

**FINAL Proceedings of the Ohio State Medical Association  
2018 House of Delegates  
Hilton Columbus at Easton, Columbus, Ohio  
April 14 - 15, 2018**

**Saturday, April 14, 2018**

There was a meeting of the Ohio State Medical Association House of Delegates on April 14 – 15, 2018, in Columbus, Ohio.

**Call to Order**

Robyn Chatman, MD, President, convened the House of Delegates at 9:04 am on Saturday, April 14, 2018, at the Hilton Columbus at Easton in Columbus, Ohio, and led the House of Delegates in the Pledge of Allegiance and the Oath of Hippocrates.

**Welcome**

Dr. Chatman welcomed the delegates and expressed her appreciation for those in attendance.

**Keynote Speaker**

Dr. Chatman introduced Lotte Dyrbye, MD, MHPE, FACP, the 2018 keynote speaker. Dr. Dyrbye addressed the House.

**HOD Business**

Dr. Chatman informed the House that there were 27 resolutions to be considered this year. Dr. Chatman then explained the red and yellow credential cards and how to use the microphones to address the House and that only credentialed and registered delegates are entitled to vote.

**Introduction of Speakers Table**

Dr. Chatman introduced those seated at the Speakers' Table: Andrew Thomas, MD, Secretary-Treasurer, Brian Bachelder, MD, Immediate Past President, Nancy Gillette, General Counsel, Lisa Egbert, MD, Parliamentarian, (Robyn Chatman, MD, President), Todd Baker, Chief Executive Officer, and Evangeline Andarsio, MD, President-Elect.

**Introduction of Presidents of Other State Medical Societies**

Dr. Chatman introduced and welcomed the following out-of-state guests to the 2018 House of Delegates:

Kentucky Medical Association, President Maurice J. Oakley, MD and wife Judy  
Pennsylvania Medical Society, President Theodore A. Christopher, MD, FACEP  
West Virginia State Medical Association, President Bradley Henry, MD and wife Lisa

**Introduction of Honored Guests:**

Dr. Chatman introduced and welcomed the following honored guest:

Terri Marchiori, Director, AMA Federation Relations

**Introduction of Exhibitors**

Dr. Chatman recognized the following exhibitors:

American Medical Association  
Ohio Department of Insurance/OSHIIP Division  
Ohio Physicians Health Program  
OSMAPAC  
OSMA Insurance Agency  
State Medical Board of Ohio  
The Doctors Company

**Recognition of Past Presidents and Former Councilors of the Ohio State Medical Association**

Dr. Chatman explained the addition of ribbons to the name badges to recognize Past Presidents, Councilors and AMA Delegation members. Living Past Presidents are listed in the Annual Meeting

program.

### **Memorial Moment**

Dr. Chatman asked that the House pause for a moment of silence for all the physician members who died between March 1, 2017 and March 19, 2018.

### **Recognition of Sponsors and Mentors**

Dr. Chatman asked those who volunteered as a mentor for the meeting or sponsored a medical student dinner dance ticket to stand. Dr. Chatman led the house in a round of applause and announced that mentors and sponsors were entered in a drawing to be held during the networking event.

### **Distinguished Service Citation Awards**

Dr. Chatman read the distinguished service citations for:

Esly Caldwell, II, MD  
Theresa Long, MD  
Donald Nofziger, MD

### **Nominating Committee Report**

Dr. Chatman announced that the final Nominating Committee report was available on the OSMA website and that additional nominations could be made from the floor.

### **Alliance Report**

Dr. Chatman announced that the OSMA Alliance report was available on the OSMA website and thanked the members for their service.

### **Appointments to Resolutions Committees**

Dr. Chatman appointed Tyler Campbell, MD, to chair Resolutions Committee 1 and Alisha Reiss, MD, to chair Resolutions Committee 2.

### **Appointment of Committee on Tellers and Judges**

Dr. Chatman appointed Denise Bobovynik, MD, Chair of the Committee on Tellers and Judges and appointed the student tellers.

### **Appointment of Credentials Committee**

Dr. Chatman appointed Shawn Cuevas, DO, as Chair of Credentials.

### **Todd Baker's Speech to the House of Delegates**

Todd Baker, OSMA Chief Executive Officer, addressed the House of Delegates.

### **Robyn F. Chatman, MD, Speech to the House of Delegate**

Dr. Chatman addressed the House on her year as President of the Ohio State Medical Association and recognized and thanked many individuals for their effort and support during her tenure.

### **Nominations for President-Elect Candidates and Candidates' Speeches**

Dr. Chatman called for nominations for candidates for President-Elect and asked the nominators to come forward for nominating speeches.

Mary Wall, MD, nominated Alice Ann Dachowski, MD, for President-Elect. Brian Santin, MD, seconded the nomination.

Lisa Egbert, MD, nominated Susan Lee Hubbell, MD, for President-Elect. Carl Sylvester Wehri, MD, seconded the nomination.

Dr. Chatman asked if there were further nominations from the floor. There being no further nominations, Dr. Chatman closed the nominations for President-Elect and stated the election would take place on Sunday.

Dr. Chatman called Dr. Dachowski to the lower podium to address the House.

Dr. Chatman called Dr. Hubbell to the lower podium to address the House.

Dr. Chatman announced that candidates for President-Elect would attend the networking event Saturday evening and would visit the District Caucuses on Sunday morning.

### **ABMS Talk and Q&A**

Dr. Chatman introduced Dr. Gary Procop and Tom Granatir representing the American Board of Medical Specialties. They addressed the House and entertained questions.

### **District Councilor Nominations**

Dr. Chatman announced the candidates for the following positions:

First District:	Elizabeth A. L. Muennich, MD, PhD, Mason
Third District:	Mark R. Fox, MD, Findlay
Fifth District:	Holly L. Thacker, MD, FACS, Cleveland
Seventh District:	Eric D. Drobny, MD, Columbus

Dr. Chatman called for further nominations from the floor. There being none, Dr. Chatman closed the nominations for District Councilor. Dr. Chatman then announced that the election for District Councilors would take place by acclamation before the other elections on Sunday morning.

### **Delegates to the AMA for a term beginning January 1, 2019 and ending December 31, 2020 Nominations – six to be elected**

The candidate names were displayed at the front of the room:

Robin Chatman, MD, Cincinnati  
Brett Coldiron, MD, Cincinnati  
Lisa Egbert, MD, Dayton  
Richard Ellison, MD, Akron  
Deepak Kumar, MD, Dayton  
Alisha Reiss, MD, Greenville  
William Sternfeld, MD, Toledo

Dr. Chatman called for further nominations from the floor. There being none, Dr. Chatman closed the slate for delegates to the AMA with the term of January 1, 2019 to December 31, 2020.

### **Delegate to the AMA for a term beginning immediately and ending December 31, 2018 Nominations – one to be elected**

The candidate names were displayed at the front of the room:

Brett Coldiron, MD, Cincinnati  
Deepak Kumar, MD, Dayton  
Alisha Reiss, MD, Greenville

Dr. Chatman called for further nominations from the floor. There being none, Dr. Chatman closed the slate for delegates to the AMA with the term beginning immediately to December 31, 2018.

### **Councilors-at-Large – three to be elected to serve two-year terms commencing April 15, 2018 and ending with the elections at the 2020 House of Delegates**

Dr. Chatman announced the election for three Councilors-at-Large for two-year terms beginning April 15, 2018.

Tyler Joseph Campbell, MD, Seaman  
Anne Taylor, MD, Worthington  
Shannon Campbell Trotter, DO, Springfield  
Brian Joseph Santin, MD, Wilmington

Dr. Chatman called for nominations from the floor. There being none, Dr. Chatman closed the slate for Councilors-at-Large.

**Alternate Delegates to the AMA to serve terms commencing January 1, 2019 and ending December 31, 2020. Three to be elected.**

The candidates for Alternate Delegates to the AMA were displayed at the front of the room:

Brett Coldiron, MD, Cincinnati  
Deepak Kumar, MD, Dayton  
Alisha Reiss, MD, Greenville

Dr. Chatman asked if there were any nominations from the floor. William Sternfeld, MD, rose to nominate Colette Willins, MD, Westlake, on behalf of the Ohio Chapter American College of Surgeons. Dr. Chatman asked if there were any further nominations from the floor. There being none, Dr. Chatman closed the slate for Alternate Delegates to the AMA.

**Call for Introduction of 2018 Resolutions**

Dr. Chatman announced that there were 26 resolutions properly submitted, introduced and assigned to the Committees. Resolutions 1 through 12 were assigned to Resolutions Committee 1 and Resolutions 13 to 26 were assigned to Resolutions Committee 2.

**Transmittal of OMSS Resolutions**

Dr. Chatman reported that no resolutions were submitted by the Organized Medical Staff Section.

**Emergency Resolutions – Explanation and Report**

Dr. Chatman informed the HOD that there was 1 emergency resolution submitted and accepted and it was assigned to Resolutions Committee 2.

**Announcement of the Resolutions Committees Hearings Schedule**

The House of Delegates was informed that Resolutions Committee 1 open hearing would begin right after lunch and that Resolutions Committee 2 would follow immediately after Resolutions Committee 1 completed their open hearing.

The OSMA House of Delegates for Saturday, April 14, 2018, recessed at 12:05 pm and was scheduled to reconvene on Sunday, April 15, 2018, at 9:30 a.m.

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

**Legislative Update**

Monica Hueckel provided a brief legislative update and then introduced Marvin Rorick, MD, Chair of the OSMAPAC.

**2017 OSMAPAC Donor of the Year Award**

Marvin Rorick, MD, Chair of the OSMAPAC, presented the annual OSMAPAC update. Dr. Rorick then announced Eric Kuhn, MD, as the recipient of the 2017 OSMAPAC Donor of the Year Award.

**2017 Physician Advocate of the Year Award**

Marvin Rorick, MD, presented the 2017 Ohio State Medical Association Physician Advocate of the Year Award to Shawn Ryan, MD, MBA.

**Judge Craig Baldwin and Justice Mary DeGenaro Introduction**

Tim Maglione introduced Judge Craig Baldwin, Ohio Fifth District Court of Appeals, who addressed the group.

Mr. Maglione next introduced Justice Mary DeGenaro of the Ohio Supreme Court who addressed the group.

**OSMAPAC**

Monica Hueckel spoke briefly about the importance of supporting advocacy efforts through OSMAPAC contributions.

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## **The House of Delegates reconvened Sunday, April 15, 2018.**

### **Call to Order**

Dr. Chatman reconvened the House at 9:33 am. Dr. Chatman explained the blue and green credential cards to the Delegates and Alternate Delegates and reminded them about ElectionBuddy and the need to register their cell phone numbers at the registration desk in order to participate in voting.

### **AMA Update**

Dr. Chatman called on Charles Hickey, MD, to present the AMA update.

### **OSMA Budget Update**

Dr. Chatman called on Andrew Thomas, MD, Secretary/Treasurer, to present the update on the OSMA budget. Dr. Thomas presented the budget and answered questions from the House of Delegates.

### **Report of the Committee on Credentials**

Shawn Cuevas, DO, Chair of the Committee on Credentials, announced there was a quorum present with 121 of 216 Delegates present.

### **Consideration of 2017 Annual Meeting Minutes**

Dr. Chatman called for a motion to approve the 2017 Proceedings of the House of Delegates as presented.

### **Motion:**

A motion was properly moved, seconded and adopted to approve the 2017 Proceedings of the House of Delegates as presented.

### **Election Two – District Councilors**

There being one candidate for each district, Dr. Chatman called for this election to be by acclamation. Those elected were:

First District:	Elizabeth A. L. Muennich, MD, PhD, Mason
Third District:	Mark R. Fox, MD, Findlay
Fifth District:	Holly L. Thacker, MD, FACS, Cleveland
Seventh District:	Eric D. Drobny, MD, Columbus

### **Review of the Voting System**

Dr. Chatman called on Denise Bobovnyik, MD, Chair of the Committee on Tellers and Judges, to come forward to review the voting system. Dr. Bobovnyik asked the House to register their cell phone numbers at the registration desk, if they had not already done so.

Dr. Bobovnyik proceeded with the first election.

### **First Ballot**

President-Elect – one to be elected

Alice Dachowski, MD  
Susan Hubbell, MD

Delegate to the Ohio AMA Delegation – January 1, 2019 to December 31, 2020 – six to be elected

Robin Chatman, MD, Cincinnati  
Brett Coldiron, MD, Cincinnati  
Lisa Egbert, MD, Dayton  
Richard Ellison, MD, Akron  
Deepak Kumar, MD, Dayton  
Alisha Reiss, MD, Greenville  
William Sternfeld, MD, Toledo  
Colette Willins, MD, Westlake

Delegate to Ohio AMA Delegation – immediately to December 31, 2018 – one to be elected  
Brett Coldiron, MD, Cincinnati  
Deepak Kumar, MD, Dayton  
Alisha Reiss, MD, Greenville

Dr. Bobovnyik announced that election results would be handed to Dr. Chatman to announce as soon as the votes were collected and tallied.

## **Election Results**

### **President-Elect:**

Susan Hubbell, MD, Cincinnati

### **District Councilors (by acclamation):**

First District: Elizabeth A. L. Muennich, MD, PhD, Mason  
Third District: Mark R. Fox, MD, Findlay  
Fifth District: Holly L. Thacker, MD, FACS, Cleveland  
Seventh District: Eric D. Drobny, MD, Columbus

### **Election Three – Councilors-at-Large:**

Tyler Joseph Campbell, MD, Seaman  
Brian Joseph Santin, MD, Wilmington  
Shannon Campbell Trotter, DO, Springfield

### **Delegates to the AMA for term January 1, 2019 to December 31, 2020 – six were elected:**

Robin Chatman, MD, Cincinnati  
Brett Coldiron, MD, Cincinnati  
Lisa Egbert, MD, Dayton  
Richard Ellison, MD, Akron  
Deepak Kumar, MD, Dayton  
Alisha Reiss, MD, Greenville

### **Delegate to the AMA for term beginning immediately to December 31, 2018:**

Alisha Reiss, MD, Greenville

### **Second Ballot:**

Alternate Delegates to the AMA to serve terms commencing January 1, 2019 and ending December 31, 2020:

William Sternfeld, MD, Toledo  
Colette Willins, MD, Westlake

### **Report of Resolutions Committee No. 1**

Dr. Chatman called Tyler Campbell, MD, Chair, and the members of the Resolutions Committee No. 1 to the lower front table to present their report. The House of Delegates action on the report is attached to these minutes.

### **Report of Resolutions Committee No. 2**

Dr. Andarsio called Alisha Reiss, MD, Chair, and the members of Resolutions Committee No. 2 to the lower front table to present their report. The House of Delegates action on the report is attached to these minutes.

### **Announcements**

Dr. Thomas introduced Beth Liston, MD who is running for state legislature in the 2018 primary election. Ms. Liston briefly addressed the House.

Dr. Andarsio announced that the dates for the 2019 OSMA Annual Meeting are April 6 and 7, 2019, at The Hilton Columbus at Easton.

Dr. Andarsio announced there would be a Council meeting immediately following adjournment of the House of Delegates in Easton D and E and asked the departing Councilors and the newly elected Councilors to attend the meeting.

Dr. Andarsio thanked OSMA staff for their efforts in preparing for the 2018 Annual Meeting.

### **Adjournment**

The 2018 House of Delegates was adjourned sine die at 1:04pm.

Respectfully submitted,

Andrew M. Thomas, MD  
OSMA Secretary/Treasurer

### **Reports of 2018 Resolutions Committees No. 1 and No. 2 are attached to these Proceedings:**

#### **REPORT OF RESOLUTIONS COMMITTEE 1**

Presented by Tyler Campbell, MD, Chair, 1st District

#### **Resolution 01 – AMEND 2018 Constitution and Bylaws Amendments**

**RESOLVED**, That the following sections of Ohio State Medical Association Constitution and Bylaws be amended as indicated:

## **Ohio State Medical Association Constitution and Bylaws CONSTITUTION**

### **ARTICLE IV HOUSE OF DELEGATES**

The House of Delegates shall be the legislative body of this Association and shall consist of: (1) Delegates elected by the Active Members of the OSMA; (2) Officers of this Association enumerated in Article V; (3) Delegates and Alternate Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of this Association each of whom shall be an ex-officio member without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer of this Association; and (4) such representatives of other medical groups as may be determined by the House of Delegates, including the following:

The Medical Student Section shall have seven (7) representatives to the House of Delegates, said Delegates to be selected in accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical Student Section have been approved by Council. For purposes of representation in the House of Delegates, Student Members shall not be counted at the individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

The Organized Medical Staff Section shall have one (1) representative to the House of Delegates, said Delegate to be selected in accordance with Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical Staff Section have been approved by Council.

The Resident and Fellows Section shall have five (5) representatives to the House of Delegates who must be Members in Training of this Association, said representatives to be selected in accordance with the Resident and Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been approved by Council.

The primary medical specialties and subspecialties listed by the American Board of Medical Specialties are eligible to have a Delegate and Alternate Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

The medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

**BYLAWS  
CHAPTER 1  
MEMBERSHIP**

**Section 1. Rights of Members.** All members in good standing of this Association shall have the right to attend all meetings of this Association.

**Section 2. Classification of Membership.**

**(a) Active Members.** Active Members of this Association shall comprise all the active members in good standing of the several Component Societies who are also OSMA members. Active Members in good standing shall have the right to vote and hold office.

**(b) Direct Members.** Direct Members shall comprise all physicians who reside or work in Ohio and meet the eligibility requirements of Section 3 of this Chapter. Direct Members have the right to vote at geographic district meetings.

**(c) Retired Members.** Retired Members of this Association shall be those members of this Association who have retired from the active practice of medicine and who do not receive regular and significant income for their participation in any professional activity related to the practice of medicine. They must have been Members of this Association and in good standing for ten (10) years prior to retirement. Retired Members shall have the right to vote and hold office.

**(d) Members in Training.** Members in Training shall comprise all physicians who are pursuing studies and training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Medical Association or the American Osteopathic Association and their associated groups and who are approved for membership by the Council. Members in Training shall comprise the Resident and Fellows Section and shall have the right to vote and hold office.

**(e) Nonresident Members.** Nonresident Members shall include those physicians who reside and practice outside Ohio but who hold a license to practice medicine and surgery in Ohio or any other state and who are approved for Nonresident Membership by the Council.

**(f) Honorary Members.** The House of Delegates may elect as an Honorary Member any person distinguished for services or attainments in medicine or the allied sciences or who has rendered other services of unusual value to medicine. An Honorary Member shall pay no dues or assessments.

**(g) Military Members.** Military Members comprise all those Active Members of this Association in good standing who are serving a limited tour of active duty with the Armed Services of the United States.

**(h) Life Active Members.** Individuals who currently are Life Active Members having made a single payment for lifetime membership dues will continue as Life Active Members but no new life memberships will be permitted. Life Active Members will have all of the rights and privileges of an Active Member under these Bylaws for life. Wherever the term "Active Member" is used in these Bylaws it shall include Life Active Members.

**(i) Affiliate Members.** Executives of the Ohio State Medical Association, county medical societies in Ohio, and other medical organizations in Ohio and specialty societies in Ohio with three (3) years or more experience in the sponsoring organization or individuals recommended by a county medical society in Ohio, medical specialty society in Ohio, or physician representative organization in Ohio are eligible for Affiliate Membership in the Ohio State Medical Association. Such Affiliate Membership shall be at the discretion of the Council.

**(j) Student Members.** Student Members of this Association shall comprise those students in good standing who are pursuing the diploma of Doctor of Medicine or Doctor of Osteopathy in an approved medical or osteopathic college or institution in the State of Ohio and are approved for Student Membership by the Council. Student Members shall comprise the medical group known as the Medical Student Section. Said section shall be governed by and operate under separate Bylaws approved by the Council. Except as otherwise provided in Article VII of the Constitution, Student Members in good standing of this Association shall have the right to vote and hold office in this Association.

**(k) Associate Members.** Non-physician administrators and managers of medical practices are eligible for Associate Membership. Associate Members of the Ohio State Medical Association may attend all meetings of the Association but shall not have the right to make a motion, vote or hold office in this Association.

**Section 3. Eligibility.**

To be eligible for any class of membership other than honorary, affiliate, associate, retired or student in this Association, a person shall possess all of the following qualifications: A person must hold a limited, temporary, or unlimited certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued by the licensing authority of the State of Ohio, which license must be in full force and effect at the time of the person's application for membership in this Association.

**Section 4. Disqualification.** No person whose license to practice medicine and surgery, or osteopathic medicine and surgery, issued by the licensing authority of the state of Ohio has expired, been suspended or revoked shall be entitled to any of the rights or benefits of this Association.

**Section 5. Effect of Expiration, Revocation, or Termination of Certificate.** Membership in this

Association of a member in active practice whose certificate to practice medicine and surgery has expired, has been revoked, or has been otherwise terminated, shall be cancelled automatically as of the effective date of such expiration, revocation or termination. The provisions of this Section 5 shall not apply to members who have retired from active practice or to members whose certificate has been voluntarily surrendered due to illness, or to members whose license has automatically expired because of problems of communication.

**Section 6. Disciplinary Procedure.** Disciplinary action may be taken by this Association against a member of this Association only upon written charges signed by three (3) or more members of this Association and filed with the Chief Executive Officer.

(a) Council, upon receiving a written charge as set forth above, shall refer the request to a standing or ad hoc Grievance Committee. If the Grievance Committee, after reviewing the charges, concludes that an investigation is warranted, it shall conduct an investigation. The Grievance Committee shall proceed with the investigation in a prompt manner. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the Grievance Committee deems appropriate. The Grievance Committee may, but is not obligated to, conduct interviews with persons involved. Such investigation shall not constitute a "hearing" as that term is used in these Bylaws. The Grievance Committee shall consider the findings of the investigation and determine whether disciplinary action is advisable. The Grievance Committee may, in its discretion, proceed forward with the disciplinary action, dismiss the charges, or refer the charges to another appropriate entity for handling.

(b) If the Grievance Committee determines that disciplinary action is advisable, it shall direct the Chief Executive Officer to provide notice to the member. The notice shall state the action proposed to be taken against the member, the reasons for the action, the right of the member to request a hearing within thirty (30) days of the date of the notice, and a summary of the rights and procedures to be followed during the hearing. The member shall have thirty (30) days following the date of the notice of such action to request a hearing. The request shall be in writing addressed to the Chief Executive Officer.

If the member does not request a hearing in the time and manner described, the member shall be deemed to have waived any right to a hearing and to have accepted the recommendation involved. The written investigation report shall be forwarded to the standing or ad hoc Committee on Judicial and Professional Relations which shall determine the action to be taken. The member under this Section shall have no further rights to hearing or appeal unless the action taken differs from the recommendation of the Grievance Committee.

(c) Upon receipt of a request for hearing, the matter shall be referred to a standing or ad hoc Committee on Judicial and Professional Relations or a standing or an ad hoc Committee on Peer Review which shall appoint a hearing officer or panel of individuals to conduct the hearing who may be one (1) or more of its members of the standing or ad hoc committee provided such hearing officer or panel members may not be in direct economic competition with the member. A hearing shall be scheduled to commence not less than thirty (30) days nor more than ninety (90) days from the date of receipt of the request for hearing. The Chief Executive Officer shall send the member a notice stating the place, time, and date of the hearing and a list of the witnesses, if any expected to testify at the hearing on behalf of the Grievance Committee.

The hearing officer or panel shall endeavor to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer or panel shall be entitled to determine the order of, or procedure for, presenting evidence and arguments during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer or panel determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer or panel may take such discretionary action as seems warranted by the circumstances.

The hearing officer or panel may, but shall not be required to, order that oral evidence be taken only on oath administered by any person lawfully authorized to administer such oaths. Judicial rules of evidence and procedure relating to the conduct of the hearing, the examination of witnesses, and the presentation of evidence shall not apply to a hearing conducted under these Bylaws. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence upon which reasonable people are accustomed to rely in the conduct of serious affairs regardless of the admissibility of such evidence in the court of law. The hearing officer or panel may interrogate the witnesses or call additional witnesses if the hearing officer or panel deems such action appropriate.

(d) Both the member and the Grievance Committee have the right to be represented in any phase of the hearing or preliminary procedures by an attorney at law or by any other person of that party's choice; to have a record made of the proceedings, copies of which may be obtained by the member upon payment of any reasonable charges associated with the preparation thereof; the Grievance Committee, the accused, legal counsel for the accused or the Grievance Committee or any other person of either party's choice shall have the right to call, examine, cross-examine, and impeach witnesses; to present evidence determined to

be relevant by the hearing officer or panel, regardless of its admissibility in a court of law; and to submit a written statement at the close of the hearing.

Unless otherwise determined for good cause, the Grievance Committee shall have the initial duty to present evidence for each case or issue in support of the proposed action or recommendation. The member shall be obligated to present evidence in response. Throughout the hearing, the Grievance Committee shall bear the burden of persuading the hearing officer or panel, by a preponderance of the evidence, that the action or recommendation is reasonable and warranted.

Failure without good cause of the member to personally attend the hearing shall be deemed to constitute acceptance of the disciplinary action involved, and a waiver of the right to a hearing. Postponements and extensions of the time beyond the time for hearing permitted in these Bylaws may be permitted by the hearing officer or panel, within his/her/their discretion on a showing of good cause.

(e) The recommendation of the hearing officer or panel shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. Within thirty (30) days after the final adjournment of the hearing, the hearing officer or panel shall render a recommendation which shall be accompanied by a report in writing stating the reasons for the recommendation. The report and recommendation shall be delivered to the Committee on Judicial and Professional Relations and to the member. At its next regular meeting after receipt of the report and recommendation, or as soon thereafter as is practicable, the Committee on Judicial and Professional Relations shall consider the report, recommendation, and any other relevant information. It shall then make a final decision regarding the proposed disciplinary action, and notify Council of its decision. Following the decision, the Chief Executive Officer shall forward to the member the written decision of the committee, including a statement of the basis for the decision.

(f) Any member against whom disciplinary action has been taken pursuant to these Bylaws shall have the right of appeal to Council. Such appeal must be commenced by a written notice directed to the Chief Executive Officer within thirty (30) days after the date on which the notice of final decision was mailed to the member. The member asserting a right to appeal shall bear all expenses associated with providing a copy of the record from the disciplinary proceeding and for production of any record associated with the appeal.

Upon receipt of notice of appeal, Council shall serve as the appellate panel. The member appealing shall submit a written statement discussing the relevant facts and issues. Within twenty (20) days following this submission of the member's written statement, the Grievance Committee may submit a written response to that statement. The member may submit a written reply within ten (10) days following the submission of the Grievance Committee's response.

The Council may, upon its own motion or request by the member or Grievance Committee, schedule oral arguments upon the issues raised in the appeal. The oral arguments, if scheduled, shall be held within twenty (20) days following the submission of the final written brief.

The Council shall, within twenty (20) days after the oral arguments or the final written submission if oral arguments are not conducted, render a written opinion setting forth its decision whether to accept, reject or modify the decision of the Committee on Judicial and Professional Relations stating the basis for its decision. The Chief Executive Officer shall forward a copy of the decision to the member, the Grievance Committee and the Committee on Judicial and Professional Relations.

(g) The accused member may appeal the decision of the Council on questions of law and procedure, but not of fact, to the Council on Ethical and Judicial Affairs of the American Medical Association (the "Judicial Council") by filing a notice of appeal with the Judicial Council within thirty (30) days of the decision of Council, such appeal to be governed by the rules and regulations of the Judicial Council.

(h) After final action has been taken pursuant to subdivision (b) or (e) of this Section, and the member has either waived or exhausted the right to appeal to Council and the right to appeal to the Judicial Council, the Chief Executive Officer shall report the action to state and federal authorities as required by Ohio Revised Code 4731.224, and the Health Care Quality Improvement Act of 1986 (Public Law 99-660, Title IV and 45 CFR Part 60) and other applicable federal and state laws.

(i) Once a complaint under Section 6 of this Chapter has been made against a member, this Association may complete the proceedings under these Bylaws even if the member has resigned.

**Section 7. Limitation of Liability.** No member, agent or employee serving on a utilization committee, a peer review or professional standards review committee, including any person participating in the context of the process set forth in the disciplinary Chapter of these Bylaws shall be deemed liable in damages to any person for any action taken or recommendation made within the scope of the functions of said committee, if such committee member, agent or employee acts without malice and in the reasonable belief that such action or recommendation is warranted by the facts known to the person after reasonable effort to obtain the facts of the matter as to which such action is taken or recommendation is made. No person against whom disciplinary action is instituted pursuant to the disciplinary Chapter of these Bylaws shall have any claim or cause of action against this Association, or against any officer, Councilor, member, agent or employee of this Association, by reason of the institution, prosecution, or disposition of such charges or the hearing or consideration thereof.

## CHAPTER 4

### THE HOUSE OF DELEGATES

**Section 1. Meetings of the House of Delegates.** The House of Delegates shall meet annually at the time and place of the Annual Meeting of this Association. All sessions of the House of Delegates are open to all members in good standing of this Association.

**Section 2. Ratio of Representation.** Each Component Society shall be entitled to one (1) Delegate in the House of Delegates for each one hundred (100) Direct Members residing in the Component County, Active Members, Members In Training and Retired Members in good standing in this Association as of December 31st of the preceding year; provided, however, that each Component Society shall be entitled to at least one (1) Delegate and one (1) Alternate Delegate. If the total number of Direct Members, Active Members, Members in Training and Retired Members in good standing in the Component Society is not evenly divisible by one hundred (100), that Component Society shall be entitled to one (1) additional Delegate in the House of Delegates. The names of such Delegates and Alternate Delegates shall be submitted to the Association prior to the opening of the House of Delegates.

From forty-five (45) days up to the opening of the annual meeting of the House of Delegates, in case a Delegate or Alternate Delegate of a Component Society is unable to serve, the district councilor representing that Component Society may at any time certify to the Chair of the Committee on Credentials the name of ~~a Voting Member in good standing from a component society~~ AN ACTIVE OSMA MEMBER WHO RESIDES OR WORKS WITHIN THE DISTRICT to serve in the place of such absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate.

**Section 3. Representation of Medical Specialties.** All primary medical specialties listed by the American Board of Medical Specialties are eligible for representation in the House of Delegates. All medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members, are eligible for representation in the House of Delegates. An OSMA member may be represented by only one subspecialty organization in the OSMA House of Delegates.

A medical specialty or subspecialty society seeking representation shall apply to the Council. The Council shall consider applications and then recommend to the House of Delegates whether the specialty society qualifies for representation.

Each medical specialty and subspecialty society approved by the OSMA House of Delegates shall have one (1) Delegate and one (1) Alternate Delegate who must be Voting Members of this Association. Each specialty society will certify to this Association at least sixty (60) days prior to the Annual Meeting both the names of its Delegate and Alternate, and its membership certification as required above. In case a Delegate or Alternate Delegate is unable to serve, the President of the recognized medical specialty society may at any time certify to the Chair of the Committee on Credentials the name of a Voting Member of this Association to serve in place of the absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. A Medical Specialty or subspecialty Society Delegate shall have all rights, privileges and duties as other Delegates. The Delegate will be seated in the House of Delegates with the Councilor District in which that Delegate's Component Society is represented.

**Section 4. Resident and Fellows Section.** The Resident and Fellows Section shall have five (5) Delegates and two (2) Alternate Delegates who must be Members in Training of this Association. The Resident and Fellows Section Delegates shall have all the rights, privileges, and duties of other Delegates. The Resident and Fellows Section Delegates will be seated in the House of Delegates as a separate section which shall be seated as an additional district.

**Section 5. Representative of Organized Medical Staff Section.** The Organized Medical Staff Section shall have one (1) Delegate and one (1) Alternate Delegate who must be Voting Members of this Association. In case a Delegate or Alternate Delegate is unable to serve, the Chair of the Section may at any time certify to the Chair of the Committee on Credentials the name of a Voting Member of this Association to serve in place of the absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. The Organized Medical Staff Section Delegate shall have all rights, privileges and duties of other Delegates. The Delegate will be seated in the House of Delegates with the Councilor District in which that Delegate's Component Society is represented.

**Section 6. Medical Student Section.** The Medical Student Section shall have one (1) Delegate and one (1) Alternate Delegate selected from each of the six (6) medical colleges and the one (1) osteopathic medical college in the State of Ohio pursuant to the Medical Student Section Bylaws. The Medical Student Section Delegates shall have all the rights, privileges and duties of other Delegates. The seven (7) Delegates will be seated in the House of Delegates as a separate section which shall be seated as an additional district.

**Section 7. Quorum.** A MAJORITY (FIFTY PERCENT PLUS ONE) OF CREDENTIALLED DELEGATES AND OFFICERS OF THIS ASSOCIATION SHALL CONSTITUTE A QUORUM PROVIDED

THAT AT LEAST 75 CREDENTIALLED DELEGATES AND OFFICERS ARE PRESENT.

**Section 8. Committees of the House of Delegates.** For the purpose of expediting proceedings the President shall appoint from the roster of Delegates the following committees: Committees on Resolutions, to which shall be referred all resolutions; Committee on Credentials; and other committees considered necessary by the President. The President shall appoint a Committee on Tellers and Judges of Election from those members present at the Annual Meeting.

**Section 9. Delegates to the American Medical Association.** The House of Delegates shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body, except for one (1) Alternate Delegate from the Resident and Fellows Section and one (1) Alternate Delegate from the Medical Student Section. The resident and student Alternate Delegates shall be selected by their respective Sections in accordance with the Constitution and Bylaws of their Section.

**Section 10. Councilor Districts.** The House of Delegates shall establish Councilor Districts. The districts shall comprise one (1) or more contiguous counties. A district society may be organized in any of the Councilor Districts to meet at such time or times as such society may fix. The OSMA shall allocate funding for one physical meeting of a council district in preparation for the OSMA annual meeting, if requested by the district councilor.

**Section 11. Special Committees.** Any Member of this Association may be appointed to serve on any committee created for a special purpose. All members of committees who are not members of the House of Delegates shall have the right to present their reports to the House in person and to participate in the debate thereon, but shall not have the right to vote.

**Section 12. Resolutions.** Except as otherwise provided, every resolution to be presented to the House of Delegates for action shall be filed with the Chief Executive Officer of this Association at least sixty (60) days prior to the first (1st) day of the meeting at which action on such resolution is proposed to be taken; and promptly upon the filing of any such resolution the Chief Executive Officer shall prepare and transmit a copy thereof to each member of the House of Delegates. Each resolution which, if adopted, would require expenditure of funds by this Association, shall have attached a statement of the amount of the estimated annual expenditure. The Chief Executive Officer shall cause to be published in advance of such meeting of the House of Delegates such resolutions as the President or the Council may designate.

No resolution may be presented or introduced at any meeting of the House of Delegates, unless the foregoing requirements for filing and transmittal shall have been complied with, or unless such compliance shall have been waived under Section 12, or by a Special Committee on Emergency Resolutions named to decide whether late submission was justified. Late submission is only justified when events giving rise to the resolution occur after the filing deadline for resolutions. This special committee shall consist of the chairs of the several resolution committees. If a majority of the members of the Special Committee on Emergency Resolutions vote favorably for waiving the filing and transmittal requirement, then such resolution shall be presented to the House of Delegates at its opening session. All resolutions presented subsequent to the sixty (60) day filing date prior to the opening session of the House of Delegates shall be submitted by their sponsors to the committee no less than twelve (12) hours prior to the opening session of the House of Delegates. If the committee votes unfavorably, the House may override the committee's recommendation by an affirmative vote of four-fifths (4/5) of the Delegates voting.

No consideration may be given, or any action taken, by the Committee on Resolutions or by the House of Delegates, with respect to any resolution unless such resolution is presented or introduced at the opening session of the meeting of the House of Delegates. However, a resolution dealing with an event or development occurring too late to permit the introduction of any such resolution at the opening session may be introduced at a later session with the consent of at least four-fifths (4/5) of the Delegates present. Upon its introduction, such resolution shall be referred to the Committee on Resolutions for consideration and report. The Committee on Resolutions shall have the right to amend any such resolution presented or introduced, or to draft a composite or substitute resolution embracing the same subject matter as the resolution or resolutions introduced, and to submit such amended, composite or substitute resolution for adoption by the House of Delegates. The House of Delegates shall have the right to adopt any such amended, composite or substitute resolution.

Any resolution adopted by the House of Delegates four (4) or more years prior to each Annual Meeting will be reviewed by the Council for purposes of recommending whether to retain each policy. The House of Delegates will be notified of those resolutions subject to review prior to the Annual Meeting at which they will be considered. Any resolution not retained by House action on the report submitted by the Council becomes null, void and of no effect.

**Section 13. Organized Medical Staff Section Resolutions.** A maximum of five (5) resolutions, directly related to issues of concern to physicians on hospital medical staffs and matters of immediate importance, adopted by and presented from the business meeting of the Organized Medical Staff Section representative assembly, as provided in their Bylaws, may be presented for consideration by the House of Delegates at any time before the opening of the House of Delegates. All other resolutions adopted by and presented from the business meeting of the Representative Assembly of the Organized Medical Staff

Section shall be submitted in report form to the House of Delegates at the Annual Meeting of the House of Delegates for the purpose of filing.

**Section 14. Order of Business.** The order of business of the House of Delegates shall be according to the then current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure.

The order of business may be modified for any session by the presiding officer with consent of the House of Delegates.

## **CHAPTER 5 NOMINATION AND ELECTION OF OFFICERS**

**Section 1. Committee on Nominations.** The Committee on Nominations shall consist of eight members including the OSMA President, the OSMA President-elect and six additional members appointed by the OSMA President and approved by the Council. The President shall appoint the chair of the Committee. The President and President-elect serve on the Committee on Nominations during his or her term of office. Other committee members shall serve not more than one, three-year term with two new members rotating on each year.

The Committee on Nominations shall report to the House of Delegates a ticket containing the name of one (1) or more members for each of the offices to be filled at that Annual Meeting, except that of President-Elect. Each nominee must have a majority vote of the Committee in order to be placed on the ticket for presentation to the House of Delegates except that the Committee shall accept the nominees named by the geographic councilor districts, the Organized Medical Staff Section, the Resident and Fellows Section and the Medical Student Section and the Committee shall not alter or add to these district or section nominations. Each nominee for Councilor from a geographic district must be a resident of the Councilor District for which that nominee for Councilor is nominated. Six council seats, officers and Delegates and Alternate Delegates to the American Medical Association shall be elected at large. Each year the Committee on Nominations shall recommend nominees for three at large seats. The Committee on Nominations may recommend more than three candidates for the at large seats to be filled; however, not more than two at large delegates can reside or practice in the same Councilor geographic district. In the event that the House of Delegates nominates an at large candidate from the floor creating a situation where there are three at large candidates from the same geographic district and all three are among the top vote getters, the top two vote getters who are in the same geographic district will be elected, the lowest vote getter will be dropped and the candidate who is not from the same geographic district and who has the next highest number of votes will be elected.

All nominees shall meet qualifications set forth in the OSMA bylaws. Additionally, the Committee on Nominations shall determine candidate selection criteria for at large council positions 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, House of Delegates 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 Committee on Nominations makes the final determination about the selection criteria it will use in any given year and shall inform the House of Delegates of the selection criteria used. The Committee on Nominations shall also determine how best to solicit the candidates it will recommend to the House of Delegates.

**Section 2. Eligibility for Reelection of Officers, Delegates and Alternate Delegates to the American Medical Association.** 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 three (3) 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.

**Section 3. Nomination of President-Elect.** Nominations for the office of President-Elect shall be made from the floor of the House of Delegates; provided, however, that only those candidates may be nominated whose names have been filed with the Chief Executive Officer as herein provided, unless compliance with such requirements shall be waived. The name of a candidate for the office of President-Elect must be filed with the Chief Executive Officer of this Association at least sixty (60) days prior to the meeting of the House of Delegates at which the election is to take place. Upon the filing of such candidate's name, the Chief Executive Officer shall prepare and transmit promptly this information to each member of the House of Delegates. Compliance with the filing and transmittal requirements may be waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at the opening session of such meeting. The Chief Executive Officer shall cause to be published in advance of such meeting of the House of Delegates biographical information on all candidates meeting the requirements of filing and transmittal.

**Section 4. Nomination and Election of Councilors at the House of Delegates.** Nominations for Councilors shall be made by the Committee on Nominations at the first session of the House of

Delegates. However, for geographic district or section councilor seats, only those candidates may be nominated whose names have been filed with the Committee on Nominations through the office of the Chief Executive Officer by the caucus of that district's Delegates prior to the opening of the House of Delegates. Compliance with the foregoing filing requirement may be waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at the opening session of such meeting.

**Section 5. Nomination of Officers and of Delegates and Alternate Delegates to the American Medical Association.** The report of the Committee on Nominations with respect to all offices, except that of President-Elect, and with respect to all Delegates and Alternate Delegates to the American Medical Association, except for the Alternate Delegates representing the Resident and Fellows Section and the Medical Student Section, shall be posted or distributed prior to the election. Nominations for the office of President-Elect may be made from the floor at the final session of the House of Delegates. Each nominating speech for any office shall be limited to three (3) minutes. Not more than one (1) speech shall be made in seconding a given nomination and such seconding speech shall be limited to one (1) minute.

**Section 6. Nominations from the Floor.** Nothing in this chapter shall be construed to prevent additional nominations from the floor by Delegates.

**Section 7. Election of Officers and of Delegates and Alternate Delegates to the American Medical Association.** If there is more than one (1) nominee for an office, the election of Officers of this Association and of Delegates and Alternate Delegates to the American Medical Association shall be by ballot. The Alternate Delegates from the Resident and Fellows Section and the Medical Student Section shall be selected in accordance with the Bylaws of their respective sections.

In the event there is only one (1) position to be filled, the nominee receiving the majority of all votes cast shall be declared elected. In case no nominee receives a majority on the first (1st) ballot, the two (2) nominees receiving the lowest number of votes shall be dropped and a new ballot taken; this procedure shall be continued until there are two (2) nominees remaining. The nominee receiving a majority of all votes cast shall be declared elected.

In the event there is more than one (1) position to be filled from among any number of nominees, a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon any ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes shall be declared elected. If upon any ballot some but not all of such positions are filled, a new ballot shall be taken from among all of the remaining nominees; except that the two (2) nominees receiving the lowest number of votes on the previous ballot shall be dropped on each new ballot until there are two (2) more nominees than positions available, after which the nominee receiving the lowest number of votes shall be dropped. On every ballot a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon such new ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes cast shall be declared elected. If upon any ballot no nominee receives the votes of a majority of those voting, the two (2) nominees receiving the lower number of votes shall be dropped and a new ballot will be taken; this procedure shall be continued until there are two (2) more nominees than positions available, after which the nominee receiving the lowest number of votes shall be dropped; and this procedure shall be continued until all positions have been filled. No ballot shall be counted if it contains fewer or more votes than the number of positions to be filled or if the ballot purports to cast more than one (1) vote for any nominee. (For example: if upon any ballot the number of positions to be filled is four (4), then each Delegate voting must vote for four (4) of the nominees for such positions.)

**Section 8. Removal from Office.** Any officer of this Association, or any Delegate to the American Medical Association, or any Alternate Delegate to the American Medical Association, may be removed from office, for cause, at any time.

Proceedings for the removal from office of an officer of this Association or any Delegate or Alternate Delegate to the American Medical Association shall be commenced by the filing with the Chief Executive Officer of this Association a written complaint signed by not less than sixty (60) Delegates to the House of Delegates of this Association from at least thirty (30) Component Societies. Such complaint shall name the person sought to be removed, shall state the cause for removal, and shall demand that a meeting of the House of Delegates be held for the purpose of conducting a hearing on the charges set forth in the complaint, and for the purpose of selecting an individual to fill the office which may be vacated by reason of the removal from office of the person sought to be removed.

Within ten (10) days after the filing of such complaint, the Chief Executive Officer shall serve upon the person named in the complaint a true and correct copy of it, together with a written notice specifying the time and place of hearing the charges set forth in the complaint. The Chief Executive Officer shall also mail a copy of the complaint and notice to each Delegate to the House of Delegates of this Association. Service upon the person named in the complaint of a copy of the complaint together with such written notice shall be made by delivering the same personally to the person or by sending the same by certified mail addressed to the person at his/her usual place of residence.

At the hearing upon such charges the person named in the complaint shall be afforded full opportunity to be heard in his/her own defense, to be represented by legal counsel or any other person of his/her own choosing, to cross-examine the witnesses who testify against him/her, and to examine witnesses and offer evidence in his/her own behalf. The House of Delegates shall convene for the purposes of hearing the charges in such complaint, and electing a successor if need be:

(a) on any date during the Annual Meeting of the House of Delegates, provided the date of such Annual Meeting is more than thirty (30) and less than sixty (60) days subsequent to the date of the service of such written notice upon the person sought to be removed; or

(b) at a special meeting called for the purpose of hearing the charges set forth in such complaint. Such special meeting shall be held on a date more than thirty (30) and less than sixty (60) days subsequent to the date of the service of the written notice upon such person sought to be removed.

A quorum for the purposes of this section shall consist of two-thirds (2/3) of the elected Delegates.

If two-thirds (2/3) of the Delegates of the House of Delegates present and voting by secret ballot vote affirmatively to remove such person from office, such person shall be declared removed from office.

A successor to an office in which a vacancy has been created as a result of the removal from office of any such officer, Delegate or Alternate Delegate shall be elected to serve the balance of the term of such office. All nominations for the office shall be made from the floor. The election of a successor officer, Delegate or Alternate Delegate shall be by a majority of the Delegates present and voting and shall be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association, and with respect to a successor Delegate or Alternate Delegate to the American Medical Association such election shall also be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association.

## **CHAPTER 6 DUTIES AND TERMS OF OFFICERS AND OF THE CHIEF EXECUTIVE OFFICER**

**Section 1. President.** The President shall act as Speaker of the House of Delegates and shall preside at all general sessions of this Association and sessions of the House of Delegates. The President shall appoint all committees and task forces for the selection of which other provision is not made, shall deliver an annual address at a session of the House of Delegates, shall be Chair of the Council and shall 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.

**Section 2. President-Elect.** The President-Elect shall act as Vice-Speaker of the House of Delegates and shall assist the President during meetings of the House of Delegates by performing such functions as the President shall designate while acting as Speaker of the House of Delegates. The President-Elect shall be a member of the Council and an ex-officio member of each standing committee, and of each other committee or task force appointed by the President. The President-Elect shall assume the duties of the President during the temporary absence or disability of the latter. If the office of President shall be declared vacant by Council and the Immediate Past President shall refuse or be unable to fill such vacancy, 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.

**Section 3. Immediate Past President.** The Immediate Past President shall be a member of the Council for a period of one (1) year immediately following the term of office as President, and during such period shall be an ex-officio member of each standing committee, and of each other committee or task force appointed by the President. If the office of President shall be declared vacant by Council, the Immediate Past President shall succeed to the presidency and complete the unexpired term of such office. The Immediate Past President is responsible for conducting the annual review of the Chief Executive Officer consistent with the policies and procedures of the Council Compensation Committee.

**Section 4. 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 an ex-officio member of the Auditing and Appropriations Committee.

**Section 5. Chief Executive Officer.** The Chief Executive Officer shall be appointed by the Council. The Chief Executive Officer shall be the ex-officio secretary of this Association, of its Council, and of all its committees. The Chief Executive Officer shall be the executive agent of this Association and shall transact its business under the direction of its Officers. The Chief Executive Officer shall collect, through

~~the secretaries of the Component Societies, dues for membership in this Association and dues for membership in the American Medical Association and shall remit to the Secretary-Treasurer of this Association all collected dues for membership in this Association and shall remit to the secretary of the American Medical Association all collected dues for membership in that Association.~~

The Chief Executive Officer shall be the managing editor and business manager of any publication or communications program of this Association. The Chief Executive Officer 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 and the House of Delegates. The Chief Executive Officer shall be the custodian of all books and papers belonging to this Association except those of the Secretary-Treasurer.

The Chief Executive Officer shall provide for the registration of the members at the Annual Meeting and shall provide for reporting the proceedings of the Annual Meeting. The Chief Executive Officer shall conduct the official correspondence, notifying members of meetings, Officers of their election, committees of their appointments and duties, and the Chief Executive Officer shall perform such other duties as may be assigned by the President or the Council. At the expense of this Association the Chief Executive Officer shall give bond in such amount as shall be required by the Council.

**Section 6. Terms of Officers.** The President shall serve one (1) year and shall be succeeded by the President-Elect. The term of office of the Secretary-Treasurer shall be for three (3) years. The term of office of Councilors shall be for two (2) years. Councilors of the odd-numbered districts shall be elected at annual meetings held in even-numbered years; and the Councilors of the even-numbered districts shall be elected in odd numbered years. All these Officers shall serve until their successors are elected and qualified.

For the purposes of this section, the period from one Annual Meeting until the next shall be regarded as one (1) year.

## CHAPTER 7

### *THE COUNCIL*

**Section 1. Powers and Duties of the Council.** The Board of Trustees (referred to herein as "the Council") shall be the executive body of this Association. Between meetings of the House of Delegates, the Council shall have and exercise all the powers and authority conferred on the House of Delegates by the Constitution and these Bylaws. In the exercise of the interim powers thus conferred upon it, the Council shall take no action contravening any general policy which shall have been adopted by the House of Delegates and which is then in effect.

The Council shall have direction of the investment and reinvestment of the funds of this Association.

The Council shall consider all questions involving the rights and standing of members, whether in relation to other members, to the Component Societies, or to this Association. All questions of an ethical nature brought before the House of Delegates involving the professional relations of individual physicians or groups of physicians shall be referred to the Council without discussion. The Council shall have full power and authority to refer to a committee or task force or hear and decide all questions of discipline affecting the conduct of the members of this Association or the conduct of a Component Society. Its decisions in all cases, including questions regarding the right of membership in this Association, shall be final.

The Council shall provide for and superintend the issuance of any publications of the Ohio State Medical Association. It shall have full power and authority to appoint a medical editor or publication board, or both, and make any other provisions for the publication of any publications which in its judgment are feasible including full discretionary power: (1) to promulgate rules and regulations governing any publications; (2) to enumerate and define the powers and duties of the medical editor or publication board, or both; and (3) to fix the terms and conditions of their appointment.

The Council shall have full power and authority to employ a Chief Executive Officer, who need not be a physician or member of this Association. The Chief Executive Officer may employ such other employees as are deemed necessary or advisable.

The Council shall provide such offices for the headquarters of this Association as may be required properly to conduct its business.

**Section 2. Council Meetings.** The Council shall hold meetings during the Annual Meeting of this Association and at such other times as necessary, subject to the call of the President or on the petition of three (3) Councilors filed with the Chief Executive Officer.

At least ten (10) days advance notice of meetings shall be published in print or shall be given by use of authorized communications equipment as defined below.

Councilors may attend and participate in all meetings of the Council, including participation by casting any vote that the Councilor is qualified to cast, in person or via the use of authorized communication equipment if use of such equipment is approved by the Council. Councilors participating in a meeting via authorized communications equipment shall be considered "present" at that meeting for all relevant purposes. Any

recorded transmission by authorized communications equipment shall be considered "written" or a "writing" for all relevant purposes stated in the Constitution and Bylaws. The Council shall establish procedures and guidelines for the use of authorized communications equipment for the conduct of Council meetings. As used in this section, "authorized communications equipment" shall have the same meaning as defined in Article V of the OSMA Constitution.

**Section 3. Publication of Proceedings.** The Council shall cause to be published a summary of its meetings and actions.

**Section 4. Individual Duties of Councilors.** Councilor duties shall be outlined in a councilor handbook and updated annually.

The duties of the Councilor from the Organized Medical Staff Section shall be set forth in the Bylaws of said section. The duties of the Councilor from the Medical Student Section shall be set forth in the Bylaws of said section. The duties of the Councilor from the Resident and Fellows Section shall be set forth in the Bylaws of said section which shall be approved by the Council.

**Section 5. Auditing and Appropriations Committee.** An Auditing and Appropriations Committee consisting of three (3) members of the Council shall be appointed by the President, with the consent of the Council, to serve for one (1) year. This Committee shall prescribe the method of accounting and shall audit any and all accounts of this Association. It 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 published and distributed to the Delegates and Alternate Delegates at ~~least ninety (90) days prior to the~~ Annual Meeting. Any surplus or balance of funds for a given year shall revert to the general fund. The President, the President-Elect, the Immediate Past President and the Secretary-Treasurer shall be ex-officio members of such Committee with full voting rights.

**Section 6. Salaries and Expenses of Officers and the Budget.** The stipends of Officers and the budget of this Association shall be fixed by the Council. The Auditing and Appropriations Committee may allow the payment of necessary traveling and other expenses incurred by Officers and Councilors in the discharge of their duties to this Association.

**Section 7. Vacancies.** Except as otherwise provided by Chapter 6 hereof, the Council shall fill by appointment any vacancy in office occurring in the interval between the Annual Meetings of the House of Delegates. Any such appointee shall serve until the next Annual Meeting of the House of Delegates at which time the office shall be filled in the manner provided for in the Constitution and in these Bylaws.

**By official action, the House adopted Amended Resolution 01-2018**

## **Resolution 02-2018 Young Physicians**

**RESOLVED**, That the OSMA Constitution and Bylaws be revised to create a Young Physician Section and to create a Young Physician seat on the OSMA Council as follows:

# **Ohio State Medical Association Constitution and Bylaws**

## **CONSTITUTION**

### **ARTICLE IV HOUSE OF DELEGATES**

The House of Delegates shall be the legislative body of this Association and shall consist of: (1) Delegates elected by the Active Members of the OSMA; (2) Officers of this Association enumerated in Article V; (3) Delegates and Alternate Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of this Association each of whom shall be an ex-officio member without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer of this Association; and (4) such representatives of other medical groups as may be determined by the House of Delegates, including the following:

The Medical Student Section shall have seven (7) representatives to the House of Delegates, said Delegates to be selected in accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical Student Section have been approved by Council. For purposes of representation in the House of Delegates, Student Members shall not be counted at the individual district level but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

The Organized Medical Staff Section shall have one (1) representative to the House of Delegates, said Delegate to be selected in accordance with Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical Staff Section have been approved by Council.

The Resident and Fellows Section shall have five (5) representatives to the House of Delegates who must be Members in Training of this Association, said representatives to be selected in accordance with the Resident and Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been approved by Council. for purposes of representation in the House of Delegates, Members in Training shall not be counted at the individual district level but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Members in Training elect their own delegates.

The Young Physician Section shall have five (5) representatives to the House of Delegates who must be physicians in active practice and under the age of forty or in the first eight years of practice after residency and fellowship training. The Young Physician Section delegates shall be selected in accordance with the Young Physician Section bylaws; provided that the bylaws of the Young Physician Section have been approved by Council.

The primary medical specialties and subspecialties listed by the American Board of Medical Specialties are eligible to have a Delegate and Alternate Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

The medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

## **ARTICLE VII THE COUNCIL**

The Board of Trustees (referred to herein as "the Council") shall consist of one (1) Councilor from each geographical Councilor district, six (6) Councilors elected at large by the House of Delegates, one (1) member from the Organized Medical Staff Section, one (1) member from the Young Physician Section, one (1) member from the Resident and Fellows Section, one (1) Student Member from the Medical Student Section and the other elected Officers of this Association. The Council shall be the executive body of this Association and shall have the complete custody and control of all funds and property of this Association and shall have and exercise full power and authority of the House of Delegates between meetings of the House of Delegates.

## **BYLAWS CHAPTER 4 THE HOUSE OF DELEGATES**

**Section 1. Meetings of the House of Delegates.** The House of Delegates shall meet annually at the time and place of the Annual Meeting of this Association. All sessions of the House of Delegates are open to all members in good standing of this Association.

**Section 2. Ratio of Representation.** Each Component Society shall be entitled to one (1) Delegate in the House of Delegates for each one hundred (100) Direct Members residing in the Component County, Active Members, ~~Members In Training~~ and Retired Members in good standing in this Association as of December 31st of the preceding year; provided, however, that each Component Society shall be entitled to at least one (1) Delegate and one (1) Alternate Delegate. If the total number of Direct Members, Active Members, ~~Members in Training~~ and Retired Members in good standing in the Component Society is not evenly divisible by one hundred (100), that Component Society shall be entitled to one (1) additional Delegate in the House of Delegates. The names of such Delegates and Alternate Delegates shall be submitted to the headquarters of this Association at least sixty (60) days prior to the first day of the meeting of the House of Delegates.

Members In training and Students are represented through separately seated sections of the House of Delegates and shall not be included in the member count/ratio of representation of component societies for purposes of determining component society representation in the House of Delegates.

In case a Delegate or Alternate Delegate of a Component Society is unable to serve, the president

or secretary of such Component Society may at any time certify to the Chair of the Committee on Credentials the name of a Voting Member in good standing to serve in the place of such absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate.

**Section 3. Representation of Medical Specialties.** All primary medical specialties listed by the American Board of Medical Specialties are eligible for representation in the House of Delegates. All medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members, are eligible for representation in the House of Delegates. An OSMA member may be represented by only one subspecialty organization in the OSMA House of Delegates.

A medical specialty or subspecialty society seeking representation shall apply to the Council. The Council shall consider applications and then recommend to the House of Delegates whether the specialty society qualifies for representation.

Each medical specialty and subspecialty society approved by the OSMA House of Delegates shall have one (1) Delegate and one (1) Alternate Delegate who must be Voting Members of this Association. Each specialty society will certify to this Association at least sixty (60) days prior to the Annual Meeting both the names of its Delegate and Alternate, and its membership certification as required above. In case a Delegate or Alternate Delegate is unable to serve, the President of the recognized medical specialty society may at any time certify to the Chair of the Committee on Credentials the name of a Voting Member of this Association to serve in place of the absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. A Medical Specialty or subspecialty Society Delegate shall have all rights, privileges and duties as other Delegates. The Delegate will be seated in the House of Delegates with the Councilor District in which that Delegate's Component Society is represented.

**Section 4. Resident and Fellows Section.** The Resident and Fellows Section shall have five (5) Delegates and two (2) Alternate Delegates who must be Members in Training of this Association. The Resident and Fellows Section Delegates shall have all the rights, privileges, and duties of other Delegates. The Resident and Fellows Section Delegates will be seated in the House of Delegates as a separate section which shall be seated as an additional district.

**Section 5. Representative of Organized Medical Staff Section.** The Organized Medical Staff Section shall have one (1) Delegate and one (1) Alternate Delegate who must be Voting Members of this Association. In case a Delegate or Alternate Delegate is unable to serve, the Chair of the Section may at any time certify to the Chair of the Committee on Credentials the name of a Voting Member of this Association to serve in place of the absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. The Organized Medical Staff Section Delegate shall have all rights, privileges and duties of other Delegates. The Delegate will be seated in the House of Delegates with the Councilor District in which that Delegate's Component Society is represented.

**Section 6. Medical Student Section.** The Medical Student Section shall have one (1) Delegate and one (1) Alternate Delegate selected from each of the six (6) medical colleges and the one (1) osteopathic medical college in the State of Ohio pursuant to the Medical Student Section Bylaws. The Medical Student Section Delegates shall have all the rights, privileges and duties of other Delegates. The seven (7) Delegates will be seated in the House of Delegates as a separate section which shall be seated as an additional district.

**SECTION 7. YOUNG PHYSICIAN SECTION.** The Young Physician Section shall have five (5) delegates and two (2) alternate delegates who must be physicians in active practice and under the age of forty or in the first eight years of practice after residency and fellowship training. The Young Physician Section delegates shall have all the rights, privileges, and duties of other delegates. The Young Physician Section delegates will be seated in the House of Delegates as a separate section.

**Section 7 8. Quorum.** A majority of Delegates and Officers of this Association, entitled to be registered, shall constitute a quorum.

**Section 8 9. Committees of the House of Delegates.** For the purpose of expediting proceedings the President shall appoint from the roster of Delegates the following committees: Committees on Resolutions, to which shall be referred all resolutions (except those of an ethical nature involving the

professional relations of individual physicians or groups of physicians); Committee on Credentials; and other committees considered necessary by the President. The President shall appoint a Committee on Tellers and Judges of Election from those members present at the Annual Meeting.

**Section 9 10. Delegates to the American Medical Association.** The House of Delegates shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body, except for one (1) Alternate Delegate from the Resident and Fellows Section and one (1) Alternate Delegate from the Medical Student Section. The resident and student Alternate Delegates shall be selected by their respective Sections in accordance with the Constitution and Bylaws of their Section.

**Section 40 11. Councilor Districts.** The House of Delegates shall establish Councilor Districts. The districts shall comprise one (1) or more contiguous counties. A district society may be organized in any of the Councilor Districts to meet at such time or times as such society may fix. The OSMA shall allocate funding for one physical meeting of a council district in preparation for the OSMA annual meeting, if requested by the district councilor.

**Section 44 12. Special Committees.** Any Member of this Association may be appointed to serve on any committee created for a special purpose. All members of committees who are not members of the House of Delegates shall have the right to present their reports to the House in person and to participate in the debate thereon, but shall not have the right to vote.

**Section 42 13. Resolutions.** Except as otherwise provided, every resolution to be presented to the House of Delegates for action shall be filed with the Executive Director of this Association at least sixty (60) days prior to the first (1st) day of the meeting at which action on such resolution is proposed to be taken; and promptly upon the filing of any such resolution the Executive Director shall prepare and transmit a copy thereof to each member of the House of Delegates. Each resolution which, if adopted, would require expenditure of funds by this Association, shall have attached a statement of the amount of the estimated annual expenditure. The Executive Director shall cause to be published in advance of such meeting of the House of Delegates such resolutions as the President or the Council may designate.

No resolution may be presented or introduced at any meeting of the House of Delegates, unless the foregoing requirements for filing and transmittal shall have been complied with, or unless such compliance shall have been waived under Section 12, or by a Special Committee on Emergency Resolutions named to decide whether late submission was justified. Late submission is only justified when events giving rise to the resolution occur after the filing deadline for resolutions. This special committee shall consist of the chairs of the several resolution committees. If a majority of the members of the Special Committee on Emergency Resolutions vote favorably for waiving the filing and transmittal requirement, then such resolution shall be presented to the House of Delegates at its opening session. All resolutions presented subsequent to the sixty (60) day filing date prior to the opening session of the House of Delegates shall be submitted by their sponsors to the committee no less than twelve (12) hours prior to the opening session of the House of Delegates. If the committee votes unfavorably, the House may override the committee's recommendation by an affirmative vote of four-fifths (4/5) of the Delegates voting.

No consideration may be given, or any action taken, by the Committee on Resolutions or by the House of Delegates, with respect to any resolution unless such resolution is presented or introduced at the opening session of the meeting of the House of Delegates. However, a resolution dealing with an event or development occurring too late to permit the introduction of any such resolution at the opening session may be introduced at a later session with the consent of at least four-fifths (4/5) of the Delegates present. Upon its introduction, such resolution shall be referred to the Committee on Resolutions for consideration and report. The Committee on Resolutions shall have the right to amend any such resolution presented or introduced, or to draft a composite or substitute resolution embracing the same subject matter as the resolution or resolutions introduced, and to submit such amended, composite or substitute resolution for adoption by the House of Delegates. The House of Delegates shall have the right to adopt any such amended, composite or substitute resolution.

Any resolution adopted by the House of Delegates four (4) or more years prior to each Annual Meeting will be reviewed by the Council for purposes of recommending whether to retain each policy. The House of Delegates will be notified of those resolutions subject to review prior to the Annual Meeting at which they will be considered. Any resolution not retained by House action on the report submitted by the Council becomes null, void and of no effect.

**Section 43–14. Organized Medical Staff Section Resolutions.** A maximum of five (5)

resolutions, directly related to issues of concern to physicians on hospital medical staffs and matters of immediate importance, adopted by and presented from the business meeting of the Organized Medical Staff Section representative assembly, as provided in their Bylaws, may be presented for consideration by the House of Delegates at any time before the opening of the House of Delegates. All other resolutions adopted by and presented from the business meeting of the Representative Assembly of the Organized Medical Staff Section shall be submitted in report form to the House of Delegates at the Annual Meeting of the House of Delegates for the purpose of filing.

**Section 44 15. Order of Business.** The order of business of the House of Delegates shall be according to the then current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure.

The order of business may be modified for any session by the presiding officer with consent of the House of Delegates.

## **CHAPTER 5 NOMINATION AND ELECTION OF OFFICERS**

**Section 1. Committee on Nominations.** Except for selections made in 2014 as stated in the next paragraph below, the Committee on Nominations shall consist of eight members including the OSMA President, the OSMA President-elect and six additional members appointed by the OSMA President and approved by the Council. The President shall appoint the chair of the Committee. The President and President-elect serve on the Committee on Nominations during his or her term of office. Other committee members shall serve not more than one, three-year term with two new members rotating on each year.

In 2014, the initial transition year to a newly structured Committee on Nominations, the OSMA President will appoint two members to the committee to serve one, three year term. The House of Delegates will elect four members, two to serve one, two year term and two to serve one, one year term. In 2015, the OSMA President will appoint two members to serve one, three year term. For all subsequent years, the OSMA President will appoint two individuals each year to serve one, three year term.

The Committee on Nominations shall report to the House of Delegates a ticket containing the name of one (1) or more members for each of the offices to be filled at that Annual Meeting, except that of President-Elect. Each nominee must have a majority vote of the Committee in order to be placed on the ticket for presentation to the House of Delegates except that the Committee shall accept the nominees named by the geographic councilor districts, the Organized Medical Staff Section, the Resident and Fellows Section, the Medical Student Section, and the Young Physician Section, except that in 2019 the Committee On Nominations shall name the initial young physician nominee for a seat on the OSMA Council, and the Committee shall not alter or add to these district or section nominations. Each nominee for Councilor from a geographic district must be a resident of the Councilor District for which that nominee for Councilor is nominated. Six council seats, officers and Delegates and Alternate Delegates to the American Medical Association shall be elected at large. Each year the Committee on Nominations shall recommend nominees for three at large seats. The Committee on Nominations may recommend more than three candidates for the at large seats to be filled; however, not more than two at large delegates can reside or practice in the same Councilor geographic district. In the event that the House of Delegates nominates an at large candidate from the floor creating a situation where there are three at large candidates from the same geographic district and all three are among the top vote getters, the top two vote getters who are in the same geographic district will be elected, the lowest vote getter will be dropped and the candidate who is not from the same geographic district and who has the next highest number of votes will be elected.

All nominees shall meet qualifications set forth in the OSMA bylaws. Additionally, the Committee on Nominations shall determine candidate selection criteria for at large council positions 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, House of Delegates 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 Committee on Nominations makes the final determination about the selection criteria it will use in any given year and shall inform the House of Delegates of the selection criteria used. The Committee on Nominations shall also determine how best to solicit the candidates it will recommend to the House of Delegates.

**Section 2. Eligibility for Reelection of Officers, Delegates and Alternate Delegates to the American Medical Association.** 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 three (3) 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.

**Section 3. Nomination of President-Elect.** Nominations for the office of President-Elect shall be made from the floor of the House of Delegates; provided, however, that only those candidates may be nominated whose names have been filed with the Executive Director as herein provided, unless compliance with such requirements shall be waived. The name of a candidate for the office of President-Elect must be filed with the Executive Director of this Association at least sixty (60) days prior to the meeting of the House of Delegates at which the election is to take place. Upon the filing of such candidate's name, the Executive Director shall prepare and transmit promptly this information to each member of the House of Delegates. Compliance with the filing and transmittal requirements may be waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at the opening session of such meeting. The Executive Director shall cause to be published in advance of such meeting of the House of Delegates biographical information on all candidates meeting the requirements of filing and transmittal.

**Section 4. Nomination and Election of Councilors at the House of Delegates.** Nominations for Councilors shall be made by the Committee on Nominations at the first session of the House of Delegates. However, for geographic district or section councilor seats, only those candidates may be nominated whose names have been filed with the Committee on Nominations through the office of the Executive Director by the caucus of that district's Delegates prior to the opening of the House of Delegates. Compliance with the foregoing filing requirement may be waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at the opening session of such meeting.

**Section 5. Nomination of Officers and of Delegates and Alternate Delegates to the American Medical Association.** The report of the Committee on Nominations with respect to all offices, except that of President-Elect, and with respect to all Delegates and Alternate Delegates to the American Medical Association, except for the Alternate Delegates representing the Resident and Fellows Section and the Medical Student Section, shall be posted or distributed prior to the election. Nominations for the office of President-Elect may be made from the floor at the final session of the House of Delegates. Each nominating speech for any office shall be limited to three (3) minutes. Not more than one (1) speech shall be made in seconding a given nomination and such seconding speech shall be limited to one (1) minute.

**Section 6. Nominations from the Floor.** Nothing in this chapter shall be construed to prevent additional nominations from the floor by Delegates.

**Section 7. Election of Officers and of Delegates and Alternate Delegates to the American Medical Association.** If there is more than one (1) nominee for an office, the election of Officers of this Association and of Delegates and Alternate Delegates to the American Medical Association shall be by ballot. The Alternate Delegates from the Resident and Fellows Section and the Medical Student Section shall be selected in accordance with the Bylaws of their respective sections.

In the event there is only one (1) position to be filled, the nominee receiving the majority of all votes cast shall be declared elected. In case no nominee receives a majority on the first (1st) ballot, the two (2) nominees receiving the lowest number of votes shall be dropped and a new ballot taken; this procedure shall be continued until there are two (2) nominees remaining. The nominee receiving a majority of all votes cast shall be declared elected.

In the event there is more than one (1) position to be filled from among any number of nominees, a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon any ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes shall be declared elected. If upon any ballot some but not all of such positions are filled, a new ballot shall be taken from among all of the remaining nominees; except that the two (2) nominees receiving the lowest number of votes on the previous ballot shall be dropped on each new ballot until there are two (2) more nominees than positions available, after which the nominee receiving the lowest number of votes shall be dropped. On every ballot a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon such new ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes cast shall be declared elected. If upon any ballot no nominee

receives the votes of a majority of those voting, the two (2) nominees receiving the lower number of votes shall be dropped and a new ballot will be taken; this procedure shall be continued until there are two (2) more nominees than positions available, after which the nominee receiving the lowest number of votes shall be dropped; and this procedure shall be continued until all positions have been filled. No ballot shall be counted if it contains fewer or more votes than the number of positions to be filled or if the ballot purports to cast more than one (1) vote for any nominee. (For example: if upon any ballot the number of positions to be filled is four (4), then each Delegate voting must vote for four (4) of the nominees for such positions.)

**Section 8. Removal from Office.** Any officer of this Association, or any Delegate to the American Medical Association, or any Alternate Delegate to the American Medical Association, may be removed from office, for cause, at any time.

Proceedings for the removal from office of an officer of this Association or any Delegate or Alternate Delegate to the American Medical Association shall be commenced by the filing with the Executive Director of this Association a written complaint signed by not less than sixty (60) Delegates to the House of Delegates of this Association from at least thirty (30) Component Societies. Such complaint shall name the person sought to be removed, shall state the cause for removal, and shall demand that a meeting of the House of Delegates be held for the purpose of conducting a hearing on the charges set forth in the complaint, and for the purpose of selecting an individual to fill the office which may be vacated by reason of the removal from office of the person sought to be removed.

Within ten (10) days after the filing of such complaint, the Executive Director shall serve upon the person named in the complaint a true and correct copy of it, together with a written notice specifying the time and place of hearing the charges set forth in the complaint. The Executive Director shall also mail a copy of the complaint and notice to each Delegate to the House of Delegates of this Association. Service upon the person named in the complaint of a copy of the complaint together with such written notice shall be made by delivering the same personally to the person or by sending the same by certified mail addressed to the person at his/her usual place of residence.

At the hearing upon such charges the person named in the complaint shall be afforded full opportunity to be heard in his/her own defense, to be represented by legal counsel or any other person of his/her own choosing, to cross-examine the witnesses who testify against him/her, and to examine witnesses and offer evidence in his/her own behalf. The House of Delegates shall convene for the purposes of hearing the charges in such complaint, and electing a successor if need be:

(a) on any date during the Annual Meeting of the House of Delegates, provided the date of such Annual Meeting is more than thirty (30) and less than sixty (60) days subsequent to the date of the service of such written notice upon the person sought to be removed; or

(b) at a special meeting called for the purpose of hearing the charges set forth in such complaint. Such special meeting shall be held on a date more than thirty (30) and less than sixty (60) days subsequent to the date of the service of the written notice upon such person sought to be removed.

A quorum for the purposes of this section shall consist of two-thirds (2/3) of the elected Delegates.

If two-thirds (2/3) of the Delegates of the House of Delegates present and voting by secret ballot vote affirmatively to remove such person from office, such person shall be declared removed from office.

A successor to an office in which a vacancy has been created as a result of the removal from office of any such officer, Delegate or Alternate Delegate shall be elected to serve the balance of the term of such office. All nominations for the office shall be made from the floor. The election of a successor officer, Delegate or Alternate Delegate shall be by a majority of the Delegates present and voting and shall be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association, and with respect to a successor Delegate or Alternate Delegate to the American Medical Association such election shall also be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association.

## **CHAPTER 7 THE COUNCIL**

**Section 1. Powers and Duties of the Council.** The Board of Trustees (referred to herein as "the Council") shall be the executive body of this Association. Between meetings of the House of Delegates, the Council shall have and exercise all the powers and authority conferred on the House of Delegates by the Constitution and these Bylaws. In the exercise of the interim powers thus conferred upon it, the Council shall take no action contravening any general policy which shall have been adopted by the House of

Delegates and which is then in effect.

The Council shall have direction of the investment and reinvestment of the funds of this Association.

The Council shall consider all questions involving the rights and standing of members, whether in relation to other members, to the Component Societies, or to this Association. All questions of an ethical nature brought before the House of Delegates involving the professional relations of individual physicians or groups of physicians shall be referred to the Council without discussion. The Council shall have full power and authority to refer to a committee or task force or hear and decide all questions of discipline affecting the conduct of the members of this Association or the conduct of a Component Society. Its decisions in all cases, including questions regarding the right of membership in this Association, shall be final.

The Council shall provide for and superintend the issuance of any publications of the Ohio State Medical Association. It shall have full power and authority to appoint a medical editor or publication board, or both, and make any other provisions for the publication of any publications which in its judgment are feasible including full discretionary power: (1) to promulgate rules and regulations governing any publications; (2) to enumerate and define the powers and duties of the medical editor or publication board, or both; and (3) to fix the terms and conditions of their appointment.

The Council shall have full power and authority to employ an Executive Director, who need not be a physician or member of this Association. The Executive Director may employ such other employees as are deemed necessary or advisable.

The Council shall provide such offices for the headquarters of this Association as may be required properly to conduct its business.

**Section 2. Council Meetings.** The Council shall hold meetings during the Annual Meeting of this Association and at such other times as necessary, subject to the call of the President or on the petition of three (3) Councilors filed with the Executive Director. All regularly scheduled Council meetings shall be conducted with each Councilor physically present except for extenuating circumstances. This does not preclude any special Council meeting being conducted either with Councilors present or by electronic means.

At least ten (10) days advance notice of meetings shall be published in print or shall be given by use of authorized communications equipment as defined below.

Councilors may attend and participate in all meetings of the Council, including participation by casting any vote that the Councilor is qualified to cast, in person or via the use of authorized communication equipment if use of such equipment is approved by the Council. Councilors participating in a meeting via authorized communications equipment shall be considered "present" at that meeting for all relevant purposes. Any recorded transmission by authorized communications equipment shall be considered "written" or a "writing" for all relevant purposes stated in the Constitution and Bylaws. The Council shall establish procedures and guidelines for the use of authorized communications equipment for the conduct of Council meetings.

As used in this section, "authorized communications equipment" shall have the same meaning as defined in Article V of the OSMA Constitution.

**Section 3. Publication of Proceedings.** The Council shall cause to be published a summary of its meetings and actions.

**Section 4. Individual Duties of Councilors.** Each Councilor shall visit each county in that Councilor's district at least once each year for the purposes of inquiring into the condition of the profession and of each Component Society in that district and of keeping in touch with the activities of each of such societies.

The duties of the Councilor from the Organized Medical Staff Section shall be set forth in the Bylaws of said section. The duties of the Councilor from the Medical Student Section shall be set forth in the Bylaws of said section. The duties of the Councilor from the Resident and Fellows Section shall be set forth in the Bylaws of said section which shall be approved by the Council. The duties of the Councilor from the Young Physician Section shall be set forth in the bylaws of said section which shall be approved by the Council.

**Section 5. Auditing and Appropriations Committee.** An Auditing and Appropriations Committee

consisting of three (3) members of the Council shall be appointed by the President, with the consent of the Council, to serve for one (1) year. This Committee shall prescribe the method of accounting and shall audit any and all accounts of this Association. It 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 published and distributed to the Delegates and Alternate Delegates at least ninety (90) days prior to the Annual Meeting. Any surplus or balance of funds for a given year shall revert to the general fund. The President, the President-Elect, the Immediate Past President and the Secretary-Treasurer shall be ex-officio members of such Committee with full voting rights.

**Section 6. Salaries and Expenses of Officers and the Budget.** The stipends of Officers and the budget of this Association shall be fixed by the Council. The Auditing and Appropriations Committee may allow the payment of necessary traveling and other expenses incurred by Officers and Councilors in the discharge of their duties to this Association.

**Section 7. Vacancies.** Except as otherwise provided by Chapter 6 hereof, the Council shall fill by appointment any vacancy in office occurring in the interval between the Annual Meetings of the House of Delegates. Any such appointee shall serve until the next Annual Meeting of the House of Delegates at which time the office shall be filled in the manner provided for in the Constitution and in these Bylaws.

**By official action, the House adopted Amended Resolution 02-2018**

#### **Resolution 03-2018**

#### **Pursuit of a Strategic Partnership with the Ohio Public Health Association and Update to OSMA Mission and Values Statements**

**RESOLVED**, That the Ohio State Medical Association create a formal partnership, establishing an open line of communication, with the Ohio Public Health Association for medical students and physicians; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association support policies and initiatives that may, based on reasonable evidence, produce population health improvements as well as incentivize healthcare providers, hospitals, clinics, and other healthcare facilities to engage in health promotion; and, ~~be it further~~ **further**

**By official action, the House adopted Resolveds one and two of Resolution 03-2018**

**RESOLVED**, That the Ohio State Medical Association add an additional bullet to its Values Statement to read as follows: "The health and well-being of the State of Ohio, its communities, and citizens"; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association update its Mission Statement to read as follows: "The Ohio State Medical Association (OSMA) is dedicated to empowering physicians, residents and medical students to advocate on behalf of their patients, communities, and profession."

**By official action, the House referred Resolveds three and four of Resolution 03-2018**

#### **Resolution 04-2018**

#### **Policy Finder and Bylaws**

**RESOLVED**, That the Ohio State Medical Association (OSMA) maintain an up-to-date OSMA policy database, preferably in a searchable format, readily available on its website at all times; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association maintain a readily accessible copy of our current Constitution and Bylaws available on its website at all times.

**By official action, the House adopted Resolution 04-2018**

#### **Resolution 05 – AMEND 2018 Hospital Closures**

**RESOLVED**, That the Ohio State Medical Association develop guidelines which would be followed in the

event of a hospital closing within the state to include, but not be limited to:

1. Working with the local county medical society to hold "town hall" meetings for the affected physicians
2. Act as a clearinghouse for displaced physicians/residents in order to help identify alternative practice/educational options and to help expedite transition to these new opportunities
3. Coordinate with hospital officials in the area to ensure a seamless transition of care for patients
4. Help to ensure that access to medical records for patients is appropriately maintained
5. Work with state and local officials to ensure that access to care is not compromised for patients in a given region; **and, be it further**

**RESOLVED**, That the OSMA work with the Ohio Hospital Association to develop a protocol in the event of an impending closure of a hospital within the state, which would 1) call for appropriate notifications to the medical staff and community in a timely and professional deliberate manner, and 2) ensure that the method to achieve affordable access to patient medical records is communicated to all concerned parties; **and, be it further**

**RESOLVED**, That the Ohio State Medical Association will work with the Ohio Hospital Association to develop a template letter regarding the medical staff membership status of affected physicians and/or residents at the time of hospital closure, thereby having easily accessible documentation certifying that their departure from the medical staff was not by voluntary activity or due to sanctions.

**RESOLVED**, THAT THE OHIO STATE MEDICAL ASSOCIATION WILL WORK WITH THE AMERICAN MEDICAL ASSOCIATION AND ITS ORGANIZED MEDICAL STAFF SECTION TO DEVELOP A REPOSITORY OF INFORMATION REGARDING THE MEDICAL STAFF MEMBERSHIP STATUS OF AFFECTED PHYSICIANS AND/OR RESIDENTS AT THE TIME OF HOSPITAL CLOSURE, THEREBY HAVING EASILY ACCESSIBLE DOCUMENTATION CERTIFYING THAT THEIR DEPARTURE FROM THE MEDICAL STAFF WAS NOT BY VOLUNTARY ACTIVITY OR DUE TO SANCTIONS.

**By official action, the House adopted Amended Resolution 05-2018**

#### **Resolution 06-2018**

##### **Access to Medical Records**

**RESOLVED**, That a patient's medical records should be accessible to patients and their physicians after hospital closures; **and, be it further**

**RESOLVED**, That a patient's medical records should be accessible to patients and their new physicians when a physician's office closes for whatever reason, including retirement, loss of employment or leaving the community IN COMPLIANCE WITH EXISTING OHIO STATUTES AND MEDICAL BOARD POLICY.

**By official action, the House adopted Amended Resolution 06-2018**

#### **Resolution 07-2018 – AMEND**

##### **United States Medical Licensing Examination Step 2 Clinical Skills Examination**

**RESOLVED**, That the OSMA supports the following AMA policy regarding clinical skills assessment during medical school:

AMA Policy D-295.988

1. Our AMA will encourage its representatives to the liaison committee on medical education (LCME) to ask the LCME to determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills.
2. Our AMA will work with the Federation Of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) step 2 clinical skills (CS) examination and

the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) level 2-performance examination (PE) with a requirement to pass a Liaison Committee on Medical Education-Accredited or Commission on Osteopathic College Accreditation-Accredited Medical School-Administered, clinical skills examination.

3. Our AMA will work to: (a) ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards And National Board of Medical Examiners; (b) encourage a significant and expeditious increase in the number of available testing sites; (c) allow international students and graduates to take the same examination at any available testing site; (d) engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization; and (e) include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.

4. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills.

5. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed.

6. Our AMA encourages development of a post-examination feedback system for all USMLE test-takers that would: (a) identify areas of satisfactory or better performance; (b) identify areas of suboptimal performance; and (c) give students who fail the exam insight into the areas of unsatisfactory performance on the examination.

7. Our AMA, through the Council On Medical Education, will continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary.

**By official action, the House adopted Amended Resolution 07-2018**

**Resolution 08-2018  
Equality for COMLEX and USMLE**

**RESOLVED**, That the Ohio State Medical Association promote acceptance of the United States Medical Licensing Examination (USMLE) and Comprehensive Osteopathic Medical Licensing Examination (COMLEX) as equivalent by all Ohio residency programs.

**By official action, the House adopted Amended Resolution 08-2018**

**Resolution 09-2018  
Mentorship**

**RESOLVED**, That the Ohio State Medical Association will work to establish a physician-trainee mentorship program that provides value for all involved parties.

**By official action, the House adopted Amended Resolution 09-2018**

**Resolution 10-2018 – AMEND  
Terminal Distributor License**

**RESOLVED**, That physician practices are and must remain under the authority of the State Medical Board of Ohio and never under the Ohio Board of Pharmacy; and, **be it further**

**RESOLVED**, That the OSMA is opposed to the requirement in the Ohio Revised Code requiring physicians to obtain the Category II License for the Terminal Distributor of Dangerous and will actively lobby for its elimination.

**By official action, the House adopted Amended Resolution 10-2018**

**Resolution 11-2018  
On-Line Controlled Drugs**

**RESOLVED**, That the Ohio State Medical Association encourage the American Medical Association to work to change the laws to help the Drug Enforcement Administration and the Food and Drug Administration to better regulate and control the online sales and distribution of controlled substances that lack a valid prescription.

**By official action, the House adopted Amended Resolution 11-2018**

**Resolution 12-2018  
Dietary Supplements**

**RESOLVED**, That the Ohio State Medical Association educate our patients as to the risks and danger of taking non-prescribed dietary supplements; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association supports existing AMA policy regarding dietary supplements and herbal remedies as follows:

Dietary Supplements And Herbal Remedies H-150.954

1. Our AMA will work with the FDA to educate physicians and the public about FDA's Medwatch program and to strongly encourage physicians and the public to report potential adverse events associated with dietary supplements and herbal remedies to help support FDA's efforts to create a database of adverse event information on these forms of alternative/complementary therapies.
2. Our AMA continues to urge congress to modify the dietary supplement health and education act to require that
  - (a) dietary supplements and herbal remedies including the products already in the marketplace undergo FDA approval for evidence of safety and efficacy; (b) meet standards established by the United States Pharmacopeia for identity, strength, quality, purity, packaging, and labeling; (c) meet FDA post-marketing requirements to report adverse events, including drug interactions; and (d) pursue the development and enactment of legislation that declares metabolites and precursors of Anabolic steroids to be drug substances that may not be used in a dietary supplement.
3. Our AMA work with the Federal Trade Commission (FTC) to support enforcement efforts based on the FTC act and current FTC policy on expert endorsements.
4. Our AMA supports that the product labeling of dietary supplements and herbal remedies: (a) that bear structure/function claims contain the following disclaimer as a minimum requirement: "this Product has not been evaluated by the Food And Drug Administration and is not intended to diagnose, mitigate, treat, cure, or prevent disease." this product may have significant adverse side effects and/or Interactions with medications and other dietary supplements; therefore it is important that you inform your doctor that you are using this product; (b) should not contain prohibited disease claims.
5. Our AMA supports the FDA's regulation and enforcement of labeling violations and FTC's regulation and enforcement of advertisement violations of prohibited disease claims made on dietary supplements and herbal remedies.
6. Our AMA urges that in order to protect the public, manufacturers be required to investigate and obtain data under conditions of normal use on adverse effects, contraindications, and possible drug interactions, and that such information be included on the label.
7. Our AMA will continue its efforts to educate patients and physicians about the possible ramifications associated with the use of dietary supplements and herbal remedies.

**By official action, the House adopted Amended Resolution 12-2018**

## **REPORT OF RESOLUTIONS COMMITTEE 2**

Presented by Alisha Reiss, MD, Chair, 2nd District

### **Resolution 13-2018**

#### **Support of Competitive, Transparent Pricing Models by Pharmacy Benefit Managers**

**RESOLVED**, That the Ohio State Medical Association supports competitive, transparent drug pricing by Pharmacy Benefit Managers.

**By official action, the House adopted Resolution 13-2018**

### **Resolution 14-2018**

#### **Protection of the Patient-Physician Relationship in Controversial Legislation**

**RESOLVED**, That the Ohio State Medical Association actively oppose any legislation or rule that would negatively impact the sanctity of the physician/patient relationship.

**By official action, the House adopted Amended Resolution 14-2018**

### **Resolution 15-2018**

#### **Arbitrary Paperwork and Signature Deadlines for Hospital and Rehabilitation Unit Admission**

**RESOLVED**, That the Ohio State Medical Association work to decrease the paperwork burden including arbitrary signature requirements that do not change the medical necessity of an admission; **and, be it further**

**RESOLVED**, That the Ohio State Medical Association work with our Ohio Congressional Delegation and our American Medical Association to change admission order signature timeframe regulations at the Centers for Medicare and Medicaid Services to be consistent with timeframe regulations for other verbal and telephone orders.

**By official action, the House adopted Amended Resolution 15-2018**

### **Resolution 16-2018**

#### **E-Card**

**RESOLVED**, That the Ohio State Medical Association encourage the establishment of an electronic health insurance verification ~~card~~ system in the State of Ohio.

**By official action, the House adopted Amended Resolution 16-2018**

### **Resolution 17-2018**

#### **Ohio State Medical Association to Seek Time Parity for Physician Claims Filing and Insurance Take Back**

**RESOLVED**, That the Ohio State Medical Association again make every effort to limit the allowed time for insurance companies "look back / take back" payments to be commensurate to the time frame allowed for physicians to file claims.

**By official action, the House adopted Resolution 17-2018**

### **Resolution 18-2018 – AMEND Modifier 25**

**RESOLVED**, that the OSMA supports that an Evaluation & Management code billed with a modifier 25 on the same day as a procedure should be paid in full, and not subject to any reduction-

**By official action, the House adopted Amended Resolution 18-2018**

**Resolution 19-2018  
Prior Authorization for Durable Medical Equipment (DME)**

**RESOLVED**, That denials of prior authorization for durable medical equipment (DME) must be based on true medical necessity not arbitrary time limits or other paperwork issues; **and, be it further**

**RESOLVED**, That the Ohio State Medical Association continue to work to improve the prior authorization process including working with our Ohio Congressional Delegation and our American Medical Association to improve the process for Medicare Managed Care plans; **and, be it further**

**RESOLVED**, That the Ohio State Medical Association Delegation take this resolution to the American Medical Association Annual Meeting.

**By official action, the House adopted Resolution 19-2018**

**Resolution 20-2018  
Compensation for Pre-Authorization Requests**

**RESOLVED**, That the Ohio State Medical Association supports the ability for all Ohio physicians to be compensated for time dedicated to the pre-authorization process; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association requests that payors provide an explanation of their appeals review processes; and, **be it further**

**RESOLVED**, THAT THE OSMA-AMA REPRESENTATIVES BRING A RESOLUTION TO THE AMA ASKING THE AMA TO PETITION THE CENTERS FOR MEDICARE AND MEDICAID SERVICES THAT CPT CODE 99080 BE REIMBURSED BY MEDICARE.

**By official action, the House adopted Amended Resolution 20-2018**

**Resolution 21-2018  
Fairness in Commercial Health Insurance Network Panels**

**RESOLVED**, That the Ohio State Medical Association adopt a position that commercial health insurance companies should be transparent in all ~~in-network~~ policies toward physicians.

**By official action, the House adopted Amended Resolution 21-2018**

**Resolution 22-2018  
Medicaid and Commercial Health Insurance**

**RESOLVED**, That the Ohio State Medical Association request that the Ohio Department of Medicaid immediately remove Medicaid recipients who already receive commercial health insurance or have it available to them.

**By official action, the House referred Resolution 22-2018 to Council for Action**

**Resolution 23-2018  
Maintaining Medicaid Coverage for Group VIII Enrollees**

**RESOLVED**, That the Ohio State Medical Association supports the ongoing coverage of those individuals defined as Medicaid group VIII ~~ENROLLEES~~ ELIGIBLE INDIVIDUALS by any program deemed to continue their coverage in a manner comparable to coverage as allowed by the Affordable Care Act, and

oppose programs which would not continue commensurate coverage.  
**By official action, the House adopted Amended Resolution 23-2018**

**Resolution 24-2018**  
**Implementation of Integrated Behavioral Healthcare Management Services**

**RESOLVED**, That the Ohio State Medical Association support efforts to implement evidence-based, physician-led integrated behavioral health care management models.

**By official action, the House adopted Amended Resolution 24-2018**

**Resolution 25-2018**  
**Support of Acupuncture for Chronic Pain Management**

**RESOLVED**, That the Ohio State Medical Association support acupuncture coverage by insurance companies as a strategy for chronic pain management.

**By official action, the House reaffirmed existing policy 13-2016.**

**Resolution 26-2018 2018**  
**OSMA Policy Sunset Report**

**RESOLVED**, That the recommendations of OSMA Council published prior to the Annual Meeting as the 2018 OSMA Policy Sunset Report be adopted by the OSMA House of Delegates.

**By official action, the House adopted Resolution 26-2018**

**Emergency Resolution No. 01 – 2018**  
**Firearms and Public Health**

**RESOLVED**, That the OSMA opposes gun violence and supports policy that enforces patient safety; and **be it further**

**RESOLVED**, that the OSMA lobby for physician immunity from civil and criminal liability if physicians are required to report potential violent threats by patients; AND **BE IT FURTHER**

**RESOLVED**, THAT THE OSMA ENCOURAGES FIREARM SAFETY EDUCATION.

**By official action, the House adopted Amended Emergency Resolution 01-2018**