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SUBJECT: H203-A/13  OSTEOPATHIC MANIPULATIVE TREATMENT (OMT)  
BY OSTEOPATHIC MEDICAL STUDENTS DURING MEDICAL 
SCHOOL ROTATIONS, PROMOTING USE OF

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

RESOLVED, that the Bureau of Education recommend that the following policy be
REAFFIRMED:

H200-A/13  OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) BY  
OSTEOPATHIC MEDICAL STUDENTS DURING MEDICAL  
SCHOOL ROTATIONS, PROMOTING USE OF

The American Osteopathic Association supports and encourages osteopathic medical schools
to assign osteopathic physicians to offer PROVIDE hands-on Osteopathic Manipulative 
Treatment (OMT) practice sessions to physicians teaching osteopathic medical students in
order to increase their understanding about osteopathic manipulative treatment. 2013

ACTION TAKEN  APPROVED as AMENDED

DATE  July 21, 2018
SUBJECT: H204-A/13 UNIFIED GRADUATE MEDICAL EDUCATION (GME) ACCREDITATION SYSTEM UNDER THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) - PROPOSED

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

RESOLVED, that the Bureau of Education recommend that the following policy be REAFFIRMED as AMENDED:

(Old language is crossed out and new language is in CAPS)

H204-A/13 UNIFIED GRADUATE MEDICAL EDUCATION (GME) ACCREDITATION SYSTEM UNDER THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) - PROPOSED

The American Osteopathic Association will CONTINUE TO work toward the development of fellowships in osteopathic programs to create positions and/or graduate medical education (GME) slots in the event of unsuccessful negotiations with the Accreditation Council for Graduate Medical Education (ACGME); and any proposed unified GME accreditation system will protect and preserve the unique distinctiveness of osteopathic medicine, osteopathic graduate medical education, COMLEX-USA, osteopathic board certification, osteopathic divisional societies, osteopathic specialty affiliates, the AOA and the osteopathic profession.

Reference Committee Explanatory Statement:
The Committee supports components of this resolution regarding the unique distinctiveness of osteopathic education and recommends referral to the Bureau of Osteopathic Education (BOE) to update the language in light of the single GME accreditation system.

ACTION TAKEN REFERRED (to BOE)

DATE July 21, 2018
SUBJECT: H206-A/13 OSTEOPATHIC POSTDOCTORAL TRAINING IN ALL SPECIALTY AREAS

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau of Education recommend that the following policy be
2 REAFFIRMED:

3 H206-A/13 OSTEOPATHIC POSTDOCTORAL TRAINING IN ALL SPECIALTY AREAS
4 The American Osteopathic Association urges the osteopathic profession to reaffirm itself as a
5 complete profession of medicine and surgery and reaffirms its commitment to quality
6 osteopathic postdoctoral training in all specialty areas. 1993; revised 1998, revised 2003; 2008;
7 reaffirmed 2013

ACTION TAKEN APPROVED (for reaffirmation)

DATE July 21, 2018
RESOLVED, that the Bureau of Education recommend that the following policy be REAFFIRMED:

H207-A/13 SUBSTANCE USE DISORDERS EDUCATION

The American Osteopathic Association recommends the inclusion of substance use disorders education in all osteopathic education. 2008; reaffirmed 2013

ACTION TAKEN  APPROVED as AMENDED

DATE  July 21, 2018
RESOLVED, that the Bureau of Education recommend that the following policy be
REAFFIRMED:

H208-A/13 DO DEGREE DESIGNATION
The American Osteopathic Association enthusiastically embraces the heritage and philosophy
of Dr. Andrew Taylor Still by reaffirming that DO be the recognized degree designation for all
graduates of AOA Commission on Osteopathic College Accreditation (COCA) accredited
colleges of osteopathic medicine in the United States. 2008; reaffirmed as amended 2013

ACTION TAKEN  **APPROVED (for reaffirmation)**

DATE  **July 21, 2018**
RESOLVED, that the Bureau of Education recommend that the following policy be reaffirmed:

H209-A/13  OSTEOPATHIC-FOCUSED TRAINING PROGRAMS

The American Osteopathic Association maintains that osteopathic-focused value and programs, which are defined as those programs using osteopathic principles and practice (OPP) and osteopathic manipulative medicine (OMM), always remain the foundation of osteopathic medical schools, COMLEX-USA, American Osteopathic Association (AOA) residency programs, osteopathic board certification, osteopathic licensure, osteopathic continuing medical education, and the osteopathic profession; and that all AOA residency programs, AOA program directors, Directors of Medical Education, AOA training institutions, and OPTI's shall maintain, measure, and enhance osteopathic-focused programs and shall continue to integrate OPP, OMM, and osteopathic culture into all core competencies of all osteopathic medical training programs. 2013

Reference Committee Explanatory Statement:
The Committee recommends referral to the Bureau of Osteopathic Education (BOE) to update the language in light of the single GME accreditation system.

ACTION TAKEN  REFERRED (to BOE)

DATE  July 21, 2018
RESOLVED, that the Bureau of State Government Affairs recommend that the following policy be REAFFIRMED as AMENDED:

**H201-A/13 DUAL DEGREES**

It is contrary to IT IS THE POLICY OF THE American Osteopathic Association (AOA) policy for THAT OSTEOPATHIC PHYSICIANS a DO to SHOULD ONLY use A another THEIR DO degree granted EARNED from a college or university INSTITUTION that is accredited by either the Commission on Osteopathic College Accreditation or the Liaison Committee on Medical Education TO REPRESENT WHEN REPRESENTING THEMSELVES AS A PHYSICIAN. The AOA will remain vigilant for any false or erroneous information that may undermine the integrity of the profession or osteopathic medicine in the US and will work with the Federation of State Medical Boards (FSMB) and its constituent boards to inform them of attempts to misrepresent the practice of osteopathic medicine in the US or to misrepresent the education leading to the degree Doctor of Osteopathy or Doctor of Osteopathic Medicine. 1969; reaffirmed 1978; revised 1983, 1988; reaffirmed 1993; revised 1998; revised 2003; revised 2008; reaffirmed 2013

ACTION TAKEN APPROVED as AMENDED

DATE July 21, 2018
SUBJECT: H200-A/13 ACUPUNCTURE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Educational Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H200-A/13 ACUPUNCTURE


ACTION TAKEN _APPROVED (for reaffirmation)_

DATE _July 21, 2018_
RESOLVED, that the Bureau of State Government Affairs recommend that the following policy be REAFFIRMED as AMENDED:

H202-A/13  OSTEOPATHIC CONTINUOUS CERTIFICATION


ACTION TAKEN  APPROVED (for reaffirmation)

DATE  July 21, 2018
RESOLVED, that the Ethics Subcommittee of the Bureau of Membership recommend that the following policy be REAFFIRMED:

H254-A/04  SALE OF HEALTH-RELATED PRODUCTS AND DEVICES

The American Osteopathic Association believes that it is (1) appropriate for physicians to derive reasonable monetary gain from the sale of health-related products or devices that are both supported by rigorous scientific testing or authoritative scientific data and, in the opinion of the physician, are medically necessary or will provide a significant health benefit provided that such action is permitted by the state licensing board(s) of the state(s) in which the physician practices; and (2) inappropriate and unethical for physicians to use their physician/patient relationship to attempt to involve any patient in a program for the patient to distribute health related products or devices in which distribution results in a profit for the physician. 1999; revised 2004.

ACTION TAKEN  APPROVED  (for reaffirmation)

DATE  July 21, 2018
SUBJECT: H213-A/13 OSTEOPATHIC CONTINUOUS CERTIFICATION – AFFORDABILITY OF

SUBMITTED BY: Bureau of Osteopathic Specialists

REFERRED TO: Committee on Educational Affairs

RESOLVED, that the Bureau of Osteopathic Specialists recommend that the following policy be REAFFIRMED:

H213-A/13 OSTEOPATHIC CONTINUOUS CERTIFICATION – AFFORDABILITY OF

The American Osteopathic Association will undertake every effort to make transparent the cost structure of osteopathic continuous certification (OCC) and, wherever possible, to make the costs of OCC affordable to its members and its affiliate organizations. 2013.

ACTION TAKEN APPROVED (for reaffirmation)

DATE July 21, 2018
WHEREAS, approximately 1 in 6 children in the United States have been diagnosed with a Developmental Disorder\(^1\); and

WHEREAS, there is a high amount of unmet medical needs for children and adults with developmental disabilities, and People with DD experience a higher amount of morbidity and mortality than the general population\(^2\); and

WHEREAS, persons with disabilities are a health disparity population\(^3\), with less access to healthcare. People with developmental delays have specific needs that need to be addressed in their care; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) reaffirms the ideals set in the Americans with Disabilities Act (ADA)\(^4\); and, be it further

RESOLVED, that the AOA encourage allopathic and osteopathic medical schools to develop and implement curriculum on the care of people with developmental disabilities.

References:

Explanatory Statement:
All children and adults with Developmental Disability should have access to quality healthcare. The Osteopathic and Allopathic Medical School community should implement curriculum of the specific care these populations need. Methods for implementation should include realizing the unique needs this population has and understand special education laws and practice\(^5\).

ACTION TAKEN _APPROVED as AMENDED_

DATE _July 21, 2018_
WHEREAS, “each year in the United States, an estimated 400 physicians take their own lives”¹, a suicide rate which is the highest of any profession², and “medical students appear to be at an equal or higher risk of burnout, depression, substance abuse, and suicide”³; and

WHEREAS, the Centers for Disease Control and Prevention estimates a $57 billion societal cost attributed to suicides in 2015 and that the average cost per suicide was about $1 million⁴; and

WHEREAS, the journal, Suicide and Life-Threatening Behavior, has estimated that the benefit to cost ratio of mental health intervention investment is 6 to 1⁵; and

WHEREAS, it is the osteopathic approach to treat patients, and in this case physicians, as a unit including all facets of their lives, which includes physical, social, emotional, and mental elements⁶; and

WHEREAS, the American Osteopathic Association (AOA) has stated that “it is committed to engaging all levels of the profession and promoting a shared vision to encourage physician wellness. Additionally, the AOA recognizes that burnout, depression, and suicidal ideation extend beyond the student/physician, but also affect family, friends, and ultimately, patients”⁶; and

WHEREAS, the Student Osteopathic Medical Association (SOMA) resolution “QPR Certification Training Amongst Osteopathic Medical Schools”⁷ demonstrates the dedication among osteopathic medical student leadership to establishing peer-to-peer suicide prevention training; and

WHEREAS, the World Health Organization states that effective measures to prevent suicide include early identification and training of non-specialized health workers in the assessment and management of suicidal behavior⁸; and

WHEREAS, the program SAVE400 has raised awareness of physician suicide¹, and StepsForward, an initiative of the American Medical Association, targets prevention of physician distress and suicide⁹; and

WHEREAS, one study found that 38.3% of medical students would tell their medical school friends that they were depressed¹⁰; and

WHEREAS, providing osteopathic medical students with suicide prevention training grants an opportunity to develop a skill set to recognize high risk depression and suicidal ideation in their peers throughout medical school and professional careers; now, therefore be it
RESOLVED, that the American Osteopathic Association recommend that the American Association of Colleges of Osteopathic Medicine (AACOM) encourage osteopathic medical schools to implement peer-to-peer suicide prevention training for incoming AND ALL osteopathic medical students.

References

Explanatory Statement:
It is recommended that the peer-to-peer suicide prevention training should be a structured and validated program similar or equivalent to QPR Gatekeeper Training.

The ideal timing to provide this training would be the first month of medical school to incoming students during orientation.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 21, 2018**

______________
WHEREAS, the American Osteopathic Association (AOA) is the certifying body for Osteopathic specialty board certification; and

WHEREAS, the AOA continues its efforts to promote Osteopathic Principles and Practice (OPP) at all levels of medical education including Colleges of Osteopathic Medicine (COMs), Graduate Medical Education (GME), and Continuing Medical Education (CME); and

WHEREAS, Osteopathic category 1-A CME has historically been the venue for promotion of OPP; and

WHEREAS, these Osteopathic principles are important for all Osteopathic medical specialties as part of their continuing medical education; and

WHEREAS, the AOA and its affiliate organizations have been delivering this CME for decades, and have the structure necessary to provide quality CME locally and regionally, which includes meeting the needs of our growing rural physician population; and

WHEREAS, much of the efforts and viability of these affiliates is based on the CME they provide, and these affiliates are promoting the Osteopathic profession through CME and other venues; and

WHEREAS, there is general acceptance in medicine that Osteopathic Principles is a fundamental approach to good patient care by all physicians, DO and MD, and that these principles promote high quality, cost effective health care; and the Osteopathic profession is the only entity that incorporates these principles formally in all levels of medical education; and

WHEREAS, through the single GME accreditation system, the Osteopathic profession is in the position to have a major impact on the practice of medicine that will improve the quality, increase access, and reduce the cost of health care for all patients and families; and

WHEREAS, if the Osteopathic profession does not promote its values now and into the future, the chance to impact the practice of medicine in a positive manner may be minimized; now, therefore be it

RESOLVED, that all Osteopathic certifying boards shall require their diplomats to obtain 30 hours of category 1-A, Osteopathic continuing medical education (CME), to include Osteopathic Principles and Practices (OPP), in a 3 year CME cycle; and, be it further
RESOLVED, that the remainder of the CME requirements for continuous board certification shall be determined by each individual certifying board.

Reference Committee Explanatory Statement:
CME requirements for AOA board certification are under the purview of the individual AOA certifying boards.

ACTION TAKEN  **DISAPPROVED**

DATE  **July 21, 2018**
WHEREAS, it is increasingly being recognized that sex and gender are factors to consider when treating a patient; and

WHEREAS, the science of sex and gender based medicine has lagged because medical and drug research in the United States has historically been conducted on men; and

WHEREAS, in recognizing the importance of sex and gender in patient care, the National Institutes of Health (NIH) policy states that research plans and proposals should “describe the composition of the proposed study population in terms of sex/gender and racial/ethnic group, and provide a rationale for selection of such subjects”; and

WHEREAS, innovative curricula are beginning to emerge to educate students on the science of sex and gender based medicine; and

WHEREAS, the AOA Bureau of Osteopathic Education believes that the American Osteopathic Association should support this direction of medical science for the benefit of our patients; now, therefore be it

RESOLVED, that the American Osteopathic Association supports the inclusion of THE EVOLVING UNDERSTANDING OF sex and gender based medicine in medical education programs and curricula across the continuum.

Reference:

ACTION TAKEN _APPROVED as AMENDED_

DATE _July 21, 2018_
WHEREAS, the American Osteopathic Association (AOA) approved the Addiction Medicine conjoint CAQ in 1995; and

WHEREAS, on April 12, 2016, the AOA passed a resolution that will provide DOs who are ABAM diplomats with a process to attain an AOA subspecialty certification in Addiction Medicine; and

WHEREAS, there are many DOs who will not benefit from the 2016 AOA resolution and still seek subspecialty certification in Addiction Medicine, including those who have completed an AOA approved Addiction Medicine fellowship program; and

WHEREAS, the Centers for Disease Control and Prevention (CDC) anticipates that the number of death for all drug overdoses will be 74,000 in 2017. Around 66% of the more than 63,600 drug overdose deaths in 2016 involved an opioid. On average, 115 Americans die every day from an opioid overdose; and

WHEREAS, the Department of Health & Human Services, The White House Office of National Drug Control Policy, and the Department of Substance Abuse and Mental Health Services have acknowledged a severe shortage of Addiction Medicine specialists to treat the epidemic of opioid and alcohol addictions and the AOA has committed to assisting in training more physicians in substance use disorder (SUD). In October 2017 President Donald Trump formally declared the opioid crisis a public health emergency; and

WHEREAS, more hospitals and insurance companies are requiring certification for the treatment of addiction; those who are certified are also able to command more income and opportunities; and

WHEREAS, there is a lack of parity among DOs and MDs now that allopathically boarded physicians can become qualified to certify in addiction medicine as a subspecialty under the American Board of Medical Specialties (ABMS) Preventive Medicine Certifying Board, thereby making DOs who are not allopathically boarded ineligible; now, therefore be it

RESOLVED, that Osteopathic physicians who have completed an American Osteopathic Association (AOA) approved fellowships in Addiction Medicine be allowed to take the primary CAQ examination in Addiction Medicine; and, be it further
RESOLVED, that clinical practice pathway previously approved by the AOA in Addiction Medicine be reopened for six (6) years for all DOs who wish to become certified in the subspecialty of Addiction Medicine.

Explanatory Statement:
As per policy, resolutions with financial implication must be submitted to the AOA Finance Committee for review, consideration and recommendation prior to consideration by the AOA House of Delegates.

ACTION TAKEN  REFERRED (to AOA Finance Committee)

DATE  July 21, 2018
