FINAL Proceedings of the Ohio State Medical Association 2015 House of Delegates Hilton Columbus at Easton, Columbus, Ohio April 11-12, 2015

Saturday, April 11, 2015

There was a meeting of the Ohio State Medical Association House of Delegates on April 11, 2015 in Columbus, Ohio.

Call to Order

Mary J. Wall, MD, President, convened the House of Delegates at 9:09 am at the Hilton Columbus at Easton in Columbus, Ohio.

Pledge of Allegiance

All joined in the Pledge of Allegiance.

Oath of Hippocrates

Physicians joined in the Oath of Hippocrates.

Welcome and Introductions

Dr. Wall welcomed the delegates and expressed her appreciation for those in attendance. Dr. Wall then introduced those seated at the head table.

Recognition of New Delegates and Alternates

Dr. Wall introduced and welcomed the new delegates and alternates to the House of Delegates.

Introduction of Presidents of Other State Medical Societies

Dr. Wall introduced and welcomed the following out-of-state guests to the 2015 House of Delegates:

Illinois State Medical Society, President – Dr. William McDade
Indiana State Medical Association, President – Dr. Heidi Dunniway
Kentucky Medical Association, President-Elect – Dr. Theodore Miller
Michigan State Medical Society, President – Dr. James D. Grant
Pennsylvania Medical Society, President – Dr. Karen Rizzo and her husband Jay Rizzo
The Medical Society of Virginia, President – Dr. William Reha

Introduction of Honored Guests:

Dr. Wall introduced and welcomed the following honored guests:

John Mayer, President, OSMA Insurance Agency Brian Foy, CEO, West Virginia Medical Association

Introduction of Exhibitors

Dr. Wall recognized the following exhibitors.

The Doctors Company
Ohio Physicians Health Program
State Medical Board of Ohio
OSMA Membership
OSMAPAC
OSMA Insurance Agency
Smart Rx

Dr. Wall thanked The Doctors Company for their generous support of the all-member luncheon.

Introduction of Past Presidents of the Ohio State Medical Association

Dr. Wall recognized the Past Presidents of the OSMA.

Recognition of Past Members of OSMA Council

Dr. Wall recognized the past members of the OSMA Council.

Report of the Committee on Credentials

Alicia Reiss, MD, Chair of the Committee on Tellers and Judges presented the report of the Committee on Credentials. A quorum was not present.

AMA Board of Trustees Report, AMA Delegation Report, and Alliance Report

Dr. Wall announced that copies of the reports were available on the handout table.

Memorial Moment

Dr. Wall called the attention of the House of Delegates to the two memorial resolutions shown on the screen (the First District Delegation honoring Francis J. Froehlich, MD, and the OSMA Council honoring Frank S. Komorowski, MD.) Dr. Wall then asked for a moment of silence for all physician members who died within the last year.

Appointments to Resolution Committees

Dr. Wall made the following appointments to resolutions committee.

Resolutions Committee No. 1

Chair: Louito C. Edje, MD, Lucas County (D-4)

Rajbir S. Minhas, MD, Hamilton County (D-1)

Kenneth D, Christman, MD, Montgomery County (D-2)

Carl S. Wehri, MD, Allen County (D-3)

Gregor K. Emmert, MD, Lucas County (D-4)

Daniel M. Sullivan, MD, Cuyahoga County (D-5)

Sean T. McGrath, MD, Mahoning County (D-6)

Melissa Jefferis, MD, Franklin County (D-7)

Vivien R. Newbold, MD, Gallia County (D-8)

Vacant, (Specialty)

Christopher M. Paparzycki, MD, Hamilton County (RFS)

Jason Liu, Lucas County (MSS)

Resolutions Committee No. 2

Chair: Kerry M. Allen, MD, Huron County (D-4)

Jeffrey R. Leipzig, MD, Butler County (D-1)

Warren F. Muth, MD, Montgomery County (D-2)

Jason J. Porter, MD, Mercer County (D-3)

Philip C. Stiff, MD, FACS, Lucas County (D-4)

Nicholas J. Dreher, MD, Cuyahoga County (D-5)

Mark C. Stachel, MD, Stark County (D-6)

Alan B. Levy, MD, Franklin County (D-7)

Richard E. Cain, MD, Washington County (D-8)

Timothy Chang, MD, Dermatology (Specialty)

Tirath Y. Patel, MD, Lucas County (RFS)

Diana Weiser, Franklin County (MSS)

Nominating Speech for President-Elect Candidate

Richard Ellison, MD, nominated Brian L. Bachelder, MD, for President-Elect. William Cotton, MD, seconded the nomination.

Robyn Chatman, MD nominated Susan Hubbell, MD, for President-Elect. Charles Hickey, MD, seconded the nomination.

Dr. Wall asked if there were nominations from the floor. There were no other nominations. Dr. Wall announced the slate for President-Elect was closed.

Drs. Bachelder and Hubbell each addressed the House of Delegates.

Dr. Wall announced that the candidates for President-Elect would be visiting the caucuses on

Sunday morning.

Dr. Wall announced the time and location of "Meet the Candidates" wherein candidates for Councilor-at-Large and the Ohio Delegation to the AMA will address the attendees.

Report of the Committee on Credentials

Alicia Reiss, MD, Chair of the Committee on Tellers and Judges presented the report of the Committee on Credentials. A quorum was present.

Committee on Tellers and Judges

Dr. Wall called for the election of the members to the Committee on Tellers and Judges. The following were elected by acclamation:

Chair: Melissa Jefferis, MD

Tellers: Ryan Brinn and Sarah Castiglia

Approval of Proceedings of the OSMA 2014 House of Delegates

The proceedings of the 2014 OSMA House of Delegates were approved by acclamation.

President's Address

Dr. Wall gave the Presidential Address.

Smart Rx

Dr. Wall explained why Smart Rx was developed. She then introduced Reggie Fields, who addressed the House on the rollout of Smart Rx. Mr. Fields then introduced Debra Jasper from Mindset Digital who addressed the House on the changing nature of communication and education platforms.

Call for Introduction of Resolutions

Dr. Wall announced the acceptance of the Resolutions that were properly filed with the OSMA Executive Director, distributed to delegates and assigned to the Resolutions Committees as indicated in the official handbook. Dr. Wall informed the House that Resolution No. 14 – 2015 assigned to Resolutions Committee No, 1 and Resolution No. 18 – 2015 assigned to Resolutions Committee No. 2 were withdrawn.

Transmittal of OMSS Resolutions

Dr. Wall stated there were no OMSS Resolutions transmitted to the 2015 House of Delegates.

Emergency Resolutions

Dr. Wall stated there were no Emergency Resolutions submitted to the 2015 House of Delegates.

Announcement of Committee Hearings Schedule

Dr. Wall announced the schedule for hearings of the Resolutions Committees, as well as general announcements.

Recess

Dr. Wall announced at 10:24 am that the House of Delegates was in recess until 9:30 am on Sunday, April 12, 2015.

The following awards and reports were presented during the all member lunch:

2014 Physician Advocates of the Year Awards

Dr. Wall presented the 2014 Physician Advocate of the Year Award to Louis Barich, MD, and Elizabeth Kiracofe, MD for their work on tanning legislation.

OSMAPAC Update and 2014 OSMAPAC Donor of the Year Award

Marvin Rorick, MD, Chair of the OSMAPAC, presented the annual OSMAPAC update. Dr. Rorick then announced that Louis Ralofsky, MD, was the recipient of the 2014 OSMAPAC 2014 Donor of the Year Award.

Legislative Update

Tim Maglione provided a brief legislative update and then presented the guest speaker, Representative Bob Cupp (R – District 4).

Presidential Inauguration

Robert E. Kose, MD was sworn in as President of the Ohio State Medical Association at an evening ceremony followed by a reception.

Sunday, April 12, 2015

The Ohio State Medical Association House of Delegates reconvened on Sunday, April 12, 2014 in Columbus, Ohio.

Call to order

Mary J. Wall, MD, called the House of Delegates to Order at 9:38 am on Sunday, April 12, 2015.

Review of the Voting System

Dr. Wall called upon Melissa Jefferis, MD, Chair of the Tellers and Judges to provide an explanation of the voting system.

Dr. Jefferis explained how to use the keypads and stated that Elizabeth Muennich, MD, Chair of the Nominating Committee would announce the election starts and stops,

Report of the Committee on Credentials

Alicia Reiss, MD, Chair of the Committee on Credentials, presented the report of the Committee on Credentials. A quorum was present.

Election One – President-Elect

Elizabeth Muennich, MD, Chair of the Nominating Committee, directed the attention of the House to the screen for candidates for the office of President-Elect: Brian Bachelder, MD and Susan Hubbell, MD.

Election Two – District Councilors

Dr. Muennich directed the attention of the House to the screen for candidates for District Councilor:

Second District: Evangeline C. Andarsio, MD, Dayton Fourth District: Anthony J. Armstrong, MD, Toledo

Sixth District: Carl J. Foster, MD, Alliance Eighth District: James D. Moore, MD, Dover

Dr. Wall asked for nominations from the floor. There were no other nominations. Dr. Wall announced the slate for District Councilors was closed. The candidates for District Councilor were elected by acclamation of the House.

Election Three – Councilors-at-Large (2-Year Terms)

Dr. Muennich announced the election for three Councilors-at-Large for two-year terms beginning April 12, 2015. Dr. Muennich instructed the House to vote for 3 candidates from the following slate of candidates:

Mark Alfonso, MD John Bastulli, MD Brent Coldiron, MD Louis Ralofsky, MD R. Scott Stienecker, MD Daniel Sullivan, MD

Report of Resolutions Committee No. 1

Robert Kose, MD, called Louito Edje, MD, Chair, and the members of Resolutions Committee No. 1 to the lower front table to present their report. House of Delegates action on the report is attached to these minutes.

Report of Resolutions Committee No. 2

At the completion of the report by Resolutions Committee No. 1, Dr. Kose called Kerry Allen, MD, Chair, and the members of Resolutions Committee No. 2 to the lower front table to present their report. House of Delegates action on the report is attached to these minutes.

Election Four – Councilor-at-Large (One-Year Term)

As a result of the election of Brian Bachelder, MD, for President-Elect, Dr. Muennich announced the election for one Councilor-at-Large to fill his vacated seat. Nominees were:

Mark Alfonso, MD John Bastulli, MD Brett Coldiron, MD Deborah Cowden, MD

Election Five – Delegate to AMA for Term Beginning January 1, 2016 and ending December 31, 2017 (Five to be Elected)

Candidates for these positions were:

Anthony Armstrong, MD Tyler Campbell, MD Louito Edje, MD David Griffith, MD Gary Katz, MD Deepak Kumar, MD Carl Wehri, MD Donna Woodson, MD

Election Six – Alternate Delegate to the AMA for term beginning January 1, 2016 and Ending December 31, 2017 (Three to be Elected)

Denise Bobovnyik, MD Regina Whitfield-Kekessi, MD Carl Wehri, MD

Election Results:

Election One - President-Elect - Brian Bachelder, MD

Election Two – District Councilors – Elected by Acclamation

Second District: Evangeline C. Andarsio, MD, Dayton Fourth District: Anthony J. Armstrong, MD, Toledo Carl J. Foster, MD, Alliance

Sixth District: Carl J. Foster, MD, Alliance Eighth District: James D. Moore, MD, Dover

Election Three – Councilors-at-Large (Two-Year Terms)

Louis Ralofsky, MD R. Scott Stienecker, MD Daniel Sullivan, MD

Election Four – Councilor-at-Large (One-Year Term)

Brett Coldiron, MD

Election Five – AMA Delegates (Five were Elected)

Anthony Armstrong, MD Tyler Campbell, MD Louito Edje, MD Gary Katz, MD Donna Woodson, MD

Election Six – AMA Alternate Delegates - Being three positions to fill and three candidates, the election was by acclamation:

Denise Bobovnyik, MD Regina Whitfield-Kekessi, MD Carl Wehri, MD

Announcements - Dr. Wall

Dr. Wall announced the 2016 OSMA Annual Meeting will be held April 1-3, 2016 at the Hilton Columbus at Easton.

Dr. Wall thanked OSMA staff for their efforts to prepare for the 2015 Annual Meeting and led the House in a round of applause. Dr. Wall reminded new Councilors that they were to attend the Council meeting immediately following the House of Delegate.

Passing of Gavel

Dr. Wall turned the House of Delegates over to President Robert E. Kose, MD.

Adjournment

The 2015 House of Delegates adjourned sine die at 10:31 am.

Respectfully submitted,

Vincent M. Gioia, MD OSMA Secretary/Treasurer

Reports of Resolutions Committees No. 1 and No. 2 are attached to these Proceedings.

REPORT OF RESOLUTIONS COMMITTEE 1

Presented by Louito C. Edje, MD, FAAFP, Chair, Lucas County

Resolution No. 01-2015

Repeal the 2% Medicare Physician Payment Cuts Authorized by Sequestration Action

RESOLVED, That the Ohio State Medical Association take all necessary legislative and administrative steps to eliminate the hidden 2% "sequestration" Medicare payment cuts for physicians and that the Ohio Delegation to the American Medical Association (AMA) take this resolution to the AMA for action at the national level.

By official action, the House adopted Resolution 01-2015

Amended Resolution No. 02-2015 Standardizing Physicians' Stance toward Electronic Cigarettes

RESOLVED, That the Ohio State Medical Association supports both a ban on sales of ecigarettes to minors and a prohibition on the consumption of e-cigarettes by minors; **and be it further**

RESOLVED, That the Ohio State Medical Association supports AMA Policy H-495.973; and be it further

RESOLVED, That the Ohio State Medical Association encourages more research into the potential health risks associated with e-cigarettes; **and be it further**

RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORTS E-CIGARETTES BEING TAXED BY THE STATE OF OHIO SIMILAR TO TOBACCO PRODUCTS.

By official action, the House adopted Amended Resolution 02-2015

Resolution No. 03-2015 Oppose Interstate Medical Licensure Compact

RESOLVED, that the Ohio State Medical Association strongly oppose the Federation of State Medical Board's Interstate Medical Licensure Compact, and strongly urge the State Medical Board of Ohio and the Ohio Legislature to resist joining the Interstate Medical Licensure Compact; **and be it further**

RESOLVED, that the Ohio State Medical Association request that the American Medical Association likewise oppose the Interstate Medical Licensure Compact.

By official action, the House referred Resolution 03-2015 to Council for Action.

Resolution No. 04-2015

Monitor State Medical Board of Ohio Participation in Federation of State Medical Boards

RESOLVED, That the Ohio State Medical Association monitor the State Medical Board of Ohio's membership in the Federation of State Medical Boards (FSMB), and that the OSMA urge withdrawal of the Medical Board's membership and payment of dues to the FSMB immediately should the FSMB require maintenance of certification for physicians in federation states.

By official action, the House adopted Resolution 04-2015

Resolution No. 05-2015 Automatic Tracking of Quality Indicators

RESOLVED, That our Ohio State Medical Association strongly urge the Office of the National Coordinator for Health Information Technology to require electronic medical records (EMR) vendors' systems to have the capability to automatically track indicators for the purpose of quality monitoring for all specialties once the data is in the EMR; **and be it further**

RESOLVED, That our Ohio State Medical Association AMA Delegation take this resolution to the American Medical Association for action at a national level.

By official action, the House adopted Resolution 05-2015

Resolution No. 06-2015 Cooperation with Health Information Exchanges

RESOLVED, That our Ohio State Medical Association work with the Ohio Legislature and regulatory bodies to remove vendor roadblocks to the exchange of data and require full cooperation of all electronic medical record (EMR) vendors with health information exchanges (HIE) to allow transfer of clinical data between EMR systems; **and be it further**

RESOLVED, That information technology work/collaboration between the electronic medical record vendor and the health information exchange that is necessary for data exchange should be at no expense to the provider, practice, or hospital.

By official action, the House adopted Resolution 06-2015

Resolution No. 07-2015 Electronic Prescribing of Controlled Substances

RESOLVED, that our Ohio State Medical Association work with the Ohio State Board of Pharmacy and other interested parties to facilitate transmission of electronic prescriptions directly to pharmacies for controlled substances.

By official action, the House adopted Resolution 07-2015

Amended Resolution No. 08-2015 Revision of HB 341 OARRS Requirements

RESOLVED, that our Ohio State Medical Association fully supports both resolutions passed by THE POSITION OF OUR OSMA Council regarding House Bill 341 OF THE 130[™] GENERAL ASSEMBLY. THAT OUR LEGISLATIVE TASK FORCE: 1. PURSUE CHANGES TO THE OARRS QUERY REQUIREMENT FROM EVERY NINETY DAYS TO EVERY SIX MONTHS AND, 2. TO INVESTIGATE EASING THE REQUIREMENTS TO QUERY PRESCRIPTIVE DATABASES ACROSS STATE LINES; **and be it further**

RESOLVED, That our Ohio State Medical Association immediately work to postpone penalties for not following the statutory and regulatory query requirements from House Bill 341 of the 130TH General Assembly.

By official action, the House adopted amended Resolution 08-2015

Resolution No. 09-2015 Transparency and Notification of OSMA Delegation Seats **RESOLVED**, That the Ohio State Medical Association (OSMA) provide a quarterly listing of names and contact information of all dues-paying OSMA members to each District Councilor; and be it further

RESOLVED, That by January 15th of each year, the OSMA notify each County Society and each district councilor of the number of seats in the OSMA House of Delegates to which the county is entitled during the following year.

By official action, the House adopted Resolution 09-2015

Resolution No. 10-2015 Information about Members

RESOLVED, That our Ohio State Medical Association and the county medical societies exchange the names and contact information of all members.

By official action, the House adopted Resolution 10-2015

Resolution No. 11-2015 OSMA Annual Meeting Attendance

RESOLVED, That all members of the Ohio State Medical Association be invited to attend the each annual meeting; **and be it further**

RESOLVED, That members of the OSMA be seated with, and encouraged to participate in, their residential or practice regional caucus.

By official action, the House adopted Resolution 11-2015

Resolution No. 12-2015 OSMA Annual Meeting Costs

RESOLVED, That the Ohio State Medical Association Council consider ways of making our House of Delegates meeting more efficient while allowing adequate time for deliberation and debate; **and be it further**

RESOLVED, That the Ohio State Medical Association seek a less expensive meeting venue; and be it further

RESOLVED, That the meeting venue chosen will be near a group of hotels for those who wish to stay in Columbus the night before or after.

By official action, the House adopted Resolution 12-2015

Resolution No. 13-2015 Retiring OSMA Members

RESOLVED, That the Ohio State Medical Association create a packet of helpful information and referrals as a resource for retiring members; **and, be it further**

RESOLVED, That the Ohio State Medical Association create and support a forum for retired members to meet, communicate, and perhaps grow into a meaningful organized group of wise, enthusiastic, resourceful physicians for their own benefit and that of their communities.

By official action, the House adopted Resolution 13-2015

Resolution No. 15-2015
Recommendations for Expanded Allergen and Gluten Labeling in Ohio's Restaurants and Schools

RESOLVED, the OSMA recommend that Ohio restaurants and schools include allergen AND GLUTEN information on menus for each menu item.

By official action, the House adopted Resolution 15-2015

Resolution No. 16-2015 OSMA Policy Sunset Report

RESOLVED, That the following recommendations of Ohio State Medical Association Council be adopted, amended or rejected by the OSMA House of Delegates concerning OSMA policy from 1976 through 2011:

Ohio State Medical Association Policy Compendium Review – 2015 2015 OSMA Policy Sunset Report OSMA policy from years 1976 through 2011 and Resolution 17 – 2014

(This is a list of Resolution numbers and titles only. To read the full text, click on 2015 OSMA Policy Sunset Report with Full Text at http://www.osma.org/about-osma/annual-meeting/2015-annual-meeting-program-handbook.)

Policies to be Retained:

Amended Resolution 16 – 1976 Amender Resolution 56 – 1978 Resolution 37 – 1980 Resolution 56 – 1980 Resolution 18 – 1983 Resolution 43 – 1983 Substitute Resolution 13 – 1984 Resolution 16 – 1984 Substitute Resolution 21 – 1984 Resolution 36 – 1684 Resolution 37 – 1984 Amended Resolution 43 – 1984 Amended Resolution 49 – 1984 Amended Resolution 49 – 1984 Amended Resolution 55 – 1984 Amended Resolution 55 – 1985 Resolution 36 – 1985 Substitute Resolution 42 – 1985 Substitute Resolution 45 – 1985 Substitute Resolution 56 – 1985 Substitute Resolution 6 – 1986 Substitute Resolution 9 – 1986 Substitute Resolution 11 – 1986 Substitute Resolution 22 – 1986 Amended Resolution 45 – 1986 Resolution 45 – 1986 Resolution 45 – 1986 Resolution 45 – 1986	Official Representative of Organized Medicine Physicians Responding to Emergencies in Hospitals Participation in Organized Medicine Confidentiality of Physician-Patient Communication Prescription Abuse Sexual Harassment Third Party Reimbursement Problems Cognitive Reimbursement Payment to Physicians' Services Physician Criticism of Colleagues Hospital Ethics Committees Free Choice of Physicians Financial Support – Homeless and Chronically Mentally III Preference for Hospital Delivery Over Home Delivery ACLS and ATLS Courses for Physicians Unethical Aspects of Certain Medical Care Plans Abortion Clinic Violence Eye Prophylaxis in Newborns for Gonorrhea as Well as Mandatory Gonorrhea Cultures in Pregnancy Generic Drugs Alcohol Impaired Driving Standardization of Preadmission Certificate Criteria Physician Reimbursement for Home Health Care Quality Assurance Support of Free Choice of Personal Physicians by Participants in Governmental Programs Pediatric Emergency Care Foreign Medical Graduates Eye Safety Second Opinion Plane
Amended Resolution 10 – 1987	Second Opinion Plans

Substitute Becelution 25 1007	OCMA Policy on Advertising
Substitute Resolution 35 – 1987 Resolution 55 – 1987	OSMA Policy on Advertising
Amended Resolution 32 – 1988	Early Detection Young Physicians as Delegates and Alternate Delegates
Resolution 35 – 1988	Oppose Voluntary Active Euthanasia (Mercy Killing)
Amended Resolution 37 – 1988	Infertility Insurance Coverage
Substitute Resolution 44 – 1988	Awareness of Participating Providers
Substitute Resolution 62 – 1988	Donation of Professional Time to Poor
Amended Resolution 68 – 1988	Public Education on Hazards of Tanning Parlors
Amended Resolution 7 – 1989	Physician Liability for Managed Health-Care Plans
Substitute Resolution 8 – 1989	Medicare Terminology
Amended Resolution 9 – 1989	Third-Party Payment, Intrusion Private Practice of
7 milended i teeendaen e	Medicine
Resolution 18 – 1989	Simplified Correction for Medicare Carrier Secondary
	Responsibility
Resolution 20 – 1989	Encouragement of OSMAPAC Membership
Substitute Resolution 23 – 1989	Medical Staff Bylaws and Peer Review
Amended Resolution 24 – 1989	Patient Advocate
Resolution 52 – 1989	Education Regarding Prescribing Controlled Substances
Resolution 54 – 1989	Waiting Period before Gun Purchase
Substitute Resolution 60 – 1989	Anabolic Steroids
Substitute Resolution 62 – 1989	Care of the Chronically, Mentally III
Resolution 63 – 1989	Mandatory Random Drug Testing in Competitive Sports
Substitute Resolution 66 – 1989	Warning Label on Personal Listening Devices
Amended Resolution 23 – 1990	Hospital Boards of Trustees
Resolution 46 – 1990	AIDS Continuing Medical Education
Amended Resolution 54 – 1990	Raise Revenue for Health-Care Needs
Resolution 57 – 1990 Amended Resolution 67 – 1990	Health Promotion and Disease Prevention Education Substance Abuse as a Public Health Hazard
Amended Resolution 74 – 1990 Amended Resolution 74 – 1990	Physician Representation on Health-Care Boards and
Amenaca resolution 74 1990	Committees of the State of Ohio
Amended Resolution 81 – 1990	Accountability of Third-Party Reviewers
Resolution 82 – 1990	Third-Party Payers and Patient Care Standards
Amended Resolution 83 – 1990	Selection of Medical Staff Officers
Amended Resolution 1 – 1991	Third-Party Reimbursement for Telephone Time
Amended Resolution 10 – 1991	Standardized Explanation of Benefits to Patients
Amended Resolution 19 – 1991	Quality of Life Issues Considered in Life Prolonging
	Therapy
Amended Resolution 34 – 1991	Child Care in Hospitals
Amended Resolution 39 – 1991	Expert Witness Testimony
Resolution 44 – 1991	Women in Medicine
Amended Resolution 61 – 1991	Infectious Disease Precautions for Cadaver Transport
Substitute Resolution 62 – 1991	Mandatory Use of Protective Helmets
Resolution 64 – 1991	Permanent Cosmetic Make-Up Substance Abuse as a Public Health Hazard
Resolution 65 – 1991 Resolution 75 – 1991	
	Economic Credentialing - 1991 State Medical Board Investigations
Amended Resolution 11 – 1992	Recommended Standards for Private (For-Profit) Quality
Ameriaca resolution 11 1332	Review
Amended Resolution 12 – 1992	Peer Review Process
Amended Resolution 19 – 1992	Third-Party Payor Denials
Substitute Resolution 26 – 1992	Long-Term Prescriptions
Amended Resolution 28 – 1993	Testing for Treatable Inborn Errors of Metabolism
Amended Resolution 31 – 1993	Expert Witness Testimony
Substitute Resolution 34 – 1993	Stipulations for Health-Care Reform II
Amended Resolution 43 – 1993	Fee for Service
Amended Resolution 75 – 1993	Biomedical Research
Resolution 14 – 1994	Hospice Care
Substitute Resolution 21 – 1994	Uniform Recognition of CPT Codes by All Carriers

A	
Amended Resolution 30 – 1994	Increase in Number of Primary Care Physicians
Resolution 41 – 1994	Ohio State Medical Association Reporting Practices
Amended Resolution 43 – 1994	Ohio State Medical Board
Resolution 48 – 1994	Preservation of the Physician's Role as Patient Advocate
Substitute Resolution 63 – 1994	Health-System Reform
Amended Resolution 71 – 1994	Right to Balance Bill
Amended Resolution 73 – 1994	Changes in Taxation of Health-Care Premiums So That All
Amenaca resolution 75 1554	Citizens Are Treated Equally
Decelution 74 4004	
Resolution 74 – 1994	Application of Health Plans to Elected Officials/
5 1 1 50 1001	Government Employees
Resolution 76 – 1994	Status of OMSS Representative of the Organized Medical
	Staff
Resolution 7 – 1995	Right to Contract
Amended Resolution 13 – 1995	Privatizing Medicare
Amended Resolution 14 – 1995	Privatize Medicaid
Amended Resolution 18 – 1995	Elimination of Contingency Fee
Resolution 24 – 1995	Motorcycle Helmets
Amended Resolution 26 – 1995	HIV Testing of Pregnant Women
Amended Resolution 28 – 1995	
	Physician Office Review by Third-Party Payers
Amended Resolution 39 – 1995	Preservation of Association Historical Records, Artifacts
	and Memorabilia
Amended Resolution 28 – 1996	Breast Reconstruction Availability
Amended Resolution 41 – 1996	More Routine HIV Testing
Amended Resolution 11 – 1997	Osteopathic and Allopathic Relations
Amended Resolution 13 – 1997	OSMA Conflict of Interest Policy
Resolution 26 – 1997	Needle Electromyography
Amended Resolution 28 – 1997	Mandatory Topic-Specific Continuing Medical Education
	(CME)
Amended Resolution 38 – 1997	Opposition to "Gag Rules"
Substitute Resolution 48 – 1997	Support Efforts to Encourage Medical Savings Accounts
Amended Resolution 54 – 1997	Youth Leadership Programs
Amended Resolution 9 – 1998	Access and Parity of Mental Health Coverage
Amended Resolution 11 – 1998	Prescription Equity for Contraceptives
Resolution 12 – 1998	Transmittal of OSMA Resolutions to the AMA
Resolution 13 – 1998	Sponsorship of AMA Resolutions
Resolution 34 – 1998	Educating Students about the Hazards of Tanning
Amended Resolution 19 – 1999	Enforce Protection of Physicians Rights to Corrective
	Action Provided in the Physician Health Plan Partnership
	Act
Substitute Resolution 30 – 1999	Educating Students about the Hazards of Tanning
Amended Resolution 6 – 2000	Strengthening of OSMAPAC
Amended Resolution 15 – 2000	Emergency On-Call Payments to Physicians
Amended Resolution 16 – 2000	Opposition to Mandatory Pill Splitting
Amended Resolution 25 – 2000	Promote and Expand Medical Savings Accounts
Amended Resolution 27 – 2000	Improving Transfer of Patient Care
Amended Resolution 29 – 2000	Education to Prevent Teenage Pregnancy and Sexually
A	Transmissible Diseases
Amended Resolution 40 – 2000	Payment of All Procedures Performed During a Single
	Patient Session
Amended Resolution 52 – 2000	Tax Relief for Health Insurance
Resolution 7 – 2001	Support of Four Principles of Hand Awareness
Resolution 12 – 2001	Forced Exclusive Physician Contracting
Amended Resolution 22 – 2001	Neutrality Regarding Emergency Contraceptive Pill
Amended Resolution 12 – 2002	Emergency Contraception
Amended Resolution 13 – 2002	Maintain Privacy of Unfiled Lawsuits
Resolution 17 – 2002	Insurance Cards to Clearly Identify Co-Pays and Yearly
1.0001011111 2002	Deductibles
Amended Resolution 30 – 2004	
Amenueu Nesululiun 30 – 2004	Physician-Owned Health Care Facilities

Substitute Resolution 1 – 2005	Medicare Physician Payment Formula
Amended Resolution 2 – 2005	Federal Medical Liability and Patient Safety Reform
Amended Resolution 3 – 2005	Health Care Costs
Amended Resolution 4 – 2005	Quality of Care Criteria and Its Measurement by
	Physicians
Amended Resolution 8 – 2005	Minor Statute of Repose
Resolution 1 – 2006	Practice Economics
Amended Resolution 2 – 2006	Quality Improvement and Pay-For-Performance
Amended Resolution 5 – 2006	Health Care Technology
Amended Resolution 14 – 2006	OSMA Support for Legislation to Improve Ohio's
	Homestead Exemption Provision
Resolution 15 – 2006	Health Insurer Interference with Practice Advisors
Amended Resolution 16 – 2006	Professional Liability Carrier Anti-Competitive Practices
Substitute Resolution 1 – 2007	Collaborating on Health Information Technology Adoption
Substitute Nesolution 1 – 2007	
	and Exchange
Amended Resolution 5 – 2007	Patient Choice of Physician
Amended Resolution 7 – 2007	Health Insurer Collection and Dissemination of Information
	about Physicians
Amended Resolution 8 – 2007	Health Insurer Interference with Physicians' Independent
	Medical Judgment
Amended Resolution 11 – 2007	Compounding Pharmacies and "Bioidentical" Hormone
Amended Resolution 11 – 2007	
D 1.11 17 0007	Therapy
Resolution 17 – 2007	Physician and Medical Student Involvement in Public
	Health Preparedness and Disaster Response
Amended Resolution 19 – 2007	State Medical Board Oversight
Amended Resolution 20 – 2007	Stem Cell Research
Amended Resolution 29 – 2007	Medicare Reimbursement for Ambulatory Surgery Centers
Resolution 1 – 2008	OSMA Strategy for Unfair Reimbursement Tactics by
110001411011 1 2000	Health Insurers
Substitute Resolution 5 – 2008	
	Health Insurance Coverage for All Ohioans
Amended Resolution 8 – 2008	Making Third-Party Payer-Driven Treatment Changes
	Illegal
Resolution 17 – 2008	OARRS (Ohio Automated Rx Reporting System)
Amended Resolution 19 – 2008	Opposing State of Ohio Restrictions of Physician
	Investment
Amended Resolution 36 – 2008	Third-Party Coding Audits
Amended Resolution 41 – 2008	Childhood Obesity and Nutrition in the Schools
Resolution 42 – 2008	Reform of Medicaid Managed Care
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Amended Emergency Resolution 1	
Resolution 3 – 2009	Medicaid Managed Care as a Secondary Payer
Amended Resolution 7 – 2009	Medicaid Reform
Resolution 12 – 2009	
110001411011 12 2000	Organized Medical Staff Section and Ohio State Medical
110001411011 12 2000	•
	Association Annual Meeting Educational Programs
Amended Resolution 19 – 2009	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction
Amended Resolution 19 – 2009	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010 Amended Resolution 17 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for Ohio
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010 Amended Resolution 17 – 2010 Resolution 19 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for Ohio Lifting the Restrictions on Balance Billing
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010 Amended Resolution 17 – 2010 Resolution 19 – 2010 Amended Resolution 21 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for Ohio Lifting the Restrictions on Balance Billing Legislation to Change 40-Hour Rule
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010 Amended Resolution 17 – 2010 Resolution 19 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for Ohio Lifting the Restrictions on Balance Billing Legislation to Change 40-Hour Rule Expedited Partner Therapy (EPT) for the Sexually
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010 Amended Resolution 17 – 2010 Resolution 19 – 2010 Amended Resolution 21 – 2010 Resolution 22 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for Ohio Lifting the Restrictions on Balance Billing Legislation to Change 40-Hour Rule Expedited Partner Therapy (EPT) for the Sexually Transmitted Diseases (STDs) Chlamydia and Gonorrhea
Amended Resolution 19 – 2009 Amended Resolution 21 – 2009 Amended Resolution 11 – 2010 Amended Resolution 12 – 2010 Amended Resolution 13 – 2010 Amended Resolution 15 – 2010 Amended Resolution 17 – 2010 Resolution 19 – 2010 Amended Resolution 21 – 2010	Association Annual Meeting Educational Programs Guidelines for HIV Screening in Ohio Medical Expense Tax Deduction Promoting Free Market-Based Solutions to Health Care Reform Response to Patient Protection and Affordable Care Act Equality a Determined by the Declaration of Independence Support for Physicians to Submit Claims and Prescribe by Any Medium Universal Real-Time Insurance Coverage Verification for Ohio Lifting the Restrictions on Balance Billing Legislation to Change 40-Hour Rule Expedited Partner Therapy (EPT) for the Sexually

Amended Resolution 25 – 2010 Resolution 02 – 2011 Amended Resolution 03 – 2011	Preparing Students for Medical Practice Comprehensive Review of OSMA Policy Legislation to Compel Health Insurance Companies to Approve Dispensing Medically Appropriate Quantities of Formulary Mediations
Amended Resolution 05 – 2011 Resolution 07 – 2011 Amended Resolution 17 – 2011	Universal Health Insurance Coverage OHIO State Medical Association Advocacy Message Creation of a Legislative and Advocacy Program for Medical Students

Policies to be Retained as Edited:

Amended Resolution 34 – 1977	Contingency Fees
Substitute Resolution 79 – 1977	Insurance Coverage for Alcoholism Treatment
Resolution 24 – 1978	Collateral Source
Resolution 25 – 1978	Tort Reform
Substitute Resolution 36 – 1978	Contraceptive and Prenatal Services for Minors/
Capolitato (Coolation Co	Contractive Services for Minors
Amended Resolution 44 – 1978	Rights of Lay Boards of Trustees to Mandate Policy to
Amended Resolution 44 1970	Medical Staff SELF-GOVERNANCE
Substitute Resolution 17 – 1979	Consent Calendar
Resolution 21 – 1979	Reduction of Dues for Physicians in Their First Year of
1.0301011011 21 1373	Practice
Amended Resolution 42 – 1979	Retrospective Review
Amended Resolution 45 – 1979 Amended Resolution 45 – 1979	Federal Discrimination against Teaching Hospitals
Resolution 45 – 1980	The Physician's Role in Returning Patients to Their Jobs
Resolution 50 – 1980	Outpatient Physicians' Service Reimbursement
Resolution 51 – 1980	Reaffirmation of Existing Policy
Amended Resolution 59 – 1980	Qualifying Expert Witnesses
Amended Resolution 29 – 1981	The Right of a Hospitalized Patient to Choose His
Amended Nesolution 29 – 1901	Attending or Consulting Physician
Resolution 51 – 1981	Resolution to Teach Bio-ethics in Ohio Medical Schools
Amended Resolution 52 – 1981	Comprehensive Health Education in Ohio Schools
Resolution 9 – 1982	Parliamentarian
Amended Resolution 20 – 1982	Participation Agreements Offered by Blue Shield Plans in
Amended Nesolution 20 – 1902	Ohio
Amended Resolution 21 – 1982	Assignment of Insurance Benefits
Amended Resolution 24 – 1982	Medical Staff Representation on the Board of Trustees of a
	Tax Supported Hospital
Amended Resolution 25 – 1982	The American Student in Foreign Medical Schools
Resolution 27 – 1982	To Develop Within the MSS Programs Which Would Assist
	in Improving the Public Health
Amended Resolution 35 – 1982	Education Regarding Suicide Recognition, Prevention and
	Treatment
Resolution 6 – 1983	Workmen's Compensation Disability Determinations
Amended Resolution 31 – 1983	Drug Availability
Substitute Resolution 32 – 1983	Support of Ohio Medical Education and Research
	Foundation
Amended Resolution 39 – 1983	Corporal Punishment in Schools
Substitute Resolution 41 – 1983	Boxing as a Health Hazard
Resolution 16 – 1989	Medicaid Physician Reimbursement
Amended Substitute Resolution 6 –	1990 Tanning Parlors
Substitute Resolution 10 – 1990	Policy on Abortion
Amended Resolution 43 – 1990	Legislation-Prohibiting Therapeutic Substitution in Ohio
Resolution 53 – 1991	Prevention of Sexually Transmitted Human Papilloma
	Virus (HIV HPV) Infections
Amended Resolution 52 – 1992	Organized Medicine's Role in Health Care Policy
Amended Resolution 57 – 1993	Preservation of Patient/Physician Relationship AND ROLE

OF PHYSICIAN AS PATIENT ADVOCATEin a Managed
Care Setting

Amended Resolution 59 – 1993
Amended Resolution 31 – 2004
Amended Resolution 04 – 2011
Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 04 – 2011

Amended Resolution 1993

Amended Resolution 31 – 2004

Amended Resolu

Amended Resolution 10 – 2011 Standardize Insurance Payment Policies

Amended Resolution 16 – 2011 Sexually Transmitted Infections (STI) Education and

Prevention Initiative

Policies to be Not Retained:

Policies to be Not Retained:	
Resolution 34 – 1976	Physician Registration
Substitute Resolution 14 – 1977	Relative Value Scales
Substitute Resolution 22 – 1977	Title 19 (Medicaid)
Substitute Resolution 23 – 1977	Cost Containment; Government Health Programs
Resolution 29 – 1977	Uniform State Health Agency Forms
Substitute Resolution 30 – 1977	Liability Reform
Amended Resolution 58 – 1977	Optometry
Amended Resolution 62 – 1977	To Oppose Repeal of the Drug Anti-Substitution Act
Resolution 66 – 1977	Reaffirmation of Resolution 45 – 1966
Substitute Resolution 67 – 1977	Protecting the Consumer Against Inadequately Trained Physicians and Quality Through Self-Determination
Substitute Resolution 74 – 1977	Information on Legal Issues Which Concern Physicians in Their Practice of Medicine
Substitute Resolution 78 – 1977	Balanced News Presentations on Socioeconomics of Medicine
Resolution 80 – 1977	Physician Effectiveness Programs
Substitute Resolution 3 – 1978	Improved Communications within the OSMA
Resolution 26 – 1978	Counter Suits
Substitute Resolution 32 – 1978	Cost Containment
Substitute Resolution 42 – 1978	Health Planning Guidelines/Health Planning is a Community Right
Substitute Resolution 3 – 1979	Funds for Defense
Substitute Resolution 13 – 1979	Supervision and Institutional Employment of Physician
Capatitate Resolution 16 1676	Assistants
Amended Resolution 14 – 1979	Physician Manpower
Resolution 19 – 1979	Update of OSMA Policy
Substitute Resolution 35 – 1979	Physician Cost Containment
Amended Resolution 48 – 1979	Socioeconomic and Political Courses
Resolution 9 – 1980	Funding for the Ohio State Medical Board
Substitute Resolution 30 – 1980	Mother's Day/Annual Meeting
Substitute Resolution 47 – 1980	State Controlled Emergency Medical Services
Resolution 53 – 1980	Medical Release Form
Resolution 54 – 1980	Certificate of Need Legislation
Resolution 22 – 1981	Continued Support by OSMA and County Societies of the AAMA-OSS
Resolution 31 – 1981	Organized Medicine Participation with Business Leaders
A D 40 4004	Open a sition to December Attached to Observe the

Amended Resolution 42 – 1981

Medicine in Ohio

Amended Resolution 45 – 1981 Welfare Payment Inequities
Resolution 53 – 1981 Confidentiality of Quality Assurance Program Information

Resolution 54 – 1981 Voluntary Health Planning at the Local Level

Amended Substitute Resolution 58 – 1981 Direct Membership in AMA

Resolution 28 – 1982 To Establish and Announce MSS Involvement in

Community Public Health Affairs Projects

Opposition to Present Attempts to Change the Requirements for a Medical Certificate to Practice

Resolution 29 – 1982	To Establish and Announce a Program Which Would Supply Medical Students as Speakers at Civic and Career- Orientation Programs
Resolution 30 – 1982	To Establish a Program Which Would Match Medical Students with Externship and Elective Rotations Available in Ohio
Substitute Resolution 42 – 1983	Ohio State Medical Board
Resolution 62 – 1985	ABCs of Safe Driving
Amended Resolution 42 – 1992	OSMA Delegates and Alternate Delegate to the AMA
Resolution 01 – 2011	Membership Reorganization
Resolution 09 – 2011	Representation of the Ohio Hematology Oncology Society
	in the 2011 OSMA House of Delegates
Amended Resolution 11 – 2011	Effects of the Hospital Facility Fees
Resolution 19 – 2011	Special Recognition – Edmund W. Jones, MD
Amended Emergency Resolution 03	- 2011 OSMA Response to Kasich Medicaid Proposal
Resolution 17 – 2014	OSMA Policy Sunset Report

By official action, the House adopted Resolution 16-2015

REPORT OF RESOLUTIONS COMMITTEE 2

Presented by, Kerry Michael Allen, MD, Chair, Huron County

Resolution No. 17-2015 OSMA Bylaws

RESOLVED, That the Ohio State Medical Association Constitution and Bylaws in existence as amended by the House of Delegates in April 2013 are repealed; **and be if further**

RESOLVED, That the following new Ohio State Medical Association Bylaws be adopted:

Name

The name of this corporation is the Ohio State Medical Association (Association). This Association is a 501(c)(6) not for profit corporation.

Purpose

The purpose of this association is to

- 1. Promote and advance the art and science of medicine, including matters related to public health, through the interchange of ideas among physicians and other health care professionals and collaboration with other health care associations and entities:
- 2. Maintain and advance the standards of medical practice in Ohio;
- 3. Empower physicians, residents and medical students to advocate on behalf of patients and the profession;
- 4. Advocate before governmental bodies and agencies on behalf of physicians on matters of public policy and the practice of medicine; and
- 5. Support physicians in the practice of medicine.

Members

Any physician who holds a certificate to practice medicine and surgery or osteopathic medicine and surgery issued by the State Medical Board of Ohio, or is a resident or medical student enrolled in an accredited medical education or training program in Ohio, or is a retired physician and who pays to the Association the required membership dues, shall be an Active member with the right to vote, hold office and fully participate in the activities of the Association.

Any retired physician shall be eligible to be an OSMA member and shall not be required to pay dues. Retired members who do not pay dues may participate in the activities of the Association but shall not have the right to vote or hold office.

A retired physician is a physician who has retired from the active practice of medicine and who does not receive regular and significant income for their participation in any professional activity related to the practice of medicine.

The OSMA Council (Council) may authorize additional categories of physician and non-physician affiliate members. Affiliate members shall not have the right to vote or hold office but may otherwise fully participate in the activities of the Association.

The Council shall determine the annual dues for all categories of membership in this Association as well as all procedures for the payment and processing of membership dues.

A member whose certificate to practice medicine or surgery or osteopathic medicine and surgery is expired, revoked or otherwise terminated by the State Medical Board of Ohio shall automatically be removed from membership, except that retired members or affiliate members designated by the OSMA Council shall not be required to hold a current license to practice medicine or surgery or osteopathic medicine and surgery.

Any member may

1. Submit to the Council or the Policy Committee, at any time, any issue or proposal for consideration.

- 2. Submit to the Council or the Nominating Committee nominees for consideration for nomination or appointment to any OSMA office or committee.
- 3. Examine the books and records of the Association during regular business hours and subject to other reasonable limits that may be imposed by the Council.

Officers

The Officers of this Association shall be the President, President-Elect, Secretary-Treasurer and Immediate Past-President. Each officer, except for Secretary-Treasurer, shall serve a three year term on the board but shall only serve one year in each position as President-elect, President, and Immediate Past-President. The Secretary-Treasurer may serve two three-year terms.

Officer Duties

President. The President shall Chair the OSMA Council and perform such other duties as pertain to an officer of a corporation, and shall be an ex-officio member of all committees and task forces of this Association. The President shall appoint all committees and task forces of this Association unless the selection process is otherwise provided for in these Bylaws. In the event of a vacancy in any elected office, the President shall appoint, subject to confirmation by the Council, a member to serve until the next regularly scheduled election.

President-Elect. The President-Elect shall be a member of the Council and an ex-officio member of all committees and task forces of this Association. The President-Elect shall assume the duties of the President during the temporary absence or disability of the President. If the office of President shall be declared vacant by the Council, the President-Elect shall serve as President during the balance of the unexpired term and thereafter during the term for which the President-Elect was elected.

Immediate Past-President. The Immediate Past-President shall be a member of the Council, a member of the Nominating Committee and an ex-officio member of all other committees and task forces of this Association.

Secretary-Treasurer. The Secretary-Treasurer shall receive all funds due this Association from every source. The Secretary-Treasurer shall supervise the deposit and keep the funds of this Association in a bank or banks of deposit approved by the Council. The Secretary-Treasurer shall supervise the accounting for the receipts and expenditures of this Association. The Secretary-Treasurer shall have the duty to make such purchases, sales, leases, acquisitions or dispositions of real and personal property as may be ordered or authorized by the Council and to execute on behalf of this Association, all documents and papers which may be required in connection with any such purchases, sales, leases, acquisitions or dispositions. The Secretary-Treasurer shall supervise the payments of all bills of this Association as authorized by the Auditing and Appropriations Committee and/or the Council. At the expense of this Association the Secretary-Treasurer shall give bond in such amount as shall be required by the Council. The Secretary-Treasurer shall be a member of Council and a member of the Auditing and Appropriations Committee.

Chief Executive Officer. The Chief Executive Officer (CEO) shall be appointed by the Council. The CEO shall be the ex-officio secretary of this Association, of its Council, and of all its committees and task forces. The CEO shall be the executive agent of this Association and shall transact its business under the direction of its Officers. The CEO shall have charge of the business offices of this Association and may employ, supervise, and discharge such aid as is necessary to accomplish the programs authorized by the Council. The CEO shall be the custodian of all books and papers belonging to this Association. At the expense of this Association the CEO shall give bond in such amount as shall be required by the Council.

The Association shall be governed by a Board of Directors referred to as the OSMA Council or Council. The Council shall consist of the four Officers (4) and eleven (11) members elected directly by the Association's members to serve a three year term, except that one of the eleven members to be elected shall be a resident elected to a one year term and one of the eleven members shall be a medical student elected to a one year term. Council members must be Active members of the Association during the entire preceding two years prior to their election. Council members shall serve no more than two consecutive three year terms except that the resident and medical student councilors shall serve no more than three consecutive one year terms. In the event of a vacancy, the Council may appoint a member to fill the vacancy until such time as the Nominating Committee meets and nominates a replacement member who shall run for election at the next scheduled election.

One-third (1/3) of the Council members shall be elected every year. All Council members shall be elected at-large by OSMA members eligible to vote.

Council Duties

The Council shall meet at least four times per year and may conduct meetings by any method authorized by law or these Bylaws. A majority of the Council shall constitute a quorum for purposes of conducting business.

The Council shall

- 1. Determine and advance the Association's mission, vision and strategic priorities.
- 2. Have the complete custody and control of all funds and property of this Association.
- 3. Direct the affairs of the Association and its corporate powers and set operational policies of the Association.
- 4. Determine the Association's long term and short term strategic goals.
- 5. Determine advocacy policies of the Association taking into consideration the input from OSMA members and the recommendations of the OSMA Policy Committee.
- 6. Oversee the implementation of the Association's strategic goals, advocacy agendas, business services and internal management.
- 7. Approve all process and procedures for election of the Association Officers, Board members and appointment of Delegates and Alternate Delegates to the American Medical Association.
- 8. Appoint the Chief Executive Officer.
- 9. Either before or during an emergency as defined in Section 1701.01 of the Ohio Revised Code, adopt emergency regulations that may be practical or necessary with respect to meetings, committees, vacancies, and temporary appointments of Council members and officers.
- 10. Represent the Association at all times.

Committees

The Council or the Officers may appoint committees as necessary to carry out the functions or directives of the Council. All Committees shall report to the Council.

Auditing and Appropriations Committee

The Council shall appoint an Auditing and Appropriations Committee that shall prescribe the method of accounting and shall audit any and all accounts of this Association. The fiscal year of this Association shall begin on January 1 and end on December 31. The Auditing and Appropriations Committee shall prepare and present annually to the Council a budget providing for the necessary expenses of this Association. The budget, after approval by the Council, shall be made available to OSMA members upon request and in any manner determined by the Council.

Nominating Committee

The Nominating Committee shall consist of nine members including the OSMA Immediate Past-President and eight additional members. The OSMA Council shall appoint a resident physician

and a medical student to serve on the committee. The resident and student member shall serve one year terms and may be reappointed. Six of the Nominating Committee members shall be elected at large by the OSMA members. The OSMA Council shall recommend to the Nominating Committee at least three candidates each year to fill two seats on the Nominating Committee. The Council shall consider, but is not limited to, the following selection criteria when recommending candidates to fill Nominating Committee positions:

- 1. Geographic distribution (e.g., northwest Ohio, northeast Ohio, southeast Ohio, southwest Ohio, central Ohio)
- 2. Diversity
- 3. Experience in medicine, including practice models
- 4. Engagement with organized medicine
- 5. Current organizational needs

The Immediate Past-President serves on the Nominating Committee during his or her term of office. At large committee members shall serve not more than one, three-year term with two new members rotating on each year. The Committee shall select a member to chair the Committee. Nominating Committee members shall not be eligible for nomination to any other OSMA elected position while serving on the Nominating Committee.

The Nominating Committee shall annually submit to the OSMA membership a ballot containing the name of one (1) or more members for each of the OSMA elected positions to be filled. Each nominee must have a majority vote of the Committee in order to be placed on the ballot.

All nominees shall meet qualifications set forth in these bylaws. Additionally, the Nominating Committee shall determine candidate selection criteria for all offices that may include, but are not limited to, diversity, experience, engagement with organized medicine, experience with strategic planning, physician practice demographics, physician practice settings, current organizational needs, member input, OSMA staff input and individual physician self-selection. The precise selection criteria may vary year to year to reflect the current needs of the OSMA. The Nominating Committee makes the final determination about the selection criteria it will use in any given year and shall inform the membership of the selection criteria used.

Write-In Nominations

Any Active member may nominate himself or any other Active member for any OSMA elected position to be filled provided: 1) the member submits the nomination to the OSMA Election Committee by the deadline for such submissions established by the Committee, 2) the nominee meets all requirements for holding OSMA office, and 3) the submission includes the support of at least one percent of the total number of Active members as of December 31 of the preceding calendar year in the form or format determined by the Elections Committee.

Elections and OSMA Elections Committee

All OSMA elected offices shall be elected at large by statewide ballot. Candidates receiving a majority of the votes cast shall be elected. For offices where there are more than two nominees to fill an office, the nominee(s) who receive(s) the plurality of votes cast shall be elected.

The Council shall appoint an Elections Committee of five Active members. The Committee shall prescribe, subject to ratification by the OSMA Council, rules for the conduct of OSMA elections. The Committee shall annually review the election rules and election procedures, make necessary adjustments, and publicize the rules to the membership at least ninety days before the election process. The Committee shall oversee the election process and shall count the votes and notify all of the candidates and the membership of the results of each election. The number of votes and percentage of votes received by each candidate will not be released. Any disputes in the election procedure shall be addressed by the Elections Committee.

Eligibility for Reelection to OSMA Office: No Past-President of this Association shall be eligible for election as President-Elect. No Secretary-Treasurer shall serve for more than two (2)

consecutive terms. No Councilor shall serve in such capacity for more than two (2) consecutive terms. Any officer originally elected to serve one (1) year or less of an unexpired term shall not be regarded thereby as having served a term. Nothing in these Bylaws shall be construed as forbidding later reelection to any office, other than that of President or President-Elect, after an interruption in consecutive service.

OSMA Policy Committee

The OSMA Council shall appoint a policy development committee consisting of 25 physicians. Two committee members shall be resident physicians and two committee members shall be medical students. The Council shall annually appoint the Chair of the Committee. The Council shall select the committee members from applicants solicited from multiple sources including, but not limited to, the general membership, county and specialty medical societies, the Nominating Committee and the OSMA staff. The Council shall ensure that the committee is representative of the physician population in Ohio including, but not limited to, age, gender, diversity characteristics, geographic regions and physician practice settings. The Policy Committee members shall serve two year terms, but may not serve for more than three consecutive two year terms.

The Policy Committee shall meet at least quarterly to review policy development proposals submitted by members, the Council or the OSMA staff. The committee shall also be available between meetings to consider policy matters or questions about OSMA policy positions related to legislative, regulatory, physician practice, payor, legal or other advocacy. At least two of the quarterly policy committee meetings shall be conducted as a member policy forum held at a central or rotating regional physical location(s). The OSMA shall also provide an electronic forum through which members may, at any time, submit policy proposals. The Committee shall develop operational policies and procedures for conduct of meetings and receipt of and response to member input on policy positions.

The Policy Committee shall report its actions to the OSMA Council which may accept, amend, or refer back specific actions or positions of the committee. The Council may overturn actions of the Committee if the positions approved by the committee are inconsistent with OSMA's mission, vision and values statements and strategic plan. The Council, with the advice of and recommendations from the committee, shall prioritize the level of engagement of the OSMA on the various policy positions adopted by the committee consistent with strategic plans and organizational resources.

The Policy Committee shall select a limited number of policy issues to be presented for discussion at the OSMA Annual Meeting. The Policy Committee will conduct the policy discussion at the annual meeting and may engage in dialogue with OSMA members attending and presenting their views. The Committee shall consider all comments submitted and discussed at the annual meeting and formulate policies and recommendations for OSMA action on the topics and issues presented.

Any member who disagrees with a policy position taken by the policy committee may submit a petition, signed by at least 100 OSMA members who are not currently holding an OSMA office or committee appointment, to the policy committee requesting review of a policy proposal. The committee shall act on all such requests within 90 days of receipt of a review request and shall provide a written response outlining the reasons for its decision. The written response shall be posted on the electronic forum and shall be sent to each member who petitioned for the review.

Membership Meetings

The OSMA shall annually hold a membership meeting at a time and date established by the Council for the purposes determined by the Council including, but not limited to, an annual report of OSMA activities and discussion of key policy issues selected by the OSMA Policy Committee. The Board may conduct additional meetings of the membership as is necessary to accomplish the purposes of the OSMA.

Active members may call a meeting of the membership upon filing with the Chief Executive Officer a petition signed by fifteen percent of the Active members of this Association. The purpose of a meeting requested by Active members shall be for a referendum on a single issue affecting the membership.

Manner of Conducting Meetings

All meetings of this Association, its Council or committees may be conducted in person or by means of authorized communications equipment. The Council shall establish procedures and guidelines for the use of authorized communications equipment for the conduct of meetings.

As used in this section, "authorized communications equipment" has the same meaning as defined in Section 1702.01 of the Ohio Revised Code.

[ORC 1702.01: "Authorized communications equipment" means any communications equipment that provides a transmission, including, but not limited to, by telephone, telecopy, or any electronic means, from which it can be determined that the transmission was authorized by, and accurately reflects the intention of, the member or director involved and, with respect to meetings, allows all persons participating in the meeting to contemporaneously communicate with each other.]

Indemnification

Section 1. Indemnification. In the event that any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, seeks indemnification from the OSMA against expenses (including attorney fees), and in the case of actions other than those by or in the right of the OSMA, judgments, fines and amounts paid in settlement, incurred by him or her in connection with such action, suit or proceeding by reason of the fact that such person is or was a member of the Council, an officer, or a member of any committee of this Association, or is or was serving at the request of this Association as a trustee, director, officer, employee, agent or a member of a committee or commission of another corporation (domestic or foreign, nonprofit or for profit), partnership, joint venture, trust or other enterprise, then, unless such indemnification is ordered by a court, this Association shall determine or cause to be determined in the manner provided in Section 1702.12 (E)(4) of the Ohio Revised Code whether or not indemnification is proper in the circumstances because the person claiming such indemnification has met the applicable standards of conduct set forth in divisions (e)(1) and (e)(2) of Section 1702.12 of the Ohio Revised Code and, to the extent that it is so determined that such indemnification is proper, the person claiming indemnification shall be indemnified.

Section 2. Advancement of Expenses. Expenses, including attorney's fees, incurred in defending any action, suit, or proceeding referred to in Section 1 may be paid by the OSMA in advance of the final disposition of such action, suit, or proceeding as authorized by the Council in the specific case upon receipt of an undertaking by or on behalf of the person reimbursed to repay such amount unless it shall ultimately be determined that he or she is entitled to be indemnified by the OSMA.

Section 3. Non-Exclusivity. The indemnification provided by Section 1 shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under the law or any agreement, vote of disinterested members of the Council or otherwise, both as to action in his or her official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to hold such office and shall inure to the benefit of the heirs, executors, and administrators of such a person.

Section 4. Insurance. The OSMA, to the extent permitted by Chapter 1702 of the Ohio Revised Code, may purchase and maintain insurance on behalf of any person described in these indemnification sections.

American Medical Association (AMA) Delegation

The OSMA shall sponsor a delegation of physician representatives to the American Medical Association (AMA). The OSMA Council shall appoint members to serve for two year term as delegates or alternate delegates to the AMA consistent with requirements imposed by policies adopted by the OSMA Council and published to the membership and with requirements imposed by the AMA. The OSMA Council shall seek the advice of the AMA Delegation Chair, or Chair's representative, before confirming delegation appointments. Delegation members shall not be subject to term limits.

Ethical Principles

The AMA Code of Ethics shall govern the members of this Association.

Rules of Procedure

The deliberations of the OSMA and its Council shall be conducted in accordance with parliamentary usage as prescribed in the American Institute of Parliamentarians Standard Code of Parliamentary Procedure.

Quorum

Unless otherwise stated, a majority of Active members present in person, by the use of authorized communications equipment, or by mail, at any meeting of Active members shall constitute a quorum for the meeting. The affirmative vote of a majority of the Active members present at a meeting at which a quorum is present shall be necessary for the authorization or taking of any action voted upon by the members. A majority of the Active members present at a meeting, whether or not a quorum is present, may adjourn the meeting.

Amendment of Bylaws and Effective Date

These Bylaws may be amended by a majority vote of the Active members voting provided that any amendment shall be proposed by the Council and published to the membership sixty days prior to the vote on the amendment.

Upon the adoption of these Bylaws, all previous Constitutions and Bylaws are hereby null, void and of no effect.

These bylaws shall be effective upon a	adoption.	
Date adopted:		

By official action, the House rejected Resolution 17-2015

Resolution No. 19-2015 Method of Amending the OSMA Constitution Article XI

RESOLVED, that the Ohio State Medical Association Constitution Article XI be amended to include Section 3 as follows:

OSMA CONSTITUTION
ARTICLE XI
AMENDMENTS

Section 3. At no time may a proposal to amend the OSMA Constitution include an attempt to nullify and void the effect of the OSMA Bylaws. The OSMA Constitution and the OSMA Bylaws documents shall each require a separate action to be rendered null and void.

ARTICLE XII ADOPTION

Upon the adoption of this Constitution by a two-thirds (2/3) vote of the Delegates and Officers present and voting, this Constitution will become effective and thereupon all previous Constitutions shall be rendered null and void.

By official action, the House adopted Resolution 19-2015

Amended Resolution No. 20-2015 Amend OSMA Bylaws Chapter 16-Method of Amending Bylaws

RESOLVED, That Ohio State Medical Association Bylaws, Chapter 16, Section 1 be amended and Section 3 be added as follows:

OSMA BYLAWS CHAPTER 16

Section 1. Method of Amending. These Bylaws may be amended at any Annual Meeting of the House of Delegates by a majority TWO THIRDS (2/3) vote of the Delegates present at that session, provided that the proposed amendment shall have been published to the Active Members or mailed to Active Members of this Association at least thirty (30) days prior to the Annual Meeting.

Section 3. At no time may a proposal to amend these OSMA Bylaws include an attempt to nullify and void the effect of the OSMA Constitution. The OSMA Constitution and the OSMA Bylaws documents shall each require a separate action to be rendered null and void.

By official action, the House adopted Amended Resolution 20-2015

Resolution No. 21-2015 Evidence Based Organized Medicine

RESOLVED, That the proposed report from the Ohio State Medical Association Bylaws Task Force and the background material which created the report be part of an ongoing working committee charged with organizational quality improvement. The structure would be a tiered time commitment similar to that of our current nominating committee; **and be it further**

RESOLVED, That this Ohio State Medical Association committee be charged with identifying measures of success by which we can judge the impact of changes; **and be it further**

RESOLVED, That all members of the Ohio State Medical Association be invited to attend and participate in House of Delegates deliberations; **and be it further**

RESOLVED, That we proceed with changes to minimize the cost of the Ohio State Medical Association annual House of Delegates meeting.

By official action, the House adopted Resolution 21-2015

Resolution No. 22-2015
Representation for Direct OSMA Members

RESOLVED, That our Ohio State Medical Association change the Delegate allotment for specialty societies at the annual meeting of the House of Delegates using the same counting system for representation as the county societies; **and be it further**

By official action, the House referred the first Resolved of Resolution 22-2015 to Council for Action

RESOLVED, That direct members of the Ohio State Medical Association who are not members of a county society be invited to attend the geographic District Meeting for either their office or home address and be allowed to vote at that meeting.

By official action, the House adopted the second Resolved of Resolution 22-2015

Resolution No. 23-2015
Declaration of Intent of the OSMA House of Delegates

RESOLVED, that the currently defined OSMA House of Delegates remain in place as the legislative body of the Ohio State Medical Association, retaining all rights, privileges and authority as are now set forth in the OSMA Constitution and Bylaws; **and be it further**

RESOLVED, That a 2015 OSMA Task Force be formed comprising one representative participant assigned by each OSMA Councilor, to be tasked with further studying and developing methods which can include OSMA Direct membership representation and participation in all OSMA activities, including the OSMA House of Delegates, either through their State Specialty Society membership or their County of residence, and issue their findings and recommendations to the 2016 Annual Meeting of the OSMA House of Delegates.

By official action, the House rejected Resolution 23-2015

Resolution No. 24-2015 Continue OSMA House of Delegates Annual Meeting

RESOLVED, That our Ohio State Medical Association continue with an annual meeting including a House of Delegates for policy making with Delegates representing county medical societies and state specialty societies to guide the direction of the organization and establish policy, **and be it further**

RESOLVED, That the OSMA staff investigate other venues for the Ohio State Medical Association annual meeting with the goal of decreasing costs.

By official action, the House adopted Resolution 24-2015

Resolution No. 25-2015 HOD Quorum Change

RESOLVED, That the Constitution and Bylaws of the Ohio State Medical Association be changed to state that a quorum shall be defined as 50% plus 1 of the registered and credentialed delegates for the meeting in progress.

By official action, the House referred Resolution 25-2015 to Council for action

Resolution No. 26-2015 Delegate Appointments

RESOLVED, That if a county does not appoint a Delegate to the Ohio State Medical Association House of Delegates annual meeting, the District Councilor may appoint a Delegate to represent that county and that Delegate can be a physician who is an OSMA member who lives in that county or a physician who is an OSMA member with a satellite office in that county who regularly sees patients there and is known to the physicians there but, does not live in that

county.

By official action, the House adopted Resolution 26-2015