2018 RESOLUTIONS - ACTION**

RES. NO.	RESOLUTION TITLE	TYPE Action	RESOLVES	B/C/C Assignment from 2018	SLT Assigned	Action Update
			designed to increase their rapid and extended killing capacity.			
H-637	Urge Congress to Retain DACA Protections	Policy and Action	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 DACA status.		SOMA	John-Michael Villarama

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-202	Osteopathic Medical Education (H203-A/14)	Action	The American Osteopathic Association will establish a mechanism by which input can be contributed from interested stakeholders if a plan is formulated to pilot or implement concepts identified within the blue ribbon commission report.	BOE	APPROVED	Maura
H-203	Assure GME Residency Positions to Graduates of U.S. Medical Schools H205-A/14)	Action	The American Osteopathic Association will work with COCA, AACOM, AMA, ACGME, AAMC and LCME to advocate for Federal Legislation that will offer GME positions first to DO or MD graduates of U.S. COCA OR LACME accredited medical schools.	BFHP	APPROVED	John-Michael Villarama
H-204	Uniformed Services Physicians Requiring and Assigned to Civilian Residency Programs – AOA Support of All Osteopathically Trained (H208-A/14)	Policy & Action	The American Osteopathic Association will continue to monitor, assist and support all osteopathic physicians who receive graduate medical education (GME) through the uniformed services process, removing barriers to osteopathic graduate medical education approval.	BOE	APPROVED	Maura
H-213	Professional Liability Insurance – Trainee (H219-A/14)	Action	The AOA Department of Education and the appropriate councils within the AOA will work with the AMA and ACGME in exploring possible mechanisms to ensure that trainees are provided with sufficient professional liability insurance at all times and that potential mechanisms to consider will include: 1) Required full disclosure of type and amount of PLI to AOA, OPTI, and trainees; 2) Prohibition of claims-made policies for trainees; 3) Development of a superfund or	BOE	APPROVED <i>(for sunset)</i>	Maura

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			backup insurance to be used in the event of hospital closure or bankruptcy.			
H-214	Influenza Vaccination Programs for Medical Schools (H308-A/14)	Policy	The American Osteopathic Association recommends and supports that all osteopathic medical schools have an ongoing influenza vaccination program for students.	BOE	APPROVED	Maura
H-215	Single Graduate Medical Education Accreditation System (H800-A/14)	Action	<p>The American Osteopathic Association (AOA) will evaluate and report to the membership and AOA House of Delegates annually, between 2015 and 2021 2024, concerning the following issues:</p> <ol style="list-style-type: none"> 1) The ability of AOA-trained and certified physicians to serve as program directors in the single GME accreditation system; 2) The maintenance of smaller, rural and community based training programs; 3) The number of solely AOA certified physicians serving as program directors in each specialty; 4) The number of osteopathic identified GME programs and number of osteopathic identified GME positions gained and lost; 5) The number of osteopathic residents taking osteopathic board certification examinations; 6) The status of recognition of osteopathic board certification being deemed equivalent by the ACGME; 	BOT	APPROVED as AMENDED	Dr. Klauer

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			<p>7) The importance of osteopathic board certification as a valid outcome benchmark of the quality of osteopathic residency programs, and be it further</p> <p>Any proposed single graduate medical education (GME) accreditation system will provide for the preservation of the unique distinctiveness of osteopathic medicine, osteopathic graduate medical education, osteopathic licensing examinations, osteopathic board certification, osteopathic divisional societies, osteopathic specialty societies, osteopathic specialty colleges, the AOA, and the osteopathic profession. The AOA will remain vigilant in its oversight of the single accreditation process and utilize its ability to cease negotiations as delineated in the Memorandum of Understanding (MOU) should osteopathic principles and educational opportunities be materially compromised. The AOA will seek to create an exception category to allow the institution/program, on a case-by-case basis, up to a one year extension without prejudice for an institution/program that has their budget previously planned so as not to put that institution/program at a competitive disadvantage. The AOA will advocate for an extension of the closure date for AOA accreditation beyond July 1, 2020, where appropriate for individual programs on a case-by-case basis. The AOA will enter into a single accreditation system that perpetuates unique osteopathic graduate medical</p>			

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			education programs.			
H-216	Statement of Support for the American Osteopathic Board of Neurology And Psychiatry	Action	The members of the American College of Osteopathic Neurologists and Psychiatrists (ACONP) declare their strong support and gratitude to the American Osteopathic Board of Neurology and Psychiatry (AOBNP) for their commitment toward our profession and neurologists and psychiatrists eligible for board certification through this board; and, that the members of the ACONP fully support the American Osteopathic Association (AOA) Board of Trustees, the AOA Bureau of Osteopathic Specialists and the AOBNP for the efforts in strengthening Osteopathic Certification for the future; and, that the AOA acknowledges this statement in support of the AOBNP by the members of the ACONP.	ACONP	APPROVED	Maura
H-217	Board Certification Test Results	Action	The American Osteopathic Association require its certifying boards to notify the physician and program director, if applicable, within eight weeks of taking the test of their results.	ACOFPP	APPROVED as AMENDED	Maura
H-223	Education of Students and Faculty on Obtaining Permission Before All Student and Patient Encounters	Policy & Action	The American Osteopathic Association (AOA) encourage all colleges of osteopathic medicine to prepare their educators and graduates to learn and demonstrate aptitude concerning the knowledge and practice of obtaining permission; and, that the AOA promote and encourage both educators and students in the use of obtaining permission in all OMT and/or physical contact patient interactions – whether	MOA	APPROVED as AMENDED	Maura

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			they be students in educational activities, standardized patients, or others.			
H-228	Parental Leave Policies for Accreditation Council for Graduate Medical Education Residency	Action	The American Osteopathic Association (AOA) encourages the Accreditation Council for Graduate Medical Education (ACGME) to promote the standardization, within the common program requirements; availability; and accessibility of requesting adequate parental leave in adherence with the Family and Medical Leave Act; and, that the AOA encourages the ACGME to advocate for transparency of parental leave policies.	OOA	APPROVED as AMENDED	Maura
H-231	Recognition of COMLEX and USMLE as Equal Licensing Examinations Among Residency Programs	Action	The American Osteopathic Association (AOA) promote parity between osteopathic and allopathic medical students, residents, and physicians among residency program directors; and, that the AOA collaborate with the American Association of Colleges of Osteopathic Medicine, the National Board of Osteopathic Medical Education, the American Medical Association, the Accreditation Council for Graduate Medical Education, and all other appropriate parties to educate residency program directors on the interpretation of a Comprehensive Osteopathic Medical Licensing Examination of the United States (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.	MAOP	APPROVED as AMENDED	Maura

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-301	Medical Websites and Smartphones/Tablet Computer Apps to Diagnose Illness – Use of (H301-A/14)	Action	The American Osteopathic Association (AOA) recognizes the values that health information websites and apps provide patients and encourages their use for patients to gain information about their health and will encourage its members to recommend patients use evidence-based resources so that they may continue to actively engage in their own health care. The AOA should actively educate patients on the importance of seeing a physician when ill or injured and in need of a medical diagnosis, and that patients not allow recommendations from these medical websites or applications to be used as a basis for delaying, or as a substitute for, evaluation and treatment by a physician.	BSAPH	APPROVED	Sharon
H-323	Minorities in the Osteopathic Profession – Collecting Data (H332-A/14)	Action	The American Osteopathic Association (AOA) will: (1) include questions relating to race, ethnicity, and socioeconomic status as part of the data collected from physicians in membership records; (2) encourage the American Association of Colleges of Osteopathic Medicine (AACOM), individual osteopathic medical colleges, osteopathic residency programs, state associations and specialty colleges to submit existing data on minority representation in the osteopathic profession to the AOA; (3) encourage all osteopathic organizations to work with and respond to future inquiries from the AOA on this and similar matters; (4) distribute all	BOCER	APPROVED as AMENDED	Sharon

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			of the information gathered through this initiative only as non-identifiable or aggregate demographic data; and (5) encourage all specialty colleges to establish committees to address training, fellowship, cultural competency and service issues related to underrepresented minorities and to work collaboratively with the AOA to implement programs with multi-cultural impact.			
H-330	Medical Costs Incurred by Patients for Services not Covered by their Insurance (H344-A/14)	Action	The American Osteopathic Association (AOA) will advocate for hospitals and other sites of medical services to inform patients in advance of scheduled procedures, who the service providers involved in their care will be and whether or not those providers are covered in network and covered by the patients' insurance. The AOA supports providing patients with an estimate of all the costs of their procedure as well as the identity of all ancillary providers that will be participating in their care in advance of the procedure if they are personally responsible for assuring payment for these services. The AOA strongly supports giving patients the opportunity to select ancillary providers who are in network and covered by their insurance so that they are not unknowingly responsible for medical expenses and medical bills.	BSA	APPROVED	John-Michael Villarama

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-331	Electronic Medical Record (EMR) – Student Access And Use (H345-A/14)	Action	The American Osteopathic Association will work with the American Association of Colleges of Osteopathic Medicine and the American Osteopathic Association of Medical Informatics to promote the opportunity for medical students to document and practice order entry in EMRs at facilities where osteopathic medical students are trained.	BOE	APPROVED	Maura
H-335	Maternal Mortality	Policy & Action	The American Osteopathic Association (AOA) supports (1) the important work of maternal mortality review committees; (2) work with state and relevant specialty medical societies to advocate for state and federal legislation to establish and maintain Maternal Mortality Review Committees; and (3) work with state and relevant specialty medical societies to secure funding from state and federal governments that fully supports the start-up and ongoing work of state Maternal Mortality Review Committees.	ACCOG	APPROVED as AMENDED	John-Michael Villara ma
H-349	Support for OMT Privileges	Policy	The American Osteopathic Association (AOA) support and advocate for all physicians who desire to practice osteopathic manipulative treatment (OMT) within medical systems and hospitals; and, that the AOA create guidelines that can be distributed upon request to hospitals, medical systems, and other interested entities that standardize credentialing and	OPSC	APPROVED	Maura John-Michael Villara ma

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			privileging processes, including proctoring and approval of privileges to practice OMT.			
H-350	Anti-Intimidation Standards Among Physicians	Action	The American Osteopathic Association support the implementation of anti-intimidation standards within healthcare training programs and workplaces.	POMA	DIS-APPROVED	N/A
H-356	Physician Psychological Trauma and Mental Health	Action	The American Osteopathic Association (AOA) continue to work to ensure that physicians are not publicly or professionally stigmatized for seeking care and treatment for injuries or psychological trauma resulting from their professional duties; and, that the AOA continue ongoing promotion of physician mental health care as a necessary part of normal physician professional development requiring appropriate care to avoid suicide, depression, and burnout; and, that the AOA work with payors and other invested parties to remove any and all financial penalties and stigmas associated with mental health care received ensuring the continued wellness of our physician workforce.	MOA	APPROVED	Lori Mollie

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
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**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
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**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-629	Clinical Data Registries and Qualified Clinical Data Registries	Action	The American Osteopathic Association (AOA) supports the development of clinical data registries to improve the quality of patient care, improve population health, and promote high-value care and, that the AOA will support efforts to make reporting more simplified and efficient and expand participation in clinical data registries and Qualified Clinical Data Registries (QCDRs) for the benefit of population health; and, the AOA will advocate to ensure that (1) participation in clinical data registries and QCDRs does not place a substantial cost burden on physicians; (2) data is used to improve quality of care for patients; (3) registry data is not used to penalize physicians; (4) that measures developed for reporting through clinical data registries and QCDRs are developed in collaboration with physicians and specialty groups; and (5) that physicians play an integral role in the oversight of clinical data registries and QCDRs.	BSA	APPROVED as AMENDED	John-Michael Villarama
H-630	Communication Technology-Based and Remote Evaluation Services	Action	The American Osteopathic Association (AOA) will work to ensure that the use of new communication technology-based and remote evaluation services, which resemble other Medicare telehealth and remote monitoring services are paid at a rate consistent with the time and work involved for the physician.	BSA	APPROVED	John-Michael Villarama

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-631	Incident to Billing by Physician Assistants and Advance Practice Registered Nurses	Action	The American Osteopathic Association (AOA) supports maintaining the “incident to” billing provision for APRNs and PAs in order to preserve the physician-led, team-based model of care; and, that the AOA will advocate to ensure that physicians who collaborate with advance practice registered nurses and physician assistants in their practices will continue to be able to earn full reimbursement for their collaborative efforts through “incident to” billing; and, that the AOA will advocate to ensure that reimbursement for any APRN and PA services billed under the non-physician practitioner’s provider identification number will be reimbursed at an appropriate rate based on the provider’s background and training.	BSA	APPROVED	John-Michael Villarama
H-633	Post-Partum Depression	Action	That Bureau on Scientific Affairs and Public Health (BSAPH) receive additional time to collect the requested data from American Osteopathic Association’s internal sources as well external key stakeholders (e.g., COMS, osteopathic state, and specialty associates); and, that BSAPH develop and administer a survey to its external stakeholders to collect the requested information and provide a final report to the House of Delegates in July 2020.	BSAPH	APPROVED	Sharon

**2019 AOA HOUSE OF DELEGATES MEETING
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-635	Prior Authorization – Patient Authorization	Action	The American Osteopathic Association advocate with insurers, pharmacy benefit managers (PBMs), third party administrators (TPAs), legislators and administrative agencies to allow the physician to complete the entire prior authorization process on behalf of the patient without the patient’s written authorization.	IOMA	APPROVED	John- Michael Villarama

**2020 House of Delegates
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-205	Blue Ribbon Commission Report (H223-A/15)	Policy & Action	The American Osteopathic Association (AOA) encourages colleges of osteopathic medicine to collaborate with appropriate regulatory authorities, licensing boards, certifying boards, the National Board of Osteopathic Medical Examiners, and other stakeholders in their pursuit of innovative pilot studies to produce primary care, competency-based physician team leaders and the AOA will monitor the outcomes of these pilot programs and the route to board certification.	BOE	ADOPTED	Maura
H-209	Incorporating Continued Medical Education Regarding Intellectual and Developmental Disabilities	Policy	The American Osteopathic Association (AOA) encourages continuing medical education opportunities regarding intellectual and developmental disability care for adults.	SOMA	ADOPTED as AMENDED	Maura
H-214	Audition Rotations for Osteopathic Medical Students	Policy & Action	The American Osteopathic Association (AOA), partner with interested stakeholders including, but not limited to, the association of American Medical Colleges(AAMC) and American Association Of Colleges Of Osteopathic Medicine (AACOM) to address the discriminatory practice of prohibiting medical students from visiting student rotations or charging different fees to medical students based solely on their osteopathic training; and, that the AOA	IOMA	ADOPTED as AMENDED	Maura

**2020 House of Delegates
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
			<p>work with any and all relevant organizations to seek necessary changes in institutional or residency policies and/or practices that prohibit visiting student rotations or charge inequitable fees to medical students based solely on their osteopathic training-against osteopathic medical students or residents; and, that the AOA will continue to advocate for osteopathic medical students and residents with institutions, programs, and other relevant stakeholders when the AOA becomes aware of any instance of discrimination.</p>			

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**2020 House of Delegates
ACTION RESOLUTIONS**

RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
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H-303	Remove FDA Ban on Anonymous Sperm Donation from Men Who Have Sex with Men (H305-A/15)	Action	The American Osteopathic Association (AOA) will call for an end to the five-year deferment period for anonymous sperm donation for men who have sex with men, and modify the exclusion criteria for men who have sex with men to be consistent with deferrals for those to be judged at an increased risk of infection. The AOA supports lobbying measures with the intention of amending this policy.	BFHP / BSAPH	ADOPTED	John- Michael
H-304	Improving Competitive Edge for Membership in the AOA (H308-A/15)	Action	The American Osteopathic Association will review all membership dues, fees, and duration of certification to become more cost competitive with allopathic organizations to help build and maintain membership.	BOM	ADOPTED	
H-305	Tax Credit for Precepting (H312-A/15)	Policy	The American Osteopathic Association (AOA) will support legislation to implement precepting tax credits.	BSGA	ADOPTED as AMENDED	John- Michael
H-306	Site Neutral Reimbursement (H309-A/15)	Policy	The American Osteopathic Association (AOA) supports that payments from all payers should reflect the resources required to provide patient care in each setting, The AOA supports that payments for all sites of care should account for costs incurred in that setting, and should take into account the nature of the patient	BFHP	ADOPTED as AMENDED	John- Michael

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			<p>population served by each type of provider and other factors, such as, but not limited to, the provision of care coordination, access to after-hours care, emergency care, quality activities, and regulatory compliance costs.</p> <p>The AOA supports that efforts should be made to collect comprehensive and reliable data regarding the extent of actual cost differences among sites of service, the impact of current site of service differentials on patient access; the extent to which recent site of service shifts are attributable to payment differentials; and the potential impact of the elimination or reduction of such differentials on providers' ability to cover their reasonable costs.</p> <p>The AOA supports that pending collection of such data, private and public payers should avoid reductions in payment that create or aggravate existing site of service differentials for services that are demonstrably similar in terms of nature, scope, and patient population.</p> <p>The AOA supports that Medicare patients should be provided access to data regarding differences in copayment requirements among various sites of service.</p>			

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-307	Supporting the Use of OMM in the VA (H311-A/15)	Action	The American Osteopathic Association (AOA) will work with the Veterans Administration (VA) to: 1) establish the position of National Osteopathic Manipulative Medicine (OMM) Director within the Veterans Administration System; 2) create National VA Regulation promoting the use of Osteopathic Manipulative Medicine; 3) create Manual Medicine Clinics; 4) to hire physicians trained in Osteopathic Manipulative Medicine, to staff manual medicine clinics within the department of Physical Medicine and Rehabilitation (PMR); 5) assist the National OMM Director in coordinating support for manual medicine clinics by encouraging Osteopathic Schools to sign Memorandum Of Understandings that allow osteopathic students and residents to rotate through the manual medicine clinics and eventually apply for jobs in these clinics on an equal opportunity basis; 6) and the AOA will work with Congress to pass any legislation required to put forth the promotion of OMM in the VA (see policy background in VHA Directive 2009-059 supporting Chiropractic Care. The AOA will continue to educate the VA on the	BHFP	ADOPTED	John-Michael

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			benefit of OMM to patient care.			
H-318	Vaccines Shortages (H326-A/15)	Action	The American Osteopathic Association (AOA) will communicate with the Centers for Disease Control and prevention as well as Food and Drug Administration on issues relating to schedule adherence and vaccine shortages and will engage federal lawmakers on policy solutions as needed. The AOA will also communicate any actions being taken to urge additional U.S. companies to manufacture vaccines for U.S. citizens.	BFHP	ADOPTED as AMENDED	John-Michael
H-322	Prescription Drug Diversion and Abuse – Education, Research, and Advocacy (H335-A/15)	Policy & Action	The American Osteopathic Association (AOA) will advance knowledge and understanding of appropriate use of prescription drugs through the education of the public and osteopathic medical education at all levels. The AOA will work with other associations representing health care professionals to educate on the indicators of potential prescription drug abuse, misuse and diversion. The AOA will encourage the Institute of Medicine and other private and public organizations/agencies to conduct further research into development of reliable outcome indicators for assessing the	BSGA	ADOPTED	John-Michael

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			<p>effectiveness of measures proposed to reduce prescription drug abuse, misuse and diversion.</p> <p>The AOA will advocate for evidence-informed use of state prescription monitoring programs, tamper resistant drug formulas and support efforts to assist state osteopathic medical associations in developing physician drug abuse, misuse and diversion awareness and prevention education programs.</p> <p>The AOA supports policies that do not hinder patient access to and coverage of appropriate pharmacologic and non-pharmacologic treatments. It is a right of all patients to have access to medically appropriate intervention and/or treatment for conditions, including acute and chronic pain. It is the right of all physicians, to provide medically appropriate intervention and treatment modalities that will achieve safe and effective treatment, including pain control, for all their patients.</p> <p>The AOA will not support any program which limits access to prescription drugs for patients with legitimate need and will not support any program which reduces the provider's ability to inform the patient's care. In addition, it is in the best interest of all patients not to confine, or</p>			

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			<p>seek to regulate medications, including opioid/opiate, by limiting their use to a small number of selected specialties of medicine. This would also extend to modalities now developed, or yet to be developed, such as long-acting opioid/opiate preparations. These exclusionary strategies will limit access for patients with medical indications for therapy, complicate delivery of care, and add to pain and suffering of patients.</p> <p>The AOA will continue to cooperate with the pharmaceutical industry, law enforcement, and government agencies to stop prescription drug abuse, misuse and diversion as a threat to the health and well-being of the American public.</p> <p>The AOA opposes the imposition of administrative or financial deterrents that decrease access to and coverage of prescription drugs with abuse-deterrent properties.</p>			

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
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H-434	Immunizations – Mainstay of Preventive Medical Practice (H439-A/15)	Action	The American Osteopathic Association will create stronger ties with pro-immunization groups within and outside the osteopathic profession; and whenever possible, will assist these pro-immunization groups with appropriate evidence-based information regarding the safety of immunizations and significant positive effects of the proper use of immunizations relative to the overall public safety.	BSAPH	ADOPTED	Sharon
H-438	Screening for Breast Cancer (H444-A/15)	Policy & Action	The American Osteopathic Association recognizes and promotes the importance of the integrity of the patient-physician relationship and recommends that breast cancer clinical preventive screenings and coverage be individualized to the extent possible for every patient.	BSAPH	ADOPTED	Sharon
H-447	Fentanyl Testing Strips	Action	The American Osteopathic Association (AOA) will support the universal legalization of fentanyl testing strips, both for Public Health initiatives, as well as personal use; and, that the AOA strongly encourage the American Osteopathic Academy of Addiction Medicine (AOAAM) to maintain the above position.	AOAAM	ADOPTED as AMENDED	Sharon
H-449	Homeless Support	Policy & Action	The American Osteopathic Association (AOA) reaffirm support for state and	OPSC	ADOPTED as AMENDED	Sharon

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			federal efforts, including efforts by private organizations, as well as those enumerated in the 2018 House of Delegates resolution number H-428 – A/2018, and that those efforts include addressing social determinants affecting health, substance abuse programs, mental health resources, clinical care programs and provision of stable housing for all homeless individuals that are seeking temporary or permanent shelter.			

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
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H-603	Pay for Performance (H604-A/15)	Action	In an effort to support the establishment of reasonable payment that will reflect the quality of care provided by physicians and improve patient health outcomes, the AOA adopts the following principles on quality reporting and pay-for-performance.	BSA	ADOPTED as AMENDED	John- Michael
H-623	Osteopathic Manipulative Treatment (OMT) in a Pre-Paid Environment – Payment Policies for (H632-A/15)	Action	The American Osteopathic Association will work to ensure that: (1) osteopathic manipulative treatment in any prepaid compensation model be recognized as a separate procedure; (2) osteopathic manipulative treatment as a procedure applied by fully-licensed physicians and surgeons be considered unique; and (3) osteopathic manipulative treatment in any prepaid compensation model be compensated as a special separate procedure, either by payment of additional capitation or on a fee-for-service basis without the need for prior authorization.	BSA	ADOPTED	John- Michael
H-629	Discrimination by Insurers (H639-A/15)	Action	The American Osteopathic Association will actively pursue all reasonable avenues in support of its members who are discriminated against by insurance companies and excluded from participating in insurance programs; and in those instances where there is no due	BSA	ADOPTED	John- Michael

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			process to discuss and mediate the exclusions, the AOA will petition organizations to present their credentialing criteria and deselection criteria, and will use those resources at its disposal to help obtain a fair and equitable solution to the problem and to include due process in all cases.			
H-633	Medicare Contractor Denial Letters (H644-A/15)	Action	The American Osteopathic Association calls upon the Centers for Medicare and Medicaid Services (CMS) to continue to involve osteopathic physicians in the development of screening parameters for denial of services for osteopathic structural diagnoses and osteopathic manipulative treatments.	BSA	ADOPTED as AMENDED	John-Michael
H-634	Osteopathic Medical Student, Resident, and Physician Mental Health (H646-A/15)	Action	The American Osteopathic Association (AOA) will promote mental health awareness and provide osteopathic medical students, residents, and physicians with educational information on recognizing mental health issues among themselves and their colleagues. The AOA will work with the American Association of Colleges of Osteopathic Medicine, AOA State Divisional Societies, and Advocates for the American Osteopathic Association to reduce the stigma associated with mental illness to eliminate barriers to treatment while	BEL	ADOPTED	Sharon

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			advocating for increasing the resources for care.			
H-636	Access to Care – Network Adequacy and Coverage	Action	American Osteopathic Association (AOA) will advocate to ensure plan coverage by public and private payors for all medically necessary services in-person, within a reasonable distance/wait time for all plan beneficiaries; and the AOA support state insurance commissioners and/or other appropriate regulatory agencies as the primary enforcers of network adequacy requirements.	BSGA	ADOPTED as AMENDED	John-Michael
H-637	Addressing Fears and Barriers to Telemedicine Implementation and Alignment	Action	The American Osteopathic Association (AOA) engage partner organizations to support understanding, training and implementation of telemedicine in physician offices; and, that the AOA believes that every effort should be made to allow telemedicine services to be provided by the patient’s attending physician rather than by providers not affiliated with or to whom the patient has not been referred by the patient’s primary care physician.	MOA	ADOPTED as AMENDED	John-Michael
H-643	Professional Liability Insurance Reform	Action	The American Osteopathic Association continues support of professional liability insurance reform that includes the following principles: 1) limitations on non-economic damages - including provisions	BSGA	ADOPTED	John-Michael

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			<p>that afford states the opportunity to maintain or establish laws governing limitations on non-economic damages;</p> <p>2) prohibiting “loss of chance” liability;</p> <p>3) periodic payment of future expenses or losses;</p> <p>4) offsets for collateral sources;</p> <p>5) joint and several liability reform;</p> <p>6) limitations on attorney contingency fees;</p> <p>7) establishment of uniform statutes of limitations;</p> <p>8) establishment of alternative professional liability insurance reforms which may include but are not limited to – health courts, non-binding arbitration and “I’m sorry” clauses; and</p> <p>9) reimbursement of all out-of-pocket expenses and lost income for physicians who are victims of frivolous lawsuits and, that upon approval, AOA policies H617-A/15 FRIVOLOUS LIABILITY and H333-A/18 PROFESSIONAL LIABILITY INSURANCE REFORM be sunset.</p>			

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
H-645	REFERRED RESOLUTION: H636-A/2019 Obesity Treatment Reimbursement in Primary Care	Action	The American Osteopathic Association (AOA) is committed to expanding payment for services related to obesity diagnosis and treatment, including non-primary care physicians and non-physicians who provide counseling in consultation with a physician; and hat the AOA will work with payors, legislators, and other stakeholders to ensure access to treatment for obesity to address this public health epidemic.	BSA	ADOPTED as AMENDED	John-Michael
H-648	Researching Patient Safety and Provider Qualifications	Policy & Action	The American Osteopathic Association (AOA) encourages independent research on the qualification and outcomes of nurse practitioners and other midlevel providers that practice independently; and that the AOA research & public health staff perform an analysis of current, valid and published research on clinical outcomes, resource utilization and malpractice experience for independently practicing NPS and PAS and provide this information to osteopathic physicians.	SOMA	ADOPTED as AMENDED	Sharon
H-650	Telemedicine; Reimbursement for	Action	The American Osteopathic Association work with the American Medical Association to advocate for legislation or an Executive Order to mandate that all health insurance plans, including those issued by CMS (Medicaid and Medicare Services) and entities covered under	NYSOMS	ADOPTED as AMENDED	John-Michael

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RES. NO.	RESOLUTION TITLE	TYPE Policy or Action	RESOLVES	SUBMITTED BY	HOD ACTION	SLT
Ho			ERISA Law continue to reimburse for such services at a level that is commensurate with a face-to-face visit.			

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Res. No.	Resolution Title	Resolve Statement	SLT Assigned	Submitted By	Policy or Action
H201 -A/21	Vital Nature of Board-Certified Physicians in Aerospace Medicine	<p>RESOLVED, that world legislative, regulatory and rule-making bodies codify the Aerospace Medicine specialty, practitioners and the unique leadership roles of Aerospace Medicine physicians; and be it further</p> <p>RESOLVED, that the AOA recognizes the unique contributions and advanced qualifications of Aerospace Medicine professionals; and specifically opposes any and all efforts to remove, reduce or replace Aerospace Medicine physician leadership in civilian, corporate or government Aerospace Medicine programs and aircrew healthcare support teams; and be it further</p> <p>RESOLVED, that the AOA advocates against other FURTHER Aerospace medicine mid-level provider scope of practice expansions that threaten the safety, health, and wellbeing of aircrew, patients, support personnel and the flying public.</p>	John-Michael	AOCOPM	Policy Statement and Action
H203 -A/21	Physician Designation, Truth in Advertising and Residency/Fellowship Training Non-Physician Post-Graduate Medical Training	<p>RESOLVED, that the American Osteopathic Association (AOA) amend policy such that wherever the term, “physician” appears, it is to mean, “DO or MD or a recognized international equivalent terminal degree in medicine,” and be used exclusively by graduates from educational programs provided by a college of osteopathic medicine or allopathic medicine accredited by the Commission on Osteopathic College Accreditation or the Liaison Committee on Medical Education leading to the DO or MD degree, or recognized international equivalent terminal degree in medicine; and, be it further</p> <p>RESOLVED, THAT THE AOA WORK WITH THE AMA, AND OTHER RELEVANT STAKEHOLDERS TO ASSURE TO CONTINUE TO ADVOCATE THAT THE TITLE OF PHYSICIAN ASSISTANT (PA) BE PRESERVED, AND THAT THE PROPOSED TITLE CHANGE TO “PHYSICIAN ASSOCIATE” BE REJECTED, BECAUSE THE PROPOSED USE OF “ASSOCIATE” IS MISLEADING AND SHOULD BE ABANDONED OUT OF CONCERN FOR THE POTENTIAL IMPACT ON PATIENT CARE AND SAFETY.</p>	John-Michael	NYSOMS	Policy Statement and Action

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ACTION RESOLUTIONS**

Res. No.	Resolution Title	Resolve Statement	SLT Assigned	Submitted By	Policy or Action
H-301-A/21	Availability of Modalities of Prescribing	RESOLVED, that the American Osteopathic Association advocate for all methods of prescribing by physicians for schedule II through schedule V controlled substances including fax, telephone, print, EPCS (Electronic Prescriptions for Controlled Substances) and hand-written prescriptions that meet the United States Drug Enforcement Administration guidelines AND APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS for a valid controlled substance prescription.	John-Michael	OOA	Policy and Action
H-302-A/21	Improving Insulin Affordability	RESOLVED, that the American Osteopathic Association (AOA) supportS ALL EFFORTS TO PROVIDE AFFORDABLE, AND WHERE NECESSARY, FREE INSULIN PRODUCTS IN ALL STATES legislation capping insulin copays within every state legislature by working with and encouraging action by their respective state OSTEOPATHIC medical societies.	John-Michael	SOMA	Action
H-304-A/21	Extension of the Shelf-Life Extension Program (SLEP) by the FDA	RESOLVED, that the American Osteopathic Association to petition the US Food and Drug Administration (FDA) and the Congress of the United States for the expansion of the Shelf Life Extension Program to all civilian hospital and retail pharmacies.	John-Michael	OOA	Action
H-308-A/21	Referred Sunset Res. No. H300-A/20; H327-A/15intractable and / or Chronic Pain (Not Associated with End of Life Care)	RESOLVED, that the Council on State Health Affairs recommend that the following policy be REAFFIRMED as AMENDED.	John-Michael	CSHA	Action
H-309-A/21	Conflicts of Interest	RESOLVED, THAT THE AOA WILL IMPLEMENT A COMPREHENSIVE AND TRANSPARENT CONFLICT OF INTEREST PROGRAM FOR ALL EMPLOYEES, AND PERSONS IN LEADERSHIP ROLES WITHIN THE AOA AND ALL AFFILIATED ENTITIES; AND BE IT FURTHER	Josh	MAOP	Action Review to ensure all employees

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Res. No.	Resolution Title	Resolve Statement	SLT Assigned	Submitted By	Policy or Action
		RESOLVED, THAT THE AOA BOARD OF TRUSTEES WILL REPORT THE POLICY BACK TO THE 2022 HOUSE OF DELEGATE			have completed.
H-311-A/21	Revision of the Invocation to Support Inclusive and Interfaith Language	RESOLVED, that in the spirit of promoting diversity and inclusion, the American Osteopathic Association (AOA) develop a process to work towards the inclusion of all spiritual beliefs in the invocations of official AOA events SUPPORTS THE USE OF NON- DENOMINATIONAL LANGUAGE IN ALL INVOCATIONS TO BE RESPECTFUL TO PEOPLE OF ALL BELIEFS.	Priya	MOA	Policy-Statement Action Create the staff policy / procedure
H-400-A/21	Endorse Support Nutritionally Balanced, Low Cost or Free Meals for Children in Schools	RESOLVED, that the American Osteopathic Association (AOA) advocate for legislative efforts in support of widely accessible, nutritionally-balanced, low-cost or free meals for all children in the US Pre-K through 12 schools.	John-Michael	ACOFFP	Policy Statement and Action
H-404-A/21	Physician Communication to Patients Regarding COVID 19 Prevention	RESOLVED, that THE American Osteopathic Association (AOA) ENCOURAGE notify its members of the importance of TO follow State and THE CURRENT CDC guidelines DURING A PUBLIC HEALTH CRISIS. in order to contain the pandemic.	Darcy	NYSOMS	Action
H-407-A/21	Addressing The Change in Climate Effects on National Health	RESOLVED, that the American Osteopathic Association (AOA) encourage continued education and awareness of the potential adverse effects RESEARCH OF THE public health effects IMPACT of CHANGING climateS-change.	Sharon	SOMA	Action
H-409-A/21	Referred Resolution H437-A/19 – AOA Firearm Policy Compendium	RESOLVED, that H437-A/19 is superseded by this resolution; and RESOLVED, that the American Osteopathic Association (AOA) House of Delegates adopts the attached policy compendium, which includes all current American Osteopathic Association policies relating to firearm violence.	John-Michael	BFHP	Action

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Res. No.	Resolution Title	Resolve Statement	SLT Assigned	Submitted By	Policy or Action
H-601-A/21	ADVOCATING FOR Coverage of Elemental Formula in State, Federal, and Private Insurance Programs	RESOLVED, that the American Osteopathic Association supports legislation requiring WHICH ADVOCATES FOR THE coverage of medically necessary elemental pediatric formula under Medicaid and private insurance plans.	John-Michael	BFHP	Policy statement and Action
H-602-A/21	Prior Authorization	RESOLVED, that the American Osteopathic Association (AOA) adopts the following policy and principles statement on prior authorization; and will merge policies H343-A/13, H602-A/15; H632-A/17, H635-A/19, H637-A/19, and H640-A/16, AND H602-A/16	John-Michael	CERA	Action
H-603-A/21	AOA Policy on Telehealth - H601-A/17	Merge Policies	John-Michael	CERA	Action



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Res. No.	Resolution Title	Policy vs Action	Resolve Statement	Submitted By	HOD Action	SLT Assigned
H-200	Ensuring that Graduate Medical Education (GME) Programs Continue to Select Residents Based on Merit (SR- Source: H200-A/17)	Action	The American Osteopathic Association will work with the American Medical Association Accreditation Council for Graduate Medical Education (ACGME), the American Association of Colleges of Osteopathic Medicine (AACOM), the Association of American Medical Colleges (AAMC) and other US relevant stakeholders to ensure that US-based graduate medical education programs maintain their ability to select residents based on merit and holistic review, including that, for osteopathic applicants to residency programs, the COMLEX-USA licensure examination be considered equivalently by residency program directors.	BOE	Adopted as Amended	Maura
H-201	Ambulatory-Based Primary Care Residency Programs (SR- Source: H201-A/17)	Policy and Action	The American Osteopathic Association supports and advocates for development and implementation of ambulatory-based primary care residency programs; encourages the US Congress and state legislatures to strengthen its graduate medical education reimbursement policies to, at least, equivalently fund ambulatory-based primary care residency programs; and will lobby Congress and state legislatures to support legislation funding demonstration models of ambulatory-based primary care residency programs.	BOE	Adopted	Maura
H-211	Equivalency Policy for Osteopathic Continuous Certification (SR- Source: H227-A/17)	Policy and Action	<p>The American Osteopathic Association (AOA), through its Bureaus, Committees and Councils, will ensure that Osteopathic Continuous Certification (OCC) is comparable to other maintenance of certification programs so that OCC can be recognized by the federal government, state governments and other regulatory agencies and credentialing bodies as an equivalent of other national certifying bodies' "maintenance" or "continuous" certification programs.</p> <p>While the AOA supports the use of board certification as a mark of academic achievement, the AOA opposes any efforts to require OCC as a condition for medical licensure, insurance reimbursement, hospital privileges, network participation, malpractice insurance coverage or as a requirement for physician employment.</p>	BOS	Adopted	Maura



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			That the AOA through the Bureau of Osteopathic Specialists (BOS) will review the OCC process so as to make it more manageable and economically feasible			
H-212	Loan Deferment During Residency (SR - Source: H202-A/17)	Policy	The American Osteopathic Association (AOA) supports legislation that would allow medical students and resident physicians to defer the repayment of their federal medical school loans interest free until the completion of residency training.	BFHP	Adopted	John-Michael
H-217	Equality In Away Rotations/Sub-Internships for Osteopathic Medical Students	Action	The American Osteopathic Association (AOA) advocates for equal fees and equal access for clinical electives for students enrolled in LCME and COCA-accredited medical schools.	BEL	Adopted as Amended	Priya
H-219	Certifying Residents for Board Eligibility	Policy and Action	The American Osteopathic Association (AOA) advocates within its resources on behalf of internal medicine residents and fellows, and program directors at the federal, state, and local level so that they be able to sit for internal medicine board certification of their choosing; and that the AOA advocate for all AOA board certified program directors to be able to certify that their residents are eligible for the relevant AOA and/or ABMS board certification of their choosing.	OPSC	Adopted as Amended	Maura
H-220	Physician Designation, Truth in Advertising and Residency/Fellowship Training Non-Physician Post Graduate Medical Training 2022	Policy and Action	The American Osteopathic Association (AOA) work with the American Medical Association (AMA) and other relevant stakeholders to assure that funds to support the expansion of post-graduate clinical training for non-physicians do not divert funding from physician (Graduate Medical Education) GME; and, that the AOA oppose non-physician healthcare providers from holding a seat on medical boards that provide oversight of physician undergraduate medical education, graduate medical education, certification or licensure, and advocate that a non-physician seat on these boards be held by non-medical public professionals	NYSO MS	Adopted as Amended	Maura
H-223	Osteopathic Education	Action	The American Osteopathic Association (AOA) shall recommend to the American Association of Colleges of Osteopathic Medicine (AACOM) that significant effort and resources be devoted during undergraduate osteopathic medical education to both teach and reinforce the following tenets: 1. the unique identity of the osteopathic physician. 2. the role osteopathic medicine has played in shaping healthcare in the United States.	IOMA	Adopted as Amended	Maura



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			<p>3. the patient care principles that distinguish an osteopathic physician.</p> <p>4. the value of an osteopathic medical education in any chosen specialty</p> <p>The AOA will recommend to AACOM that osteopathic medical colleges strive to instill pride in their graduates by exposing them not only to the historical background of the profession but also to the challenges the profession has faced, the hurdles it has overcome, and to the achievements of its current practitioners.</p> <p>The AOA will recommend to AACOM that significant effort and resources be devoted during undergraduate osteopathic medical education to expose students to osteopathic physicians who have distinguished themselves through clinical practice, research, and/or medical education, by way of regular guest lectures, campus visits, direct student interactions and/or opportunities for mentoring after graduation.</p>			
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Res. No.	Resolution Title	Policy vs Action	Resolve Statement	Submitted By	Action	
H-303	Advance Directives (SR- Source: H305-A/17)	Policy and Action	The American Osteopathic Association supports advance directives and will proactively assist in introducing this concept into federal legislation	BFHP	Adopted	John-Michael
H-305	Improve Life-Saving Access to Epinephrine (SR- Source: H333-A/17)	Policy and Action	The American Osteopathic Association will advocate for states to enact comprehensive epinephrine training protocols for use during an allergic reaction for medical and non-medical professionals working in public facilities and supports increased availability of epinephrine in all forms to properly trained individuals.	BORPH	Adopted as Amended	Sharon
H-307	Prescription Drugs (SR - Source: H308-A/17)	Policy and Action	The American Osteopathic Association will: urge the FDA to strengthen its inspection and approval procedures and equivalency standards to ensure that generic drugs approved by the FDA are therapeutically equivalent to the brand drug for which they are to be substituted; oppose mandatory use of generic drugs or generic substitution programs that remove control of the treatment program from the	BFHP	Adopted	John-Michae



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			<p>physician; urge the development and enactment of public policy that would mandate that prescription drug plans cover name-brand medications when evidence-based treatment protocols recommend their use; act to educate healthcare insurers and managed care companies on the potential dangers of formulary substitutions; support public policy that requires a physician be available for consultation in a timely manner on pharmaceutical formulary and drug substitution decisions; oppose any attempt by federal or state governments to restrict, prohibit, or otherwise impede the prerogative of physicians to prescribe and dispense appropriate medications to their patients; urge the FDA to ensure safe and consistent drug supply that avoids shortages and ensures adequate generic pharmaceutical manufacture and supply for U.S. patients and physicians.</p>			
H-311	Guidelines for Nutritional and Dietary Supplements (SR - Source: H315-A/17)	Policy and Action	The American Osteopathic Association requests: the Food and Drug Administration	BFHP	Adopted	



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			(FDA) to be diligent in their monitoring of all products marketed for human consumption, including nutritional supplements, and that there be close attention to reported adverse events directly caused by any of these products; and that the US Congress pass legislation requiring dietary supplements to undergo pre-market safety and efficacy evaluation by the FDA.			
H-314	Ethical And Sociological Considerations for Medical Care (SR - Source: H318-A/17)	Action	The American Osteopathic Association encourages Congress and the Department of Health and Human Services to consult with the osteopathic and allopathic medical professions to determine the necessary, proper and acceptable role of government in ethical and sociological matters regarding medical care	BFHP	Adopted	John-Michael
H-315	Regulation of Health Care (SR- Source: H319-A/17)	Policy and Action	The American Osteopathic Association supports regulation in health care as follows: 1.The need for any new regulation must demonstrate that access to care, or patient safety, or the quality of health care provided, will be improved by the proposed regulatory action and that the claimed improvement	CSHA	Adopted as Amended	John-Michael



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			<p>can be accomplished at an acceptable cost to the public.</p> <p>2. In all matters where the health profession has demonstrated its capacity for quality self-regulation, government at all levels should not impose additional or preemptive regulation.</p> <p>3. Where the need for regulation has been demonstrated, it should emanate from the lowest applicable level of government.</p> <p>4. Where there is a demonstrated necessity for regulation of health care, such regulation must be drawn and implemented in such a way as to promote pluralism and preserve the free enterprise system in health care.</p> <p>5. Every effort should be made when formulating new regulations to harmonize them with existing regulations to prevent increasing existing regulatory burden.</p>			
H-316	Occupational Safety and Health Administration (OSHA) Regulations (SR - Source: H320-A/17)	Policy and Action	The American Osteopathic Association urges that the Occupational Safety and Health Administration (OSHA) prioritize education and training to create a safe workplace before considering assessment of fines.	BFHP	Adopted	



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H-318	Promotion of School Based Health Education (SR - Source: H325-A/17)	Policy and Action	The American Osteopathic Association will continue to urge the state legislatures to enact measures establishing programs that follow the Centers for Disease Control and Prevention’s Whole School Whole Community, Whole Child (WSCC) model	CSHA	Adopted as Amended	John-Michael
H-321	Equity in Medicare & Medicaid Payments (SR - Source: H339-A/17)	Policy and Action	The American Osteopathic Association will actively support federal legislation, rules or regulations, to include socioeconomic risk stratification in public reporting and evaluation of physician payment in all Medicare and Medicaid pay for performance value-based purchasing incentives or penalties to account for the challenges serving socioeconomically or medically underserved patient populations to ensure continued timely access to appropriate clinical services. The AOA will support federal and state legislation, rules or regulations to improve Medicare and Medicaid payments to physicians working in socioeconomic, or medically underserved areas to ensure an adequate workforce to address the burden of care associated with	CSHA	Adopted as Amended	John-Michael



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			complex comorbid conditions in these areas.			
H-322	Naloxone and other Opioid Antagonists (SR - Source: H340-A/17)	Policy and Action	The American Osteopathic Association (AOA) will work with legislators to give statutory protection in evaluation for and prescription of Naloxone and other opioid antagonists.	CSHA	Adopted as Amended	John-Michael



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H-400	Drugs-Prescription Discounts (SR - Source: H400-A/17)	Action	The American Osteopathic Association encourages pharmaceutical companies to continue to provide prescription medicines at reduced or no cost to low-income, uninsured, and under-insured patients through their patient assistance programs.	BFHP	Adopted	John-Michael
H-402	Counseling Patients on Reproductive Issues (SR - Source: H407-A/17)	Action	The American Osteopathic Association will take whatever actions are necessary to ensure that osteopathic physicians can continue to offer their patients complete, objective, informed advice in a confidential, culturally sensitive manner on all aspects of reproductive issues.	CSHA	Adopted as Amended	John-Michael
H-404	Substance Impaired and Distracted Driving (SR- Source: H413-A/17)	Policy and Action	The American Osteopathic Association pledges its support to law enforcement agencies in their efforts to enforce substance impaired and distracted driving statutes; encourages agencies in government and in the private sector to promote greater public awareness of the problem; and encourages its members, through discussions with their patients and their communities, to actively assist in the effort by making the problem and its prevention more visible to the public.	CSHA	Adopted	John-Michael



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H-407	AOA Support for Hospice Care Programs (SR - Source: H411-A/17)	Action	The American Osteopathic Association will: continue to encourage its membership to educate themselves and their patients regarding the availability and benefits of hospice care programs, in concurrence with traditional medical and palliative care; encourage its membership to advocate for participation in and/or utilization of hospice care programs; urge adoption of measures and programs to improve access to hospice care for all patient populations, including hospice and palliative care services as a benefit for all	BORPH	Adopted as Amended	Sharon
H-408	Prevention and Treatment of Obesity (SR- Source: H414-A/17)	Policy and Action	The American Osteopathic Association recognizes obesity as a disease which requires a chronic care model to address prevention and treatment. The AOA encourages research at colleges of osteopathic medicine; endorses continued curriculum enhancement for osteopathic students, interns, and residents to receive specific training in obesity education and supports continuing medical education for physicians with established practices. The AOA supports efforts to close the gap between current and desirable practice patterns, by soliciting grants to collect and study the extent to which obesity treatment and prevention	BORPH	Adopted as Amended	Sharon



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			services are covered by third party insurers and will advocate for adequate coverage for obesity treatment and prevention. The AOA supports comprehensive efforts, commensurate with available funding, to disseminate knowledge to the treating community, media, legislature and employer groups directed at controlling the obesity epidemic by improving treatment access and encouraging physical activity.			
H-410	Promotion for the Requirement of All Sporting Events to Have Access to an Automated External Defibrillator (AED) (SR - Source: H418-A/17)	Policy and Action	The American Osteopathic Association encourages professional athletic programs, the National Collegiate Athletics Association, the National Association of Intercollegiate Athletics, the National Federation of State High School Associations, and local sporting organizations to have a readily accessible automated external defibrillator that has been annually tested, and when possible, provide training in its use to responsible individuals.	BORPH	Adopted as Amended	Sharon
H-412	PSA-Based Screening for Prostate Cancer (SR- Source: H422-A/17)	Policy and Action	The American Osteopathic Association recognizes and promotes the importance of the integrity of the patient-physician relationship and recommends that prostate cancer clinical preventive screenings be individualized.	BORPH	Adopted	Sharon



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H-416	Promotion, Protection and Support of Breastfeeding (SR - Source: H428-A/17)	Policy and Action	The American Osteopathic Association encourages its membership to take a role to protect, promote and support breastfeeding and encourages the provision of breastfeeding friendly environments in their places of study and work, including but not limited to colleges, hospitals, and other healthcare facilities.	BORPH	Adopted as Amended	Sharon
H-423	Use of Tobacco Products (SR- Source: H436-A/17)	Policy and Action	The American Osteopathic Association supports education on the hazards of tobacco products beginning at the elementary school level; encourages physicians to inquire into tobacco use and exposure as part of both prenatal visits and every appropriate health encounter; strongly recommends that all federal and state health agencies continue to take positive action to discourage the American public from using cigarettes and other tobacco products; encourages its members to discuss the hazards of tobacco use with their patients; encourages the elimination of federal subsidies and encourages increased taxation of tobacco products at both federal and state levels suggesting that monies from the additional taxation could be earmarked for smoking-reduction programs and research for prevention of tobacco-related diseases;	BORPH	Adopted as Amended	Sharon



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			and that municipal, state and federal executive agencies and lawmakers enact clean-indoor air acts, a total ban on tobacco product advertising, opposes cigarette vending machines in general and supports the elimination of free distribution of cigarettes or tobacco products in the United States; and that grades K - 12 should be encouraged to incorporate a curricular component that has been proven effective in preventing tobacco usage in its health education curriculum; urge the development of anti-tobacco educational programs targeted to all members of society, with the ultimate goal of achieving a tobacco-free nation.			
H-427	Violence and Abuse Prevention and Education (SR- Source: H441-A/17)	Action	The American Osteopathic Association urges its members as well as government agencies to continue to develop, expand, and participate in programs targeted at: reducing, preventing, and managing violence, abuse, and neglect of all kinds; educating medical students, residents, and practicing physicians to improve their knowledge, attitudes, and skills in addressing violence, abuse and neglect; treating, assisting, and advocating for victims; rehabilitating abusers; and any other	BORPH	Adopted	Sharon



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			domain related to the welfare of victims of violence, abuse, and/or neglect.			
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Res. No.	Resolution Title	Policy vs Action	Resolve Statement	Submitted By	Action
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Res. No.	Resolution Title	Policy vs Action	Resolve Statement	Submitted By	Action	
H-600	Osteopathic Neurologic and Psychiatric Standard of Care (SR- Source: H604-A/17)	Policy	The American Osteopathic Association acknowledges the role osteopathic manipulative treatment (OMT) has in the specialty of Osteopathic Neurology and Psychiatry and agrees that when OMT is chosen to be utilized with appropriately selected patients, therapeutic boundaries will be maintained and respected.	BORPH/ CSHA	Adopted	Sharon
H-601	Physician / Patient Educational Materials Received from Pharmaceutical Companies that Produce and/or Market Generic Medications (SR - Source: H615-A/17)	Action	The American Osteopathic encourages pharmaceutical companies that produce and/or market generic medications to provide educational materials about their products to both physicians and patients.	BORPH	Adopted	Sharon
H-602	Osteopathic Musculoskeletal Evaluation (SR- Source: H623-A/17)	Action	The American Osteopathic Association urges osteopathic physicians to integrate the musculoskeletal evaluation, along with	BORPH	Adopted as Amended	Sharon



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			the concepts of body unity, self-regulation, and structure-function interrelationships, into their clinical evaluation of each patient and include the findings in a plan for treatment.			
H-610	Payment For Psychiatric Diagnoses and Treatment by Primary Care Physicians (SR- Source: H618-A/17)	Policy and Action	The American Osteopathic Association strongly objects to any insurance plan refusal to pay primary care physicians for treating patients with psychiatric diagnoses without a referral from the behavioral medicine agency or provider; will make every effort to influence these insurers to reverse this policy and allow primary care physicians to provide care for these patients and be paid for these services; and will communicate with the regulators and respective third-party payers to eliminate the mandatory referral in order to be paid when proper documentation is provided.	CSHA	Adopted	John-Michael
H-613	Physician Payment in Federal Programs (SR - Source: H624-A/17)	Action	The American Osteopathic Association recommends that educational programs for osteopathic medical students, interns, residents and practicing physicians should include utilization management and cost-effectiveness to support	BFHP	Adopted as Amended	John-Michael



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			their understanding of working in alternate payment models; recommends that the osteopathic staff members of health care institutions should continue to improve utilization review programs for all patients, consistent with quality assurance and sound osteopathic medical practice; and if states adopt alternate payment systems for Medicaid, that they contain a provision to ensure the fullest participation of all physicians, ensuring best patient care and adequate compensation to all parties concerned, including referrals.			
H-619	AOA Opposition to Merging of State Osteopathic Licensing Boards with State Medical Licensing Boards (SR - Source: H637-A/17)	Policy and Action	The American Osteopathic Association stands in opposition to the consolidation of any state osteopathic and medical licensure boards. The AOA will actively monitor for activities that threaten separate state osteopathic licensing boards in the states where they exist and will prioritize its resources to oppose efforts to consolidate state osteopathic and medical licensing boards.	CSHA	Adopted as Amended	John-Michael
H-620	Prescription Drug Pricing (SR - Source: H638-A/17)	Policy and Action	The American Osteopathic Association will advocate for policies that encourage	CSHA	Adopted as Amended	John-Michael



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			pharmaceutical manufacturers, prescription drug benefit managers, pharmacies, and payers to price drugs and insurance products that cover prescription drugs in order to promote access, affordability, and continued advancement of healthcare quality and innovation.			
H-624	Reducing the Waiting Period for Credentialing, Re-Credentialing and Enrollment of Health Care Professionals by Health Plans	Policy and Action	The American Osteopathic Association (AOA) advocate for transparent, unburdensome, timely, and cost-effective credentialing processes; and advocate for legislation, and provide sample language, recommending the reduction of the length of time required for credentialing, recredentialing and enrollment by any health plan to 60 days or less when a clean provider application is submitted to the health plan.	MOA	Adopted as Amended	John-Michael



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Res. No.	Resolution Title	Policy vs Action	Resolve Statement	Submitted By	Action	
H-700	Approval to Concur with the AOA FY2023 Expenditures	Action	The American Osteopathic Association House of Delegates concurs with the FY2023 expenditures as provided	Finance Committee	Adopted	Kim T.