STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

Resolutions for Spring 2019 House of Delegates

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Resolution: S-19-01

Subject: EXPANDING SUPPLEMENTAL MEDICAL EDUCATION THROUGH SOMA

WHEREAS, healthcare is a rapidly changing industry that is increasingly requiring physicians and physicians-in-training to be literate in a variety of areas outside of their formal education including, but not limited to, business, law, medical coding, and finance to optimally fulfill their roles and further their professional and career development; and

WHEREAS, "The models of expertise that dominantly underpin approaches to medical education are valuable for understanding the acquisition and retention of expert knowledge and skills, but do not sufficiently account for many of the capabilities essential for excellence in this changing health care context"[3]; and

WHEREAS, "Nonetheless, we argue physician trainees should possess the cognitive abilities to evaluate the drug plan information, compare attributes across plans, and make an appropriate choice. If they do not, as our data suggest, medical education policymakers should consider incorporating these skills into the medical curricula as some have argued"[2]; and

WHEREAS, the Osteopathic Core Competencies for Medical Students published by the American Association of Colleges of Osteopathic Medicine (AACOM) includes learning various skills such as Osteopathic Principles and Practices, medical knowledge, and quality patient care, it does not include any competency relating to medical law, finance, policy, advocacy or business[1]; and

WHEREAS, the Osteopathic Core Competencies for Medical Students published by the American Association of Colleges of Osteopathic Medicine (AACOM) under Section V. Professionalism promotes – "CONTINUOUS LEARNING - Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning"[1];

WHEREAS, the AMA Journal of Ethics states that – "Many of today's practicing physicians are ill-equipped to handle the legal, regulatory, and business realities of modern medical practice" and that – "this leads to confusion with reimbursement schemes, Medicare policies, insurance payment plans, malpractice laws, and much more."[4]

WHEREAS, the AMA Journal of Ethics also states that – "Evidence that training in ethics changes medical students' behavior is weak [9, 10], whereas even a brief exposure to legal issues can improve physician compliance and, ultimately, professionalism" and concludes – "Such awareness may lead to fewer decisions made on the basis of myth and greater comfort in practicing evidence-based medicine over defensive medicine."[4]

WHEREAS, understanding business in medicine is crucial to the changing field and that according to the NEJM Catalyst – "Addressing contentious issues such as salary, incentives,

relative performance, metrics, and contract negotiations — skills taught to all business students — will be essential."[5]: now, therefore, be it

RESOLVED, that local chapters of the Student Osteopathic Medical Association (SOMA) facilitate events covering topics and skills outside the scope of formal medical curriculum, including, but not limited to, medical law, finance, policy, advocacy or business to further advance professional and career development as indicated in Pillar 2 of SOMA's Strategic Plan

Explanatory Statement

Events could include talks on malpractice, Medicare fraud, drug and medical equipment pricing, MIPS and MACRA education, etc.

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Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-02

Subject: SOMA OVERDOSE PREVENTION TASKFORCE AND OVERDOSE PREVENTION PROJECT

WHEREAS, SOMA has previously passed a resolution (F-17-09) stating the importance of prescribing and educating the public about the use of Naloxone; and

WHEREAS, providing Naloxone kits to laypersons reduced opioid-related deaths and provides a cost effective, safe and successful harm reduction practice[1]; and

WHEREAS, SOMA has continually advocated that the AOA be active about the opioid epidemic, but SOMA, as a student organization, has not actively worked towards national solutions; and

WHEREAS, there have been successful community programs to educate, train and distribute Naloxone started by medical students at multiple educational institutes. To advance this success nationally, is an attainable and worthy cause for SOMA; and

WHEREAS, SOMA and medical students are in a unique position to advocate local officials and act in the community to create positive social change, and make a lasting impact both locally and nationally, now therefore, be it

RESOLVED, that SOMA will create the Overdose Prevention Task Force to lead a project with the goals of:

1. Researching state laws and policies to reduce overdose deaths, with a focus on, but not limited to, increasing Naloxone distribution into communities and improving/creating Good Samaritan Laws.
2. Create a plan of action for participating COM's to combat overdose deaths based on this research.
3. Coordinate with participating COM's so that the COM can fulfill the action plans.
4. Regularly assesses progress of action plan progress and create new plans as needed.

Explanatory Statement

The OP Committee would be a selected group of individuals (5-6 students) that would work to research and organize on the behalf of each COM that wanted to be part of the OP Project. The committee would also be tasked with creating an actionable list for each participating COM. Action lists would consist of short and long-term goals and regular events or trainings. The primary goals of the participating COM's in the OP Project would be to increase distribution Naloxone and/or work with local organizations and politician to change policies surrounding Naloxone distribution if a given state has policies that impede distribution. Secondary goals would include, but not be limited to, implementing local harm reduction and stigma education programs and working with policy and stakeholders to increase MAT programs. Presidents and NLO's would sign their COM's to participate and would be highly encouraged to have a representative present at regular meetings (regularity and length of meetings would be determined at the OP Committees discretion.) Participation would not be mandatory and this would not require any financial investment for SOMA.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-03

Subject: ENCOURAGING AND ADVANCING THE PRESCRIPTION OF MEDICAL-ASSISTED THERAPIES BY OSTEOPATHIC PHYSICIANS

WHEREAS, Research has shown that there are significant gaps between treatment needed and capacity at the state and national level for opioid agonist medication- assisted treatment (OA-MAT).[1]; and

WHEREAS, 44% to 66% of the Drug Abuse Treatment Act of 2000 (DATA 2000) Waiver trained physicians actively prescribe buprenorphine and other MAT. Of those physicians, the majority do not prescribe to their patient limit.[1]; and

WHEREAS, The White House and the Department of Health & Human Services identified improved access to MAT as a key priority for reducing harms associated with opioid use disorder in 2015[4]; and

WHEREAS, Insufficient institutional support is frequently cited as a barrier to MAT implementation [1, 5]; and

WHEREAS, Barriers to prescribing buprenorphine medical therapy (BMT), includes inadequate staff training, lack of access to addiction experts, and perceived efficacy of BMT[6]; and

WHEREAS, The AOA's official stance, stated in H440-A2016, recognizes and advocates that MAT is the most effective and cost effective method for opioid addiction treatment. H440-A2016 also encourages education and collaboration on the local level.[2] This stance, however, does not directly address the need to increase physicians receiving MAT training nor how to increase prescribing practices to an adequate level; now, therefore, be it

RESOLVED, The Student Osteopathic Medical Association (SOMA) advocates that the American Osteopathic Association (AOA) adopt an official position that the public health and the Osteopathic profession will benefit from DO's attaining their DATA 2000 Waiver training and actively prescribing Medical-Assisted Therapy in their Osteopathic Physician practices; and be it further

RESOLVED, that SOMA advocates that the AOA create a task force to research and disseminate information on strategies to reduce and overcome the burdens of training and prescribing MAT; and be it further

RESOLVED, That SOMA advocate for the AOA to create a special article in the JAOA during the month of September 2020 (the National Recovery Month) that highlights the task forces findings and encourages Osteopathic Physicians to receive the training and actively prescribe Medical-Assisted Therapy in their practices.

Explanatory Statement

In the last resolved statement, we wanted to add that the JAOA, specifically, is where the task force findings should be published to make osteopathic physicians aware of the training they could potentially receive if this were to pass. We are open to changing the date and/or removing the specific date all together.

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1. Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health, 105*(8), e55–e63. http://doi.org/10.2105/AJPH.2015.302664
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Action Taken: WITHDRAWN

Date: 3/4/2019

Effective Time Period: *Ongoing*

Resolution: S-19-04

Subject: SETTING A MAXIMUM ON OUT-OF-POCKET COSTS FOR TRADITIONAL MEDICARE ENROLLEES WITH A CANCER DIAGNOSIS

WHEREAS, the term out-of-pocket costs includes deductibles, coinsurance, and copayments for covered services plus all costs for services that are not covered [(1)]; and

WHEREAS, traditional Medicare does not currently have an out-of-pocket (OOP) maximum for healthcare expenditures [(2)], but all Medicare Advantage plans are currently required to include a catastrophic limit on out-of-pocket costs [(3)]; and

WHEREAS, more than 4 million Medicare beneficiaries lack supplemental insurance such as employer-sponsored coverage, Medicaid, Medicare Advantage, and Medigap [(4)]; and

WHEREAS, those without supplemental insurance are more likely to delay seeking care due to healthcare costs [(4,5)]; and

WHEREAS, patients with cancer diagnoses have the highest direct medical expenditure per person for their care, treatment, and disease management. [(6)]; and

WHEREAS, an estimated 1.7 million Americans will be newly diagnosed with cancer this year, and approximately 38.4% of all men and women will be diagnosed with cancer at some point during their lifetime with the median age at diagnosis being the typical age of Medicare eligibility at 65 years of age [(7-9)]; and

WHEREAS, Medicare beneficiaries without supplemental insurance spend a mean of 23.7% of their income on out-of-pocket costs related to cancer care, of which inpatient hospital services represent 43% of total OOP costs [(10)]; and

WHEREAS, setting an out-of-pocket maximum would protect beneficiaries from exorbitantly high healthcare costs and reduce barriers preventing patients from seeking care, therefore, be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) recommends that the American Osteopathic Association (AOA) support and advocate for CMS to set an annual OOP cap for traditional Medicare enrollees with a cancer diagnosis

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Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-05

Subject: PROMOTE CONFLICT OF INTEREST DISCLOSURE IN MEDICAL EDUCATION TEXTBOOKS

WHEREAS, Currently, there are no universal conflict of interest (COI) policies governing medical textbooks and eBooks.

WHEREAS, COI policies are nearly universal in credible medical journals; COI policies are not only a standard, but they are also an accepted and embraced common practice.

WHEREAS, JAOA like many medical journals requires author to disclose all financial and nonfinancial relationships related to the submission's subject matter.[1]

WHEREAS, The U.S. Department of Health & Human Services Office of Research Integrity upholds the same disclosure standards and encourages authors to become aware of possible conflicts of interest and to make every effort to disclose them.[2]

WHEREAS, Failure to establish, adopt, & promote COI policies in medical education material leaves the medical community vulnerable to external influence & compromises the integrity of the medical profession.

WHEREAS, Medical education material much like clinical research and practice is not immune to external influence.

WHEREAS, Private businesses and/or outside vested interest groups can utilize medical education material and/or the authors of the material to influence the medical community and promote products and interests.

WHEREAS, It is important to recognize and make note of the importance of industry. Businesses provide products that are indispensable to patients and the community.

WHEREAS, However, it is important to protect the integrity of educational information. Specifically, it is critical to ensure medical education material is factual & free from external influence and bias.

WHEREAS, Studies validate the pervasive nature of external influence in medical education material.

WHEREAS, In the Piper et al. study, researchers discovered undisclosed conflict of interests in ubiquitous medical textbooks.[3] For example, Harrison's Principles of Internal Medicine, a universal educational resource among medical students, is currently in its 20th edition. [3]

WHEREAS, Authors of Harrison's Principles of Internal Medicine received more than $11 million between 2009 and 2013 from makers of drugs and medical devices and failed to disclose this to readers. [3] The study analyzed over 400 authors and established statistical significance across a variety of parameters.

WHEREAS, Furthermore, an undisclosed conflict of interest leaves readers in a precarious position.

WHEREAS, Without disclosing the financial tie, medical students and faculty are unable to discern the credibility and merit of the information within the textbook; this is an important step students and faculty take when selecting resources to utilize.

WHEREAS, Textbooks serve to educate medical professions.

WHEREAS, Medicine is an applied science. Further, information in medical textbooks is utilized and applied by medical practitioners.

WHEREAS, the factuality within medical textbooks directly affects patient care given that medicine is an applied science. Hence, the critical nature of protecting medical education material from bias and external influence.

RESOLVED, AOA & SOMA raise awareness of failures to disclose COI particularly within medical education textbooks and the impact this has on the medical profession and patient care.

RESOLVED, AOA & SOMA propose all publishers adopt guidelines on COI disclosures for medical education textbooks; these guidelines should follow the format of medical journals' COI guidelines.

RESOLVED, AOA & SOMA promotes & preserves the integrity and factuality of medical education material.

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Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-06

Subject: AOA SUPPORT FOR PRACTICAL TRAINING ON AND RESOURCES FOR TRAUMA-INFORMED MEDICAL CARE FOR HUMAN TRAFFICKING VICTIMS

WHEREAS, There are an estimated 57,700 human trafficking victims in the United States who are subjected to human rights violations that place them at risk for physical and psychological illnesses such as substance abuse disorders, mental illnesses, and communicable diseases[1,2]; and

WHEREAS, up to 87.8% of trafficked persons encounter health care professionals while in captivity, but are not identified, and of these, 63.3% were seen in an Emergency Department[2,3]. Only 29% of EM physicians realize human trafficking is a problem in their communities; of these, 13% feel confident in recognizing a victim and less than 3% have received training[4]; and

WHEREAS, Physicians and medical students are often a trafficked persons' first point of contact in a private and confidential environment, yet they remain largely unidentified[2]; and

WHEREAS, Trauma-informed training for human trafficking victims can promote better identification and health needs of trafficked persons, and can improve patient health and higher compliance with medical treatment plans[4,5]; now, therefore, be it

RESOLVED, that the AOA, will support and promote clinical education regarding trafficked persons to practicing ER physicians; and be it further

RESOLVED, that the AOA will support CME for physicians to ensure a patient-centered, trauma-informed approach in better identifying and assisting trafficked persons; and be it further

RESOLVED, that SOMA advocate to the AOA to provide and recommend education incorporation regarding human trafficking victims into osteopathic medical students' ER rotation and COMAT/shelf exam

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Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-07

Subject: REAFFIRMATION OF SUPPORT FOR TITLE X AND STANDING IN OPPOSITION TO "COMPLIANCE WITH STATUTORY PROGRAM INTEGRITY REQUIREMENTS"

WHEREAS, reproductive health is recognized as a fundamental human right, and no woman should be denied access to family planning assistance because of her economic condition or religious affiliation[1]; and

WHEREAS, the Title X National Family Planning Program (Pub L No. 91-572) remains the only federal policy devoted solely to providing comprehensive, confidential, and voluntary family planning services regardless of a person's age or ability to pay[2]. In 2016 alone, health centers used Title X funding to provide 720,000 Pap tests, more than four million STD tests, and nearly one million breast exams[3]; and

WHEREAS, it is the official position of both the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) that "Title X funded family planning services are critical components of public health and primary health care and shall advocate for Title X funded family planning services" [S-16-20 SUPPORT FOR TITLE X FUNDED FAMILY PLANNING SERVICES], [H433-A/16 TITLE X FUNDED FAMILY PLANNING SERVICES – SUPPORT FOR][4,5]; and.

WHEREAS, the current Proposed Rule "Compliance with Statutory Program Integrity Requirements" (HHS-OS-2018-0008) by the Department of Health and Human Services (HHS) seeks to prohibit any program or clinic that provides abortion services from receiving Title X funding[6], even though Title X funds have been strictly prohibited from use for abortion services since its enactment in 1970[1]; and

WHEREAS, under this proposed rule, 41% of Title X-funded patients are at risk of losing access to critical primary and preventive care services such as contraceptives, pregnancy tests, screenings and treatment for sexually transmitted infections, cancer screenings, and basic wellness exams[7]. Furthermore, Title X-funded clinics serve populations that have historically faced significant barriers to health care, including people of color, where 21% of Title X-funded patients identify as Black or African American and 32% identify as Hispanic or Latino[8]; and

WHEREAS, "Compliance with Statutory Program Integrity Requirements" makes it illegal for Title X health care providers to offer patient information on how to safely and legally access abortion without being directly asked[6], this proposed rule dangerously infringes upon the patient-provider relationship. Restricting access to care and information can lead to an increase in the number of unplanned pregnancies, pregnancy complications, and undiagnosed medical conditions. It will reverse decades of progress that have brought our nation to a 30-year low for unplanned pregnancy and record low teen pregnancy rates[7]; and

WHEREAS, "the AOA asserts that physicians must be able to communicate freely with patients without fear of government intrusion in order to assure safe, comprehensive, and effective medical treatment" [H307-A/13 INTERFERENCE LAWS][5]; and

WHEREAS, the American Medical Association (AMA)[8], American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the American College of Nurse-Midwives (ACNM), the American College of Physicians (ACP), the Association for Physician Assistants in Obstetrics and Gynecology (APAOG), the National Association of Nurse Practitioners in Women's Health (NPWH), Nurses for Sexual and Reproductive Health (NSRH), and the Society for Adolescent Health and Medicine (SAHM) stand in opposition to "Compliance with Statutory Program Integrity Requirements" and oppose all efforts to exclude qualified women's health service providers and limit health care information through the Title X program[9]; now, therefore be it

RESOLVED, that SOMA stand against the Proposed Rule on Title X National Family Planning program that restricts patient access to reproductive health care services and compromises the patient-physician relationship; and, be it further

RESOLVED, that SOMA recommends the AOA stand against the Proposed Rule on Title X National Family Planning program that restricts patient access to reproductive health care services and compromises the patient-physician relationship.

Explanatory Statement

The Proposed Rule undermines patient access to evidence-based family planning methods and restricts a physician's ability to provide any and all appropriate referrals including abortion unless explicitly stated by the patient. The Proposed Rule seeks to exclude health care organizations such as Planned Parenthood from receiving Title X funding. A 2016 study published in the New England Journal of Medicine found that blocking patient access to Planned Parenthood in Texas resulted in a 35% decline in women in publicly funded programs using the most effective evidence-based forms of birth control and that denying these women access to contraceptive care resulted in a 27% increase in births among women who had previously used injectable contraception[10]. Resolution H433-A/16 in AOA policy stands in support of Title X-funded family planning services; however, it does not specify a position on purposed changes. We seek reaffirmation of support of the precedent of what Title X funding has provided since 1970.

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Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-08

Subject: ADDRESSING THE GENDER PAY GAP IN THE MEDICAL PROFESSION

WHEREAS, the average female practicing physician can expect to earn as much as 37% less than her average male colleague [1-5]; and

WHEREAS, a recent study reports that female physicians working with an academic appointment at public medical schools in the US can expect to earn, on average, 19.8% less than their male colleagues [3]; and

WHEREAS, in a recent survey it was reported that female resident physicians can expect to earn, on average, as much as $900 less than their male colleagues and where other studies have shown that newly practicing female physicians can earn as much as 17% less than their male colleagues [4,6]; and

WHEREAS, these disparities in income persist despite current United States federal law mandating the equal compensation of men and women for equal work in the same establishment and with due respect to permissible 'affirmative defenses' under the Equal Pay Act of 1963 [9]; and

WHEREAS, literature supports that these disparities in income persist even when factors that may contribute to them, including but not limited to, choice of specialty, family dynamics, working environment, and individual earning characteristics are controlled for [1,2,3,6,7]; and

WHEREAS, these disparities in income are likely to appear early in a woman's career, persist throughout it, and even widen as women continue to practice throughout their career [6,8]; and

WHEREAS, these disparities in income between women and men, referred to as the "gender pay gap", may result from a system of inequality at the detriment of women in the medical profession; and

WHEREAS, AOA Policy H207-A/17 NON-GENDER DISCRIMINATION, reads, "The American Osteopathic Association requires all of its recognized training institutions, both osteopathic and allopathic, to provide equally for their all physicians and students," now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association and the American Osteopathic Association (AOA) acknowledge the existence of the "gender pay gap" between male and female physicians in the United States; and, be it further

RESOLVED, that SOMA shall support the adoption of policies and practices that ensure the equitable compensation of physicians regardless of gender who work with the same job title and job description, and with equivalent or comparable credentials and qualifications, requiring the same responsibility, effort, and skill, and under similar working circumstances in the academic,

clinical, and support programs that are promoted by, accredited by, endorsed by, or otherwise funded by the AOA; and, be it further

RESOLVED, that SOMA advocate to the AOA to adopt policies and practices that mitigate the gender pay gap between physicians in the United States.

Explanatory Statement

Please note that the use of the phrase "evidence-based" throughout this resolution is intended to specify that any policies or actions that arise from the adoption of this resolution ought to be based on available evidence and analysis rather than anecdote or conjecture. Further, note that the phrase "affirmative defenses" used in line 12 is a legal term used to describe those permissible discrepancies in compensation which are based on factors other than sex that include seniority, merit, quantity or quality of production by which employees may be compensated differently as established in the Equal Pay Act of 1963.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-09

Subject: COMLEX SCORE INTERPRETATION EDUCATION FOR GME RESIDENCY PROGRAMS

WHEREAS, to be a fully practicing osteopathic physician the Comprehensive Medical Licensing Examination (COMLEX) is required; and

WHEREAS, licensing exam performance is also used to choose applicants for residencies; and

WHEREAS, osteopathic medical students have the perception that they should take both COMLEX and United States Medical Licensing Examination (USMLE) to match into residency[1]; and

WHEREAS, osteopathic medical students further believe they are limiting their residency options by not taking the USMLE[1]; and

WHEREAS, the two above perceptions are reinforced by the osteopathic community by publishing on the AOA website students should consider taking both COMLEX and USMLE[2]; and

WHEREAS, osteopathic students who reported USMLE scores were more likely to match to Emergency Medicine residencies[3]; and

WHEREAS, mean National Board of Medical Examiners (NBME)- Comprehensive Basic Science Exam (NBME-CBSE) score of osteopathic medical students in a study could not be statistically distinguished from that of the national cohort of allopathic medical students[4]; and

WHEREAS, historical COMLEX Level 1 to USMLE Step 1 score conversion formulas used are not accurate[5]; and

WHEREAS, the most widely used conversion formula would convert a COMLEX Level 1 score of 500, 50th percentile, to a USMLE Step 1 score of 188, 5th percentile[5]; and

WHEREAS, osteopathic students spend an additional $610 to register for USMLE Step 1 as of 2018[6], not to mention additional money spent on board preparation materials specific to USMLE Step 1; and

WHEREAS, moving to a single accreditation system of the AOA and Accreditation Council for Graduate Medical Education (ACGME) means that residency directors will review an increasing number of applications with COMLEX scores; and

WHEREAS, on November 13th, 2018 the American Medical Association (AMA) passed Resolution 955 - Equality for COMLEX and USMLE, which promotes "equal acceptance of the USMLE and COMLEX at all United States residency programs[7];" and

WHEREAS, Resolution 955 encourages the AMA to work with the AOA, ACGME, NBME, National Board of Osteopathic Medical Examiners (NBOME), and the Association of American

Medical Colleges (AAMC), to educate residency program directors on the interpretation of COMPLEX scores[7]; and

WHEREAS, Resolution 955 further promotes higher COMLEX utilization with residency program matches[7]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) encourages the AOA to support the AMA in Resolution 955 during the transition to a single accreditation system; and, be it further

RESOLVED, that SOMA encourages the AOA to invest in continued education of ACGME residency program directors; and, be it further

RESOLVED, that SOMA encourages the AOA to promote higher utilization of COMLEX scores within all United States residency programs; and, be it further

RESOLVED, that SOMA encourages the AOA to work alongside the AMA to improve interpretation of the COMLEX and promote equal acceptance of the COMLEX and USMLE in evaluating residency applicants.

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Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-10

Subject: OSTEOPATHIC MEDICAL SCHOOL SECONDARY APPLICATION LIMITS

WHEREAS, the primary application for osteopathic medical schools through the American Association of Colleges of Osteopathic Medicine (AACOM) includes a personal statement, GPA, MCAT score, letters of recommendation, and extracurricular activities*; and*

WHEREAS, cognitive criteria, specifically MCAT scores and GPA have been rated as the most important data for deciding which applicants to invite to interview*;*[1,2] *and*

WHEREAS, the primary application fee through AACOM costs $195 with an additional $45 fee per school applied to after the first*;*[3] *and*

WHEREAS, on average applicants apply to 8.7 osteopathic medical schools*;*[4] *and*

WHEREAS, 23% of osteopathic medical schools send secondary applications to all applicants without any screening*;*[3] *and*

WHEREAS, 30% of osteopathic medical schools screen based only on a minimum MCAT and/or GPA prior to distributing secondary application invitations with a mean minimum cutoff of 497 and 2.89, respectively, based on data available publicly, with the average MCAT and GPA for admitted osteopathic medical students being 503 and 3.53;[3] *and*

WHEREAS, the mean cost per secondary application is $64 with a range from no cost to $200*;*[3] *and*

WHEREAS, secondary applications often require several unique essays to be written for each school*; and*

WHEREAS, there is not a current limit as to the number of secondary application invitations an osteopathic medical school sends, allowing schools to invite applicants without being selective based on qualifications provided on the primary application*; now, therefore, be it*

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocate to the American Association of Colleges of Osteopathic Medicine (AACOM) to set a limit to the number of secondary applications sent per interview an osteopathic medical school conducts in a given application cycle, with the caveat that if a secondary application is not submitted within a predetermined time frame of being sent to the applicant, another applicant may be invited to submit a secondary application; *and, be it further*

RESOLVED, that SOMA advocate to AACOM to limit the fee for a secondary application to a set multiplier of the cost of the fee AACOM charges for each additional school on the primary application; *and, be it further*

RESOLVED, that SOMA recommends that the American Osteopathic Association adopt these or equivalent positions.

Explanatory Statement

As an example, if the limit is set to 4 secondary invitations per interview conducted and a medical school conducts 500 interviews over the course of one application cycle, the school would be permitted to send secondary application invitations to a total of 2,000 applicants. If 100 of those 2,000 applicants do not submit the secondary application, after the predetermined time frame (e.g., 3 months), 100 more secondary applications may be sent to other applicants.

Similarly, if the fee cap is set at a 2x multiplier, with the current primary application fee per additional school of $45, an osteopathic medical school may charge no more than $90 for a secondary application.

This will ensure that applicants are only spending their time and money submitting secondary applications to schools that have a potential interest in inviting them for an interview, while providing a large enough applicant pool for osteopathic medical schools.

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Action Taken: WITHDRAWN

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-11

Subject: EDUCATION OF STUDENTS AND FACULTY ON OBTAINING INFORMED CONSENT BEFORE ALL STUDENT AND PATIENT ENCOUNTERS

WHEREAS, patient informed consent is the foundation for all medical practice, and sexual assault is prohibited and addressed in the AOA Code of Ethics;[1] and

WHEREAS, consent is defined "to give assent or approval"[2] which allows comfort and safety in treating patients;

WHEREAS, students of osteopathic medicine receive extensive training in osteopathic manipulative treatment (OMT);[3]

WHEREAS, OMT is a critical procedure to treating patients and is inherently defined by the AOA as a procedure;[4]

WHEREAS, upon polling elected student representatives from osteopathic medical schools, 6 out of 20 reported their school did not require any form of obtaining informed consent when interacting with student patients, standardized patients, or patients in practice;[5]

WHEREAS, we believe every graduate of a college of osteopathic medicine should present the preeminent proficiency of informed consent; and

WHEREAS, obtaining consent is an Entrustable Professional Activity (EPA) as defined by the AAMC as part of several domains of competence including professionalism,[6]

WHEREAS, we believe curricula should spend specific time learning about and practicing the nuances of informed consent and its pitfalls; now, therefore, be it

RESOLVED, that all Colleges of Osteopathic Medicine prepare their graduates to learn and demonstrate aptitude concerning the knowledge and practice of informed consent; and, be it further

RESOLVED, that anyone who takes on the role of an educator in an osteopathic medical school setting demonstrates the knowledge and attitudes of informed consent; and, be it further

RESOLVED, that the AOA emphasize the importance of obtaining patient and student informed consent in all patient encounters and encourage the Commission on Osteopathic College Accreditation (COCA) to ensure that throughout osteopathic medical schools, faculty and students obtain consent from all patients – including student and standardized patients in the classroom and during exams, and those in a clinic –prior to performing any physical exam or therapeutic intervention including osteopathic manipulative medicine diagnoses and treatments.

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Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-12

Subject: CLASSIFICATION OF OSTEOPATHIC MEDICAL GRADUATES AS UNITED STATES MEDICAL GRADUATES IN ELECTRON RESIDENCY APPLICATION SERVICE (ERAS)

WHEREAS, The single accreditation system between American Osteopathic Association (AOA) and the American Council of Graduate Medical Education (ACGME) for graduate medical education (GME) is heading to completion in 2020; and

WHEREAS, The final AOA match has concluded, and from this point forward both osteopathic and allopathic medical school graduates will be applying to the same set of GME programs

WHEREAS, Osteopathic and allopathic medical students are both equally physicians under the law once medical licensure is obtained; and

WHEREAS, Program directors for GME programs utilize filters built into the Electronic Residency Application Service (ERAS) to stratify applicants[1]; and

WHEREAS, The above-mentioned ERAS filters include filtering students by medical school type under the field: "Most Recent Medical School Type." For example, there are U.S. Public and U.S. Private school filters that apply only to M.D. students but there exists a separate third filter category for osteopathic medical schools. As such, osteopathic graduates are not considered as US medical graduates. There are also separate filters for foreign medical graduates and Canadian applicants[1]; and

WHEREAS, Osteopathic medical students applying for residency programs in the new unified match may have their application filtered out, without being viewed by residency program directors, due students being placed in a separate "Osteopathic" category of filtered applicants, in a similar manner to how foreign medical and Canadian graduates are filtered out[1] ; and

WHEREAS, Medical students applying for GME should be judged by programs based on factors that indicate medical school performance, including class ranking, grades, licensing exam scores, letters of recommendation, medical school performance evaluation (MSPE), extracurricular involvement, interview performance, and research conducted ; and

WHEREAS, Medical students spending money to apply to GME programs should have their application given fair consideration ; and

WHEREAS, Osteopathic medical graduates are US medical graduates and should not be classified as a separate subtype of medical graduate comparable to a foreign medical graduate; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocates to the American Association of Medical Colleges to adjust ERAS filters based on medical school type such that Osteopathic applicants are included and recognized within the US Public or Private Medical Graduates category; and be it further

RESOLVED, that SOMA lobby relevant parties such as the AOA, AMA, and ACGME to support changing ERAS filters that separate graduates of osteopathic schools from graduates of

allopathic schools, thus incorporating osteopathic medical school graduates into the U.S. Public and U.S. private school ERAS filters.

Explanatory Statement

Each year, osteopathic medical students' applications for GME training may be discarded without being looked at in the ACGME match at various programs and in various specialties. There currently exists methods to disregard all applications by applicants who are not U.S. M.D. graduates, including U.S. D.O. applicants, without examining the applicants file. These methods consist of filters that limit applications seen by program directors based on the type of medical school from which the applicant is graduating or has graduated. Now that the GME of the ACGME will be the only programs to which applicants may apply, and in keeping the good spirit of single accreditation, there should be no filters that eliminate U.S. M.D. or U.S. D.O. students' applications from consideration based on degree type. The narrowing down of applicants should instead be based on medical school performance. This is the most fair way to ensure that all U.S. medical school graduates have an equal opportunity for their application to be seen at each program to which they apply and submit an application fee.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-13

Subject: SUNSETTING POLICIES OF THE ASSOCIATION

WHEREAS, The purpose of the Student Osteopathic Medical Association (SOMA) strategic plan is to establish overall goals for the association and to develop a plan to achieve those goals and pillar four of that plan calls for SOMA to establish a process for the regular review of the governing documents of the organization to keep pace with the field of osteopathic medicine; and

WHEREAS, the priorities of a body like SOMA can change over time, which necessitates a mechanism to ensure that the official policies of the association align with the priorities of our membership; and

WHEREAS, the sunsetting of policy is a common practice used by organizations like the American Medical Association (AMA) and the American Osteopathic Association[1,2].

WHEREAS, SOMA does not have a process for the regular review of the current policies set forth by the House of Delegates; now, therefore, be it

RESOLVED, that as SOMA adopts policies, a maximum five-year time horizon shall exist. A policy shall sunset after five years unless action is taken by the House of Delegates to retain it. Any action of the SOMA House of Delegates that renews, or amends an existing policy position shall reset the horizon, keeping the policy viable for another five years, be it further

RESOLVED, that for all policies due for sunset review, the SOMA House of Delegates shall be provided a brief summary by the Board of Trustees to include all of the following: the policy under review, what action SOMA has taken to implement the policy and the results of that action, and a recommendation by the Board of Trustees to sunset, renew or amend, be it further

RESOLVED, SOMA shall consider resolutions passed by the House of Delegates in Fall of 2014 and beyond for sunset, with the first report to be submitted at the Fall 2019 meeting of the House of Delegates and yearly thereafter.

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Action Taken: APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-14

Subject: DECRIMINALIZATION OF SELF- INDUCED ABORTION

WHEREAS, self-induced abortion is a deliberate termination of pregnancy performed by the woman herself or with the help of non-medical assistance[1]; and

WHEREAS, nearly half of the pregnancies in the united states are unintended[2]; and

WHEREAS, unintended pregnancies in the United States are most common among women and girls of low income, especially those who are below the federal poverty level[2]; and

WHEREAS, more than 700,000 Google searches were performed looking into self-induced abortions in 2015[3]; and

WHEREAS, unintended pregnancy may be the driving factor behind internet searches related to self-induced abortion[4]; and

WHEREAS, a study with 1,235 respondents found that 73% of those individuals searching for self-induced abortion indicated that they were pregnant and did not want to be, and 11% of those respondents reported that they had ever attempted to self-induce an abortion[4]; and

WHEREAS, a variety of factors may serve as barriers to the utilization of abortion care including, but not limited to, financial constraints, state or clinic restrictions, and travel-related logistical issues[5]; and

WHEREAS, the World Health Organization (WHO) states that "nearly every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe and legal induced abortion, and timely care for complications[6];" and

WHEREAS, the American Medical Association (AMA) policy H-5.980 opposes the criminalization of self-induced abortion, as does the American College of Obstetricians and Gynecologists (ACOG) in the position statement on the matter[7,8]; and

WHEREAS, the Massachusetts Medical Society states support of advocating against any legislative efforts that criminalize self-induced abortion[9]; and

WHEREAS, the WHO defines an "unsafe abortion" as a "procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both," which encompasses self-induced abortion[10]; and

WHEREAS, part of the WHO's reproductive health strategy published in 2004 outlines that most maternal deaths arise from complications during childbirth, the postpartum period, or after unsafe abortions[11]; and

WHEREAS, as a 2014 study estimates that 2% of abortion patients had attempted a self-induced abortion at some point[8]; and

WHEREAS, there are estimates that show in certain states as many as 100,000 women may have attempted to self-induce an abortion[12]; and

WHEREAS, abortions managed by appropriately licensed and skilled practitioners carry risk, like any medical procedure, such as infection hemorrhage, or damage to the uterus and other organs[13]; and

WHEREAS, the criminalization of self-induced abortions may directly impact patient care by leading to increased suspicion of patients presenting to healthcare providers for miscarriages, potentially reducing the likelihood of patients seeking needed treatment[14]; and

WHEREAS, self-induced abortions without appropriate medical supervision would be subject to the same, if not greater, risk; and

WHEREAS, a report from the SIA legal team shows that Arizona, Delaware, Idaho, Nevada, New York, Oklahoma and South Carolina have laws on record with language that directly criminalizes self-induced abortion[15]; and

WHEREAS, prosecutorial overreach may be used to press criminal charges against patients who have participated in self-induced abortion; and

WHEREAS, patients who have attempted to self-induce an abortion may be less prone to access the healthcare system regarding complications due to fear of legal retribution; now therefore, be it

RESOLVED, that the Student Osteopathic Medical Association stand in support of the decriminalization of self-induced abortions along with legislative efforts to support that goal, and oppose legislation that criminalizes self-induced abortion on the basis that these criminalization efforts may increase our patient's medical risk and threaten their well-being, and be it further

RESOLVED, that the American Osteopathic Association stand in support of the decriminalization of self-induced abortions along with legislative efforts to support that goal, and oppose legislation that criminalizes self-induced abortion on the basis that these criminalization efforts may increase our patient's medical risk and threaten their well-being.

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Action Taken: APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-15

Subject: RECOGNIZING FOOD INSECURITY AS A PUBLIC HEALTH ISSUE

WHEREAS, food insecurity is defined as "the disruption of food intake or eating patterns because of lack of money and other resources"[1]; and

WHEREAS, the United States Department of Agriculture (USDA) has reported that 11.8 percent (15 million) of U.S. households experienced food insecure during 2017[2]; and

WHEREAS, food insecurity was inequitably experienced at high rates in households with children headed by single woman (30.3 percent), Black (non-Hispanic) households (21.8 percent), Hispanic households (18 percent), and households with children headed by a single man (19.7 percent) during 2017[2] and

WHEREAS, scientific literature has "consistently found food insecurity to be negatively associated with health outcomes" including increased likelihood of childhood asthma and earlier onset of limitations in activities of daily living for seniors[3]; and

WHEREAS, a constitutional objective of the American Osteopathic Association is to "to promote the public health;" and

WHEREAS, the Student Osteopathic Medical Association (SOMA) is constitutionally an "affiliate member of the American Osteopathic Association (AOA)"; and now, therefore, be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) recognizes food insecurity as a public health issue; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) recognizes food insecurity as a public health issue.

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Action Taken:

APPROVED AS

AMENDED

Date: 3/4/2019

Effective Time Period:

Resolution: S-19-16

Subject: ADVOCATING FOR MORE DO REPRESENTATION WITHIN MEDICAL TV SHOWS AND MOVIES

WHEREAS, there are currently 114,425 practicing osteopathic physicians (DOs) in the United States and DOs are projected to represent more than 20% of all practicing physicians by 2020[1]; and

WHEREAS, 57% of DO physicians work in a primary care specialty and 40% work in specialties such as emergency medicine, OB/GYN, anesthesiology, general surgery, and psychiatry[1]; and

WHEREAS, there have been few, if any, DO physicians represented in any of the major medical dramas (e.g., *Grey's Anatomy, Chicago Med, The Good Doctor, ER, etc.*) or other forms of entertainment media; and

WHEREAS, public perception of physicians is influenced by how positively or negatively by they are portrayed on television[2]; and

WHEREAS, viewers of certain medical dramas perceive what they view on TV as credible[3] and undoubtedly incorporate their perception into expectations as a patient; and

WHEREAS, it is the goal of the AOA to "advance the distinctive philosophy and practice of osteopathic medicine"[4]; now, therefore, be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) supports and advocates for increased representation and accurate portrayal of osteopathic physicians as characters in media, including, but not limited to: television shows and movies; and, be it further

RESOLVED, that SOMA recommends that the American Osteopathic Association supports, advocates, and lobbies for increased representation and accurate portrayal of osteopathic physicians as characters in media, including, but not limited to: television shows and movies.

Explanatory Statement

Increasing the number of osteopathic physicians on TV and in movies has the potential to help educate the public about our profession and furthermore demonstrate the unlimited license to practice medicine that DOs hold in all 50 states. Lobbying for this exposure will be an efficient and cost effective way to promote the DO brand. In addition, research suggests that viewing osteopathic physicians on television will result in viewers (the public) having an increased level of trust and familiarity with our profession.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-17

Subject: DESTIGMATIZATION OF MENTAL ILLNESS IN PHYSICIANS

WHEREAS, a 2013 study published in General Hospital Psychiatry found that of about 203 physicians that succeeded in committing suicide, toxicology results showed a low rate of pharmaceutical treatment and analysis of victim cases showed that many were mentally ill or experienced problems related to job stress[1,2]; and

WHEREAS, a 2016 survey of 2106 female physicians found that nearly 50% felt that they met criteria for a mental illness but refused treatment[3]; and

WHEREAS, "fear of reporting the diagnosis to a medical licensing board" and "belief that a diagnosis was embarrassing or shameful" are two reasons that were given by surveyed female physicians behind not receiving treatment for their mental illness[3]; and

WHEREAS, for female physicians with a formal diagnosis in this survey, only 6% disclosed their diagnosis on medical licensing applications[3]; and

WHEREAS, a 2017 study evaluated how many states have initial and renewal licensure applications are considered "consistent" (the application did not have any questions about mental health conditions or only asked about current impairment from a mental health condition) and found that from 51 applications (the 50 states plus the district of Columbia), only one-third of states have applications that are considered to be "consistent"[4]; and

WHEREAS, 2,325 of 5,829 physicians surveyed (40%) in a 2016 study, cited "concerns about repercussions to their medical licensure" as their reason for being reluctant to be formally treated for a mental health condition[4]; and

WHEREAS, the above study found that physicians were more likely to be reluctant to seek care for a mental health condition if they worked in a state with applications that were not considered "consistent" ($P = 0.002$) leading to the conclusion that questions about a prior mental illness or mental health conditions present a barrier to those physicians that may need to seek help[4]; and

WHEREAS, according to the American Foundation for Suicide Prevention (AFSP), compared to the general male population and general female population, the suicide rate for male physicians is 1.41 times greater and the suicide rate for female physicians is 2.27 times greater, respectively[7]; and

WHEREAS, according to the AFSP, "Among physicians, risk for suicide increases when mental health conditions go unaddressed,"[7]; and

WHEREAS, the American Medical Association (AMA) has approved a policy on June 13th, 2018, that encourages state licensing boards to remove or change questions on their applications that reference prior mental health conditions in favor of questions that specify current physical or mental conditions using the verbiage recommended by the Federation of State Medical Boards (This verbiage reads, "Are you currently suffering from any condition for which you are not

appropriately being treated that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?")[5]; and

WHEREAS, the AMA cites concerns for growing rates of physician and medical student depression, burnout, and suicide as being the trigger for adopting this new policy in an attempt to encourage physicians to seek medical care when they need it without fear of stigmatization or hindrance to their ability to obtain their medical license[5]; and

WHEREAS, the Florida Board of Medicine, in December 2018, in response to the new policy adopted by the AMA and increasing rates of suicide among physicians, has given preliminary approval to remove questions about prior mental health conditions/treatment and substance abuse in favor of questions that specify if applicants "currently have any condition that impairs them from safely practicing and whether they currently are using drugs or intoxicating chemicals,"[6]; and

WHEREAS, the purpose of licensure questions asking about "any" history of mental illness is to identify physicians that may present a risk to themselves or their patients. However, the data presented in this resolution has shown that most physicians are not reporting their conditions honestly with the current licensure questions and are avoiding seeking treatment for their conditions due to fear that a diagnosis would prevent them from maintaining or obtaining their licensure. This perpetuates stigmatization of mental illness and puts these suffering physicians at increased risk for committing suicide; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) advocate in support of the removal of questions on physician state licensing applications that ask about prior history of mental illness in alignment with our colleagues at the AMA; and, be it further

RESOLVED, that SOMA and the AOA advocate in support of questions on physician state licensing applications that use the verbiage concerning current untreated or undertreated conditions such as those that have been approved by the Federation of State Medical Boards.

Explanatory Statement

Questions on the physician state licensing applications that ask about prior mental illnesses serve as a barrier to those that may need treatment due to fear of their answers affecting their licensure. An above whereas statement shows that very few physicians answer these questions honestly. The AFSP has stated that unaddressed mental illness increases rates of suicide among physicians and the barrier presented by the current state licensure questions prevents physicians from seeking care so as to avoid a diagnosis. Due to increasing rates of physician suicide, the AMA has released a statement about adopting their policy to recommend changing or removing state licensure questions pertaining to prior mental health conditions. The Florida Board of Medicine has accepted this new policy and given preliminary approval for the above changes. As an organization with a holistic view of the human body as a complete unit (body, mind, and spirit), the AOA and SOMA should be on par with their colleagues of the AMA in supporting the health and wellness of their physicians, residents, and medical students.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-18

Subject: INCORPORATION OF SPIRITUAL LITERACY TRAINING IN MEDICAL SCHOOL CURRICULA

WHEREAS, osteopathic medicine places a strong emphasis on holistic patient care that integrates physical, mental, and spiritual well-being into a patient's overall health; and

WHEREAS, approximately 80% of Americans identify themselves as being religious or belonging to a religious group, and over 50% say religion is a "very important" part of their lives[1]; and

WHEREAS, little attention has traditionally been paid in medical practice and training (except in palliative care) to spirituality when treating patients, although spiritual considerations are present in any case where patient rights and needs are discussed and play an influential role in decision-making.[2] Many patients, especially those who regularly attend religious services, would like their physicians to address their spiritual beliefs, but most physicians do not ask[3,4]; and

WHEREAS, obtaining a spiritual history is an important component of patient-centered care[2,3] and required pre-clinical training in handling patient spirituality has been shown to be effective at improving perceived comfort among medical students in working with hospital chaplains[3]; and

WHEREAS, there has been a steadily increasing awareness in academic medicine as to the importance of incorporating spiritual literacy programs and understanding of the overlap between spirituality and medicine into preclinical training,[5] be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) adopts a policy to officially encourage incorporation of spiritual literacy training into osteopathic medical curricula at COCA accredited schools as either a longitudinal course, through several discussion-based workshops, and/or as a major component of a wider course on bioethics and practical applications in clinical medicine.

Explanatory Statement

Spiritual literacy training would focus on a brief, secular introduction to the world's major religions and how the variations that exist in their belief systems can influence the healthcare of patients. Training should include discussion-based learning, the opportunity to practice spiritual history taking on standardized patients, information on appropriate end-of-life care in different religions, and discussion of religious topics relevant to care of patients such as, but not limited to: fasting, dietary restrictions, social taboos, organ transplants, blood transfusions, etc.

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Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-19

Subject: CREATION OF STANDING COMMITTEE FOR SOCIAL MEDIA AND PUBLIC RELATIONS

WHEREAS currently, the Public Relations Director is the sole manager of all social media platforms and conference marketing for the Student Osteopathic Medical Association (SOMA); and

WHEREAS, there is support amongst the National Board of Trustees and National Board of Directors regarding this role being excessive for one person to fulfill; and

WHEREAS, the overall goal of the Social Media and Public Relation standing committee is to devise a structured approach towards strengthening our social media presence in order to disseminate information regarding changes and updates to medicine, empower osteopathic medical students by connecting them to resources, and increase and improve the visibility of SOMA and osteopathic medicine; and

WHEREAS, committee responsibilities will include, but are not limited to, posting three (3) to four (4) times weekly on all national SOMA social media and public relations platforms including, but not limited to, Instagram, Facebook, Twitter, and the SOMA website under the direction of respective committee leadership; and

WHEREAS, members of this standing committee and subsequent subcommittees must understand social media/marketing metrics and how to maximize visibility and engagement using these metrics; and

WHEREAS, the creation of a standing committee for social media and public relations is not predicted to place a financial burden on the association; and

WHEREAS, per National SOMA bylaws Article IX Section 1: "The Standing Committees of SOMA shall be created by resolutions submitted to and approved by the House of Delegates. Job description and responsibilities of a Committee Chairperson are to be approved by a simple majority of the Board of Trustees," therefore, be it

RESOLVED, that SOMA support the creation of a Social Media and Public Relations Standing Committee.

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Action Taken: APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-20

Subject: GOOD SAMARITAN OVERDOSE PREVENTION LAWS SUPPORT AND EDUCATION

WHEREAS, 42 states and the District of Columbia have a "Good Samaritan" law in place, protecting witnesses and bystanders of opioid overdose from prosecution for possession of a controlled substance; and

WHEREAS, 14 of these states do not extend that same witness and bystander protections against prosecution to charges for possession of drug paraphernalia; and

WHEREAS, each jurisdiction's version of such a law provides different protections and restrictions on applicability[1]; and

WHEREAS, a 2018 study performed by the Substance Abuse and Mental Health Services Administration found that implementation of a Good Samaritan law results in a 15% reduction in opioid overdose mortality[2]; and

WHEREAS, the evaluation of the Washington state "911 Good Samaritan Law" (RCW 4.24.300) in 2011 found that 88% of respondents would have been more likely to contact emergency services if they had been aware of the law[3]; and

WHEREAS, knowledge of the Indiana Good Samaritan law protections was found to increase likelihood of calling 911 at the scene of an overdose by 69.4 percentage points[4], therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) create an Opioid Task Force, at the discretion of the National SOMA Board of Trustees (BoT), composed of SOMA members for the purpose of opioid crisis education, awareness, campaigns, and resources; and, be it further

RESOLVED, that SOMA support already established laws and the adoption of laws protecting witnesses and bystanders of opioid overdose from charges regarding possession of controlled substances and drug paraphernalia by all states and territories of the United States of America and in the federal district of Columbia; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) support already established laws and the adoption of laws protecting witnesses and bystanders of opioid overdose from charges regarding possession of controlled substances and drug paraphernalia by all states and territories of the United States of America and in the federal district of Columbia

Explanatory Statement

In the 14 states where witnesses and bystanders of opioid overdose are protected against prosecution for possession of a controlled substance but not possession of drug paraphernalia, these individuals are still in danger of being arrested and charged for a crime relating to their drug use should they contact the appropriate authorities.

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Submitted by:

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Justine Harris McKee, OMS II – Alabama College of Osteopathic Medicine
Aerial Petty, OMS II – Alabama College of Osteopathic Medicine
Samantha Ashley Gooch, OMS II – Alabama College of Osteopathic Medicine
Carlos Garcia Galindo, OMS II - Alabama College of Osteopathic Medicine

Action Taken: WITHDRAWN

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-21

Subject: PROPOSED CREATION OF A TIME-OFF STANDARD FOR OSTEOPATHIC MEDICAL STUDENTS DURING DIDACTIC YEARS

WHEREAS, mental health concerns are growing in the medical community with the equivalent of one doctor per day committing suicide in the United States, which is the highest suicide rate of any profession[1]; and

WHEREAS, a 2019 national study of more than 15,000 physicians in over 29 specialties found that 44% of physicians reported feeling burned out, 11% were colloquially depressed, and 4% were clinically despressed[1]; and

WHEREAS, data shows that burnout begins before students become physicians; approximately 50% of medical students experience burnout[2]; and

WHEREAS, in addition to being burned out, approximately one third of medical students meet the criteria for alcohol abuse or dependence, which is double the rate of their non-medical student peers[3]; and

WHEREAS, medical students are three times more likely than the rest of the general population in their age range to commit suicide,[4]; and

WHEREAS, one approach found to be successful in reducing stress and promoting well-being during medical school is to engage in effective self-care[5]; and

WHEREAS, a study published in *JAMA Internal Medicine* found that organization directed interventions were more likely to lead to reductions in burnout than physician directed ones[1]; and

WHEREAS, the Association for Study of Medical Education published a study with data that strongly supports developing and implementing a time-off policy for doctors-in-training in order to enhance well-being[6]; and

WHEREAS, the ACGME has already implemented standards to give residents time off for self-care—wherein they do not have to address upcoming responsibilities or educational concerns. The current standard is one day off in seven, averaged over four weeks[7]; and

WHEREAS, even though medical students show similar alarming mental health concerns as physicians, no such time-off standard exists on the medical student level; now, therefore it be

RESOLVED, that the Mental Health Task Force within the American Osteopathic Association mandate a time-off standard for Osteopathic medical schools during didactic years. A proposed standard is such that:

1. Osteopathic medical students will have at least one designated weekend off every four weeks.

2. A designated weekend off will be defined such that there are no examinations of any kind scheduled during the following week. This offers students at least one weekend per month for self care.

3. Breaks longer than a 3-day weekend (i.e. Thanksgiving, winter, spring, and summer break) negate the need for a designated weekend off during those respective months.

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Submitted by:

Katherine Miotke, OMS I – Kansas City University of Medicine and Biosciences – Joplin
Nicole Siacunco, OMS II – Kansas City University of Medicine and Biosciences – Joplin

Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-22

Subject: INTEGRATED ULTRASOUND CURRICULUM IN PRECLINICAL OSTEOPATHIC MEDICAL SCHOOL CURRICULUM

WHEREAS, the use of ultrasound technology has become an integral part in patient care and a low cost, noninvasive diagnostic tool; and

WHEREAS, medical educators have recognized the importance of ultrasound technology in the enhancement of medical student knowledge of anatomy, physiology, pathology, and physical diagnosis; and

WHEREAS, allopathic institutions that have begun an integrated ultrasound curriculum report 81.2% of students agree that ultrasound integrated curriculum enhanced their knowledge of anatomy; and 90.7% of agreed that the use of ultrasound has increased their knowledge and clinical correlation with basic science instruction[1]; and

WHEREAS, in 2015, Rocky Vista University College of Osteopathic Medicine implemented a 4-year integrated ultrasound curriculum, with positive feedback from students on the repetition of concepts that hands-on ultrasound brings[2]; and

WHEREAS, in 2015 AT Still University integrated ultrasound into their curriculum and reported a significant improvement in overall anatomical knowledge retention for board exams[3]; and

WHERAS, in a 2016 survey, it was found that of all the 173 medical schools in the US 48 schools have required integrated ultrasound curriculum including 45 allopathic and 3 osteopathic schools[4]; and

WHERAS, there is a need to evolve osteopathic curriculum to match current clinical practices and with the single GME accreditation system it is crucial for osteopathic medical students to remain competitive and continue to enhance their knowledge of the technological practices and skills in patient care; now, therefore, be it

RESOLVED, that SOMA supports the integration of ultrasound into the 1st and 2nd year osteopathic medical school curriculum; and, be it further

RESOLVED, that SOMA lobby COCA to assess the curriculum of osteopathic medical school and their inclusion of ultrasound medical education into pre-clinical education; and be it further

RESOLVED, that SOMA recommends upon completion of the assessment, if appropriate COCA establish guidelines for osteopathic medical schools to integrate ultrasound medical education into 1st year gross anatomy and principles of clinical medical course and 2nd year pathology and principle clinical medical course.

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Submitted by:

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Comfort Orebayo OMSI- Kanasas City University of Medicine and Biosciences- Joplin

Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-23

Subject: ADVOCATING FOR THE IMPROVEMENT OF ACCREDITATION STANDARDS ON DIVERSITY AT OSTEOPATHIC MEDICAL SCHOOLS

WHEREAS, The importance of educating a medical student body that mirrors the region's patient population has been underscored by studies outlining the vital role that physicians from minority backgrounds play in underserved communities.[1,2,3]; and

WHEREAS, Salient results from a 2013 study published in JAMA shows evidence that non-white physicians provide care for 54% of minority patients and 70% of non-English-speaking patients, patients from underserved populations were significantly more likely to be cared for by non-white physicians, and minority physicians are more likely to care for patients with Medicaid and the uninsured.[1]

WHEREAS, Additional evidence demonstrates that physician-patient racial/ethnic concordance leads to patients perceiving a higher quality and satisfaction of care, and that discordance leads to increased use of high-cost healthcare systems like emergency departments for primary care needs.[4,5]

WHEREAS, Increasing the representation of historically underrepresented minorities has been laid out as a priority by both American Association of Colleges of Osteopathic Medicine (AACOM) and the American Osteopathic Association (AOA).

WHEREAS, In 2015, AACOM created a Diversity Committee and a Diversity in Osteopathic Medical Education website.[6,7]

WHEREAS, In 2017, the American Osteopathic Association's House of Delegates passed resolution H429-A/14, that encourages increased URM graduates and faculty by the year 2020.[8]

WHEREAS, In addition, the AOA also passed resolution, H336-A/14, PROMOTING DIVERSITY IN AOA MEMBERSHIP AND LEADERSHIP, where they endorse programs in colleges of osteopathic medicine that work to enroll underrepresented minorities and promote leadership opportunities in the profession.[8]

WHEREAS, standard 5.2 of the 2017 COCA COM Continuing Accreditation Standards reads, "A COM must publish and follow policies to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of the academic community."[9] This statement lacks specific and measurable requirements for schools to meet; now,

WHEREAS, standard IS-16 of the LCME states, "An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds."[10] now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association lobby to COCA to incorporate a more specific and robust set of accreditation standards on diversity.

RESOLVED, that SOMA recommend the diversity accreditation standards for osteopathic medical schools must enact outreach and recruitment efforts for underrepresented minority (URM) students and faculty as well as integrate training programs in cultural humility and bias awareness for students, faculty and staff.

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Submitted by:
Samantha Culver OMS II - University of New England College of Osteopathic Medicine
Jenna Wozer, OMS II - University of New England College of Osteopathic Medicine

Action Taken: APPROVED AS AMMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-24

Subject: STUDENT DEBT, STUDENT LOANS, LOAN REPAYMENT, PUBLIC SERVICE LOAN FORGIVENESS

WHEREAS, A student attending a college of osteopathic medicine can expect to pay on average $301,704 in approximate total cost of attendance as an in-state resident, and $318,216 as an out of state resident over a four-year period[1]; and

WHEREAS, medical and other health professions students requiring student loans utilize Federal Direct Unsubsidized Loans in combination with Federal Direct Graduate PLUS Loans; and

WHEREAS, the 2017-2018 academic year interest rates for these loans for are 6% and 7% respectively for graduate or professional students[1]; and

WHEREAS, the average osteopathic medical student graduates with an average of $247,218 of debt[2]; and

WHEREAS, medical student loan debt may play an increasing role in negatively impacting the specialty choices of physicians and practice, and equitable access for patients; and

WHEREAS, student loan repayment must begin within six months of graduating from an accredited medical or other health professions school; and

WHEREAS, student debt has been shown to be a factor in stress and burnout in health professionals[4]; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) collaborate with the American Association of Colleges of Osteopathic Medicine (AACOM) and its ED to MED campaign to advocate for federal policies to help osteopathic medical students - the future physician workforce - better afford their medical education and have the financial incentive and security to serve the nation's underserved communities and patients; and be it further

RESOLVED, that the AOA work in collaboration with and support efforts of the AACOM to advocate for federal policies that lower federal graduate student loan interest rates and protect graduate student loan programs to include loan forgiveness and repayment programs; and be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) work in collaboration with and support efforts of the AACOM to advocate for federal policies that lower federal graduate student loan interest rates and protect graduate student loan programs to include loan forgiveness and repayment programs.

Explanatory Statement
To address the burden of debt for medical and other health professions students and the ensuing impact on the future health care workforce.

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Submitted by:
Jamie Beckman, OMS III – Edward Via College of Osteopathic Medicine -Carolinas
Christopher Walker, OMS III – Campbell University School of Osteopathic Medicine

Action Taken:

NOTAPPROVED

Date: 3/4/2019

Effective Time Period: *(If this resolution represents a permanent change, declare "***Ongoing***". If the resolution is of a short-term nature, specify a date that this resolution could be removed from the Policies Section since the resolution would no longer be in effect.)*

Resolution: S-19-25

Subject: CREATION OF A DIRECT COMPARISON SCORE REPORT FOR OSTEOPATHIC AND ALLOPATHIC BOARD EXAMINATIONS

WHEREAS, the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) –USA is required of all osteopathic medical students; and

WHEREAS, the COMLEX-USA has a maximum score of 999, with a historic mean score of 500-550[1]; and

WHEREAS, Osteopathic medical students have the option to take the Unite States Medical Licensing Exam (USMLE), and approximately 58% (3,786) Osteopathic medical students took the USMLE Step 1in 2017[2,3]; and

WHEREAS, Osteopathic medical students who have taken USMLE have historically been more likely to successfully match to Accreditation Council of Graduate Medical Education (ACGME) accredited programs[4,5]; and

WHEREAS, there is no official conversion formula for direct comparison between COMLEX and USMLE scoring systems[6–9]; and

WHEREAS, in 2018, the American Medical Association (AMA) resolved to "promote equal acceptance of the USMLE and COMLEX at all United States residency programs," and "to educate Residency Program Directors on how to interpret and use COMLEX scores… [and] promote higher COMLEX utilization with residency program matches in light of the new single accreditation system"[10]; and

WHEREAS, by 2020, all residency programs will be governed by a single accreditation system overseen by the ACGME; and

WHEREAS, the AMA has stated that COMLEX and USMLE should viewed equally, there currently exists no direct mechanism of comparison for these two exams; and

WHEREAS, despite AMA statements, the Council of Emergency Medicine Residency Program Directors have recommended osteopathic students take the USMLE in addition to COMLEX "to allow direct comparison to their allopathic peers" and increase chances of matching into top residency programs[11]; and

WHEREAS, the creation of a direct comparison score report would allow directors of both historically Allopathic and Osteopathic residency programs to more easily and consistently evaluate all candidates without requiring multiple equivalent examinations; and

WHEREAS, the creation of a direct score report would promote the implementation of the AMA's recommendation that these two examinations be viewed as equal; therefore be it

RESOLVED, that SOMA recommends that the AOA instruct the NBOME to make available a direct comparison examination score report to residency directors for simple and consistent evaluation of Osteopathic medical students in the new single accreditation system for graduate medical education.

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Submitted by:
Joel Manzi, OMS-II, Ohio University Heritage College of Osteopathic Medicine
Nathan Reynolds, OMS-II, Ohio University Heritage College of Osteopathic Medicine
Shaina Rood, OMS-II, Ohio University Heritage College of Osteopathic Medicine
Gwendolyn Kuzmishin, OMS-I, Ohio University Heritage College of Osteopathic Medicine

Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-26

Subject: STANDARDIZATION OF COMLEX LEVEL 1 SCORES WITH USMLE STEP 1

WHEREAS, a passing score on COMLEX Level 1 is required of all osteopathic medical students to graduate; and

WHEREAS, exam score on COMLEX Level 1 and USMLE Step 1 is used as an impactful criterion for acceptance into residency programs[1]; and

WHEREAS, as of 2020, the ACGME and the AOA are forming the single graduate medical education (GME) accreditation systems (SAS)[2]; and

WHEREAS, Resolution 955 "Equality for COMLEX and USMLE" from the AMA assures the AMA will promote equal acceptance for COMLEX and USMLE from accredited ACGME residency programs; and

WHEREAS, the implementation of the single graduate medical education accreditation system puts osteopathic medical students in the same applicant pool as allopathic medical students; and

WHEREAS, osteopathic medical students may feel pressure to take both COMLEX Level 1 and USMLE Step 1 to be competitive residency applicants[3]; and

WHEREAS, as reported in *Academic Emergency Medicine*, COMLEX Level 1 and USMLE Step 1 scores are not interchangeable[4]; and

WHEREAS, existing formulas for COMLEX Level 1 score conversion to USMLE Step 1 scores are inaccuate, and leave COMLEX interpretation non-standardized[5]; and

WHEREAS, training of allopathic residency directors for interpretation of COMLEX Level 1 scores as outlined from Resolution 955 "Equality for COMLEX and USMLE" from the AMA, may not be sufficient; now, therefore, be it

RESOLVED, that SOMA lobby to the AOA to encourage the NBOME to create a similar scoring format for COMLEX Level 1 that follows USMLE Step 1.

Explanatory Statement

The creation of a new scoring format for COMLEX Level 1 following USMLE Step 1 is intended to alleviate any discrepancy about score interpretation by all residency directors.

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Submitted by:
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Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-27

Subject: MATERNAL LEAVE POLICIES FOR ACGME RESIDENCY PROGRAMS

WHEREAS, the ACGME requires that graduate medical education institutions give written statements regarding parental leave policy availability, without requiring implementation or standardization of leave policies across programs[1]; and

WHEREAS, length and availability of maternal leave policies in place for resident physicians is determined by respective specialty boards (e.g. American Board of Family Medicine, etc.)[1]; and

WHEREAS, there is discrepancy across specialties regarding availability of policies[1,2]; and

WHEREAS, 90% of pediatric residency programs have maternal leave policies, as compared to only 36.54% of plastic surgery residency programs[3,4,5]; and

WHEREAS, length of policies vary with some specialties encouraging minimum 8 week maternal leave, while female surgical residents report that the American Board of Surgery leave policies are a barrier to taking more than 6 weeks of leave[1,2]; and

WHEREAS, in comparison to federal law covering 60% of workers, the Family and Medical Leave Act states eligible employees are entitled to: "unpaid, job-protected leave for specified family and medical reasons," including up to twelve work weeks within a 12 month period for birth of a child and care for the newborn[6];

WHEREAS, a substantial decrease in infant mortality was found when women were given 12 weeks of maternity leave following the Family and Medical Leave Act[7]; now, therefore, be it

RESOLVED, the American Osteopathic Association (AOA) encourage the ACGME to adopt consistent maternal leave policies across all specialties accredited residency programs; and, be it further

RESOLVED, the AOA encourage the ACGME to suggest all accredited residency programs have maternal leave policies consistent with federal policy; and, be it further

RESOLVED, the AOA encourage the ACGME to advocate for transparency of maternal leave policies at the time of residency matching.

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Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: *(If this resolution represents a permanent change, declare "***Ongoing***". If the resolution is of a short-term nature, specify a date that this resolution could be removed from the Policies Section since the resolution would no longer be in effect.)*

Resolution: S-19-28

Subject: COMPREHENSIVE INSULIN COVERAGE FOR TYPE 1 DIABETICS

WHEREAS, Diabetes Type 1 is one of the most common chronic diseases starting in early childhood in the United States that is fatal without lifelong insulin treatment[1]; and

WHEREAS, the researchers who discovered insulin, Richard Banting, J. B. Collip, and Charles Best, sold their patent rights for only one dollar each because their goal was to ensure the quality, purity, and potency of insulin sold on the market rather than to profit[2]; and

WHEREAS, the first license to manufacture insulin was granted for humanitarian purposes rather than for profit[3]; and

WHEREAS, the cost of insulin has tripled over a mere decade from 2002-2013, despite only incremental added benefits of new insulin products on the market[4,5,6]; and

WHEREAS, it costs uninsured patients ten times more for insulin treatment at $7,000 annually versus $700 annually with insurance[7]; and

WHEREAS, the pharmaceutical industry has made these incremental improvements to keep the cost of insulin expensive after the original patent has expired, against the values of SOMA policy S-18-12 designed to combat pharmaceutical evergreening[8]; and

WHEREAS, many uninsured and even some insured patients are rationing their insulin and taking less than prescribed because of the rising costs, resulting in preventable complications, emergency room visits, deaths, and financial burdens on the healthcare system[6,8]; and

WHEREAS, patients are dying due to inability to afford insulin[9]; and

WHEREAS, the Senate Finance Committee Chairman stated, as recently as January 2019, the Committee's intent to investigate price spikes in the cost of insulin for people with diabetes and to schedule hearings on the high cost of prescription drugs[10];" and

WHEREAS, the Chairman of the House Committee on Oversight and Reform confirmed in January 2019 that "there is a strong bipartisan consensus that we must do something to rein in out-of-control price increases…" by the pharmaceutical industry[11]; and

WHEREAS, in January 2019, a bill was introduced to the House Committee on Energy and Commerce aimed at eliminating cost sharing of insulin and instead providing full coverage of insulin under both Medicare Part D and Medicaid[12]; and

WHEREAS, the expansion of Medicaid eligibility in some states addressing gaps in affordable access to diabetes medication and treatment has resulted in a significant increase in insulin prescriptions being filled[13,14], and

WHEREAS, Medicare coverage was extended in 1973 under the End Stage Renal Disease (ESRD) Program to provide immediate full coverage of all necessary and life-saving treatments for those with Stage 5 renal disease, so that patients could have access to treatment without the burden of associated costs and without the delay of waiting to qualify for insurance eligibility[15,16]; now, therefore, be it

RESOLVED, that both the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) support legislation in Congress to eliminate cost-sharing of insulin, so that insulin would be fully covered by insurance for all patients; and, be it further

RESOLVED, that SOMA lobby Congress for legislation classifying Type I Diabetes as a disability under Medicare, as was done for ESRD, so that uninsured patients with Type 1 diabetes would immediately qualify for full coverage of insulin treatments; and, be it further

RESOLVED, SOMA recommend to the AOA to lobby Congress for legislation classifying Type I Diabetes as a disability under Medicare, as was done for ESRD, so that uninsured patients with Type 1 diabetes would immediately qualify for full coverage of insulin treatments.

Explanatory Statement

The goal of this resolution is to address gaps in insulin accessibility created by prohibitive pricing from the pharmaceutical industry. This would ensure that all Americans receive access, guaranteed by law, to necessary insulin therapy, regardless of their employment, income, or health care status. This resolution seeks to do so through the expansion of Medicare coverage to include Type I diabetes. Ensuring access to insulin would also alleviate healthcare cost burdens by reducing diabetes complications resulting from insulin rationing or lack of access to insulin.

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Action Taken: WITHDRAWN

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-29

Subject: OPPOSING ZERO-TOLERANCE IMMIGRATION POLICIES AND THE SEPARATION OF FAMILIES AT THE BORDER

WHEREAS, a zero-tolerance immigration policy is defined as the immediate prosecution and detention of adults entering the country illegally, without exception for those seeking asylum or accompanied by minors;[1] and

WHEREAS, zero-tolerance immigration policies have the added effect of separating children from their families at the time of detention;[1] and

WHEREAS, according to the American Academy of Pediatrics in 2017, the basic standards of care for immigrant children in detention in the US were not met; specifically there were "egregious conditions in processing centers included inadequate bathing and toilet facilities, constant light exposure, children sleeping on concrete floors, confiscation of belongings, insufficient food, denial of access to thorough medical care, lack of mental health support plus physical and emotional maltreatment;" [2] and

WHEREAS, children accumulating Adverse Childhood Experiences (ACEs), such as the trauma of being separated from their families and being placed in separate detention centers that do not adequately meet their basic needs, experience increased risks of cancer, heart disease, mental health disorders, other diseases, and early death;[1, 4, 5] and

WHEREAS, separation of families fleeing persecution in their home countries led to an increase in depression/anxiety and posttraumatic stress disorder;[6] and

WHEREAS, there is evidence that this separation from their families can damage the children's attachment relationships, cause toxic stress, and even led to greater health disparities;[1] and

WHEREAS, alternative approaches to detention centers exist and are more humane and less expensive;[3] and

WHEREAS, there is no empirical evidence to demonstrate that threats of detainment deter individuals from seeking asylum;[7] and

WHEREAS, statements condemning the separation of immigrant families have already been issued by the Royal College of Pediatrics and Child Health, the American Academy of Pediatrics, the Canadian Pediatric Society, the American Medical Association, the Canadian Medical Association, and the International Society for Social Pediatrics & Child Health;[6] and

WHEREAS, according to the American Osteopathic Association's code of ethics, section 13, "A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health;"[8] Therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) oppose zero-tolerance immigration policies, especially policies where children are separated from their families; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) oppose zero-tolerance immigration policies, especially policies where children are separated from their families; and, be it further

RESOLVED, that the AOA act to discourage existing and future efforts to create, enforce, or legislate similar zero-tolerance immigration policies.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-30

Subject: FAIR OPPORTUNITIES FOR VISITING MEDICAL STUDENTS

WHEREAS, by 30 June, 2020, all U.S. osteopathic and allopathic medical students will apply to residency programs through the Single GME Accreditation System[1]; and

WHEREAS, elective visiting medical student clinical rotations (i.e. "Sub-Is" or "Away Rotations") are beneficial to fourth year medical students interested in specific residency programs by providing additional clinical experiences in varying specialties and subspecialties; promoting networking opportunities; and allowing for students to obtain letters of recommendations as part of their residency program application; and

WHEREAS, *Letters of Recommendation in the Specialty* were weighted as a 4.2 out of 5 (Mean Importance Rating) by 86% of surveyed Program Directors (representing all specialties in the 2018 NRMP survey) as a selection factor for residency interview[2]; and

WHEREAS, *Personal prior knowledge of the applicant* was weighted as a 4.2 out of 5 (Mean Importance Rating) by 68% of surveyed Program Directors (representing all specialties in the 2018 NRMP survey) as a selection factor for residency interview[2]; and

WHEREAS, *Audition elective/rotation within your department* was weighted as a 4.2 out of 5 (Mean Importance Rating) by 65% of surveyed Program Directors (representing all specialties in the 2018 NRMP survey) as a selection factor for residency interview[2]; and

WHEREAS, as of February 8, 2019, the following U.S. medical education programs, listed as participating institutions in the AAMC's Visiting Student Learning Opportunities (VSLO) program[17], only accept applications for visiting medical student clinical rotations from students belonging to LCME accredited programs (MD programs): University of Maryland School of Medicine[5], University of Virginia School of Medicine[6], Larner College of Medicine at the University of Vermont[7], the University of Kansas - Wichita[9], Creighton University School of Medicine[10], Houston Methodist Hospital[17], and Washington University School of Medicine in St. Louis[14]; and

WHEREAS, as of February 8, 2019, LSU Health School of Medicine[8] states that "A student in good standing at any AAMC approved medical school (...) may be accepted for any elective listed in the LSUHSC elective catalog," however upon further inquiry with LSUHSC Department of Student Affairs they stated that "in general" they accept applications from students from COCA accredited osteopathic medical schools but "only certain departments accept DO students."; and

WHEREAS, as of February 8, 2019, the following programs explicitly state limitations to available visiting medical student clinical rotations for osteopathic students: University of Miami Miller School of Medicine states, "students from non-LCME schools are accepted for clinical experiences at UMMSOM/JMH as OBSERVERS ONLY"[11]; the University of Utah School of

Medicine states, "DO students are not accepted into all rotations. It is the responsibility of the DO student to ensure that the rotation they request will accept DO students."[12], Tufts University School of Medicine states, "Interested students must be in good standing and their final year of an LCME accredited medical school. Students attending an Osteopathic medical school are eligible to Baystate Medical Center and Maine Medical Center, only."[13], and the University of South Alabama provides documentation on their program website with specific requirements regarding board scores for allopathic and osteopathic applicants for each rotation.[15]; and

WHEREAS, as of February 8, 2019, the University of Colorado School of Medicine visiting medical student website states "A nonrefundable application fee of $150 for MD students is due on receipt of an offer for externship. DO and international medical students are required to pay a nonrefundable fee of $4,150 on receipt of an offer for externship."[16]; and

WHEREAS, the programs listed above do not represent an all-inclusive list of those that may match the aforementioned criteria; now, therefore be it

RESOLVED: that the Student Osteopathic Medical Association (SOMA) recommends that the Association of American Medical Colleges (AAMC) supports equal opportunity for medical students from COCA accredited schools by encouraging all Visiting Student Learning Opportunities (VSLO) participating medical education programs to accept applications from the aforementioned students and offer visiting medical student clinical rotations to all qualified applicants; and, be it further

RESOLVED: that the Student Osteopathic Medical Association (SOMA) recommends that the Association of American Medical Colleges (AAMC) encourages VSLO participating medical education programs to explicitly state any limitations to visiting medical student clinical rotations for applicants from COCA accredited schools; and, be it further

RESOLVED: that the Student Osteopathic Medical Association (SOMA) recommends that the Association of American Medical Colleges (AAMC) encourages VSLO participating medical education programs that offer visiting medical student clinical rotations to charge students from both LCME and COCA accredited schools equal and equitable application fees, down payments, or deposits.

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Action Taken: APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-31

Subject: ADVOCATING FOR WOMEN'S RIGHT TO REPRODUCTIVE HEALTHCARE ACCESS AND SUPPORT OF ROE V. WADE

WHEREAS, the Supreme Court ruled in favor Jane Roe and the pursuit of safe, legal abortion rights for women in the United States in 1973 in response to the unconstitutionality of states' imposition of laws and statutes that interfere with an individual's right to autonomy and privacy regarding the creation of a family[1]; and

WHEREAS, in 1967, 17% of pregnancy-induced maternal demise was due to illegal abortion complications performed without medical personnel and resources[2]; and

WHEREAS, according the CDC Abortion Surveillance Systems, "652,639 legal induced abortions were reported," which indicate 652,639 women chose abortion as their choice of medical care in 2014, elucidating the enormity of need of such resources and patient autonomy[3]; and

WHEREAS, according the CDC Abortion Surveillance Systems, 4 (.0006%) women died in 2013 as a result of complications post legal abortion[3], further elucidating the benefit of women's rights to choose as opposed to the aforementioned loss of life while abortion was made illegal nationwide; and

WHEREAS, women of low socioeconomic status and minorities will suffer the brunt of the repercussions of overturning Roe v. Wade due to the loss of funding protections for Title X subsidiaries, like Planned Parenthood, that provide affordable reproductive healthcare that includes annual mammograms, preventative gynecological healthcare and screenings, access to birth control, sexual education, and safe abortion procedures, leading to increased incidences of malignancies, unplanned and unwanted pregnancies, and unsafe abortion practices[4]; and

WHEREAS, "abortion in the United States is an extremely safe procedure. Restrictions imposed in some states are not based on medical evidence and will do nothing to improve women's health and safety. In fact, these requirements put women at risk by standing in the way of safe reproductive care."[8]

WHEREAS, "research shows that carrying an unwanted pregnancy to term is more dangerous to a woman's health than abortion."[8]

WHEREAS, "induced abortion is among the safest outpatient procedures performed in the United States."[9]

WHEREAS, "the risk of mortality from childbirth in the United States is estimated to be ***14 times*** higher than the risk from induced abortion, and the risk of all maternal morbidities, defined as "conditions either unique to pregnancy or potentially exacerbated by pregnancy that occurred in at least 5% of all pregnancies" is significantly higher among women who give birth than among those who have abortions."[9]

WHEREAS, "the evidence suggests that unintended pregnancy is one of the most critical challenges facing the public health system and imposes significant financial and social costs on society. Long-term studies confirm that reducing unintended pregnancy incidences would increase labor force participation rates, improve academic achievement, have better economic efficiency, increase the level of health and reduce in crime rates among vulnerable groups."[10]

WHEREAS, the American College of Obstetrics and Gynecology (ACOG) holds and supports the committee opinion for clinical guidelines on women's reproductive health and rights that

"safe, legal abortion is a necessary component of women's health care… Legislative restrictions fundamentally interfere with the patient-provider relationship and decrease access to abortion for all women, and particularly for low-income women and those living long distances from health care providers."[4]; and

WHEREAS, ACOG, which currently represents 58,000 OG/GYNs in the U.S. and abroad[8], and the American Congress of Obstetricians and Gynecology published a position statement in 2016 emphasizing that "...[P]rohibitions on essential care that are based on religious or other non-scientific grounds can jeopardize women's health and safety."[5]; and

WHEREAS, physicians are trained to serve with the patient's best interest in mind, regardless of personal moral or ethical convictions as long as the legal standard of care is practiced; and

WHEREAS, the decision to safely terminate pregnancy should be solely at the discretion of the patient and their healthcare team; and

WHEREAS, opposition to abortion lies on moral premise, judgement, and conviction and on the idea that states should be held financially and socially accountable for the welfare of women who become unexpectedly pregnant according to ACOG[6]; and

RESOLVED, that the Student Osteopathic Medical Association (SOMA) support Roe v. Wade for the purpose of supporting women's right to access reproductive healthcare as part of their fundamental healthcare rights; and, be it further

RESOLVED, that SOMA stand by ACOG in their recommendation of increased provisions for safe and legal abortion resources and reproductive healthcare education for female patients; and, be it further

RESOLVED, that SOMA call upon the American Osteopathic Association (AOA) to stand by ACOG in their recommendation of increased provisions for safe and legal abortion and reproductive healthcare resources and opposition of the reversal of Roe v. Wade by drafting an official statement reflecting this position.

Explanatory Statement

The reversal of Roe v. Wade will undoubtedly increase the rate of illegal abortions performed in the United States, vastly increasing infertility and mortality risks due to patients' lack of knowledge on how and when to best perform these procedures via chemical methods. Abortions will occur regardless of its legality. At the forefront of our oath and practice is the patient; safety, autonomy and dignity are held to highest regard. Therefore, depriving women of the right to safe, legal access to reproductive health, family planning, and abortion services is not only unconstitutional but directly infringes on their right to autonomy over their bodies and lives. Moreover, women of low socioeconomic background are at highest risk due to the inevitable reduction of funding allocated to Title X programs liked Planned Parenthood. As a result, we stand in strong opposition to the reversal of Roe v. Wade, the subsequent legal repercussions for female patients who seek autonomy, and the danger to life that is illegal abortion.

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Action Taken: APPROVED AS AMENDED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-32

Subject: INCLUSION OF PATIENT EDUCATION ON ORGAN DONATION AS A REQUIRED COMPONENT OF INITIAL PRIMARY CARE VISIT

WHEREAS, as of January 29th, 2019 at 10:36 AM EST, 113,677 patients are currently on the waiting list in need of a life-saving organ transplant in the United States, resulting in an average of 22 patients dying each day while waiting for a transplant due to a shortage of donated organs;[1,2] and

WHEREAS, in 2008, children, especially those under 5 years of age, had the highest death rate on the transplant waiting list compared to any other age range and the number of pediatric deceased donors continued to decline[3]; and

WHEREAS, liver and kidney disease kill over 120,000 individuals each year, more people than Alzheimer's, breast cancer, or prostate cancer[4]; and

WHEREAS, 95% of adults support organ donation but only 54% are actually registered as organ donors; and

WHEREAS, every ten minutes, someone is added to the national transplant waiting list, contributing to the persistent gap between the supply and demand of organs[2]; and

WHEREAS , "currently, there are limited programs educating the population about organ donation in the United States resulting in a situation in which the public lacks basic knowledge and understanding of organ donation, i.e. the dire need, living vs. deceased, which organs can be donated during one's lifetime, the time, effort and risk involved"[2]; and

WHEREAS, education provided by United States federal government organizations, including national DMV website, does not sufficiently educate the public on organ donation facts, myths, and resources[5]; and

WHEREAS, a Quality Improvement (QI) study, in which patients were provided an organ donation pamphlet and registration form, performed by the University of Toronto at a primary care clinic showed an overall 18.3% increase in successful organ donor registrations[6]; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) support increasing public education and awareness of the importance of organ donation in all primary care patients (including pediatrics patients' parents or legal guardians, and Power of Attorney), including organ donation counseling during a patient's initial primary care visit with a new provider as a means of educating and encouraging patients to become organ donors in order to ameliorate the national organ shortage; and be it further

RESOLVED, that SOMA and the AOA support further research on organ donation in the United States as well as cost-benefit analysis of the implementation of policies aimed at increasing the number of individual organ donors on the national organ donation list

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Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: Ongoing

S-19-33 (LATE)

Subject: THE USE OF OSTEOPATHIC MANIPULATIVE TREATMENT BEFORE OPIOID DRUGS IN NON-CANCER PAIN MANAGEMENT, AND CALL FOR CHANGE IN OMT EDUCATION STANDARDS

WHEREAS, Osteopathic Manipulative Treatment (OMT) has been found to be as effective as standard therapy in treating low back pain[1,2] and other chronic pain conditions, including migraine, temporomandibular disorders, cervical spine pain, and fibromyalgia,[3,4,5,6,7] and

WHEREAS, the use of OMT results in reduced pain medication usage by patients,[1,3,4,8,9,10,11,12] and is associated with lower risk and lower cost,[13] and "osteopathic treatment was found to be a dominant and cost-effective strategy compared to standard treatment,"[14] and

WHEREAS, OMT has been found to be effective in reducing chronic pain levels and improving functional status in chronic pain conditions such as migraine, temporomandibular disorders, cervical spine pain, fibromyalgia, and chronic prostatitis.[24,25,26,27,31,32] OMT is also associated with reduced medication usage, including non-steroidal inflammatory and muscle relaxant consumption.

WHEREAS, patients "generally [give] high ratings for satisfaction and were positive about the OMT following orthopedic and thoracic surgery,"[15] and 63% of patients with back pain treated with OMT for 8 weeks reported an improvement in pain, while only 46% of the sham treatment group reported improvement,[16] after which the authors concluded "a trial of OMT may be useful before progressing to other more costly or invasive interventions," and

WHEREAS, the Federation of State Medical Boards recommends the use of many therapies, including OMT, before, with, or in place of opioid therapies in order to minimize the inappropriate use thereof, and[17], and the WHO recommends adjuvant therapies such as OMT at all steps of pain management, in the WHO "Pain Relief Ladder," as pre-and co-therapy with opioid drugs,[18] and

WHEREAS, 66% of all drug overdose deaths involved opioids, and opioid overdose death rates increased 200% from 2000 to 2014; similarly, the number of deaths was five times higher in 2016 than in 1999,[19,20] and

WHEREAS, opiate prescriptions cost $2.8 billion, while opiate misuse and abuse cost $78 billion in 2013,[21] and dependence on opioids is associated with increased 30-day readmission rates after surgery, costing $41 billion per year in the US as of 2013, while inpatient stays resulting in opioid abuse have increased only 5% from 1993-2012,[20]

WHEREAS, opiate prescription continues to increase, as they have since a 33% increase in dependence and addiction from 2002 to 2011;[20] and one million patients were estimated to be dependent on prescribed opioids in 2006, with projected increases,[23] and in 2013 National survey on Drug use and Health, 4.5 million individuals surveyed in one month in the US were current nonmedical users of prescription opioids[22]; now, therefore, be it

WHEREAS, it is already well-established in the body of literature on OMT that prominent experts in the field believe OMT ought to be used preferentially in the treatment of chronic pain [36,37,38,39,40]

RESOLVED, that the American Osteopathic Association recommend and reaffirm that Osteopathic manipulative treatment should be used as adjuvant therapy as part of a comprehensive pre-opioid non-cancer pain management plan. And be it further

RESOLVED, that the Student Osteopathic Medical Association lobby the American Osteopathic Association's Commission on Osteopathic College Accreditation form a task force to advance standards for OMT education in Colleges of Osteopathic Medicine, to standardize and optimize the future physicians' education in treating chronic pain with OMT.

Explanatory Statement

The opioid addiction epidemic is continuing to grow out of control; it costs many lives and vital resources. Osteopathic manipulative treatments are a uniquely safe, affordable, efficient, and effective alternative which may reduce or remove the need for opioid drugs in non-cancer pain management, and should be used to alleviate this suffering.

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Action Taken: NOT APPROVED

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: **S-19-34 (LATE)**

Subject: ESTABLISH SOMA LGBTQ+ TASKFORCE

WHEREAS, the Student Osteopathic Medical Association (SOMA) does not have a committee committed to investigating and addressing the health disparities of the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual (LGBTQ+) community; and

WHEREAS, the LGBTQ+ community has a unique set of health disparities and health outcomes that are separate and distinct from the general population, qualifying it as an underserved community[1]; and

WHEREAS, an integral component of the osteopathic tradition is to take care of a whole person - "the person is a unit of body, mind, and spirit" - and allocating the resources necessary to treat and care for the LGBTQ+ community exemplifies this philosophy[2]; and

WHEREAS, the American Student Medical Association (AMSA) has developed a Gender & Sexuality Action committee "dedicated to combating sexism and heterosexism, and to assuring equal access to medical care and equality within medical education" and the creation of an analogous committee within SOMA would show determination for genuine care for the LGBTQ+ community to the community, medical students and faculty, providers and the general population[3]; and

WHEREAS, there is only 5 hours of medical education, on average, devoted to the LGBTQ+ community across allopathic and osteopathic medical schools in the United States and Canada[4]; and

WHEREAS, osteopathic teaching institutions lag behind allopathic counterparts when it comes to clinical education relating to the LGBTQ+ community[5]; therefore, be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) will create an advisory taskforce committed to addressing LGBTQ+ health disparities and gender inequality.

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Action Taken: **APPROVED AS AMENDED**

Date: **3/4/2019**

Effective Time Period: Ongoing

Resolution: **S-19-35 (LATE)**

Subject: SOMA/AOA ENCOURACE LGBTQ+ CONTENT ON NATIONAL LICENSING EXAMINATIONS

WHEREAS, the LGBTQ+ community has a unique set of health disparities and health outcomes that are separate and distinct from the general population, qualifying it as an underserved community[1]; and

WHEREAS, an integral component of the osteopathic tradition is to take care of a whole person - "the person is a unit of body, mind, and spirit" - and allocating the resources necessary to treat and care for the LGBTQ+ community exemplifies this philosophy[2]; and

WHEREAS, there are only 5 hours of medical education, on average, devoted to the LGBTQ+ community across allopathic and osteopathic medical schools in the United States and Canada[3]; and

WHEREAS, there is a "growing recognition of the gap between the unique needs of LGBT patients and what most clinicians understand"[4] that is already appreciated and can be corrected through augmented medical education and subsequent medical licensing examination; and

WHEREAS, osteopathic teaching institutions lag behind allopathic counterparts when it comes to clinical education relating to the LGBTQ+ community[5]; and

WHEREAS, one of the goals of the US Department of Health and Human Services "Healthy People 2020" agenda is to "improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals"[6] which can be achieved by "providing medical students with training to increase provision of culturally competent care"[6]; and

WHEREAS, the National Board of Osteopathic Medical Examiners (NBOME) describes questions including clinical presentations as including patients from special populations in varied clinical settings in which patients present for osteopathic medical care[7]; therefore, be it

RESOLVED, that SOMA encourage the NBOME to incorporate more LGBTQ+ content and questions in order to improve osteopathic medical education and LGBTQ+ patient outcomes across the United States; and

RESOLVED, that the American Osteopathic Association (AOA) encourage the NBOME to incorporate more LGBTQ+ content and questions in order to improve osteopathic medical education and LGBTQ+ patient outcomes across the United States.

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Action Taken: **REFFERED TO AUTHOR**

Date: **3/4/2019**

Effective Time Period: Ongoing

Resolution: S-19-36 (LATE)

Subject: CRISIS PREGNANCY CENTERS AND PROTECTING WOMEN'S HEALTHCARE

WHEREAS, The American Medical Association's (AMA) Journal of Ethics published an article in March 2018 titled *Why Crisis Pregnancy Centers Are Legal but Unethical*[4], in which CPCs are defined as faith-based organizations whose missions are to prevent abortions by intercepting women with unintended pregnancies and persuading them to choose adoption or parenting instead[4]; and

WHEREAS, according to data from 2015, there are over 3,500 Crisis Pregnancy Centers (CPCs) across the United States[1]; and

WHEREAS, in 2018, 14 state governments allocated public funds to CPCs and 17 states donated a portion of funds raised through the sale of "Choose Life" license plates to CPCs[2,3]; and

WHEREAS, in an interview with Blaze Media, Stanton Healthcare (CPC) founder and CEO Brandi Swindell described the CPC's mission as providing "access to quality healthcare specifically focusing on women facing unexpected pregnancies, and we provide all of our services at no charge"[11]; and

WHEREAS, CPCs strive to give the impression that they are clinical centers, even offering medical services and advice, but they are exempt from the regulations, licensing, and oversight that applies to all other healthcare facilities[4]; and

WHEREAS, women who seek care at these centers do not receive comprehensive, accurate, evidence-based clinical information about all available options because the lack of regulation allows CPC's religious ideology to take priority over the health and well-being of their patients without fear of consequences for failure to provide care that satisfies healthcare industry standards[4]; and

WHEREAS, AOA Resolution H623-A/18 NON-PHYSICIAN CLINICIANS states "the AOA further supports the position that patients should be made clearly aware at all times whether they are being treated by a non-physician clinician or a physician," and the AOA holds the position that education, training, examination and regulation must all be documented and reflective of the expanded scopes of practice being sought by non-physician clinicians[14]; and

WHEREAS, CPCs routinely provide pregnancy tests, prenatal counseling, and oftentimes prenatal ultrasounds[13], which should be considered outside the appropriate scope of practice of an untrained lay person; and

WHEREAS, one study found that 203 of 254 CPC websites referenced in state resource directories for pregnant women provided at least one false or misleading piece of information, most often erroneously declaring a link between abortion and mental health risks, breast cancer, preterm birth, and future infertility[5]; and

WHEREAS, a prospective, longitudinal study published in the Journal of the American Medical Association (JAMA) Psychiatry followed 956 women over 5 years and found that, eight days after seeking an abortion, women denied abortions reported significantly higher anxiety, lower self-esteem, but similar levels of depression as compared to women who received abortions, with no significant difference in long term mental health effects[6]; and

WHEREAS, because CPCs are not technically considered health providers, they are not beholden to the Health Insurance Portability and Accountability Act (HIPAA) that protects the privacy of patient information[7]; and

WHEREAS, there have been reports in Hawaii and Illinois of CPCs sharing women's private health information with the media, employers, and family members in an effort to intimidate them not to pursue an abortion[7]; and

WHEREAS, CPC practices are considered to fall under the classification of free speech and, as such, are protected under the First Amendment which provides them with a loophole to avoid scrutiny[8]; and

WHEREAS, laws enacted in several states, including Texas, California, Maryland, and New York, intended to regulate CPCs have been repeatedly overturned in the courts on the basis of the Crisis Pregnancy Centers' right to freedom of speech[8,9]; and

WHEREAS, while these centers enjoy First Amendment Rights protections, their propagation of false, misleading, and inaccurate information should be regarded as an ethical violation that undermines women's health; and

WHEREAS, an article published in the Journal of Law, Medicine, and Ethics, concluded that, as the courts and lawmakers continue to protect the efforts of pro-life organizations, they perpetuate a political healthcare landscape in which the woman, the patient, is displaced from the center of the healthcare process[9]; and

WHEREAS, the American College of Obstetricians and Gynecologists refers to CPCs as "formidable obstacles to abortion access," citing their use of misinformation to divert women from appropriate care[12]; and

WHEREAS, because women who seek care at a CPC are disproportionately young, less educated, and poor[13], these centers can further isolate vulnerable populations from timely medical care[12]; and

WHEREAS, in 2011, the American Public Health Association (APHA) released a policy statement urging federal, state, and local governments to support only programs that provide medically accurate and unbiased information to women facing unintended pregnancies and calling for the regulation of CPCs, including requiring them to disclose that (1) the center is not a medical facility or a medical clinic, (2) the center does not perform or provide referrals for abortion, (3) the center does not prescribe or provide referrals for Food and Drug Administration (FDA)-approved contraception[10]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) urges public health

researchers to study Crisis Pregnancy Centers (CPCs) and their activities and publish this research in order to fill the need for research on these centers and provide support for evidence-based policy; and, be it further

RESOLVED, that SOMA supports efforts to prevent the propagation of misinformation and ensure transparency at CPCs; and, be it further

RESOLVED, that SOMA endorse legislation that would establish privacy and disclosure requirements for any organization requesting access to an individual's medical information; and, be it further

RESOLVED, that SOMA advocate to federal, state, and local governments to promote only programs that provide medically accurate and unbiased information to women facing unintended pregnancies; and, be it further

RESOLVED, that the American Osteopathic Association adopt these or equivalent positions.

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Submitted by:
Kasie Dorr, OMS III - A.T. Still University - School of Osteopathic Medicine in Arizona
Rachel Chisausky, OMS III - A.T. Still University - School of Osteopathic Medicine in Arizona
Angela Peper, OMS III - A.T. Still University - Kirksville College of Osteopathic Medicine

Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-37 (LATE)

Subject: COMPREHENSIVE SEXUALITY EDUCATION

WHEREAS, the American Osteopathic Association (AOA) reaffirmed policy H325-A in 2017 which states that they will continue to urge the state legislatures to enact measures establishing programs that meet with the Centers for Disease Control and Prevention (CDC) definition of comprehensive school health education[1]; and

WHEREAS, the CDC's Division of Adolescent and School Health (DASH) states that schools can impact the health and academic performance of students by working collaboratively with the CDC to foster the delivery of evidence-based sexual health education[9]; and

WHEREAS, the CDC Health Education Curriculum Analysis Tool (HECAT) includes a module on sexual health that outlines standards for education from pre-K to grade 12 developed through a rigorous process guided by research evidence and expert opinion and uses the National Health Education Standards (NHES) as the framework[2]; and

WHEREAS, the American Academy of Pediatricians (AAP), Committee on Adolescence affirms that developmentally appropriate and evidence-based education about human sexuality and sexual reproduction over time provided by pediatricians, schools, other professionals, and parents is important to help children and adolescents make informed, positive, and safe choices about healthy relationships, responsible sexual activity, and their reproductive health[3]; and

WHEREAS, the American College of Obstetricians and Gynecologists (ACOG), Committee on Adolescent Health Care, supports comprehensive sexuality education and the role of obstetricians-gynecologists as an important resource for sexuality education programs[4]; and

WHEREAS, the American Academy of Family Physicians (AAFP) endorses comprehensive sexual education in all states and does not support abstinence-only sexual education[5]; and

WHEREAS, according to the State Laws and Policies as of May 1, 2018, only 13 states require that the information taught in sexual education be medically accurate, 18 states and DC require information on contraception be provided when sex education is taught, and only 24 states and DC mandate sex education for youth[8]; and

WHEREAS, in 2014, roughly 75% of US high schools and 50% of middle schools taught abstinence as the most effective method to avoid pregnancy and sexually transmitted infection[8]; and

WHEREAS, abstinence-only sexual education has been proven multiple times to be ineffective in improving participants' sexual health and reducing the rates of risky sexual behaviors in adolescents[6,7]; and

WHEREAS, in fact, studies have shown that teens who participated in abstinence only programming had slightly higher rates of accurately identifying types of STIs than those who did not participate, but were paradoxically less likely to correctly report that condoms are effective at

preventing identified STIs[8]; and

WHEREAS, a 2014 assessment revealed that slightly less than two-thirds of high schools taught about the efficacy of contraceptives, and only about one-third of high schools taught students how to correctly use a condom[8]; and

WHEREAS, research has shown that when compared to teens who received abstinence only education, teens who received education about contraceptives had a 50% lower risk of teen pregnancy, and were no more likely to engage in intercourse[8]; and

WHEREAS, programs that address both abstinence and contraception can delay initiation of sex, reduce the number of sexual partners, and reduce the incidence of unprotected sex[8]; and

WHEREAS, there is clear and growing evidence that comprehensive sexuality education programs are more effective in reducing risky teen behaviors[8]; and now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) supports developmentally appropriate and evidence-based education on human sexuality and sexual reproduction in schools and at the doctor's office; and, be it further

RESOLVED, that national SOMA and its chapters urge state legislatures to enact measures establishing developmentally appropriate and evidence-based education on human sexuality and sexual reproduction in schools; and, be it further

RESOLVED, that SOMA does not endorse abstinence-only sexual education; and, be it further

RESOLVED, that the American Osteopathic Association adopt these or equivalent positions.

Explanatory Statement

Definition of comprehensive sexuality education: Comprehensive education is research driven, medically accurate curriculum that should focus on reinforcing protective factors and provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors. This education should enable teens to accomplish all the HECAT sexual health goals, as follows: Establish and maintain healthy relationships; be sexually abstinent; engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection; engage in behaviors that prevent or reduce unintended pregnancy; avoid pressuring others to engage in sexual behaviors; support others to avoid or reduce sexual risk behaviors; treat others with courtesy and respect without regard to their sexuality; use appropriate health services to promote sexual health (2).

Definition of abstinence-only sexuality education: education that teaches that abstinence from sex is the only morally acceptable option for youth, and the only safe and effective way to prevent unintended pregnancy and STIs. They generally do not discuss contraceptive methods or condoms unless to emphasize their failure rates." These may include programs which specifically fit the "A-H" Federal Statutory Definition of Abstinence Education, as well as those which do not fit these strict guidelines but still refrain from teaching harm reduction strategies such as condoms and contraception(8).

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Submitted by:
Kasie Dorr, OMS III - A.T. Still University - School of Osteopathic Medicine in Arizona
Rachel Chisausky, OMS III - A.T. Still University - School of Osteopathic Medicine in Arizona
Megan McCord, OMS III - Burrell College of Osteopathic Medicine - at New Mexico State University
Edith Waskel, OMS III - Western University - College of Osteopathic Medicine of the Pacific

Action Taken: WITHDRAWN

Date: 3/4/2019

Effective Time Period: Ongoing

Resolution: S-19-38 (LATE)

Subject: SOMA Support for Student Member on the COCA

WHEREAS, The Commission on Osteopathic College Accreditation (COCA) accredits all osteopathic medical schools in the United States and sets the standards for educational quality at osteopathic medical schools; and

WHEREAS, At the 2019 AOA Midyear Business Meeting, the AOA Board of Trustees voted to approve a reorganization of the COCA to increase the number of commissioners from seventeen (17) to nineteen (19), comprising: Four (4) deans of colleges of osteopathic medicine (COM); two (2) faculty members from COMs - one biomedical science faculty member and one clinical science faculty member - who are not deans, one (1) student services representative from a COM; two (2) graduate medical education leaders; one (1) hospital or medical clinic administrator; one (1) physician member of a state medical licensing board; one (1) DO resident or fellow physician or, alternatively, a physician in practice for fewer than five years; three (3) representatives of the public; and four (4) osteopathic physicians at large who are not COM deans; and

WHEREAS, The COCA requested this reorganization of its board "to reflect a different membership, to reflect the changing nature of undergraduate medical education, and the evolving direction of U.S. Department of Education policies, such as including a broader spectrum of representative interests on accrediting agencies such as the COCA"[1]; and

WHEREAS, a student representative was not included in this restructuring of the COCA; and

WHEREAS, students have a unique perspective on the impact that accreditation standards and institutional policies have on their medical education; and

WHEREAS, The Liaison Committee on Medical Education (LCME), the allopathic counterpart to the COCA, has two student members on its board; and

WHEREAS, students who serve in student leadership positions regularly commit 5-20 hours of work per week to their leadership positions, while balancing educational expectations; now, therefore, be it

RESOLVED, that SOMA will advocate to the COCA and the AOA to include at least one student representative on the COCA.

References
1. American Osteopathic Association Resolution RES. NO. B7 - M/2019.

Submitted by:
Kate de Klerk, OMS IV-Midwestern University Chicago College of Osteopathic Medicine

Adam Coridan, OMS IV- Ohio University Heritage College of Osteopathic Medicine, Dublin

Action Taken: APPROVED

Date: 3/4/2019

Effective Time Period: *(If this resolution represents a permanent change, declare "***Ongoing***". If the resolution is of a short-term nature, specify a date that this resolution could be removed from the Policies Section since the resolution would no longer be in effect.)*

Resolution: S-19-39

Subject: REDUCING REDUNDANCY IN RESOLUTION SUBMISSIONS

WHEREAS, the Student Osteopathic Medical Association (SOMA) hears resolutions at the Fall and Spring sessions of the House of Delegates, and those resolutions may be Approved, Not Approved, or Referred Back to Author by the House of Delegates; and

WHEREAS, there is currently no official SOMA policy that prevents SOMA members from submitting resolutions about the exact same issue in consecutive sessions of the House of Delegates, even if the matter has been definitively decided on by the House with a vote to Approve or Not Approve the resolution; and

WHEREAS, if resolutions discussing the same issue, especially if contentious, returns to the House of Delegates within the same year it is unlikely that the outcome will be very different, but great time and energy is taken away from other resolutions on issues that have yet to be decided by our House; now, therefore, be it

RESOLVED, that once a specific question has been decided by a the SOMA House of Delegates with a vote to Approve or Not Approve a given resolution, no student will be allowed to submit a resolution addressing the exact same question for two years (e.g. if an issue is decided in Spring 2019, it cannot be heard again until Spring 2021); and, be it further

RESOLVED, that this policy shall not apply when a resolution is Referred Back to Author, or when substantively new information is discovered, so as to change the nature of the debate on the issue in question.

Submitted by:
Kate de Klerk, OMS IV – Chicago College of Osteopathic Medicine
Sarah Friedrich, OMS V – Philadelphia College of Osteopathic Medicine
John Rajala, OMS III – Burrell College of Osteopathic Medicine

Action Taken: REFFERED TO AUTHOR

Date: 3/4/2019

Effective Time Period: *(If this resolution represents a permanent change, declare "***Ongoing***". If the resolution is of a short-term nature, specify a date that this resolution could be removed from the Policies Section since the resolution would no longer be in effect.*

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Resolution: S-19-40 (LATE)

Subject: HONORARY LIFETIME MEMBERSHIP FOR PRIYA GARG

WHEREAS, Section 1.2 of the constitution of the Student Osteopathic Medical Association (SOMA) allows for honorary lifetime membership to be admitted to an individual who has made outstanding contributions to the perpetuation and success of the association, and

WHEREAS, the SOMA Board of Trustees unanimously agrees that the contributions of Priya Garg have contributed to the long-term success of this organization; therefore be it

RESOLVED, that Priya Garg is appointed as an honorary lifetime member of the Student Osteopathic Medical Association

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Submitted by:
Kate de Klerk, OMS IV, Midwestern University Chicago College of Osteopathic Medicine
Sarah Friedrich, OMS IV, Philadelphia College of Osteopathic Medicine
John Rajala, OMS III, Burrell College of Osteopathic Medicine at New Mexico State University
Harris Ahmed, OMS III, Burrell College of Osteopathic Medicine at New Mexico State University
Zachary Gottleib, OMS IV, University of North Texas Health Science Center Texas College of Osteopathic Medicine
Adam Coridan, OMS IV, Ohio University Heritage College of Osteopathic Medicine – Dublin
Sarah Bechay, OMS III, Rowan University School of Osteopathic Medicine
Christian von Gizycki, OMS III, Lake Erie College of Osteopathic Medicine – Bradenton
Annalissa Kammeyer, OMS III, Marion University College of Osteoapthic Medicine
Tyler King, OMS III, New York Institute of Technology College of Osteopathic Medicine – Arkansas
Megan McCord, OMS III, Burrell College of Osteopathic Medicine at New Mexico State University
Valeriya Korchina, OMS III, Des Moines University College of Osteopathic Medicine

Action Taken: APPROVED

Date: 3/4/2019

Effective Time Period: *(If this resolution represents a permanent change, declare "***Ongoing***". If the resolution is of a short-term nature, specify a date that this resolution could be removed from the Policies Section since the resolution would no longer be in effect.)*

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

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Resolution: S-18-02 ..... **12**

Subject: BYLAWS REVISIONS

Resolution: S-18-03 ..... **25**

Subject: MAKING INSULIN AFFORDABLE

Resolution: S-18-04 ..... **28**

Subject: INCREASED RESOURCES AND ACCESSABILITY FOR LGBTQ IN FEDERALLY FUNDED HALFWAY HOUSES

Resolution: S-18-05 ..... **31**

Subject: CHANGING THE OSTEOPATHIC DEGREE FROM DOCTOR OF OSTEOPATHIC MEDICINE (DO) TO MEDICAL DOCTOR OF OSTEOPATHIC MEDICINE (MD-O)

Resolution: S-18-06 ..... **34**

Subject: INCREASING NUTRITION-FOCUSED EDUCATION IN OSTEOPATHIC MEDICAL SCHOOL CURRICULA AND NUTRITION CONTENT ON ALL LEVELS OF COMLEX-USA

Resolution: S-18-07 ..... **37**

Subject: A MOTION TO BRING BACK DIRECT SUBSIDIZED STUDENT LOANS FOR GRADUATE STUDENTS

Resolution: S-18-08 ..... **38**

Subject: ADOPTION OF EXPEDITED PARTNER THERAPY (EPT) POLICY AND ADVOCACY FOR NATIONAL LEGALIZATION

Resolution: S-18-09 ..... **41**

Subject: REGULATING TUITION INCREASES IN OSTEOPATHIC MEDICAL COLLEGES

Resolution: S-18-10 ..... **43**

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Resolution: S-18-11 ..... **45**

Subject: ALTERING ERAS FILTERS TO ALLOW EQUITABLE ACCESS TO GME FOR ALL U.S. MEDICAL STUDENTS

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Subject: OPPOSING IMMIGRATIONS AND CUSTOMS ENFORCEMENT AT SENSITIVE LOCATIONS

Resolution: S-18-22 ..... **80**

Subject: PROMOTION OF ORGAN DONATION EDUCATION AND REGISTRY ACCESSIBILITY AMONG OSTEOPATHIC MEDICAL SCHOOLS

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Subject: ESTABLISHING CODE OF ETHICS GUIDELINES FOR MEDICAL STUDENT CONDUCT DURING CLERKSHIP

Resolution: S-18-01

Subject: CONSTITUTION REVISIONS

WHEREAS, it is necessary to periodically review the governing documents of the organization to ensure that policies and procedures are reflective of the way the organization functions; and

WHEREAS, it is important to eliminate redundancy and maintain internal consistency in our governing documents; and

WHEREAS, the SOMA mission statement should be a reflection of the long-term goals of the organization, and should serve as a guide for the projects and activities that we pursue; and

WHEREAS, per Robert's Rules of Order only the most important rules should be placed in the Constitution; now, therefore, be it

RESOLVED, that the following changes be made to the SOMA Constitution:

Section	**Revisions**	**New Language**
Article II - Mission Statement	~~The Student Osteopathic Medical Association (SOMA) is the nation's largest network of osteopathic medical students. We are an American Osteopathic Association (AOA) affiliated, student-led and student-driven organization with direct representation to the AOA. SOMA Shall:~~ ~~1. Educate and prepare osteopathic leaders and advocates.~~ ~~2. Maintain open and transparent lines of communication to our student members as we continually adapt to the evolving needs of our members and organization.~~ ~~3. Advance collaborative relationships that promote osteopathic medicine in the greater healthcare community.~~ ~~4. Utilize our direct affiliation with the American Osteopathic Association to advance the interests and viewpoints of osteopathic medical students.~~ The mission of the Student Osteopathic Medical Association (SOMA), a student affiliate organization of the AOA, is to amplify the voices of osteopathic medical students to the AOA and the public on matters relating to healthcare and medical student education, while also: 1. uniting osteopathic medical students and developing a national network of socially and politically minded student leaders, 2. reinforcing osteopathic principles and practices and promoting unity within the profession, and	The mission of the Student Osteopathic Medical Association (SOMA), a student affiliate organization of the AOA, is to amplify the voices of osteopathic medical students to the AOA and the public on matters relating to healthcare and medical student education, while also: 1. uniting osteopathic medical students and developing a national network of socially and politically minded student leaders, 2. reinforcing osteopathic principles and practices and promoting unity within the profession, and 3. supporting the multifaceted education of osteopathic physicians-in-training.

	3. supporting the multifaceted education of osteopathic physicians-in-training.	
Article III - Membership; Section 1; 1	~~**Active Membership.**~~ **Osteopathic Medical Student Membership.** ~~Only Active Members shall have voting privileges.~~ To be admitted to ~~Active Membership~~ Osteopathic Medical Student Membership in SOMA, an applicant must be enrolled at a~~n AOA~~ Commission on Osteopathic College Accreditation (COCA) accredited osteopathic medical school and have paid the appropriate dues. ~~Active Membership~~ Osteopathic Medical Student Membership is limited to students through their date of graduation. Any student who is dismissed from their osteopathic medical school of record shall have their ~~Active M~~ membership in the Association summarily terminated. No appeal process is available in this action. Only Osteopathic Medical Student Members shall have voting privileges in their local chapter elections.	**Osteopathic Medical Student Membership**. To be admitted to Osteopathic Medical Student Membership in SOMA, an applicant must be enrolled at a Commission on Osteopathic College Accreditation (COCA) accredited osteopathic medical school and have paid the appropriate national and local dues. Osteopathic Medical Student Membership is limited to students through their date of graduation. Any student who is dismissed from their osteopathic medical school of record shall have their membership in the Association summarily terminated. No appeal process is available in this action. Only Osteopathic Medical Student Members shall have voting privileges in their local chapter elections.
Article III - Membership; Section 1; 3	Associate Membership. Any student of an allied health care profession associated with one of the ~~American Osteopathic Association recognized Colleges of Osteopathic Medicine~~ COCA accredited osteopathic medical schools may be granted Associate Membership in~~to the~~ SOMA ~~on application to their local chapter.~~ The ~~B~~ benefits of Associate Membership shall be limited to ~~the SOMA Health Insurance Program~~ SOMA partnership deals and discounts, and admittance to SOMA conventions and House of Delegates as a non-voting member.	**Associate Membership**. Any student of an allied health care profession associated with one of the COCA accredited osteopathic medical schools may be granted Associate Membership in SOMA. The benefits of Associate Membership shall be limited to SOMA partnership deals and discounts, and admittance to SOMA conventions and the House of Delegates as a non-voting member.
Article III - Membership; Section 1; 4	Pre-Medical Student Membership. All National Pre-SOMA members as defined by the Pre- SOMA ~~c~~ Constitution are granted membership to SOMA under the category of Pre-Medical Student. The benefits of Pre-SOMA Membership shall be limited to SOMA partnership deals and discounts, and admittance to SOMA conventions and the House of Delegates as a non-voting member. ~~a. Members. Pre-SOMA member benefits shall include admittance to SOMA conventions and b. House of Delegates as Non-voting members.~~	**Pre-Medical Student Membership**. All National Pre-SOMA members as defined by the Pre- SOMA Constitution are granted membership to SOMA under the category of Pre-Medical Student. The benefits of Pre-SOMA Membership shall be limited to SOMA partnership deals and discounts, and admittance to SOMA conventions and the House of Delegates as a non-voting member.
Article III - Membership; Section 2; 1	Process of Suspension. The Association reserves the right to terminate the membership~~, including the Active Membership,~~ of any member if circumstances justify such an action. The Board of Trustees, by a two-thirds majority vote in a Quorum session, may take this action after due consideration.	**Process of Suspension**. The Association reserves the right to terminate the membership of any member if circumstances justify such an action. The Board of Trustees, by a two-thirds majority vote in a Quorum session, may take this action after due consideration.

Article IV - Discrimination	Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, gender, sexual orientation, physical or mental disability, veteran status, genetic information, national origin or creed, or any other status protected by federal, state, or local law. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and Bylaws of this Association.	Neither the Association nor its constituent chapters may refuse membership on the basis of race, religion, color, gender, gender identity, sexual orientation, physical or mental disability, veteran status, genetic information, national origin or creed, or any other status protected by federal, state or local law. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and Bylaws of this Association.
Article VI - House of Delegates; New Section 1	New Section	**Section 1. Purpose** The House of Delegates shall be the legislative body of the Association and determine the official policies of SOMA, shall exercise the delegated powers of the individual SOMA Chapters in the affairs of the Association, and shall perform such other functions as are set forth in the Bylaws.
Article VI - House of Delegates; New Section 2	New Section	**Section 2. Presiding officer** The Vice President shall function as the Speaker of the House of Delegates.
Article VI - House of Delegates; Old Section 1, New Section 3	Section ~~1~~ 3. Chapter Representation~~.~~ The House of Delegates shall be composed of two ~~D~~ delegates from each constituent chapter, the Speaker of the House of Delegates (or his/her designate), and Ex-Officio Members. Each constituent chapter ~~which has received a charter, as prescribed in the Bylaws of this Association,~~ shall be entitled to two ~~voting positions or~~ votes in the SOMA House of Delegates. The distribution of these votes shall be at the discretion of each local chapter. Only voting members may make or second motions.	**Section 3. Chapter Representation** The House of Delegates shall be composed of two delegates from each constituent chapter, the Speaker of the House of Delegates (or his/her designate), and Ex-Officio Members. Each constituent chapter shall be entitled to two votes in the SOMA House of Delegates. The distribution of these votes shall be at the discretion of each local chapter. Only voting members may make or second motions.
Article VI - House of Delegates; Old Section 2, New Section 4	Section ~~2~~ 4. Ex-Officio Members~~.~~ Ex-Officio Members of the House of Delegates shall include the members of the Board of Trustees, National Board of Directors, the Chairperson of any Standing Committee, Subcommittee, or Task Force, and the Executive Director ~~Association Employee(s)~~. Ex-Officio Members shall not have the right to vote unless they are a voting member from a constituent chapter.	**Section 4. Ex-Officio Members** Ex-Officio Members of the House of Delegates shall include the members of the Board of Trustees, National Board of Directors, the Chairperson of any Standing Committee, Subcommittee, or Task Force, and the Executive Director.. Ex-Officio Members shall not have the right to vote unless they are a voting member from a constituent chapter.
Article VI - House of Delegates; Old Section 3, New	Section ~~3~~ 5. Regular Meetings of the House~~.~~ The House of Delegates shall meet ~~during the Annual Fall and Spring SOMA National Conventions, and~~ at minimum twice per year.	**Section 5. Regular Meetings of the House** The House of Delegates shall meet at minimum twice per year. These sessions will take place in the fall and the spring, or at such a time as the Board of Trustees

Section 5	These sessions will take place in the fall and the spring, or at such a time as the Board of Trustees ~~it may~~ deems it necessary. ~~The Annual Fall Convention will be held in conjunction with the American Osteopathic Association's Fall Convention and the Annual Spring Convention will be held yearly following the American Osteopathic Association's D.O. Day on the Hill.~~	deems it necessary.
Article VI - House of Delegates; Old Section 4, New Section 6	Section ~~4~~ 6. Special Meetings of the House~~.~~ Special meetings of the House of Delegates may be called by a two-thirds vote ~~of two-thirds~~ of the constituent chapter~~s~~ delegates. Each chapter shall be given written notice ~~by registered mail within~~ fifteen days prior to the call for a special meeting ~~of the call~~. The special meeting shall be held~~, not less than fifteen or more than~~ no more than sixty days after notice has been sent to the chapters.	**Section 6. Special Meetings of the House** Special meetings of the House of Delegates may be called by a two-thirds vote of the constituent chapter delegates. Each chapter shall be given written notice fifteen days prior to the call for a special meeting. The special meeting shall be held no more than sixty days after notice has been sent to the chapters.
Article VII - National Officers; Section 1	Section 1.~~ Elected National Officers.~~ Board of Trustees ~~The Elected National Officers shall consist of:~~ ~~1. A National President who shall be the Chairman of the Board of Trustees;~~ ~~2. A National Vice President who shall also serve as the Speaker of the House of Delegates;~~ ~~3. A National Treasurer;~~ ~~4. A National Parliamentarian;~~ ~~5. Regional Trustee (one from each region).~~ The Board of Trustees (BoT) shall be the administrative and executive body of the association. The Board of Trustees shall be responsible for conducting the affairs of the Association between meetings of the House of Delegates, and shall have the power to conduct all business of an immediate nature where not inconsistent with the Constitution and Bylaws, and the Governing Procedures. Duties for the individual positions shall be outlined in the Governing Procedures of this Association. 1. The Board of Trustees of SOMA shall consist of thirteen members: nine elected members, two appointed members and two ex-officio members. 1. Elected Members: 1. National President 2. National Vice President 3. National Treasurer 4. National Parliamentarian 5. Region I Trustee 6. Region II Trustee 7. Region III Trustee	**Section 1. Board of Trustees** The Board of Trustees (BoT) shall be the administrative and executive body of the association. The Board of Trustees shall be responsible for conducting the affairs of the Association between meetings of the House of Delegates, and shall have the power to conduct all business of an immediate nature where not inconsistent with the Constitution and Bylaws, and the Governing Procedures. Duties for the individual positions shall be outlined in the Governing Procedures of this Association. 1. The Board of Trustees of SOMA shall consist of thirteen members: nine elected members, two appointed members and two ex-officio members. a. Elected Members: i. National President ii. National Vice President iii. National Treasurer iv. National Parliamentarian v. Region I Trustee vi. Region II Trustee vii. Region III Trustee viii. Region IV Trustee ix. Region V Trustee b. Appointed Members: i. National Board of Directors Chairperson ii. Secretary c. Ex-officio Members: i. SOMA Foundation Chairperson ii. AOA Board of Trustees Student Representative 2. The National President shall serve as the

	8. Region IV Trustee 9. Region V Trustee 2. Appointed Members: 1. National Board of Directors Chairperson 2. Secretary 3. Ex-officio Members: 1. SOMA Foundation Chairperson 2. AOA Board of Trustees Student Representative 2. The National President shall serve as the chairperson of the Board of Trustees. 3. Each elected and appointed member of the Board of Trustees will have one vote. Ex-officio members do not have a vote. As chairperson of the Board of Trustees the National President will vote only where the vote would change the result (i.e. a tie).	chairperson of the Board of Trustees. 3. Each elected and appointed member of the Board of Trustees will have one vote. Ex-officio members do not have a vote. As chairperson of the Board of Trustees the National President will vote only where the vote would change the result (i.e. a tie).
Article VII - National Officers; Section 2	Section 2. Eligibility for Elected ~~Office.~~ BoT Officers All ~~Officers must be active members~~ elected national officers must be Osteopathic Medical Student Members of the Association. 1. National President. Candidates for National President shall currently, or have previously served on the Board of Trustees. 2. National Vice President and National Treasurer. Candidates for National Vice President and National Treasurer shall currently, or have previously served on the Board of Trustees, or National Board of Directors. 3. Region Trustee and National Parliamentarian. Candidates for the position of Region Trustee and National Parliamentarian shall currently, or have previously served as the ~~p~~ President, or National Liaison Officer (NLO) of a local SOMA Chapter, or have served as a delegate**,** or alternate for two national SOMA conferences ~~National Conventions~~ and be nominated by their Chapter President, or NLO. Additionally, the Region Trustee must be a student from within the region they will represent.	**Section 2. Eligibility for Elected BoT Officers** All elected national officers must be Osteopathic Medical Student Members of the Association. 1. **National President.** Candidates for National President shall currently, or have previously served on the Board of Trustees. 2. **National Vice President** and **National Treasurer.** Candidates for National Vice President and National Treasurer shall currently, or have previously served on the Board of Trustees, or National Board of Directors. 3. **Region Trustee** and **National Parliamentarian.** Candidates for the position of Region Trustee and National Parliamentarian shall currently, or have previously served as the President, or National Liaison Officer (NLO) of a local SOMA Chapter, or have served as a delegate, or alternate for two national SOMA conferences and be nominated by their Chapter President, or NLO. Additionally, the Region Trustee must be a student from within the region they will represent.
Article VII - National Officers; Old Section 4, New Section 3	Section ~~4~~ 3. Eligibility for Appointed ~~National~~ BoT Officers. ~~The positions and eligibility criteria for the National Board of Directors shall be outlined in the Bylaws of this association and duties shall be outlined in the Governing Policies.~~ All appointed national officers must be Osteopathic Medical Student Members of the Association. 1. **National Board of Directors Chairperson.** The National Board of Directors Chairperson	**Section 3. Eligibility for Appointed BoT Officers** All appointed national officers must be Osteopathic Medical Student Members of the Association. 1. **National Board of Directors Chairperson.** The National Board of Directors Chairperson shall currently, or have previously served on the Board of Trustees or National Board of Directors. 2. **National Secretary.** The National Secretary shall currently, or have previously served as the President or NLO of a local SOMA Chapter.

	shall currently, or have previously served on the Board of Trustees or National Board of Directors. 2. **National Secretary.** The National Secretary shall currently, or have previously served as the President or NLO of a local SOMA Chapter.	
Article VII - National Officers; Old Section 3, New Section 4	Section ~~3~~ 4. National BoT Officer Elections. The ~~E~~ elected ~~National~~ BoT Officers shall be elected ~~at the Annual Fall SOMA National Convention~~ during the fall session of the House of Delegates. ~~and~~ They shall assume their duties at the conclusion of the ~~Annual~~ SOMA Spring ~~SOMA National~~ Convention of that same academic year. Elections process shall be outlined in the Bylaws of this Association.	**Section 4. National BoT Officer Elections** The elected BoT officers shall be elected during the fall session of the House of Delegates. They shall assume their duties at the conclusion of the SOMA Spring Convention of that same academic year. Elections process shall be outlined in the Bylaws of this Association.
Article VII - National Officers; Section 5	Section 5. National BoT Officer Appointment. ~~Members of the National Board of Directors~~ The appointed BoT members shall be appointed by the incoming elected BoT officers ~~at~~ prior to start of the SOMA Spring ~~SOMA~~ Convention, as outlined in the Governing ~~Policies~~ Procedures. They shall assume their duties at the conclusion of the SOMA Spring Convention.	**Section 5. National BoT Officer Appointments** The appointed BoT members shall be appointed by the incoming elected BoT officers prior to the start of the SOMA Spring Convention, as outlined in the Governing Procedures. They shall assume their duties at the conclusion of the SOMA Spring Convention.
Article VII - National Officers; New Section 6	New Section	**Section 6. AOA Board of Trustees Student Representative** Per the AOA Constitution & Bylaws, SOMA shall nominate, in alternate years, a candidate for the AOA Board of Trustees Student Representative position. Candidates for this position shall currently or previously have served on the Board of Trustees or National Board of Directors. The SOMA nominee shall be appointed by the incoming BoT prior to the conclusion of the SOMA Spring Convention.
Article VII - National Officers; New Section 7	New Section	**Section 7. National Board of Directors** The National Board of Directors (NBD) shall function as the programming arm of the Association and perform such other duties as are provided by the Bylaws and the Governing Procedures. All members of the NBD shall be appointed by the incoming BoT prior to the conclusion of the Spring Convention. The positions and eligibility criteria for the National Board of Directors shall be outlined in the Bylaws.
Article VII - National Officers; New Section 8	New Section	**Section 8. Term Length** All elected and appointed members of the Board of Trustees, and all members of the National Board of Directors, with the exception of the Pre-SOMA Directors, shall serve a one-year term. Pre-SOMA Directors will serve a two-year term; the Junior Pre-

		SOMA Director will assume the role of Senior Pre-SOMA Director after the completion of the first year of their term.
Article VII - National Officers; Old Section 6, New Section 9	Section ~~6~~ 9. Expressed Policies by National Officers. ~~Findings expressed, related or conveyed by National Officers at any benefit, convention, or function,~~ All reports and presentations given by national officers of SOMA at non-SOMA events, where they are officially representing the Association, shall temporarily reflect the policy of the Association. The ~~P~~ policy-related material presented ~~reports expressed by National Officers~~ shall be summarized and submitted to the Secretary as part of the ~~convention~~ minutes at the next House of Delegates meeting. Unless the House of Delegates rejects the findings of the ~~N~~ national ~~O~~ officer ~~member~~ at that meeting, these policies shall be accepted as the official policies of the Association.	**Section 9. Expressed Policies by National Officers** All reports and presentations given by national officers of SOMA at non-SOMA events, where they are officially representing the Association, shall temporarily reflect the policies of the Association. The policy-related material presented shall be summarized and submitted to the Secretary as part of the convention minutes of the next House of Delegates meeting. Unless the House of Delegates rejects the findings of the national officer at the meeting, these policies shall be accepted as the official policies of the Association.
Article VII - National Officers; Old Section 7	~~Section 7. Board of Trustees.~~ ~~1. Members of the Board of Trustees. The Board of Trustees shall be comprised of the Elected National Officers, as well as the appointed National Board Liaison. Each member will have control of one vote. The AOA Student Trustee and the Chairperson of the SOMA Foundation shall serve as an ex-officio member of the Board of Trustees and shall attend all meetings of the Board of Trustees but shall not have a vote on the Board of Trustees.~~ ~~2. Chairman of the Board of Trustees. The National President of the Association shall serve as Chairman of the Board of Trustees. The President will vote only in the instance of a ballot election and in all other cases where the vote would change the result (i.e. a tie).~~ ~~3. Duties of the Board of Trustees. The Board of Trustees shall be responsible for conducting the affairs of the Association between meetings of the House of Delegates. The Board of Trustees shall have the power to conduct all business of an immediate nature where not inconsistent with the Constitution and Bylaws and the Governing Policies. Duties for the individual positions shall be outlined in the Governing Policies of this Association.~~	Section Removed
Article VIII - Title	ARTICLE VIII – Removal and/or Replacement of National Officers~~.~~	ARTICLE VIII – Removal and/or Replacement of National Officers
Article VIII -	Section 1. Removal of National Officers.	**Section 1. Removal of National Officers**

Removal and/or Replacement of (National) Officers; Section 1	The Board of Trustees shall be empowered to dismiss from ~~his/her~~ their position any national ~~O~~ officer who has failed to perform the duties of ~~his/her~~ their position, providing that the person in question shall have the opportunity to answer the charges against ~~him/her~~ them in writing, or in person before a meeting of the Board of Trustees. A vote of at least two-thirds of the voting members of the Board of Trustees shall be necessary for such dismissal. Any member of the Board of Trustees, National Board of Directors, Chapter President, or Chapter National Liaison Officer may call for a ~~V~~ vote of "No Confidence" by sending a petition to all members of the Board of Trustees, signed by at least one other member of this Association. ~~A Special Session of the Board of Trustees may be called as outlined in the Constitution and Bylaws.~~	The Board of Trustees shall be empowered to dismiss from their position any national officer who has failed to perform the duties of their position, providing that the person in question shall have the opportunity to answer the charges against them in writing, or in person before a meeting of the Board of Trustees. A vote of at least two-thirds of the voting members of the Board of Trustees shall be necessary for such dismissal. Any member of the Board of Trustees, National Board of Directors, Chapter President, or Chapter National Liaison Officer may call for a vote of "No Confidence" by sending a petition to all members of the Board of Trustees, signed by at least one other member of this Association.
Article VIII - Removal and/or Replacement of (National) Officers; Section 2	Section 2. Replacement of National Officers. Upon dismissal or resignation of any ~~E~~ elected national ~~O~~ officer, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds vote of the Board of Trustees. The appointed replacement shall serve until the next scheduled House of Delegates session when appropriate bodies shall elect an officer for the position, to serve out the remainder of the term. Upon dismissal or resignation of any ~~A~~ appointed ~~N~~ national ~~O~~ officer, the National President shall be empowered to appoint a replacement officer to serve the remainder of the term.	**Section 2. Replacement of National Officers** Upon dismissal or resignation of any elected national officer, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds vote of the Board of Trustees. The appointed replacement shall serve until the next scheduled House of Delegates session when appropriate bodies shall elect an officer for the position, to serve out the remainder of the term. Upon dismissal or resignation of any appointed national officer, the National President shall be empowered to appoint a replacement officer to serve the remainder of the term.
Article VIII - Removal and/or Replacement of (National) Officers; Section 3	Section 3. Removal of Chairpersons~~.~~ Any Chairperson of a National SOMA Standing Committee, Subcommittee, or Task Force, who has failed to perform the duties of ~~his/her~~ their position, and having been appointed by the National President, may be dismissed, or asked to resign from ~~his/her~~ their position by the National President. The National President shall then be empowered to appoint a replacement officer.	**Section 3. Removal of Chairpersons** Any Chairperson of a National SOMA Standing Committee, Subcommittee, or Task Force, who has failed to perform the duties of their position, and having been appointed by the National President, may be dismissed, or asked to resign from their position by the National President. The National President shall then be empowered to appoint a replacement officer.
Article VIII - Removal and/or Replacement of (National) Officers; Section 4	Section 4. Liability of National Officers. ~~The personal liability of any officer or employee at the national, regional, or chapter level is eliminated from monetary damages for breach of fiduciary duty as a representative; except that such~~ All national officers shall be indemnified by this Association against costs, expenses, judgments, fines, and amounts, or liability therefore, including counsel fees, reasonably incurred by or imposed upon them in connection with, or resulting from	**Section 4. Liability of National Officers** All national officers shall be indemnified by this Association against costs, expenses, judgments, fines, and amounts, or liability therefore, including counsel fees, reasonably incurred by or imposed upon them in connection with, or resulting from any action taken in their capacity as a national officer of the Association. Such provisions shall not eliminate or limit the liability of a national officer to the Association for monetary damages for:

	any action taken in their capacity as a national officer of the Association. Such provision shall not eliminate or limit the liability of a representative to the Association for monetary damages for: 1. any breach of the representative's duty of loyalty to the Association or to its members; 2. acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law; or 3. any transaction from which the representative derived an improper personal benefit.	1. any breach of the representative's duty of loyalty to the Association or to its members; 2. acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of the law; or 3. any transaction from which the representative derived an improper personal benefit.
Old Article IX - Employees	~~ARTICLE IX – Employee(s)~~ ~~Section 1. Duties of the Employee(s).~~ ~~The job descriptions of all SOMA employees shall be written and approved by the Board of Trustees and will be outlined in the employees' contract.~~ ~~Section 2. Selection of the Employee(s). All SOMA employee(s) shall be chosen by the Board of Trustees on the basis of qualifications which best serve the objectives of SOMA as stated in the Constitution and Bylaws. Remuneration shall be determined by the Board of Trustees.~~	Section Removed
Old Article X - President's Advisory Cabinet	~~ARTICLE X – President's Advisory Cabinet~~ ~~Section 1. Members.~~ ~~The National President may at his/her discretion appoint members to an Advisory Cabinet.~~ ~~Section 2. Duties.~~ ~~Members of the Advisory Cabinet may coordinate with and advise the National President, but shall not establish policy.~~	Section Moved to the Bylaws
Old Article XI - National SOMA Budget	~~ARTICLE XI – National SOMA Budget~~ ~~Section 1. Annual Budget.~~ ~~The National Treasurer shall submit, by June 1st, a National SOMA Budget Proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted,~~ ~~it shall be presented at the annual Fall Convention to the chapter leaders and available to all chapters upon request. All funding policies shall be outlined in the Governing Policies.~~ ~~Section 2. Fiscal Year.~~ ~~The fiscal year of this Association shall be from June 1st through May 31st of each year. The books of account of the Association shall be closed as of the last day of May in each year.~~	Section Moved to the Bylaws
Old Article XII, New Article IX - Rules of Order	ARTICLE ~~XII~~ IX – Rules of Order Robert's Rules of Order ~~Newly Revised 10th Edition~~ shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution	ARTICLE IX – Rules of Order Robert's Rules of Order shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

	and Bylaws of the Association.	
Old Article XIII, New Article X - Title	ARTICLE ~~XIII~~ X - Amendments to the Constitution and Bylaws, ~~and Governing Policies~~ SOMA Policies, and Governing Procedures	ARTICLE X – Amendments to the Constitution and Bylaws, SOMA Policies, and Governing Procedures
Old Article XIII, New Article X - Amendments to the Constitution and Bylaws and Governing ~~Policies~~ (Procedures); Section 1	Section 1. Amendment Consideration~~.~~ Proposed amendments to these Constitution and Bylaws shall be considered at the House of Delegates meetings. Proposed amendments to Governing ~~Policies~~ Procedures ~~may~~ shall be considered at ~~either the House of Delegates meetings or at~~ the Board of Trustee meetings.	**Section 1. Amendment Consideration** Proposed amendments to these Constitution and Bylaws shall be considered at the House of Delegates meetings. Proposed amendments to the SOMA Policies shall be considered at the House of Delegates meetings. Proposed amendments to Governing Procedures shall be considered at the Board of Trustee meetings.
Old Article XIII, New Article X - Amendments to the Constitution and Bylaws and Governing ~~Policies~~ (Procedures); Section 2	Section 2. Amendment Submission~~.~~ Any member(s) of the Association may author an amendment to these Constitution and Bylaws ~~or Governing Policies with required~~ ;~~-~~a minimum of three member co-authors are required for such an amendment to be considered. ~~three (3) member co-sponsorship(s) by submitting the amendment accompanied~~ All amendments, accompanied by a brief explanation, shall be submitted to the National Parliamentarian and the ~~National SOMA Office~~ Executive Director at least twenty-one days prior to the next meeting of the House of Delegates. SOMA Policies shall be comprised of the resolved statements of resolutions approved by the SOMA House of Delegates. As such, amendments shall be made by following the steps outlined in Article IV of the Bylaws. Governing ~~Policy~~ Procedures ~~A~~ amendments must be submitted to the ~~Board of Trustees~~ National President and Executive Director at least ten days prior to the date of the Board of Trustees meeting where it will be considered. ~~shall be submitted at least twenty-one days prior to the date of vote on the amendment.~~	**Section 2. Amendment Submission** Any member(s) of the Association may propose an amendment to these Constitution and Bylaws; a minimum of three member co-authors are required for such an amendment to be considered. All amendments, accompanied by a brief explanation, shall be submitted to the National Parliamentarian and the Executive Director at least twenty-one days prior to the next meeting of the House of Delegates. SOMA Policies shall be comprised of the resolved statements of resolutions approved by the SOMA House of Delegates. As such, amendments shall be made by following the steps outlined in Article IV of the Bylaws. Governing Procedures amendments must be submitted to the National President and the Executive Director at least ten days prior to the date of the Board of Trustees meeting where it will be considered.
Old Article XIII, New Article X - Amendments to the Constitution and Bylaws and Governing ~~Policies~~ (Procedures); Section 3	Section 3. Amendment Distribution~~.~~ Copies of all proposed amendments to the Constitution and Bylaws shall be made available to all constituent chapters at least ten days prior to the House of Delegates ~~and Board of Trustees~~ vote on the matter. Copies of all proposed amendments to the Governing Procedures shall be made available to all members of Board of Trustees seven days prior to the vote on the matter.	**Section 3. Amendment Distribution** Copies of all proposed amendments to the Constitution and Bylaws shall be made available to all constituent chapters at least ten days prior to the House of Delegates vote on the matter. Copies of all proposed amendments to the Governing Procedures shall be made available to all members of Board of Trustees seven days prior to the vote on the matter.

Old Article XIII, New Article X - Amendments to the Constitution and Bylaws and Governing ~~Policies~~ (Procedures); Section 4	Section 4. Amendment Approval~~.~~ A vote of at least two-thirds of the House of Delegates, Quorum required, shall be required for passage of any new amendment to the Constitution or Bylaws. Amendments to the SOMA Policies shall require a simple majority vote by the House of Delegates for passage. Amendments to the Governing ~~Policies~~ Procedures shall be approved by a vote of two-thirds of ~~either the House of Delegates or~~ the Board of Trustees. Amendments to the Constitution shall require an additional vote of the AOA Board of Trustees per AOA policy before acceptance.	**Section 4. Amendment Approval** A vote of at least two-thirds of the House of Delegates, Quorum required, shall be required for passage of any new amendment to the Constitution or Bylaws. Amendments to the SOMA Policies shall require a simple majority vote by the House of Delegates for passage. Amendments to the Governing Procedures shall be approved by a vote of two-thirds of the Board of Trustees. Amendments to the Constitution shall require an additional vote of the AOA Board of Trustees per AOA policy before acceptance.
Old ARTICLE XIV, New ARTICLE XI – Dissolution of the Association	Article order revised	ARTICLE XI – Dissolution of the Association

Explanatory Statement
The Board of Trustees has spent several months reviewing our Constitution & Bylaws and has determined that the above changes will add clarity to our governing documents and to the operation of the organization. The documents have also been restructured to make these Constitution & Bylaws more user-friendly for our members and Chapter Leaders.

Submitted by:
Katharina de Klerk, OMS III – Midwestern University Chicago College of Osteopathic Medicine
Jenni Adams, OMS IV – A.T. Still University School of Osteopathic Medicine in Arizona
Katharyn Downs Cassella, OMS IV – Marian University College of Osteopathic Medicine
Sarah Friedrich. OMS III – Philadelphia College of Osteopathic Medicine
John Rajala, OMS II – Burrell College of Osteopathic Medicine

Action Taken: APPROVED AS AMMENDED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-02

Subject: BYLAWS REVISIONS

WHEREAS, it is necessary to periodically review the governing documents of the organization to ensure that policies and procedures are reflective of the way the organization functions; and

WHEREAS, it is important to eliminate redundancy and maintain internal consistency in our governing documents; and

WHEREAS, per Robert's Rules of Order only the most important rules should be placed in the Constitution; now, therefore, be it

RESOLVED, that the following changes be made to the SOMA Bylaws:

Sections	**Revisions**	**New Language**
Document Title	~~Bylaws of the Student Osteopathic Medical Association~~ BYLAWS OF THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION	BYLAWS OF THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION
Old Article III; New Article I - Constituent Chapters	Article order revised	ARTICLE I – Constituent Chapters
Old Article III, New Article I - Constituent Chapters; Section 1	Section 1. Chapter Petition. Any group of five or more students at a~~n AOA~~ COCA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall ~~sign the petition, date their signature~~ submit the SOMA New Chapter Application and supply any ~~and all~~ additional information or documentation requested by the Board of Trustees ~~as to its qualifications for membership~~ to be considered for new chapter status within the Association.	**Section 1. Chapter Petition** Any group of five or more students at a COCA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall submit the SOMA New Chapter Application and supply any additional information or documentation requested by the Board of Trustees to be considered for new chapter status within the Association.
Old Article III, New Article I - Constituent Chapters; Section 2	Section 2. Number of Chapters. There shall not be more than one such chapter at any osteopathic medical school, defined as an independent school, branch campus, or additional location. ~~branch. Separate branches shall be defined as having separate administrations and separate student governing bodies.~~	**Section 2. Number of Chapters** There shall not be more than one such chapter at any osteopathic medical school, defined as an independent school, branch campus, or additional location.
Old Article III, New Article I - Constituent Chapters; Section 3	Section 3. Chapter Benefits~~.~~ Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in ~~the~~ these Constitution and Bylaws.	**Section 3. Chapter Benefits** Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in these Constitution and Bylaws.

Old Article III, New Article I - Constituent Chapters; Section 4	Section 4. Granting of Charter~~.~~ ~~A chapter charter~~ SOMA Chapter status shall be granted by a simple majority ratification of the House of Delegates at the next meeting after a SOMA New Chapter Application ~~petition for a charter~~ is submitted.	**Section 4. Granting of Charter** SOMA Chapter status shall be granted by a simple majority ratification of the House of Delegates at the next meeting after a SOMA New Chapter Application is submitted.
Old Article III, New Article I - Constituent Chapters; Section 5	Section 5. Chapter Officers~~.~~ Each chapter shall elect as chapter officers: a President, a National Liaison Officer (NLO), a Vice President, a Secretary, and a Treasurer, to serve as the Executive Board, except where the Region Trustee deems the chapter unable to elect a complete Executive Board due to extenuating circumstances. The Chapter may elect more positions, as it deems necessary. Any officer may hold a position in more than one student organization as long as a conflict of interest between the two positions does not occur. If a conflict does arise, it shall be the responsibility of the Region Trustee to settle the dispute in a manner that ~~he/she~~ they deem~~s~~ necessary. If further measures are deemed necessary the National SOMA President, with consultation by ~~his/her~~ their counsel, shall determine the final decision regarding appropriate actions.	**Section 5. Chapter Officers** Each chapter shall elect as chapter officers: a President, a National Liaison Officer (NLO), a Vice President, a Secretary, and a Treasurer, to serve as the Executive Board, except where the Region Trustee deems the chapter unable to elect a complete Executive Board due to extenuating circumstances. The Chapter may elect more positions, as it deems necessary. Any officer may hold a position in more than one student organization as long as a conflict of interest between the two positions does not occur. If a conflict does arise, it shall be the responsibility of the Region Trustee to settle the dispute in a manner that they deem necessary. If further measures are deemed necessary, the National SOMA President, with consultation by their counsel, shall determine the final decision regarding appropriate actions.
Old Article III, New Article I - Constituent Chapters; Section 6	Section 6. Chapter Elections~~.~~ Each chapter shall hold its annual election prior to the annual spring meeting of the SOMA House of Delegates. The election shall be an open election of all SOMA members of that chapter in good standing and shall follow all policies of the local chapter's college or university. Each new chapter may determine how they wish to select Chapter Leaders prior to approval of their local chapter by the HoD. This process should be determined in consultation with the school's administration.	**Section 6. Chapter Elections** Each chapter shall hold its annual election prior to the annual spring meeting of the SOMA House of Delegates. The election shall be an open election of all SOMA members of that chapter in good standing and shall follow all policies of the local chapter's college or university. Each new chapter may determine how they wish to select Chapter Leaders prior to approval of their local chapter by the HoD. This process should be determined in consultation with the school's administration.
Old Article III, New Article I - Constituent Chapters; Section 7	Section 7. Chapter Officer Transition~~.~~ It shall be emphasized that the outgoing Chapter President and NLO, as well as other local SOMA officers, should work closely with the newly elected officers to ensure a smooth transition of both the knowledge and workings of local and ~~N~~ national SOMA for a period mutually agreed upon by the incoming and outgoing officers.	**Section 7. Chapter Officer Transition** It shall be emphasized that the outgoing Chapter President and NLO, as well as other local SOMA officers, should work closely with the newly elected officers to ensure a smooth transition of both the knowledge and workings of local and national SOMA for a period mutually agreed upon by the incoming and outgoing officers.
Old Article III, New Article I - Constituent Chapters; Section 8	Section 8. Chapter Membership Drive~~.~~ Each chapter is required to have their Fall Membership Drive completed and all required paperwork as outlined in the Governing ~~Policies~~	**Section 8. Chapter Membership Drive** Each chapter is required to have their Fall Membership Drive completed and all required paperwork as outlined in the Governing

	Procedures of this Association submitted to the National SOMA Office prior to the date set by the Board of Trustees. Failure to comply with this regulation shall result in sanctions against the chapter as approved by the Board of Trustees.	Procedures of this Association submitted to the National SOMA Office prior to the date set by the Board of Trustees. Failure to comply with this regulation shall result in sanctions against the chapter as approved by the Board of Trustees.
Old Article III, New Article I - Constituent Chapters; Section 9	Section 9. Local Chapter Attendance at National Conventions. 1. President and NLO Attendance. National SOMA requires that, at a minimum, the ~~local c~~ Chapter President and the National Liaison Officer (or their proxies) attend ~~Fall and Summer Conventions, and that one outgoing and one incoming officer (or their proxies) attend Spring Convention~~ all three SOMA conferences annually. See Article II, Section 3 for more details about attendance. ~~Other local officers and local chapter members are also encouraged to attend the Spring and Fall Conventions. Any exceptions to this policy shall be offered on a case-by-case basis by the Region Trustee for said chapter.~~ 2. Financial Assistance. Should local chapters provide financial assistance to local officers for travel to ~~conventions~~ SOMA conferences, National SOMA recommends that distribution of funding be determined by the local ~~c~~ Chapter President and National Liaison Officer based upon on: a. ~~a~~ Active participation in local SOMA activities. b. ~~c~~ Current or anticipated leadership in local or National SOMA. c. Should disputes arise, the chapter's Region Trustee will be asked for their advice regarding distribution of funds. ~~When a local chapter provides funds for officers to attend the Spring Convention, one of those persons must be a newly-elected officer, if he or she chooses to attend. Should disputes arise, the chapter's Regional Trustee will be asked for his or her advice regarding distribution of funds.~~	**Section 9. Local Chapter Attendance at National Conventions** 1. **President and NLO Attendance.** National SOMA requires that, at a minimum, the local Chapter President and the NLO (or their proxies) attend all three SOMA conferences annually. See Article II, Section 3 for more details about attendance. 2. **Financial Assistance.** Should local chapters provide financial assistance to local officers for travel to conventions, National SOMA recommends that distribution of funding be determined by the local Chapter President and National Liaison Officer based upon: a. Active participation in local SOMA activities. b. Current or anticipated leadership in local or National SOMA. c. Should disputes arise, the chapter's Region Trustee will be asked for their advice regarding distribution of funds.
Old Article IV, New Article II - Title	ARTICLE IV - ~~Meetings~~ Conferences	ARTICLE II – Conferences
Old Article IV, New Article II - Conferences; Section 1	Section 1. ~~Fall and Spring Meetings.~~ Annual SOMA Conferences ~~The SOMA House of Delegates, the Board of Trustees, and the National Board shall convene at least twice a year for official meetings: one time being~~	**Section 1. Annual SOMA Conferences** SOMA will hold three conferences annually: the SOMA Spring Convention, the Summer Leadership Meeting, and the SOMA Fall Convention.

	~~at the Annual Fall SOMA National Convention, which will coincide with the AOA Annual Convention & Scientific Seminar (OMED); and the second time occurring at the Annual Spring SOMA National Convention, which will coincide with D.O. Day on Capitol Hill.~~ SOMA will hold three conferences annually: the SOMA Spring Convention, the Summer Leadership Meeting, and the SOMA Fall Convention. 1. Spring and Fall Conventions. SOMA will hold Spring and Fall Conventions annually. Where possible these shall coincide with D.O. Day on Capitol Hill and the AOA Osteopathic Medical Education Conference (OMED) respectively. The House of Delegates will be in session during the Spring and Fall Conventions. The Spring and Fall Conventions shall be open to all SOMA Members. 2. Summer Leadership Meeting. SOMA will hold a mid-year meeting annually. Where possible this mid-year meeting, known as the Summer Leadership Meeting (SLM) will coincide with the AOA Annual Meeting and the AOA House of Delegates. The Summer Leadership Meeting will only be open to Chapter Leaders. ~~Section 2. Mid-Year Meeting.~~ ~~The SOMA Board of Trustees, the National Board of Directors, and SOMA Chapter Leaders shall also meet at a Mid-Year Leadership Meeting to conduct the business of the Association and to observe and give input to the AOA House of Delegates on behalf of the students across the country. The meeting can be scheduled immediately before, during, or after the AOA House of Delegates as time and circumstances permit.~~	1. Spring and Fall Conventions. SOMA will hold Spring and Fall Conventions annually. Where possible these shall coincide with D.O. Day on Capitol Hill and the AOA Osteopathic Medical Education Conference (OMED) respectively. The House of Delegates will be in session during the Spring and Fall Conventions. The Spring and Fall Conventions shall be open to all SOMA Members. 2. Summer Leadership Meeting. SOMA will hold a mid-year meeting annually. Where possible this mid-year meeting, known as the Summer Leadership Meeting (SLM), shall coincide with the AOA Annual Meeting and the AOA House of Delegates. The Summer Leadership Meeting shall only be open to Chapter Leaders.
Old Article IV, New Article II - Conferences; Section 3	Section 3. Conventions. ~~1.~~ (New Section 4) OMT Tables. The Association shall be responsible for providing OMT tables at the SOMA National Conventions in order that OMT may be performed under adequate conditions, including supervision by a licensed osteopathic physician at OMT workshops, so that Association representatives may perform at their fullest potentials. ~~2. Attendance by non-SOMA members. The SOMA Website Director shall ensure an option is available for medical students (osteopathic, allopathic, and international), students of other health sciences, practicing physicians, related health care professional, and members of related healthcare organizations that are not registered SOMA members to register and~~	**Section 3. Attendance** 1. **Chapter Leader Attendance.** In accordance with Article I, Section 9, attendance at all three SOMA conferences is mandatory for the Chapter President and NLO (or their proxies). This requirement begins at the SOMA Spring Convention after new Chapter Leaders have been elected. Outgoing Chapter President and NLO are also strongly encouraged to attend Spring Convention, to ensure smooth leadership transition. If unable to attend any of the three conferences, Chapter Leaders are expected to notify the National President and their Region Trustee with the reason for their absence. If a chapter fails to

	~~attend~~ ~~National SOMA Conventions. The Board of Trustees shall establish a separate cost to attend National SOMA Conventions for non-members.~~ ~~3. Meeting Attendance. The constituent chapters are required to send at a minimum, the local President and the NLO (or their proxies) to the Fall Convention, and one outgoing and one incoming officer (or their proxies) to the Spring Convention. If unable to attend either Convention, Chapters are expected to notify the National President and Region Trustee with the reason for their absence. If a chapter fails to meet the minimum attendance requirements, they will be notified of their offense by National SOMA and an appropriate course of action will be determined by the Board of Trustees. Each offense will be evaluated on an individual basis.~~ 1. **Chapter Leader Attendance.** In accordance with Article I, Section 9, attendance at all three SOMA conferences is mandatory for the Chapter President and NLO (or their proxies). This requirement begins at the SOMA Spring Convention after new Chapter Leaders have been elected. Outgoing Chapter President and NLO are also strongly encouraged to attend Spring Convention, to ensure smooth leadership transition. If unable to attend any of the three conferences, Chapter Leaders are expected to notify the National President and their Region Trustee with the reason for their absence. If a chapter fails to meet the minimum attendance requirements, they will be notified of their offense, and an appropriate course of action will be determined by the Board of Trustees. Each offense will be evaluated on a case-by-case basis. 2. **General SOMA Member Attendance.** The Spring and Fall Conventions shall be open to all SOMA Members. A discounted cost will be available to all SOMA Members. 3. **Non-SOMA Member Attendance.** The SOMA Executive Director shall ensure an option is available for medical students (osteopathic, allopathic, and international), students of other health sciences, practicing physicians, related health care professionals, and members of related healthcare organizations that are not registered SOMA members to register and attend SOMA Conventions. The Board of Trustees shall establish a separate cost to attend SOMA Conventions for non-members.	meet the minimum attendance requirements, they will be notified of their offense, and an appropriate course of action will be determined by the Board of Trustees. Each offense will be evaluated on a case-by-case basis. 2. **General SOMA Member Attendance.** The Spring and Fall Conventions shall be open to all SOMA Members. A discounted cost will be available to all SOMA Members. 3. **Non-SOMA Member Attendance.** The SOMA Executive Director shall ensure an option is available for medical students (osteopathic, allopathic, and international), students of other health sciences, practicing physicians, related health care professionals, and members of related healthcare organizations that are not registered SOMA members to register and attend SOMA Conventions. The Board of Trustees shall establish a separate cost to attend SOMA Conventions for non-members. **Section 4. Osteopathic Principles and Practices** The Association shall be responsible for providing OMT tables at the SOMA National Conventions in order that OMT may be performed under adequate conditions, including supervision by a licensed osteopathic physician at OMT workshops, so that Association representatives may perform at their fullest potentials.
Old Article V, New Article III - Title	Article ~~V~~ III – House of Delegates	Article III – House of Delegates

Old Article V, New Article III - House of Delegates; Section 1	Section 1. Addressing the House~~.~~ All official members of the Association shall have the right to address the House of Delegates upon recognition by the Speaker of the House of Delegates. This recognition shall not entitle ~~him/her~~ them to make or second motions. Only the two voting delegates for each chapter will be permitted to make or second motions.	**Section 1. Addressing the House** All official members of the Association shall have the right to address the House of Delegates upon recognition by the Speaker of the House of Delegates. This recognition shall not entitle them to make or second motions. Only the two voting delegates for each chapter will be permitted to make or second motions.
Old Article V, New Article III - House of Delegates; Section 2	Section 2. Requirements for Voting. 1. Quorum for the House. A Quorum shall be required for the House of Delegates to conduct any business. A Quorum shall be defined as 50% + 1 of all occupied seats of the House of Delegates ~~(this means 50% of the total delegate votes, which is two (2) times the number of constituent chapters, plus one vote)~~. 2. Voting by the Speaker. The Speaker of the House of Delegates shall vote only in the event of a tie vote ~~or whenever a ballot vote is taken;~~, excluding officer elections. This one vote shall not count towards Quorum of the House of Delegates.	**Section 2. Requirements for Voting** 1. **Quorum for the House.** A Quorum shall be required for the House of Delegates to conduct any business. A Quorum shall be defined as 50% + 1 of all occupied seats of the House of Delegates. 2. **Voting by the Speaker.** The Speaker of the House of Delegates shall vote only in the event of a tie vote, excluding officer elections. This one vote shall not count towards Quorum of the House of Delegates.
Old Article V, New Article III - House of Delegates; Section 3	Section 3. Voting at House of Delegates Meetings. 1. Voting by Delegates. Each Chapter present during Roll Call shall be entitled to two votes during the House of Delegates session. Members of a Chapter Delegation shall be given identifiers that indicate whether they are Delegates or Alternates. ~~provided with two voting cards.~~ It is strongly recommended that one person control one vote ~~voting card~~; however, under extenuating circumstances where only one representative is available, one person may control ~~up to and including all two cards for his/her~~ both votes for their chapter. The ability of one person to control up to two votes, shall not be permitted during officer elections. Proxy voting between chapters shall be prohibited. 2. Identification of Delegates and Alternates. At the opening of the House of Delegates, each chapter shall provide to the Speaker of the House of Delegates, a list of two Delegates with voting rights and a list of Alternates who may vote in their absence. Persons shall be identified with SOMA-issued convention name tags indicating their "Delegate" or "Alternate" status. ~~Before any business is undertaken by the House of Delegates, each Delegate and Alternate shall be identified and verified by the Speaker of the House of Delegates (or his/her designate), using at least one appropriate form of identification, be it SOMA-issued convention identification tag, school identification with picture, or federal or state-issued photo identification.~~ An Alternate can replace a voting Delegate provided they have been identified by the Speaker of the House of Delegates. Delegates and	**Section 3. Voting at House of Delegates Meetings** 1. Voting by Delegates. Each Chapter present during Roll Call shall be entitled to two votes during the House of Delegates session. Members of a Chapter Delegation shall be given identifiers that indicate whether they are Delegates or Alternates. It is strongly recommended that one person control one vote; however, under extenuating circumstances where only one representative is available, one person may control both votes for their chapter. The ability of one person to control up to two votes, shall not be permitted during officer elections. Proxy voting between chapters shall be prohibited. 2. Identification of Delegates and Alternates. At the opening of the House of Delegates, each chapter shall provide to the Speaker of the House of Delegates, a list of two Delegates with voting rights and a list of Alternates who may vote in their absence. Persons shall be identified with SOMA-issued convention name tags indicating their "Delegate" or "Alternate" status. An Alternate can replace a voting Delegate provided they have been identified by the Speaker of the House of Delegates. Delegates and Alternates shall be required to provide photo

	Alternates shall be required to provide photo identification if requested.	identification if requested.
Old Article V, New Article III - House of Delegates; Section 5	Section 5. Order of Business. The order of business of the House of Delegates shall be determined by the Speaker of the House of Delegates with recommendations from the Board of Trustees, ~~and~~ the Convention ~~Coordinator~~ Director and the Executive Director, and shall be distributed at least fifteen days prior to the commencement of the meeting. The order of business shall only be changed by a vote of at least two-thirds of the House of Delegates.	**Section 5. Order of Business** The order of business of the House of Delegates shall be determined by the Speaker of the House of Delegates with recommendations from the Board of Trustees, the Convention Director and the Executive Director, and shall be distributed at least fifteen days prior to the commencement of the meeting. The order of business shall only be changed by a vote of at least two-thirds of the House of Delegates.
Old Article V, New Article III - House of Delegates; Section 6	New Section	**Section 6. Robert's Rules** Robert's Rules of Order Newly Revised 11th Edition shall govern the parliamentary procedures of all meetings of the House of Delegates.
Old Article I, New Article IV - Resolutions	Article order revised	ARTICLE IV - Resolutions
Old Article I, New Article IV - Resolutions; Section 1	Section 1. Resolution Submission Any member(s) of the Association may author a resolution by submitting the resolution, with at minimum one additional member co-~~sponsorship(s)~~ author, to the National Parliamentarian at least twenty-one days prior to the next meeting of the House of Delegates.	**Section 1. Resolution Submission** Any member(s) of the Association may author a resolution by submitting the resolution, with at minimum one additional member co-author, to the National Parliamentarian at least twenty-one days prior to the next meeting of the House of Delegates.
Old Article I, New Article IV - Resolutions; Section 6	Section 6. Resolution Committee Discussion All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before the House of Delegates Resolution Committee during an Open Reference Meeting. The Resolution Committee shall meet in executive session following testimony and submit a report of the committee's recommendations to members of this Association prior to the House of Delegates vote.	**Section 6. Resolution Committee Discussion** All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before the House of Delegates Resolution Committee during an Open Reference Meeting. The Resolution Committee shall meet in executive session following testimony and submit a report of the committee's recommendations to members of this Association prior to the House of Delegates vote.
Old Article I, New Article IV - Resolutions; Section 7	Section 7. Acceptance of Resolution Committee Report The House of Delegates shall either ~~"adopt", "not adopt", or "adopt and amend"~~ "approve," "approve as amended," "refer back to author," or "not approve" resolutions based on the House of Delegates Resolution Committee Report in order to proceed with determining the policy of the Association. The resolved statements of resolutions approved by the House of Delegates will become a part of the SOMA	**Section 7. Acceptance of Resolution Committee Report** The House of Delegates shall either "approve," "approve as amended," "refer back to author," or "not approve" resolutions based on the House of Delegates Resolution Committee Report in order to proceed with determining the policy of the Association. The resolved statements of resolutions approved by the House of Delegates will become a part

	Policies.	of the SOMA Policies.
Old Article I, New Article IV - Resolutions; Section 8	Section 8. Resolution Committee. 1. Members. The House of Delegates Resolution Committee shall be composed of, at minimum, the following ~~Active Members of the Association~~ members: a Chair of the Resolution Committee, a Vice-Chair, and two members from each region~~,~~ ~~nominated by the Regional Trustees~~. 2. Chair. The National Parliamentarian shall serve as the Chair of the House of Delegates Resolution Committee. ~~The Chair shall appoint all members of the House of Delegates Resolution Committee from the above nomination list and any other members who he/she feels necessary to complete the business of the Resolution Committee.~~ The Chair of the Resolution Committee shall also act as the SOMA Delegate to the AOA House of Delegates. 3. Vice Chair. The position of Vice Chair of the House of Delegates Resolution Committee will be filled by the ~~current~~ National Vice President. Should the Vice President choose not to fill this role, the Chair will retain the ability to nominate an alternate Vice Chair at their discretion, from current members of the Board of Trustees and National Board of Directors. The Vice Chair shall act as the SOMA Alternate Delegate to the AOA House of Delegates. 4. Region Members. At the ~~Summer SOMA~~ Summer Leadership Meeting (SLM) ~~meeting~~, each Region Trustee shall submit the names of two members from different chapters in their region to serve on the resolution committee. The two members shall be ~~s~~elected by a simple majority vote in their region by the conclusion of SLM ~~the Summer SOMA meeting~~. 5. **Other Members.** The Chair retains the ability to nominate any additional members that they feel are necessary to complete the business of the Resolution Committee. 6. Duties. The duties of the House of Delegates Resolution Committee shall be to prepare a report listing their recommendations to amend and/or make corrections to the resolutions, in regard to punctuation, grammar, spelling, and citations within the Constitution and Bylaws of the Association. The report shall also declare the committee's recommendation on each resolution submitted for that House of Delegates session; namely, that being to ~~adopt or not to adopt the resolution as presented and/or amended.~~"approve," "approve as amended," "refer back to author," or "not approve."	**Section 8. Resolution Committee.** 1. **Members.** The House of Delegates Resolution Committee shall be composed of, at minimum, the following members: a Chair of the Resolution Committee, a Vice-Chair, and two members from each region. 2. **Chair.** The National Parliamentarian shall serve as the Chair of the House of Delegates Resolution Committee. The Chair of the Resolution Committee shall also act as the SOMA Delegate to the AOA House of Delegates. 3. **Vice Chair.** The position of Vice Chair of the House of Delegates Resolution Committee will be filled by the National Vice President. Should the Vice President choose not to fill this role, the Chair will retain the ability to nominate an alternate Vice Chair at their discretion, from current members of the Board of Trustees and National Board of Directors. The Vice Chair shall act as the SOMA Alternate Delegate to the AOA House of Delegates. 4. **Region Members.** At the Summer Leadership Meeting (SLM), each Region Trustee shall submit the names of two members from different chapters in their region to serve on the resolution committee. The two members shall be elected by a simple majority vote in their region by the conclusion of SLM. 5. **Other Members.** The Chair retains the ability to nominate any additional members that they feel are necessary to complete the business of the Resolution Committee. 6. **Duties.** The duties of the House of Delegates Resolution Committee shall be to prepare a report listing their recommendations to amend and/or make corrections to the resolutions, in regard to punctuation, grammar, spelling, and citations within the Constitution and Bylaws of the Association. The report shall also declare the committee's recommendation on each resolution submitted for that House of Delegates session; namely, that being to "approve," "approve as amended," "refer back to author," or "not approve."

Old Article II, New Article V - National Board of Directors	Article order revised	Article V - National Board of Directors
Old Article II, New Article V - National Board of Directors; Section 1	Section 1. ~~Appointed~~ Members of the National Board of Directors~~.~~ The National Board of Directors (NBD) shall be comprised of the following members: ~~1. National Board of Directors Chair (shall also serve on the Board of Trustees)~~ ~~2. Convention Director~~ ~~3. Health Disparities Director~~ ~~4. Community Outreach Director~~ ~~5. Membership and Alumni Affairs Director~~ ~~6. Strategic Partnerships Director~~ ~~7. Osteopathic Practice & Principles Director~~ ~~8. Professional Development Director~~ ~~9. Political Affairs Director~~ ~~10. Senior Pre-SOMA Director~~ ~~11. Junior Pre-SOMA Director~~ ~~12. Public Relations Director~~ ~~13. Research Director~~ 1. Community Outreach Director 2. Convention Director 3. Health Disparities Director 4. Membership and Alumni Affairs Director 5. National Board of Directors Chair (shall also serve on the Board of Trustees) 6. Osteopathic Practice & Principles Director 7. Political Affairs Director 8. (Junior) Pre-SOMA Director 9. (Senior) Pre-SOMA Director 10. Professional Development Director 11. Public Relations Director 12. Research Director 13. Strategic Partnerships Director	**Section 1. Members of the National Board of Directors** The National Board of Directors (NBD) shall be comprised of the following members: 1. Community Outreach Director 2. Convention Director 3. Health Disparities Director 4. Membership and Alumni Affairs Director 5. National Board of Directors Chair (shall also serve on the Board of Trustees) 6. Osteopathic Practice & Principles Director 7. Political Affairs Director 8. (Junior) Pre-SOMA Director 9. (Senior) Pre-SOMA Director 10. Professional Development Director 11. Public Relations Director 12. Research Director 13. Strategic Partnerships Director
Old Article II, New Article V - National Board of Directors; Section 2	In order to be eligible to serve in any National Board of Directors position, applicants shall be ~~active members of this~~ Osteopathic Medical Student Members of the Association and shall currently, or have previously served as the ~~p~~ President or NLO of a local SOMA Chapter, or have attended two national SOMA ~~National~~ Conventions and be nominated by their Chapter President or NLO. The National Board of Directors Chair shall currently, or have previously served on the Board of Trustees or National Board of Directors. The Senior Pre-SOMA Director applicants shall currently, or have previously served as the Junior Pre-SOMA Director. ~~and Senior Pre-SOMA Director applicants shall currently or have previously served as National Officers~~. For the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director, it is	In order to be eligible to serve in any National Board of Directors position, applicants shall be Osteopathic Medical Student Members of the Association and shall currently, or have previously served as the President or NLO of a local SOMA Chapter, or have attended two national SOMA Conventions and be nominated by their Chapter President or NLO. The National Board of Directors Chair shall currently, or have previously served on the Board of Trustees or National Board of Directors. The Senior Pre-SOMA Director applicants shall currently, or have previously served as the Junior Pre-SOMA Director. For the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director, it is

	recommended, ~~(~~but not required~~),~~ that applicants shall ~~have~~ currently or previously have served as National Officers.	recommended, but not required, that applicants shall currently or previously have served as National Officers.
Old Article II, New Article V - National Board of Directors; New Section 3	New Section	**Section 3. National Board of Directors Appointments** All members of the NBD shall be appointed by the incoming BoT officers, prior to the conclusion of the Spring SOMA Convention. They shall assume their duties at the conclusion of the spring session of the House of Delegates.
Old Constitution Article XI, New Bylaws Article VI - National SOMA Budget	Article order and placement revised	Article VI - National SOMA Budget
Old Constitution Article XI, New Bylaws Article VI - National SOMA Budget; Old Section 2, New Section 1	Section ~~2~~ 1. Fiscal Year. The fiscal year of this Association shall be from June 1st through May 31st of each year. The books of account of the Association shall be closed as of the last day of June in each year.	**Section 1. Fiscal Year** The fiscal year of this Association shall be from June 1st through May 31st of each year. The books of account of the Association shall be closed as of the last day of May in each year.
Old Constitution Article XI, New Bylaws Article VI - National SOMA Budget; Old Section 1, New Section 2	Section ~~1~~ 2. Annual Budget. The National Treasurer shall submit, by June 1st, a National SOMA Budget Proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be presented at the annual Fall Convention to the chapter leaders and made available to all chapters upon request. All funding policies shall be outlined in the Governing ~~Policies~~ Procedures.	**Section 2. Annual Budget** The National Treasurer shall submit by June 1st, a National SOMA Budget Proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be presented at the annual Fall Convention to the chapter leaders and made available to all chapters upon request. All funding policies shall be outlined in the Governing Procedures.
Old Article VI, New Article VII - Board of Trustees Meetings	Article order revised	Article VII – Board of Trustee Meetings
Old Article VI, New Article VII - Board of Trustees Meetings; Section 2	Section 2. Quorum of the Board of Trustees. A Quorum shall be necessary to conduct the business of the Board of Trustees. A Quorum shall be defined as 50% + 1 of all occupied seats currently held by members of the ~~a~~ Board of Trustees ~~member~~. The National President, as Chairperson of the Board of Trustees, ~~only votes~~ shall only vote in the event of a tie.	**Section 2. Quorum of the Board of Trustees** A Quorum shall be necessary to conduct the business of the Board of Trustees. A Quorum shall be defined as 50% + 1 of all occupied seats currently held by a Board of Trustee member. The National President, as Chairperson of the Board of Trustees, shall only vote in the event of a tie.
Old Article VI, New Article VII - Board of Trustees	New Section	**Section 5. Meeting Minutes** The Secretary will be responsible for keeping meeting minutes. All meeting minutes shall be

Meetings; Section 5		typed, in the manner specified in the Governing Procedures, and submitted to the Executive Director within thirty days.
Old Constitution Article X, New Bylaws Article VIII - President's Advisory Cabinet	Article order and placement revised	ARTICLE VIII – President's Advisory Cabinet **Section 1. Members** The National President may at their discretion appoint members to an Advisory Cabinet. **Section 2. Duties** Members of the Advisory Cabinet may coordinate with and advise the National President, but shall not establish policy
Old Article VII, New Article IX - Standing Committees, Subcommittees and Task Forces	Article order revised	ARTICLE IX - Standing Committees, Subcommittees and Task Forces
Old Article VII, New Article IX - Standing Committees, Subcommittees and Task Forces; Section 1	Section 1. Creation & Duties of Standing Committees The Standing Committees of SOMA shall be created by resolutions submitted to and approved by the House of Delegates. ~~The duties of the Standing Committee shall be to organize and submit policy in their appointed area to the Board of Trustees and/or the House of Delegates and to appoint matters to their given Subcommittees.~~ Job description and responsibilities of a Committee Chairperson ~~is~~ are to be approved by a simple majority of the Board of Trustees.	**Section 1. Creation & Duties of Standing Committees** The Standing Committees of SOMA shall be created by resolutions submitted to and approved by the House of Delegates. Job description and responsibilities of a Committee Chairperson are to be approved by a simple majority of the Board of Trustees.
Old Article VII, New Article IX - Standing Committees, Subcommittees and Task Forces; Section 4	Section 4. Creation of Task Forces. ~~Task Forces shall be comprised of the new programs or committees submitted for approval that are given a temporary status. Task Forces can be established and their Directors chosen at the discretion of the National President. Each Task Force Director shall have all the responsibilities of a National Board member, including representation at local and National SOMA meetings.~~ Task Forces shall be created at the discretion of the National President; these are established to facilitate new programs or new committees and are temporary in nature. The Chairperson(s) of each Task Force shall be selected by the National President. If program interest and needs continue for a period of two years, the Task Force is eligible to become a Standing Committee pending approval of the House of Delegates as per Section 1.	**Section 4. Creation of Task Forces** Task Forces shall be created at the discretion of the National President; these are established to facilitate new programs or new committees and are temporary in nature. The Chairperson(s) of each Task Force shall be selected by the National President. If program interest and needs continue for a period of two years, the Task Force is eligible to become a Standing Committee pending approval of the House of Delegates as per Section 1.

Old Article VII, New Article IX - Standing Committees, Subcommittees and Task Forces; Section 5	Section 5. Budget of Committees and Task Forces. The Chairperson(s) of each Standing Committee and Task Force will submit a tentative budget to the ~~Finance Committee~~ Treasurer for approval ~~based on merit and participation~~.	**Section 5. Budget of Committees and Task Forces** The Chairperson(s) of each Standing Committee and Task Force will submit a tentative budget to the Treasurer for approval.
Old Article VII, New Article IX - Standing Committees, Subcommittees and Task Forces; Section 6	~~Section 6. Expenses of Committees and Task Forces. Monies, less than $100, allocated for committees under management of National Board members shall be controlled by the National Chairperson of each respective committee. Each National Chairperson shall be held accountable for excellence in their respective program as a result of this assumption of responsibility.~~	Section Removed
Old Article VIII, New Article X - Affiliated Societies	Article order revised	ARTICLE X - Affiliated Societies
Old Article VIII, New Article X - Affiliated Societies; Section 2	Section 2. Granting Affiliate Status ~~Charter.~~ Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue ~~such a charter~~ affiliate status to any organization which does not duplicate the function or prerogatives of any presently affiliated organization.	**Section 2. Granting Affiliate Status** Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue affiliate status to any organization which does not duplicate the function or prerogatives of any presently affiliated organization.
Old Article VIII, New Article X - Affiliated Societies; Section 4	Section 4. Benefits of Affiliation. Affiliated Societies may be granted the privilege of attending the National SOMA ~~National~~ Conventions and scheduling meetings with respective members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliated Societies shall be granted the opportunity to use ~~the~~ National SOMA ~~newsletters and other membership mailings~~ communication platforms to contact their current and potential members, at the discretion of the Board of Trustees. Affiliated Societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the ~~SOMA Process~~ Governing Procedures.	**Section 4. Benefits of Affiliation** Affiliated Societies may be granted the privilege of attending the SOMA National Conventions and scheduling meetings with members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliated Societies shall be granted the opportunity to use National SOMA communication platforms to contact their current and potential members, at the discretion of the Board of Trustees. Affiliated Societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the Governing Procedures.
Old Article VIII, New Article X - Affiliated Societies; Section 7	**Section 7. Termination of Affiliation** The SOMA House of Delegates shall have the right to terminate the Association's affiliation with any society upon finding the actions or policies of the society violate the Constitution and Bylaws, ~~SOMA Policies~~ Governing Procedures, or Code of Ethics of the Association. Upon these findings, the SOMA Board of Trustees shall investigate such violations and	**Section 7. Termination of Affiliation** The SOMA House of Delegates shall have the right to terminate the Association's affiliation with any society upon finding the actions or policies of the society violate the Constitution and Bylaws, Governing Procedures, or Code of Ethics of the Association. Upon these findings, the SOMA Board of Trustees shall

	upon conclusion of such investigation, make a recommendation, in resolution form, to the SOMA House of Delegates. Voting on such a resolution shall be governed by the rules set forth in the ~~SOMA Process~~ these Constitution and Bylaws, and the Governing Procedures. Affiliated Societies shall be ~~given the right to testify at the Board of Trustees and the~~ entitled to speak at the SOMA House of Delegates when such a resolution is heard. ~~Reference Committee meetings~~. Termination of the affiliation shall take effect at the closing of the House of Delegates. Societies will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in Sections 1 & 2.	investigate such violations and upon conclusion of such investigation, make a recommendation, in resolution form, to the SOMA House of Delegates. Voting on such a resolution shall be governed by the rules set forth in the these Constitution and Bylaws, and the Governing Procedures. Affiliated Societies shall be entitled to speak at the SOMA House of Delegates when such a resolution is heard. Termination of the affiliation shall take effect at the closing of the House of Delegates. Societies will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in Sections 1 & 2.
Old Article IX, New Article XI - The SOMA Foundation	Article order revised	ARTICLE XI – The SOMA Foundation

Explanatory Statement

The Board of Trustees has spent several months reviewing our Constitution & Bylaws and has determined that the above changes will add clarity to our governing documents and to the operation of the organization. The documents have also been restructured to make the Constitution & Bylaws more user-friendly for our members and Chapter Leaders.

Submitted by:

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Action Taken: APPROVED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-03

Subject: MAKING INSULIN AFFORDABLE

WHEREAS, Diabetes Mellitus affects an estimated 30.3 million people in the United States, nearly 10% of the population, and is the 7th leading cause of death[1]; and

WHEREAS, Diabetes Type 1 is one of the most common chronic diseases affecting children in the United States with no cure and requiring lifelong insulin treatment[2]; and

WHEREAS, insulin treatment is essential to all patients with Diabetes Type 1 and is also frequently used in patients with Diabetes Type 2 for proper glycemic control[3]; and

WHEREAS, over 14 million emergency department visits were reported with diabetes as the listed diagnosis in 2014[1]; and

WHEREAS, potentially fatal complications like diabetic ketoacidosis and hyperosmolar hyperglycemic state are easily prevented with proper access to insulin treatment[4-5]; and

WHEREAS, two-thirds of all limb amputations performed in the United States are related to complications from diabetes at a cost of on average $38,077 per amputation procedure, placing an avoidable financial burden on the healthcare system versus the annual cost of insulin treatment per patient at a fraction of the cost[6-8]; and

WHEREAS, it costs uninsured patients ten times more for insulin treatment at $7,000 annually versus $700 annually with insurance[8]; and

WHEREAS, the cost of insulin has tripled over a mere decade from 2002-2013, despite only incremental added benefits of new insulin products on the market[8-10]; and

WHEREAS, the pharmaceutical industry has made these incremental improvements to keep the cost of insulin expensive after the original patent expired[11]; and

WHEREAS, uninsured and even some insured patients are taking less insulin than prescribed because of the rising cost of insulin, resulting in preventable complications, emergency room visits, deaths, and financial burdens on the healthcare system[4,10]; and

WHEREAS, patients are literally dying due to inability to afford insulin[12]; and

WHEREAS, the researchers who discovered insulin, Richard Banting, J. B. Collip, and Charles Best, sold their patent rights for only one dollar each because their goal was to ensure the quality, purity, and potency of insulin sold on the market rather than to profit[13]; and

WHEREAS, the first license to manufacture insulin was granted for humanitarian purposes rather than for profit[14]; and

WHEREAS, the federal government has made it a national objective to make improvements in diabetes in its ongoing Healthy People Initiative, including setting the objectives of improved glycemic control, reduced mortality, and reduced morbidity like lower extremity amputations[15]; now, therefore, be it

RESOLVED, that both the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) declare that no patient with diabetes in the United States should die because of inability to afford insulin; and, be it further

RESOLVED, SOMA recommend to the AOA to lobby Congress for legislation requiring insurers to cover the cost of emergency insulin prescriptions for patients who cannot afford it, when complications could threaten the life of patients, as determined by a physician; and, be it further

RESOLVED, that SOMA recommend to the AOA to advocate for pharmaceutical companies, manufacturers, and pharmacies, to keep older insulin treatments on the market as a lower-cost alternative for the uninsured and underinsured; and be it further

RESOLVED, that SOMA recommend to the AOA to advocate for pharmaceutical companies to use its profits from insulin sales to fund the manufacture of a generic version of insulin for the uninsured.

Explanatory Statement

The goal of the legislation is to ensure that all Americans will have access, guaranteed by law, to necessary insulin therapy, regardless of their employment, income, or health care status. In short, insulin becomes an integral aspect of healthcare with no financial barriers or financial harm resulting from seeking it. With millions of uninsured Americans, and many millions more who are underinsured, the time has come to provide insulin dependent diabetics an essential aspect of their survival. In the current health care system in the U.S., insulin is not in a financially sustainable fashion, hence the need for reasonable caps on the cost to these individuals.

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Action Taken: REFERRED TO AUTHOR
Date: 03/06/18
Effective Time Period: Ongoing

Resolution: S-18-04

Subject: INCREASED RESOURCES AND ACCESSIBILITY FOR LGBTQ PERSONS IN FEDERALLY FUNDED HALFWAY HOUSES

WHEREAS, societal rejection, discrimination, and violence have contributed to a large number of LGBTQ-identified individuals who are struggling with substance abuse and homelessness in the United States[1]; and

WHEREAS, an estimated 20-40% of the more than 1.6 million U.S. homeless youth identifying with LGBTQ and LGBTQ individuals are more than twice as likely as heterosexual individuals to use any illicit drug within a year[2,3]; and

WHEREAS, Halfway Houses are residences that provide structured living in a supported group environment, attempt to help individuals to overcome addiction, and assist in the transition from rehabilitation back to the community[4]; and

WHEREAS, the general expectations of residents of Halfway Houses include, but are not limited to, staying sober (all drugs and alcohol are prohibited within the home), returning to work after an appropriate amount of time, adherence to a curfew, and attendance of the 12-step program or other recovery meetings[5]; and

WHEREAS, many halfway houses are often court mandated and conform to state and federal regulation, in addition, they often receive government funding[4,6]; and

WHEREAS, the U.S. Department of Housing and Urban Development has required federal grantees to abide by state and local nondiscrimination rules[2]; and

WHEREAS, there are currently twenty-two states that allow housing discrimination based on sexual orientation[7,8]; and

WHEREAS, the current federal regulations and restrictions regarding halfway house governance are not adequately followed in respect to discrimination against LGBTQ community members; and

WHEREAS, the gender segregation policy of halfway houses increases exclusion of transgender individuals, especially those undergoing transitional treatment, resulting in transgender people being disproportionately denied parole because of a reluctance on the part of judges to place a transgender person at a halfway house program segregated by gender[9]; and

WHEREAS, social services, halfway houses, and homeless shelters assigned to work with LGBTQ populations fail to culturally and appropriately serve their needs; including denying them shelter based on their gender identity, inappropriately housing them in a gendered space they do not identify with, and failing to address co-occurring mental health issues facing LGBTQ adults and youth[2]; and

WHEREAS, young LGBTQ individuals have an elevated risk of suicidal thoughts and attempted suicide; one study found that almost half of young transgender people had serious thoughts about

suicide, 26% had attempted suicide[10], and nearly one-third (29%) of lesbian, gay, and bisexual youth had attempted suicide at least once in the prior year as compared to 6% of heterosexual youth[10,11]; and

WHEREAS, in a Chicago study, 57% of transgender females aged 16–25 years reported having sex under the influence of drugs or alcohol, and this was significantly associated with both unprotected anal intercourse, and with selling sex[10]; and

WHEREAS, there are currently only a handful of publicly recognized halfway houses in the nation that identify as LGBTQ-specific centers, all of which are privately funded, and most of which only cater to the male gender[12,13,14]; and

WHEREAS, many homeless young adults find themselves involved in risky situations like increased drug use as a coping mechanism or engaging in survival sex to get access to shelter, food, drugs, and money; thus leading to increased rates of HIV, sexually transmitted infections, substance abuse, suicidal ideation, and continued psychological trauma[10,15]; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) recommends that the American Osteopathic Association (AOA) supports and advocates for increased awareness of, inclusion of, and resources for the LGBTQ population within government-funded halfway homes; and, be it further

RESOLVED, that SOMA recommends that the AOA supports and advocates for the increased monitoring and regulation of government-funded halfway homes in respect to discrimination against sexual orientation, gender identity, and/or gender expression.

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Action Taken: APPROVED AS AMMENDED

Date: 3/6/18

Effective Time Period: Ongoing

Resolution: S-18-05

Subject: CHANGING THE OSTEOPATHIC DEGREE FROM DOCTOR OF OSTEOPATHIC MEDICINE (DO) TO MEDICAL DOCTOR OF OSTEOPATHIC MEDICINE (MD-O)

WHEREAS, "Osteopathic practitioners seem to be struggling for a legitimate professional identification [and] the outcome of this struggle is bound to have an impact on health care delivery in the US"[1]; and

WHEREAS, Accreditation Council for Graduate Medical Education (ACGME) single accreditation allows for both MD and DO students to file under one residency application, implicating that both are meeting the same requirements and qualifying standards; and

WHEREAS, allopathic medical students and osteopathic medical students attain the same medical education, as assessed by testing through NBME-CBSE citing that "the same basic science knowledge is expected for DO and MD students"[2]; and

WHEREAS, "no difference was found in the ranking of the perceived clinical preparation of osteopathic residents vs allopathic residents in programs with and without Osteopathic Manipulative Treatment curricula" reflects that changing the DO degree to MD-O serves as a unique marker of distinction to the public and patients while maintaining that osteopathic physicians are medical doctors[3]; and

WHEREAS, some students in the U.S. would prefer to attend an international medical school rather than an osteopathic institution in order to obtain an MD degree upon returning to the U.S. due to the reputation a DO degree holds amongst colleagues and patients[4]; and

WHEREAS, although osteopathic physicians hold full practicing rights in 65 countries, several countries still do not recognize U.S. trained DOs as medical doctors such as Ireland where the "government has [repeatedly] declined to recognize US trained D.O.s as physicians", despite continuous efforts by the Bureau on International Osteopathic Medical Education & Affairs (BIOMEA) to educate and inform foreign officials[5,6]; and

WHEREAS, the American Osteopathic Association's (AOA) upcoming strategic plan is heavily centered around gaining international recognition and the first plan of action is to "[expand] licensure and practice rights for U.S.-educated and trained DOs" which can be more easily achieved with a globally recognized MD degree as part of the title[6]; and

WHEREAS, a DO degree in several countries stands for "diploma of osteopathy" for individuals not trained as "licensed as physicians, and therefore do not carry the same practice rights, such as surgery and prescribing medication" which remains a reason as to why these countries refuse to grant U.S. trained DOs rights to practice as physicians[5]; and

WHEREAS, in countries like France, Germany, and Switzerland, physicians that undergo medical school training in addition to osteopathy are recognized as MDs, enabling them to be recognized as medical doctors, which is the equivalent of an osteopathic medical doctor in the U.S.[5]; and

WHEREAS, awareness efforts such as the Doctors that DO campaign have significantly helped educate the nation on osteopathic medicine and philosophy, yet there is still an overwhelming knowledge gap indicated by research stating that only 50% of physicians and 7% of hospital staff had awareness of what Osteopathic Manipulative Medicine is, which can ultimately affect patient care[7]; and

WHEREAS, an MD-O degree will further benefit our advocacy as osteopathic medicine physicians, such that our patients and our community will perceive us as medical doctors reflective of our training; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) lobbies for the Commission on Osteopathic College Accreditation (COCA) to legislate to the U.S. Department of Education to change the current degree for an osteopathic medical education from Doctor of Osteopathic Medicine (DO), to Medical Doctor of Osteopathic Medicine (MD-O); and, be it further

RESOLVED, that SOMA and COCA acknowledge that this degree change reflects our mission to uplift our profession and not to take away from our image, pride, or our philosophy.

Explanatory Statement

Osteopathic physicians and students have a long standing history of being proud of their training, yet our ability to provide optimal patient care is being compromised due to hesitation from patients to seek care from DOs due to a lack of understanding. The purpose of this resolution is not to abandon the DO title, but rather to add to it, which is reflective of our medical education which extends beyond an allopathic training. DOs undergo four years of medical school in which they train in osteopathic manipulation and philosophy, and their degree earned should be reflective of that. Having an MD-O degree will help bridge the gap between MD and DO physicians while also enabling our patients to recognize osteopathic physicians as equally trained doctors as allopathic physicians, enabling better patient care and physician-patient relationships. Furthermore, an MD-O degree would allow foreign officials to recognize osteopathic physicians as licensed medical doctors, expanding their practicing rights

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Action Taken: NOT APPROVED

Date: 3/6/18

Effective Time Period: Ongoing

Resolution: S-18-06

Subject: INCREASING NUTRITION-FOCUSED EDUCATION IN OSTEOPATHIC MEDICAL SCHOOL CURRICULA AND NUTRITION CONTENT ON ALL LEVELS OF COMLEX-USA

WHEREAS, the 2018-2019 Master Blueprint for the National Board of Osteopathic Medical Examiners (NBOME) COMLEX-USA Level 1 only incorporates nutrition into the gastrointestinal section which, in total, is allotted 10% of the exam[10]; and

WHEREAS, since medical school preclinical curricula are designed to mirror the foundational and basic biomedical sciences included on COMLEX, there is not presently a strong emphasis on nutrition-focused education; and

WHEREAS, the impact of adequate nutrition on health is a particularly important consideration for osteopathy through its embodiment of treating the whole patient and addressing the root cause of disease (e.g., poor dietary choices); and

WHEREAS, although the National Academy of Sciences has recommended a minimum of 25 hours of nutrition education, the majority of medical schools offer little to no training in nutrition[4,6,8]; and

WHEREAS, of the 26 U.S. Colleges of Osteopathic Medicine (COM) schools that replied to a survey conducted by the Nutrition in Medicine (NIM) Program, only four met the recommended minimum of 25 hours of nutritional education, eight provided less than half, and the average was only 15.7 hours, with most of the content being incorporated into biochemistry classes[11]; and

WHEREAS, current medical students feel ill-equipped regarding certain aspects of nutrition counseling (e.g., medical nutrition therapy), and, while 71% of incoming medical students believe nutrition is clinically important, only 14% of physicians believe they were adequately trained in counseling patients on nutrition[2, 4, 7,12]; and

WHEREAS, poor nutrition is associated with adverse effects on both the economy and public health; for instance, cardiovascular disease and cancer, the top two leading causes of death in the United States, cost several hundred billion dollars annually and together accounted for nearly 46% of all deaths in 2014[1]; and

WHEREAS, approximately 90% of Americans aged 2 years or older consume too much sodium, which increases the risk of hypertension, a known risk factor for cardiovascular disease, and in 2015, more than 37% of adolescents and 40% of adults consumed fruit less than once per day, and 39% of adolescents and 22% of adults consumed vegetables less than once per day[1]; and

WHEREAS, according to the World Health Organization (WHO), two-thirds of all disease by 2020 will be the result of lifestyle choices; a more preventive approach to healthcare, which can largely be achieved through educating patients on proper nutrition, would drastically reduce healthcare costs and deaths attributable to poor lifestyle choices (e.g., low fruit/vegetable consumption, high sodium); and

WHEREAS, while, there is an increasing number of specialties emphasizing nutrition-based care, (e.g., Lifestyle Medicine, Integrative Medicine, Functional Medicine), there is not sufficient supplementation of nutrition-focused education in current medical school curricula[6,8]; and

WHEREAS, physicians of all specialties often serve as the initial point of entry into the healthcare system and, as such, find themselves on the frontlines of dealing with the deleterious effects of poor diet; and

WHEREAS, increased nutrition-focused education would bolster physician confidence pertaining to nutrition counseling, as well as empower patients to play a greater role in health management and disease prevention; and

WHEREAS, according to a recent study that assessed nutrition knowledge among second-year medical students, integration of nutrition education within the cardiovascular curriculum was associated with improved heart healthy eating habits[3]; and

WHEREAS, this evidence supports the notion that increased nutrition-focused education would not only benefit patients but also would have favorable effects on the health of future physicians, as well as their level of confidence regarding counseling on health behaviors[5]; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) petition that the National Board of Osteopathic Medical Examiners (NBOME) increase the amount of nutrition content within all levels of COMLEX-USA by encouraging the submission of more nutrition-based questions from NBOME writing committee members; and, be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) lobby the Commission on Osteopathic College Accreditation (COCA) to encourage increased nutrition-focused education within COM curricula, which should include, but not be limited to, basic nutrition principles, disease-specific considerations, and nutrition counseling in a clinical setting; and, be it further,

RESOLVED, that Student Osteopathic Medical Association (SOMA) encourages COCA to monitor this increased implementation of nutrition-focused education and provide assistance for increasing its prevalence within COM curricula as needed.

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Action Taken: REFERRED TO AUTHOR

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-07

Subject: A MOTION TO BRING BACK DIRECT SUBSIDIZED STUDENT LOANS FOR GRADUATE STUDENTS

WHEREAS, the Budget Control Act of 2011 eliminated subsidized Stafford Loans for medical and other graduate students[3]; and

WHEREAS, the elimination of subsidized loans has increased repayment for medical students between $10,000 and $20,000 over the lifetime of their loans[1]; and

WHERAS, interest rates have dropped for all types of loans since the implementation of the law in 2012, the rates have been steadily increasing since then with the interest rates for Direct Unsubsidized Loans going up from ~5% to 6% and interest rates for PLUS loans increasing from 6.2% to 7%[3] ; and

WHEREAS, the average medical student debt as of 2017 is $189,000 in addition to a third of the medical students carrying an average debt of $25,000 from their undergraduate studies[2]; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocate for the American Osteopathic Association (AOA) to take action to bring back Subsidized Student Loans for all medical students; and, be it further

RESOLVED, that the AOA also advocate to keep student loan interests low in order to ease the financial burden on medical students.

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Action Taken: NOT APPROVED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-08

Subject: ADOPTION OF EXPEDITED PARTNER THERAPY (EPT) POLICY AND ADVOCACY FOR NATIONAL LEGALIZATION

WHEREAS, in the 2006 Centers for Disease Control (CDC) Expedited Partner Therapy in the Management of Sexually Transmitted Diseases Review and Guidance White Paper endorses the use of Expedited partner therapy (EPT), defined as "the practice of treating the sex partners of persons with sexually transmitted diseases (STD) without an intervening medical evaluation or professional prevention counseling. The usual implementation of EPT is through patient delivered partner therapy (PDPT), although other methods may be employed." [1]; and

WHEREAS, the World Health Organization's Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 Towards Ending STIs states "partner notification is integral to effective sexually transmitted infection prevention and care." and "approaches for informing sex partners and offering them counseling and treatment vary according to circumstances and include patient referral (whereby patients are encouraged to contact their sex partners themselves), provider referral (the health care provider notifies the partner and arranges treatment), contractual patient–provider referral (a two-step approach that links patient and provider referral methods), and expedited partner therapy (the diagnosed patient takes the prescriptions or medication to his/her partner without prior examination of the partner) … The selected strategy has to be rights based and sensitive to gender inequalities, while ensuring and expediting partners' access to treatment." [2]; and

WHEREAS, the incidence of STIs is increasing based on a recent CDC report, with the rate of new Chlamydia infections increasing 4.7% since 2015 (1.59 million cases in 2016, 497.3/100,000), and the rate of new Gonorrhea infections increasing 18.5% since 2015 (468,514 cases in 2016, 145.8/100,000) [3]; and

WHEREAS, EPT is illegal in the states of Kentucky and South Carolina, and potentially allowable, but limited in Alabama, Delaware, Kansas, Oklahoma, New Jersey, South Dakota, Virginia and Puerto Rico [2]; and

WHEREAS, current methods of patient referral for treatment of gonorrhea and chlamydial infections only reach 40-60% of named sexual partners [6]; and

WHEREAS, based on the most recent CDC statistics, state legislative restrictions on EPT in the above states are currently potentially denying an evidence-based treatment option to approximately 190,856 patients diagnosed with chlamydia and 56,558 patients diagnosed with gonorrhea, totaling 247,414 patients [4, 5]; and

WHEREAS, in the 2006 CDC White Paper on EPT, based on evidence from four CDC-funded randomized controlled trials, the executive summary concludes that "The evidence indicates that EPT should be available to clinicians as an option for partner management" [1], and that "preliminary economic analyses suggest that EPT is a cost-saving and cost effective partner management

WHEREAS, the American College of Obstetricians and Gynecologists[7], the American Medical Association[8], the American Academy of Family Physicians[9], the Society for Adolescent Medicine[10], and the American Academy of Pediatrics[11], all have position statements in support of EPT and in support of legalization of

WHEREAS, a policy adopted by the American Bar Association "urges states, territories and tribes to support the removal of legal barriers to the appropriate use by health care providers of Expedited Partner Therapy (EPT), applied as specified in protocols promulgated by the U.S. Centers for Disease Control and Prevention, in the treatment of those sexually transmitted diseases identified in the evidence-based recommendations of the CDC and the policy statements of the American Medical Association" [12]; and

WHEREAS, both the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) currently do not have any policy regarding EPT; now, therefore, be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) endorse the use of Expedited Partner Therapy in accordance with the evidence and guidelines as outlined by the Centers for Disease Control (CDC); and be it further

RESOLVED, that SOMA support legalization of Expedited Partner Therapy in all states in accordance with the evidence and guidelines as outlined by the CDC; and be it further

RESOLVED, that the American Osteopathic Association (AOA) endorse the use of Expedited Partner Therapy in accordance with the evidence and guidelines as outlined by the Centers for Disease Control (CDC); and be it further

RESOLVED, that the AOA support legalization of Expedited Partner Therapy in all states in accordance with the evidence and guidelines as outlined by the CDC.

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Action Taken: APPROVED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-09

Subject: REGULATING TUITION INCREASES IN OSTEOPATHIC MEDICAL COLLEGES

WHEREAS, the mean debt for medical students graduating with loans in 1986 was $32,000, which is approximately $70,000 in 2017 dollars[1]in 2014, mean medical education debt among Osteopathic Medical Colleges was $215,000, an approximately 205% increase when correcting for inflation[2]; and

WHEREAS, the mean total tuition and fees across all Osteopathic medical colleges has risen from $33,290 in 2008-09, which is equivalent to $35,533 in 2016-17 dollars, to $45,661 in 2016-17[3]. Therefore, adjusted for inflation, tuition has increased 28.5% over the last eight years, or an average of 3.56% per year; and

WHEREAS, from 2008-09 to 2016-17, there has been 7 instances where an Osteopathic Medical College increased tuition by over 10% from a previous year, including 1 case where tuition was raised over 20% from the previous year, and 1 case where tuition was raised over 30% from the previous year[3]; and

WHEREAS, yearly tuition increases of this magnitude place unplanned financial burdens on students and may prevent students from being able to continue their medical education after they have already begun; and

WHEREAS, a cap on the amount that tuition can increase each year, whether in the form of a maximum percent increase or set dollar amount, would allow medical students to fully plan for the entire financial burden of their medical education prior to matriculation; and

WHEREAS, a cap on the amount that tuition can increase each year will prevent tuition costs from rising significantly faster than inflation[5,6]; and, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocate for pre-defined annual tuition increases at osteopathic medical schools in the form of either a maximum percentage increase from the previous year's tuition or a set maximum dollar amount increase from the previous year's tuition, so that osteopathic medical students entering their first year have an accurate understanding of tuition and fee costs throughout the entirety of their enrollment; and be it further

RESOLVED, that SOMA oppose legislation and regulations that would result in significant unplanned increases in medical school tuition; and be it further

RESOLVED, that the American Osteopathic Association (AOA) advocate for pre-defined annual tuition increases at osteopathic medical schools in the form of either a maximum percentage increase from the previous year's tuition or a set maximum dollar amount increase from the previous year's tuition, so that osteopathic medical students entering their first year have an accurate understanding of tuition and fee costs throughout the entirety of their enrollment; and be it further

RESOLVED, that the AOA oppose legislation and regulations that would result in significant unplanned increases in medical tuition

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Action Taken: NOT APPROVED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-10

Subject: OPIOIDS: EDUCATING THE PUBLIC VIA MEDIA CAMPAIGNS

WHEREAS, the state of Tennessee, home to Lincoln Memorial University-Debusk College of Osteopathic Medicine, is 4th in the U.S. for overdose deaths.[1] In 2016, there were at least 1,631 overdose deaths, a 12% increase from 1,451 in 2015[2]; and

WHEREAS, educating the public and bringing greater awareness to the life threatening adverse effects of abuse, may assist in reducing the demand for the drug and lead to more frequently prescribed alternatives; and

WHEREAS, most educational efforts made to the public are on an individual basis to those seeking prescriptions and many victims of opioid abuse are individuals for whom the prescription was not written[3]; and

WHEREAS, an educational media campaign targeting the general public would encompass the individuals at risk who did not have any education associated with their treatment, including those who seek to obtain opioids illegally; and

WHEREAS, an educational media campaign, targeting the general public, would encompass the individuals at risk who are inadequately educated; and

WHEREAS, educational/marketing campaigns have been funded in the past to educate the general public and were successful[4,5,6]; and

WHEREAS, CDC pilot studies of Opioid ad campaigns in four states have showed promising results in bringing awareness to the opioid epidemic and the addictive properties of opioids[7]; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocate for the creation of media campaigns that target adolescents in a preventative effort to educate them on what opioids are, their adverse effects, and the current detriment that the abuse of these drugs is currently causing throughout the country.; and be it further

RESOLVED, that the American Osteopathic Association (AOA) develop media campaigns that target adolescents in a preventative effort to educate them on what opioids are, their adverse effects, and the current detriment that the abuse of these drugs is currently causing throughout the country; and be it further

RESOLVED, that the American Osteopathic Association (AOA) seek strategic partnerships to cooperatively develop media campaigns that target adolescents in a preventative effort to educate them on what opioids are, their adverse effects, and current detriment that the abuse of these drugs is currently causing throughout the country.

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Action Taken: NOT APPROVED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-11

Subject: ALTERING ERAS FILTERS TO ALLOW EQUITABLE ACCESS TO GME FOR ALL U.S. MEDICAL STUDENTS

WHEREAS, he single accreditation merger between AOA and ACGME graduate medical education programs is slated to complete in 2020; and

WHEREAS, At the conclusion of the graduate medical education (GME) single accreditation system, both osteopathic and allopathic medical school graduates will be applying to the same set of GME programs

WHEREAS, Osteopathic and Allopathic medical students are both equally physicians under the law once medical licensure is obtained ; and

WHEREAS, Program directors for GME programs utilize filters built into the Electronic Residency Application Service (ERAS) to stratify applicants[1]; and

WHEREAS, The above-mentioned ERAS filters include filtering students by medical school type under the field: Most Recent Medical School Type. For example, U.S. Public and U.S. Private school filters that apply to M.D. students and a separate third filter category for Osteopathic schools[1]; and

WHEREAS, Osteopathic medical students applying for residency programs in the new unified match may have their application filtered out, without being viewed by residency program directors, due students being placed in a separate "Osteopathic" category of filtered applicants[1] ; and

WHEREAS, Medical students applying for GME should be judged by programs based on factors that indicate medical school performance, including class ranking, grades, licensing exam scores, letters of recommendation, medical school performance evaluation (MSPE), extracurricular involvement, interview performance, and research conducted; and

WHEREAS, Medical students spending money to apply to GME programs should have their application given fair consideration; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) lobby the AOA to examine and discuss changing the use of ERAS filters based on medical school type with the ACGME merger partners and the AAMC; and be it further

RESOLVED, that SOMA lobby the AOA to support changing ERAS filters that separate graduates of osteopathic schools from graduates of allopathic schools, to incorporating osteopathic medical school graduates into the U.S. Public and U.S. private school ERAS filters; and be it further

RESOLVED, that SOMA lobby the AOA to encourage GME program directors to filter applicants based on desired levels of performance in medical school, rather than by the degree type received by the applicant.

Explanatory Statement

Each year, osteopathic medical students' applications for GME training may be discarded without being looked at in the ACGME match at various programs and in various specialties. There currently exists methods to disregard all applications by applicants who are not U.S. M.D. graduates, including U.S. D.O. applicants, without examining the applicants file. These methods consist of filters that limit applications seen by program directors based on the type of medical school from which the applicant is graduating or has graduated. Now that the GME of the ACGME will be the only programs to which applicants may apply, and in keeping the good spirit of the merger, there should be no filters that eliminate U.S. M.D. or U.S. D.O. students' applications from consideration based on degree type. The narrowing down of applicants should instead be based on medical school performance. This is the most fair way to ensure that all U.S. medical school graduates have an equal opportunity for their application to be seen at each program to which they apply and submit an application fee.

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Action Taken: REFERRED TO AUTHOR

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-12

Subject: COMBATING PHARMACEUTICAL EVERGREENING TO DECREASE HEALTHCARE COSTS AND INCREASE QUALITY, COMPETITION

WHEREAS, prescription drugs are among the fastest growing segment of healthcare spending, substantially exceeding the rate of inflation, and annual expenditures in the United States pharmaceutical industry now exceed 500 billion dollars and account for a significant portion of the 3.3 trillion dollars spent annually on healthcare, accounting for 17 percent of Gross Domestic Product (GDP)[1, 15]; and

WHEREAS, increased medication cost to the patient correlates with decreased patient compliance, and medication compliance is a necessary component of modern healthcare[7]; and

WHEREAS, pharmaceutical companies are granted a 20-year patent and period of exclusivity upon FDA approval of a new drug[14]; and

WHEREAS, "evergreening" is the practice of extending the patent on a drug by filing a new patent for a marginal modification in shape, dose, or color in such a way that no efficacious benefit is made[4]; and

WHEREAS, evergreening (also known as "product hopping" and "product switching") is practiced by pharmaceutical companies in order to reduce competition and prevent equivalent generic drugs from entering the market; moreover, evergreening protects a company's monopoly on a drug, which leads to significantly increased drug costs for patients[2,8,9]; and

WHEREAS, India has already taken action to combat the issue of evergreening by The Patents (Amendment) Act of 2005, which does not allow a patent for "a new form of a known substance which does not result in the enhancement of known efficacy of that substance"[5]; and

WHEREAS, incentive for innovation in pharmaceuticals is still protected, The Hatch-Waxman Act of 1984 promotes a balance between innovation and competition in pharmaceuticals; furthermore, the Biologics Price Competition and Innovation Act of 2009 has created new incentives for pharmaceutical companies to develop new medications[11,12]; and

WHEREAS, the Federal Trade Commission regulates pharmaceutical companies' attempts to extend patent life; however, some companies engage in activities that allow them to evade these regulations, with one technique used being "pay-for-delay", which is when a competitor files a new drug application (NDA) for a generic drug, the company with the original patent will pay the competitor in order to prevent equivalent drugs from entering the market[3]; and

WHEREAS, at present time there is no adequate policy that successfully discourages evergreening in the United States; and

WHEREAS, in accordance with AOA policy H 638-A/17 Prescription Drug Pricing, the American Osteopathic Association advocates for policies that encourage access to and affordability of prescription drugs; additionally, the need for more stringent regulations regarding evergreening is critical in order to

uphold the four tenets of osteopathy promoting the highest standard of care for our patients[6]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) will advocate for and support all efforts to combat evergreening, defined as the practice of extending the patent on a drug by filing a new patent for a marginal modification in shape, dose, or color in such a way that no efficacious benefit is made, in the pharmaceutical sector; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) will advocate for and support all efforts to combat evergreening defined as the practice of extending the patent on a drug by filing a new patent for a marginal modification in shape, dose, or color in such a way that no efficacious benefit is made, in the pharmaceutical sector.

Explanatory Statement

The spirit of this resolution is to further scope the American Osteopathic Association's current efforts to curtail exorbitant and rising drug prices as outlined below:

H 638-A/17 PRESCRIPTION DRUG PRICING

The American Osteopathic Association (AOA) will advocate for policies that encourage pharmaceutical manufacturers, prescription drug benefit managers, pharmacies, and payers to price drugs and insurance products on prescription drugs in order to promote access, affordability, and continued advancement of healthcare quality and innovation. 2017

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-13

Subject: STUDENT DEBT, STUDENT LOANS, LOAN REPAYMENT, PUBLIC SERVICE LOAN FORGIVENESS

WHEREAS, a student attending a college of osteopathic medicine can expect to pay on average $301,704 in approximate total cost of attendance as an in-state resident, and $318,216 as an out-of-state resident over a four-year period[1]; and

WHEREAS, medical and other health professions students requiring student loans utilize Federal Direct Unsubsidized Loans in combination with Federal Direct Graduate PLUS Loans; and

WHEREAS, the 2017-2018 academic year interest rates for these loans for are 6% and 7% respectively for graduate or professional students[2]; and

WHEREAS, the average osteopathic medical student graduates with an average of $247,218 of debt[3]; and

WHEREAS, medical student loan debt may play an increasing role in negatively impacting the specialty choices of physicians and practice, and equitable access for patients; and

WHEREAS, student loan repayment must begin within six months of graduating from an accredited medical or other health professions school; and

WHEREAS, student debt has been shown to be a factor in stress and burnout in health professionals[4]; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) collaborate with the American Association of Colleges of Osteopathic Medicine (AACOM) and its ED to MED campaign to advocate for federal policies to help osteopathic medical students - the future physician workforce - better afford their medical education and have the financial incentive and security to serve the nation’s underserved communities and patients; and be it further

RESOLVED, that the AOA work in collaboration with and support efforts of the AACOM to advocate for federal policies that lower federal graduate student loan interest rates and protect graduate student loan programs to include loan forgiveness and repayment programs; and be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) work in collaboration with and support efforts of the AACOM to advocate for federal policies that lower federal graduate student loan interest rates and protect graduate student loan programs to include loan forgiveness and repayment programs.

Explanatory Statement

To address the burden of debt for medical and other health professions students and the ensuing impact on the future health care workforce.

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Action Taken: NOT APPROVED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-14

Subject: ADVOCATING FOR THE REPEAL OF THE DICKEY AMENDMENT, AND PUBLIC HEALTH RESEARCH ON FIREARM VIOLENCE

WHEREAS, firearm violence is defined as shooting of a victim by a subject/suspect[1]; and

WHEREAS, firearm violence is a leading cause of premature death in the U.S, causing nearly 30,000 deaths and 60,000 injuries each year[3]; and

WHEREAS, the United States has more gun murders per 100,000 people than any developed country in the world[10]; and

WHEREAS, the Centers for Disease Control (CDC) considers opioid overdose and motor vehicle accidents to be public health issues; and[9]

WHEREAS, in 2016, opioids were responsible for more than 42,000 fatalities and motor vehicle accidents were responsible for 37,461 fatalities[5] with the former being declared a public health crisis emergency by the White House administration in October of 2017; and

WHEREAS, firearm violence is a public health concern and crisis per the most reputable organizations and institutions across the country including but not limited to the CDC[2], the American Medical Association[4] and the American Public Health Association[3]; and

WHEREAS, per analysis of CDC statistics in 2004-2014, "gun violence research was the least researched cause of death and the second least funded cause of death" in relation to mortality rates[8]; and

WHEREAS, the "Dickey Amendment", passed as part of the 1996 Omnibus Consolidated Appropriations Bill, currently restricts the CDC from researching firearm violence and its effects on public health[12]; and

WHEREAS, the intent behind the "Dickey Amendment" was not to inhibit research on firearm control and Congressman Jay Dickey acknowledges the unintended consequences of the Dickey amendment[6] ; and

WHEREAS, in H450-A/15, the American Osteopathic Association (AOA) demonstrated support for increasing funding for the (CDC), the National Institutes of Health (NIH), and other research entities to conduct research on firearm violence and to provide recommendations on reducing firearm violence, however they did so without addressing the research ban put forth by the Dickey Amendment[7]; and

WHEREAS, in 2015 the CDC issued a report in which they found the majority of individuals involved in urban firearm violence were young men with substantial violence involvement preceding the more serious offense of a firearm crime[11], and in the same report their findings suggested that integrating data systems to develop an accurate risk assessment tool that would facilitate violence prevention could help these individuals better receive early comprehensive help that they need to prevent violence involvement[11]; and

WHEREAS, the report does not address how perpetrators acquire weapons, or if attempts to limit access to firearms might lead to a decline in crime, or any definitive evidence based solution due to the lack of available research, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) ~~to~~ take an official policy stance that firearm violence is a public health crisis; and, be it further

RESOLVED, that SOMA recommends that the AOA stand by its policy (HR 450-A/15 FIREARM VIOLENCE) and therefore support and lobby for the removal of the Dickey Amendment and~~/or~~ any other restriction on research entities, such as the Centers for Disease Control or the National Institutes of Health, from researching firearm violence as a public health issue.

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-15

Subject: PROTECTING PATIENT SAFETY BY ENSURING PHYSICIAN QUALIFICATIONS

WHEREAS, mid-level practitioners, defined as, but not limited to, health-care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants [1] have increasingly sought expanded scope of practice with success; and

WHEREAS, nurse practitioners (NPs) now have full scope of practice in 24 states with intention to continue expansion of scope efforts [2]; and

WHEREAS, NPs have introduced a new degree, DNP, Doctor of Nurse Practitioning, that has increased confusion for patients in clinical settings, where said DNPs refer to themselves as doctors, and at times do not adequately inform patients that they are not physicians; and

WHEREAS, The Code of Federal Regulations defines the term physician to include doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law[7]; and

WHEREAS, The Social Security Administration defines physician to mean means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery or dental medicine, doctor of podiatric medicine, or doctor of optometry, or a chiropractor, legally authorized to practice by a State in which he performs this functions [within given parameters][8]; and

WHEREAS, Florida, New York, Arizona, Delaware have proposed laws limiting the use of doctor to persons with a Medical Doctor (MDs) or Doctor of Osteopathic Medicine (DOs) degree; Six states have passed laws making it a felony for nurse practitioners to refer to themselves as doctor; Nine states require nurse practitioners to follow their introduction with a clarifying statement [9,10,11]; and

WHEREAS, the AMA has resolved to: (1) work jointly with state attorneys general to identify and prosecute those individuals who misrepresent themselves as physicians to their patients and mislead program applicants as to their future scope of practice; (2) pursue all other appropriate legislative, regulatory and legal actions through the Scope of Practice Partnership, as well as actions within hospital staff organizations, to counter misrepresentation by nurse doctoral programs and their students and graduates, particularly in clinical settings; and (3) work with all appropriate entities to ensure that all persons engaged in patient contact be clearly identified either verbally, or by name badge or similar identifier, with regard to their professional licensure in order that patients are aware of the professional educational background of that person [12]; and

Whereas, AOA H324-A/14 states the AOA opposes non-physician clinicians use of the title physician or doctor because such communication is likely to deceive the public by implying that the non-physician clinician is engaged in the unlimited practice of medicine; opposes legislation that would expand the use of the term “physician” to persons other than US-trained DOs, and MDs; supports a policy that physicians and non-physician clinicians identify themselves to their patients noting their degree in both a verbal description as well as a visual identification by use of a nametag; will not support legislation,

which would allow non-physician clinicians to be called "physician;" supports a policy reserving the title "physician" for US-trained DOs, and MDs who have established the integrity of their education, training, examination and regulations for the unlimited practice of medicine; and opposes the misuse of the title "doctor" by non-physician clinicians, in all communications and clinical settings because such use deceives the public by implying the non-physician clinician's education, training or credentialing is equivalent to a DO or MD[13]; and

WHEREAS, attempts at promoting mid-level practitioners to independent practice is done without proper reverence to their important purpose in healthcare, as mid-level support for physicians; and

WHEREAS, such attempts are often aided by a gross oversimplification of the crucial role belonging to the primary care specialties to which NPs are often assumed to enter; and

WHEREAS, one major justification for the expanded numbers of these practitioners and their scopes of practice is the physician shortage, which is projected that by 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000[3]; and

WHEREAS, we acknowledge that the physician shortage is a real and serious problem on the horizon, but we also cannot afford to sacrifice patient safety or care in the name of momentary expediency; and

WHEREAS, American physicians, Medical Doctors (MDs) or Doctor of Osteopathic Medicine (DOs), undergo one to two and a half additional years of schooling, three additional years of residency training, and fifteen to eighteen thousand more training hours than "Doctors of Nurse Practitioners"[4]; and

WHEREAS, physicians are trained to direct and lead care, while mid level providers such as nurse practitioners are not; and

WHEREAS, we should not permit sweeping scope of practice changes without adequate evidence to support such a transition; and

WHEREAS, we must applaud and support nurse practitioners stance that their educational model is "patient centered" and "holistic", we must interject that they are not unique in this view point and reject the accusation that the "medical model" is "disease focused"; and

WHEREAS, continually expanding mid level provider scope of practice creates an opportunity for a two tiered healthcare system to develop, where rural and underserved populations have limited access to physician providers while those in larger cities have greater access to physician providers, further exacerbating existing disparities in healthcare; and

WHEREAS, the AOA has previously called for a review and validation of non physician credentials and standards of care and supported a position that patients should be made clearly aware at all times if they are being treated by a non-physician provider or clinician (H634-A/15)[6], therefore, be it

RESOLVED, that SOMA advocate to the AOA to reaffirm their formal position to oppose usage of the phrase "doctor" or "physician" in a clinical setting by non-physicians (those without a MD or DO degree) and support all such legislative efforts to this end; and, be it further

RESOLVED, that SOMA advocate to the AOA to call for or directly facilitate independent research on the qualifications and outcomes of nurse practitioners and other midlevel providers that practice independently.

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Action Taken: NOT APPROVED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-16

Subject: RELIGIOUS FREEDOM AND ETHICAL MEDICAL PRACTICE

WHEREAS, the American Osteopathic Association (AOA) policy H315-A/13 states that "all osteopathic physicians are ethically bound to inform patients of available options with regard to treatment and if an osteopathic physician has an ethical, moral or religious belief that prevents him or her from providing a medically-approved service, they should recuse themselves from the case and refer the patient to another provider[1]"; and

WHEREAS, the AOA guidelines on professional conduct recognize beneficence, dignity, and autonomy as ethical tenants that should guide physicians in their professional activity; and

WHEREAS, these elements are described as such: beneficence—a physician should act in the best interest of the patient and place the needs of the patient first, dignity—the patient has the right to dignity, truthfulness and honesty, and autonomy—the patient has the right to refuse or choose their treatment[2]; and

WHEREAS, section two of the AOA code of ethics states that the physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care[3]; and

WHEREAS, the AOA considers it a responsibility of the physician provide patients with an understanding of their health status and the potential consequences of decisions regarding treatment and lifestyles[2]; and

WHEREAS, section four of the code of ethics states that a physician is never justified in abandoning a patient, and that the physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged[3]; and

WHEREAS, several legal statutes protect the rights of individuals and entities to abstain from certain activities related to health care services without discrimination or retaliation, including the Coats-Snowe, Weldon, and Church Amendments; and

WHEREAS, these statutes explicitly allow health care clinicians with a moral objection to a treatment or procedure to refuse to participate in, assist with, refer for, or counsel a patient about such procedures, including but not limited to abortion, sterilization, and physician assisted suicide[4]; and

WHEREAS, the Department of Health and Human Services (HHS) recently issued a draft of new conscience regulation titled *Protecting Statutory Conscience Rights in Health Care; Delegations of Authority*, applying to all programs partially or totally funded or administered by HHS[5]; and

WHEREAS, the department's reasoning for the rule is to "ensure knowledge, compliance, and enforcement of the federal health care conscience laws" [4]; and

WHEREAS, with the rule, HHS also created a *Division of Conscience and Religious Freedom* to "provide HHS with the focus it needs to more vigorously and effectively enforce existing laws protecting the rights of conscience and religious freedom[6];

WHEREAS, the HHS Office of Civil Rights (OCR) already has authority over enforcement over all non-discrimination laws, including conscience laws[6]; and

WHEREAS, HHS announced the new rule and division as "two major actions to protect life and the conscience rights of Americans," and stated that the actions will "guarantee justice to victims of unlawful discrimination" [5]; and

WHEREAS, this rule's definition of discrimination focuses primarily on discrimination by states, agencies, or employers who make unavailable grants, contracts, licenses, employment, or other privileges, as well as those who "utilize any criterion that tends to subject individuals or entities protected under this part to any adverse effect" [4]; and

WHEREAS, the proposed rule does not discuss patients who have been victims of discrimination or provided sub-standard care by providers on the basis of their beliefs, identity, or health care choices; and

WHEREAS, the HHS OCR does not prohibit discrimination on the basis of gender identity or termination of pregnancy[7]; and

WHEREAS, rather than specifically defining a *health care entity*, the HHS rule protects all "members of the workforce," and specifies that the list provided in the rule is illustrative and not exhuastive[4]; and

WHEREAS, the rule also defines *to assist in* the performance of a procedure as any activity with an articulable connection to the procedure, rather than restricting the definition only to those directly involved in the procedure[4]; and

WHEREAS, the rule defines *refer for* as including the provision of any information that could provide any assistance in a person obtaining, training in, financing, or performing a particular health care service when the health care entity understands that service to be the possible outcome of the referral[4]; and

WHEREAS, the rule specified that "a referral would include such activities as providing to a patient seeking abortion contact information of a physician of clinic that may provide an abortion, or telling a patient that funding is available for abortion and providing a phone number where she can be referred to abortion services or funding[4]"; and

WHEREAS, the issues of conscience and religious freedom are currently being utilized by several state senates as a tool to pass legislation that allows healthcare providers to unethically withhold information from their patients; and

WHEREAS, for example, several states, including Arizona, Kansas and Texas have enacted or proposed laws that protect physicians who withhold birth defect or fetal abnormality information from pregnant women to prevent them from requesting abortions[8, 9, 10]; and

WHEREAS, several national advocacy organizations, including the American Civil Liberties Union, National Women's Law Center, and National LGBTQ Task Force, believe that the new rule will allow providers to discriminate in providing care, placing provider's beliefs over the autonomy and civil rights of their patients[11,12,13]; and

WHEREAS, particular concerns are denial of care services based on a patient's identity or past health decisions, obstruction of access to time-sensitive care and procedures by any member of the care-continuum, including ambulance drivers, physicians, nurses, receptionists, schedulers, and pharmacists, and the fact that "the rule does not even require that patients be informed of the individual's or entity's refusal to provide care, information, referrals, or other services, leaving patients unaware that they might not be getting the care they need from someone in whom they have placed their trust" [11, 12, 13]; and

WHEREAS, many of the protections detailed under the new regulation and HHS division are directly contrary to the AOA policy, ethical codes, and professional expectations; and

WHEREAS, physicians are allowed limited autonomy to govern conduct within their own profession through participation on state licensing boards, and these boards may conclude that behaviors protected under the law are nonetheless contrary to our code of ethics[2]; now, therefore, be it

RESOLVED, that it is the position of the Student Osteopathic Medical Association (SOMA) that if a physician has an ethical, moral or religious belief that prevents them from providing a medically-approved service or counseling regarding such, the physician must refer the patient to another provider or assist them in accessing care and must not abandon the patient; and, be it further

RESOLVED, that it is the position of SOMA that it is unethical for a physician to withhold information from a patient especially for the purpose of affecting the patient's autonomy or decision making, regardless of the provider's moral or religious beliefs; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) and SOMA release a statement that our organizations will stand against any efforts of the HHS Division on Conscience and Religious Freedom that would infringe upon patient autonomy or allow for the discrimination of, abandonment of, or withholding information from patients who choose lawful elective procedures or therapies that conflict with a healthcare provider's religious and/or moral beliefs, including, but not limited to: gender-affirming therapies and/or procedures, abortion, physician-assisted death, and contraception use.

Explanatory Statement

Each federal agency has its own Office of Civil Rights charged with enforcing all anti-discrimination and civil rights statues, including conscience protections[13,5]. On January 18th, 2018, the Department of Health and Human Services announced new conscience regulation as well as the creation of a Division of Conscience and Religious Freedom[6]. The Department estimates that implementation of this rule will, on average, cost $312.3 million in year one and $125.5 million annually in years two through five[4]. Many advocacy groups have taken strong stances on the new rule and division, but major medical groups, including the American Osteopathic Association and the American Medical Association have yet to make a public comment on the new regulations.

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-17

Subject: PHYSICAL HEALTH: INTRINSIC ASPECT OF MENTAL HEALTH FOR MEDICAL STUDENTS

WHEREAS, on an international basis, the World Health Organization establishes the risk that a sedentary lifestyle poses, and states the following:

> "Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally"[5]; and

WHEREAS, the World Health Organization further specifies the health benefits of regular physical activity, and states the following:

> "...it can reduce the risk of cardiovascular diseases, diabetes, colon and breast cancer, and depression. Moreover adequate levels of physical activity will decrease the risk of a hip or vertebral fracture and help control weight"[5]; and

WHEREAS, studies published by Medicine suggest that burnout deters the empathy of medical professional to their patients and mechanisms to prevent that, stating the following

> "...findings suggest that the empathy of emergency professionals is associated with burnout. Hence, reducing professional burnout could help keep emergency professionals' empathy levels high, which in turn would ensure a better quality of care."[4]; and

WHEREAS, studies published by PeerJ suggest that consistent physical activity can help diminish burnout, stating the following:

> "...exercise reduced the proportion of the sample experiencing high levels of burnout by more than half whilst also showing variances in the different aspects of stress and burnout dependent on the type of exercise conducted…Organisations wishing to proactively reduce burnout can do so by encouraging their employees to access regular exercise programs"[3]; and

WHEREAS, research published by the Annals of Medical and Health Sciences Research suggest that student physicians who maintain physical fitness have an increased probability of counseling their patients to adopt such behaviors[1]; and

WHEREAS, evidence published by the Annals of Medical and Health Sciences Research suggest curricula can influence the physical wellness of medical students and their future patients, stating the following:

> "Curricula that include personal health and lifestyle assessment may motivate students to adopt healthier practices and serve as role models for patients"[1]; and

WHEREAS, a study from the American Journal of Lifestyle Medicine found that physically active physicians were greater physical activity role models for their patients[6]; and

WHEREAS, an article published by the Oregon State University College of Public Health and Human Sciences notes exercise is largely absent from the medical school curriculum and that physicians lack the education, skills or confidence to educate and counsel patients about their physical activity[7]; and

WHEREAS, WesternU-COMP has begun to address the fitness needs of its students by implementing programs encouraging physical wellness via weekly fitness challenges, mindfulness exercises, and healthy eating habits, helping students increase concentration and reduce anxiety; and

WHEREAS, while mental health awareness is being addressed through the joint mental health task force of the Council of Osteopathic Student Government Presidents and Student Osteopathic Medical Association, physical health must also be recognized for its role in the comprehensive health of students and patients[2]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) recognize physical wellness as an integral component of mental health; and, be it further

RESOLVED, that SOMA advocates to the established Mental Health Awareness Task Force that physical wellness and activities be incorporated into their efforts to support overall wellbeing.

Explanatory Statement: As a SOMA chapter advocating for physical health as a means to ensure mental health, our goal is to create forward movement in promoting the physical wellness of medical students, thereby improving both performance and morale as future osteopathic physicians. We are open to any ideas in how to approach this, which is why we have included options as part of our resolved statement.

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-18

Subject: RECOGNIZING SEXUAL ASSAULT SURVIVORS' RIGHTS

WHEREAS, sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse[1]; and

WHEREAS, sexual assault is defined as any type of sexual contact or behavior that occurs without the explicit consent of the recipient[4]; and

WHEREAS, sexual violence has serious consequences on physical, mental, sexual and reproductive health[2,3]; and

WHEREAS, a sexual assault medical forensic exams is an examination conducted by a health care provider which includes gathering the medical forensic history, treating injuries, documenting biological/physical evidence findings, administering a sexual assault evidence collection kit for evidence collection, and providing treatment information for STIs, pregnancy, suicidal ideation, alcohol and substance abuse[5]; and

WHEREAS, rape has been reported as the crime having the highest lifetime cost to the victim and it has been estimated that each rape costs approximately $151,423[13,14]; and

WHEREAS, the Violence Against Women Reauthorization Act of 2013 requires state, tribal and local governments to offer medical forensic examinations to victims of sexual assault without regard to whether the victim participates in the criminal justice system or cooperates with law enforcement[6,7]; and

WHEREAS, medical forensic examinations must be provided at no cost to the victim, with federal reimbursement for costs incurred by state, tribal and local governments under the STOP Violence Against Women Formula Grant Program[5,6,7]; and

WHEREAS, sexual assault evidence collection kit storage policies vary across jurisdictions, resulting in some kits being discarded in as little as 30 days or kits beings discarded before the state-specific statute of limitations which can expire in as little as 3 years[5,8,14,15]; and

WHEREAS, requiring sexual assault survivors to repeatedly request extensions for the preservation of their kits, especially if they remain undecided about pursuing legal action, places an undue burden on the survivor with consequences to their mental health and recovery[5,8]; and

WHEREAS, sexual assault survivors are sometimes given no information about the testing, results, or destruction of their kits[8,18,19]; and

WHEREAS, some states do not guarantee that all legal rights of a crime victim will be protected for sexual assault survivors[8,15,19,20,21,22,23]; and

WHEREAS, state laws has resulted in sexual assault survivors sometimes being charged for their own evidence collection kit or associated treatments[8,16,17]; and

WHEREAS, sexual assault survivors are sometimes not informed about their legal options[8,24,25]; and

WHEREAS, the federal Survivors' Bill of Rights Act of 2016 (SBRA) was passed by Congress and signed into law to address these challenges faced by sexual assault survivors[10,11]; and

WHEREAS, SBRA establishes that a survivor of sexual assault has the right to receive a medical forensic examination at no cost, that the evidence collection kit be preserved, without charge, for the duration of the statute of limitations or 20 years, that the survivor be informed of the results of the kit, that the survivor be notified of plans to destroy the kit, that the survivor be granted further preservation of the kit if requested, and that the survivor be informed of these rights[8,11]; and

WHEREAS, the Federal government is limited in its ability to change law enforcement practices at the State level and since the provisions of SBRA involve elements of law enforcement, adopting the federal standards set by SBRA can only be accomplished by individual State legislation[12]; and

WHEREAS, nine states have passed legislation similar to the Survivors' Bill of Rights Act of 2016, six additional states have introduced similar legislation, and nineteen states have ongoing advocacy efforts to consider similar legislation[9]; and

WHEREAS, all citizens should have an opportunity to avail themselves of these crucial rights; and

WHEREAS, SBRA instructs the Attorney General and the Secretary of Health and Human Services to establish a joint working group, including the medical provider community, to develop, coordinate, disseminate and encourage implementation of best practices regarding the care of sexual assault survivors and the preservation of evidence among hospital administrators, physicians, forensic examiners, medical community leaders, and medical associations[10,11]; and

WHEREAS, existing policy does not specifically address the medical-legal rights of sexual assault survivors or the need for collaboration between the medical and legal communities in addressing this pressing public health issue; therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) work with the American Osteopathic Association (AOA) to advocate for the legal protection of sexual assault survivors' rights as defined by the Survivors' Bill of Rights Act of 2016 which include but are not limited to, the right to:

(1) Receive a medical forensic examination free of charge, which includes but is not be limited to HIV/STD testing and treatment, pregnancy testing and treatment, access to emergency contraception, treatment of injuries, and collection of forensic evidence;
(2) Preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation;
(3) Notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation;
(4) Be informed of these rights and the policies governing the sexual assault evidence kit.

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1

Action Taken: APPROVED AS AMMENDED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-19

Subject: SUPPORT FOR SEXUAL ASSAULT SURVIVORS

WHEREAS, Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse;[1] and

WHEREAS, Sexual assault is defined as any type of sexual contact or behavior that occurs without the explicit consent of the recipient;[6] and

WHEREAS, Sexual violence has serious consequences on physical, mental, sexual and reproductive health;[2,3] and

WHEREAS, 1 in 5 women and 1 in 59 men have experienced completed or attempted rape, 25 million Americans are rape survivors, and 431,837 people reported rape or sexual assault in the United States in 2015, amounting to about 49 sexual assaults per hour;[1,4,5,7] and

WHEREAS, Existing policy does not specifically address the medical-legal rights of sexual assault survivors or the need for collaboration between the medical and legal communities in addressing this pressing public health issue; therefore be it

RESOLVED, That the Student Osteopathic Medical Association (SOMA) work with the AOA to publicly recognize sexual violence as a serious social and public health issue which must be addressed through the concerted actions of the medical and legal communities;

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Action Taken: REFERRED TO AUTHOR

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-20

Subject: COMPREHENSIVE GUN VIOLENCE REFORM

WHEREAS, the United States has more gun murders per 100,000 people than any developed country in the world[1]; and

WHEREAS, there are more than 350 million guns in circulation in the United States, approximately 113 guns for every 100 people[2]; and

WHEREAS, 93% of Americans support background checks for all gun buyers and 89% support preventing the mentally ill from buying guns[1]; and

WHEREAS, 22% of guns in the US are legally obtained without a background check[1]; and

WHEREAS, Semi-automatic style rifles such as the AR-15 are easier to purchase than handguns in some states because the legal age to purchase rifles is 18 as opposed to 21 for handguns[4]; and

WHEREAS, among mass shootings, semi-automatic style rifles, such as the AR-15 have been the weapon of choice in most of the recent tragedies, including 27 killed at Sandy Hook Elementary School in Newtown, Connecticut in 2012, 14 killed at work in San Bernardino, California in 2015, 49 killed at Pulse Nightclub in Orlando, Florida in 2016, 58 killed at a concert in Las Vegas in 2017, 26 killed at First Baptist Church in Sutherland Springs, Texas in 2017, and now 17 killed at Stoneman Douglas High School in Parkland, Florida in 2018[7]; and

WHEREAS, states that have tightened their gun laws such as Connecticut have seen a decrease in gun homicide by 40% and decrease in gun suicide by 15% while states that have loosened their gun laws such as Missouri have seen an increase in gun homicide by 25% and an increase in gun suicide by 16%[1]; and

WHEREAS, in 1996, Australia passed comprehensive gun violence reform (National Firearms Agreement) and by 2006, they saw a 59% decrease in gun related homicides[3]; and

WHEREAS, the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, and American Psychiatric Association have laid out three concrete steps for the president and Congress to take in order to decrease gun violence: 1. Label violence caused by the use of guns as a national public health epidemic, 2. Fund appropriate research at the CDC as part of the 2018 federal budget, 3. Establish constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity[5]; and now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocate to the AOA to join physician organizations like the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, and American Psychiatric Association in the call for Congressional legislation that:

(1) Labels violence caused by the use of guns as a national public health epidemic;

(2) Funds appropriate research at the CDC as part of the ~~2018~~ federal budget; and

(3) Establishes constitutionally appropriate restrictions on the manufacturing and sale, for civilian use, of large-capacity magazines and firearms with features designed to increase their rapid and extended killing capacity.

Explanatory Statement

We have a crisis and epidemic on our hands here in the United States, and it is within our scope of practice and interest as future physicians to advocate for policies that could help reduce gun violence.

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-21

Subject: OPPOSING IMMIGRATION AND CUSTOMS ENFORCEMENT AT SENSITIVE LOCATIONS

WHEREAS, there are an estimated 11 million undocumented immigrants living in the United States (U.S.)[1]; and

WHEREAS, 5.3 million children are living with undocumented immigrant parents, 85% of these children are U.S.-born citizens[1]; and

WHEREAS, 8 million of these undocumented immigrants are employed and most have resided in the U.S. for more than a decade[1]; and

WHEREAS, these working immigrants pay $13 billion in payroll taxes while only collecting $1 billion in benefit payments[2]; and

WHEREAS, 60% of undocumented immigrant adults and 77% of children have private health insurance[3]; and

WHEREAS, fear of deportation has been associated with poorer self-perceived health and activity limitation following U.S. Immigration and Customs Enforcement (ICE) raids and emotional distress for both documented and undocumented immigrants[4-7]; and

WHEREAS, almost half of providers in a 2013 study directly observed the negative effects of ICE enforcement on the health or health access of their immigrant patients[8]; and

WHEREAS, undocumented immigrants reported avoiding health care and waiting until health issues were critical to seek services because of their concerns of being reported to authorities[9]; and

WHEREAS, total arrests, book-ins, interior deportations and non-criminal deportations increased in fiscal year 2017 as compared to the two years before according to ICE data[10]; and

WHEREAS, ICE currently has a sensitive locations policy that ensures that actions should not be taken on sensitive locations (including hospitals) unless exigent circumstances exist, other law enforcement actions have led officers to a sensitive location, or prior approval has been obtained[11]; and

WHEREAS, the Protecting Sensitive Locations Act, H.R. 1815, has recently been introduced in Congress and its purpose is to confirm the ICE sensitive locations policy and clarify the powers of immigration officers at these facilities[12]; and

WHEREAS, even with the sensitive locations policy and introduced legislation, there have been recent increases in the amount of ICE raids carried out in sensitive locations, including hospitals, that have made it even more difficult for undocumented immigrants to access the US healthcare system[13]; and

WHEREAS, many of these instances were included in a 2017 JAMA article, one of which states that, "In February 2017, Sara Beltran-Hernandez, a 26-year-old undocumented immigrant, was bound by her hands and feet and removed by wheelchair from a Fort Worth, Texas, hospital by ICE agents while she was awaiting emergency brain surgery."[13]; and

WHEREAS, the American Osteopathic Association (AOA) already has a policy, H619-A/17, in place that protects physicians from being held responsible for identifying the legal status of a patient[14]; and

WHEREAS, SOMA has a policy, Res-S-15-09, that declares that healthcare is a human right as a fundamental principle[15]; and

WHEREAS, the World Health Organization (WHO) outlines health as a fundamental human right to be enjoyed by every human being without discrimination and that vulnerable and marginalized population groups require priority attention in their International Migration Health and Human Rights Publication[16]; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) oppose the presence and actions of Immigration and Customs Enforcement (ICE) at healthcare facilities as they are defined as ICE sensitive locations; and be it further,

RESOLVED, that the AOA lobby and advocate for federal policies that reinforce hospitals and other healthcare facilities as sensitive locations and discourage any ICE officials or officers from carrying out actions in these areas; and be it further,

RESOLVED, that the AOA encourage healthcare facilities to clearly demonstrate and promote their status as sensitive locations, educate their employees on their rights in these instances, and ensure the privacy and safety of some of our most vulnerable populations while also decreasing their barriers to care; and be it further,

RESOLVED, that SOMA advocate to, and collaborate with, the AOA to create a document that clearly explains our rights and the rights of our patients in these difficult situations as to be available on the AOA website or distributed to healthcare facilities across the nation to be used for display or educational purposes.

Explanatory Statement

Lately we have seen an increased trend of internal ICE actions along with many stories in the news that have appalled us at the way ICE enforcement actions have been handled at sensitive locations, especially hospitals and other healthcare facilities. We feel as though this is a breach of our privacy in the patient-provider relationship and a breach of the safety and inclusiveness that we try so hard to provide at our clinics around the country. We also feel as though this goes against the medical ethics that we took an oath to honor and it puts an already vulnerable population that needs the highest quality healthcare possible at more undue risk. The fear of deportation also prevents this population from accessing care, which leads to worse health outcomes, more emergency department visits, and more

expensive care. That is why we believe that these types of immigration actions at healthcare facilities should be fought until physicians and patients feel completely safe and unafraid in these sensitive locations.

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/2018

Effective Time Period: Ongoing

Resolution: S-18-22

Subject: PROMOTION OF ORGAN DONATION EDUCATION AND REGISTRY ACCESSIBILITY AMONG OSTEOPATHIC MEDICAL SCHOOLS

WHEREAS, on average 20 people die every day while waiting for a transplant, and one organ donor has the potential to save eight lives[1]; and

WHEREAS, there are limited opportunities for citizens to register to become an organ donor; and

WHEREAS, the American Osteopathic Association (AOA) Organ Policy H411-A/16 states that the AOA supports "organ and tissue donation and transplantation programs at local and national levels"[2] and "urges the Osteopathic Family to volunteer personally as organ and tissue donors"[2]; and

WHEREAS, AOA Organ Policy H430-A/17 further urges the osteopathic medical profession to explore alternative means to increase the number of registered organ donors[3]; and

WHEREAS, According to a study investigating the implementation of an education campaign along with online organ and tissue registry resources that showed "Consent for donation improved to 51.0% from 47.5% ($p = 0.064$), conversion rates improved to 49.6% from 45.0% ($p = 0.011$), family decline rate decreased to 32.6% from 44.1% ($p < 0.0001$), and coroners decline rate decreased to 1.8% from 0.6% ($p = 0.004$)."[4];and

WHEREAS, student leadership of Student Osteopathic Medical Association (SOMA) has the unique opportunity to advocate directly to colleagues and future patients; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) promote education concerning organ donation and organ donation registration during the month of April.

Explanatory Statement

The month of April has been designated National Donate Life Month[5]. Therefore, during the month of April, local SOMA chapters will promote organ donation education through a method of the chapter's choosing (e.g. setting up a stand for information and donor sign up at your school, sharing on social media, wearing blue or green[5] on a specific day, etc.).

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Action Taken: APPROVED AS AMMENDED

Date: 03/06/18

Effective Time Period: Ongoing

Resolution: S-18-23

Subject: ESTABLISHING CODE OF ETHICS GUIDELINES FOR MEDICAL STUDENT CONDUCT DURING CLERKSHIP

WHEREAS, the evolution of technology and social media platforms have generated novel challenges in defining professional conduct; and

WHEREAS, surveys indicate that 60% of medical schools reported incidents of students posting unprofessional online content, 13% report violations of patient confidentiality, 52% report the use of profanity, 48% report frankly discriminatory language, 39% reported depiction of intoxication, 38% report posting sexually suggestive material[1]; and

WHEREAS, as of 2009 only 23 of the 78 medical schools surveyed had policies that cover student-posted online content[1]; and

WHEREAS, these unprofessional and unethical behaviors often have ethical, legal, and financial risks that can be detrimental to hospitals and training centers[2]; and

WHEREAS, student observations of unprofessional behaviors during clerkship change their definition of unprofessional behavior and correlate with their participation in unprofessional behavior[2]; and

WHEREAS, increased unprofessional behavior during clerkship can transform into unprofessional behavior as a physician; and

WHEREAS, studies suggest that students become more accepting of derogatory comments made by resident or attending physicians about their patients during clerkship[3]; and

WHEREAS, surveys demonstrate increased participation in unprofessional behaviors such as "making fun of patients, peers, or physicians," and an increased perception of "unclear expectations or insufficient feedback by faculty or residents"[4]; and

WHEREAS, there is a need for institutional guidelines to recommend professional behavior for medical students to reference during the clinical transition; and

WHEREAS, while most U.S. medical schools have curricula addressing professionalism, it fails to address the informal curricula obtained during clerkship during interactions with physicians in interprofessional situations[5]; and

WHEREAS, studies suggest that institutions should establish ethical guidelines for medical students during their clerkship years that also address online professional conduct[6]; and

WHEREAS, the AMA Code of Medical Ethics is used as a resource for physicians and medical students and addresses a number of topics the AOA Code of Ethics does not, including Patient & Physician Interactions, Professionalism in the Use of Social Media, and the Use of Technologies[7, 8]; now, therefore be it

RESOLVED, that the American Osteopathic Association develop guidelines to specifically address Osteopathic Medical Student clerkship conduct; and, be it further

RESOLVED, that the American Osteopathic Association develop recommendations to address Osteopathic Medical Student social media presence; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) Code of Ethics shall be amended by adding the following:

Section 20: A physician should keep in confidence whatever she/he may learn about a patient in the discharge of professional duties, including but not limited to verbal, written, or online communication. Information, shall be divulged by the physician when required by law or when authorized by the patient.

Section 21: A physician and student physician should conduct themselves professionally in all environments, including the internet. Online presence should be routinely monitored by physicians and student physicians to prevent any lapse in professionalism. Doctor-patient confidentiality should be maintained at all times, including online. If online correspondence with patients or regarding a patient is necessary, all information must be de-identified and the physician must respect physician-patient boundaries as in any other context.

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Action Taken: NOT APPROVED

Date: 03/06/18

Effective Time Period: Ongoing

Resolutions for Fall 2018 House of Delegates

Resolution F-18-01……..…..…..……...….. **1**
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Resolution F-18-02 ……..……....….…... **3**
Subject: MATERNAL MORTALITY AND SOCIAL INJUSTICE

Resolution F-18-03…….……..……....….…... **5**
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Resolution F-18-05 ……..……....….…... **11**
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Resolution F-18-07……..…..…..……...….. **15**
Subject: PROMOTING AVAILABILITY OF EPINEPHRINE AUTOINJECTORS IN PUBLIC SPACES

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Resolution F-18-09…….……..……....….…... **20**
Subject: ADVANCING NUTRITION-FOCUSED EDUCATION WITHIN OSTEOPATHIC MEDICAL SCHOOL CURRICULA DURING DIDACTIC YEARS

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Resolution F-18-11 ……..……....…..…... **25**
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Subject: PROTECTION OF WOMEN'S RIGHT TO CHOOSE, DEFENSE OF ROE V. WADE, AND SUPPORT OF REPRODUCTIVE HEALTH EDUCATION

Resolution F-18-13……..…..…..……...…... **30**
Subject: EXPANSION OF MENTAL HEALTH RESOURCES FOR MEDICAL PERSONNEL AND DESTIGMATIZATION OF MENTAL ILLNESS IN HEALTH PROFESSIONALS

Resolution F-18-14 ……..……....…..…... **33**
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Resolution F-18-15……..……..……....…..…... **35**
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Resolution F-18-20(LATE)……..……..……....…..…..... **48**
Subject: ADVOCATING FOR MENTAL HEALTH TASK FORCE IMPLEMENTATION IN COLLEGES/SCHOOLS OF OSTEOPATHIC MEDICINE

Resolution: F-18-01

Subject: EXPANDING SUPPLEMENTAL MEDICAL EDUCATION

WHEREAS, healthcare is a rapidly changing industry that is increasingly requiring physicians and physicians-in-training to be literate in a variety of areas outside of their formal education including, but not limited to, business, law, medical coding, and finance to optimally fulfill their roles; and

WHEREAS, "The models of expertise that dominantly underpin approaches to medical education are valuable for understanding the acquisition and retention of expert knowledge and skills, but do not sufficiently account for many of the capabilities essential for excellence in this changing health care context"[3]; and

WHEREAS, "Nonetheless, we argue physician trainees should possess the cognitive abilities to evaluate the drug plan information, compare attributes across plans, and make an appropriate choice. If they do not, as our data suggest, medical education policymakers should consider incorporating these skills into the medical curricula as some have argued"[2]; and

WHEREAS, the Osteopathic Core Competencies for Medical Students published by the American Association of Colleges of Osteopathic Medicine (AACOM) includes learning various skills such as Osteopathic Principles and Practices, medical knowledge, and quality patient care, it does not include any competency relating to medical law, finance, policy, advocacy or business[1]; and

WHEREAS, the Osteopathic Core Competencies for Medical Students published by the American Association of Colleges of Osteopathic Medicine (AACOM) under Section V. Professionalism promotes – "CONTINUOUS LEARNING - Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning"[1]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) utilize its platform to encourage its chapters to facilitate events covering topics and skills outside the scope of formal medical curriculum, including, but not limited to, medical law, finance, policy, advocacy or business

Explanatory Statement

Events could include talks on malpractice, Medicare fraud, drug and medical equipment pricing, MIPS and MACRA education, etc.

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Action Taken: REFERRED TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

3

Resolution: F-18-02

Subject: MATERNAL MORTALITY and SOCIAL INJUSTICE

WHEREAS, the United States has the highest maternal mortality rate in developed nations.[1]

WHEREAS, the majority of other countries following the World Health Organization's guidelines have seen a significant decrease in maternal mortality.[1]

WHEREAS, the maternal mortality rate in the US has increased by 26.6% from 2000 to 2014.[1]

WHEREAS, the US has signed a resolution from the United Nations human rights council (UNHRC) that preventable maternal mortality and morbidity are human rights challenges.

WHEREAS, at least 29 states do not have any maternal mortality review or monitoring processes.[2]

WHEREAS, maternal mortality and morbidity disproportionately affect women of color.

WHEREAS, according to the CDC, African American women are 3-4 times more likely to die from pregnancy related deaths than white women.[3]

WHEREAS, Hispanic women had 14.2 deaths per 100,000 live births compared to 11.7 deaths per 100,00 live births to non-hispanic white women in the US. [4]

RESOLVED, that the AOA support the Maternal CARE Act Bill S. 3363 in congress; and, be it further

RESOLVED, that the AOA support the establishment of maternal mortality review committees in every state.

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Action Taken: WITHDRAWN

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-18-03

Subject: INCORPORATION OF HUMAN TRAFFICKING AND SEX TRAFFICKING EDUCATION INTO THE OSTEOPATHIC CURRICULUM

WHEREAS, according to the US Department of State, human trafficking is "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery"[1]; and

WHEREAS, according to the US Department of State, sex trafficking is "when a commercial sex act is induced by force, fraud, or coercion, or when the person induced to perform such an act has not attained 18 years of age"[1]; and

WHEREAS, human trafficking and sex trafficking are major public health problems, both domestically in the United States and internationally, and health care providers are often the only professionals to interact with trafficking victims who are still in captivity[2]; and

WHEREAS, victims of human trafficking interact with the health care system before, during, and after the period of victimization[3]; and

WHEREAS, one study found that 28% of trafficked women saw a health care professional while still in captivity[4]; and

WHEREAS, between 14,500 and 17,500 human beings are trafficked into the United States annually, and about half of all those who have been trafficked have had some contact with a medical professional[5]; and

WHEREAS, one study found that around 88% of interviewed survivors of sex trafficking had encountered one or more health care professional during a time in which they were trafficked, yet "none were identified as a victim during the [healthcare] encounter" and another randomized control trial of training emergency medical providers in human trafficking recognition and then evaluating following the educational intervention displayed an increase in emergency department provider knowledge and self-reported recognition of human trafficking victims[6,7]; and

WHEREAS, another study has shown that healthcare professionals with training in human trafficking were "more likely to report human trafficking, have encountered a victim in their practice, and have greater confidence in their ability to identify victims"[8]; and

WHEREAS, the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), the American Medical Women's Association (AMWA), the American Nurses Association (ANA), the American Psychological Association (APA), the American College of Emergency Physicians (ACEP), and other medical,

nursing, and social welfare organizations have encouraged their members to receive training in and increase their awareness of human trafficking[9]; and

WHEREAS, in the past several years, some states have expanded their mandatory child maltreatment reporting laws to cover human trafficking (as of December 2015, fourteen states had included sex trafficking as reportable acts, and ten of those also included labor trafficking)[10]; and

WHEREAS, the Student Osteopathic Medical Association (SOMA) already supports improving human sex trafficking awareness and further supports the inclusion of human trafficking training in osteopathic medical school curricula in accordance with Resolutions: S-17-04, S-17-07[11]; and

WHEREAS, the American Osteopathic Association (AOA) already acknowledges human trafficking as a violation of human rights and a global public health problem encourages osteopathic physicians to be aware of the signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking, including appropriate medical assessment and reporting to law enforcement in accordance with Resolution: H401-A/14[12]; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) urge the American Osteopathic Association (AOA) to encourage the colleges of osteopathic medicine (COMs) to incorporate education concerning human trafficking and sex trafficking into the osteopathic curriculum.

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Action Taken: NOT APPROVED

Date: 10/7/18

Effective Time Period: Ongoing

8

Resolution: F-18-04

Subject: REAFFIRMATION OF SUPPORT FOR TITLE X AND STANDING IN OPPOSITION TO "COMPLIANCE WITH STATUTORY PROGRAM INTEGRITY REQUIREMENTS"

WHEREAS, reproductive health is recognized as a fundamental human right, and no woman should be denied access to family planning assistance because of her economic condition or religious affiliation[1]; and

WHEREAS, the Title X National Family Planning Program (Pub L No. 91-572) remains the only federal policy devoted solely to providing comprehensive, confidential, and voluntary family planning services regardless of a person's age or ability to pay[2]. In 2016 alone, health centers used Title X funding to provide 720,000 Pap tests, more than four million STD tests, and nearly one million breast exams[3]; and

WHEREAS, it is the official position of both the Student Osteopathic Medical Association (SOMA) and the American Osteopathic Association (AOA) that "Title X funded family planning services are critical components of public health and primary health care and shall advocate for Title X funded family planning services" [S-16-20 SUPPORT FOR TITLE X FUNDED FAMILY PLANNING SERVICES], [H433-A/16 TITLE X FUNDED FAMILY PLANNING SERVICES – SUPPORT FOR][4,5]; and.

WHEREAS, the current proposed rule "Compliance with Statutory Program Integrity Requirements" (HHS-OS-2018-0008) by the Department of Health and Human Services (HHS) seeks to prohibit any program or clinic that provides abortion services from receiving Title X funding[6], even though Title X funds have been strictly prohibited from use for abortion services since its enactment in 1970[1]; and

WHEREAS, under this proposed rule, 41% of Title X-funded patients are at risk of losing access to critical primary and preventive care services such as contraceptives, pregnancy tests, screenings and treatment for sexually transmitted infections, cancer screenings, and basic wellness exams[7]. Furthermore, Title X-funded clinics serve populations that have historically faced significant barriers to health care, including people of color, where 21% of Title X-funded patients identify as Black or African American and 32% identify as Hispanic or Latino[8]; and

WHEREAS, "Compliance with Statutory Program Integrity Requirements" makes it illegal for Title X health care providers to provide patient information on how to safely and legally access abortion without being directly asked[6], this proposed rule dangerously infringes upon the patient-provider relationship. Restricting access to care and information can lead to an increase in the number of unplanned pregnancies, pregnancy complications, and undiagnosed medical conditions. It will reverse decades of progress that have brought our nation to a 30-year low for unplanned pregnancy and record low teen pregnancy rates[7]; and

WHEREAS, "the AOA asserts that physicians must be able to communicate freely with patients without fear of government intrusion in order to assure safe, comprehensive, and effective medical treatment" [H307-A/13 INTERFERENCE LAWS][5]; and

WHEREAS, the American Medical Association (AMA)[8], American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the American College of Nurse-Midwives (ACNM), the American College of Physicians (ACP), the Association for Physician Assistants in Obstetrics and Gynecology (APAOG), the National Association of Nurse Practitioners in Women's Health (NPWH), Nurses for Sexual and Reproductive Health (NSRH), and the Society for Adolescent Health and Medicine (SAHM) stand in opposition to "Compliance with Statutory Program Integrity Requirements" and oppose all efforts to exclude qualified women's health service providers and limit health care information through the Title X program[9]; now, therefore be it

RESOLVED, that SOMA reaffirm its support for Title X National Family Planning as it currently stands and continue to advocate for such; and, be it further

RESOLVED, that SOMA stand against "Compliance with Statutory Program Integrity Requirements" or further proposed changes to Title X that may compromise patient access to reproductive health services or the patient-provider relationship; and, be it further

RESOLVED, that SOMA recommends the AOA reaffirm its support for Title X National Family Planning as it currently stands and continue to advocate for such; and, be it further

RESOLVED, that SOMA recommends the AOA stand against "Compliance with Statutory Program Integrity Requirements" or further proposed changes to Title X that may compromise patient access to reproductive health services or the patient-provider relationship.

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Action Taken: REFERRED TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

11

Resolution: F-18-05

Subject: OPPOSING TARGETED REGULATION OF ABORTION PROVIDERS (TRAP LAWS)

WHEREAS, Targeted Regulation of Abortion Providers (TRAP laws) are defined as legislation and policy that apply ambulatory surgical center standards to family planning clinic; require specific physical outlays to such clinics; require facilities or clinicians to have attending rights at local hospitals; and/or require clinicians to be board-certified in specific specialties in order to provide medication based and/or surgical-based abortions[1, 3]; and

WHEREAS, TRAP laws single out medical practices of providers who provide abortions and impose on them requirements that are different and more burdensome than those imposed on other medical practices[2] which necessitates significant patient and provider adaptation[6]; and

WHEREAS, there is no statistically significant evidence that performing an abortion at an ambulatory surgical center reduces the risk of morbidities and adverse effects when compared to a standard family planning clinic[4]; and

WHEREAS, providers of abortion reported heightened levels of stress, increased costs, and lowered productivity when complying to TRAP laws without any change in outcome[6]; and

WHEREAS, TRAP laws specifically governing abortion are more prevalent and impose more stringent requirements than laws governing office-based surgeries, procedures, sedation, or anesthesia[5,3]; and

WHEREAS, countries with less restrictive abortion laws have lower rates of abortions when compared to countries with more restrictive laws[8]; and

WHEREAS, it is reported that TRAP laws directly interfere with the patient-physician relationship[6,3] which is in violation of AOA policy H307-A/13 INTERFERENCE LAWS[7]; and

WHEREAS, it is the recommendation of the American College of Obstetricians and Gynecologists to end legislation, including TRAP laws, that impedes access to abortion services and interferes with the patient-provider relationship[^3]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association oppose the Targeted Regulations of Abortion Providers (TRAP laws) that impede and discriminate against a physician's ability to provide appropriate care to patients seeking family planning services, including abortion; and, be it further

RESOLVED, that the American Osteopathic Association oppose the Targeted Regulation of Abortion Providers (TRAP laws) that impede and discriminate against a physician's ability to provide appropriate care to patients seeking family planning services, including abortion; and, be it further

Explanatory Statement

In light of recent bills passed in Iowa that would ban abortions on detectable heartbeat of the fetus, it is prudent that SOMA and the AOA take an official stance on laws that would prevent abortion providers from providing care to patients seeking abortions. Many TRAP laws are essentially backdoor abortion bans, especially in rural and underserved communities where there are insufficient resources to comply with these targeted regulations.

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Action Taken: APPROVED

Date: 10/7/18

Effective Time Period: Ongoing

13

Resolution: F-18-06

Subject: CHILDCARE SERVICES FOR RESIDENCY/FELLOWSHIP PROGRAMS

WHEREAS, the physician shortage is compounded because 13% of US physicians work part-time[1]; and

WHEREAS, some physicians seek part-time positions when confronted with child care issues[2]; and

WHEREAS, a lack of availability of child care services during their training is a major stress factor for physicians-in-training and practicing physicians[2]; and

WHEREAS, a study conducted with 105 residents/fellows respondents, showed that only 51% continued to work the same hours after having the first child[2]; and

WHEREAS, 79% of male and female general surgery residency graduates surveyed recommended that employers provide child care facilities at work[2]; and

WHEREAS, 40% of graduating pediatrics residents reported not knowing if there training institution offered child care services[2]; and

WHEREAS, a survey of residency/fellowship institutions conducted by the Association of American Medical Colleges (AAMC) showed that 68.2% of institutions did not offer on-site child care, 71.3% of institutions did not offer off-site child care; and from the institutions that did not offer child care, 60.1% also reported not assisting residents/fellows in locating child care services[3]; now, therefore, be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) supports an increase in the number of residency/fellowship institutions that offer child care services; and, be it further,

RESOLVED, that Student Osteopathic Medical Association (SOMA) supports an increase in the accessibility of information regarding child care services at residency and fellowship institutions.

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Action Taken: APPROVED

Date: 10/7/18

Effective Time Period: Ongoing

15

Resolution: F-18-07

Subject: PROMOTING AVAILABILITY OF EPINEPHRINE AUTOINJECTORS IN PUBLIC SPACES

WHEREAS, food allergies are a growing public health and food safety concern affecting an estimated 15 million U.S. residents, including 1 in every 13 children[1]; and

WHEREAS, food-related anaphylaxis is responsible for approximately 30,000 emergency room visits, 2,000 hospitalizations, and 150 deaths each year in the United States[1], and insect venom-related anaphylaxis is responsible for at least 40 additional deaths each year[2]; and

WHEREAS, epinephrine is the first-line treatment for anaphylaxis and autoinjectors allow easy and safe delivery of accurate doses[3,4,5]; and

WHEREAS, a nationwide study found that the median time to respiratory or cardiac arrest was 30 minutes for food-induced anaphylaxis and 15 minutes for venom-induced anaphylaxis, supporting the notion that quick intervention is crucial in anaphylaxis[5]; and

WHEREAS, a majority of anaphylactic deaths, estimated at 87% by one study[6], are directly linked to delayed epinephrine administration[3]; and

WHEREAS, a number of individuals, including two-thirds of children in one study[7], do not have epinephrine autoinjectors with them at the time of an anaphylactic reaction[1,4]; and

WHEREAS, as many as 34% of allergic reactions to food and more than 50% of anaphylactic fatalities occur in restaurants and other locations outside the home[1,2]; and

WHEREAS, 31 states allow stocking of undesignated epinephrine by public entities (restaurants, camps, theme parks, sports arenas, etc)[8]; and

WHEREAS, the American Osteopathic Association (AOA) Epinephrine Products Policy H352-A/18 states that "the AOA will advocate for the availability by legislation of epinephrine products at schools, restaurants, sporting events and places of business accompanied by appropriate training and funding"[9]; and

WHEREAS, members of the Student Osteopathic Medical Association (SOMA) are active within their respective communities and are in a unique position to advocate directly to community members; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) organizes an educational campaign to promote an increase in availability and usage of epinephrine autoinjectors in public spaces and to raise awareness about the benefits of such availability.

Explanatory Statement

During the academic year, local SOMA chapters will promote increased awareness and/or availability of epinephrine autoinjectors through a method of the chapter's choosing. For example, the SOMA chapters in states where legislation allows for the public availability and usage of epinephrine autoinjectors can focus their efforts on educating restaurant owners on benefits of carrying autoinjectors, informing the public on proper usage, or helping fundraise to subsidize costs. For SOMA chapters in states with no such legislation, efforts can be focused on increasing awareness for the need of epinephrine autoinjectors in public spaces.

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Action Taken: APPROVED AS AMMENDED

Date: 10/7/18

Effective Time Period: Ongoing

18

Resolution: F-18-08

Subject: CREATION OF REGIONAL STUDENT OSTEOPATHIC MEDICAL ASSOCIATION (SOMA) CONFERENCES

WHEREAS, it is the Student Osteopathic Medical Association's (SOMA's) mission to "maintain open and transparent lines of communication to our student members as we continually adapt to the evolving needs of our members and organization"[1]; and

WHEREAS, the goal of creating a regional conference would allow the Student Osteopathic Medical Association (SOMA) to reinforce its following points from its strategic plan[2]:

- "Establish a platform for every SOMA member to express their views to the organization."
- "Generate professional and career development resources for osteopathic medical students through every stage of their education."
- "Improve the National and Local transfer of leadership for improved continuity from year to year."
- "Enhance the visibility of National and Local SOMA priorities and initiatives at every COM."

WHEREAS, creation of a regional conference would make it more accessible for local Student Osteopathic Medical Association (SOMA) members to attend a conference and create opportunities for mentorship, education, and research; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) supports the creation of an annual regional conference for each of the five Student Osteopathic Medical Association (SOMA) regions that would be held during winter for 1-2 days and could be attended by any Student Osteopathic Medical Association (SOMA) member in that region; and, be it further

RESOLVED, that this conference be mandatory for region trustees, chapter leaders, and chapter executive board members in order to promote participation from local Student Osteopathic Medical Association (SOMA) members at each COM.

Explanatory Statement

There is already a conference in Fall, Spring, and Summer, so Winter would be a good time to hold the regional conference without affecting the conferences that already exist. The Region Trustee and Chapter Leaders for each region, along with support from National SOMA leadership, will work together to organize the regional conference. There can be a registration fee to help cover costs for the conference.

References

1. *SOMA Mission Statement.*
2. *SOMA Strategic Plan 2018-2021.*

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Action Taken: WITHDRAWN

Date: 10/8/17

Effective Time Period: Ongoing

20

Resolution: F-18-09

Subject: ADVANCING NUTRITION-FOCUSED EDUCATION WITHIN OSTEOPATHIC MEDICAL SCHOOL CURRICULA DURING DIDACTIC YEARS

WHEREAS, the COMLEX Level 1 examination has two dimensions tested on the exam that pertain to nutrition (14-34%). In dimension one, Population Health Concepts and Patients with Presentations Related to Health Promotion, Chronic Disease Management, and Human Development (8-16%), and Patients with Presentation Related to Digestion and Metabolism (4-10%), with the percentages pertaining to how much is on COMLEX Level 1, are testable material. In dimension 2, there are also two categories, Health Promotion and Disease Prevention (1-5%) and Health Care Delivery Issues (1-3%) that is testable material on every Level exam. [1]

WHEREAS, an international study of 179 Intensive Care Units (ICUs), revealed a low average nutritional performance of US hospitals, with 7 of the 10 lowest performing ICUs located in the United states.[2]

WHEREAS, Nutrition education and implementation leads to better health outcomes and prognosis. An example being that geriatric patients are less likely to die one year after discharge if they had a nutritional evaluation. [2]

WHEREAS, integrating nutrition education in medical curricula has reported benefits, yet there is only an average of 20 hours over four years of medical education.[3] According to a recent study that investigated physicians' nutrition attitudes and self-perceived proficiency, only 14% of resident physicians reported being trained to provide nutritional counseling.[6]

WHEREAS, cardio vascular disease, stroke, some cancers and many other diseases have outcomes that can be improved through better nutrition.[5]

WHEREAS, medical students who received nutritional education via a formalized curriculum more frequently counseled patients on preventative interventions, thus educating patients on the tenants of nutrition leading to an increase in positive patient outcomes.[3]

RESOLVED, that Student Osteopathic Medical Association (SOMA) encourages Commission on Osteopathic College Accreditation (COCA) to incorporate adequate levels of nutrition-focused education within COM curricula of didactic years.

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Action Taken: APPROVED AS AMMENDED

Date: 10/7/18

Effective Time Period: Ongoing

22

Resolution: F-18-10

Subject: FAIR OPPORTUNITIES FOR VISITING MEDICAL STUDENTS

WHEREAS, by June 30, 2020, all U.S. osteopathic and allopathic medical students will apply to residency programs through the Single GME Accreditation System[1] ("the Match"); and

WHEREAS, elective visiting medical student clinical rotations (i.e. "Sub-Is" or "Away Rotations") are beneficial to fourth year medical students interested in specific residency programs by providing additional clinical experiences in varying specialties and subspecialties; promoting networking opportunities; and allowing for students to obtain letters of recommendations as part of their residency program application; and

WHEREAS, *Letters of Recommendation in the Specialty* were weighted as a 4.2 out of 5 (Mean Importance Rating) by 86% of surveyed Program Directors (representing all specialties in the 2018 NRMP survey) as a selection factor for residency interview; and

WHEREAS, *Personal prior knowledge of the applicant* was weighted as a 4.2 out of 5 (Mean Importance Rating) by 68% of surveyed Program Directors (representing all specialties in the 2018 NRMP survey) as a selection factor for residency interview; and

WHEREAS, *Audition elective/rotation within your department* was weighted as a 4.2 out of 5 (Mean Importance Rating) by 65% of surveyed Program Directors (representing all specialties in the 2018 NRMP survey) as a selection factor for residency interview; and

WHEREAS, the following medical education programs have stated that they only accept applications for visiting medical student clinical rotations from LCME accredited programs (MD programs): Icahn School of Medicine at Mount Sinai[3], University of Maryland School of Medicine[4], University of Virginia School of Medicine[5], Larner College of Medicine at the University of Vermont[6], University of Cincinnati College of Medicine[7,8], LSU Health School of Medicine[9], Dartmouth Geisel School of Medicine[10], and Creighton University School of Medicine[11]; and

WHEREAS, UC Davis School of Medicine[12] does not specify whether they accept applications from osteopathic medical students; and

WHEREAS, the University of Miami Miller School of Medicine states "students from non-LCME schools are accepted for clinical experiences at UMMSOM/JMH as OBSERVERS ONLY"[13]; and

WHEREAS, the University of Utah School of Medicine[14] and Tufts University School of Medicine[15] only allow osteopathic medical students to apply for some, but not all available visiting medical student clinical rotations; and

WHEREAS, the programs listed above do not represent an all-inclusive list of those that may match the aforementioned criteria; now, therefore be it

RESOLVED: that the Student Osteopathic Medical Association (SOMA) recommends that the American Osteopathic Association (AOA) supports equal opportunity for osteopathic medical students that apply for visiting medical student clinical rotations at any ACGME participating residency program that offers them; and, be it further

RESOLVED: that the Student Osteopathic Medical Association (SOMA) recommends that the American Osteopathic Association (AOA) monitor and encourage change of current policies at ACGME participating residency programs that do not offer visiting medical student clinical rotations to osteopathic medical students; and, be it further

RESOLVED: that the Student Osteopathic Medical Association (SOMA) recommends that the American Osteopathic Association (AOA) works to prevent future policies that may place osteopathic medical students at a disadvantage in preparing their residency applications and building their careers.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

25

Resolution: F-18-11

Subject: DEVELOPMENT OF GOOD SAMARITAN LAW DATABASE, PHYSICIAN AND PATIENT EDUCATION

WHEREAS, 40 states and the District of Columbia have a "Good Samaritan" law in place, protecting witnesses and bystanders of opioid overdose from arrest, charge, or prosecution for possession of a controlled substance and/or drug paraphernalia; and

WHEREAS, each jurisdiction's version of such a law provides different protections and restrictions on applicability[1]; and

WHEREAS, a 2018 study performed by the Substance Abuse and Mental Health Services Administration found that implementation of a Good Samaritan law results in a 15% reduction in opioid overdose mortality[2]; and

WHEREAS, the evaluation of the Washington state "911 Good Samaritan Law" (RCW 4.24.300) in 2011 found that 88% of respondents would have been more likely to contact emergency services if they had been aware of the law[3]; and

WHEREAS, knowledge of the Indiana Good Samaritan law protections was found to increase likelihood of calling 911 at the scene of an overdose by 69.4 percentage points[4], therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) propose the American Osteopathic Association (AOA) consider creating a database containing up-to-date information on the protections and restrictions offered by the law each state to witnesses and bystanders of opioid overdose when contacting emergency services and, be it further

RESOLVED, that SOMA propose the AOA consider creating educational materials for physicians and patients on the specifics of the Good Samaritan law in their region, and, be it further

RESOLVED, that SOMA and the AOA support the adoption of legal protections for witnesses and bystanders of opioid overdose in those states that have failed to do so and, be it further,

RESOLVED, the SOMA educate its membership when and where appropriate on the Good Samaritan law in their respective states and support efforts for nationwide establishment of such laws.

Explanatory Statement

The Good Samaritan law database would contain accessible information on the laws applicable to individuals responding to an overdose, detailing the specifics of the crimes and civil liabilities they are shielded from, as well as the circumstances of that protection. More in-depth information is provided as educational material for physicians and other health care providers.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/8/17

Effective Time Period: Ongoing

27

Resolution: F-18-12

Subject: PROTECTION OF WOMEN'S RIGHT TO CHOOSE, DEFENSE OF ROE V. WADE, AND SUPPORT OF REPRODUCTIVE HEALTH EDUCATION

WHEREAS, the current administration is strategically manipulating the Supreme Court balance to favor the demise of the longstanding Roe v. Wade and subsequently rule abortion unconstitutional via President Trump's nomination of Brett Kavanaugh, who will hold the deciding vote on overturning the current Supreme Court ruling[1,2,3], and

WHEREAS, the Supreme Court ruled in favor Jane Roe and the pursuit of safe, legal abortion rights for women in the United States in 1973 in response to the unconstitutionality of states' imposition of laws and statutes that interfere with an individual's right to autonomy and privacy regarding the creation of a family[4], and

WHEREAS, in 1967, 17% of pregnancy-induced maternal demise was due to illegal abortion complications performed without medical personnel and resources, and[4,5]

WHEREAS, according the CDC Abortion Surveillance Systems, "652,639 legal induced abortions were reported," which indicate 652,639 women chose abortion as their choice of medical care in 2014, elucidating the enormity of need of such resources and patient autonomy[6], and

WHEREAS, according the CDC Abortion Surveillance Systems, 4 (.0006%) women died in 2013 as a result of complications post legal abortion[6], further elucidating the benefit of women's rights to choose as opposed to the aforementioned loss of life while abortion was made illegal nationwide, and

WHEREAS, physicians are trained to serve with the patient's best interest in mind, regardless of personal moral or ethical convictions as long as the legal standard of care is practiced, and

WHEREAS, the decision to safely terminate pregnancy should be solely at the discretion of the patient and their healthcare team, and

WHEREAS, abortion goes beyond the need for women to have the right to govern their own body, but the right to quality of life for both parent and child, and

WHEREAS, opposition to abortion lies on moral premise, judgement, and conviction and on the idea that states should be held financially and socially accountable for the welfare of women who become unexpectedly pregnant according to the American College of Obstetrics and Gynecology (ACOG)[5], and

WHEREAS, the American College of Obstetrics and Gynecology (ACOG) holds and supports the committee opinion for clinical guidelines on women's reproductive health and rights that "safe, legal abortion is a necessary component of women's health care… Legislative restrictions fundamentally interfere with the patient-provider relationship and decrease access to abortion for all women, and particularly for low-income women and those living long distances from health care providers."[8], and

WHEREAS, women of low socioeconomic status and minorities will suffer the brunt of the repercussions of overturning Roe v. Wade due to the loss of funding protections for Title X subsidiaries, like Planned Parenthood, that provide affordable reproductive healthcare that includes annual mammograms, preventative gynecological healthcare and screenings, access to birth control, sexual education, and safe abortion procedures, leading to increased incidences of malignancies, unplanned and unwanted pregnancies, and unsafe abortion practices[1], and

WHEREAS, abortion rates decline with legality and increase when made illegal[9], and

WHEREAS, as there is a separation of church and state, there should be a separation of church and medicine, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) support Roe v. Wade for the purpose of supporting women's right to choose and autonomy, as well as their right to privacy and governance over their livelihood, and, be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) stand by the American College of Obstetrics and Gynecology (ACOG) in their recommendation of increased provisions for safe and legal abortion resources and education for female patients, and, be it further

RESOLVED, that SOMA call upon the American Osteopathic Association (AOA) to stand by ACOG in their recommendation of increased provisions for safe and legal abortion resources and opposition of the reversal of Roe v. Wade by drafting an official statement reflecting this position, and, be it further

Explanatory Statement

The reversal of Roe v. Wade will undoubtedly increase the rate of illegal abortions performed in the United States, vastly increasing infertility and mortality risks due to patients' lack of knowledge on how and when to best perform these procedures via chemical methods. Abortions will occur regardless of its legality. At the forefront of our oath and practice is the patient; safety, autonomy and dignity are held to highest regard. Therefore, depriving women of the right to safe, legal access to reproductive health, family planning, and abortion services is not only unconstitutional but directly infringes on their right to autonomy over their bodies and lives. Moreover, women of low socioeconomic background are at highest risk due to the inevitable reduction of funding allocated to Title X programs liked Planned Parenthood. As a result, we stand in strong opposition to the reversal of Roe v. Wade, the subsequent legal repercussions for female patients who seek autonomy, and the danger to life that is illegal abortion.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

30

Resolution: F-18-13

Subject: EXPANSION OF MENTAL HEALTH RESOURCES FOR MEDICAL PERSONNEL AND DESTIGMATIZATION OF MENTAL ILLNESS IN HEALTH PROFESSIONALS

WHEREAS, a 2013 study published in General Hospital Psychiatry found that of about 203 physicians that succeeded in committing suicide, toxicology results showed a low rate of pharmaceutical treatment and analysis of victim cases showed that many were mentally ill or experienced problems related to job stress[1,2]; and

WHEREAS, a 2016 survey of 2106 female physicians found that nearly 50% felt that they met criteria for a mental illness but refused treatment[3]; and

WHEREAS, "fear of reporting the diagnosis to a medical licensing board" and "belief that a diagnosis was embarrassing or shameful" are two reasons that were given by surveyed female physicians behind not receiving treatment for their mental illness[3]; and

WHEREAS, for female physicians with a formal diagnosis in this survey, only 6% disclosed their diagnosis on medical licensing applications[3]; and

WHEREAS, a 2017 review looked at physician state licensing applications from 2013 for first time applicants in all 50 states and the District of Columbia and found that 84% (43 applications) asked about mental health conditions, 53% (23 applications) only asked about conditions that cause functional impairment, and 14% (6 applications) only asked about current conditions[4]; and

WHEREAS, questions on state licensing examinations regarding any past or current history of mental illness or treatment for mental illness may constitute discrimination in that having any history of a diagnosis or treatment may affect the ability of the individual to obtain licensure or employment[5]; and

WHEREAS, according to the Americans with Disabilities Act Amendments Act (ADAAA), a qualified individual with disabilities (defined as "An employee or job applicant who meets all legitimate skill, experience, education and other requirements of a position and can perform the essential functions of the position with or without reasonable accommodation."[6]) may not be discriminated against in any employment practices[6]; and

WHEREAS, the ADAAA has been expanded to include mental impairments in the definition of "disability"[6]; and

WHEREAS, individuals that called a crisis hotline in the US or UK and spoke with a counselor (professionally trained or volunteer) experienced "reductions in suicidal thoughts, self-harm ideation, distress, and hopelessness at the end of their call"[7]; and

WHEREAS, about 50% individuals that spoke with counselors on the crisis hotline accessed the mental health services that they were referred to on the hotline[7]; therefore, be it

RESOLVED, that Student Osteopathic Medical Association (SOMA) support development of a plan to create a twenty-four-hour, anonymous, crisis helpline that is directed towards assisting medical students in crisis and, be it further

RESOLVED, that the American Osteopathic Association (AOA) support development of a plan to create a twenty-four-hour, anonymous, crisis helpline that is directed towards assisting physicians and residents in crisis and, be it further

RESOLVED, that SOMA and the AOA support the removal of questions on physician state licensing applications that specify if the applicant has ever had any history of mental illness and, be it further

RESOLVED, that SOMA and the AOA support questions on physician state licensing applications that specifically ask is the individual has any health conditions that result in, or have resulted in mental incompetence in the past, or currently.

Explanatory Statement

Questions on the physician state licensing applications that ask about any current or past history of mental illness or treatment for mental illness may be violating the ADAAA. Furthermore, a physician that struggled with a mental illness years ago compared to those that are currently in crisis or may be considered a threat to themselves or others, are incredibly different scenarios that should not be grouped together under these broad questions that threaten licensure and employment.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

33

Resolution: F-18-14

Subject: INCLUSION OF PATIENT EDUCATION ON ORGAN DONATION AS A REQUIRED COMPONENT OF INITIAL PRIMARY CARE VISIT

WHEREAS, as of September 14th, 2018, at 10:48am EST, 114,544 patients are currently on the waiting list in need of a life-saving organ transplant in the United States, resulting in an average of 22 patients dying each day while waiting for a transplant due to a shortage of donated organs;[1,2] and

WHEREAS, in 2008, children, especially those under 5 years of age, had the highest death rate on the transplant waiting list compared to any other age range and the number of pediatric deceased donors continued to decline[3]; and

WHEREAS, liver and kidney disease kill over 120,000 individuals each year, more people than Alzheimer's, breast cancer, or prostate cancer[4]; and

WHEREAS, 95% of adults support organ donation but only 54% are actually registered as organ donors; and

WHEREAS, every ten minutes, someone is added to the national transplant waiting list, contributing to the persistent gap between the supply and demand of organs[2]; and

WHEREAS, "currently, there are limited programs educating the population about organ donation in the United States resulting in a situation in which the public lacks basic knowledge and understanding of organ donation, i.e. the dire need, living vs. deceased, which organs can be donated during one's lifetime, the time, effort and risk involved"[2]; and

WHEREAS, education provided by United States federal government organizations, including national DMV website, does not sufficiently educate the public on organ donation facts, myths, and resources[5], and

WHEREAS, a Quality Improvement (QI) study, in which patients were provided an organ donation pamphlet and registration form, performed by the University of Toronto at a primary care clinic showed an overall 18.3% increase in successful organ donor registrations[6], and

WHEREAS, a cross-sectional study published in the Journal of the National Medical Association concluded that only 17% of physicians were trained in organ donation communications during medical school, 36% of family physicians felt organ donation discussion was outside their scope of practice, and argued that DMV employees are not fully trained to educate the public on participation in the organ donation registry[7]; now, therefore, be it

RESOLVED, that SOMA and the AOA support increasing public education and awareness of the importance of organ donation, including organ donation counseling during the initial patient visit as a

means of educating and encouraging patients to become organ donors in order to ameliorate the national organ shortage; and be it further

RESOLVED, that SOMA and the AOA support further research on organ donation in the United States as well as cost-benefit analysis of the implementation of policies aimed at increasing the number of individual organ donors on the national organ donation list.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

35

Resolution F-18-15

Subject: ADVOCATE FOR RESEARCH ON MEDICAL MARIJUANA AS AN ALTERNATIVE TO OPIOIDS IN CASES OF CHRONIC PAIN

WHEREAS, drug overdose is the leading cause of accidental death in the United States with 52,404 drug overdoses in 2015 alone[1]; and

WHEREAS, Among 47,055 drug overdose deaths that occurred in 2014 in the United States, 28,647 (60.9%) involved an opioid[1]; and

WHEREAS, Opioids killed more than 33,000 people in 2015, and nearly half died using a prescription opioid[2]; and

WHEREAS, Prescription opioid-related overdose deaths and admissions for treatment of opioid use disorder have increased in parallel with increases in opioids prescribed in the United States, which quadrupled from 1999 to 2010[3]; and

WHEREAS, The economic burden of prescription opioid overdose, abuse, and dependence is estimated to be $78.5 billion each year in the United States[3]; and

WHEREAS, Cannabis can be an effective treatment for pain, greatly reduces the chance of dependence, and eliminates the risk of fatal overdose compared to opioid-based medications. Medical cannabis patients report that cannabis is just as effective, if not more, than opioid-based medications for pain;[4] and

WHEREAS, The associations between MCLs and any opioid prescribing were statistically significant when we took the type of MCL into account: states with active dispensaries saw 3.742 million fewer daily doses filled (95% CI, −6.289 to −1.194); states with home cultivation only MCLs saw 1.792 million fewer filled daily doses (95% CI, −3.532 to −0.052);

WHEREAS, Introduction of medical marijuana laws may be associated with declining prescriptions for Medicaid enrollees, as the use of prescription drugs in fee-for-service Medicaid was lower in states with legalized medical cannabis in comparison to those that did not^6. Therefore, it be

RESOLVED, that SOMA petition to the AOA to fund research to explore the option of using cannabinoids as an alternative to opioids for chronic pain management in non-cancer.

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Action Taken: WITHDRAWN

Date: 10/7/18

Effective Time Period: Ongoing

37

Resolution: F-18-16

Subject: COMLEX SCORE INTERPRETATION EDUCATION FOR GME RESIDENCY PROGRAMS

WHEREAS, to be a fully practicing osteopathic physician the Comprehensive Medical Licensing Examination (COMLEX) is required; and

WHEREAS, licensing exam performance is also used to choose applicants for residencies; and

WHEREAS, osteopathic medical students have the perception that they should take both COMLEX and United States Medical Licensing (USMLE) to match into residency[1]; and

WHEREAS, osteopathic medical students further believe they are limiting their residency options by not taking the USMLE exam[1]; and

WHEREAS, the two above perceptions are reinforced by the osteopathic community by publishing on the AOA website students should consider to take both COMLEX and USMLE exams[2]; and

WHEREAS, osteopathic students who reported USMLE scores were more likely to match to Emergency Medicine residencies[3]; and

WHEREAS, mean National Board of Medical Examiners- Comprehensive Basic Science Exam (NBME-CBSE) score of students in a study could not be statistically distinguished from that of the national cohort of MD[4]; and

WHEREAS, historical COMLEX Level 1 to USMLE Step 1 score conversion formulas used are not accurate; and

WHEREAS, the most widely used conversion formula would convert a COMLEX Level 1 score of 500, 50th percentile, to a 188 USMLE Step 1 score of 188, 5th percentile[5]; and

WHEREAS, osteopathic students spend additional $610 to register for USMLE Step 1, as of 2018[6], not to mention additional money spent on board preparation materials specific to USMLE Step 1; and

WHEREAS, the single accreditation merger of the AOA and ACGME means that residency directors will review an increasing number of applications with COMLEX scores; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) lobby the AOA to discourage residency directors' use of COMLEX and USMLE score conversion formulas; and, be it further

RESOLVED, that SOMA lobby the AOA to make an educational session about COMLEX scores interpretation mandatory for residency programs in order to attain Single Accreditation

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

39

Resolution: F-18-17

Subject: The use of osteopathic manipulative treatment before opioid drugs in non-cancer pain management.

WHEREAS, Osteopathic Manipulative Treatment (OMT) has been found to be as effective as standard therapy in treating low back pain[1,2,3], while requiring less medication. OMT is also associated with lower risk[4] and lower cost, and "osteopathic treatment was found to be a dominant and cost-effective strategy compared to standard treatment,"[5] and

WHEREAS, patients "generally [give] high ratings for satisfaction and were positive about the OMT following orthopedic and thoracic surgery,"[6] and 63% of patients with back pain treated with OMT for 8 weeks reported an improvement in pain, while only 46% of the sham treatment group reported improvement,[7] after which the authors concluded "a trial of OMT may be useful before progressing to other more costly or invasive interventions," and

WHEREAS, the Federation of State Medical Boards recommends the use of many therapies, including OMT, before, with, or in place of opioid therapies in order to minimize the inappropriate use thereof, and[8], and the WHO recommends adjuvant therapies such as OMT at all steps of pain management, in the WHO "Pain Relief Ladder," as pre-and co-therapy with opioid drugs,[9] and

WHEREAS, 66% of all drug overdose deaths involved opioids, and opioid overdose death rates increased 200% from 2000 to 2014; similarly, the number of deaths was five times higher in 2016 than in 1999,[10, 11] and

WHEREAS, opiate prescriptions cost $2.8 billion, while opiate misuse and abuse cost $78 billion in 2013,[12] and dependence on opioids is associated with increased 30-day readmission rates after surgery, costing $41 billion per year in the US as of 2013, while inpatient stays resulting in opioid abuse have increased only 5% from 1993-2012,[11]

WHEREAS, opiate prescription continues to increase, as they have since a 33% increase in dependence and addiction from 2002 to 2011;[11] and one million patients were estimated to be dependent on prescribed opioids in 2006, with projected increases,[14] and in 2013 National survey on Drug use and Health, 4.5 million individuals surveyed in one month in the US were current nonmedical users of prescription opioids [13]; now, therefore, be it

RESOLVED, that the American Osteopathic Association recommend and reaffirm that Osteopathic manipulative treatment should be used as adjuvant therapy as part of a comprehensive pre-opioid non-cancer pain management plan.

Explanatory Statement

The opioid addiction epidemic is continuing to grow out of control; it costs many lives and vital resources. Osteopathic manipulative treatments are a uniquely safe, affordable, efficient, and effective alternative which may reduce or remove the need for opioid drugs in non-cancer pain management, and should be used to alleviate this suffering.

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Action Taken: WITHDRAWN

Date: 10/7/18

Effective Time Period: Ongoing

42

Resolution: F-18-18

Subject: ADDRESSING THE GENDER COMPENSATION GAP IN THE MEDICAL PROFESSION

WHEREAS, the average female practicing physician can expect to earn, on average, as much as 37% less than her average male colleague [1-5]; and

WHEREAS, a recent study reports that the average female physician working with an academic appointment at public medical schools in the US can expect to earn, on average, 19.8% less than her average male colleague [3]; and

WHEREAS, in a recent survey it was reported that the average female resident physician can expect to earn, on average, as much as $900 less than her average male colleague and where other studies have shown that newly practicing female physicians can earn as much as 17% less than their male colleagues [4,6]; and

WHEREAS, literature supports that these disparities in income persist even when factors that may contribute to them, including but not limited to, choice of specialty, family dynamics, working environment, and individual earning characteristics are controlled for [1,2,3,6,7]; and

WHEREAS, these disparities in income are likely to appear early in a woman's career, persist throughout it, and even widen as women continue to practice throughout their career [6,8]; and

WHEREAS, these disparities in income between women and men may result from, yet nonetheless perpetuate a system of inequality at the detriment of women in the medical profession referred to as the "gender compensation gap"; and

WHEREAS, the cause(s) of the "gender compensation gap" in the United States remains largely unstudied and not well understood [1,6]; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) acknowledge the existence of the "gender compensation gap" between female and male physicians in the United States; and, be it further

RESOLVED, that the AOA support research efforts into the cause(s) of the "gender compensation gap" amongst physicians in the United States in order to identify specific, evidence-based strategies for minimizing the "gender compensation gap"; and, be it further

RESOLVED, that the AOA support the adoption of evidence-based policies and practices that ensure the equal compensation of female and male physicians who work with the same job title and job description, and with equivalent or comparable credentials and qualifications, and under the same working circumstances in the academic, clinical, and support programs that are promoted by, accredited by, endorsed by, or otherwise funded by the AOA; and, be it further

RESOLVED, that the AOA develop guidelines for institutions to implement, consisting of evidence-based strategies that have been shown to mitigate the "gender compensation gap".

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

44

Resolution: F-18-19

Subject: ACCESS TO IN-STATE TUITION FOR UNDOCUMENTED MEDICAL STUDENTS

WHEREAS, On June 15, 2012, the Secretary of Homeland Security announced the Deferred Action for Childhood Arrivals (DACA) program, where undocumented individuals who came to the United States before the age of 16, have not been convicted of a felony or significant misdemeanor, and qualify under other specific criteria could apply for deferred action for a period of two years, subject to renewal, allowing them to receive work authorization[1]; and

WHEREAS, On July 21, 2018, the AOA demonstrated their support for undocumented students by approving a resolution which states "the American Osteopathic Association (AOA) supports Deferred Action for Childhood Arrivals (DACA) medical students, residents and physicians," [2]; and

WHEREAS, Approximately 20% of osteopathic medical schools currently accept undocumented students[3]; and

WHEREAS, sixteen states have passed legislation that allows undocumented students to receive in-state tuition rates, including California (AB540), Colorado (S33), Connecticut (H6390 & H6844), Florida (H851), Illinois (H60), Kansas (H2145), Maryland (S167), Minnesota (S1236), Nebraska (L239), New Jersey (S2479), New Mexico (S582), New York (S7784), Oregon (H2787), Texas (H1403), Utah (H144 and S253), and Washington (H1079)[4, 5, 6, 7]; and

WHEREAS, four additional states, Hawaii, Michigan, Oklahoma, and Rhode Island, allow for in-state tuition for undocumented students through various state university systems, often following approval from the Board of Regents[4]; and

WHEREAS, access to in-state tuition for undocumented students would affect approximately 16% of osteopathic medical school locations, as eight locations currently offer in-state tuition: six being public and two being private [8]; and

WHEREAS, offering in-state tuition to undocumented students could increase tax revenues. For example, it is estimated that Georgia can earn roughly $10 million per year in tax revenues from a more skilled and educated workforce if they allow undocumented students to receive in-state tuition. The projected economic growth would only be possible if Georgia removes their current bill, S492, which states "noncitizen students shall not be classified as in-state for tuition purposes unless the student is legally in the state" [4, 9]; and

WHEREAS, "The Comptroller of Texas estimated that more than five dollars is generated in the economy for every dollar invested in immigrant students' education" [10]; and

WHEREAS, granting in-state tuition to undocumented students does not increase the financial burden for students who are citizens[11]; and

WHEREAS, increased numbers of undocumented students in medical school could improve access to care in minority and non-English speaking populations, as DACA applicants are typically bilingual and bicultural and are more likely to work in populations where physician shortages are most prominent[12]; and

WHEREAS, the Stritch School of Medicine, the first medical school to accept applications from undocumented immigrants, states "Physicians who share ethnic, cultural or racial backgrounds with underserved patients are more likely to choose to serve those underserved populations, produce improved outcomes, and can become role models within the community" [13, 14]; and

WHEREAS, the Association of American Medical Colleges (AAMC) reports that by 2030, the United States could have a shortage of up to 120,000 physicians, between 14,800 and 49,300 of those being primary care physicians[15]; and

WHEREAS, undocumented students could potentially alleviate these shortages, as estimates have shown that the DACA program could allow between 5,400 and 31,860 largely underrepresented minority physicians to be trained in the coming decades[16, 17]; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) will advocate to state legislatures for in-state tuition for all undocumented medical students who meet the following requirements of state residency for tuition purposes:

1. The student has attended primary or secondary school in the state for at least 3 years
2. The student graduated from a high school or received a GED from the state in which they are applying for reduced tuition
3. If the student no longer resides in the state, they must demonstrate that they have lived in the state in which they are applying for reduced tuition during high school, and that their parent(s) or legal guardian continues to reside in the state
4. The student will sign an affidavit with their anticipated university of attendance stating that they will attempt to apply to become a permanent resident[6]

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/7/18

Effective Time Period: Ongoing

48

Resolution: F-18-20 (LATE)

Subject: ADVOCATING FOR MENTAL HEALTH TASK FORCE IMPLEMENTATION IN COLLEGES/SCHOOLS OF OSTEOPATHIC MEDICINE

WHEREAS, in 2015 the AOA committed to promoting mental health awareness and working with AACOM to reduce the stigma associated with mental illness in order to eliminate barriers to treatment while advocating for increasing the resources for care [1]; and

WHEREAS, in 2016 SOMA partnered with COSGP to create the Mental Health Awareness Task Force in order to address Osteopathic Medical Student burnout at a national level [2]; and

WHEREAS, in a study of 1,294 osteopathic medical students, burnout was present in 39.9% and of them 77% met the criteria for depression [3]; and

WHEREAS, in a study of 4,287 medical students, 11.2% of students reported suicidal ideations within the last year [4]; and

WHEREAS, 30% of medical students experiencing depression identified stigmatization as a barrier to seeking mental health services; additionally 37% noted lack of confidentiality and 24% noted fear of documentation in their academic record [5]; and

WHEREAS, "simply making students aware of their mental health 'profile' does not appear to reduce distress, and once struggling students are identified, they need individualized support;" thus, "deans must not only make students aware of the available resources, but also address barriers to care" [6]; and

WHEREAS, in a study surveying 4,400 medical students, "prevalence of suicidal ideation and serious thoughts of dropping out decreased as mental health improved" [7]; and

WHEREAS, multiple medical schools across the nation have created and implemented systems aimed to improve mental health and promote academic success with positive results [8-12]; now, therefore, be it

RESOLVED, that the AOA advocate for Colleges/Schools of Osteopathic Medicine to implement mental health task forces or equivalent programs to address the factors relating to burnout in the Osteopathic Medical Student at an institutional level; and, be it further

RESOLVED, that SOMA encourages each one of its chapters to create a committee focused on mental health.

Explanatory Statement

The factors modifying burnout in medical students and the degree of their impact may vary based on medical school environment, culture, and curriculum. Institutional support systems will allow more targeted approaches that address the specific needs of a cohort. The proposed mental health task forces are not intended to detract from pre-existing campus resources such as counseling; rather, they are meant to identify the specific gaps that exist at each institution in regards to mental wellness and allow students' needs to dictate the measures necessary to fill these gaps.

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Action Taken: NOT APPROVED

Date: 10/7/18

Effective Time Period: Ongoing

Resolutions for Fall 2017 House of Delegates

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Resolution S-17-03……..……..……..……..……..…….. 7
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Subject: STANDING AGAINST RESTRICTIVE HOUSING AND SOLITARY CONFINEMENT FOR JUVENILE INMATES OF PRISON SYSTEMS IN THE US

Resolution S-17-05……..……..……..……,…..…… 13
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Subject: REGULATING TUITION INCREASES IN OSTEOPATHIC MEDICAL COLLEGES

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MANDATE NUTRITION EDUCATION AND LIFESTYLE COUNSELING IN THE MEDICAL CURRICULUM

Resolution: F-17-01

Subject: QPR CERTIFICATION TRAINING AMONGST OSTEOPATHIC MEDICAL SCHOOLS

WHEREAS, "each year in the United States, an estimated 400 physicians take their own lives, a rate that is higher than most other professions"[1]; and

WHEREAS, "medical students appear to be at an equal or higher risk of burnout, depression, substance abuse, and suicide"[2]; 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 million[3]; 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 1[4]; 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 elements[5]; and

WHEREAS, the policy *H343-A/17 AOA Physician Wellness Strategy* states that the American Osteopathic Association (AOA) "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"[5]; and

WHEREAS, it is part of the Student Osteopathic Medical Association (SOMA) mission to educate and prepare osteopathic leaders and advocates, and to continually adapt to the evolving needs of their members[6]; 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 behavior[7]; and

WHEREAS, the SAVE400 campaign has raised awareness of physician suicide, and StepsForward, an initiative of the American Medical Association, targets prevention of physician distress and suicide[8]; and

WHEREAS, one study found that 38.3% of medical students would report depressive symptoms to their colleagues[9]; and

WHEREAS, Question, Persuade, and Refer (QPR) is an emergency mental health intervention that trained individuals can use to identify, interrupt, and direct suicidal persons to the proper care[10], and

WHEREAS, having QPR-certified students in medical school will provide individuals with student colleagues to consult when experiencing depression and suicidal ideation; and

WHEREAS, the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services, lists QPR certification as a suicide prevention training and screening tool in it's National Registry of Evidence-based Programs and Practices[11,12]; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) support the establishment of ~~a~~ Question, Persuade, and Refer (QPR) Gatekeeper Training for Suicide Prevention at each College of Osteopathic Medicine; and be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) implement a Question, Persuade, and Refer (QPR) Gatekeeper Training for Suicide Prevention at leadership conferences as an optional workshop for chapter leaders, providing them with resources to bring back to their campus.

Explanatory Statement

The mission of QPR: "To save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.

Key Components Covered in Training:

- *How to Question, Persuade and Refer someone who may be suicidal*
- *How to get help for yourself or learn more about preventing suicide*
- *The common causes of suicidal behavior*
- *The warning signs of suicide*
- *How to get help for someone in crisis"* [10]

QPR certification can be set up for individuals or larger organizations through https://www.qprinstitute.com/organization-training.

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Action Taken: APPROVED AS AMMENDED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-02

Subject: CANNABIS RECLASSIFICATION: EFFECT ON RESEARCH

WHEREAS, the American Osteopathic Association policy H419-A/16 supports "well-controlled clinical studies on the use of cannabis, commonly referred to as marijuana, and related cannabinoids…and encourages the National Institutes of Health (NIH) to facilitate the development of well-designed clinical research studies into the medical use of cannabis"[1]; and

WHEREAS, the Controlled Substances Act of 1970 defines a Schedule I substance, such as cannabis, as having "no currently accepted medical use in treatment"[2], yet under the Food and Drug Administration's (FDA) Compassionate Investigational New Drug Program, federally regulated medical cannabis, grown at the University of Mississippi and managed by the National Institute of Drug Abuse (NIDA), is distributed to patients with "serious diseases and health issues for their lifetime"[3]; and

WHEREAS, twenty-nine states and the District of Columbia have passed legislation to legalize medical cannabis usage when recommended by a physician, yet classification of cannabis has remained the same[4]; and

WHEREAS, several national medical membership organizations such as American Academy of Family Physicians, American College of Physicians, American Academy of Pediatrics, and American Medical Association support reclassification and medicinal use of cannabis, and advocate for expansion in research[5,6,7]; and

WHEREAS, the National Academies of Sciences, Engineering, and Medicine's recent publication, *The Health Effects of Cannabis and Cannabinoids*, states there is "conclusive or substantial evidence that cannabis or cannabinoids are effective for treatment for chronic pain in adults, antiemetic in the treatment of chemotherapy-induced nausea and vomiting, and improving patient-reported multiple sclerosis spasticity symptoms"[8]; and

WHEREAS, "Only two cannabinoid drugs are currently licensed for sale in the U.S. (dronabinol and nabilone)" and "given cannabis' proven efficacy at treating certain symptoms and its relatively low toxicity, reclassification would reduce barriers to research and increase availability of cannabinoid drugs to patients who have failed to respond to other treatments" [6,9]; and

WHEREAS, the National Institute of Health spent "$297 million on grants for non-abuse research of cannabis", but "provided two to four times as much for similar research of opiates and benzodiazepines"[10], which does not include the money spent by pharmaceutical companies to introduce new opioids and benzodiazepines into the opioid market; and

WHEREAS, "As a Schedule I controlled substance under the Controlled Substances Act, cannabis use in a clinical trial requires special licensure", approval from the FDA, DEA, and NIDA, and generates obstacles other drugs such as cocaine, do not undergo, and thereby advancements in clinical and public health research of cannabis continue to be limited[11]; now, therefore, be it

RESOLVED, the Student Osteopathic Medical Association and American Osteopathic Association support a review of the classification of cannabis under the Controlled Substance Act of 1970, to facilitate advancement in clinical, public health, patient safety, and health policy research involving medical cannabis use.

Explanatory Statement

RELEVANT AOA POLICIES:

1) H419-A/16 MEDICAL CANNABIS, RESEARCH ON

The American Osteopathic Association supports well-controlled clinical studies on the use of cannabis, commonly referred to as marijuana, and related cannabinoids for patients who have significant medical conditions for which current evidence suggests possible efficacy; and encourages the National Institutes of Health (NIH) to facilitate the development of well-designed clinical research studies into the medical use of cannabis. 2011; reaffirmed as amended 2016

2) H442-A/17 RECREATIONAL MARIJUANA USE BY PHYSICIANS, STUDENTS AND PATIENTS

The American Osteopathic Association (AOA) adopts the "Recreational Marijuana Use by Physicians, Students, and Patients" white paper as its position on the use of recreational marijuana by physicians, students and patients. 2017

After review of the recently released report by the Academies regarding cannabis use, the AOA adopts the following policies:

> *1. The American Osteopathic Association does not recommend any use of cannabis by physicians and medical students because of patient safety concerns. This statement is supported by the following evidence from the Academies' report.*
>
> *2. The American Osteopathic Association does not support recreational use of marijuana by patients due to uncertainties in properties, dosing, and potential for impairment. Recreational marijuana use is legal only as determined by specific state law.*
>
> *3. The American Osteopathic Association recognizes that the use of marijuana is an evolving field of research, and thus, encourages the NIH and other research entities to conduct research on the effects of cannabis use on cognition as well as the public health implications of marijuana use.*
>
> *4. The American Osteopathic Association shall review its policy in light of any new evidence that will be generated by research entities and update this policy as necessary.*

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Action Taken: APPROVED AS AMMENDED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-03

Subject: PHYSICAL HEALTH: INTRINSIC ASPECT OF MENTAL HEALTH FOR MEDICAL STUDENTS

WHEREAS, on an international basis, the World Health Organization establishes the risk that a sedentary lifestyle poses, and stated the following:

> "Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally"[5]; and

WHEREAS, the World Health Organization further specifies the health benefits of regular physical activity, and stated the following:

> "...it can reduce the risk of cardiovascular diseases, diabetes, colon and breast cancer, and depression. Moreover, adequate levels of physical activity will decrease the risk of a hip or vertebral fracture and help control weight"[5]; and

WHEREAS, studies published by the journal Medicine suggest that burnout deters the empathy of medical professional to their patients and mechanisms to prevent that, stating the following:

> "...findings suggest that the empathy of emergency professionals is associated with burnout. Hence, reducing professional burnout could help keep emergency professionals' empathy levels high, which in turn would ensure a better quality of care."[4]; and

WHEREAS, studies published by the journal PeerJ suggest that consistent physical activity can help diminish burnout, stating the following:

> "...[studies] found that exercise reduced the proportion of the sample experiencing high levels of burnout by more than half whilst also showing variances in the different aspects of stress and burnout dependent on the type of exercise conducted…Organisations wishing to proactively reduce burnout can do so by encouraging their employees to access regular exercise programs"[3]; and

WHEREAS, research published by the journal Annals of Medical and Health Sciences Research suggests that student physicians who maintain physical fitness have an increased probability of counseling their patients to adopt such behaviors[1]; and

WHEREAS, evidence published by the Annals of Medical and Health Sciences Research suggests curricula can influence the physical wellness of medical students and their future patients, stating the following:

> "Curricula that include personal health and lifestyle assessment may motivate students to adopt healthier practices and serve as role models for patients"[1]; and

WHEREAS, a study from the American Journal of Lifestyle Medicine found that physically active physicians were greater physical activity role models to their patients[6]; and

WHEREAS, an article published by the Oregon State University College of Public Health and Human Sciences notes exercise is largely absent from the medical school curriculum and physicians lack the education, skills or confidence to educate and counsel patients about their physical activity[7]; and

WHEREAS, Western University College of Osteopathic Medicine of the Pacific addresses the fitness needs of its students by implementing programs encouraging physical wellness via weekly fitness challenges, mindfulness exercises, and healthy eating habits, helping students to increase concentration and reduce anxiety; and

WHEREAS, while mental health awareness is being addressed through the joint task force of the Council of Osteopathic Student Government Presidents and the Mental Health Awareness Task Force, physical health must also be recognized for its role in the comprehensive health of students and patients[2]; now, therefore, be it

RESOLVED, that promoting physical wellness also become a priority for the Student Osteopathic Medical Association (SOMA) by establishing either a national board position or a task force focused on physical fitness.

Explanatory Statement

As a SOMA chapter advocating for physical health as a means to ensure mental health, our goal is to create forward movement in promoting the physical wellness of medical students, thereby improving both performance and morale as future osteopathic physicians. We are open to any ideas in how to approach this, which is why we have included options as part of our resolved statement.

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Action Taken: REFERRED TO AUTHOR

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-04

Subject: STANDING AGAINST RESTRICTIVE HOUSING AND SOLITARY CONFINEMENT FOR JUVENILE INMATES OF PRISON SYSTEMS IN THE US

WHEREAS, the United States (U.S.) Department of Justice defines restrictive housing as the removal of inmates, subsequent placement in a cell isolated from the general prison population, and an inability to leave the room for 22 hours or more[1]; and

WHEREAS, although there is no universal definition of solitary confinement, the United Nations General Assembly Interim Report defines it as "the physical and social isolation of individuals who are confined to their cell for 22 to 24 hours a day,"[2]; and

WHEREAS, more than 95,000 youths under the age of 18 were placed in jails and prisons throughout the United States in 2011, and while tracking data for the prevalence of the use of solitary confinement and/or restrictive housing among juveniles is not publically available, the practice is known to be widespread throughout the U.S.[3]; and

WHEREAS, juvenile inmates can be placed under solitary confinement without a definitive court decision [4]; and

WHEREAS, incarceration alone yields unintentional but inevitable consequences for the mind, solitary confinement amplifies the risk of anxiety, depression, psychosis and self harm according to both the American Psychological Association and American Academy of Child and Adolescent Psychiatry [3,4,5,6]; and

WHEREAS, although the body is not the object of penalization in prison systems, the mind-body connection alone yields unintentional but inevitable consequences on wellness[7]; and

WHEREAS, according to the World Health Organization, the life expectancy of individuals with severe mental health disorders is 10-25 years less than the general population. Physical manifestations of disease in persons with severe mental health disorders include cardiovascular disease, type II diabetes, respiratory disease, and infections such as HIV, hepatitis, and tuberculosis [8]; and

WHEREAS, inmates who were ever assigned to solitary confinement are 3.2 times as likely to commit acts of self-harm**,** and of the juveniles that complete suicide in prison, half of those victims were in isolation at the time of suicide, and 62% of those same individuals had a history of solitary confinement [9,10]; and

WHEREAS, federal legislation including the MERCY Act and the Protecting Youth from Solitary Confinement Act have already been introduced in the U.S. Senate and House of Representatives respectively, and still, 21 states and the federal government have no laws restricting the use of solitary confinement and/or restrictive housing among youths [6,11, 12]; and

WHEREAS, the American Academy of Pediatrics cites the findings of the UN Convention on the Rights of the Child in advocating for the abolishment of the use of solitary confinement and isolation for incarcerated youth [13]; and

WHEREAS, the U.S. Supreme Court reaffirmed in *Miller v. Alabama* that the ultimate purpose of the juvenile prison system is rehabilitation, and restrictive housing limits opportunities to participate in programing aimed towards this end [6, 14]; and be it

RESOLVED, that the official position of the Student Osteopathic Medical Association (SOMA) is that youth incarceration is meant to be rehabilitation and that the use of juvenile solitary confinement and/or restrictive housing imparts serious psychological and physical harms; and be it further

RESOLVED, that the Student Osteopathic Medical Association stand against the use of solitary confinement and/or restrictive housing of juveniles in prison systems; and be it further

RESOLVED, that the Student Osteopathic Medical Association recommends the American Osteopathic Association (AOA) adopts these or equivalent positions

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Action Taken: APPROVED AS AMMENDED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-05

Subject: ACCESS TO HEALTH CARE AND HEALTH INSURANCE

WHEREAS, the percentage of uninsured people in America was 8.8% in 2016 which is equivalent to 28.1 million people[1]; and

WHEREAS, the U.S. consistently ranks lower than nearly every other developed nation on measures of health system quality, efficiency, access to care, equity, and healthy living [2,3]; and

WHEREAS, the high cost of healthcare contributed to 62.1% of all bankruptcies in the U.S.[4]; and

WHEREAS, this high cost is devastating even for those with insurance as the average out of pocket costs for medically bankrupt families was $17,943 and 69.2% of the debtors or dependents in medical bankruptcy were insured when they filed for bankruptcy[4]; and

WHEREAS, billing and insurance-related activities in the U.S. health care system totaled $471 billion in 2012 and a Medicare for All financing system is projected to result in administrative cost savings exceeding $350 billion annually[5]; and

WHEREAS, a Medicare for All system is estimated to save at least $200 billion annually in total healthcare spending "by eliminating the high overhead and profits of the private, investor-owned insurance industry and reducing spending for marketing and other satellite services" [6]; and

WHEREAS, AOA H314-A/13 says "The American Osteopathic Association has a priority goal to encourage the US Congress for passage of legislation to further the national health care debate; that this public debate address the major issues that threaten the ability of osteopathic physicians to provide quality cost-efficient health care to their communities, including the availability of affordable health insurance for all citizens…and that follow up activity assures that Congress enacts the appropriate legislation that assures the accomplishments of the above-listed goals" [7]; and

WHEREAS, in a 2016 Gallup poll, 58% of American citizens approve replacing the ACA with a federally funded health care system that provides insurance for all Americans[8]; and

WHEREAS, in another 2016 Gallup poll, 77% of people on Medicare said they were happy with their health insurance, compared with 69% of people on employer funded insurance and 65% of people on private self-paid insurance[9]; and

WHEREAS, the following organizations have already come out in support of a Medicare for All bill, House Resolution 676: American Association of Community Psychiatrists, National Medical Association, American Medical Association-Medical Student Section, American Medical Student Association, American Medical Women's Association, American Nurses Association, American Public

Health Association, National Nurses United, National Association of Social Workers, National Health Care for the Homeless Council[10]; and, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocates for and supports an expanded and improved "Medicare for All" single payer health care system in the United States defined as a single public insurer providing health insurance to include coverage for all medically necessary services including doctor, hospital, preventive care, long term care, mental health care, reproductive health care, dental care, vision care, and prescription drug and medical supply costs for all residents of the United States with no out-of-pocket costs or copays; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) advocates for and supports an expanded and improved "Medicare for All" single payer health care system in the United States defined as a single public insurer providing health insurance to include coverage for all medically necessary services including doctor, hospital, preventive care, long term care, mental health care, reproductive health care, dental care, vision care, and prescription drug and medical supply costs for all residents of the United States with no out-of-pocket costs or copays.

Explanatory Statement

Medicare for all is a system in which a single public or quasi-public agency organizes health care financing, but the delivery of care remains largely in private hands. Such a system would provide insurance covering all medically necessary care as listed above at no out of pocket cost to all residents of the United States and does not call for or create a socialized delivery of care system. There are currently two Medicare for All bills in Congress, one in the House of Representatives and one in the Senate, HR 676 and S-1804. HR 676 is co-sponsored by 117 representatives and S-000 is co-sponsored by 16 senators.

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Action Taken: APPROVED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-06

Subject: CHANGE TO NATIONAL STUDENT OSTEOPATHIC MEDICAL ASSOCIATION BUDGET FISCAL YEAR

WHEREAS, the current Student Osteopathic Medical Association (SOMA) fiscal year is July 1st to June 30th; and

WHEREAS, the annual membership drive begins June 1st of each year; and

WHEREAS, SOMA is newly affiliated with the AOA; and

WHEREAS, the American Osteopathic Association (AOA) fiscal year is June 1st to May 31st; and

WHEREAS, aligning the SOMA and AOA fiscal years will strengthen SOMA's governance and organization AOA; now, therefore, be it

RESOLVED, that the Constitution of the Student Osteopathic Medical Association be amended such that Article XI, Section 2, Fiscal Year, shall read

> *The fiscal year of this Association shall be from ~~July~~ **June** 1st through ~~June 30th~~ **May 31st** of each year. The books of account of the Association shall be closed as of the last day of ~~June~~ **May** in each year.*

Submitted by:
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Katharyn Cassella, OMS IV - Marian University College of Osteopathic Medicine

Action Taken: APPROVED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-07

Subject: CHANGE TO NATIONAL STUDENT OSTEOPATHIC MEDICAL ASSOCIATION BUDGET PUBLICATION

WHEREAS, the current Student Osteopathic Medical Association (SOMA) National Budget is expected to be published on the SOMA website and distributed to chapter leaders; and

WHEREAS, historically this has not been accomplished due to changes to the website and no established way to distribute the budget; and

WHEREAS, the website is public to all and does not limit who can view National SOMA financial matters; and

WHEREAS, to ensure transparency to chapter leaders at the time soonest to the approval of the budget and ensure all questions and comments are clearly discussed; now, therefore, be it

RESOLVED, that the Constitution of the Student Osteopathic Medical Association be amended such that Article XI, Section 1, Annual Budget, shall read

> *The National Treasurer shall submit, ~~by July 1st~~ by June 1st, a National SOMA Budget Proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be ~~distributed to each constituent chapter and published on the National SOMA website~~* ***presented at the annual Fall Convention to the chapter leaders and available to all chapters upon request.*** *All funding policies shall be outlined in the Governing Policies.*

Submitted by:
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Action Taken: APPROVED AS AMMENDED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-08

Subject: URGE CONGRESS TO RETAIN DACA PROTECTIONS

WHEREAS, on June 15, 2012, President Obama announced the program, Deferred Action for Childhood Arrivals (DACA), which would bring changes to policies within the Department of Homeland Security, granting those who came to the U.S. before the age of 16 an opportunity to request deferred action for a period of two years and also become eligible for work authorization, subject to renewal processes[1]; and

WHEREAS, one was eligible to request to be protected under DACA if one: 1. Were under the age of 31 as of June 15, 2012; 2. Came to the United States before reaching their 16th birthday; 3. Have continuously resided in the United States since June 15, 2007, up to the present time; 4. Were physically present in the United States on June 15, 2012, and at the time of making their request for consideration of deferred action with United States Citizenship and Immigration Services (USCIS); 5. Had no lawful status on June 15, 2012; 6. Are currently in school, have graduated or obtained a certificate of completion from high school, have obtained a general education development (GED) certificate, or are an honorably discharged veteran of the Coast Guard or Armed Forces of the United States; and 7. Have not been convicted of a felony, significant misdemeanor, or three or more other misdemeanors, and do not otherwise pose a threat to national security or public safety[1]; and

WHEREAS, 800,000 young adult unauthorized immigrants ("DREAMers") have been protected against deportation since June 2012[3]; and

WHEREAS, 69% of DREAMers got a job with better pay, 61% opened their first bank account, 65% bought first car, 65% pursued education opportunities they previously could not[7]; and

WHEREAS, a 2017 study revealed that the average age at which DACA recipients arrived in the US was 6-and-a-half years old[7]; and

WHEREAS, the Association of American Medical Colleges (AAMC) predicts that the doctor shortage will rise between 40,800 and 104,900 by 2030, as the population ages and more people gain access to health coverage[5]; and

WHEREAS, the American Medical Association (AMA) estimates that the DACA program could add 5,400 previously ineligible physicians into the medical workforce in the coming decades[2]; and

WHEREAS, the AMA believes that removing those with DACA status will create care shortages for rural and other underserved areas because DACA physicians are more likely to work in high-need areas where communities face challenges in recruiting other physicians[2]; and

WHEREAS, DACA-protected physicians tend to be bilingual and come from more diverse cultural backgrounds which help them better understand the challenges that certain communities ethnic communities face[2]; and

WHEREAS, there are currently 65 DACA-protected students enrolled in medical school and 12 in residency programs[4]; and

WHEREAS, the AAMC estimates a single physician regularly takes care of an average of 1,500 patients a year, thus multiplying the 65 DACA status students currently in medical school by 1,500 totals to nearly 100,000 future patients who will be affected if these students are unable to finish their medical training[4]; and

WHEREAS, on September 5th 2017, the current administration announced that DACA will be "phased out" in six months and urged Congress to act by March 2018[6]; and

WHEREAS, the American Medical Association, Latino Medical Student Association, American College of Physicians, American Academy of Pediatrics, Association of American Medical Colleges, and over 9,000 medical students have spoken in support of DACA medical students and support congress passing legislation to retain DACA protections[2]; and now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) supports DACA medical students, residents and physicians; and, be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) supports and urges Congress to pass legislation that would retain DACA protections; and, be it further

RESOLVED, that SOMA recommends the American Osteopathic Association (AOA) to adopt these or equivalent position.

Explanatory Statement

In 1986, President Reagan signed the Immigration Reform and Control Act, which attempted to increase accountability of employers' hiring practices and legalized immigrants who entered the United States unlawfully before 1982.

In 1996 President Clinton signed the Illegal Immigration Reform and Immigrant Responsibility Act, which significantly increased punishment for unlawful presence in the United States, resulting in deportation and a ten-year ban from the country unless a waiver was obtained.

In 2001, the DREAM Act was introduced in the Senate as a bipartisan bill by Sen. Orrin Hatch (R-UT) and Sen. Maria Cantwell (D-WA), which sought an multi-step approach that would first grant conditional residency for "alien minors" in the United States and, after meeting further qualifications, permanent residency.

After decades of debate, the U.S. Congress has not appropriately answered the call to find humane immigration solutions. DACA is not a comprehensive immigration plan. It has been an attempt to provide a short-term solution for young people who were brought to the United States unlawfully at no fault or decision of their own. These are young people who often only know this country and want to be a part of its fabric.

In addition to retaining DACA protections, the writers of this resolution would also hope for a comprehensive immigration plan at a later time, but for now, this is an immediate call for protecting DACA beneficiaries, so they have a lawful way to work or attend school and continue to contribute to this country that they call home.

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Action Taken: APPROVED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-09

Subject: INCREASING THE EDUCATION AND PREVENTATIVE PRESCRIBING OF NALOXONE USE FOR OPIOID OVERDOSE

WHEREAS, the overall rate of drug overdose and overdose related deaths are rapidly increasing nationwide with opioids and opiates implicated in the vast majority of cases[1,2]; and

WHEREAS, according to the Center for Disease Control and Prevention (CDC), the number of reported deaths from drug overdose has increased 8.6-fold from 1980 to 2015[1,2]; and

WHEREAS, in 2015, 52,404 deaths were due to drug overdose with opioids/opiates accounting for 73.7% (38,597 deaths)[2]; and

WHEREAS, the CDC's National Center for Health Statistics (NCHS) reports, "In 2015, the percentage of drug overdose deaths involving heroin (25%) was triple the percentage in 2010 (8%)."[2]; and

WHEREAS, on July 22, 2016, The Comprehensive Addiction and Recovery Act (P.L. 114-198) (CARA) was signed into law[3]. The law represents a comprehensive effort to address the opioid epidemic in our nation by encompassing all six pillars necessary for such a coordinated response – prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal; and

WHEREAS, the AOA in the past has applauded Congress for passing the Comprehensive Addiction and Recovery Act (CARA)[4]; and

WHEREAS, population analysis from the Boston Community-bystander Overdose Educational and Naloxone Program has demonstrated lower rates of overdose death in towns with over 150 individuals trained in the use of intranasal naloxone per 100,000 people[5]; and

WHEREAS, as of February 2nd, 2016 Naloxone may be dispensed with a prescription in all 7,800 CVS stores nationwide with 14 states allowing non-prescription sale of Naloxone[6]; and

WHEREAS, Naloxone does not have abuse potential since it does not produce subjective effects or physical dependence and is only effective when opioids are present[7]; and

WHEREAS, data from the CDC reported that after the implementation of community-based training programs and distribution of Naloxone to 53,032 persons in 2010, nearly 10,171 successful overdose reversals were achieved[8]; now, therefore be it

RESOLVED, the American Osteopathic Association supports preventative prescribing of Naloxone and the education and training of its use for patients at risk of overdose, family members, and caregivers, in order to prevent opioid related deaths.

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Action Taken: APPROVED AS AMMENDED

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-10 (late)

Subject: REGULATING TUITION INCREASES IN OSTEOPATHIC MEDICAL COLLEGES

WHEREAS, the mean debt for medical students graduating with loans in 1986 was $32,000, which is approximately $70,000 in 2017 dollars, and in 2014, mean medical education debt among Osteopathic Medical Colleges was $215,000[2], an approximately 205% increase when correcting for inflation[1]; and

WHEREAS, the mean total tuition and fees across all Osteopathic medical colleges has risen from $33,290 in 2008-09, which is equivalent to $35,533 in 2016-17 dollars, to $45,661 in 2016-17, therefore, adjusted for inflation, tuition has increased 28.5% over the last eight years, or an average of 3.56% per year [3,4]; and

WHEREAS, from 2008-09 to 2016-17, there has been seven instances where an Osteopathic Medical College increased tuition by over 10% from a previous year, including one case where tuition was raised over 20% from the previous year, and one case where tuition was raised over 30% from the previous year[3]; and

WHEREAS, yearly tuition increases of this magnitude place unplanned financial burdens on students and may prevent students from being able to continue their medical education after they have already begun; and

WHEREAS, a cap on the amount that tuition can increase each year, whether in the form of a maximum percent increase or set dollar amount, would allow medical students to fully plan for the entire financial burden of their medical education prior to matriculation; and

WHEREAS, a cap on the amount that tuition can increase each year will prevent tuition costs from rising significantly faster than inflation [5,6]; and, therefore, be it

RESOLVED, that the Student Osteopathic Association (SOMA) advocate for the creation of tuition increase caps or, if caps are not possible, pre-defined tuition increases, so that medical students have an accurate understanding of tuition and fee costs throughout the entirety of their enrollment; and be it further

RESOLVED, that SOMA oppose legislation and regulations that would result in significant unplanned increases in medical school tuition; and be it further

RESOLVED, that the American Osteopathic Association (AOA) advocate for the creation of tuition increase caps or, if caps are not possible, pre-defined tuition increases, so that medical students have an accurate understanding of tuition and fee costs throughout the entirety of their enrollment; and be it further

RESOLVED, that the AOA oppose legislation and regulations that would result in significant unplanned increases in medical school tuition.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 10/8/17

Effective Time Period: Ongoing

Resolution: F-17-11 (late)

Subject: MANDATE NUTRITION EDUCATION AND LIFESTYLE COUNSELING IN THE MEDICAL CURRICULUM

WHEREAS, 900,000 Americans die every year from heart disease, cancer, chronic lower respiratory diseases, strokes, and unintentional injuries according to the Centers for Disease Control and Prevention (CDC) with 20-40% of those deaths being preventable with lifestyle changes[1]; and

WHEREAS, the World Health Organization (WHO) predicts that by 2020 two-thirds of all disease with be the result of lifestyle choices[2]; and

WHEREAS, despite its proven ability to decrease the rate of preventable diseases, only 30% of U.S. Health Professionals have provided exercise counseling over the last 12 months[2]; and

WHEREAS, it is shown that nutritional education results in patients making healthy life choices, thus decreasing the prevalence of chronic diseases[3]; and

WHEREAS, 71% of incoming medical students believe nutrition is clinically important, but only 14% of physicians believe they were adequately trained to counsel their patients on nutrition[4]; and

WHEREAS, it is recommended medical schools teach 25 hours of nutrition education minimally across all four years[4]; and

WHEREAS, of the 26 US College of Osteopathic Medicine (COM) schools that replied to a survey conducted by Nutrition In Medicine (NIM) Program only four meet the recommended minimum of 25 hours of nutritional education, eight provided less than half the recommended, and the average was only 15.7 hours, with most of this being incorporated into biochemistry classes[5]; now, therefore be it

RESOLVED, that the AOA Commission on Osteopathic College Accreditation (COCA) mandate all osteopathic medical schools to include twenty hours of nutritional education and five hours of lifestyle counseling as part of the curriculum; and, be it further

RESOLVED, that the AOA encourages the National Board of Osteopathic Medical Examiners (NBOME) to integrate questions pertaining to nutritional education and lifestyle counseling on the COMLEX Level 1 and 2.

Explanatory Statement

If nutrition and lifestyle counseling education is not included as part of the COMLEX then students will not pay as much attention to it since it would not be considered "board relevant information."

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Action Taken: REFERRED TO AUTHOR

Date: 10/8/17

Effective Time Period: Ongoing

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Resolution: S-17-01

Subject: LONGITUDINAL APPROACH TO CULTURAL COMPETENCY DIALOGUE ON ELIMINATING HEALTHCARE DISPARITIES

WHEREAS, the Institute of Medicine (IOM) defines racial healthcare disparities as "racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention"[2]; and

WHEREAS, in our nation, minorities tend to receive a lower quality of health care than non-minorities, even when patients' socioeconomic differences, such as insurance status and income, are controlled[2]; and

WHEREAS, the American Medical Association emphasizes that the profession can increase awareness of racial and ethnic disparities in healthcare, as well as the role of professionalism and professional obligation of physicians, in efforts to reduce them by engaging in open and broad discussions about the issues within the medical school curriculum[9]; and

WHEREAS, a needs assessment for medical student cultural competency training revealed that "…many of the participating students—38.8 % of the total—do not view an understanding of diverse patient cultural beliefs as important or very important in the provision of effective patient care, and more than one-third of the total (33.8 %) are uncomfortable with and unsure about how to approach culture-related issues arising in patient care" [8]; and

WHEREAS, cultural competency is seen by American College of Graduate Medical Education as an important factor of "patient care, professionalism, and interpersonal and communication skills" [10]; and

WHEREAS, promoting awareness of structural forces serves as a first step toward recognition of the relationship between interpersonal networks, environmental factors, and political/socioeconomic forces that surrounds clinical encounters and a better understanding of the cross cultural conversations that take place there within [3]; and

WHEREAS, the introduction of a longitudinal cultural competency curriculum during the undergraduate medical education that combines classroom lectures with interactive components, such as standardized patient exercises and clinical clerkships, will help medical students gain the cultural competency skills needed to reduce healthcare disparities [7]; and

WHEREAS, according to the Cochrane group meta-analysis, cultural competency education has shown improvements in the care of patients from culturally and linguistically diverse backgrounds [4]; and

WHEREAS, the dialogue on health disparities should include historical and institutional implications, environmental factors, cultural considerations, and the production of symptoms or gene methylation by the influence of socioeconomic forces, in order to present knowledge about

diseases and bodies in combination with expert analysis of social systems to help put notions of structural stigma at the center of conceptualizations of illness and health[3]; and

WHEREAS, to assist medical schools in their efforts to integrate cultural competency content into their curricula, the AAMC, supported by a Commonwealth Fund grant , has developed the Tool for Assessing Cultural Competence Training (TACCT)[1]; and

WHEREAS, a revised, more user-friendly TACCT has been offered as a resource for for approaching integration of cultural competency training within medical school curricula[5]; and

WHEREAS, "…the process of becoming a culturally competent clinician is to have the fundamental attitudes of empathy, curiosity, and respect that are constantly being reshaped by self-reflection"[6]; therefore let it be

RESOLVED, that the Student Osteopathic Medical Association recommends that the AOA encourages all osteopathic medical institutions in the US to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician's role in eliminating racial health care disparities in medical treatment as a first step approach to integration into a longitudinal curriculum throughout UME years 1-4.

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Action Taken: NOT APPROVED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-02

Subject: PREVENTION AND MAINTENANCE OF BURNOUT IN MEDICAL STUDENTS AND RESIDENTS

WHEREAS, burnout syndrome has been characterized by three main areas of symptoms: emotional exhaustion, alienation from (job-related) activities, and reduced performance[1]; and

WHEREAS, medical students experience burnout rates at a prevalence ranging from 28 to 45% and residents experience burnout rates ranging from 27 to 75% based on their specialty (which may continue from med school to residency to professional life)[2]; and

WHEREAS, between 22 and 60% of practicing specialists and general practitioners have experienced burnout[3]; and

WHEREAS, physician shortages in 2025 have been projected to range from 61,700 to 94,700 fulltime-equivalent physicians from an analysis comparing each of five scenarios commonly expected to affect physician supply (e.g., early or delayed retirement of physicians) to each of six scenarios expected to affect the demand for physician services (e.g. changing demographics) over the next decade (14,900 to 35,600 primary care physicians and 37,400 to 60,300 non-primary care specialists)[4,5]; and

WHEREAS, a 2016 Austrian study demonstrated that physicians with mild, moderate, and severe burnout, as measured by the Hamburg Burnout Inventory, have elevated odds ratios of 2.99, 10.14, and 46.84, respectively, of suffering from major depression according to the Major Depression Inventory[6]; and

WHEREAS, using an economic model, the costs of loss of service due to early retirement from burnout were found to be $255,830 per physician per year, with the average early retirement occurring 26 years prior to anticipated retirement[7]; and

WHEREAS, burnout is associated with errors[8], with over half of the articles in Hall and Johnson's review finding that poor wellbeing, which included depression, anxiety, job stress, mental health, and distress, was associated with poorer patient safety, and that 21/30 studies measuring burnout found that more errors were significantly associated with health practitioner burnout; and

WHEREAS, a Swiss study[9] found that higher individual burnout scores were related to poorer overall safety scores and that emotional exhaustion was an independent predictor of standardized mortality ratio, and postulates that emotionally exhausted clinicians curtail performance to focus on only the most necessary and pressing tasks, and may also have impaired attention, memory, and executive function, which decreases their recall and attention to detail; and

WHEREAS, doctors have an increased risk of depressive symptoms[10], and suicidal thought level was high amongst medical students, and in the first postgraduate year, mental distress was the most important predictor[11]; and

WHEREAS, 15% of year one students demonstrated lifetime prevalence of mental health problems, 31% of students began exhibiting mental health problems without seeking help at term two, and 14% reported in term three that they had problems in term two, meaning that, overall, a third of students reported mental health problems during the first three years, and that intervention should focus on both individual problems and contextual stress[12,13]; and

WHEREAS, the Maslach Burnout Inventory (MBI), consisting of 22 items that measure all three burnout dimensions is the most frequently used, highly regarded questionnaire for burnout in medical research literature[14]; and

WHEREAS, the MBI exists to assess emotional exhaustion, depersonalization, and personal accomplishment in health professionals, and has recently been updated to reflect a portion for students; and

WHEREAS, the overlap between burnout and major depression has been implicated[6]; now, therefore, be it

RESOLVED, that our SOMA recommend to the AOA to promote the use of tools to measure burnout for medical students and physicians, such as the MBI; and, be it further

Explanatory Statement

Existing literature indicates that burnout is prevalent during medical school; with major US multi-institutional studies estimating that at least half of all medical students may be affected by burnout during their medical education. Studies show that burnout may persist beyond medical school, and is, at times, associated with psychiatric disorders and suicidal ideation. Studies on burnout suggest that it causes changes in professional behavior, attitude and competency, safety and quality of care, career or specialty decision-making, and individual risk behaviors and ideas.

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Action Taken: NOT APPROVED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-03

Subject: INCREASED SOMA AND AOA PROMOTION OF PRIMARY CARE AND OSTEOPATHIC MANIPULATIVE MEDICINE RESEARCH

WHEREAS, in 2016 of the approximately $12 billion given to medical schools by the NIH, only about $23 million (.19%) was granted to colleges of osteopathic medicine[1]; and

WHEREAS, 94% of allopathic medical schools received some type of NIH funding as compared to just 33.3% of osteopathic medical schools[1]; and

WHEREAS, "Schools of Osteopathic Medicine" ranked last among the 10 different types of educational institutions receiving NIH funding, in the fiscal year of 2016[1]; and

WHEREAS, in the 5-year period from 2006 to 2010, 28 colleges of osteopathic medicine combined to produce only 1843 publications[2] which is fewer than 15 publications per year per school, and more than a quarter of these publications had never been cited[3]; and

WHEREAS, a survey of the 2015-2016 osteopathic medical school graduates, reported that only 2% of their time during their clerkship years was devoted to research endeavors, and 47% of the students felt that an inadequate amount of time was devoted to learning research techniques[4]; and

WHEREAS, of the $12 billion awarded to medical schools only $370 million (3.08%) was dedicated to Family Medicine and Public Health & Preventative Medicine[5]; and

WHEREAS, from FY2006 until FY2012, only 2.64% (180 of 6809) of active research contracts and grants at osteopathic medical schools had a subject of "OMT/OPP + Other"[6]; and

WHEREAS, "the mission statements of a majority of colleges of osteopathic medicine (COMs) mention the goal of producing primary care physicians" [7]; and

WHEREAS, primary care research may be a niche for COMs to increase research activity and engagement due to their emphasis on a primary care focused education and location in underserved areas[7,8]; and

WHEREAS, creating research partnerships between COMs and primary care departments such as pediatrics, internal medicine, and family medicine is mutually beneficial for both advances in patient care and osteopathic research[8,9]; now, therefore, be it

RESOLVED, that Student Osteopathic Medical Association and the American Osteopathic Association advocate for the furthering of both primary care and osteopathic manipulative medicine research and publications out of the colleges of osteopathic medicine schools*;* and be it further

RESOLVED, that SOMA and the AOA work to create more opportunities and implement support for osteopathic medical students participating in research.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-04

Subject: INCLUSION OF HUMAN TRAFFICKING TRAINING IN OSTEOPATHIC MEDICAL SCHOOL CURRICULA

WHEREAS, an estimated 21 million people are victims of forced labor worldwide, 15,000-60,000 foreign people are trafficked into the United States annually, and more than 200,000 American children are estimated at high risk for trafficking into the sex industry each year[1,2]; and

WHEREAS, the healthcare sector is one of the fields with the highest exposure to trafficking victims; and

WHEREAS, the American Osteopathic Association acknowledges human trafficking as a violation of human rights and a global public health problem, and encourages osteopathic physicians to be aware of the signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking[3]; and

WHEREAS, between 68 and 90 percent of people who are trafficked end up in a clinic, an emergency department, or the doctor's office at some point while being exploited[4,5]; and

WHEREAS, an anonymous nation-wide health care survey of sex and labor trafficking victims conducted by the Department of Health and Human Services found that 39 percent of respondents had contact with emergency departments, 29 percent with primary care providers, 17 percent with obstetrician and gynecologists, 17 percent with dentists, and three percent with pediatricians[6]; and

WHEREAS, studies have found that around 97 percent of emergency room healthcare personnel surveyed had not received training on how to identify and/or respond to human trafficking and one study found only 13 percent of the emergency department study participants felt confident or very confident that they could identify a victim of human trafficking[7,8]; and

WHEREAS, osteopathic medical schools are lacking formal training regarding identifying and responding to human trafficking in their curricula; and

WHEREAS, despite the lack of formal training in their curricula, student groups at several osteopathic medicals schools have organized their own human trafficking awareness and training events, indicating meaningful interest in receiving human trafficking training[9,10,11]; and

WHEREAS, osteopathic medical schools have an unmatched opportunity to provide training of this nature to all future osteopathic physicians, regardless of specialty, before they formally enter the clinical setting where they may encounter human trafficking, increasing the likelihood of helping human trafficking victims; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) supports the inclusion of healthcare-related human trafficking identification and response training in all osteopathic medical schools and graduate medical education curricula

Explanatory Statement

Human trafficking is an intolerable extortion of our society and healthcare professionals are uniquely positioned to help fight it. Human trafficking victims seek care from physicians of various specialties, and as emergency personnel become better at detecting human trafficking victims, victims likely will be forced to seek care in other settings, e.g. primary care offices and urgent care centers. The authors of this resolution believe that increased training for all healthcare personnel on this subject has the potential to save many lives.

The purpose of this resolution is not to be definitively prescriptive on our medical schools. Many osteopathic medical schools offer some method of formal training in their curricula on comparable topics, like identifying and treating victims of domestic violence. However, few, if any, offer similar formal training regarding human trafficking victims. It is our intent that SOMA will recognize the importance of this issue and sponsor our position to osteopathic medical colleges and COCA. Their combined support would further encourage osteopathic schools to expose this nationwide issue and find ways to incorporate human trafficking training their curricula, and thus help victimized patients.

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Action Taken: APPROVED AS AMENDED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-05

Subject: PROTECTING FUTURE D.O. GRADUATES BY ENHANCING COCA STANDARDS THROUGH ADVOCATING FOR A RESIDENCY PLACEMENT FLOOR REQUIREMENT

WHEREAS, to meet the 30% increase in class size as recommended per the Association of American Medical Colleges [1] there was a 6% increase in allopathic medical school matriculation from 83,357 in 2013 to 88,304 in 2016, and 9.5 % increase in osteopathic medical school matriculation between 2013-2016 from 6,135 to 6,778. [2,3]

WHEREAS, 7 new branch campuses of existing osteopathic schools have been established since 2014, there are currently 7 new provisionally accredited osteopathic schools, an additional 14 osteopathic medical schools that have applicant status per Commission on Osteopathic College Accreditation [4,5] and 11 allopathic schools with preliminary or provisional accreditation status with the Liaison Committee on Medical Education. [6]

WHEREAS, the merger of Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) residency programs will place osteopathic medical graduates in direct competition with international medical graduates, and the number of international medical graduate residency applicants has increased by more than 25 percent since 2012, and the number of international medical graduates accepted to ACGME residency programs has increased annually since 2012. [7,8]

WHEREAS, before the single accreditation system, AOA residency spots were protected exclusively for osteopathic medical students, but now nearly twenty thousand allopathic school graduates are eligible to apply to transitioning AOA residencies, [9] representing a drastic increase in competition for previously osteopathic protected AOA spots.

WHEREAS, between the years 2013 and 2015, there has only been a 3% increase in new ACGME residency programs while there has been a 6% increase in allopathic total class size, with nearly 20,000 allopathic graduates competing for 27,000 positions, [10,11,12] and approximately 7,000 osteopathic graduates competing for 2,500 AOA residency positions in 2015. [13,14]

WHEREAS, as of November 2nd, 2016, only 58.3 % of AOA residencies have underwent transition to ACGME or began an application to do so. [15]

WHEREAS, “Osteopathic Recognition” served as a mechanism to enhance osteopathic student’s prospects in residency matching, however only 85 of the 700 AOA residencies that have switched over to ACGME have applied for “Osteopathic Recognition.” [16]

WHEREAS, in 2012, COCA enacted guideline 8.3 recommending all Colleges of Osteopathic Medicine (COM) “strive to place 100% of their graduates into Graduate Medical Education programs”, and stated that “at a minimum this retrospective data should demonstrate a rolling average final placement rate of 98%.” [17] The part of the guideline beginning “at minimum…” was

removed in 2016 from standard 8.3 and currently standard 8.3 only reflects a loose recommendation of 100% without any minimum expectation.[18]

WHEREAS, there is evidence that ACGME programs have discriminated against osteopathic medical school graduates in the past within the context of both residency selection and 4th year undergraduate rotation eligibility. [19]

WHEREAS, currently the osteopathic graduate placement rate is 99.61%, [20] but no protection is in place to ensure this number remains high.

RESOLVED, that the Student Osteopathic Medical Association (SOMA) adopt an official position to the Commission of Osteopathic College Accreditation (COCA) that all Colleges of Osteopathic Medicine be required to maintain a 95% graduate placement rate over a 3 year average; and be it further

RESOLVED, that failure of meeting this requirement result in disciplinary action at the discretion of COCA**.**

Explanatory Statements

Former guideline 8.3 by COCA was not a hard floor requirement, but was a recommendation. The recommendation was made more lenient in 2016. This resolution aims to establish a requirement in the same spirit of the original "minimal…" aspect of guideline 8.3 that used to exist in COCA standards before 2016.

Currently, the LCME does not have a comparable requirement. The situation of LCME accredited schools and graduates however is markedly different from that of COCA accredited schools in that LCME graduates do not experience significant issues matching into ACGME programs nor is there any research revealing any past or current discrimination on part of program directors towards LCME accredited medical school graduates.

Currently, there is not sufficient data available to show placement rates for each individual COM, however overall it is known that DO placement rate is roughly 99.61%. This resolution is a preventive measure.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-06

Subject: STANDING AGAINST SEXUAL ORIENTATION CHANGE EFFORTS (SOCE)

WHEREAS, homosexuality is not a mental disorder[1] and was removed from the Diagnostic and Statistical Manual (DSM) in 1973[2]; and

WHEREAS, rejecting a person's sexual identity and treating it as a mental disorder has long-term consequences for a person's mental and physical health[3 4 5]; and

WHEREAS, Sexual Orientation Change Efforts (SOCE) are practices that purports to change a person's sexual identity through methods that may include sexual violence, exercises involving nudity and intimate touching, aversion therapy and psychotherapy[6 7]; and

WHEREAS, there is strong evidence indicating that SOCE has severely negative outcomes on a person's mental and physical health that include: depression, suicidal thoughts, social withdrawal, substance abuse, decreased self-esteem and sexual dysfunction[7 8 9 10 11]; and

WHEREAS, there is consensus among professional medical associations that SOCE cannot change a person's sexual orientation, these associations include, but are not limited to: American Medical Association, American Psychiatric Association, American Psychological Associations, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American College of Physicians, and National Association of Social Workers; and

WHEREAS, the American Medical Association (AMA) reaffirmed its opposition to SOCE in 2016, stating that the AMA "opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity"[12]; and

WHEREAS, only Oregon, California, Illinois, Vermont, Washington D.C. and New Jersey have laws protecting people from SOCE and these laws are only aimed at protecting minors[13]; and

WHEREAS, the AOA has encouraged "osteopathic medical students and physicians to actively partner with Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) patients to improve the quality of care for the community, which continues to report discrimination as a barrier to health care services"[14]; now, therefore, be it

RESOLVED, that SOMA opposes the use of Sexual Orientation Change Efforts (SOCE), which is based on the assumption that homosexuality is a mental disorder that should be changed; and, be it further

RESOLVED, that the AOA opposes the use of SOCE, which is based on the assumption that homosexuality is a mental disorder that should be changed.

Explanatory Statement

Reparative therapies were popularized in the 1960s and gained renewed vigor through “ex-gay” Christian ministries in the 1970s. While professional medical associations have condemned the practice of conversion therapy and no compelling evidence has been produced to support the validity of the practice, these therapies continue to this day.

Many different terms are used to describe the kind of therapy that is the subject of this resolution, including: “Sexual Orientation Change Efforts (SOCE)”, “aversion therapy”, “reparative therapy” and “conversion therapy”. For the purposes of this resolution we have used the term “Sexual Orientation Change Efforts (SOCE)” as this is felt to be the most descriptive and unambiguous term.

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Submitted by:
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Action Taken: APPROVED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-07

Subject: IMPROVING HUMAN SEX TRAFFICKING AWARENESS THROUGH SOMA

WHEREAS, according to the Federal Bureau of Investigation, "Human trafficking, believed to be the third-largest criminal activity in the world, is a form of human slavery which must be addressed at the interagency level. Human trafficking includes forced labor, domestic servitude, and commercial sex trafficking. It involves both U.S. citizens and foreigners alike, and has no demographic restrictions."[1]; and

WHEREAS, according to a Loyola Law study from 2014, out of 98 victims surveyed, "87.8% had contact with a healthcare provider while they were being trafficked. By far the most frequently reported treatment site was a hospital/emergency room, with 63.3% being treated at such a facility."[2]; and

WHEREAS, the World Health Organization has called for healthcare providers and policy makers "to increase their capacity to identify and refer people in trafficking situations and provide sensitive and safe services to people post-trafficking."[3]; and

WHEREAS, student leadership of Student Osteopathic Medical Association possesses the unique ability to promote awareness of relevant issues in healthcare among future physicians, who maintain a frontline defense for human trafficking victims; and

WHEREAS, American Osteopathic Association policy H401-A/14 Human Trafficking—Awareness as a global health problem acknowledges human trafficking as a global public health problem, encourages awareness among osteopathic physicians, but provides no specific means through which this awareness may be promoted/acquired; now, therefore, be it

RESOLVED, that Student Osteopathic Medical Association promote the implementation of an annual awareness event, preferably during the month of January, hosted by local chapters to promote education regarding the role of the physician in human trafficking intervention in accordance with AOA policy H401-A/14 Human Trafficking— Awareness as a global health problem.

Explanatory statement

According to a Presidential Proclamation, January has been designated National Slavery and Human Trafficking Prevention Month[4]. A plethora of information/resources on the physician's role in human trafficking is available. For example, Stanford School of Medicine[5] provides information through articles, brochures, and presentation materials. Similarly researched content selected by local chapters can be presented through lecture, discussion, workshop, etc. so that medical students and other attendees may become aware of the "signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking, including appropriate medical assessment and reporting to law Enforcement" as stated in AOA policy H401-A/14.

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Action Taken: APPROVED AS AMENDED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-08

Subject: INCREASING THE EDUCATION AND PREVENTATIVE PRESCRIBING OF NALOXONE USE FOR OPIOID OVERDOSE

WHEREAS, the overall rate of drug overdose and overdose related deaths are rapidly increasing nationwide with opioids and opiates implicated in the vast majority of cases[1,2]; and

WHEREAS, according to the Center for Disease Control and Prevention (CDC), the number of reported deaths from drug overdose has increased 8.6-fold from 1980 to 2015[1,2]; and

WHEREAS, in 2015, 52,404 deaths were due to drug overdose with opioids/opiates accounting for 73.7% (38,597 deaths)[2]; and

WHEREAS, the CDC's National Center for Health Statistics (NCHS) reports, "In 2015, the percentage of drug overdose deaths involving heroin (25%) was triple the percentage in 2010 (8%)."[2]; and

WHEREAS, on July 22, 2016, The Comprehensive Addiction and Recovery Act (P.L. 114-198) (CARA) was signed into law[3]. The law represents a comprehensive effort to address the opioid epidemic in our nation by encompassing all six pillars necessary for such a coordinated response – prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal; and

WHEREAS, the American Osteopathic Association in the past has applauded Congress for passing the Comprehensive Addiction and Recovery Act (CARA)[4]; and

WHEREAS, population analysis from the Boston Community-bystander Overdose Educational and Naloxone Program has demonstrated lower rates of overdose death in towns with over 150 individuals trained in the use of intranasal naloxone per 100,000 people[5]; and

WHEREAS, as of February 2nd, 2016 Naloxone may be dispensed with a prescription in all 7,800 CVS stores, with 14 states allowing non-prescription sale of Naloxone[6]; and

WHEREAS, Naloxone does not have abuse potential since it does not produce subjective effects or physical dependence and is only effective when opioids are present[7]; and

WHEREAS, data from the CDC reported that after the implementation of community-based training programs and distribution of Naloxone to 53,032 persons in 2010, nearly 10,171 successful overdose reversals were achieved[8]; now, therefore be it

RESOLVED, that the American Osteopathic Association adopt an official position of support for education and preventative prescribing of Naloxone to family, caregivers, and patients at risk of overdose to prevent opioid related deaths; and, be it further

RESOLVED, that the AOA adopt an official position supporting the use and training of Naloxone by medical first responders and trained non-medical personnel for the life-saving reversal of opioid overdose.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-09

Subject: NATIONAL BOARD OF DIRECTORS ELIGIBILITY CRITERIA

WHEREAS, SOMA has not had a mechanism for declaring “alternate delegates” to the House of Delegates in at least two years; and

WHEREAS, SOMA has not maintained records of who served as “delegates” in each of the House of Delegates sessions in at least the last two years; and

WHEREAS, SOMA has not been congruent with its Bylaws on the topic of National Board of Directors Eligibility as a result of these issues in at least the past two years; and

WHEREAS, it is in the best interest of SOMA to have the widest applicant pool for such positions so long as the applicants are aware of our processes; and

WHEREAS, there is no appreciable difference in serving as a delegate and conference attendee and being an observer of the House of Delegates and conference attendee in regards to understanding National SOMA’s processes and what our organization stands for; therefore, let it be

RESOLVED, that ARTICLE II, Section 2, of the SOMA Bylaws be modified with the following changes:

> Section 2. Applicant Eligibility Criteria.
>
> In order to be eligible to serve in any National Board of Director position, applicants shall be active members of this Association and shall currently or have previously served as the president or NLO of a local SOMA Chapter or have ~~served as a delegate or alternate for~~ **attended** two SOMA National Conventions and be nominated by their Chapter President or NLO. National Board of Directors Chair and Senior Pre-SOMA Director applicants shall currently or have previously served as National Officers. For the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director, it is recommended (but not required) that applicants shall have currently or previously served as National Officers.

Submitted by:
Nicholas Tackett, OMS-III - Midwestern University - Chicago College of Osteopathic Medicine
Simran Behniwal, OMS-III - Touro University Nevada College of Osteopathic Medicine
Alexander Smith, OMS-IV - Oklahoma State University College of Osteopathic Medicine

Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-10

Subject: HEALTH INSURANCE COVERAGE FOR RESIDENTIAL AND INPATIENT TREATMENT OF EATING DISORDERS

WHEREAS, eating disorders are the third most common chronic condition affecting adolescent females [1] with estimated prevalence of anorexia nervosa, bulimia nervosa, and binge eating disorder among adolescents in the United States is 0.3%, 0.9% and 1.6% respectively [2] and,

WHEREAS, individuals with anorexia nervosa had a six fold increase in mortality when compared to the general population [3] and crude mortality rates for anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified are 4.0%, 3.9%, and 5.2%, respectively [4] and,

WHEREAS, the Society of Adolescent Health and Medicine suggest weight restoration, resumption of spontaneous menses, and improved bone mineral density are important goals of treatment; and may require inpatient refeeding and nutritional rehabilitation based on the patient's physical and emotional health, rapidity of weight loss, availability of outpatient resources, and family circumstances [5] and,

WHEREAS, patients with less severe eating disorders at baseline were more likely to abstain from eating disorder behavior after family-based outpatient treatment, leaving patients with severe eating concerns needing inpatient therapy [6] and,

WHEREAS, the estimated prevalence of adolescents and children with eating disorders of inpatient psychiatric admissions is 13.3% [7] and,

WHEREAS, research studies have shown a 24% drop out rate of hospitalizations among patients suffering with eating disorders [8] and,

WHEREAS, the Mental Health Parity and Addiction Equity Act of 2008 requires doctors and insurers to treat and cover mental illness in the same manner as physical illness [9] and,

WHEREAS, reimbursement by insurance companies remains inadequate for patients with eating disorders hospitalized on medical units [10] and,

WHEREAS, 96.7% of eating disorder specialists believe that health insurance companies' refusal to cover treatment puts patients with anorexia nervosa in life threatening situations [11] and,

WHEREAS, research evaluating effective treatment of eating disorders have found competing events; for example, termination of insurance coverage competes with patient outcome [12]; now, therefore, be it,

RESOLVED, that the Student Osteopathic Medical Association recommends that the American Osteopathic Association supports improved access to treatment in residential and inpatient facilities, and efforts to reduce the financial barriers of intensive treatment for patients suffering from eating disorders; and, be it further

RESOLVED, that The Student Osteopathic Medical Association recommends that the American Osteopathic Association encourages residential and inpatient treatment facilities caring for patients suffering from eating disorders, to manage care in consideration of the patient's overall medical and mental health needs, and to continue treatment until goals of weight restoration and physiologic status are obtained; and, be it further.

RESOLVED, that The Student Osteopathic Medical Association recommends that the American Osteopathic Association supports continued care for individuals suffering from eating disorders staying in residential and inpatient facilities, regardless of insurance criteria requiring termination of treatment.

Explanatory Statement

The goal of this resolution is for the Student Osteopathic Medical Association and the American Osteopathic Association to support health benefit plans that cover diagnosis and treatment of Eating Disorders on the basis of the medical necessities of an individual patient as judged by their healthcare provider - as opposed to predetermined biometric benchmarks. Some states have passed bills in support of this, for example Missouri 2015 Senate Bill 145; however, it is not a uniform ruling across the United States. The authors of this resolution would like to see progress to move forward with this nationally.

Missouri 2015 Senate Bill 145

Requires health benefit plans cover diagnosis and treatment of eating disorders

Summary: requires health insurance to provide coverage for the diagnosis and treatment of eating disorders. The act further requires that the provided coverage include a broad array of specialist services as prescribed as necessary by the patient's treatment team. Coverage under this act is limited to medically necessary treatment and the treatment plan must include all elements necessary for a health benefit plan to pay claims. Under the act medical necessity determinations and care management for the treatment of eating disorders shall consider the overall medical and mental health needs of the individual with the eating disorder and shall not be based solely on weight. Coverage may be subject to other general exclusions and limitations of the contract or benefit plan not in conflict with the act.

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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-11

Subject: CREATION OF A SECRETARY ON THE SOMA BOARD OF TRUSTEES

WHEREAS, the internal structure of SOMA is highly complex and requires the efficient management and understanding of all components of the Google online system, our website, outside communication systems, and transitions of some media/documents, in order to operate; and

WHEREAS, The responsibility for managing the inner workings of this organization is not specifically delineated in the job descriptions or R&R of any current national officer; and

WHEREAS, The responsibility is currently (unofficially) shared by the Parliamentarian, the National Board of Directors Chair, the National President and various other BoT members; and

WHEREAS, the management and upkeep of extensive databases, the Legacy System, yearly National Leadership Transitions, etc. takes the aforementioned leaders away from their actual duties to the organization and our members; and

WHEREAS, The position of Secretary is a vital role in many organizations, including our own chapters; and

WHEREAS, the position of Web Content Director may become less intensive given the increasing transition toward management of our website by the AOA affiliates division; and

WHEREAS, the remaining duties of the Web Content Director can be transferred to the PR director if they are aimed at outreach or to the position of Secretary if they are aimed at internal management; and

WHEREAS, the creation of a Secretary would allow a dedicated person to handle all of the above without distraction from other responsibilities to the organization; and

WHEREAS, the elimination of the WCD and replacement of the position with a Secretary would be cost neutral to the organization; now, therefore be it

RESOLVED, that SOMA shall replace the role of Web Content Director with that of Secretary; and be it further

RESOLVED, that the Constitution of the Student Osteopathic Medical Association be amended such that Article VII, Section 7, Subsection 1, Members of the Board of Trustees shall read:

> *The Board of Trustees shall be comprised of the Elected National Officers, as well as the appointed National Board of Directors Chair **and National Secretary**. Each member will have control of one vote. The AOA Student Trustee and the Chairperson of the SOMA Foundation shall serve as an ex-officio member**s** of the Board of Trustees and shall attend all meetings of the Board of Trustees but shall not have a vote on the Board of Trustees.*

; and be it further

RESOLVED, that the Bylaws of the Student Osteopathic Medical Association be amended such that Article II, Section 1 “Appointed Members of the National Board of Directors” shall read:

1. National Board of Directors Chair (shall also serve on the Board of Trustees);
2. Convention Director;
3. Community Outreach Director;
4. Health Disparities Director;
5. Membership and Alumni Affairs Director;
6. Strategic Partnerships Director;
7. Osteopathic Practice & Principles Director;
8. Professional Development Director;
9.Political Affairs Director;
10. Senior Pre-SOMA Director;
11. Junior Pre-SOMA Director;
12. Public Relations Director;
13. Research Director;
~~*14. Web Content Director*~~

; and be it further

RESOLVED, that the duties of the Web Content Director shall be aligned under the purview of the Public Relations Director and Secretary; and be it further

RESOLVED that the constitution be amended such that Article VII, Section V shall read

> “Appointed members of the National Board of Directors and Board of Trustees shall be appointed by the incoming elected national officers at the Spring SOMA Convention as outlined in the governing policies.”

and be it further,

RESOLVED the rules of appointment be suspended for one year to allow the incoming Board of Trustees to select an interim Secretary.

RESOLVED, that the Constitution of the Student Osteopathic Medical Association be amended to add “in an elected position” to the eligibility for the National President in Article VII, Section 2 “Eligibility for Elected Office”.

Submitted by:
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Alexander Smith, OMS-IV - Oklahoma State University College of Osteopathic Medicine

Action Taken: APPROVED AS AMENDED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-12

Subject: OPPOSITION TO THE PRACTICE OF LGBTQ "CONVERSION THERAPY" OR "REPARATIVE THERAPY" BY LICENSED PHYSICIANS AND OTHER MEDICAL AND MENTAL HEALTH CARE PROFESSIONALS

WHEREAS, contemporary science recognizes that being lesbian, gay, bisexual, or transgender (LGBT), or identifying as queer, or other than heterosexual, is part of the natural spectrum of human identity and is not a disease, disorder, or illness [1] and,

WHEREAS, the Federal Substance Abuse and Mental Health Services Administration states that "interventions aimed at a fixed outcome, such as gender conformity of heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment," [2] and,

WHEREAS, investigative studies have shown there is insufficient evidence to support the use of psychological or other purportedly therapeutic interventions to change sexual orientation or gender identity [1]; and the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation and,

WHEREAS, the practice of "Conversion Therapy," also known as "Reparative Therapy," or "Sexual Orientation Change Efforts (SOCE)," generally refers to any practices by medical or mental health providers that seek to change an individual's sexual orientation or gender identity. [3] Often, this practice is used on minors, who lack the legal authority to make their own medical and mental health decisions and,

WHEREAS, the practice of "Conversion Therapy" or "Reparative Therapy" does not include counseling or therapy for an individual: seeking to transition or transitioning from one gender to another gender; that provides acceptance, support, and understanding of an individual; or the facilitation of an individual's coping, social support, and identity exploration and development; including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity [4] and,

WHEREAS, the following professional organizations affirm that non-heterosexual identities are normal and that efforts to change sexual orientation are harmful and dangerous to youth [5]:

The American Medical Association; The American Academy of Pediatrics; The American Academy of Child and Adolescent Psychiatry; The American Psychiatric Association; The American College of Physicians [9]; The American Psychological Association; The National Association of School Psychologists; The National Association of Social Workers; The American Counseling Association; The American School Counselor Association; The American Psychoanalytic Association; The Pan American Health Organization; and The American Association of Sexuality Educators, Counselors and Therapists; now, therefore, be it

RESOLVED, that The Student Osteopathic Medical Association recommends that the American Osteopathic Association affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative are not inherently suffering from a mental disorder; and, be it further

RESOLVED, that The Student Osteopathic Medical Association recommends that the American Osteopathic Association strongly opposes the practice of "Conversion Therapy," "Reparative Therapy," or other techniques aimed at changing a person's sexual orientation or gender identity, by licensed medical and mental health professionals; and, be it further

RESOLVED, that The Student Osteopathic Medical Association recommends that the American Osteopathic Association will support potential legislation, regulations, or policies that oppose the practice of "Conversion Therapy," "Reparative Therapy," or other techniques aimed at changing a person's sexual orientation or gender identity, by licensed medical and mental health professionals.

Explanatory Statement

RELEVANT AOA POLICY:

H439-A/16 Lesbian, Gay, Bisexual, Transgender, Queer / Questioning Protection Laws
The American Osteopathic Association (AOA) supports the protection of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminating practices and harassment and reaffirms equal rights and protections for all patient populations as stated in AOA policy H506-A14. 2016

RELEVANT LEGISLATIVE EFFORTS NATIONWIDE:

California Legislative Conversion Therapy Ban: Senate Bill 1172: Sexual orientation change efforts. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB1172

New Jersey Legislative Conversion Therapy Ban: Assembly Bill 3371: AN ACT concerning the protection of minors from attempts to change sexual orientation and supplementing Title 45 of the Revised Statutes. http://www.njleg.state.nj.us/2012/Bills/A3500/3371_I1.HTM

Oregon Conversion Therapy Ban: House Bill 2307: Youth Mental Health Protection Act
https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB2307/Enrolled

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Submitted by:
Rashmi Singh, OMS II - Ohio University Heritage College of Osteopathic Medicine
Margaret Watt, OMS II - Ohio University Heritage College of Osteopathic Medicine

Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-13

Subject: VACCINATION EDUCATION TASK FORCE

WHEREAS, The AOA has verbally rendered support for vaccination efforts since 1993 in which the *H231-A/08 Immunizations*[1] reads as the following:

> "The American Osteopathic Association supports the CDC in its efforts to achieve a high [vaccination] compliance rate among infants, children and adults by encouraging osteopathic physicians to immunize patients of all ages when appropriate..."; and

WHEREAS, *H431-A/10 IMMUNIZATIONS* - published in 2010 - reads as the following:

> "The American Osteopathic Association will create stronger ties with pro-immunization groups within and outside the osteopathic profession; and whenever possible, will assist these pro- immunization groups with appropriate evidence-based information regarding the safety of immunizations and significant positive effects of the proper use of immunizations relative to the overall public safety..." [2]; and

WHEREAS, on a global level, the World Health Immunization Coverage has recognized caregiver involvement as crucial in vaccine education and stated the following:

> "At the grassroots level, community leaders have an important role to play in immunization programmes, ensuring that parents and caregivers understand the importance of vaccination. Ensuring accountability at every stage of immunization programmes is critical." [3]; and

WHEREAS, on the national level, the Center for Disease Control and Prevention has called to our attention the need for better patient education on the importance of vaccination and stated the following:

> "Following the Standards for Adult Immunization Practice, all providers should routinely assess adults' vaccination status at every clinical encounter, strongly recommend needed vaccines, and either offer needed vaccines or refer their patients to another provider who can administer the recommended vaccine" [4]; and

WHEREAS, the recent increase in infectious disease outbreaks caused from agents known to be vaccine preventable are indicative of patients opting out of vaccination more commonly now than in the past. The Journal of the American Medical Association, regarding the recent measles outbreak reads as the following:

> "A substantial proportion of the US measles cases in the era after elimination were intentionally unvaccinated. The phenomenon of vaccine refusal was associated with an increased risk for measles among people who refuse vaccines and among fully vaccinated individuals. Although pertussis resurgence has been attributed to waning immunity and

other factors, vaccine refusal was still associated with an increased risk for pertussis in some populations." [6]; and

WHEREAS, despite the long standing recognition for the need for better vaccine education in our communities and personal and societal benefits that will come from it, active efforts to educate and give recommendations are still lacking. The Center for Disease Control and Prevention: Vaccination Coverage Among Adults in the United States, National Health Interview Survey, 2015 reads as the following:

> "Many adults in the United States have not received recommended vaccinations and racial and ethnic vaccination differences persist. Incorporating routine assessment of adult vaccination needs, recommendation, and offer of needed vaccinations into routine clinical care of adults can help improve vaccination rates and narrow racial and ethnic differences in vaccination coverage." [5] Indicating that an improvement in discussion and recommendation could be effective in increasing vaccination rates and decreasing epidemic risk; therefore be it

RESOLVED, that the AOA develop a task force designated to planning events that will engage local communities and educate the public on the importance of both adult and childhood vaccinations

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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-14

Subject: EXPAND COVERAGE OF CONTRACEPTION AVAILABILITY

WHEREAS, as of 2013, the unintended pregnancy rate fell to 4.5% of women thanks to the increase in the availability of birth control. Women below the poverty line are five times more likely to have an unintended pregnancy than women of the highest social economic group[1]; and

WHEREAS, those women who have unintended pregnancies while in school, especially teenagers, are less likely to finish their education. 60% of all teenaged mothers did not receive a high school diploma by age 22 as opposed to 90% for those who did not get pregnant. Fewer than 2% received a college education by the time they are 30. Those who are attending a community college and become pregnant are 65% less likely to finish their degree[2]. Currently, the teenaged pregnancy rate is 24.2 pregnancies per 1000 women[3]; and

WHEREAS, Two out of three families started by teenaged mothers are considered poor, and one in four will depend on welfare within three years. Only 67% of children born to teen mothers receive a high school diploma[2]; and

WHEREAS, The abortion rate for those aged 15-44 is 14.6 abortions per 1000 women[4], with 35% of teen pregnancies ending in abortion[5]; and

WHEREAS, From 2009-2014 Colorado ran a program that increased the access of contraceptives. During that time, teenaged birth rates dropped by 40%, compared to 30% for the rest of the country, and teenagers involved in abortions dropped by 35%[6]; and

WHEREAS, This decreased Medicaid spending from 2010-2012 by $79 million. Leading to a savings of $5.85 for every dollar spent on this initiative[6]. In 2010, teen pregnancy cost taxpayers $9.4 billion[3]; and, therefore be it

RESOLVED, Increasing everyone's access to contraceptives would allow women a better chance of moving up the socioeconomic ladder and will save millions of dollars of government spending. The AOA and SOMA should support an increase in free contraception availability for all women, especially those who are of low income, high risk, and/or have limited access to birth control.

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Submitted by:
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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-15

Subject: PRIORITIZING THE IMPORTANCE OF VETERAN-SPECIFIC EDUCATION IN OSTEOPATHIC MEDICAL SCHOOL CURRICULA

WHEREAS, veterans are defined as men and women who have served in active military service or who have completed a call or order to National Guard or Reserve duties [5,11]; and

WHEREAS, veterans are medically underserved on a national scale. Numerous veterans lack access to stable health care. For example, about 40% of U.S. veterans live in rural areas. As a result, veterans in these areas are not within reasonable driving distances to a VA Health Facility[3,12]; and

WHEREAS, due to the Veteran's Choice Program, more veterans are now able to choose local healthcare providers,[13]; and

WHEREAS, veterans are at a higher risk of a plethora of diseases, disorders, and disabilities, such as increased depression and suicide rates; they often suffer from more serious disease complications than their civilian counterparts.[1,3,8]; and

WHEREAS, in 2010, the Department of Health and Human Services launched Healthy People 2020, which aims to increase screening of mental health disorders by primary care providers, and about half of graduating osteopathic medical students choose to practice in primary care[9,8]; and

WHEREAS, it has been acknowledged that military personnel returning home to their communities face the challenge of their providers not having the expertise to address mental health issues, thereby increasing the importance of educating osteopathic medical students with relevant experiences and preparedness regarding veteran population health[1,7]; and

WHEREAS, inadequate veteran health care reaches far beyond the singular patient. This disparity can affect an entire family, as relatives often provide support for veterans affected by deployment and trauma-related stress[1,14]; and

WHEREAS, the AOA became a partner of the Joining Forces initiative under the Obama Administration. This initiative was focused on mobilizing all sectors of society to better support military service members and their families. The initiative has an undecided future with the current administration[1]; and

WHEREAS, it is important that the AOA continues to uphold the spirit of veteran support with the current White House Administration, because 33 Osteopathic medical schools have pledged to train current and future physicians in the unique clinical challenges and best practices associated with caring for military service members, veterans, and their families,[4,7,14]; and

WHEREAS, according to the VA, only 15 osteopathic medical schools are currently affiliated with a VA healthcare system[4,7,14]; and

WHEREAS, the VA has recognized the need for increased graduate medical education by discussing a hopeful GME expansion plan[11], and according to AACOM Leadership,

> "Educating medical students, even on simple steps such as reminding them to ask patients if they have a military history, can help them better care for patients… A way to coordinate this is through the quality of the educational experience."[14]; and

WHEREAS, Recent pledges, initiatives, and education expansion plans discussing veteran healthcare within the osteopathic community has presented opportunities that should be further developed and prioritized; now, therefore be it

RESOLVED, that the American Osteopathic Association collaborate with the Department of Veteran's Affairs and/or other needed groups with the vision of expanding clerkship opportunities at veteran-specific hospitals and/or clinics, thereby increasing osteopathic medical students' proficiency in treating this underserved population.

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Submitted by:
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Action Taken: REFERRED BACK TO AUTHOR

Date: 4/3/2017

Effective Time Period: Ongoing

Resolution: S-17-16 (late)

Subject: CLARIFICATION AND VISIBILITY OF EX OFFICIO MEMBER COMMUNICATIONS ON BEHALF OF ALL MEMBERS

WHEREAS the current Student Osteopathic Medical Association (SOMA) Strategic Plan includes an emphasis on the cohesive voice, transparent accountability, and visibility of a shared identity; and

WHEREAS SOMA is a panel of student leaders focused on community and medical leadership as a long-term organization with annually elected leadership; and

WHEREAS the diversity of SOMA members, includes a wide-array of political views, individual backgrounds, and personal beliefs; and

WHEREAS chapter representatives speak on behalf of themselves, not their respective student bodies unless a meeting with respective members was held, when communicating on the floor of the SOMA House of Delegates according to Robert's Rules; and

WHEREAS the SOMA Board of Trustees are the annually elected representation and voice of a much larger organization and vision; and

WHEREAS the SOMA Board of Trustees recently sent a strong position email on behalf of the entire organization and its members without reasonable opportunity for other opinions to be considered or included; now, therefore be it

WHEREAS, a lack of language exists around the purpose, process, and measurable goals of philanthropy, fundraising, and community service at the national SOMA level; now, therefore, be it

RESOLVED that messages expressing the opinion held by the current SOMA Board of Trustees be communicated in an according manner, clarifying whom they are speaking on behalf (SOMA Leadership versus the organization and its members as a whole); and be it further

RESOLVED that communications published and distributed by National SOMA be visible to all SOMA members prior to the release of said communication, giving the opportunity to express opinions before the communication is distributed to the intended recipient(s) (e.g. pre-release of formal statements and communications representing SOMA's opinion at least 24 hours before publication allowing SOMA members the opportunity to review the National stance prior to its publication and provide feedback if necessary).

Explanatory Statement

In response to Executive Action 13769: Protecting the Nation from Foreign Terrorist Entry into the United States, signed by President Trump on January 27, 2017, an email was sent to all current SOMA members on January 29, 2017, condemning the action stating, "Our organization is comprised of a diverse group of students…" As a national student run organization of future osteopathic leaders, there

is a wide range of diversity of membership with varying political views. The email condemnation by current Board of Trustees went beyond the precedent of SOMA National's scope without appropriate input from chapters.

Submitted by:
Sarah Cottrell-Cumber, OMS-II - Edward Via College of Osteopathic Medicine, Virginia Campus
Amy Jackson, OMS-II - Edward Via College of Osteopathic Medicine, Carolinas Campus
Steven Mouro, OMS-II - Campbell University School of Osteopathic Medicine
Amy Schlegel, OMS-II - Edward Via College of Osteopathic Medicine, Carolinas Campus
Graham Willm, OMS-II - Edward Via College of Osteopathic Medicine, Carolinas Campus

Action Taken: DISMISSED

Date: 4/3/2017

Effective Time Period: Ongoing

Resolutions for Summer Special House of Delegates

Resolution Su-16-01…….…… 2
Subject: INCLUSION OF "GENDER IDENTITY" IN THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION'S CONSTITUTION

Resolution Su-16-02……..……...…….…. 3
Subject: CHAPTER LEADER ATTENDANCE AT NATIONAL CONVENTIONS

Resolution Su-16-03……..…….…... 5
Subject: STANDARDIZING THE ELECTION PROCESS FOR RESOLUTION COMMITTEE MEMBERS
Resolution: Su-16-01

Subject: INCLUSION OF "GENDER IDENTITY" IN THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION'S CONSTITUTION

WHEREAS, the current Student Osteopathic Medical Association (SOMA) constitution's discrimination clause in Article 4 reads as follows:

> **ARTICLE IV – Discrimination**
>
> Neither the Association nor its constituent chapters may refuse membership on the basis of race, religion, color, gender, sexual orientation, disability, national origin or creed. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and Bylaws of this Association.

; and,

WHEREAS, the American Osteopathic Association (AOA) has expanded its Code of Ethics to include gender identity; and

WHEREAS, gender identity is distinct from either gender or sexual orientation, however SOMA's Constitution does not reflect this distinction; and

WHEREAS, SOMA is dedicated to inclusiveness of all osteopathic students and should adopt language that reflects such; and therefore be it

RESOLVED, that ARTICLE IV of the SOMA's Constitution shall be amended as follows:

> **ARTICLE IV – Discrimination**
>
> Neither the Association nor its constituent chapters may refuse membership on the basis of race, religion, color, gender, gender identity, sexual orientation, disability, national origin or creed. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and Bylaws of this Association.

Submitted by:
SOMA Board of Trustees

Action Taken: Approved

Date: 07/22/2016

Effective Time Period: Ongoing

Resolution: Su-16-02

Subject: CHAPTER LEADER ATTENDANCE AT NATIONAL CONVENTIONS

WHEREAS, the Student Osteopathic Medical Association (SOMA) Bylaws contains contradictory language in Article III, Section 9, Subsection 1 and Article IV, Section 3, Subsection 3 with regard to chapter leaders attendance at National Conventions; and,

WHEREAS, Article III, Section 9, Subsection 1 currently reads as follows:

> **President and NLO Attendance**. National SOMA requires that, at a minimum, the local chapter President and the National Liaison Officer (or their proxies) attend Fall Conventions, and that one outgoing and one incoming officer (or their proxies) attend Spring Convention. Any exceptions to this policy shall be offered on a case-by-case basis by the Region Trustee for said chapter. Other local officers and local chapter members are also encouraged to attend.

; and,

WHEREAS, Article IV, Section 3, Subsection 3 currently reads as follows:

> **Meeting Attendance.** The constituent chapters are required to send at least one representative to either the Fall or Spring convention within a given academic year. If unable to attend either Convention, Chapters are expected to notify the National President and Region Trustee with the reason for their absence. If a chapter fails to meet the minimum attendance requirements, they will be notified of their offense by National SOMA and an appropriate course of action will be determined by the Board of Trustees. Each offense will be evaluated on an individual basis.

; and,

WHEREAS, Administrators at various Colleges of Osteopathic Medicine have used these contradictory statements to disallow chapter leaders from attending conventions; and,

WHEREAS, the Bylaws should be edited to reflect congruity between the two articles and SOMA's desire to promote convention attendance; now, therefore be it,

RESOLVED, the Student Osteopathic Medical Association (SOMA) Bylaws Article IV, Section 3, Subsection 3 shall be amended as follows:

> **Meeting Attendance.** The constituent chapters are required to send ~~at least one representative to either the Fall or Spring convention within a given academic year~~ at a minimum, the local President and the NLO (or their proxies) to the Fall Convention, and that one outgoing and one incoming officer (or their proxies) to the Spring Convention. If unable to attend either Convention, Chapters are expected to notify the National President and Region Trustee with the reason for their absence. If a chapter fails to meet the minimum attendance requirements, they will be notified of their offense by National SOMA and an appropriate course of action will be determined by the Board of Trustees. Each offense will be evaluated on an individual basis.

Submitted by:
SOMA Board of Trustees

Action Taken: Approved

Date: 07/22/2016

Effective Time Period: Ongoing

Resolution: Su-16-03

Subject: STANDARDIZING THE ELECTION PROCESS FOR RESOLUTION COMMITTEE MEMBERS

WHEREAS, each region of the Student Osteopathic Medical Association (SOMA) has two representatives on the Resolution Committee; and,

WHEREAS, Article 1, Section 8, Subsection 4 of the SOMA Bylaws does not outline a uniform process for this election to take place, thus allowing for inconsistent election processes between regions; and,

WHEREAS, each region's chapter leaders should play a role in the election of their region's representation on the Resolution Committee; now, therefore be it,

RESOLVED, the Student Osteopathic Medical Association (SOMA) Bylaws Article 1, Section 8, Subsection 4 be amended as follows:

> **Region Members**. At the Summer SOMA meeting, each Region Trustee shall submit the names of two members from different chapters in the region to serve on the resolution committee. The members shall be selected by a simple majority vote in their region ~~appointed~~ by the conclusion of the Summer SOMA meeting.

Submitted by:
SOMA Board of Trustees

Action Taken: Approved

Date: 07/22/2016

Effective Time Period: Ongoing

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

Resolutions for Fall 2016 House of Delegates

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Resolution: F-16-01

Subject: SOUTHERN EXPANSION OF "DOCTORS THAT DO" BRANDING CAMPAIGN

WHEREAS, the United States Census Bureau defines the southern region of the United States as 16 states: Texas, Oklahoma, Louisiana, Arkansas, Mississippi, Alabama, Georgia, Florida, Tennessee, Kentucky, South Carolina, North Carolina, Virginia, West Virginia, Maryland, and Delaware [1]; and

WHEREAS, although all states contain designated medically underserved areas/populations (MUA/P), the southern region features a disproportionate density of MUA/P with 35% of total designated Health Professional Shortage Areas (HPSA) compared to all U.S. regions (West: 26%, Midwest: 27%, Northeast: 10%) [2]; and

WHEREAS, many southern states have established severe need for physicians within the decade. Georgia, for example, is estimated to experience a shortage of 2,500 physicians by the year 2020 and will have the lowest physician to population ratio [3,4,5]; and

WHEREAS, the increased development of new osteopathic medical schools, sites, and campuses in the South are a direct indication of existing and projected physician shortages. As stated by the AOA, within the last decade, Osteopathic medical schools have been strategically developed in areas that will significantly improve the overall health of their communities and mitigate regional physician shortages [6]; and

WHEREAS, 67% of current D.O. schools in the South were founded after 2000[7]; and these newly developed institutions educate many local students who desire to remain in their state to contribute to regional underserved and rural areas by providing high-quality care [6]; and

WHEREAS, many southern Osteopathic medical schools, sites, and campuses emphasize within their mission statements the importance of their graduates pursuing regional training opportunities, in order to serve in these MUA/P [9,10,11]; and

WHEREAS, as stated by the AOA, the purpose of the ongoing "Doctors that DO" branding campaign is "to sharpen the definition of Osteopathic medicine in a way that consumers understand and connect with while increasing awareness of Osteopathic medicine and the D.O. degree" [12] ; and

WHEREAS, the Doctors that DO campaign has been deemed successful on many fronts and in many locations by the AOA. For example, website traffic from Indianapolis increased 50% and "Find Your D.O." searches jumped 20% as a result of increased campaign marketing via billboards, transit, and health clubs [13]; and

WHEREAS, increasing awareness via greater expansion of the Doctors that DO campaign into the southern region will reach potential patients in MUA/P, as the campaign has already successfully generated 375 million impressions throughout the country [14]; and

WHEREAS, southern D.O. graduates increased 72.4% from 2009 to 2015, and they will continue to increase in the future.[15,16] Expanding the Doctors that DO campaign presence in the South will benefit the growing number of southern D.O. graduates that decide to practice in the region, fulfilling a mission of the southern Osteopathic medical community; now, therefore, be it

RESOLVED, that SOMA advocates to the AOA to expand the Doctors that DO branding campaign into southern cities whether in accordance with or in spite of the research driving the focus of the brand campaign, as this would serve to support the mission of the schools in that region and reach the patient demographics most in need of Osteopathic care; and, be it further

RESOLVED, that the means to expand the campaign be through allocation of campaign funds dedicated to increasing visibility of the Doctors that DO branding campaign in additional southern cities.

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Action Taken: DISMISSED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-02

Subject: ABOLISHMENT OF PATIENT LOAD RESTRICTIONS TO INCREASE PHARMACOLOGICAL OPIOID ADDICTION TREATMENT ACCESS

WHEREAS, Opioid overdose is the leading cause of accidental death in the United States [1]; and

WHEREAS, there were 47,055 fatal drug overdoses in 2014 alone, majority of which were caused by prescription pain medications [2]; and

WHEREAS, first line therapy involves pharmacological treatment with drugs like buprenorphine, which requires the patient to have in-office appointments multiple times a month for monitoring; and

WHEREAS, majority of physicians licensed to treat opioid addiction are located in large metropolitan areas, creating a barrier to patients located in rural areas [3]; and

WHEREAS, the Comprehensive Addiction Recovery Act (2016) expands treatment numbers for providers certified in addiction medicine or psychiatry to 275, but states are allowed to lower the number to 30 [4], potentially reducing the impact of this bill and treatment availability to an already underserved population; now, therefore, be it

RESOLVED, that the AOA advocates to states to not lower opioid addiction treatment numbers below the 275 maximum patient load allowed under the Comprehensive Addiction Recovery Act (2016).

Explanatory Statement

Although CARA (2016) has made great strides in improving access to pharmacological treatment of opioid abuse, it does not go far enough to battle this public health crisis. The restrictions imposed on opioid abuse treatment are unprecedented in any other disease and denies the patient autonomy in their care. With the advent of DEA monitored state drug prescribing programs and improved treatment guidelines, regulation has already increased that allows for control of this medication.

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Action Taken: APPROVED AS AMENDED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-03

Subject: REINSTATEMENT OF COMMUNITY OUTREACH DIRECTORSHIP

WHEREAS, the Student Osteopathic Medical Association (SOMA) is the premier hub for the cultivation of osteopathic medical students in becoming dynamic, innovative professionals, poised to be future leaders in healthcare; and

WHEREAS, promoting community outreach at a chapter and national level helps raise awareness about the osteopathic profession and aligns with the AOA brand campaign; and

WHEREAS, re-drawing of the SOMA region map is going to rearrange several existing chapters and disrupt current region community service projects; and

WHEREAS, region trustees are tasked with determining and overseeing current region community outreach projects which can distract them from their numerous other tasks and responsibilities; and

WHEREAS, community Outreach Directorship enables closer integration of chapters and communities on a national level as well as providing guidance for chapters struggling to interact with their local communities; and

WHEREAS, neither the American Osteopathic Foundation (AOF) nor the SOMA Foundation have a direct seat on the SOMA National Board of Directors, thereby making collaboration pertaining to outreach projects within National SOMA difficult; and

WHEREAS, community Outreach Directorship adds an additional seat to the National Board of Directors, encouraging more active involvement from members and enabling more opportunity for leadership within SOMA now, therefore, be it

RESOLVED, that Community Outreach Director be added to Article II, Section 1, of the SOMA National Bylaws; and, be it further

RESOLVED, that current National Board of Directors and Region Trustees collaborate to realign the goals listed on the Responsibility and Resource (R&R) sheet of Community Outreach Director so that they properly align with the current goals of SOMA; and, be it further

RESOLVED, that the Community Outreach Director coordinate between AOF, SOMA Foundation, the National Board of Directors, and Region Trustees to provide comprehensive collaboration on community outreach events on both a regional level and at National Conferences; and be it further

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Action Taken: APPROVED AS AMENDED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-04

Subject: INCLUSION OF LGBTQ HEALTH TOPICS IN MEDICAL SCHOOL CURRICULA

WHEREAS, LGBTQ individuals face unique health concerns and "health disparities caused by decreased access to needed care, bias and discrimination both in society and in the health care setting, lack of provider knowledge and/or comfort in providing care; absent or suboptimal risk factor assessment, and medical management that is not grounded in the current best evidence"[1] according to the AAMC Advisory Committee on Sexual Orientation, Gender Identity and Sex Development; and

WHEREAS, Healthy People 2020, an initiative by the U.S. Department of Health and Human Services, asserts that addressing health disparities faced by LGBTQ individuals will lead to reductions in disease transmission and progression, increased mental and physical well-being, reduced health care costs, and increased longevity[2]; and

WHEREAS, Healthy People 2020 acknowledges that providing medical students with training to increase provision of culturally competent care will improve healthcare outcomes[3]; and

WHEREAS, in a survey of osteopathic medical students it was found that the vast majority of medical students have substandard knowledge of medical issues faced by the LGBTQ population[4]; and

WHEREAS, in a survey of osteopathic medical students it was found that many medical students still harbor negative attitudes toward LGBTQ individuals and feel uncomfortable working with LGBTQ populations[5]; further data suggests that professionals who hold negative attitudes towards individuals who engage in same-sex behavior provide inadequate care to these populations; and

WHEREAS, in 2014 the AAMC issued guidelines for how to appropriately teach medical students about the specific medical issues that affect the LGBTQ community in their publication "Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, or Gender Noncomforming, or Born with DSD"; and

WHEREAS, the single GME accreditation system makes it imperative that osteopathic medical students remain competitive and are equipped with the most current knowledge and skills; now, therefore, be it

RESOLVED, that SOMA supports LGBTQ health topics being included in all osteopathic medical school curricula; and, be it further

RESOLVED, that SOMA lobby COCA to assess the curricula of osteopathic medical schools and their inclusion of health topics specific to the LGBTQ community; and, be it further

RESOLVED, that SOMA recommends upon completion of the assessment, if appropriate, COCA establish guidelines for osteopathic medical schools to integrate material about the specific healthcare needs of the LGBTQ community into the standard medical school curriculum.

Explanatory Statement

The authors recognize that the discrete categories of Lesbian, Gay, Bisexual, Transgender and Queer do not reflect the broad spectrum of gender and sexual identities. The use of the acronym LGBTQ is intended here to function as an umbrella term and not as a means of excluding gender and sexual identities not reflected in the acronym.

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Action Taken: APPROVED AS AMENDED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-05

Subject: OSTEOPATHIC MEDICAL STUDENT TRAINING FOR CARE AT THE END OF LIFE

WHEREAS, elderly adults are disproportionally affected by chronic conditions which drastically affect quality of life, diminish function, and place great burdens on personal resources[1,2,3]; and

WHEREAS, a practical tool to address psychosocial factors in those with chronic conditions and terminal illness is the advance care plan; and

WHEREAS, advance care plans have been documented to alleviate unnecessary burdens, improve quality of life, and provide better understanding of important medical decisions across the continuum of life[4,5]; and

WHEREAS, the awareness is lacking in the general public[6], and nearly 70 percent of Americans do not have an advance directive[7,8]; and

WHEREAS, the need to increase awareness of the value of end-of-life planning and normalizing discussions regarding preference-based decision making at the end of life is a vital public health issue; and

WHEREAS, of patients admitted to hospitals, less than 50 percent of severely or terminally ill have their advance directive in their medical records[9]; and

WHEREAS, between 65 to 75 percent of physicians that had patients with advance directives did not know they existed[9]; and

WHEREAS, since Congress passed The Patient Self-Determination Act of 1990, hospitals reimbursed by Medicare and Medicaid have been mandated to educate staff and patients about the patient's right to a natural death; and

WHEREAS, current practice includes inquiring if the patient has an advance directive, but rarely offers follow-up questions regarding end-of-life preferences or to clarify the goals of advance care planning – this leads to patients declining offers of discussing end-of-life preferences due to lack of understanding[10]; and

WHEREAS, although physicians have positive attitudes toward discussion of advance care planning and are confident in discussing them with patients, less than half of patients are engaged in such discussions[11,12]; and

WHEREAS, In one study only 42 percent of the cases where specific care instructions that were outlined by an advance care plan were discussed with the patient by their physicians[13]; and

WHEREAS, although the American Osteopathic Association currently has policy H205-A/13 urging "osteopathic medical schools, and appropriate training programs to support innovative approaches to instruction in geriatric medicine and end-of-life care,[18]" a recent publication by the AOA's "The DO" states only 50 percent of surveyed physicians (n=730) know what to say to patients about end of life care, while two-thirds acknowledge that it is the physician's responsibility in initiating such conversations[19], and he cited national poll acknowledge lack of formal training as the primary obstacle, and only 33 percent of respondents indicate they received any training in their career[20]; and

WHEREAS, the need for greater physician involvement in end of life discussions is associated with an increasingly aging population; and

WHEREAS, as such the need for proper education and engagement of future physicians regarding the value and key elements of advance care planning is apparent[14]; and

WHEREAS, many medical students express a lack in knowledge and experience in advance care planning competencies[14,15]; and

WHEREAS, the early exposure to end of life concepts may build confidence in discussing end of life considerations with patients, and may position future doctors to better address the end-of-life needs of future patients[16]; now, therefore, be it

RESOLVED, that SOMA recommend to the AOA to support expanded training of osteopathic medical students in advance care planning, shared decision making, and other palliative care skills as part of pre-clinical and clinical undergraduate medical education; and, be it further

RESOLVED, that SOMA recommend to the AOA to modify policy H205-31A/13 to include the aforementioned palliative care skills; and be it further

RESOLVED, that SOMA recommend to the AOA to add that adequate training of student doctors in end of life care skills as an integral component to the AOA's official position on end of life care[17].

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Action Taken: REFERRED BACK TO AUTHOR

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-06

Subject: REWORDING OF THE OSTEOPATHIC OATH TO BE INCLUSIVE OF THE "DEATH WITH DIGNITY" ACT

WHEREAS, the states of Oregon [5], California [4], Vermont [1], Washington [8], and Montana [3] have legalized 'Death with Dignity' which allows physicians to aid their terminally ill patients with self-euthanasia [6] ; and

WHEREAS, under this law [6], patients are required to meet all the following conditions with no exceptions:

- Patient must be an adult resident of Oregon, Washington, Vermont, or California
- Patient must be mentally competent (i.e. capable of making and communicating healthcare decisions)
- Patient must be diagnosed with a terminal illness that will lead to death within six months
- Patients must have the approval of two different physicians, who ensure that all requirements are met and ensure the patient is able to ingest the oral prescription
- Patient must provide two written and one oral request; and

WHEREAS, in the states in which this law is legal, the physician is under no obligation to choose to participate, and physician participation is completely voluntary and not mandated by law; and

WHEREAS, the current AOA Osteopathic Oath reads as the following:

> "*... I will be mindful always of my great responsibility to preserve the health and the life of my patients ... I will give no drugs for deadly purposes to any person, though it be asked of me...*"

WHEREAS, currently, the AOA Osteopathic oath is not in accordance with what state government considers to be legal practice; and

WHEREAS, there are currently four osteopathic medical schools in the aforementioned states, including WesternU-COMP, WesternU-COMP-NW, Touro COM – California, and Pacific Northwest University-COM; and

WHEREAS there are approximately a total of 8,124 DOs[2] in these four states, with 7549 in active practice who take the osteopathic oath:

- California – 5,881 DOs, 5,541 in active practice
- Washington – 1,289 DOs, 1,105 in active practice
- Oregon – 932 DOs, 822 in active practice

Vermont – 92 DOs, 81 in active practice; now, therefore be it

RESOLVED, that SOMA recognize the need to alter portions of the osteopathic oath in an effort to give osteopathic physicians the liberty to practice in harmony with the "Death with Dignity" act, should their state allow them to do so and should they choose to do so.

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Action Taken: APPROVED AS AMENED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-07

Subject: INTERSTATE OPIOID DATABASE

WHEREAS, in 2012, the Center for Disease Control (CDC) reported 16,007 deaths due to opioid analgesics and 5,925 from heroin out of the total 41,502 drug poisoning deaths in the United States [1]. From 1999 to 2010, Opioid analgesic sales have quadrupled [2], and opioid-related deaths has more than tripled from 1999 to 2012 [3]; and

WHEREAS, Prescription Drug Monitoring Programs (PDMPs) are primarily intended to mitigate substance abuse by granting authorized personnel access into their statewide database to view past prescriptions [4]; and

WHEREAS, PDMPs collected information on schedule drugs II-V (varies by state) [5], and opioids are classified as a schedule II drug [6], defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence; and

WHEREAS, PDMP are state-run programs, overseen by various agency boards [5] and are currently operational in 49 out of the 50 states, divided into four regions; North (12 states), South (14 states), East (12 States), West (14 states). States receive funding from a variety of public/private sources; and

WHEREAS, some individuals with opioid addictions seek opioids from multiple prescribers, known as “doctor shopping," and will cross state lines to procure painkillers. Since most PDMP are state-based systems, physicians cannot retrieve past medical history on these patients, which contributes to the growing opioid epidemic [7]; and

WHEREAS, there is a positive correlation between PDMP implementation and reduction in the number of opioid-related deaths [8]; and

WHEREAS, in 2011, the National Association of Boards of Pharmacy (NABP) implemented the InterConnect® program, a secure communication platform that allows for interstate prescription information exchange by connecting states' PDMPs while ensuring that each state's data-access rules are enforced, and currently, 33 states are participating in this program [9]; now, therefore be it

RESOLVED, that the AOA support an integrated national opioid database that allows authorized personnel in any state to access a patient's prescription history, regardless of their residing state.

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Submitted by:

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Action Taken: APPROVED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-08

Subject: SUPPORT FOR REINSTATING JUDICIAL ENFORCEMENT OF MEDICAID RATE CHALLENGES UNDER 42 U.S.C. SECTION 1396a(a)(30)(A) IN WAKE OF ARMSTRONG V. EXCEPTIONAL CHILD CENTER, INC.

WHEREAS, Medicaid serves as the primary source of health insurance for low-income and other vulnerable populations in the United States;[1] and

WHEREAS, nearly 70 million beneficiaries depend on Medicaid;[2] and

WHEREAS, though some state Medicaid programs might pay Medicare rates or higher in order to encourage access, most state payment rates are well below that level;[3] and

WHEREAS, Medicaid fees average about 66 percent of what Medicare pays and are below 60 percent in 8 states;[4] and

WHEREAS, some states have reduced provider reimbursement rates under their Medicaid programs despite the impact on beneficiary access;[5] and

WHEREAS, in 2012, 44 states reduced or froze Medicaid rates and 26 states reduced or froze Medicaid rates in 2013;[6] and

WHEREAS, in some cases, Medicaid reimbursement rates have fallen below the cost for providers to deliver the services to Medicaid beneficiaries, limiting the extent that providers can economically serve Medicaid beneficiaries;[7] and

WHEREAS, in 2015, 31 states decreased or froze Medicaid hospital rates, and 36 states either did not extend reimbursement increase for Medicaid primary care providers or were undecided;[8] and

WHEREAS, Medicaid rate challenges have primarily relied on 42 U.S.C. Section 1396a(a)(30)(A), which requires, under its "equal access" provision, that states accepting Medicaid funds must "assure that payments…are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area";[9] and

WHEREAS, since 1824, the Supreme Court has held that a federal court that has subject matter jurisdiction can grant an injunction at the request of an individual who has standing to bring a government official into compliance with federal law, thus creating an implied federal cause of action to enjoin state laws preempted under the Supremacy Clause;[10] and

WHEREAS, in March of 2015, the Supreme Court overturned the Ninth Circuit Court of Appeal's decision in *Exceptional Child Center, Inc. v. Armstrong,* which diminished the ability of providers to challenge Medicaid rates as inconsistent with Section 30(A);[11] and

WHEREAS, the majority opinion of the Supreme Court in *Exceptional Child Center, Inc.* held that providers may not sue using Section 30(A) as a private right of action to challenge a state's Medicaid reimbursement rates;[12] and

WHEREAS, the Ninth Circuit Court of Appeals had sustained a challenge concerning Medicaid living services to Idaho, due to lack of appropriated funds, for not adopting rate increases that a state-commissioned study had recommended were necessary to substantially reimburse providers for their costs;[13] and

WHEREAS, the Ninth Circuit held that providers had a right of action under the Supremacy Clause to challenge the Medicaid rates in Idaho, as preempted by the Medicaid payment requirements of Section 30(A);[14] and

WHEREAS, the Ninth Circuit interpreted Section 30(A) to require states to consider costs when modifying rates because the rates in that case failed to substantially reimburse providers for their costs without any justification aside from "purely budgetary reasons";[15] and

WHEREAS, the Supreme Court, in *Exceptional Child Center, Inc.*, determined that the Supremacy Clause conferred no private right of action under Section 30(A) and is not an independent source of rights granting a private right of action;[16] and

WHEREAS, the majority opinion of the Supreme Court in *Exceptional Child Center, Inc.* held that there must be evidence that Congress intended that private parties would be permitted to sue to enforce a federal law, either in the language of the statute or elsewhere, or it would be implied that Congress did not intend to allow private enforcement in court;[17] and

WHEREAS, Justice Breyer's majority concurrence in *Exceptional Child Center, Inc.* found that any difficulty for respondents to seek remedy under the Administrative Procedure Act "is because Congress decided to vest broad discretion in the agency to interpret and to enforce §30(A)," and this difficulty does not justify a private right of action;[18] and

WHEREAS, despite that courts often decide rate-setting cases, including those for health care, telephones, and railroad tariffs;[19] and

WHEREAS, the American Medical Association (AMA) and United States Chamber of Commerce were in support of the providers and beneficiaries in the *Exceptional Child Center, Inc.* case and posited that ruling against the health care industry would unfairly suppress reimbursement rates and prevent Medicaid patients from receiving care;[20] and

WHEREAS, the dissenting opinion of the Supreme Court in *Exceptional Child Center, Inc.* contended that Congress's failure to expressly preclude private enforcement suggests that it did not intend to do so, based on the history of Section 30(A);[21] and

WHEREAS, the dissenting opinion of the Supreme Court in *Exceptional Child Center, Inc.* posited that the breadth of Section 30(A) favors an interpretation that provides substantial leeway to states, so that only in rare and extreme cases can a State actually be held to have violated its mandate;[22] and

WHEREAS, the Supreme Court's *Exceptional Child Center, Inc.* decision removed one of only several tools that countered the ability of states to unilaterally reduce provider rates without considering whether the resulting rates failed to attract enough high-quality providers to participate in Medicaid programs;[23] and

WHEREAS, Medicaid providers and beneficiaries, not the Secretary of Health and Human Services, have historically challenged the Medicaid Act in court when states set provider payment rates that potentially violate the equal access provision;[24] and

WHEREAS, the only remedy at the Secretary of Health and Human Services' (HHS) disposal is to revoke funding of a state's Medicaid program for non-compliance with Section 30(A), in which Medicaid recipients would lose all health coverage;[25] and

WHEREAS, AMA President Robert M. Wah has stated that "non-compliance with Medicaid's equal-access mandate will likely continue unabated," and that "the secretary of Health and Human Services has rarely, if ever, cut funding to a state for violating the equal-access mandate";[26] and

WHEREAS, courts can provide injunctive relief to order the state to do or not do something while the HHS Secretary can only withhold federal funds in administrative actions to enforce state compliance with the Medicaid Act;[27] and

WHEREAS, after the Supreme Court's decision in *Exceptional Child Center, Inc.*, if a state disagrees with the HHS Secretary's determination, it can request an administrative hearing for the federal agency to reconsider its decision and then seek review in federal court, but, in the interim, the state can continue the policy that is in dispute, because HHS's administrative process does not provide for injunctive relief;[28] and

WHEREAS, challenges to Medicaid rate reductions under the Administrative Procedure Act (APA) to contest "arbitrary and capricious" actions of the Centers for Medicare & Medicaid Services (CMS) are often difficult to win because courts apply a highly deferential standard when reviewing agency action under the APA, particularly for complex regulatory programs like Medicaid;[29] now, therefore be it

RESOLVED, that SOMA adopts the policy of supporting the reinstatement of judicial enforcement of Medicaid rate challenges under 42.U.S.C. 1396a(a)(30)(A) for providers and beneficiaries to enjoin states from implementing changes to Medicaid programs even after CMS approval of a State Plan Amendment; and, be it further

RESOLVED, that SOMA support a CMS rule that bars states from reducing Medicaid rates before agency review and approval and setting out the evidence base that the agency will consider in conducting this review;[30] and, be it further

RESOLVED, that SOMA support a CMS rule that develops rate-setting parameters and methodologies, with an emphasis on outcomes research and the means of measuring compliance;[31] and, be it further

RESOLVED, that SOMA adopt the policy that compliance with Medicaid rate-setting requirements should not depend exclusively on state-produced access studies, but that the HHS should independently conduct access studies, with an emphasis on pediatric and adult specialty care, which are considered to be areas in which the impact of low rates could be especially critical;[32] and, be it further

RESOLVED, conversely, that SOMA support a congressional amendment to 42 U.S.C. 1396a(a)(30)(A) that expressly provides a private right of action for Medicaid providers and beneficiaries to enjoin a State from implementing changes to Medicaid programs even after CMS approves a State Plan Amendment.

Explanatory Statement

It should be noted that the Supreme Court's decision in Exceptional Child Center, Inc. involved the procedural issue of whether Medicaid providers should be allowed to bring a cause of [33]action to enforce the federal Medicaid Act, not the substantive issue of whether Idaho's failure to implement the new provider payment rates actually violated the federal Medicaid Act.

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Submitted by:
Paul Donegan, OMS-II – Rowan University School of Osteopathic Medicine
Parth Shah, OMS-II – Rowan University School of Osteopathic Medicine

Action Taken: REFERRED TO AUTHOR

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-09 (late)

Subject: A CLEARLY ARTICULATED PROTOCOL FOR SLEEP FACILITIES AND SAFE TRANSPORTATION IN ALL PHYSICIAN RESIDENCIES

WHEREAS, in 2011, the Accreditation Council for Graduate Medical Education (ACGME) approved the updated Duty Hour Standards for all ACGME-approved residencies, among the approved standards is a provision that programs offer sleep facilities and/or transportation after residents have overnight shifts; and

WHEREAS, according to the Common and Institutional Requirements of the ACGME 2014 revised Duty Hours, section VI.C.3: The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home[1]; and

WHEREAS, it remains unclear how these standards are being practically applied, and many residency programs do not articulate the availability of these services nor the restrictions in using them (e.g., minimum 24 hour shift requirement, mileage caps, etc); and

WHEREAS, in addition, the "and/or" language in the standard allows for the potential of one service being provided, yet not the other (i.e., the availability of designated call service rooms, but not a taxi voucher service, or vice versa); and

WHEREAS, municipal governments are increasingly requiring employers to provide transportation for their full-time employees[2,3] in accordance with the Internal Revenue Code section 132a[4]; and

WHEREAS, while the fiscal impacts of these regulations will vary amongst resident programs[5], Medicare DGME funds have been shown to cover a greater proportion of the cost associated with resident training and funding when ACGME guidelines explicitly state the services needed in their policies[6]; and

WHEREAS, as Medicare funding is contingent upon gaining ACGME accreditation[7], incorporating transportation regulations into ACGME accreditation language is a necessary step in increasing Medicare funding for hospital-provided transportation; and

WHEREAS, with an increasing amount of medical students now entering residency with children[8] and other significant responsibilities outside of the hospital, residencies with only on-site sleep facilities may not be adequately addressing these challenges; and

WHEREAS, family-related stressors, including lack of time at home with family and being unable to reliably accommodate family needs, such as child illness, are frequently cited as factors of emotional exhaustion in resident-related burnout[9-11]; and

WHEREAS, previous studies have shown that the risk of a motor vehicle crash increase substantially in residents who routinely work longer hours[12], and post-call residents can be impaired as much as inebriated residents who are not post-call[13]; and

WHEREAS, other articles have also extensively documented cases of patient harm due to resident fatigue, and have advocated arranging transportation home for those to fatigued to adequately operate a motor vehicle[14]; and

WHEREAS, these studies are also well in line with the ACGME's own Task Force on Quality Care and Professionalism response to public comments, in which the authors' state that "The primacy of resident safety, no matter the tactics employed, cannot be overstated"[15]; now, therefore, be it

RESOLVED, that the AOA supports the provision of safe transportation for residents; who may be too fatigued to safely return home and, be it further

RESOLVED, that AOA ask all physician residency programs to create and make publicly available via the internet and in internal literature, such as resident physician program handbooks, a clearly articulated protocol for the use of their sleep facilities and transportation services for residents.

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Submitted by:

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Action Taken: APPROVED AS AMENDED

Date: 9/18/16

Effective Time Period: Ongoing

Resolution: F-16-10 (late)

Subject: SOMA NATIONAL PHILANTHROPIC WORK AS PART OF STRATEGIC PLANNING

WHEREAS, one of the tenets of osteopathic medicine includes the consideration of a person as a unit: body, mind, and spirit[1]. It is imperative as future osteopathic physicians to support more than the health of the community, through activities such as health promotion and education, support of local philanthropies, and actively engaging in community service; and

WHEREAS, service-learning opportunities have been linked to increased awareness and understanding of the social determinants of health among medical students[2,3,4]; and

WHEREAS, the American Osteopathic Association and American Medical Association focus efforts on advocacy and community health education with any direct fundraising benefiting their respective foundations or specific, ongoing initiatives; and

WHEREAS, the SOMA Foundation, an auxiliary organization of SOMA, exists to "support the education and professional development of osteopathic medical students through a not-for-profit commitment to administering scholarships and promoting philanthropy"[5]; and

WHEREAS, one-time fundraising projects lack sustainable relationship development, and further, that those financial contributions from local chapter communities are redistributed beyond the community in which it is raised[6]; and

WHEREAS, national philanthropic projects have the potential to drain resources and time from chapters which could be directed at developing chapter-level initiatives and partnerships in their respective communities which support the mission of SOMA; and

WHEREAS, schools within a SOMA Region span diverse communities across the country with varying needs that a Region-wide philanthropy may not sufficiently address; and

WHEREAS, a lack of language exists around the purpose, process, and measureable goals of philanthropy, fundraising, and community service at the national SOMA level; now, therefore, be it

RESOLVED, that SOMA encourage the Strategic Planning Committee include national philanthropic work as a pillar of the next strategic plan; and, be it further

RESOLVED, that the Committee define the purpose, process, and goals of this national philanthropic work; and, be it further

RESOLVED, that the relationship between nationally-driven SOMA philanthropic work and the SOMA Foundation be clarified.

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Graham Willm, OMS II - Edward Via College of Osteopathic Medicine- Carolinas
Herbert Mao, OMS II – Campbell University School of Osteopathic Medicine

Action Taken: APPROVED AS AMENDED

Date: 9/18/16

Effective Time Period: Ongoing

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Resolution: S-16-01

Subject: REMOVAL OF COMMUNITY OUTREACH DIRECTORSHIP FROM SOMA NATIONAL BYLAWS

WHEREAS, SOMA has a duty to prioritize its goals to be purposeful for our members by governing with transparency, responsibility, and efficiency; striving to balance continuity with adaptability; and

WHEREAS, National Directorships are created and maintained as opportunities to serve our organization's top priorities via leadership and completion of projects of great relevance and significant time commitment, warranting a large commitment of national funds and resources; and

WHEREAS, since the Community Outreach Directorship was created, there has been two types of responsibilities that were served by this office: 1) Attempt to improve collaboration and promote community outreach among chapters, 2) Organization of community service events at national conventions; and

WHEREAS, SOMA has already adopted a system wherein region trustees promote such collaboration and recognition of community outreach within their respective regions.; and

WHEREAS, community service events at conventions have historically shown low participation, have been riddled with funding and logistical challenges, and, unlike local outreach projects, have not lead to meaningful long-term relationships in the communities in which we hold conventions; and

WHEREAS, both the American Osteopathic Foundation (AOF) and the SOMA Foundation have missions and priorities which place them in a better position to host student-friendly community service opportunities at conventions, with both organizations having repeatedly made efforts to take the lead on this front; and

WHEREAS, appointing a Community Outreach Director, year after year perpetuates a cycle of re-work and frustration for all parties involved; now, therefore be it

RESOLVED, that Article II, Section 1, Line 2, "2. Community Outreach Director" be stricken from the SOMA National Bylaws; and, be it further

RESOLVED, that SOMA support community outreach efforts through encouraging appointment of local community outreach directors by member chapters, promoting Regional Projects via Region Trustees, and strengthening SOMA's relationships with the SOMA Foundation and the American Osteopathic Foundation (AOF) by cooperating on community outreach events both locally and nationally.

Submitted by:
SOMA Board of Trustees

Action Taken: APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-02

Subject: ESTABLISHING EFFECTIVE COMMUNICATION BETWEEN SOMA AND ORGANIZATIONS THAT REPRESENT INTERNATIONAL OSTEOPATHIC MEDICAL STUDENTS

WHEREAS, the American Osteopathic Association (AOA) supports international expansion and recognition of American-trained DOs outside of the United States, as evident by the establishment and objectives of the Bureau of International Osteopathic Medicine (BIOM); and

WHEREAS, there are no osteopathic medical schools outside of the US; and

WHEREAS, the AOA recently implemented a national awareness campaign to educate the public on the Doctor of Osteopathic Medicine degree; and

WHEREAS, from 2009-2015, the number of Canadian applicants and matriculates to US osteopathic medical schools increased by 399% and 515%, respectively[1,2]; and

WHEREAS, the Canadian Osteopathic Medical Student Association (COMSA) is the only organization that actively promotes osteopathic medicine in Canada while supporting the political interests of Canadian citizens studying at an osteopathic medical school in the US; and

WHEREAS, while the American Medical Student Association (AMSA) represents and aims to address issues that pertain to Canadian citizens enrolled at Canadian and US allopathic medical schools[3], the Student Osteopathic Medical Association (SOMA) does not actively address issues that pertain to its members who are Canadian citizens enrolled at US osteopathic medical schools; and

WHEREAS, while the duties of the SOMA National Political Affairs Director include "work[ing] with other student, professional, and political organizations to enhance the political development of SOMA and its members[4]," the SOMA Political Affairs Director does not actively engage with COMSA; and

WHEREAS, increased communication between SOMA and other organizations representing international students at US osteopathic medical schools would increase both the lobbying power and effectiveness of any initiatives put forth by such groups; and

WHEREAS, the dramatic growth of osteopathic medicine requires increased support and communication with organizations that represent international students at osteopathic medical schools in order to effectively address the concerns of all osteopathic medical students and further increase osteopathic awareness internationally; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) acknowledge the expansion and concomitant demands of osteopathic medicine internationally by increasing the frequency and strength of communication between groups representing international osteopathic

medical students, such as the Canadian Osteopathic Medical Student Association (COMSA); and, be it further

RESOLVED, that the mode of communication between SOMA and such groups be at the discretion of SOMA.

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Action Taken: REFERRED TO AUTHOR

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-03

Subject: EXPLORE INCENTIVES TO INCREASE PATIENT INVOLVEMENT IN CANCER CLINICAL TRIALS

WHEREAS, In the year 2015 it is estimated that there will be over 1,650,000 new cancer cases in the United States[1]; and

WHEREAS, only 3% of cancer patients are enrolled in new clinical trials[2]; and

WHEREAS, "The limited involvement of [primary care] physicians in clinical research reduces physician referrals of patients to clinical research studies, as well as the total number of investigators available to conduct the research[4]"; and

WHEREAS, it has been suggested that a "mechanism to adequately compensate physicians for referring patients to clinical trials could improve recruitment rates of U.S. patients[4]"; and

WHEREAS, most of the patients enrolled in clinical trials are served by community oncology centers rather than academic health centers; and

WHEREAS, this is due to the fact that clinical investigators face many obstacles. These include "locating funding, responding to multiple review cycles, obtaining Institutional Review Board (IRB) approvals, establishing clinical trial and material transfer agreements with sponsors and medical centers, recruiting patients, administering complicated informed consent agreements, securing protected research time from medical school departments, and completing large amounts of associated paperwork[4]"; and

WHEREAS, as a result of these challenges, many who try their hand at clinical investigation drop out after their first trial[4]; and

WHEREAS, this exhibits a lack of progress and advancement in oncological innovation[2]; and

WHEREAS, Cancer patients should be given any and all opportunities to enroll in existing clinical trials so that they can potentially be benefitted by new medications as well as contribute to research to benefit future patients; now, therefore be it

RESOLVED, That the AOA adopt a position that more cancer patients should be enrolled in clinical trials via educational promotions; and, be it further

RESOLVED, That the AOA explore educational promotions to increase patients' awareness of clinical trial opportunities.

Explanatory Statement

The statistic of 3% of cancer patients being enrolled in clinical trials is a worrisome fact. As physicians

and as a part of a healthcare team, we should promote avenues to seek patient healing and treatment advancement such as clinical trials. Clinical trials are often covered by insurance or drug companies and as such are no cost to the patient. We should be maximizing the opportunities to improve research and our patients' health.

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Submitted by: *(List resolution authors and the school they each attend.)*
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Stephen Toth, OMS II – Ohio University Heritage College of Osteopathic Medicine
Jack Barkin, OMS II – Ohio University Heritage College of Osteopathic Medicine
Theodore Manolukas, OMS II – Ohio University Heritage College of Osteopathic Medicine

Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-04

Subject: EXPANDING GENDER IDENTITY OPTIONS ON PHYSICIAN INTAKE FORMS TO BE MORE INCLUSIVE OF LGBTQ PATIENTS

WHEREAS, according to the National Center for Transgender Equality and The National Gay and Lesbian Task Force, 90 percent of transgender people report experiencing harassment, mistreatment or discrimination on the job[1]; and

WHEREAS, according to a study by the Williams Institute, it was estimated in 2010 there were 700,000 transgender individuals living in the US[2]; and

WHEREAS, Lesbian Gay Bisexual Transgender and Queer/Questioning (LGBTQ) individuals face health disparities linked to societal stigma, victimization, and denial of civil rights; resulting in high rates of depression, anxiety, eating disorders, substance abuse, and suicide than heterosexual individuals[4]; and

WHEREAS, according to the CDC transgender women are at high risk for HIV infection. In addition, African American transgender women have the highest percentage of new HIV-positive test results[5, 6]; and

WHEREAS, patient intake forms routinely inquire about demographic information in order to allow physicians to provide them with the most relevant prevention information, and screen them for pertinent health conditions[7]; and

WHEREAS, many forms that do try to be inclusive of trans identities often only list three categories: "Male, Female, or Transgender," which does not provide ways for many gender variant people to accurately indicate their gender identity[8]; and

WHEREAS, many genderqueer or gender variant people do not personally identify as trans due to cultural beliefs, social networks, geographic locations, or a belief that it is in their past and not a present identification[9]; and

WHEREAS, including multiple questions will allow for more specific disclosure of a patient's history, better care, provide a sense of inclusivity[3]; now, therefore be it

RESOLVED, that the AOA support the inclusion of a two-part demographic inquiry on patient intake forms, requesting patients indicate their "Sex" (assigned at birth) and "Gender Identity," separately~~; and, be it further~~.

~~**RESOLVED**, that the "Gender Identity" question provide the following four options: "Male," "Female," "Transgender," and "Additional category (please specify)."~~

Explanatory Statement

It is our role as physicians to be inclusive of all gender identities, and to provide patients with the most appropriate care. Transgender and genderqueer individuals currently face significant disparities in mental health and medical health care, linked to social stigma and discrimination they encounter, when compared to heterosexual or LGB cis-gendered individuals. It is our hope that the AOA HOD would encourage physicians to make patient-intake forms more welcoming and inclusive of potential Trans and genderqueer patients, in order to reduce what can be a significant barrier to meeting their healthcare needs.

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Action Taken: APPROVED AS AMENDED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-05

Subject: HUMAN TRAFFICKING EDUCATION FOR HEALTH CARE WORKERS

WHEREAS, Human trafficking (HT) is not only prevalent globally but also takes place in the United States; and

WHEREAS, It is estimated that 18,000 men, women, and children are trafficked from other countries into the US in addition to thousands of domestic victims every year[5]; and

WHEREAS, Heath care workers have an opportunity to help victims of trafficking because they often seek medical treatment as a result of horrible working conditions and sexually transmitted infections; and

WHEREAS, It is estimated that twenty-eight to fifty percent of human trafficking victims, while in captivity, encounter a healthcare worker and are not recognized[4,7]; and, be it further

RESOLVED, that that the AOA advocate for the mandatory training of HCW in the recognition and care for victims of HT.

Explanatory Statement

The following AOA policy does not address the gravity of the situation adequately. As HT continues to grow as a problem, it is time that HCW are not just "aware" of the issue, but are trained to recognize the victims. Without hospitals requiring mandatory training, it is likely that victims will continue to go unrecognized by HCW and be forced into slavery.

"AOA policy H401-A/14 Human Trafficking—Awareness as a global health problem.
The American Osteopathic Association acknowledges human trafficking as a violation of human rights and a global public health problem encourages osteopathic physicians TO be aware of the signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking, including appropriate medical assessment and reporting to law enforcement. 2014 "

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Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-06

Subject: LGBTQ PROTECTION LAWS

WHEREAS, Title VII of the Civil Rights Act of 1964 prohibits discrimination in the workplace based on sex and guarantees equal employment opportunities[1, 2]; and

WHEREAS, despite this overarching protection of all American people, some LGBTQ rights are not protected at the state level; and

WHEREAS, for example, housing insecure individuals were more likely to report delayed doctors' visits, a poor or fair health outcome, and two or weeks more of poor health or mental health limiting daily activity in the past month[3]; and

WHEREAS, in 2011, there was a law that passed in Ohio that prohibits discrimination under state employment in cases of sexual orientation, but *not* gender orientation[4]; and

WHEREAS, oftentimes, only one parent in a same sex couple is able to claim parental rights and power of attorney, thus the other parent lacks the ability to have the same hospital rights over their own child[4]; and

WHEREAS, there is a law in Ohio that protected same sex couples from being discriminated against adopting a child, however this does not protect these couples from unequal hospital rights[4]; and

WHEREAS, over 115 Anti-LGBTQ bills were introduced in 2015, and 27 states have pending anti-LGBTQ legislation in 2016[5]; and

WHEREAS, due to the aforementioned housing, employment, and hospital rights issues, LGBTQ patients and their families are at a predisposition for adverse healthcare outcomes[3]; and

WHEREAS, these laws will authorize businesses, individuals, and taxpayer-funded entities to cite religion as a reason to refuse goods or services to the LGBT population as well as allowing adoption and foster care agencies to discriminate against same-sex couples[5, 6]; and

WHEREAS, Ohio has existing pro-equality laws and pending initiates to combat this anti-LGBTQ legislation[4, 5]; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) support the protection of LGBTQ individuals from discriminating practices and harassment; and, be it further

RESOLVED, that the AOA work with legislators to provide more comprehensive and equal rights and protections, to all patient populations.

Explanatory Statement

Despite Title VII of the Civil Rights Act of 1964 protections and recent civil rights advances, LGBTQ individuals still face several legal obstacles to secure employment, housing, and even affect the hospital rights of same-sex parents with an ill child in our care as physicians. There is no question that losing one's home or job would impact the healthcare needs and access of any of our patients, but these legal barriers, or lack of protections, have become frequently specific to LGBTQ persons due to widespread introduction of Anti-LGBTQ legislative bills. We urge the AOA HOD to support initiatives and legislation that promotes equal rights for all, and protects LGBTQ individuals from harmful discriminating practices and harassment.

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Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-07

Subject: EUGENIC SELECTION WITH PREIMPLANTATION GENETIC DIAGNOSIS

WHEREAS, Preimplanatation Genetic Diagnosis (PGD) is a technique used for prenatal diagnosis and termination of pregnancy for couples that are at an increased risk of transmitting genetic disorders to their offspring. Only embryos shown to have favorable traits are made available for implantation into the uterus; and

WHEREAS, PGD is only carried out in a few specialized centers, but rapid advances in molecular genetics are likely to promote the use of PGD and prevent adverse genetic conditions in offspring; and

WHEREAS, challenges may arise in regulating the use of PGD technology; and

WHEREAS, PGD can be used for eugenic selection to create "designer babies;" and

WHEREAS, Eugenic selection means self-selecting genetic characteristics, such as hair or eye color, to improve the human race; and

WHEREAS, designer babies refers to genetic intervention of pre-implantation embryos with the intention to influence non-pathologic phenotypic traits the resulting children will express; and

WHEREAS, there is no federal regulation of PGD in the United States; now therefore be it

RESOLVED, that that the American Osteopathic Association does not support Preimplanatation Genetic Diagnosis (PGD) to choose a fetus' traits unrelated to disease.

Explanatory Statement

Preimplantation Genetic Diagnosis can prevent inheritance of diseases such as Cystic Fibrosis, tumor suppressor genes, diabetes, obesity, depression, hemophilia, some anemias, etc. With technological advancement, parents will have the ability to choose their children's genes for non-disease traits. Selecting genetic traits in children that have no correlation with pathologies unwillingly predetermines a child's fate. For instance, preimplantation sex selection is appropriate to avoid the birth of children with genetic disorders; it is not acceptable when used solely for non-medical reasons. Phenotypes such as hair, eye, and skin color could be selected. The United Kingdom has taken an initiative to stop the selection of non-pathological traits. The AOA needs to advocate for the United States to follow this precedent.

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Submitted by:
Charles Ebersbacher, OMS II – Ohio University Heritage College of Osteopathic Medicine
Lauren Hadney, OMS II– Ohio University Heritage College of Osteopathic Medicine

Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-08

Subject: PROPOSED CREATION OF A MENTAL HEALTH TASK FORCE WITHIN THE AOA

WHEREAS depression is a growing problem in the medical community with over 400 physicians committing suicide each year[1]; and

WHEREAS a recent study of 50,000 practicing physicians and medical students demonstrated an increased incidence of severe psychological distress and a two-fold increased incidence of suicidal ideation in physicians compared with the general population[2]; and

WHEREAS physicians are often more hesitant to seek mental health treatment, although at increased risk[3]; and

WHEREAS a main barrier for physicians seeking mental health treatment is fear of stigma, professional repercussions from state medical boards, or fear of retribution[4]; and

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

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

WHEREAS physicians who are more aware of their own health show improved communication with patients, higher patient satisfaction, and less medical errors and lawsuits[5,6]; now, therefore be it

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

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

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

3. Issue white papers to the Bureau of State Governmental Affairs to assist State Societies with mental health information, common ways that medical boards handle mental health issues, and ways to advocate for better practices among state medical boards

4. Collaborate with State Divisional Societies, Specialty Society Affiliates, and Non-Practice affiliates on other relevant mental health initiatives

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

References

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Submitted by:
Daniel Krajcik, OMS III – Ohio University Heritage College of Osteopathic Medicine
on behalf of the Council of Osteopathic Student Government Presidents

Action Taken: APPROVED AS AMENDED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-09

Subject: REQUEST THAT THE SOMA NATIONAL LEADERSHIP TAKE ACTION TO INCREASE COLLABORATION WITH THE COLLEGES OF OSTEOPATHIC MEDICINE

WHEREAS, nearly 53% of practicing osteopathic physicians are under the age of 45[1] and, as such, student doctors need to become more engaged within the profession upon entering osteopathic medical school through organizations like the Student Osteopathic Medical Association (SOMA); and

WHEREAS, the objectives of SOMA includes, as outlined in Section 1 of the SOMA constitution, "Educate and prepare osteopathic leaders and advocates"[2]; and

WHEREAS, many local SOMA chapters struggle to promote professional involvement and growth in the face of highly variable support from administration or Deans at their individual Colleges of Osteopathic Medicine; and

WHEREAS, development is a stated strategic priority of SOMA and, as such, making it a priority to focus on professional growth and involvement within the Colleges of Osteopathic Medicine will not only help benefit SOMA, but will also benefit future involvement within state societies, specialty colleges, and the American Osteopathic Association (AOA); and, therefore be it

RESOLVED, that the National SOMA leadership take action to increase collaboration with the Colleges of Osteopathic Medicine, and take active steps to find ways to improve those relationships.

References

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2. Constitution of the Student Osteopathic Medical Association http://www.studentdo.org/about-us/soma-constitution-bylaws Accessed February 7th, 2016

Submitted by:
Jonathan Bardahl, OMS III - Midwestern University - Chicago College of Osteopathic Medicine
Chad Morreale, OMS III - Midwestern University - Chicago College of Osteopathic Medicine
Nicholas Tackett, OMS II - Midwestern University - Chicago College of Osteopathic Medicine
Alex Smith, OMS III - Oklahoma State University College of Osteopathic Medicine

Action Taken: REFERRED TO AUTHOR

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-10

Subject: TUITION EQUALITY FOR ALL STATE RESIDENTS AT OSTEOPATHIC COLLEGES

WHEREAS, many osteopathic colleges establish a student's state residency at the time of admission into the osteopathic college of medicine and do not permit residency changes for the student any time after their initial enrollment into the medical program; and

WHEREAS, out-of-state students that acquire in-state residency after enrolling in an osteopathic college, are not granted in-state tuition rates and therefore have a greater financial burden compared to their classmates whom were granted in-state tuition rates at time of admission[1]; and

WHEREAS, in the last seven years, the average difference between in-state and out-of-state tuition rates for first year osteopathic medical students is 12%[1]; and

WHEREAS, the average osteopathic student indebtedness at time of graduation in 2015 was $215,825[2], students paying out-of-state tuition rates, despite actually being in-state residence, had an average debt of $26,629[2] more than students paying in-state tuition rates; and

WHEREAS, recent government changes have provided both military veterans[3] and undocumented students[4] in-state tuition benefits while attending out-of-state colleges; now, therefore be it

RESOLVED, that an osteopathic college should not restrict state residency status to being granted solely at the time of initial enrollment into the osteopathic college; and, be it further

RESOLVED, that an osteopathic college of medicine allow enrolled students the opportunity to change the student's residency status at anytime during their enrollment at the osteopathic college, thereby removing the unequal financial burden that exists between students with in-state residency, regardless of when residency was established.

References

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3. Veterans Access, Choice, and Accountability Act of 2014, 38 USC 101 § 702, 113 Cong. (2014).
4. Undocumented Student Tuition: Overview. (2015, October 29). Retrieved March 17, 2016, from http://www.ncsl.org/research/education/undocumented-student-tuition-overview.aspx

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Submitted by:
Christopher Larrimore, OMS I – Nova Southeastern University College of Osteopathic Medicine
Phuong Nguyen, OMS I – Nova Southeastern University College of Osteopathic Medicine
Michelle Hoknicki, OMS II – Nova Southeastern University College of Osteopathic Medicine
Timothy Nobles, OMS II – (Nova Southeastern University College of Osteopathic Medicine)

Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-11

Subject: OUR OSTEOPATHIC OBLIGATION: A MENTAL HEALTH OVERHAUL

WHEREAS, medical students are at increased risk for anxiety, major depression, burnout, and suicide; illustrated by recent studies that have shown 20% to 44% percent of students suffer from major depressive symptoms[1-3] and 11.2% report suicidal ideation[7], which is significantly higher than those in the same age cohort in the general population; and

WHEREAS, maintaining mental health is critical to the performance of medical students, resident physicians, and attending physicians, which without treatment may lead to, "substance abuse, broken relationships, suicide, attrition from the profession, cynicism and subsequently may affect students' care of patients, relationship with faculty, and ultimately the culture of the medical profession[4]"; and

WHEREAS, studies also show that prevalence of students who go without any treatment or intervention is tragically high, at approximately 75%[5];

WHEREAS, "simply making students aware of their mental health "profile" does not appear to reduce distress, and once struggling students are identified, they need individualized support;" thus, "deans must not only make students aware of the available resources, but also address barriers to care"[4]; and

WHEREAS, many prominent medical schools across the nation have created and implemented systems aimed to improve mental health and promote academic success with astonishing results[7-12]; and

WHEREAS, heightened attention to the epidemic of medical student depression exemplifies the commitment to improvement that osteopaths should be advocating from the front lines; and

WHEREAS, Dr. Andrew Taylor (A.T.) Still founded osteopathic medicine on the treatment of "first the material body, second the spiritual being, third a being of mind which is far superior to all"[6]; and

WHEREAS, currently there are no nationwide programs to support the mental health of osteopathic professionals; and

WHEREAS, the lack of vigilance on mental health issues, in a profession whose main initiative is to provide holistic care for patients, is jarring, and we must direct our efforts toward comprehensive change to make the mental health of osteopaths a primary focus; now, therefore be it

RESOLVED, that the AOA will pioneer a paradigm shift in how osteopathic medicine will approach the tragic issues surrounding osteopathic student and physician mental health by developing and/or adopting an approved mental health screening tool to identify osteopathic professionals who are at risk and will provide confidential options for those who are identified; and, be it further

RESOLVED, that the AOA will create a task-force to manage the process of making this screening tool available to all AOA members; and be it further

RESOLVED, that the AOA shall partner with appropriate affiliate organizations to ensure that the promotion of the screening tool is a priority to the Deans of all osteopathic institutions and is highly visible to all levels of the profession.

References

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Submitted by:
Cameron Koester, OMS III – AT Still University - Kirksville College of Osteopathic Medicine
Alexander Smith, OMS III – Oklahoma State University College of Osteopathic Medicine
Elise Craig, OMS III – Michigan State University College of Osteopathic Medicine
Reeya Patel, OMS II – Des Moines University College of Osteopathic Medicine

Action Taken: DISMISSED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-12

Subject: PROTECTING OSTEOPATHIC CLINICAL ROTATION SITES FROM PROFIT-DRIVEN INTERNATIONAL MEDICAL SCHOOLS

WHEREAS, 52% of osteopathic medical schools have reported that international medical schools are a source of competition for clinical rotation sites[5]; and

WHEREAS, 93% of osteopathic medical schools have reported "Moderate/High/Extremely high" pressure to provide financial compensation incentives for new clinical rotation sites in community-based settings[5]; and

WHEREAS, New York, California, Nevada, Florida and New Jersey are several states which have seen a growing influx in international medical schools competing to secure rotation locations[2]; and

WHEREAS, St. George's, Ross, and American Universities have leveraged residency programs by providing financial compensation to secure clinical rotation sites for their students[3]; and

WHEREAS, some international medical schools have arrangements with New York hospitals where payment of approximately $400 per week per student is provided, increasing competition to expand clinical rotations for local institutions[4, 5]; and

WHEREAS, in 2016, osteopathic medical schools had 586 unmatched students of 2,982 graduates (19.7%), U.S. Citizen Students/Graduates of International Medical Schools had 2,454 unmatched students of 5,323 graduates (46.1%), and Non-U.S. Citizen Students/Graduates of International Medical Schools had 3,691 unmatched students of 7,460 graduates (49.5%)[1]; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) advocate for the American Osteopathic Association (AOA) to take action to ensure adequate opportunity for osteopathic medical students to complete their clinical rotations in advance of international medical students; and, be it further

RESOLVED, that the AOA officially adopt the position to advocate to state and local governments on behalf of osteopathic medical students to ensure adequate opportunity to complete clinical rotations in advance of international medical students.

References

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2. Goldberg, D. (2015, September 29). Med students squeezed amid wider competition for rotation space. Retrieved March 15, 2016, from http://www.capitalnewyork.com/article/albany/2015/09/8577267/med-students-squeezed-amid-wider-competition-rotation-space

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Submitted by:
Michael Bourne, OMS I – Rowan University School of Osteopathic Medicine
Kathryn Eckert, OMS II – Rowan University School of Osteopathic Medicine
Shivani Adhyaru, OMS II – Rowan University School of Osteopathic Medicine

Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-13

Subject: AOA SUPPORT EDUCATION ON AND PROVIDE RESOURCES FOR ACADEMIC DRUG ABUSE

WHEREAS, it is recognized that the academic community is becoming increasingly competitive, the reliance on academic enhancement through pharmaceuticals continues to rise[1]; and

WHEREAS, a recent study from the National Institutes of Health found that more than a third of college undergraduates reported illicit use of stimulants intended to treat ADHD. Most found the drugs to reduce fatigue while increasing reading comprehension, interest, cognition and memory[2]; and

WHEREAS, recent data suggests 62% of students diagnosed with ADHD admitted to redirecting their medicines[3]; now, therefore be it

RESOLVED, that the AOA, will support and promote community education regarding academic drug abuse; and, be it further

RESOLVED, that the AOA will support CME of physicians to ensure appropriate diagnosis, dosing, and treatment of conditions which utilize drugs abused for academic performance; and, be it further

RESOLVED, that SOMA advocate to the AOA ~~that they will~~ to provide ~~all necessary~~ resources ~~to both COCA and AACOM to~~and recommend education ~~on the long-term sequelae of~~ regarding academic drug abuse~~, and to develop and implement curriculum requirements to ensure the safety and well-being of osteopathic medical students~~.

References

1. Arria, A. M., & Dupont, R. L. (2010). Nonmedical Prescription Stimulant Use Among College Students: Why We Need to Do Something and What We Need to Do. *Journal of Addictive Diseases*, *29*(4), 417-426. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951617/
2. Albertson, T., Chenoweth, J., Colby, D., & Sutter, M. (2016). He Changing Drug Culture: Use and Misuse of Cognition-Enhancing Drugs [Abstract]. *FP Essent.*, 441:25-9. Retrieved March 21, 2016, from http://www.ncbi.nlm.nih.gov/pubmed/26881770
3. Garnier LM, Arria AM, Caldeira KM, Vincent KB, O'Grady KE, Wish ED. Sharing and selling of prescription medications in a college student sample. J Clin Psychiatry. 2010;71:262–269.

Submitted by:
Kelli Fox, OMS II – Lake Erie College of Osteopathic Medicine - Bradenton
Rebecca Scalabrino, OMS II – Lake Erie College of Osteopathic Medicine - Bradenton
Shreyas Srinivasan, OMS I – Lake Erie College of Osteopathic Medicine - Bradenton
Dominic Williams, OMS II – Lake Erie College of Osteopathic Medicine - Bradenton

Action Taken: APPROVED AS AMENDED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-14

Subject: DRUG AND ALCOHOL EDUCATION

WHEREAS, the United States Government has recognized the need for further drug and alcohol prevention on both a local and national scale; and

WHEREAS, the current estimated annual burden of abuse of tobacco, alcohol, and illicit drugs is costly to our nation, exacting more than $700 billion annually in costs related to crime, lost work productivity and health care[1]; and

WHEREAS, standards exist that support healthcare decision making, as exemplified by Next Generation Sunshine State Standards for Health Education - Standard 5, evidence suggests that young people are most seriously affected by the abuse of prescription drugs[2,3]; now, therefore be it

RESOLVED, that the AOA will support and promote community education and drug and alcohol awareness; including but not limited to developing a national drug awareness campaign, and supporting current efforts by the National Institute on Drug Abuse[4]; and, be it further

RESOLVED, that the AOA will continue to seek out and support organizations with community health aims to enable prevention based healthcare, and limit negative outcomes at all levels of society, embodying the Osteopathic philosophy.

References

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Submitted by:
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Rebecca Scalabrino, OMS II – Lake Erie College of Osteopathic Medicine - Bradenton
Shreyas Srinivasan, OMS I – Lake Erie College of Osteopathic Medicine - Bradenton
Dominic Williams, OMS II – Lake Erie College of Osteopathic Medicine - Bradenton

Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-15

Subject: CALL TO EXPAND ELIGIBILITY FOR NATIONAL BOARD OF DIRECTORS

WHEREAS, the Student Osteopathic Medical Association (SOMA) relies upon the National Board of Directors to effectively meet the goals of the organization and to provide value to its members; and

WHEREAS, SOMA's interests and members are best served by the selection of the most engaged, motivated, and committed individuals for appointment to the National Board of Directors; and

WHEREAS, such individuals may not have held the office of National Liaison Officer or President of a local chapter; and

WHEREAS, the designation "Alternate Delegate" has not been uniformly applied or recorded at each SOMA House of Delegates in recent past; and

WHEREAS, an individual who has attended two SOMA House of Delegates would have as much exposure to the process, rules, and actions of that body as someone designated "Alternate Delegate"; now, therefore be it

RESOLVED, that ARTICLE II, Section 2, of the SOMA Bylaws be modified with the following changes:

Section 2. Applicant Eligibility Criteria.

In order to be eligible to serve in any National Board of Director position, applicants shall be active members of this Association and shall currently or have previously served as the president or NLO of a local SOMA Chapter or have ~~served as a delegate or alternate for~~ attended two SOMA National Conventions and be nominated by their Chapter President or NLO. National Board of Directors Chair, Convention Director, Membership and Alumni Affairs Director, Strategic Partnerships Director, and Senior Pre- SOMA Director applicants shall currently or have previously served as National Officers. For the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director, it is recommended (but not required) that applicants have currently or previously served as National Officers.

Submitted by:
Brianna Barbosa-Angles, OMS II – University of New England College of Osteopathic Medicine
Katharyn Downs Cassella, OMS II – Marian University College of Osteopathic Medicine
Nicholas Tackett, OMS II – Midwestern University - Chicago College of Osteopathic Medicine
Simran Behniwal, OMS II – Touro University Nevada College of Osteopathic Medicine

Action Taken: APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-16

Subject: USE OF AOA "DOCTORS THAT DO" BRAND AWARENESS CAMPAIGN FUNDS TO ESTABLISH PRE-SOMA CHAPTERS

WHEREAS, it is a goal of the AOA to "raise awareness and visibility of osteopathic medicine in the US"[1]; and

WHEREAS, the "Doctors That DO" brand awareness campaign is part of the AOA strategic plan for 2014-2016 to increase osteopathic awareness by 10%[1]; and

WHEREAS, undergraduate involvement is an important influencing factor in career choice[3]; and

WHEREAS, student to student academic involvement is one of the most significant factors for career choice in both students who have not chosen a major and students who have chosen a major[5]; and

WHEREAS, the states with the highest number of osteopathic physicians are California, Texas, Michigan, Ohio, Pennsylvania, Florida and New York[4]; and

WHEREAS, other than California, no state has greater than two Pre-SOMA chapters and Texas and Pennsylvania have no Pre-SOMA chapters[2,4]; and

WHEREAS, a total of only 31 undergraduate institutions nationwide have Pre-SOMA Chapters;[2] now, therefore be it

RESOLVED, that SOMA advocate to the AOA to use a portion of its brand awareness campaign funding to increase the amount of national Pre-SOMA chapters by 100% by the end of 2018; and, bet it further

RESOLVED, that National SOMA challenge each of the 39 individual SOMA chapters to create at least 3 Pre-SOMA chapters at nearby universities by 2018.

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2. http://www.studentdo.org/presoma/pre-soma-chapters/currentchapters-presoma
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4. http://www.osteopathic.org/inside-aoa/about/aoa-annual-statistics/Pages/where-we-practice.aspx
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Submitted by:
Adam Cassella, OMS II – Marian University College of Osteopathic Medicine
Katharyn Downs Cassella, OMS II – Marian University College of Osteopathic Medicine
Joseph Aleshaki, OMS II – Marian University College of Osteopathic Medicine
Paige Langhals, OMS II – Marian University College of Osteopathic Medicine

Action Taken: NOT APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-17

Subject: INCREASING THE AVAILABILITY OF NALOXONE FOR OVER THE COUNTER USE

WHEREAS, the use and abuse of heroin and opioids have reached costs of $11 Billion annually[7]; and

WHEREAS, in 2014, 47,055 deaths were due to accidental drug overdose[3]; and

WHEREAS, 18,893 of those deaths were related to addiction to prescription opioid pain relievers[3]; and

WHEREAS, 10,574 of those deaths were related to heroin[3]; and

WHEREAS, a 2013 study showed in a number of states and countries that naloxone offered few or no scenarios that increased costs over what is being spent on current heath care interventions[4]; and

WHEREAS, another 2013 study shows that, in 19 Massachusetts communities, overdose education and nasal naloxone distribution (ONED) decreased opioid overdose fatality near 50% and decreased opioid overdose death rate near 30%[5,6]; and

WHEREAS, as of February 2nd, 2016 Naloxone (Narcan) is dispensed with a prescription from all 7,800 CVS stores[1]; and

WHEREAS, as of February 2nd, 2016, only 14 states allow for non-prescription sale of Naloxone (Narcan)[1]; and

WHEREAS, in 2010 it was reported that since respondent programs began training and distributing naloxone to 53,032 persons and received reports of 10,171 overdose reversals[8]; and

WHEREAS, President Obama has proposed $1.1 Billion in funding to address the prescription and opioid abuse and heroin use epidemic[8]; therefore be it

RESOLVED that SOMA advocate to the AOA for supporting legislation to increase over the counter access to naloxone without a prescription in all fifty states.

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Action Taken: REFERRED TO AUTHOR

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-18

Subject: OSTEOPATHIC MEDICAL STUDENT TRAINING FOR CARE AT THE END OF LIFE

WHEREAS, elderly adults are disproportionally affected by chronic conditions drastically affect quality of life, diminish function, and place great burdens on personal resources[1,2,3]; and

WHEREAS, a practical tool to address psychosocial factors in those with chronic conditions and terminal illness is the advance care plan; and

WHEREAS, advance care plans have been documented to alleviate unnecessary burdens, improve quality of life, and provide better understanding of important medical decisions across the continuum of life[4,5]; and

WHEREAS, the awareness is lacking in the general public[6], and nearly 70 percent of Americans do not have an advance directive[7,8]; and

WHEREAS, the need to increase awareness of the value of end-of-life planning and normalizing discussions regarding preference-based decision making at the end of life is a vital public health issue; and

WHEREAS, of patients admitted to hospitals, less than 50 percent of severely or terminally ill have their advance directive in their medical records[9]; and

WHEREAS, between 65 to 75 percent of physicians that had patients with advance directives did not know they existed[9]; and

WHEREAS, since Congress passed The Patient Self-Determination Act of 1990, hospitals reimbursed by Medicare and Medicaid have been mandated to educate staff and patients about the patient's right to a natural death; and

WHEREAS, current practice includes inquiring if the patient has an advance directive, but rarely offers follow-up questions regarding end-of-life preferences or to clarify the goals of advance care planning – this leads to patients declining offers of discussing end-of-life preferences due to lack of understanding[10]; and

WHEREAS, although physicians have positive attitudes toward discussion of advance care planning and are confident in discussing them with patients, less than half of patients are engaged in such discussions[11,12]; and

WHEREAS, in one study only 42 percent of the cases where specific care instructions that were outlined by an advance care plan were discussed with the patient by their physicians[13]; and

WHEREAS, the need for greater physician involvement in end of life discussions is associated with an increasingly aging population; and

WHEREAS, as such the need for proper education and engagement of future physicians regarding the value and key elements of advance care planning is apparent[14]; and

WHEREAS, many medical students express a lack in knowledge and experience in advance care planning competencies[14,15]; and

WHEREAS, the early exposure to end of life concepts may build confidence in discussing end of life considerations with patients, and may position future doctors to better address the end-of-life needs of future patients[16]; now, therefore be it

RESOLVED, that SOMA recommend to the AOA to support training of osteopathic medical students in advance care planning and end of life care as part of undergraduate medical education*;* and, be it further

RESOLVED, that SOMA recommend to the AOA to add that adequate training of student doctors as an integral component to the AOA's position on end of life care.[17]

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Action Taken: REFERRED TO AUTHOR

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-19

Subject: TELECONFERENCE IMPLEMENTATION FOR GME INTERVIEWS

WHEREAS, average student loan debt for a medical student graduating from a public institution is $167,763 and $190,053 from a private institution, in addition to debt from undergraduate and other previous degrees[1]; and

WHEREAS, the average student spends thousands of dollars during the residency match process for application and travel fees[2,3]; and

WHEREAS, loans for residency application and traveling have to be taken in addition to student loans for tuition and cost of attendance, and are only available through private loans[4]; and

WHEREAS, students from lower socioeconomic classes are disproportionally burdened by increasing debt[5]; and

WHEREAS, increases in teleconferencing capabilities have shown to be effective in utilization, time management, and cost savings in many realms of medical education[6]; and

WHEREAS, teleconferencing could increase access for medical education based in rural and underserved areas[7]; now, therefore be it

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

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Action Taken: APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-20

Subject: SUPPORT FOR TITLE X FUNDED FAMILY PLANNING SERVICES

WHEREAS, family planning, as defined by the World Health Organization, consists of consulting with individuals and couples on their desired number of children and spacing of their births by means of contraceptive methods[1]; and

WHEREAS, family planning has been declared one of the top ten public health accomplishments of the 20th century by the Centers for Disease Control (CDC) because of its direct impacts on physical, social, and mental health.[2] Access to family planning has reduced maternal and infant morbidity and mortality, saving the lives of mothers and children.[3] It also reduces the need for abortions, including unsafe abortions, and gives women more social and economic mobility in their lives[1,4]; and

WHEREAS, the American Osteopathic Association (AOA) states that they "will take whatever actions are necessary to ensure Osteopathic physicians can continue to offer their patients complete, objective, informed advice in a confidential, culturally sensitive manner on all aspects of reproductive issues" [H425-A/12 REPRODUCTIVE ISSUES -- COUNSELING FEMALE PATIENTS][5]; and

WHEREAS, despite physician support and the clear health benefits provided by family planning services, over half of all women of reproductive age in the US, totaling in 37.9 million, remain in need of these services.[6] Furthermore, unintended pregnancy continues to be a problem in the US as 45% of pregnancies are unintended and 42% of those pregnancies end in abortion[7]; and

WHEREAS, such high-unintended pregnancy rates also place a significant financial burden on federally funded public insurance programs, demonstrated by the fact that two-thirds of unintended births are paid for mainly by Medicaid. Overall, unintended pregnancy costs federal and state governments $21 billion in public expenditures [8]; and

WHEREAS, the Title X (Pub L No. 91-572) National Family Planning Program was enacted in 1970 to reaffirm and recognize that reproductive health is "a fundamental human right that 'governments are legally and morally obligated to protect, respect and fulfill'"[9]; and

WHEREAS, since its enactment, Title X funding is prohibited from use for abortion services [9]; and

WHEREAS, publicly funded family planning and contraceptive services prevent over two million unintended pregnancies and 700,000 abortions every year. The majority of public funds for family planning are supplied through Medicaid and Title X. These programs not only prevent unintended pregnancy, they also provide $13.6 billion of net savings to federal and state governments.[10] Title X federal funding, however, has decreased by 60% between 1980 and 1999, mostly due to decreased political support [9]; now, therefore be it

RESOLVED, that the official position of the Student Osteopathic Medical Association (SOMA) shall be that Title X funded family planning services are critical components of public health and primary health care; and, be it further

RESOLVED, that SOMA shall advocate for Title X funded family planning services; and, be it further

RESOLVED, that SOMA recommends the AOA to adopt these or equivalent positions.

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Action Taken: APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: S-16-21

Subject: FORMALIZING THE RELATIONSHIP BETWEEN SOMA AND THE SOMA FOUNDATION

WHEREAS, the Student Osteopathic Medical Association (SOMA) and the Student Osteopathic Medical Foundation work in close association; and

WHEREAS the Student Osteopathic Medical Association (SOMA) and the Student Osteopathic Medical Foundation established a joint Task Force to define the relationship between the organizations; and

WHEREAS the Student Osteopathic Medical Association (SOMA) and the Student Osteopathic Medical Foundation Task Force has proposed specific amendments to the SOMA Constitution and Bylaws; now, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) Constitution, Article VII- National Officers, Section 7. Board of Trustees, Subsection 1. Members of the Board of Trustees shall be amended as follows:

> "The Board of Trustees shall be comprised of the Elected National Officers, as well as the appointed National Board Liaison. Each member will have control of one vote. The AOA Student Trustee and the Chairperson of the SOMA Foundation shall serve as ex-officio members of the Board of Trustees and shall attend all meetings of the Board but shall not have a vote."

; and, be it further

RESOLVED, that the Student Osteopathic Medical Association (SOMA) Bylaws shall be amended by adding the following:

> **ARTICLE IX- SOMA Foundation**
>
> **Section 1. Definition.** The SOMA Foundation is a 501(c)(3) non profit organization incorporated in the State of Illinois and is designated as a 509(a)(3) supporting organization with SOMA acting as the supported organization.
>
> **Section 2. Appointing the Foundation Chairperson.** The current Board of the SOMA Foundation shall interview candidates during the fall meeting of the House of Delegates and select an incoming Foundation Chairperson in accordance with their established Bylaws. The SOMA Board of Trustees will at their discretion approve and appoint the nominated incoming Foundation Chairperson.

Submitted by:
The SOMA/SOMA Foundation Task Force
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Action Taken: APPROVED

Date: 04/15/2016

Effective Time Period: Ongoing

Resolution: F-15-01

Subject: AOA SUPPORT FOR NEEDLE EXCHANGE PROGRAMS

WHEREAS, in 1988, Congress instated a ban of federal funding for needle and syringe exchange programs[1]; and

WHEREAS, despite a brief reprieve of the ban in 2009, Congress reinstated the ban of federal funds for carrying out programs that distribute sterile needles for injection of illegal drugs in 2011[2]; and

WHEREAS, this ban is based on unfounded fears that such programs would show government support of illegal drug use, worsen public health and safety, and teach children that drug use is acceptable[1]; and

WHEREAS, blood borne pathogens such as HIV and viral hepatitis are transmitted effectively through needles[2]; and

WHEREAS, the estimated number of new HIV infections in 2010, among people who inject drugs, was 3,820 [3]; and

WHEREAS, in 2011, there were 1229 cases of new Hepatitis C infections, a 45% increase since 2010, of which 387 of those new infections were in people who reported IV drug use[5]; and

WHEREAS, an average intravenous drug abuser (IVDA) injects with syringes around 1000 times per year[4]; and

WHEREAS, nearly 32% of injection drug users report sharing needles[4]; and

WHEREAS, access to sterile syringes can reduce transmission of pathogens among those who inject drugs illicitly[2]; and

WHEREAS, an Australian study published in 2002 looked at 103 cities and showed that HIV infection rate declined by an average of 18.6% annually within the 36 cities that had needle exchange programs[7]; and

WHEREAS, needle exchange programs have been found to decrease the frequency of needle sharing without causing an increase in frequency of illicit drug use[2,4]; and

WHEREAS, needle exchange programs can provide IV drug users with information about treatments for drug abuse and other social services, medical supplies such as alcohol wipes and condoms, and testing, vaccinations, and counseling for HIV, TB, STDs, and viral hepatitis infections[2]; and

WHEREAS, needle exchange programs have been shown to be cost-effective, saving $7.6 million dollars in health care expenses for HIV infections while only spending $1.8 million in cost of sterile syringes[4]; and

WHEREAS, the cost of a needle exchange program to prevent one HIV infection in an injected drug user in the United States is $4,000-$12,000 versus the $379,668 average lifetime cost of treating an injected drug user infected with HIV[6]; and

WHEREAS, needle exchange programs are endorsed by the American Medical Association (AMA) (HS-95.958), World Health Organization (WHO), U.S Centers for Disease Control and Prevention (CDC), and the Institute of Medicine (IOM)[2]; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) supports repealing the ban on federal funding for syringe exchange programs; and be it further

RESOLVED, that the AOA supports ~~syringe exchange programs and encourage physicians to refer patients to~~patient education of such programs.

References

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Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-02

Subject: IMPLEMENTATION OF A STANDING COMMITTEE TO SUPPORT INTERNATIONAL OSTEOPATHIC MEDICAL STUDENTS AND OSTEOPATHIC MEDICINE INTERNATIONALLY

WHEREAS, the American Osteopathic Association (AOA) supports international expansion and recognition of American-trained DOs outside of the United States, as evident by the establishment and objectives of the Bureau of International Osteopathic Medicine (BIOM); and

WHEREAS, the objectives of the Student Osteopathic Medical Association (SOMA), as outlined in Section 1 of the SOMA constitution[1], states: "To contribute to the welfare and education of osteopathic medical students… and to promote Osteopathic ideals and unity within the profession"; and

WHEREAS, maintaining and supporting the osteopathic international identity and the success of DOs and osteopathic medical students internationally are important and worthy objectives; and

WHEREAS, effective communication between SOMA and other groups representing osteopathic medical students would increase the lobbying power of osteopathic medical students, and therefore increase the effectiveness of any initiatives put forth by any such group; and

WHEREAS, in this last year, the Canadian Osteopathic Medical Student Association (COMSA) and a few local SOMA chapters worked together on a letter campaign aimed at protecting the DO title from proposed legislative changes in the province of British Columbia, Canada, and during this endeavour, it was found that the largest barrier to the effective spread of the campaign was the lack of communication and direct connections to members of each of these political bodies; and

WHEREAS, the creation of a standing committee (ex. "Student International Osteopathic Medicine Officer") would be a realistic and effective way to unite groups of international osteopathic medical students (ex. Canadian Osteopathic Medical Student Association) and SOMA; and

WHEREAS, the dramatic growth of osteopathic medicine internationally requires increased support and communication between local, national, and international organizations to effectively address the concerns of all osteopathic medical students and further increase osteopathic awareness internationally; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) acknowledge the expansion and concomitant demands of osteopathic medicine internationally through the implementation of a standing committee (ex. " Student International Osteopathic Medicine Officer") specifically designated to communicate with and support groups representing international osteopathic medical students; and, be it further

RESOLVED, that the responsibilities of this position include: to serve as a liaison between SOMA and other groups, task forces, and/or committees representing the international osteopathic

profession; to assist with the demands of the rapidly growing osteopathic profession, both within the United States and abroad; to assist, as required, National SOMA Officers, members, and organizations in carrying out their duties to meet the objectives of SOMA, and; to further increase the expansion of osteopathic medicine internationally.

References

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Action Taken: NOT APPROVED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-03

Subject: ~~COLLEGES OF OSTEOPATHIC MEDICINE PROVIDING~~ HEALTH INSURANCE AVAILABILITY TO OSTEOPATHIC MEDICAL STUDENTS ~~OVER THE AGE OF 26~~

WHEREAS, The Affordable Care Act "requires plans and issuers that offer dependent coverage to make the coverage available until the adult child reaches the age of 26"[1]; and

WHEREAS, the average age of incoming Osteopathic medical students has been reported as between 24 and 25 years old by The DO[2], and the overall average age has been reported in another study by AACOM as 29 years old[3], indicating that the issue of health insurance coverage will need to be addressed by the majority of osteopathic medical students during their education; and

WHEREAS, individuals without income do not qualify for subsidized healthcare on the government's Healthcare Exchange and must either pay for healthcare ~~in full~~ or rely on Medicaid if the school does not offer health insurance; and

WHEREAS, Medicaid and government health programs place a burden on taxpayers, as the budget for Medicaid, along with Medicare, CHIP, and marketplace subsidies, cost $836 billion of the federal government's budget before being matched by participating states[5]; and

WHEREAS, the average monthly premium of health insurance in the United States for a 30-year old is $204 - $483[4] depending on state; and

WHEREAS, Colleges of Medicine do not consistently provide health insurance; now, therefore, be it

~~**RESOLVED,** that SOMA advocate that the AOA provide all necessary resources to Colleges of Osteopathic Medicine in order to ensure affordable healthcare options for all students without having to rely on Medicaid, including those that are nontraditional or over the age of 26; and, be it further~~

RESOLVED, that the AOA utilize its ~~connections and~~ resources to advocate for subsidized and more affordable healthcare for Osteopathic Medical Students for the duration of their education~~; and, be it further~~.

~~**RESOLVED**, that the AOA require all Colleges of Osteopathic Medicine to provide an affordable option, of which they are allowed to deny, for health insurance for their students.~~

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Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-04

Subject: NATIONAL HEALTH SERVICE CORPS' INCLUSION OF EMERGENCY MEDICINE FOR SCHOLARSHIPS AND LOAN REPAYMENT

WHEREAS, The Society of Academic Emergency Medicine identified Emergency Medicine (EM) as an area of need with only 55 percent of the demand for EM physicians being met in 2005[1]; and

WHEREAS, the relief for this shortage has come largely from primary care physicians getting substantial EM experience and receiving board certification in EM.[2] This has the potential to further diminish physicians working in the primary care fields; and

WHEREAS, the National Health Service Corps (NHSC) application states that the purpose of the loan re-payment program is "to provide primary health services in eligible communities of need designated as health professional shortage areas."[3]; and

WHEREAS, the NHSC only recognizes Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics, and Mental Health for the purpose of scholarships and loan repayment[3]; and

~~**WHEREAS**, The American Association of Family Physicians (AAFP) defines primary care as "that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sig, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin..., organ system or diagnosis."[4]; and~~

WHEREAS, in rural communities family practice physicians are more likely to spend up to 80% of their time on emergent and urgent care demonstrating a need for board certified emergency physicians.[5]; and

WHEREAS, "Patients experiencing acute illness are likely to visit the Emergency Department (ED) due to barriers to primary care access. A recent study found that less than half of all acute care visits in the United States are made to patients' personal Physicians, even if patients have a primary care physician."[6]; therefore be it

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

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Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-05

Subject: PROTECTING AMERICAN CONSUMERS BY INCLUSION OF ADDED SUGAR INFORMATION TO FDA NUTRITION AND SUPPLEMENT FACT LABELS

WHEREAS, the United States Food and Drug Administration (FDA) is responsible for the requirements for nutrition information on food labels in the US (1); and

WHEREAS, the purpose of the FDA's Nutrition Facts label, introduced in 1993, was to help Americans make informed food choices to sustain healthy diets (2); and

WHEREAS, reduction of chronic illness, diabetes or its complications can be influenced by changing behavioral risk factors, such as specific dietary choices (3); and

WHEREAS, approximately 25 percent of Americans with Type 2 diabetes are undiagnosed, and an additional 57 million Americans are at risk of developing diabetes (4); and

WHEREAS, the 2010 Dietary Guidelines for Americans now recommends limiting the consumption of added sugar to maintain healthy diets (5); and

WHEREAS, added sugar is currently not listed on the FDA Nutrition Label and on average, Americans consume 16 percent of their total calories from added sugars; and

WHEREAS, the FDA label currently requires the declaration of "sugar" and the proposed label rule would require declaration of "added sugars" as well. The FDA acknowledges that "added sugars provide no additional nutrient value" (6); and

WHEREAS, in August 2014, the American Cancer Society issued a statement strongly supporting the FDA recommendation to modify the Nutrition and Supplement Facts labels and include the added sugars content with a proposal for a Daily Value for added sugars to put the data in context. (7); and

WHEREAS, in July 2015, the FDA proposed new labeling that included creating a Percent Daily Value (PDV) based on an added sugar limit of 50 grams for adults and 25 grams for 22.children less than 3 years old. This was based on the premise that daily intake of calories from added sugar not exceed 10 percent of total calories (8); and

WHEREAS, there is a need to amend the FDA labeling regulations to include added sugar information on the label and a need to decrease overall sugar consumption. In addition, there is a need to strongly support the FDA July 2015 proposal creating a Daily Value base for added sugar with gram recommended limits; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) officially adopt the position that the FDA should modify the Nutrition and Supplement Fact labels to include added sugar content. In addition, SOMA should strongly support the FDA's proposal for Percent Daily

Value of added sugar based on maximum daily limit and as a percentage of total calories; and, be it further

~~**RESOLVED**, that SOMA recommend the American Osteopathic Association request the Food and Drug Administration (FDA) be attentive in their monitoring of information that is given to consumers making informed dietary decisions; and, be it further~~

RESOLVED, that SOMA recommend the American Osteopathic Association support the FDA's proposal of July, 2015, as a supplement to their March 2014 proposed rule, to modify the Nutrition and Supplement Fact labels and include added sugar content along with the inclusion of maximum Percent Daily Value for added sugar based on a percentage of total calories, and that the AOA add this to their advocacy agenda for public health so consumers can make informed dietary choices and reduce their intake of added sugar.

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Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-06

Subject: REDUCING MEDICARE FRAUD AND MEDICAL IDENTITY THEFT BY SUPPORTING THE MEDICARE COMMON ACCESS CARD ACT OF 2015 (S. 1871/H.R. 3220)

WHEREAS, Medicare was created in 1965 to provide a health insurance program for older Americans under Title II of the Social Security Act. In 1972, Medicare was expanded to include prescription drug coverage, disabled persons, and people 65 or older (1); and

WHEREAS, in 1966, almost 19 million people originally enrolled in Medicare. Currently, there are 55 million Americans who use Medicare cards (2); and

WHEREAS, Medicare cards today still display Social Security numbers and other personal information on the front of the card which creates the risk of identity theft (2); and

WHEREAS, approximately 2 million American adults were medical ID-theft victims in 2014 and Medicare loses almost $60 billion annually to fraud and waste (3); and

WHEREAS, in July 2015, a bipartisan bill was introduced to the US House of Representatives and a companion bill to the US Senate, the Medicare Common Access Card Act of 2015 (S. 1871/H.R. 3220), to establish a smart card pilot program under the Medicare program; and

WHEREAS, The proposed Medicare Common Access Card Act of 2015 (CAC) recommends using the same embedded chip technology that the Department of Defense currently uses for all military personnel to prevent medical fraud and ID theft, to verify identities, and to prevent improper access to files and facilities (4); and

WHEREAS, the purpose of CAC is to improve accuracy and efficiency in Medicare billing to prevent fraud in order to increase time that could be spent on patient care, and lessen time spent on paperwork; and

WHEREAS, The CAC would require regular monitoring and review of Medicare beneficiaries' Medicare records to identify and address inaccurate charges and instances of fraud (5); and

WHEREAS, the CAC pilot program would be implemented, with smart card technology, in 3 high risk geographic areas with data and findings to be reported and analyzed in 2 years; and

WHEREAS, there is a need to strongly support the Medicare Common Access Card Act of 2015 in order to reduce abuse of seniors' benefits, reduce medical identity theft and fraud, and to increase time with patients; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) officially adopt the position of supporting the Medicare Common Access Card Act of 2015 (S. 1871/H.R. 3220) in order to reduce medical identity theft, fraud and abuse; and, be it further

RESOLVED, that SOMA recommend the American Osteopathic Association (AOA) support the Medicare Common Access Card Act of 2015 (S. 1871/H.R. 3220) and ask the AOA to add this to their advocacy agenda in order to reduce medical identity theft, fraud and abuse and increase patient care time by lessening the burden of paperwork.

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Action Taken: NOT APPROVED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-07

Subject: CALL TO ACTION FOR AOA TO RECOMMEND THAT COCA AND AACOM ~~MANDATE~~ PROVIDE MINIMUM CURRICULUM REQUIREMENTS THAT ALLOW ALL OSTEOPATHIC MEDICAL STUDENTS ACCESS TO COURSEWORK IN BUSINESS MEDICINE

WHEREAS, the Commission on Osteopathic College Accreditation (COCA) does not currently mandate a minimum curriculum requirement regarding: managerial accounting, establishing a practice, insurance provider systems, and clinical administration[1]; and

WHEREAS, the Blue Ribbon Commission Report has found that one of the five principles of a new and better, "pathway of educating future osteopathic physicians is a focus on health care delivery science, including comprehension of health care policy," [2]; and

WHEREAS, evolving changes in both healthcare payer systems and the costs of healthcare influences medical care provided[3]; and

WHEREAS, thirty-nine percent of all physicians in private practice fail to bill office visits correctly on their first attempt[4]; and

WHEREAS, the growth of MD/MBA joint programs has increased fifty percent in the last fifteen years, signaling an increase in interest in business management education in graduating physicians and improved cooperation between university business colleges and allopathic medical schools[5]; and

WHEREAS, twenty percent of all upper level hospital administration, including but not limited to Chief Executive Officers, are board certified physicians actively practicing medicine in conjunction to their administrative duties[6]; and

WHEREAS, a recent study has found a lack of business training has adverse effects on doctors and other healthcare professionals' entry into the professional world after medical school[7]; and

WHEREAS, the COCA Standards and Procedures Handbook Section 6.5.1 requires that graduates of Osteopathic programs demonstrate knowledge of practice management applicable to medical practice while failing to ~~mandate~~ provide coursework pertaining to business in medicine[1]; now, therefore, be it

RESOLVED, that SOMA shall advocate to the American Osteopathic Association (AOA) to encourage the American Association of Colleges of Osteopathic Medicine (AACOM) and COCA to develop and implement curriculum requirements that will ensure all osteopathic students have access to coursework in business medicine that includes a minimum base knowledge regarding: managerial accounting, establishing a practice, insurance provider systems, clinical administration, and the financial costs of providing health care.

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Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-08

Subject: AOA TO TAKE THE POSITION THAT STRICTER GUN LAWS ARE SUPPORTIVE TO ATTAINING THE HIGHEST LEVEL OF PUBLIC SAFETY AND PUBLIC HEALTH

WHEREAS, the AOA has made previous policy statements regarding firearm safety [H406-A/14 FIREARM SAFETY] and firearm violence [H312-A/13 FIREARM VIOLENCE], in which it has taken support of: the safe and secure storage of guns, preserving the ability of physicians to educate and counsel their patients on firearm violence, advancing research to reduce firearm violence, and improving access to mental health services and resources; and

WHEREAS, the AOA has no policy regarding the support of regulations that prevent certain persons from purchasing and possessing firearms; and

WHEREAS, firearms are dangerous consumer goods and should be regulated as such; and

WHEREAS, states which do not regulate private gun sales, have less strict permit-to-purchase (PTP) licensing systems, or do not have gun owner accountability measures, export significantly more guns used by criminals to other states that have adopted stricter gun sales regulations [1,2]; and

WHEREAS, states with less strict or no firearm legislations have higher firearm related mortality rates, higher costs, and a higher loss in potential years of life in comparison to states that have adopted stricter firearm legislations[3]; and

WHEREAS, PTP laws that gave law enforcement discretion in issuing permits were associated with 76% lower rates of exporting guns to criminals, while PTP laws that did not allow discretion but still required fingerprinting of purchasers were associated with 45% lower rates of exporting guns to criminals in other states[4]; and

WHEREAS, states with PTP laws tend to have lower firearm-related death rates than states without these laws after controlling for demographic, economic and other differences across states[5]; and

WHEREAS, changes causing more strict PTP laws in specific states lead to reduced suicide rates[6]; and

WHEREAS, in cases where states have repealed PTP laws there are increases in firearm-related homicide rates and increases in the risk of nonfatal shootings of police officers[7]; and

WHEREAS, the homicide rate in America is seven times higher than the combined homicide rate of 22 other high-income countries, being due to the fact that the firearm homicide rate in the U.S. is twenty times greater than in these other high-income countries[8]; and

WHEREAS, mortality resulting from firearms in America remains the highest in the world[8]; and

WHEREAS, more than 31,000 people a year in America die from gunshot wounds[9]; and

WHEREAS, firearms are the second leading cause of injury-related deaths after motor vehicle accidents in America[10]; and

WHEREAS, 73,505 persons were treated in hospital emergency departments for non-fatal gunshot wounds[9,11]; and

WHEREAS, in 2005, firearm-related deaths and injuries resulted in medical and lost productivity expenses of about $32 billion[9]; now, therefore, be it

RESOLVED, the AOA take the position that stricter gun laws are supportive to the attainment of the highest level of public safety; and, be it further

RESOLVED, the AOA support legislation attempting to restrict the purchase of firearms and legislation attempting to implement protective measures like strict permit to purchase, fingerprinting and background checks in regards to the purchase of firearms for the sake of public safety and public health.

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Action Taken: NOT APPROVED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-10

Subject: ADVOCACY AND ACTION IN REGARDS TO UNEQUAL OPPORTUNITIES FOR RESIDENCY POSITIONS FOR GRADUATES OF AMERICAN COLLEGES OF OSTEOPATHIC MEDICINE IN NORTH AMERICA AND INTERNATIONALLY

WHEREAS, the American Osteopathic Association (AOA) supports international expansion and recognition of American-trained DOs outside of the United States, as evident by the establishment and objectives of the Bureau of International Osteopathic Medicine (BIOM); and

WHEREAS, the objective of the Student Osteopathic Medical Association (SOMA), as outlined in Section 1 of the SOMA constitution[1], state, "to contribute to the welfare and education of osteopathic medical students […] and to promote osteopathic ideals and unity within the profession"; and

WHEREAS, maintaining and supporting the osteopathic international identity and the success of DOs and Osteopathic Medical Students internationally are important and worthy objectives; and

WHEREAS, respectably, 70 countries[2] have granted equal practice rights for American trained DOs to MDs, there is still advocacy and action that needs to be taken to ensure that DO students are seen and accepted as fully equal to MDs in other regards; and

WHEREAS, while the DO profession is going through such historic changes like the AOA/ACGME unification, it is an opportune time to lobby international governing bodies to gain further equality for DOs; and

WHEREAS, in some countries where equal practice rights have been granted to DOs, like in Canada, graduates of American Colleges of Osteopathic Medicine do not face the same opportunities as graduates of American Colleges of Medicine in regards to equal residency training positions, and are discriminated against in this regard, simply for graduating from a College of Osteopathic Medicine; and

WHEREAS, it can be seen that by further improving access to residency training in these countries it creates more opportunities for all graduates of osteopathic medicine, regardless of nationality, and improves the status of DOs on the international stage; and

WHEREAS, such restrictions on the ability of graduates of Osteopathic Medical students to obtain residency positions in their home countries hinders the effective and efficient spread of osteopathic medicine in North America and to the rest of the world; now, therefore, be it

RESOLVED, that SOMA and the AOA continue and strengthen efforts to spread the osteopathic profession internationally by advocating and acting on issues of inequality for DOs and DO students wishing to practice osteopathic medicine internationally; and, be it further resolved

RESOLVED, that SOMA and the AOA continue their advocacy campaigns and extend the scope of these campaigns beyond the achievement of licensure to additionally promote institutional acceptance of DOs for residency and fellowship training internationally

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Action Taken: NOT APPROVED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-11

Subject: ADVOCATE FOR HARM REDUCTION MODALITIES TO BE AVAILABLE AT BOTH STATE AND FEDERAL LEVELS FOR PEOPLE WITH SUBSTANCE USE DISORDERS

WHEREAS, injection drug use continues to be a public health problem in the United States; and

WHEREAS, comprehensive resources are lacking for people who inject drugs; and

WHEREAS, harm reduction ~~strategies~~ modalities such as opioid replacement therapies (ORTs), needle exchange programs (NEPs), and safe injection facilities (SIFs) reduce harm and promote health among people who inject drugs[3]; and

WHEREAS, NEPs are not available in United States prisons, and SIFs are not available in the United States; and

WHEREAS, the American Osteopathic Association supports improved quality and accessibility of healthcare services as well as NEPs[2], therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) will officially adopt the position that increased harm reduction modalities should be available at the state and federal level to benefit people with substance abuse disorders; and be it further

RESOLVED, that the SOMA recommend the American Osteopathic Association advocate for increased harm reduction modalities at both state and federal levels.

Explanatory Statement

SOMA should urge the AOA to stand behind policy that would increase access to effective harm reduction strategies for people who inject drugs including increasing access to NEPs and SIFs. While many states offer NEPs, many state and federal facilities- including all prisons- do not offer NEPs, leaving vulnerable populations at increased risk to the deleterious effects of injection drug use.[4,5] Studies have consistently shown that SIFs have led to fewer risky injection behaviors, fewer overdose deaths, increased use of drug rehabilitation services, and more efficient use of public resources.[1,3] SIFs have been operating in European countries since the 1980s and have been initiated in Sydney in 2001 and Vancouver in 2003.[1,3]

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Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-12

Subject: CALL TO REPLACE HEALTH DISPARITIES DIRECTOR WITH HEALTH EQUITY DIRECTOR

WHEREAS, the term 'health disparities' is used colloquially to describe inequalities in health between groups of disparate social advantages; and

WHEREAS, these disparate social advantages have been established as perpetuating existing disparities in achieving personal and communal health amongst disenfranchised groups in the United States by the Centers for Disease Control and Prevention (CDC) in its Health Disparities and Inequalities Report[1]; and

WHEREAS, the term 'disparities', defined as "different from each other"[2], fails to encompass the unjust inequities that exist between social groups; and

WHEREAS, the term 'equity', defined as it relates to health as "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically"[3] better articulates the moral and ethical issues surrounding these inequalities; and

WHEREAS, we are humans before we are health professionals, the term 'health equity' additionally addresses the underlying human rights issues that influence health inequities; and

WHEREAS, in order to achieve true health equity, we must go beyond remedying specific health inequalities and focus on creating a system in which politically, socially, and economically marginalized groups enjoy the same standard of health as the most socially advantaged[4,5]; and

WHEREAS, adopting the term 'health equity' elicits a call to action toward equal opportunity to be healthy for all populations groups; and

WHEREAS, this call is ethically tied to the Osteopathic Oath in that we "will be ever vigilant in aiding in the general welfare of the community"[5]; and

WHEREAS, leading health groups, including the World Health Organization and the Institute of Medicine, amongst others, have adopted the term 'health equity' regarding their efforts to monitor and affect change in the existent health inequalities in our world; and

WHEREAS, changing the title from Health Disparities Director to Health Equity Director would establish a commitment to not only educate members on existing health inequities, but also to promote actions that make health care an equal asset to all people irrespective of their social determinants while also bringing SOMA into congruence with other organizations so committed; now, therefore be it

RESOLVED, that ARTICLE II, Section 1, of the SOMA Bylaws be modified with the following changes:

ARTICLE II – National Board of Directors

Section 1. Appointed Members of the National Board of Directors.
1. National Board of Directors Chair (Shall also serve on the Board of Trustees)
2. Community Outreach Director
3. Convention Director
~~4. Health Disparities Director~~
4. HEALTH EQUITIES DIRECTOR
5. Membership and Alumni Affairs Director
6. Strategic Partnerships Director
7. Osteopathic Practice & Principles Director
8. Professional Development Director
9. Political Affairs Director
10. Senior Pre-SOMA Director
11. Junior Pre-SOMA Director
12. Public Relations Director
13. Research Director
14. Web Content Director
15. Resolutions Director

References

1. CDC Health Disparities & Inequalities Report (CHDIR). (2015, September 10). Retrieved September 25, 2015.
2. Definition of disparate by Mirriam-Webster. (2015). Retrieved September 24, 2015.
3. Equity. (n.d.). Retrieved September 26, 2015, from http://www.who.int/healthsystems/topics/equity/en/
4. Braveman, P. (2003). Defining equity in health. *Journal of Epidemiology & Community Health*, 254-258.
5. Osteopathic Oath. (n.d.). Retrieved September 25, 2015.

Submitted by:
Nicholas Tackett, OMS-II - Midwestern University - Chicago College of Osteopathic Medicine
Ashley Czworniak, OMS-II - Midwestern University - Chicago College of Osteopathic Medicine
Jenni Adams, OMS-II - A.T. Still University - School of Osteopathic Medicine in Arizona

Action Taken: NOT APPROVED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-13(late)

Subject: CREATION OF SOMA PARLIAMENTARIAN FROM RESOLUTIONS DIRECTOR

WHEREAS, the duties of the Resolutions Director and Chair of the Resolutions Committee were originally functions of the SOMA Vice President; and

WHEREAS, for several years these duties have required dedicated attention so as to be deemed necessary for the Vice President to delegate them to another individual; and

WHEREAS, last year, the SOMA House of Delegates (HOD) created a new position of Resolutions Director, as a member of the National Board of Directors (NBD) to permanently oversee these duties; and

WHEREAS, the origination of these duties from within the role of the Vice President, a member of the SOMA Board of Trustees (BOT) gave the individual in this role greater foresight into the working order of SOMA than is possible from a NBD position; and

WHEREAS, migration of the role of Resolutions Director back to a position within the Board of Trustees would allow greater flexibility and knowledge in this role without presenting a financial hardship to the organization; now, therefore be it

RESOLVED, that the position of Resolutions Director, currently an appointed member of the SOMA National Board of Directors, be dissolved; and, be it further

RESOLVED, that the position of National Parliamentarian be created as an elected national officer as a member of the SOMA Board of Trustees, to assume the duties and responsibilities of the current Resolutions Director; and, be it further

RESOLVED, that the National Parliamentarian be elected via special election by the SOMA House of Delegates at the 2016 Spring SOMA Conference for the 2016-17 term of office; and, be it further

RESOLVED, that the position be elected for subsequent terms of office in accordance with Article VII, Section 3, of the Constitution of this association; and, be it further

RESOLVED, that the Constitution of the Student Osteopathic Medical Association be amended as follows:

ARTICLE VII - National Officers

Section 1. Elected National Officers. The Elected National Officers shall consist of:

1. A National President who shall be the Chairman of the Board of Trustees;
2. A National Vice President who shall also serve as the Speaker of the House of Delegates;
3. A National Treasurer;

4. A National Parliamentarian;
5. Regional Trustee (one from each region).

Section 2. Eligibility for Elected Office. All Officers must be active members of the Association. Candidates for National President shall currently or have previously served on the Board of Trustees. Candidates for National Vice President shall currently or have previously served on the Board of Trustees or National Board. ~~Candidates for National Parliamentarian shall currently or have previously served on the Resolutions Committee.~~ Candidates for the position of Region Trustee and National Parliamentarian shall currently or have previously served as the president or NLO of a local SOMA Chapter or have served as a delegate or alternate for two SOMA National Conventions and be nominated by their Chapter President or NLO. Additionally, the Region Trustee must be a student from within the region they will represent.~~, in addition to being from the region.~~

ARTICLE XIII - Amendments to the Constitution and Bylaws and Governing Policies

Section 2. Amendment Submission. Any member(s) of the Association may author an amendment to these Constitution and Bylaws or Governing Policies with required three (3) member co-sponsorship(s) by submitting the amendment accompanied by a brief explanation to the ~~National Vice President~~ National Parliamentarian and the National SOMA Office at least twenty-one days prior to the next meeting of the House of Delegates. Governing Policy Amendments submitted to the Board of Trustees shall be submitted at least twenty-one days prior to the date of vote on the amendment.

; and, be it further

RESOLVED, that the Bylaws of the Student Osteopathic Medical Association be amended as follows:

ARTICLE I - Resolution

Section 1. Resolution Submission. Any member(s) of the Association may author a resolution by submitting the resolution, with member co-sponsorship(s), to the ~~Resolutions Chair~~ National Parliamentarian at least twenty-one days prior to the next meeting of the House of Delegates.

Section 8. Resolution Committee.

2. Chair. The ~~Resolutions Director~~ National Parliamentarian shall serve as the Chair of the House of Delegates Resolution Committee. The Chair shall appoint all members of the House of Delegates Resolution Committee from the above nomination list and any other members who he/she feels necessary to complete the business of the Resolution Committee. The Chair of the Resolution Committee shall also act as SOMA Delegate to the AOA House of Delegates.

ARTICLE II – National Board of Directors

Section 1. Appointed Members of the National Board of Directors.

1. National Board of Directors Chair (shall also serve on the Board of Trustees)
2. Community Outreach Director
3. Convention Director
4. Health Disparities Director
5. Membership and Alumni Affairs Director
6. Strategic Partnerships Director
7. Osteopathic Practice & Principles Director
8. Professional Development Director
9. Political Affairs Director
10. Senior Pre-SOMA Director
11. Junior Pre-SOMA Director
12. Public Relations Director
13. Research Director
14. Web Content Director
~~15. Resolutions Director~~

Submitted by:

Matthew Smith, OMS IV - SOMA Resolutions Director, Oklahoma State University College of Osteopathic Medicine
Lucas Littleton, OMS III - Lincoln Memorial University - DeBusk College of Osteopathic Medicine
John Carlson, OMS IV – SOMA Vice President, Lincoln Memorial University - DeBusk College of Osteopathic Medicine

Action Taken: APPROVED AS AMENDED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: F-15-14(late)

Subject: ELIGIBILITY CRITERIA FOR NATIONAL BOARD OF DIRECTORS POSITIONS

WHEREAS the Student Osteopathic Medical Association (SOMA) Bylaws outline the eligibility requirements for members that seek to apply for positions on the SOMA National Board of Directors, and

WHEREAS, for the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director, the Bylaws currently require that applicants have current or previous service as SOMA National Officers, and

WHEREAS, there currently is no option or possible solution delineated in the Bylaws for when there are no applicants who meet the prior National leadership service eligibility standard,

WHEREAS, appropriate changes in the eligibility requirements would address this issue, while simultaneously allowing the Board of Trustees the freedom to place the best qualified applicant in these National Board of Directors positions, regardless of prior National experience level; now, therefore be it

RESOLVED, that the eligibility criteria for the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director be changed to recommend (without specifically requiring) prior service on as a National Officer of SOMA; and, be it further

RESOLVED, that Article II, Section 2 of the SOMA Bylaws be amended as follows to reflect this change:

> Section 2. Applicant Eligibility Criteria. In order to be eligible to serve in any National Board of Director position, applicants shall be active members of this Association and shall currently or have previously served as the president or NLO of a local SOMA Chapter or have served as a delegate or alternate for two SOMA National Conventions and be nominated by their Chapter President or NLO. National Board of Directors Chair and Senior Pre-SOMA Director applicants shall currently or have previously served as National Officers. For the positions of Convention Director, Membership and Alumni Affairs Director, and Strategic Partnerships Director, it is recommended (but not required) that applicants shall have currently or previously served as National Officers.

Submitted by:
Elections Criteria Task Force
John Carlson, OMS IV- Lincoln Memorial University – DeBusk College of Osteopathic Medicine, Chair

Action Taken: APPROVED

Date: 10/18/2015

Effective Time Period: Ongoing

Resolution: Res-S-15-01

Subject: DO DAY ON THE HILL AS A MANDATORY SESSION FOR SPRING CONVENTION

WHEREAS, the SOMA Constitution states that SOMA shall "Educate and prepare osteopathic leaders and advocates" and that SOMA "shall utilize our direct affiliation with the AOA to advance the interests and viewpoints of osteopathic medical students"; and

WHEREAS, attendance at DO Day on the Hill is aligns with SOMA's mission statement of preparing SOMA leaders for their roles as advocates of the osteopathic profession; and

WHEREAS, attendance at DO Day on the Hill aligns with SOMA's mission to utilize our direct affiliation with the AOA to advance the interests and viewpoints of osteopathic medical students; and

WHEREAS, currently SOMA does not currently consider attendance by elected SOMA delegates at DO Day on the Hill as a required session for spring conventions; and

WHEREAS, attendance at DO Day on the Hill by elected SOMA delegates increases local chapter attendance and enhances chapters' ability to promote DO Day on the Hill to incoming members; and

WHEREAS, an attendance requirement may be necessary for some delegates to be permitted by their school to travel to DO Day on the Hill; therefore be it

RESOLVED, that SOMA make DO day on the Hill a required attendance session for elected voting delegates, without penalty in outstanding circumstances to be determined by the Board of Trustees.

Submitted by:
Taylor Craft, OMS II (Oklahoma State Univ. College of Osteopathic Medicine)
Jon Bardahl, OMS II (Midwestern Univ. Chicago College of Osteopathic Medicine)

Alexander Smith, OMS II (Oklahoma State Univ. College of Osteopathic Medicine)
Cord Gothard, OMS I (Oklahoma State Univ. College of Osteopathic Medicine)
Gershon Koshy, OMS I (Oklahoma State Univ. College of Osteopathic Medicine)

Action Taken: APPROVED
Date: 03/07/2015
Effective Time Period: ONGOING

Resolution: Res-S-15-02

Subject: SUPPORT FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES' (HHS) ADVISORY COMMITTEE ON BLOOD AND TISSUE SAFETY AND AVAILABILITY (ACBTSA) VOTE TO RECOMMEND A ONE-YEAR DEFERRAL FOR BLOOD DONATION IN REGARDS TO MEN WHO HAVE SEX WITH MEN (MSM) BEHAVIOR

WHEREAS, the American Osteopathic Association (AOA) stands with the American Red Cross, American Blood Centers, and American Association of Blood Banks (AABB) in calling to end the indefinite deferment period for Men who have sex with Men (MSM), and supports the American Red Cross, AABB, and American Blood Banks request that the Food and Drug Administration (FDA) modify the exclusion criteria for MSM to be consistent with deferrals for those judged to be at an increased risk of infection and

WHEREAS, our knowledge surrounding methods of HIV/AIDS screening is continually expanding and the most recent Center for Disease Control (CDC) HIV testing algorithm recommendation was updated in June of 2014, increasing sensitivity and specificity of the test, as well as decreasing the turnaround time for test results and

WHEREAS, recent research sponsored by the National Heart, Lung, and Blood Institute (NHLBI) demonstrated the feasibility and performance of a pilot transfusion transmissible infections (TTI) surveillance system, and established baseline infection rates and historical risk factors of TTIs that will enable regulators to evaluate any new blood safety policy and

WHEREAS, recent research sponsored by the National Heart, Lung, and Blood Institute (NHLBI) also demonstrated that MSM donors who do not comply with current regulations had lower HIV infection rates than reported in surveillance date for all MSM, suggesting noncompliant donors believe that they have a lower risk of infection, and that 51 percent of the noncomplying donors reported that they would follow a one-year deferral and

WHEREAS, several other countries have successfully switched to fixed-period MSM deferrals, including Australia, which has seen no measurable change in HIV-positive donors after switching to a one-year deferral in 2000, so be it

RESOLVED, that the American Osteopathic Association (AOA) supports the HHS' ACBTSA recommendation of a one-year deferral for blood donation in regards to MSM behavior and, be if further

RESOLVED, that the AOA urges the FDA to support a sustainable, well-funded hemovigilance system to track TTIs alongside any proposed change in the policy

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Submitted by:
Jordan Zabo, OMS II (Edward Via College of Osteopathic Medicine-Virginia Campus)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-03

Subject: PROTECTING AMERICAN CONSUMERS BY INCLUSION OF ADDING SUGAR INFORMATION AND SPECIFIC CONSUMPTION RECOMMENDATION OF ADDED SUGAR TO NUTRITION LABELS

WHEREAS, the United States Food and Drug Administration (FDA) is responsible for the requirements for nutrition information on food labels in the US (1): and

WHEREAS, the purpose of the FDA's Nutrition Facts label, introduced in 1993, was to help Americans make informed food choices to sustain healthy diets and live healthy lifestyles (2): and

WHEREAS, Obesity rates have tripled in the last 25 years and now affect 17% of all children in the United States (3): and,

WHEREAS, Obese children are more likely to have risk factors for chronic illness and cardiovascular disease, such as high cholesterol or high blood pressure, diabetes and certain types of cancer including colon, breast and kidney (4): and,

WHEREAS, Promoting health and thereby reducing chronic disease risk through consumption of healthily diets and maintenance of healthy body weights are stated goals of the government according to Healthy People 2020 (5): and,

WHEREAS, Approximately 25 percent of Americans with Type 2 diabetes are undiagnosed, and an additional 57 million Americans are at risk of developing diabetes from unhealthy diets and lifestyles (6): and

WHEREAS, reduction of chronic illness, diabetes or its complications can be influenced by changing behavioral risk factors, such as specific dietary choices (7); and,

WHEREAS, The Nutrition and Weight Status objective for Healthy People 2020 supports the health benefits of eating a healthful diet, maintaining healthy body weight and encourages efforts to change diet and weight (8): and,

WHEREAS, The 2010 Dietary Guidelines for Americans now recommends limiting the consumption of added sugar to maintain healthy diets (9): and,

WHEREAS, The FDA is currently proposing updating the Nutrition Facts label to require information about “added sugars” are added to the label (10): and,

WHEREAS, Added sugar is currently not listed on the FDA Nutrition Label and on average, Americans consume 16 percent of their total calories from added sugars, and,

WHEREAS, the FDA is aware of the need to make calories and serving sizes more prominent to address current public health issues and chronic diseases such as obesity, diabetes, and cardiovascular disease (11): and,

WHEREAS, The FDA label currently requires the declaration of “sugar” and the proposed label rule would require declaration of “added sugars” as well. The FDA acknowledges that “added sugars” provide no additional nutrient value” (12): and,

WHEREAS, in 2014, the FDA began their required review of public comments on the new labeling proposals that included the mandatory declaration of “added sugars” in order to make a formal decision (13): and,

WHEREAS, there is a need to amend the FDA labeling regulations to provide updated nutrition information on the label, to assist consumers in maintaining healthy diets and to decrease overall sugar consumption. In addition, there is also a need for the FDA to issue a specific recommendation for consumption of “added sugar”: now, therefore be it

RESOLVED, the Student Osteopathic Medical Association (SOMA) will officially adopt the position the FDA should update nutrition information on the Nutrition label, specifically to include sugar and “added sugar” and that a specific recommendation for consumption of “added sugar” be included, and be it further,

RESOLVED that SOMA recommend the American Osteopathic Association support the immediate inclusion of sugar and “added sugar” to the FDA Nutrition Label along with the inclusion of a specific consumption recommendation and that the AOA add it to their advocacy

46. agenda for public health.

(1)http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm
(2)http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm#Summary
(3) http://www.cdc.gov/obesity/childhood/index.html
(4) http://www.cdc.gov/obesity/downloads/childrensfoodenvironment.pdf
(5) https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status
(6) https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes http
(7) https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives
(8) https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives
(9) *U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010.*
(10)http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm#Summary
(11) https://www.federalregister.gov/articles/2014/03/03/2014-04387/food-labeling-revision-of-the-nutrition-and-supplement-facts-labels
(12)http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm#images
(13) http://www.reuters.com/article/2014/08/04/us-sugar-labels-idUSKBN0G40X020140804

Submitted by:
Alexander Senetar, OMS I (Chicago College of Osteopathic Medicine)
Thanh Luu, OMS II (Chicago College of Osteopathic Medicine)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-04

Subject: ATTENDANCE AT SOMA CONVENTIONS

WHEREAS, Attendance at the Annual Summer SOMA Convention in Chicago (hereafter referred to as Summer Convention) constitutes an important component of leadership development; and

WHEREAS the Summer Convention allows for SOMA chapter leaders to interact with National SOMA leaders, encouraging their continued involvement with SOMA on the national level; and

WHEREAS, the Summer Convention is held in conjunction with the annual AOA House of Delegates Meeting;

WHEREAS, attendance at the Summer Convention allows for interactions between SOMA and members of the AOA and their staff;

WHEREAS, nearly all chapters send a delegation to Chicago at present;

WHEREAS, some SOMA chapters receive additional travel funds from their schools in consideration of required attendance ; now, therefore, be it

RESOLVED, That Article III, Section 9, Subsection 1 of the SOMA Bylaws be altered to read as follows:

"1. President and NLO Attendance. National SOMA requires that, at a minimum, the local chapter President and the National Liaison Officer (or their proxies) attend Fall and Summer Conventions, and that one outgoing and one incoming officer (or their proxies) attend Spring Convention. Other local officers and local chapter members are also encouraged to attend the spring and fall conventions. Any exceptions to this policy shall be offered on a case-by-case basis by the Region Trustee for said chapter."

Submitted by:
Otto Shill, OMS-III (Arizona College of Osteopathic Medicine)
Christie Mun, OMS-III (Arizona College of Osteopathic Medicine)

Action Taken: APPROVED AS AMENDED

Date: 03/07/2015

Effective Time Period: (If a policy statement, just say *"Ongoing," otherwise specify a time)*

Resolution: Res-S-15-05

Subject: RECOMMENDATION FOR AOA TO SUPPORT EXPANSION OF UNIVERSITY HEALTH CARE SERVICES OFFERED TO CURRENT STUDENTS AND THEIR DEPENDENTS TO PROMOTE PREVENTIVE MEDICINE AND TO INCLUDE, AMONG OTHER SERVICES, WOMEN'S HEALTH, MEN'S HEALTH, SEXUAL HEALTH AND MENTAL HEALTH

WHEREAS, the university affiliated health clinics at each of the undergraduate or graduate school campuses serve as a primary care facility for many students and families of students; and

WHEREAS, many osteopathic students utilize the health insurance provided by the university and accepted at university affiliated health clinics; and

WHEREAS, each of the university affiliated health clinics should operate within the appropriate scope of practice and in line with current screening and treatment recommendations provided by evidence-based medicine; and

WHEREAS, UpToDate and the CDC currently recommends annual STI screening for all asymptomatic sexually active males and females; and

WHEREAS, screening for HPV, the causative agent of several cancers including but not limited to cervical, or pharyngeal, is recommended to be performed at least every 3 years for females under the age of thirty and without a previous abnormal pap smear; and

WHEREAS, providing family planning services including ensuring access to contraception in all its forms to women and couples in order to protect the autonomy of female patients to choose when to become pregnant as it relates to the overall health and well-being of the mother, child and family; and

WHEREAS, the availability and accessibility of confidential counseling and psychotherapy as well as other mental health services is essential in the management of stress, anxiety, and other academic difficulties that may greatly

affect medical students and their families throughout enrollment; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association recommend the AOA support the expansion of university health services provided for students and their dependents to include all preventative care issues including but not limited to women's health, men's health, sexual health and mental health.

Submitted by:
Jordan Hitchens, OMS II, (Campbell University School of Osteopathic Medicine)
Wesley Jones, OMS II, (Campbell University School of Osteopathic Medicine)
Liza Gibbs, OMS II, (Campbell University School of Osteopathic Medicine)
Venus Oliva, OMS II, (Campbell University School of Osteopathic Medicine)
Neil Bhathela, OMS II, (Campbell University School e of Osteopathic Medicine)
Margaret Shaffer, OMS II, (Campbell University School of Osteopathic Medicine)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-06

Subject: REQUEST FOR AOA TO RECOMMEND THAT COCA SUPPORT EXPANSION OF UNIVERSITY HEALTH CARE SERVICES OFFERED TO CURRENT STUDENTS AND THEIR DEPENDENTS TO PROMOTE PREVENTIVE MEDICINE AND TO INCLUDE, AMONG OTHER SERVICES, WOMEN'S HEALTH, MEN'S HEALTH, SEXUAL HEALTH AND MENTAL HEALTH.

WHEREAS, the university affiliated health clinics at each of the undergraduate or graduate school campuses serve as a primary care facility for many students and families of students; and

WHEREAS, many osteopathic students utilize the health insurance provided by the university and accepted at university affiliated health clinics; and

WHEREAS, each of the university affiliated health clinics should operate within the appropriate scope of practice and in line with current screening and treatment recommendations provided by evidence-based medicine; and

WHEREAS, UpToDate and the CDC currently recommends annual STI screening for all asymptomatic sexually active males and females; and

WHEREAS, screening for HPV, the causative agent of several cancers including but not limited to cervical, or pharyngeal, is recommended to be performed at least every 3 years for females under the age of thirty and without a previous abnormal pap smear; and

WHEREAS, providing family planning services including ensuring access to contraception in all its forms to women and couples in order to protect the autonomy of female patients to choose when to become pregnant as it relates to the overall health and well-being of the mother, child and family; and

WHEREAS, the availability and accessibility of confidential counseling and psychotherapy as well as other mental health services is essential in the management of stress, anxiety, and other academic difficulties that may greatly

affect medical students and their families throughout enrollment; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association requests the support of the AOA in providing a recommendation to COCA to support the expansion of university health services provided for students and their dependents to include all preventative care issues including but not limited to women's health, men's health, sexual health and mental health.

Submitted by:
Jordan Hitchens, OMS II, (Campbell University School of Osteopathic Medicine)
Wesley Jones, OMS II, (Campbell University School of Osteopathic Medicine)
Liza Gibbs, OMS II, (Campbell University School of Osteopathic Medicine)
Venus Oliva, OMS II, (Campbell University School of Osteopathic Medicine)
Neil Bhathela, OMS II, (Campbell University School e of Osteopathic Medicine)
Margaret Shaffer, OMS II, (Campbell University School of Osteopathic Medicine)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-07

Subject: CALL TO ACTION FROM AOA TO ENCOURAGE STANDARDIZATION OF THE ADMISSIONS NON-DISCRIMINATION CLAUSE ADOPTED BY EACH OF THE 35 CAMPUSES OF THE AOA AFFILIATED COLLEGES OF OSTEOPATHIC MEDICINE TO INCLUDE RACE, RELIGION, COLOR, SEX, GENDER IDENTITY, SEXUAL ORIENTATION, DISABILITY, VETERAN OR MILITARY STATUS, NATIONAL ORIGIN, AND CREED.

WHEREAS, at least 19 of the Colleges of Osteopathic Medicine already include sexual orientation in their current non-discriminatory clauses; and

WHEREAS, the Student Osteopathic Medical Association (SOMA) already includes sexual orientation in their non-discriminatory policy “Neither the Association nor its constituent chapters may refuse membership on the basis of race, religion, color, gender, sexual orientation, disability, national origin or creed”; and

WHEREAS, all schools receiving public funds including Federal Loans and Pell Grants must operate in compliance with Titles VI and VII of the Civil Rights Act of 11964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 102 and 302 of the Americans with Disabilities Act of 1990; and

WHEREAS, the core value of diversity, included in at least 10 college of medicine missions, supports the cultivation of a comprehensive health care approach unique to osteopathic medicine, which acknowledges the innate connections between mind, body and spirit; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association supports the standardization of the nondiscrimination clause across all 35 osteopathic medical schools to ensure that no present or future osteopathic medical student be discriminated against based on race, religion, color, sex, gender identity, sexual orientation, disability, veteran or military status, national origin or creed.

Submitted by:
Jordan Hitchens, OMS II, (Campbell University School of Osteopathic Medicine)
Wesley Jones, OMS II, (Campbell University School of Osteopathic Medicine)
Liza Gibbs, OMS II, (Campbell University School of Osteopathic Medicine)
Venus Oliva, OMS II, (Campbell University School of Osteopathic Medicine)
Neil Bhathela, OMS II, (Campbell University School e of Osteopathic Medicine)
Margaret Shaffer, OMS II, (Campbell University School of Osteopathic Medicine)

Action Taken: APPROVED AS AMENDED

Date: 03/07/2015

Effective Time Period: ***Ongoing***

Resolution: Res-S-15-08

Subject: CALL TO ACTION FROM AOA AND AACOM TO ENCOURAGE STANDARDIZATION OF THE ADMISSIONS NON-DISCRIMINATION CLAUSE ADOPTED BY EACH OF THE 35 CAMPUSES OF THE AOA AFFILIATED COLLEGES OF OSTEOPATHIC MEDICINE TO INCLUDE RACE, RELIGION, COLOR, SEX, GENDER IDENTITY, SEXUAL ORIENTATION, DISABILITY, VETERAN OR MILITARY STATUS, NATIONAL ORIGIN, AND CREED.

WHEREAS, at least 19 of the Colleges of Osteopathic Medicine already include sexual orientation in their current non-discriminatory clauses; and

WHEREAS, the Student Osteopathic Medical Association (SOMA) already includes sexual orientation in their non-discriminatory policy “Neither the Association nor its constituent chapters may refuse membership on the basis of race, religion, color, gender, sexual orientation, disability, national origin or creed”; and

WHEREAS, all schools receiving public funds including Federal Loans and Pell Grants must operate in compliance with Titles VI and VII of the Civil Rights Act of 11964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 102 and 302 of the Americans with Disabilities Act of 1990; and

WHEREAS, the core value of diversity, included in at least 10 college of medicine missions, supports the cultivation of a comprehensive health care approach unique to osteopathic medicine, which acknowledges the innate connections between mind, body and spirit; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association recommend the AOA and AACOM support the standardization of the nondiscrimination clause across all 35 osteopathic medical schools to ensure that no present or future osteopathic medical student be discriminated against based on race, religion, color, sex, gender identity, sexual orientation, disability, veteran or military status, national origin or creed.

Submitted by:
Jordan Hitchens, OMS II, (Campbell University School of Osteopathic Medicine)
Wesley Jones, OMS II, (Campbell University School of Osteopathic Medicine)
Liza Gibbs, OMS II, (Campbell University School of Osteopathic Medicine)
Venus Oliva, OMS II, (Campbell University School of Osteopathic Medicine)
Neil Bhathela, OMS II, (Campbell University School e of Osteopathic Medicine)
Margaret Shaffer, OMS II, (Campbell University School of Osteopathic Medicine)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-09

Subject: HEALTH CARE AS A FUNDAMENTAL HUMAN RIGHT

WHEREAS, Article II of the AOA Constitution states, "The objectives of this Association shall be to promote the public health"[1], and

WHEREAS, Article IV, Section I of the AOA Constitution states that the Code of Ethics "shall cover duties of physicians to patients, duties of physicians to other physicians and to the profession at large, and responsibilities of physicians to the public"[1], and

WHEREAS, the United States has recognized the human right to health through the Universal Declaration of Human Rights (article 25), Convention on the Elimination of all forms of racial discrimination (article 5), and the American Declaration on the Rights and Duties of Man (article 11)[3], and

WHEREAS, the constitution of the World Health Organization states, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", illustrating that health care be available, accessible, and of appropriate quality[4], therefore be it

RESOLVED, that SOMA declare that health care is a human right as a fundamental principle, and so be it

RESOLVED, that the American Osteopathic Association amend their Code of Ethics to include a section declaring health care to be an essential safeguard to human life and dignity and that health care is a fundamental right.

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

[1]American Osteopathic Association Constitution & Bylaws. Accessed from AOA web site 10/06/2014. http://www.osteopathic.org/inside-aoa/about/leadership/Documents/aoa-constitution-and-bylaws.pdf

[2]National Economic & Social Rights Initiative. National Alliances for the Human Right to Health Care. http://www.nesri.org/programs/health

[3]Rudiger, Anja. "Why the New Health Reform Law Fails to Meet Human Rights Standards". Accessed from web site 10/06/2014 https://www.nesri.org/sites/default/files/OA_presentation_3-31-10.pdf

[4]World Health Organization. Accessed from web site 10/06/2014 http://www.who.int/hhr/en/.

Submitted by:
Daniel Ebbs, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Will Goodrich, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Tim Lemaire, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Stanton P. Jasicki, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Julian Hirschbaum OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Anne Callen Washofsky OMS II (Alabama College of Osteopathic Medicine)
Nkeiruka Banda, OMS II (Pacific Northwest University-School of Osteopathic Medicine)
Hannah E. Simpson, OMS-II (Touro College of Osteopathic Medicine)
Heidi E. Kipers, OMS II (Arizona College of Osteopathic Medicine)
Starr Matsushita, OMSI (A.T. Still University-School of Osteopathic Medicine in Arizona)
Seth Loofbourrow, OMSI (A.T. Still University-School of Osteopathic Medicine in Arizona)
Amanda Mika, OMSI (A.T. Still University-School of Osteopathic Medicine in Arizona)
Jenni Adams, OMSI (A.T. Still University-School of Osteopathic Medicine in Arizona)

Co-Sponsors: *PNWU, TouroCOM-Harlem, AZCOM*

Action Taken: APPROVED AS AMENDED

Date: 03/07/2015

Effective Time Period: ***Ongoing***

Resolution: Res-S-15-10

Subject: ADDRESSING ISSUES REGARDING RESIDENCY SALARIES

WHEREAS graduating medical student debt levels have increased 6.3 percent per year since 1992, outpacing the 2.5% increase in inflation during the same time period [1],

WHEREAS federal graduate loan interest rates are set to increase from 5.41% to 6.64% by 2015 [2],

WHEREAS the average resident salary is 55,300 [3], which for an 80 hour work week is roughly $13.00 an hour,

WHEREAS average residency salaries have remained stagnant for the past 40 years despite increases in debt and costs of living [4],

WHEREAS some mid-level providers, who have fewer responsibilities, are paid significantly more than residents [5],

WHEREAS these financial burdens place added strain on residents and their families, and may contribute to decreased physician satisfaction, especially in primary care

RESOLVED, that SOMA shall advocate to all relevant organizations, including the ACGME, to increase residency salaries and be it further

RESOLVED, that SOMA shall advocate for the AOA and ACGME to review residency salaries as the Single Accreditation System is implemented.

Submitted by:
Ashley Fritz, OMS II (Lake Erie College of Osteopathic Medicine-Seton Hill)
Connie Lorenzo, OMS II (Lake Erie College of Osteopathic Medicine-Seton Hill)
Samantha Huzzar, OMS II (Lake Erie College of Osteopathic Medicine-Seton Hill)
Adam Kerestes, OMS II (Lake Erie College of Osteopathic Medicine-Seton Hill)

Action Taken: REFERRED TO AUTHOR
Date: 03/07/2015
Effective Time Period:

Resolution: Res-S-15-11

Subject: REQUIRING NATIONAL MANDATORY VACCINATIONS, WITHOUT EXEMPTION, TO PROTECT PUBLIC HEALTH

WHEREAS, the U.S. Department of Health and Human Services (HHS) is the United States government's main agency responsible for protecting the health of Americans. The National Vaccine Program Office (NVPO) and Vaccines.gov website, within the U.S. Department of Health and Human Services (HHS), are responsible for providing vaccine information and resources to the general public (1): and,

WHEREAS, the National Vaccine Program Office coordinates federal agencies to carry out the goals of the National Vaccine Plan and works with the Center for Disease Control, CDC, as a part of the U.S. Department of Health and Human Services (2): and,

WHEREAS, the HHS has the authority, under the Public Health Service Act, to mandate regulations to prevent the introduction, transmission, and spread of communicable diseases. Current federal regulations do not include any exemption free, mandatory, vaccination programs (3): and,

WHEREAS, the United States Food and Drug Administration (FDA), is an agency within the Department of Health, responsible for protecting the public health. The FDA requires up to 10 or more years of testing for all vaccines in ensure public safety before they are licensed (4): and,

WHEREAS, in August 2010 the US Court of Appeals for the Federal Circuit upheld a decision that found insufficient evidence to link childhood vaccines and autism, thus reaffirming the safety of vaccinations. This decision upheld the finding in eighteen major scientific studies (5): and,

WHEREAS, according to The Congressional Report, dated May 21, 2014, many states already have laws allowing for mandatory vaccinations during a public health emergency or outbreak of a communicable disease (6): and,

WHEREAS, wide spread use of vaccines has helped to eradicate small pox worldwide and worked to wipe out polio, measles, and rubella in the US (7): and,

WHEREAS, incomplete vaccine coverage in the US increases the risk of disease for the entire population, including those already vaccinated, because it reduces the effective application of the theory of herd immunity (8): and,

WHEREAS, exempting anyone from mandatory vaccination, for religious or personal reasons could cause loss of herd immunity, and substantially increase risks even to vaccinated individuals (9): and,

WHEREAS, measles is a highly contagious, acute disease that could lead to serious complications and death. Measles was declared eliminated in the United States in 2000 however; measles continues to have serious outbreaks in the US (10): and,

WHEREAS, in 2013, The CDC reported that the biggest outbreaks of measles were caused by small groups of people who were unvaccinated due to their personal concerns about vaccination safety or religious beliefs against vaccinations (11): and,

WHEREAS, according to the CDC, in 2014, the US had a record number of measles cases reported with 644 cases from 27 states. A majority of those cases were linked to an outbreak originated at Disneyland in California. In addition, from January 1-30th, 2015, 102 people from 14 states were reported to have measles with the majority of the people being unvaccinated (12): and,

WHEREAS, in the wake of recent outbreaks of previously thought eradicated diseases like measles, physicians now need to recognize the symptoms of diseases they might never personally encountered and in addition, further educate their staff and their patients (13): and,

WHEREAS, The American Academy of Pediatrics, on February 2, 2015, strongly urged parents to vaccinate their children with measles, mumps and rubella (MMR) vaccine. Furthermore, the AAP stated if an unimmunized person comes near an infected person, there is a 90 percent chance of getting measles (14): and,

WHEREAS, the AAP states that delaying or refusing vaccines leaves your child vulnerable to disease and put other children in the community at risk and,

WHEREAS, On February 6, 2015**,** the American Osteopathic Association reaffirmed their belief and support of the" CDC in its efforts to achieve a high compliance rate among infants, children, and adults by encouraging osteopathic physicians to immunize patients of all ages when appropriate and support the HHS National Vaccine Implementation Plan," (15): and,

WHEREAS, following the most recent measles outbreak, two California state senators Dr. Richard Pan and Ben Allen proposed legislation to "repeal the personal belief exemption that currently allows parents to effectively opt their child out of vaccines," because of "the high number of unvaccinated students jeopardizing public health (16): and,

WHEREAS, there is an immediate and pressing need, during a public health emergency or an outbreak of a communicable disease, to repeal all personal belief exemptions nationally and require mandatory vaccinations for the sake of public health and safety now, therefore be it

RESOLVED, the Student Osteopathic Medical Association (SOMA) will officially adopt the position that HHS, NVPO, and the CDC, by the authority officially given to them by the United States government, should immediately require mandatory national vaccinations without any personal belief exemptions, and be it further,

RESOLVED that SOMA recommend the American Osteopathic Association support the HHS, NVPO, and the CDC in the immediate requirement of mandatory national vaccinations without any personal belief exemptions and that the AOA add it to their advocacy agenda for public health and safety.

(1) http://www.vaccines.gov/about.html
(2) http://www.hhs.gov/nvpo

(3) https://www.fas.org/sgp/crs/misc/RS21414.pdf
(4) http://www.immunize.org/resources/gov_us.asp
(5) http://jurist.org/paperchase/2015/02/california-lawmakers-to-propose-strict-vaccination-legislation.php
(6) https://www.fas.org/sgp/crs/misc/RS21414.pdf
(7) http://www.hhs.gov/nvpo
(8) "Community Immunity". National Institute of Allergy and Infectious Diseases.
(9) Fine PE, Clarkson JA (1986). "Individual versus public priorities in the determination of optimal vaccination policies".
(10)http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a4.htm?s_cid=mm6322a4.
(11) Jaslow, Ryan (12 September 2013). "CDC: Vaccine "philosophical differences" driving up U.S. measles rates".
(12) http://www.cdc.gov/measles/cases-outbreaks.html
(13) http://www.osteopathic.org/inside-aoa/Pages/2-5-2015-measles.aspx
(14) http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-President-Urges-Parents-to-Vaccinate-Their-Children-Against-Measles.aspx#sthash.gTMPvRBK.dpuf
(15) http://www.osteopathic.org/inside-aoa/news-and-publications/media-center/2015-news-releases/Pages/2-6-american-osteopathic-association-affirms-safety-and-effectiveness-of-vaccines.aspx
(16) http://jurist.org/paperchase/2015/02/california-lawmakers-to-propose-strict-vaccination-legislation.php

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Submitted by:
Alexander Senetar, OMS I (Chicago College of Osteopathic Medicine)
Joseph DeRubeis, OMS (Chicago College of Osteopathic Medicine)

Action Taken: NOT APPROVED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-12

Subject: OSTEOPATHIC MEDICAL STUDENT MENTAL HEALTH

WHEREAS, in 2014 Rita Rubin, MA in the *Journal of the American Medical Association*, states that in "each year in the United States, 300 to 400 physicians take their own lives—roughly equal to the number of students in 3 medical school graduating classes"; and

WHEREAS, According to the American Foundation of Suicide Prevention, male physicians have a 70% higher suicide rate than males in other professions; and

WHEREAS, female physicians die by suicide at a 400% higher rate than females in other professions; and

WHEREAS, even if students and residents realize they need help, they are reluctant to get help because of the stigma surrounding mental illness and a fear of inadequacy as a physician; and therefore be it

RESOLVED, that SOMA shall promote mental health awareness and provide medical students with support and information on recognizing depression and mental health issues among themselves and their colleagues; and therefore be it

RESOLVED, that SOMA shall work to reduce the stigma associated with depression to reduce the barrier to treatment while increasing the resources for treatment; and therefore be it

RESOLVED, that SOMA develop or connect students with a help line geared towards medical students and residents as a resource. This help line could be used as a resource to get help and would give those suffering from depression an outlet to talk openly without judgment; and therefore be it

RESOLVED, that SOMA advocates to the AOA and AACOM to increase resources for students, residents, and practicing physicians on identifying depression and mental health issues in themselves and their colleagues.

Submitted by:
Crystal Piras, OMS II (Ohio University Heritage College of Osteopathic Medicine)
Blake Hatfield, OMS II (Ohio University Heritage College of Osteopathic Medicine)
Michele Parsley, OMS II (Ohio University Heritage College of Osteopathic Medicine)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Medical News & Perspectives

Recent Suicides Highlight Need to Address Depression in Medical Students and Residents

Rita Rubin, MA

The accomplished young man graduated medical school in May and, as a resident, quickly impressed his coworkers.

"He stood out among the doctors we have encountered because of his decisiveness, brilliance, kindness, and humility," a nurse recalled. "Our patients always had great praises for him, because he really showed how caring he was."

That apparently was not enough for the young physician. But no one will ever really know what was going through his mind, because he was 1 of 2 first-year residents who, only a few days apart in late August, jumped to their deaths from buildings in New York City. The nurse's comment about him was one of many condolences posted online.

An Occupational Hazard

Suicide has long been known to be an occupational hazard for physicians. Each year in the United States, 300 to 400 physicians take their own lives—roughly equal to the number of students in 3 medical school graduating classes. A widely cited decade-old meta-analysis suggests that the suicide rate among male physicians is 40% higher than among men in general, while the rate among female physicians is 130% higher than women in general (Schernhammer ES and Colditz GA. *Am J Psychiatry*. 2004; 161[12]:2295-2302).

"It's not so much that there is an increased incidence of depression in medical people, but rather that the rate of completed suicide in medical people is higher than in the general population," said psychiatrist Charles Reynolds III, MD, senior associate dean at the University of Pittsburgh School of Medicine.

"It kind of makes sense," Liselotte Dyrbye, MD, professor of medicine and medical education at the Mayo Clinic in Rochester, Minnesota. "We know how to kill ourselves."

Physicians generally receive little training in recognizing depression in their patients, let alone recognizing it in themselves. Even if they do realize they need help, they are often reluctant to seek care because of the stigma surrounding mental illness and the fear that getting treatment could lead to the loss of their medical license.

The recent suicides of the 2 newly minted physicians highlight the need for medical schools and residency programs to lift the veil on the problem, experts say.

"Deans of students and program directors play an important role in ensuring trainee well-being," Deborah Goebert, DrPH, professor of psychiatry at the University of Hawaii, said in an e-mail. "Burnout, depression, and suicidality are major concerns during medical training. We are required to take annual training on sleep, but nothing on suicide." Goebert noted that states are passing legislation to mandate suicide prevention training for mental health professionals (http://huff.to/1rxXi3Q). "Perhaps it's time for medical schools to make this a priority for faculty and students," she said.

A decade ago, Goebert and her coauthors surveyed medical students and residents at 6 sites to assess depressive symptoms and suicidal thoughts (Goebert D et al. *Acad Med*. 2009;84:236-241). They found the rate of depression was higher in medi-



cal students than in residents and in women compared with men. Goebert said government data suggest rates of depression and suicide haven't changed much in the past 10 years, although such data aren't specific to medical trainees.

Timothy Brigham, MDiv, PhD, chief of staff and senior vice president, department of education, at the Accreditation Council for Graduate Medical Education (ACGME), says he plans to propose that his organization convene a consensus conference in 2015 to discuss suicide prevention in trainees. The ACGME would invite not only medical school faculty, residents, and medical students, but also mental health professionals, nurses, pastoral counselors, and others who work with physicians-in-training.

"The 2 suicides in 1 place sent alarm bells off... about what we are doing in training," Brigham said. "We should be creating an environment where the well-being of the resident is part of the deal. What I'd like to focus on is wellness and stress resilience."

Before joining the ACGME in 2008, Brigham worked at Jefferson Medical College in Philadelphia, where he eventually became senior associate dean for organizational development. But his first job at Jefferson, nearly 25 years ago, was leading stress management support groups for all of the school's interns. "It was hugely progressive," said Brigham, a psychologist by training.

A Tsunami of Expectations

Suicide is thought to be rare among medical trainees, although solid data about suicides of medical students are lacking. In an annual survey of training programs, ACGME typically finds that only about 20 residents—of more than 100 000—die each year, and only about half of them by suicide, said DeWitt Baldwin, MD, the ACGME's scholar-in-residence, who, at age 92 years, has been studying the issue for nearly 45 years.

The 2 suicides in New York spurred Baldwin to ask Dyrbye to talk about her research into depression, burnout, and suicide risk with the ACGME board in late September. The young physicians' suicides, in just the second month of their residencies, occurred "at a very key moment," said Baldwin, who is board-certified in general and child and adolescent psychiatry as well as internal medicine and pediatrics. "They suddenly see this tsunami of expectations that everyone has of them.... This is where we ought to pay special attention to how they're doing."

Gathering data about medical student suicides has proven to be difficult. "We have really good data on completed suicides for practicing physicians," thanks to the fact that death records include occupation, psychiatrist Christine Moutier, MD, chief medical officer at the American Foundation for Suicide Prevention (http://www.afsp.org). But there's a big gap in research on medical student suicides, she said, even though it would be simple to track because all medical schools submit data on various aspects of the student body.

Moutier said she was stunned at the negative reaction she received when she proposed that US medical schools start tracking medical student suicides. Officials at 2 schools said, "We will not be known as the suicide school. If we track that data, the media's going to get ahold of it."

Daniel Williams, MD, a psychiatry resident at Scott and White Hospital in Temple, Texas, said he called 5 medical schools to see if it would be feasible to compile suicide statistics. "No one would give us any answers," Williams said.

Clearly, medical schools in general are not doing enough to minimize depression and prevent suicide in fledgling physicians, said Goebert, although some schools, such as the University of Washington, have excellent programs. "Some put programs in place after an incident has occurred, but over time they lose ground," she said.

The suicide of a faculty member sparked the creation of the Healer Education Assessment and Referral (HEAR) program at the University of California, San Diego (UCSD), School of Medicine, said director Sidney Zisook, MD, the program's chair (Moutier et al. *Acad Med*. 2012;87[3]:320-326). "Being a resident and being a physician is high stress," said Zisook, a psychiatrist. "People do have suicidal ideation, yet very few avail themselves of treatment."

As its name suggests, HEAR takes a 2-pronged approach to the problem. Since HEAR launched 4 years ago, program representatives have met with every department in the UCSD medical school, some annually. The goal of their presentations is to decrease the stigma of depression and its treatment and inform physicians and trainees about what they can do if a colleague appears to be depressed.

The other component is a web-based survey developed by the American Foundation for Suicide Foundation, whose chief medical officer, Moutier, led HEAR with Zisook before leaving UCSD. She said about a dozen medical schools now use the foundation's survey.

"What we do every year is send to medical students as well as house staff and faculty a letter informing them about the website, asking them to take the survey," Zisook said. "We have counselors who review the site every day."

People who complete the survey receive a summary of their suicide risk and, if appropriate, an invitation for further evaluation and referral. Since HEAR was launched 4 years ago, the program has referred more than 150 medical students, residents, and faculty for treatment, Zisook said. Medical students can get free care through the university's student health services, he said, while residents and faculty are referred to a community physician.

Those 150 referrals probably represent only a small portion of the trainees and faculty who could use help, Zisook said. "They work so hard that the idea of taking an additional hour out to do anything for themselves is anathema to medical students."

At the University of Pittsburgh, "[w]e've taken steps to try to remove as many barriers as we can to appropriate help-seeking," Reynolds said. "We try to educate students and residents that taking care of themselves is very important."

In one session during medical students' orientation, Reynolds interviews a physician who has been treated for depression. She talks about how important it was for her to seek treatment, both counseling and medication, when she was in medical school.

The University of Pittsburgh medical school has a full-time psychotherapist who provides free care, someone Reynolds trained. His office is located off of the medical school campus, so those who see the therapist don't have to worry about being seen by classmates or colleagues.

Taking Steps to Prevent "Copycat" Suicides

One of the young physicians who committed suicide in August had just begun his residency at Columbia University. In response, "[w]e assembled our best experts in suicide and suicide prevention," said J. John

Mann, MD, a psychiatrist at Columbia and the New York State Psychiatric Institute. "The chairman of medicine came back immediately from his vacation. We had meetings with all of the interns and residents. We had a massive, carefully organized set of initiatives, all geared to help people deal with their feelings about what happened."

The approach has been used in communities, corporations, and the military after a suicide prompts concerns over the potential for contagion or "copycat" suicides, Mann said. "You give people information, and you create the opportunity for people to ask questions."

One might wonder whether medicine attracts individuals who are more vulnerable to suicide. But a new study found that when students entered medical school, they actually had lower rates of burnout and depression symptoms and a higher quality of life than college graduates the same age who weren't enrolled in medical school (Brazeau CM et al. *Acad Med*. doi:10.1097/ACM.0000000000000482 [published online September 23, 2014]). The study, whose coauthors include Moutier and Dyrbye, surveyed entering students at 6 medical schools.

But by the time they graduated, about half of medical students had burnout, a syndrome of depersonalization, emotional exhaustion, and a feeling of low personal accomplishment, Dyrbye found in a previous study (Dyrbye LN et al. *Med Teach*. 2011; 33[9]:756-758). Other research found that burnout was independently associated with recent suicidal ideation in practicing surgeons (Shanafelt TD et al. *Arch Surg*. 2011; 146[1]:54-62).

Research shows that residents are depressed at a higher rate than people the same age who are not pursuing careers in medicine, Brigham said. "Is medical training doing some of the damage? What we're finding is that there is an effect that medical education is having, and it's not a positive one."

Some of the potential fixes are relatively simple, such as including a gym or a cafeteria when designing new medical school buildings, Zisook said. In a survey of first- and second-year students at 7 medical schools, Dyrbye and her coauthors found that how students were evaluated had a greater effect than other aspects of the curriculum structure on their well-being (Reed DA et al. *Acad Med*. 2011; 86[11]:1367-1373). Students who were graded pass/fail were less likely to have burnout or consider dropping out of school than students who received letter grades.

"I believe it is possible to reconstruct the medical curriculum to make it a more positive and humanistic experience," the ACGME's Baldwin said. •

Resolution: Res-S-15-13

Subject: PROTECTING AMERICAN STUDENTS FROM PROFIT-DRIVEN FOREIGN MEDICAL SCHOOLS

WHEREAS, American students attending American University of the Caribbean School of Medicine (AUC), Ross University School of Medicine, Saba University School of Medicine, and St. George's University School of Medicine (SGU) are eligible for U.S. federal loans [1]; and

WHEREAS, in 2012, three of these for-profit universities – AUC, Ross, and St. George's – combined received more than 450 million dollars in Title IV Funding, constituting greater than two-thirds of all federal funding for students enrolled in foreign graduate medical schools and yet do not meet the same standards as U.S. Medical schools [2]; and

WHEREAS, the incoming class size is 400 students per annum for AUC, 400-600 students per semester for Ross, 95 students per semester for Saba [3], and 400 students per semester for SGU [4] - Ross and SGU have 3 semesters/year; and

WHEREAS, the cost of tuition at AUC is $19,550/semester [5], at Ross is $19,675/semester [6], at Saba is $13,000/semester for the 5 basic sciences semesters and $14,350/semester for the 5 clinical sciences semesters [7], and at SGU is $25,697/semester [8]; and

WHEREAS, this cost is exacerbated by the fact that, of students who completed their program, 66% at AUC finished in 4 years [9], 47% at Ross finished in 4 years [10], 88% at Saba finished in 4 years [11], and 83% at SGU finished in 4 years [12]; and

WHEREAS, the average attrition rate at these universities was 26 percent or higher for the classes beginning in 2009, while the attrition rate at U.S. medical schools was only 3 percent [2]; and

WHEREAS, in 2014, AUC had 120 unmatched students of 309 graduates (38%), Ross had 438 unmatched students of 970 graduates (45%), Saba had 33 unmatched students of 78

graduates (42%), and St. George's had 258 unmatched students of 792 graduates (32%) [13]; and

WHEREAS, there were 26,504 students enrolled in United States M.D. and D.O. schools in 2013, a number increasing annually due to the opening of new schools, and one which is rapidly approaching the 26,678 PGY-1 residency positions available in the 2014 NRMP, [14]; and

WHEREAS, between 1986 and 2005, of the greater than 267,000 international medical students who applied to take their first examination with the Educational Commission for Foreign Medical Graduates (ECFMG), only 57.2% achieved certification [15]; and

WHEREAS, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that is accredited through a process using criteria comparable to those established by the Liaison Committee on Medical Education (LCME) or the World Federation for Medical Education (WFME) [16]; and

WHEREAS, high attrition rates, low match rates, limited residency positions, and the new ECFMG standards will combine to leave unmatched American medical students at foreign medical schools with significant debt and no viable way to repay it; and

WHEREAS, default on federal loans by American students at foreign medical schools puts a significant financial burden on American taxpayers and contributes to the ever rising U.S. medical student loan rates; now, therefore be it

RESOLVED, the Student Osteopathic Medical Association (SOMA) officially adopt the position that federal student loans should be reserved for medical schools that meet the accreditation standards of the COCA or the LCME; and be it further

RESOLVED, that SOMA recommend the American Osteopathic Association include the Foreign Medical School Accountability Fairness Act in its advocacy agenda.

[1] Foreign Medical School Accountability Fairness Act
[2] Senate Congressional Record - December 17, 2013
[3] https://www.saba.edu/faqs-22
[4] http://www.medicalschoolsuccess.com/high-yield-guide-to-caribbean-medical-schools/

[5] http://www.aucmed.edu/admissions/financial-information/tuition-and-fees.aspx
[6] http://www.rossu.edu/medical-school/admissions/Tuition-and-Fees.cfm
[7] http://www.saba.edu/admissions/financial-information/basic-science-tuition
[8] http://www.sgu.edu/financial-services/som-tuition.html
[9] http://www.aucmed.edu/about/gainful-employment
[10] http://www.rossu.edu/medical-school/gainful-employment.htm
[11]https://www.saba.edu/program-integrity
[12] http://www.sgu.edu/consumer-disclosures/afd/med/index.html
[13]*http://www.ecfmg.org/resources/NRMP-ECFMG-Charting-Outcomes-in-the-Match-International-Medical-Graduates-2014.pdf*
[14] http://vimeo.com/102045536
[15] http://www.ecfmg.org/certification/index.html
[16] http://www.ecfmg.org/about/initiatives-accreditation-requirement.html

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Submitted by:
Cameron Koester, OMS II (AT Still University - Kirksville College of Osteopathic Medicine)
Alexander Smith, OMS II (Oklahoma State University College of Osteopathic Medicine)
Elise Craig, OMS II (Michigan State University College of Osteopathic Medicine)
Thanh Luu, OMS II (Chicago College of Osteopathic Medicine)

Action Taken: APPROVED AS AMENDED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-14

Subject: SUPPORT FOR THE ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH "PRIMARY CARE PHYSICIAN REENTRY ACT" H.R. 5498 TO GIVE TRAINING, FINANCIAL AID, LOAN REPAYMENT AND SALARY TO PRIMARY CARE PHYSICIANS WANTING TO REENTER THE WORKFORCE AFTER A 2 YEAR PERIOD OF LEAVE.

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1. **WHEREAS**, the primary care physician shortage is expected to increase over the next 10
2. years by more than 130,000 and less than 20% of medical students are entering the
3. primary care physician field.

4. **WHEREAS**, the Department of Health and Human Services state the current need for
5. primary care physicians is more than 16,000.

6. **WHEREAS**, 20% of female primary care physicians take leave for periods greater than 6
7. Months, now therefore be it

8. **RESOLVED**, that the AOA support the "Primary Care Physician Reentry Act" H.R. 5498 to decrease the primary care physician shortage and support reentering primary care physicians by providing training, loan repayment and compensation by working in one of the 10 HHS regions.

Submitted by:
Joel Harding, OMS II (Edward Via College of Osteopathic Medicine Carolinas Campus)

Action Taken: DISMISSED FROM THE HOUSE – did not meet submission criteria

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-15

Subject: AVAILABILITY OF NON-BIASED DATA REGARDING THE BENEFITS AND RISKS OF VACCINATION

WHEREAS, vaccination has come to the forefront of national debate, and

WHEREAS, vaccination rates in the U.S. have dropped, and

WHEREAS, vaccine preventable diseases may cause serious illness or death, and

WHEREAS, recurrence of preventable diseases such as whooping cough and measles is becoming more prevalent, and

WHEREAS, many members of communities, such as newborns and the immunocompromised, rely on herd immunity for protection against vaccine preventable Diseases, and

WHEREAS, vaccination has previously successfully reduced or eliminated many communicable diseases, and

WHEREAS, medical students have direct contact with patient populations who may want or need to be educated about the benefits and risks of vaccination, now therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) encourage the American Osteopathic Association AOA to compile and distribute non-biased materials that address the risks and benefits of vaccination, and be it further

RESOLVED, that these materials directly address the myths surrounding the dangers of vaccination, and be it further

RESOLVED, that hese materials be made available to both SOMA and AOA members for dissemination to relevant patient populations.

Submitted by:
Nena C. Wendzel, OMS II (Lake Erie College of Osteopathic Medicine-Bradenton)
M. Liesel Bergmeyer, OMS II (Lake Erie College of Osteopathic Medicine-Bradenton)
Sarah Manners, OMS II (Lake Erie College of Osteopathic Medicine-Bradenton)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-16

Subject: 20% ALLOCATION OF SOMA FOOD BUDGET ON HEALTH-CONSCIOUS CHOICES

WHEREAS, there is an increasing rate of obesity in adult (33%) and child (17%) populations in the United States[1]

WHEREAS, doctors must act as role models to the general public and be advocates of good nutrition

WHEREAS, nutritional education to medical students have shown to promote better health behaviors and increased nutritional quality[2,3], now therefore be it

RESOLVED, that SOMA increases its efforts to promote health and fitness in osteopathic students

RESOLVED, that 20% of budget allocated to refreshments for SOMA meetings in all chapters be used towards health-conscious food items

1. *JAMA.* 2014;311(8):806-814. doi:10.1001/jama.2014.732.
2. J Clin Lipidol. 2014 Mar-Apr;8(2):199-205. doi: 10.1016/j.jacl.2013.11.006. Epub 2013 Dec 1.
3. J Prim Health Care. 2014 Jun 1;6(2):101-7.

Submitted by:
Eric Chen, OMS II (New York Institute of Technology-College of Osteopathic Medicine)
Sabia Akbar, OMS II (New York Institute of Technology-College of Osteopathic Medicine)
Sean Sussman, OMS II (Touro College of Osteopathic Medicine)
Patricia Aswani, OMS II (Touro College of Osteopathic Medicine)
Kaushik Govindaraju, OMS II (Touro College of Osteopathic Medicine)
Emily Rosenfeld, OMS II (Touro College of Osteopathic Medicine)
Sabeen Khalid, OMS II (Touro College of Osteopathic Medicine)

Action Taken: NOT APPROVED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-17

Subject: AOA SUPPORT OF A UNIFIED BOARD EXAM TO ALIGN WITH THE NEWLY IMPLEMENTED SINGLE ACCREDITATION SYSTEM

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1. **WHEREAS**, the NBOME website estimates that 50% of DO students take both the
2. COMLEX and USMLE and

3. **WHEREAS**, under the single accreditation guidelines there is no mention that all
4. Allopathic residencies must accept COMLEX scores and [1]

5. **WHEREAS,** under the new system approximately 75% of medical students applying to
6. Residencies take the USMLE and

7. **WHEREAS,** only 77% of allopathic residency programs accept COMLEX, therefore
8. Osteopathic Medical students must take USMLE to be competitive in 100% of all
9. Residencies and

10. **WHEREAS**, osteopathic medical students spend an additional $590.00 Dollars to take the
11. USMLE; now, therefore, be it

12. **RESOLVED**, that the Student Osteopathic Medical Association, recommend to the AOA
13. that they support a unified testing experience for all medical students.

[1] http://www.nbome.org/GME.asp

Explanatory Statement: There are three pathways to gain a medical license; an osteopathic medical school, an allopathic medical school, and a foreign medical school. Every pathway, except for osteopathic medical schools, requires only one test to fulfill its graduation requirements and keep a competitive edge. It is an undue burden to an osteopathic medical student's time and finances to have to take both the COMLEX (for graduation requirements) and the USMLE (to keep a competitive edge). By supporting a unified test, all medical pathways would have the same requirements and test scores to be compared side by side. Per the AOA, at the Fall SOMA convention, the graduating class of 2017 is projected to be the first to participate in a single match. Unifying the exam requirement to reflect the current single accreditation system will better position students to match into residencies of their choice. Based on these facts, we offer the preceding Resolution.

Submitted by:
Nicholas P Marburger, OMS II (Lake Erie College of Osteopathic Medicine, Bradenton Campus)
Sarah Manners, OMS II (Lake Erie College of Osteopathic Medicine, Bradenton Campus)
Marie Luise Bergmeyer, OMS II (Lake Erie College of Osteopathic Medicine, Bradenton Campus)
Lucas Littleton, OMS II (Lincoln Memorial University- DeBusk College of Osteopathic Medicine)
Rachel Power, OMS II (Lake Erie College of Osteopathic Medicine, Erie Campus)

Action Taken: NOT APPROVED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-18

Subject: NATIONAL HEALTH SERVICE CORPS' INCLUSION OF EMERGENCY MEDICINE AS PRIMARY CARE

WHEREAS, as of 1995, The American Academy of Family Physicians (AAFP) developed a policy that stated, "Family Physicians, through their training and experience, are qualified to provide emergency care service…;"[1] and

WHEREAS, the definition of Primary Care from the AAFP states, "Primary care is the care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern,"[2] and

WHEREAS, per the Emergency Medicine Residents Association, there is a shortage of Emergency Medicine Physicians, and

WHEREAS, "Patients experiencing acute illness are likely to visit the Emergency Department (ED) due to barriers to primary care access. A recent study found that less than half of all acute care visits in the United States are made to patients' personal Physicians, even if patients have a primary care physician."[3] and

WHEREAS, even though the family physician is able to take on the same responsibilities as the emergency physician, the National Health Service Corps only recognizes Family Medicine as a primary care specialty for the purpose of scholarships and loan repayment; and

WHEREAS, the purpose of the NHSC is to recruit primary care physicians and other health care Professionals to serve Health Professional Shortage Areas (HPSAs); therefore, be it

RESOLVED, that SOMA recommend that the AOA advocate for the inclusion of Emergency Medicine as Primary Care by the National Health Service Corps for the purpose of scholarships and loan repayment.

[1] http://www.aafp.org/about/policies/all/critical-challenges.html
[2] http://www.aafp.org/about/policies/all/primary-care.html
[3] http://www.acep.org/Physician-Resources/Practice-Resources/Professionalism/Ethics/The-Ethics-of-Health-Care-Reform--Issues-in-Emergency---Medicine---An-Information-Paper/

Submitted by:
Garrett Root, OMS I (Alabama College of Osteopathic Medicine)
Jasmaine Coleman, OMS II (Alabama College of Osteopathic Medicine)

Action Taken: REFERRED TO AUTHOR

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-19

Subject: RECOMMENDATION THAT SOMA SHOULD ESTABLISH A COMPREHENSIVE DATABASE OF CURRENT RESEARCH AT EACH MEMBER OSTEOPATHIC MEDICAL SCHOOL

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1. **WHEREAS**, no comprehensive resource exists for students at osteopathic medical
2. schools looking to explore available research projects; and,

3. **WHEREAS**, Colleges of Osteopathic Medicine have no means of reference for
4. collaboration on research projects; and,

5. **WHEREAS**, the AOA policy compendium mentions in its health policy statement a
6. commitment to advancing research in the osteopathic profession, without establishing a
7. clear method for accomplishing this feat, therefore, be it

8. **RESOLVED**, that the Student Osteopathic Medical Association establish a national,
9. comprehensive web database that includes detailed information about the research
10. projects active at member institutions; and be it further

11. **RESOLVED**, that this database by the national SOMA research director and populated
12. by the research chair and leadership of SOMA at each college of osteopathic medicine.
13. This database will be updated bi-yearly at the spring and fall SOMA conventions by
14. delegates from member institutions

Explanatory Statement:

At the OMED convention in the fall, several members of the AOA leadership stressed the importance of cultivating leadership in the osteopathic community. The SOMA website suggests external links to research opportunities and summer programs, but does little to highlight groundbreaking research taking place at member osteopathic institutions. A comprehensive and continuously updated web database on the SOMA website would both provide and objective assessment of the research active nationally at osteopathic research institutions, while also providing students with a concise means to discover research opportunities.

Submitted by:
Kathryn Eckert, OMS I (Rowan University School of Osteopathic Medicine)
Nicholas Boyko, OMS I (Rowan University School of Osteopathic Medicine)
Nicole Hartman, OMS II (Rowan University School of Osteopathic Medicine)

Gregory Sun, OMS II (Rowan University School of Osteopathic Medicine)
Megan Emmich, OMS II (University of New England College of Osteopathic Medicine)
Brianna Barbosa-Angles, OMS I (University of New England College of Osteopathic Medicine)

Action Taken: NOT APPROVED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-20 (Late)

Subject: CREATION OF ELECTION DEADLINES FOR CHAPTER POSITIONS

WHEREAS, no national standardization of dates for chapter elections currently exists; and

WHEREAS, uncertainty of the timing of elections makes it difficult for newly elected chapter officers to have enough time to make travel arrangements or adequately prepare for the Spring Convention; and

WHEREAS, the Spring Convention is an opportune venue for introduction of National SOMA and deepening involvement for new chapter leaders; now, therefore be it

RESOLVED, that annual chapter elections must be held on or before February 1st or four weeks before the annual Spring Convention (whichever comes earlier), without penalty in outstanding circumstances, to be determined by the Board of Trustees; and

RESOLVED, that the SOMA National Board will draft a letter on or before September 2015 to administrators/SGAs disclosing this development and demonstrating justification of this requirement.

Submitted by:
Arta Zowghi, OMS IV (Arizona College of Osteopathic Medicine)
Lauren Fetsko, OMS IV (University of Pikeville-Kentucky College of Osteopathic Medicine)
Christie Mun, OMS III (Arizona College of Osteopathic Medicine)

Action Taken: APPROVED AS AMENDED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-21 (Late)

Subject: REPLACE 'NATIONAL BOARD LIAISON' WITH 'NATIONAL BOARD OF DIRECTORS

WHEREAS, the core responsibilities of the National Board Liaison (NBL) office center around the empowerment, coordination, and oversight of the SOMA National Board of Directors (NBD); and

WHEREAS, ARTICLE II Section 2 of SOMA Bylaws already currently refers to the NBL as 'Chairperson of the National Board'; now, therefore, be it

RESOLVED, That ARTICLE II, Section 1 and Section 2 of SOMA Bylaws be modified with the following changes:

ARTICLE II – National Board of Directors

Section 1. Appointed Members of the National Board of Directors.
~~1. National Board Liaison (shall also serve on the Board of Trustees)~~
1. NATIONAL BOARD OF DIRECTORS CHAIR (SHALL ALSO SERVE ON THE BOARD OF TRUSTEES)
2. Community Outreach Director
3. Convention Director
4. Health Disparities Director
5. Membership and Alumni Affairs Director
6. Strategic Partnerships Director
7. Osteopathic Practice & Principles Director
8. Professional Development Director
9. Political Affairs Director
10. Senior Pre-SOMA Director
11. Junior Pre-SOMA Director
12. Public Relations Director
13. Research Director
14. Web Content Director
15. Resolutions Director

Section 2. Applicant Eligibility Criteria. In order to be eligible to serve in any National Board of Director position, applicants shall be active members of this Association and shall currently or have previously served as the president or NLO of a local SOMA Chapter or have served as a delegate or alternate for two SOMA National Conventions and be nominated by their Chapter President or NLO. ~~Chairperson of the National Board~~ NATIONAL BOARD OF DIRECTORS CHAIR, Convention Director, Membership and Alumni Affairs Director, Strategic Partnerships Director, and Senior Pre-SOMA Director applicants shall currently or have previously served as National Officers.

Submitted by:
Allen Shepard, OMS III (Lake Erie College of Osteopathic Medicine, Erie)
Mike McKenna, OMS III (Midwestern University -Chicago College of Osteopathic Medicine)

Action Taken: APPROVED

Date: 03/07/2015

Effective Time Period:

Resolution: Res-S-15-22 (Late)

Subject: ELECTION OF SOMA'S NATIONAL PRESIDENT

WHEREAS the current Student Osteopathic Medical Association (SOMA) stipulations ensure the elected National President has served one year on the National Board of Trustees (BOT); and

WHEREAS currently, there are only 4 regions, therefore limiting the number of candidates to 4 assuming all region trustees are eligible; and

WHERAS not all region trustees will be willing to run for the National President position, limiting the number of candidates further; and

WHEREAS there may be more than one excellent candidate from the same region; now, therefore, be it

RESOLVED, that the National President position be open to candidates that have served on either the National Board of Trustees or National Board of Directors, and that the SOMA Constitution be modified to reflect the same.

Submitted by:
Sarah Manners, OMS-II (Lake Erie College of Osteopathic Medicine – Bradenton)
Lucas Littleton, OMS-II (Lincoln Memorial University-DeBusk College of Osteopathic Medicine)

Action Taken: NOT APPROVED – division of the house: Aye = 40, Nay = 26, Abstain = 6

Date: 03/07/2015

Effective Time Period:

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-S-14-01
Subject: AOA Debt Relief Investigation Committee

WHEREAS, *In 2013, the average debt for medical school graduates was $169,901*[ii]; and

WHEREAS, *The median cost of a medical education in 2013 was $218, 898 and $286,860 for public and private institutions, respectively*[i]; and

WHEREAS, *Approximately 35% of medical graduates have additional pre-medical education debt*[ii]; and

WHEREAS, *The incurred debt of medical students likely affects specialty choice*[iii]; and

WHEREAS, *The United States currently faces a shortage of approximately 132,000 primary care physicians*[iv]; and

WHEREAS, *An additional 52,000 primary care physicians will be needed by 2025 to meet the growing health care demands*[v]; and

WHEREAS, *Few federal debt relief opportunities exists in this country*[vi]; and

WHEREAS, *Approximately 38% of medical school students expressed interest in entering debt-relief programs* [ii]; and

WHEREAS, the osteopathic profession has a long-standing commitment to the education of quality primary care physicians,

RESOLVED, That *the AOA establish a working committee dedicated to the investigation of expanding debt-relief programs as a means to further incentivize primary care selection among osteopathic medical students.*

Submitted by:

Iben McCormick-Ricket (William Carey University College of Osteopathic Medicine)
Hailey Thompson (William Carey University College of Osteopathic Medicine)
Selim Sheikh (William Carey University College of Osteopathic Medicine)
Chelsea Ann Atwater (University of Pikeville Kentucky College of Osteopathic Medicine)

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Jacqueline Do (University of Pikeville Kentucky College of Osteopathic Medicine)

Action Taken: *(Adopted by two-thirds majority vote of the House of Delegates or Not Adopted.)*
Date: February 11, 2013
Effective Time Period: A committee formed within 1 working year

Sources:

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[i]Bloomberg News. Medical School at 278,000 means even Bernake son carries debt. March 04, 2011. Retrieved from: *http://www.bloomberg.com/news/2013-04-11/medical-school-at-278-000-means-even-bernanke-son-carries-debt.html*

[ii]Association of American Medical Colleges. Medical student education: Debt costs, and loan repayment. 2013. Retrieved from: *https://www.aamc.org/download/152968/data/debtfactcard.pdf*

[iii] American Student Medical Association. *http://www.amsa.org/AMSA/Homepage/About/Committees/StudentLife/StudentDebt.aspx*

[v]American Academy of Family Physicians. 52,000 primary care physicians needed by 2025. 2012. Retrieved from: *http://www.aafp.org/news-now/practice-professional-issues/20121114workforceneeds.html*

[vi] American Medical Association. Reducing medical student school debt strengthens the physician works force. 2013. Retrieved from: *https://www.aamc.org/advocacy/meded/79048/student_loan_repayment.html*

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-S-14-02

Subject: PROTECTION OF RESIDENCY PLACEMENT SECURITY AFTER PROGRAM CLOSURE

WHEREAS, in 2013, 11 resident physicians (three postgraduate year 1 (PGY-1) residents (interns), three PGY-2 residents, three PGY-3 residents, and two PGY-4 residents, collectively known as trainees) at the American Osteopathic Association (AOA) accredited Bronx St. Barnabas Radiology residency training program had their residency training positions eliminated by a hospital administrative decision, which also entailed reassigning federal Medicare Graduate Medical Education (GME) funds other residency programs and away from the radiology residency program[1] and

WHEREAS, as made clear in a statement released at the time, this decision was not made because of dire financial need, but in the interest of removing less desirable programs within the hospital[2] and

WHEREAS, the AOA already mandates a requirement in “THE BASIC DOCUMENTS FOR POSTDOCTORAL TRAINING” Section V, Subsection A, Article 5.3[3] outlining imperatives to a residency program to make all attempts at maintaining the program for currently employed trainees, and

WHEREAS, many existent residency programs are capable of accepting a small number of additional residents without requiring significant additional program infrastructure, and

WHEREAS, without GME funding, a trainee is limited to finding another institution

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willing to run a residency program at its own expense and without federal assistance, or to apply to match with a new program, and

WHEREAS, with limited positions nationwide, the number of GME funded positions remaining unchanged for many years, and the anticipated shortage of physicians, finding a new position for a resident already partially through their training is extremely difficult, therefore be it

RESOLVED, the Student Osteopathic Medical Association (SOMA) finds the withdrawal of funding for training and employment to be an unreasonable burden for a qualified trainee in otherwise good standing, be it further

RESOLVED, that SOMA shall advocate for policy that protects trainees from losing placement in publically-funded programs except in the cases of fair and lawful dismissal or termination, and be it further

RESOLVED, that SOMA recommends the AOA devise and implement organizational guidelines to residency programs and hospitals that will ensure the continuing education and employment of trainees after a program closure.

The goal of this resolution is to create a financial incentive through accreditation or other AOA policy for residency programs and hospitals to prevent the immediate closing of residency programs for displaced residents whose original hospitals have not closed without necessitating a change to federal law on the subject.

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Submitted by:

Matt Flamenbaum, OMS-II (Rowan University School of Osteopathic Medicine)
Adriana Guido-Rios, OMS-II (Rowan University School of Osteopathic Medicine)
Jamison Bradshaw, OMS-II (Rowan University School of Osteopathic Medicine)
Gregory Sun, OMS-I (Rowan University School of Osteopathic Medicine)
Nicole Hartmann, OMS-I (Rowan University School of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: Immediately

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1. Job Prospects Are Dimming for Radiology Trainees, New York Times, http://www.nytimes.com/2013/03/28/health/trainees-in-radiology-and-other-specialties-see-dream-jobs-disappearing.html?pagewanted=all (posted March 27, 2013)
2. NY hospital to shutter radiology residency program, AuntMinnie.com, http://www.auntminnie.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=102467 (posted Feb 13, 2013)
3. AOA Basic Document for Postdoctoral Training, http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf
   Article 5.3: "If a training institution anticipates a program closure or decrease in program positions every attempt shall be made to permit the current trainees to complete their training prior to such an action."
4. NY hospital relents, promising another year of residency, AuntMinnie.com, http://www.auntminnie.com/index.aspx?sec=nws&sub=rad&pag=dis&itemId=102975 (posted March 28, 2013)
5. NY Times highlights St. Barnabas, resident jobs decline, AuntMinnie.com, http://www.auntminnie.com/index.aspx?sec=sup&sub=res&pag=dis&ItemID=102986 (posted March 29, 2013)

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-S-14-03
Subject: *Disaster Preparedness Training*

WHEREAS, *All medical students are not trained to respond in the event of a natural or man-made disaster during their undergraduate education*; and

WHEREAS, *Osteopathic physicians and students should be prepared to administer aid to those in need at any time;* and

WHEREAS, *The American Red Cross is a charter that assigns duties and obligations to the United States in times of natural or man-made disaster;* and

WHEREAS, *The American Red Cross is considered a neutral entity, unaffiliated with any political, social, or economic cause;* and

WHEREAS, *The American Red Cross can adequately prepare medical students for disaster relief efforts*; now, therefore, be it

RESOLVED, That *The AOA support registration of osteopathic medical students with the American Red Cross.*

Submitted by:
Hailey Thompson (William Carey University College of Osteopathic Medicine)
Iben McCormick-Ricket (William Carey University College of Osteopathic Medicine)
Selim Sheikh (William Carey University College of Osteopathic Medicine)
Action Taken: *(Adopted by two-thirds majority vote of the House of Delegates or Not Adopted.)*
Date: *February 11, 2013*
Effective Time Period: *Ongoing*

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-S-14-04

Subject: PROVIDING ADEQUATE AND APPROPRIATE CARE TO INDIVIDUALS DIAGNOSED WITH GENDER DYSPHORIA

WHEREAS the World Professional Association for Transgender Health (WPATH), the leading authority for Standards of Care (WPATH-SOC[1]) in its field, has been recognized by such organizations as the American Medical Association, American Psychological Association, National Association of Social Workers, and the American College of Obstetricians and Gynecologists[2] and

WHEREAS as The American Osteopathic Association (AOA) supports GENDER IDENTITY NON-DISCRIMINATION[3], stating that the AOA supports the provision of adequate and medically necessary treatment for transgender and gender-variant people, and opposes discrimination on the basis of gender identity and

WHEREAS currently most healthcare plans exclude treatments listed within WPATH-SOC[4] from being covered for individuals diagnosed with Gender Dysphoria as a "rare disease," despite research proving efficacy of the WPATH-SOC [5,6], and

WHEREAS the cost to employers that are now providing plans utilizing the WPATH-SOC have shown very little or no actual cost difference from those that exclude these standards.[7] Therefore be it

RESOLVED, that the official policy of SOMA shall be that treatments for individuals that have been diagnosed with Gender Dysphoria should be consistent with the standards of care as established by WPATH, and be it further

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RESOLVED, that the official policy of SOMA shall be to encourage all health insurance companies to specifically recognize that appropriate care shall be provided for individuals diagnosed with Gender Dysphoria, and be it further

RESOLVED, that it shall be the official policy of SOMA to encourage its affiliate organizations to ensure coverage offered is consistent with the policy of SOMA as established by this resolution, including the insurance policies SOMA itself offers, and be it further

RESOLVED, that SOMA recommends the AOA to adopt these or equivalent policies

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Submitted by:

Hannah E. Simpson, OMS-II (Touro College of Osteopathic Medicine – Harlem, New York)

Matt Flamenbaum, OMS-II (Rowan University School of Osteopathic Medicine)

Jamison Bradshaw, OMS-II (Rowan University School of Osteopathic Medicine)

Rachel Fiddler, OMS-III (Touro College of Osteopathic Medicine – Harlem, New York)

Chelsea Atwater, OMS-II (University of Pikeville Kentucky College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: ***Ongoing***

Attached Whitepaper:
http://www.hrc.org/files/assets/resources/Transgender_Healthcare_White_Paper_4.pdf

ORIGINAL

Citations:

1. Coleman, E., W. Bockting, M. Botzer, et al. "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7,"*International Journal of Transgenderism*. no. 13 (2011): 165–232. http://www.wpath.org/uploaded_files/140/files/IJT SOC, V7.pdf.
2. Lamda Legal, "Professional Organization Statements Supporting Transgender People in Health Care." Last modified July 02, 2013. http://www.lambdalegal.org/publications/fs_professional-org-statements-supporting-trans-health.
3. American Osteopathic Association, "AOA Code of Ethics, Section 3." Last modified July 2011. http://www.osteopathic.org/inside-aoa/about/leadership/Pages/aoa-code-of-ethics.aspx.
4. Deena, Fidas, Jamison Green, and Wilson André. Human Rights Campaign Foundation, "Transgender-Inclusive Health Care Coverage and the Corporate Equality Index." Last modified 2012. http://www.hrc.org/transbenefits. (Attached)
5. Colizzi, M., R. Costa, and O. Todarello. "Transsexual patients' psychiatric comorbidity and positive effect of cross-sex hormonal treatment on mental health: results from a longitudinal study,"*Psychoneuroendocrinology*. (2013): 65-73. http://www.ncbi.nlm.nih.gov/pubmed/24275005.
6. Gómez-Gil E., L. Zubiaurre-Elorza, I. Esteva, et al., "Hormone-treated transsexuals report less social distress, anxiety and depression,"*Psychoneuroendocrinology* (2012): 662-70, http://www.ncbi.nlm.nih.gov/pubmed/21937168.
7. Herman, Jody L. The Williams Institute, UCLA School of Law, "Costs and Benefits of Providing Transition-Related Health Care Coverage in Employee Health Benefits Plans." Last modified September 2013. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Cost-Benefit-of-Trans-Health-Benefits-Sept-2013.pdf.

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-S-14-05
Subject: *High Fructose Corn Syrup*

WHEREAS, *Bray et. al (2004) published a retrospective study American Journal of Clinical Nutrition that concluded high fructose corn syrup consumption should be reduced to address increased obesity rates in the United States;*

WHEREAS, *Stanhope et. al (2009) published a doubled blinded parallel arm clinical trial in the American Society for Clinical Investigation that concluded consumption of fructose increases post prandial glucose levels;*

WHEREAS, *the American Osteopathic Association states the first two distinguishing characteristics of osteopathic physicians from medical doctors is that osteopathic medical schools emphasize training students to become primary care physicians and to practice the 'whole person' approach to medicine;* now, therefore, be it

RESOLVED, *The American Osteopathic Association will petition the Food and Drug Administration to amend their current position that the FDA is aware of no evidence high fructose corn syrup based sweetener is non-inferior to other caloric sweeteners.*

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Submitted by:
Matthew Purdy OMSII (Des Moines University College of Osteopathic Medicine)

Action Taken:
Date: *2/14/14*
Effective Time Period: *Ongoing*

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-S-14-06

Subject: *Professionalism in Osteopathic Medical Schools*

WHEREAS, *professional conduct is essential to the practice of medicine*

WHEREAS, *trust in a physician's ability is dependent on the clinician's perceived appearance and conduct.*

WHEREAS, *medical school is the primary location where medicine as well as the medical standards of conduct are borne into the nature of the profession; now, therefore, be it*

RESOLVED, *all osteopathic medical schools accredited by the AOA be required to institute standardized training developed by current working clinicians to instill professional conduct in the next generation of osteopathic physicians.*

Submitted by:

Matthew Purdy OMSII (Des Moines University College of Osteopathic Medicine)

Action Taken:

Date: *2/14/14*

Effective Time Period: *Ongoing*

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Resolution: Res-F-14-01

Subject: ESTABLISHING A CHAPTER EXECUTIVE BOARD CONSISTING OF PRESIDENT, NATIONAL LIAISON OFFICER, VICE PRESIDENT, AND TREASURER

WHEREAS Article III, Section V of the current Bylaws of the Student Osteopathic Medical Association (SOMA) only mandates two chapter officers being President and National Liaison Officer (NLO); and

WHEREAS the current SOMA chapter officer delegation does not adequately mimic the National Board of Trustees (BOT) or National Board (NB); and

WHEREAS more chapter officers at the local chapter level will enhance the education, communication, and advancement of SOMA; and

WHEREAS communication can suffer when the bulk of the work is done by too few individuals; and

WHEREAS educating more chapter leaders will increase the pool of quality potential leaders of SOMA at the National and Regional level; and

WHEREAS this change would create a large enough team of officers in each SOMA chapter to accommodate the workload necessary to be successful; now, therefore, be it

RESOLVED, that Article III, Section V be amended to state: “Each chapter shall elect as chapter officers: a President, a National Liaison Officer, a Vice President, a Secretary and a Treasurer, to serve as the Executive Board, except where the Region Trustee deems the chapter unable to elect a complete Executive Board due to extenuating circumstances. The Chapter may elect more positions, as it deems necessary. Any officer may hold a position in more than one student organization as long as a conflict of interest between the two positions does not occur. If a conflict does arise, it shall be the responsibility of the Region Trustee to settle the dispute in a

manner that he/she deems necessary. If further measures are deemed necessary the National SOMA President, with consultation by his/her counsel, shall determine the final decision regarding appropriate actions.”; and be it further

RESOLVED, that this change shall go into effect after the conclusion of the 2015 Spring SOMA Convention; and be it further

RESOLVED, that new SOMA chapters have six (6) months to elect these officers after said chapter’s charter has been granted by the SOMA House of Delegates.

Submitted by:

Lucas Littleton, OMS II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
David Jensen, OMS II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
Jason Wiguna, OMS II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
Liza Gibbs, OMS-II (Campbell University School of Osteopathic Medicine)
Sarah Manners, OMS-II (Lake Erie College of Osteopathic Medicine – Bradenton)

Action Taken: APPROVED AS AMENDED

Date: 10-25-14

Effective Time Period: ongoing

Resolution: Res-F-14-02

Subject: CLARIFICATION OF AN UNINTENTIONAL TYPOGRAPHICAL EXCLUSION OF THE ELIGIBILITY OF THE ELECTED NATIONAL TREASURER

WHEREAS Article VII, Section 2, Sentence number 3 of the Constitution of the Student Osteopathic Medical Association currently does not define the eligibility of the elected National Treasurer; now, therefore, be it

RESOLVED, that Article VII, Section 2, Sentence 3 be amended to state: "Candidates for National Vice President and National Treasurer shall currently or have previously served on the Board of Trustees or National Board."

Submitted by:

Lucas Littleton, OMS II (Lincoln Memorial University - DeBusk College of Osteopathic Medicine)
David Jensen, OMS II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)

Action Taken: APPROVED

Date: 10-25-14

Effective Time Period: Ongoing

Resolution: Res-F-14-03

Subject: ELECTION OF NATIONAL BOARD OF TRUSTEE MEMBERS AT THE ANNUAL FALL SOMA CONVENTION

WHEREAS Article VII, Section 3 "National Officer Elections" of the current Constitution of the Student Osteopathic Medical Association states "Elections process shall be outlined in the Bylaws of this Association"; and

WHEREAS the current Bylaws of the Student Osteopathic Medical Association does not explicitly mention the said topic; and

WHEREAS the current Student Osteopathic Medical Association (SOMA) stipulations ensure the elected National President has served one year on the National Board of Trustees (BOT); and

WHEREAS the National Vice President and Treasurer must have served one year on either the BOT or the National Board of Directors (NB); and

WHEREAS under normal circumstance, candidates and applicants for the BOT and NB, respectively, are at least currently enrolled in his or her second year of Osteopathic Medical School; and

WHEREAS the only eligible elected positions for current second year students to the Board of Trustees (OMS-II's) are the positions of his or her respective Regional Trustee; and

WHEREAS these circumstances ensure, under the traditional four year Osteopathic Medical Education, the National President be elected from the current pool of Regional Trustees; and

WHEREAS currently, the Regional Trustees are elected only by the votes of the delegates of the Colleges of Osteopathic Medicine (COM's) of his or her respective

region; and

WHEREAS the individual regions should not be expected to elect their respective Regional Trustee with future good of this Association also in mind; now, therefore, be it

RESOLVED, that an additional section be added to the current Article V of the Bylaws of the Student Osteopathic Medical Association after Section 3 to address this issue; and be it further

RESOLVED, that this new section be entitled "Section 4. National Officer Elections"; and be it further

RESOLVED, that the subsequent sections, currently Section 4 and Section 5, be renumbered respectively; and be it further

RESOLVED, that this additional section state: "The election of the National President, the National Vice President, the National Treasurer, and the Regional Trustees shall be held during the annual fall meeting of the House of Delegates. All positions shall be elected by the entirety of the voting body of the House of Delegates."

Submitted by:
Lucas Littleton, OMS-II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
David Jensen, OMS II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
Jason Wiguna, OMS II (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
Liza Gibbs, OMS-II (Campbell University School of Osteopathic Medicine)
Sarah Manners, OMS-II (Lake Erie College of Osteopathic Medicine – Bradenton)

Action Taken: NOT APPROVED

Date: 10-25-14

Effective Time Period:

Resolution Res-F-14-04

Subject: CLARITY REGARDING MATCHING SERVICE LISTING OF AOA RESIDENCIES WITH ACGME PRE-ACCREDITATION STATUS

WHEREAS, as of July 1, 2015, American Osteopathic Association (AOA)-accredited residency programs may apply for initial accreditation status with the Accredited Council for Graduate Medical Education (ACGME); and

WHEREAS, residency programs granted initial accreditation status with the ACGME are able to contact the National Resident Matching Program (NRMP) to be listed by the NRMP[1]; and

WHEREAS, whether residency programs will be listed by the NRMP or the National Matching Services (NMS) is information that osteopathic students need access to well in advance of residency application submission for the purpose of scheduling elective rotations and interviews; and

WHEREAS, discrepancies regarding which matching service transitioning AOA programs will be classified under may immediately affect osteopathic medical students beginning with the graduating class of 2016; now, therefore be it

RESOLVED, that SOMA will pursue clarity from the AOA regarding the timelines of residency program transition between the NRMP and NMS matching services; and, be it further

RESOLVED, that SOMA encourage the AOA to openly distribute information regarding the match transition and its implications to osteopathic medical students applying to those residency programs, starting in the period leading up to the pre-accreditation eligibility of AOA residency programs

1. http://acgme.org/acgmeweb/Portals/0/PDFs/fs_faq.pdf

Submitted by:
Alexander Smith, OMS II (Oklahoma State University College of Osteopathic Medicine)
Taylor Craft, OMS II (Oklahoma State University College of Osteopathic Medicine)

Action Taken: APPROVED

Date: 10-25-14

Effective Time Period: *Ongoing*

Resolution: Res-F-14-05

Subject: REMOVE FDA BAN ON ANONYMOUS SPERM DONATION FROM MEN WHO HAVE SEX WITH MEN

WHEREAS, since 2005 the Food and Drug Administration (FDA) has banned anonymous sperm donations from any man who has engaged in homosexual sex in the previous 5 years, and [1]

WHEREAS, the current FDA policy allows a heterosexual man who has engaged in risky sexual behavior to qualify as a donor a year later, and

WHERAS, a man who has sex with a man in a monogamous, safe-sex relationship does not qualify unless abstinent from homosexual sex for 5 years, and [2]

WHEREAS, blood transfusion of HIV is extremely rare- less than 1% of all new HIV infections are due to blood transfusion, according to the Centers for Disease Control (CDC)[2], and

WHEREAS, although the fastest growing rate of new HIV/AIDS infections is found in the heterosexual population, the inequality of qualification requirements still exists[2], and

WHEREAS, current screening procedures include testing for Hepatitis, HIV, and other infectious diseases and storage of the sperm samples for 6 months prior to the release of samples [(3) (4)]and,

WHEREAS, Resolution S-13-09 (Increase the Number of Eligible Blood Donors) of the SOMA Constitution has set a precedent against heteronormative prejudice and called for an end to the FDA's blood donor ban for men who have sex with men, and

RESOLVED, that SOMA recommends that the American Osteopathic Association (AOA) call for an end to the five-year deferment period for anonymous sperm donation for men who have sex with men, and be it further

RESOLVED, that the AOA supports lobbying measures with the intention of amending this policy.

[1] see attached (http://www.ncbi.nlm.nih.gov/pubmed/15938004)

[2] Neil US. Don't Ask don't tell… and don't donate. American Society for Clinical Investigation [J Clin Invest] 2010; 1363. Available at: http://web.a.ebscohost.com/ehost/detail/detail?sid=66fa6455-e2b9-49c9-b899-7edfe69d3939%40sessionmgr4001&vid=0&hid=4101&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=mdc&AN=20440078. Accessed October 7, 2014.

[3] Public Health Service Inter-agency guidelines for screening donors of blood, plasma, organs, tissues and semen for evidence of Hepatitis B and Hepatitis C. PubMed: http://www.ncbi.nlm.nih.gov/pubmed/1850496 Accessed October 7, 2014

[4] Sperm Bank FAQ, How donors are Screened. PubMEd: http://www.spermbankfaq.com/articles/sperm-banks/item/4-how-are-donors-screened Accessed October 7, 2014

Submitted by:

Nkeiruka Rachael Banda (Pacific Northwest University)

Patricia Egwuatu (Pacific Northwest University)

Daniel Ebbs (A.T. Still School of Osteopathic Medicine in Arizona)

Hannah E. Simpson (Touro College of Osteopathic Medicine)

Kate DeGraaf (Touro University of Nevada College of Osteopathic Medicine)

Action Taken: APPROVED AS AMENDED

Date: 10-25-14

Effective Time Period: Ongoing

AIDS Policy & Law

The Biweekly Newsletter on Legislation, Regulation and Litigation Concerning AIDS

Volume 20, Number 10 May 20, 2005

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Medical marijuana

Congress urged to OK medical marijuana

A group of medical marijuana advocates and a handful of congressional supporters held a Capitol Hill news conference May 5 to urge federal lawmakers to allow medical use of cannabis to help relieve the symptoms of AIDS and other conditions.

"It is absolutely cruel that the federal government does not allow us the right to use this medicine," said Oakland, Calif., resident **Angel Raich**, whose medical marijuana case is before the **U.S. Supreme Court**. "It is not easy for us patients that really need this medicine to come out here, to have to fight for our lives on this kind of level."

Also appearing at the event were talk-show host **Montel Williams**, who said he uses marijuana to treat his multiple-sclerosis symptoms, and **Rep. Barney Frank**, D-Mass., **Rep. Maurice Hinchey**, D-N.Y., and **Dana Rohrabacher**, R-Calif.

Frank said he would reintroduce his states' **Rights to Medical Marijuana Act**, while Hinchey and Rohrabacher said they would bar the **Department of Justice** from using federal funds to go after medical marijuana users.

"The notion that a state-sanctioned practice of medicine is criminalized makes no sense," Frank said.

Rohrabacher agreed.

"It makes no sense at all to have the federal government overriding a vote of the people of a state on what should be criminalized in terms of personal consumption," Rohrabacher said.

Rep. Sam Farr, D-Calif., and **Rep. Ron Paul**, R-Texas, also have supported medical marijuana legislation.

Source: The Associated Press and staff reports. ■

FDA rules

FDA symbolically stigmatizes gay donors with new rules

To the dismay of activists, the **U.S. Food and Drug Administration** is about to start new rules recommending that any man who has had sex with another man in the previous five years be barred from serving as an anonymous sperm donor.

The regulation is aimed at stemming the spread of AIDS.

Gay groups are protesting, saying the measure is unscientific and discriminatory. The groups also noted that heterosexual sex is becoming as prominent in the spread of AIDS as gay sex.

Other critics of the policy said the FDA is stigmatizing all gay men rather than adopting a behavior-focused policy to screen out any donors — gay or straight — who engage in high-risk sex. They also said it is easy for labs to screen out any infected sperm before it is considered for fertility treatment.

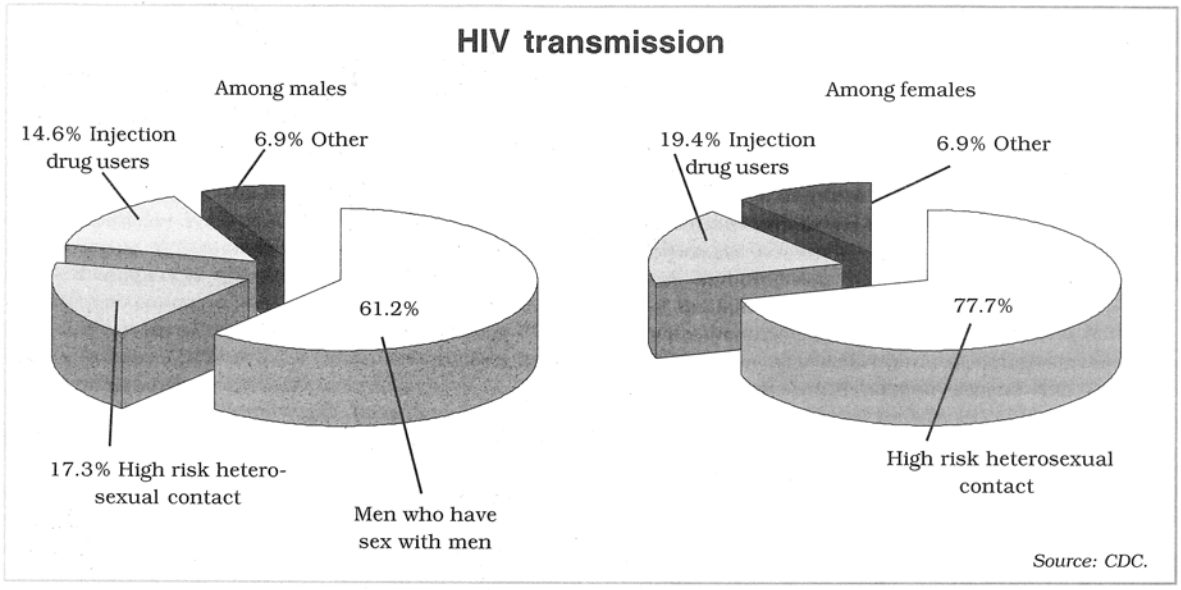
But the FDA has rejected calls to scrap the provision. It insists that gay men collectively have a higher-than-average risk of being HIV-positive, and so, to protect the public, they must be excluded from anonymously donating sperm. In moving toward implementation of the new rules, the FDA also noted that most sperm banks already

(See **DONORS** on page 4)

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DONORS (continued from page 1)

implement strict procedures which exclude higher risk individuals, such as sexually active gay men, some hemophiliacs and drug users who inject themselves.

Under the new rules, any man who has had homosexual sex in the previous five years would be barred from serving as an anonymous sperm donor. The provision is part of a package of regulations set to take effect May 25 that governs tissue and cell donations.

Most doctors and clinics are expected to abide by the policy, though there is disagreement over whether it will be enforced as law, complete with fines, sanctions and penalties.

The provision is likely to affect some lesbian couples who want a baby and prefer to use an anonymous gay donor's sperm for artificial insemination.

Lambda Legal, in a letter to the FDA, suggested a policy under which any donor, gay or straight, would be rejected if he had engaged in unprotected sex in the previous 12 months with an HIV-positive person. The donor would also be rejected if he was an illegal drug user or an individual of unknown HIV status outside of a monogamous relationship.

An FDA spokesperson, however, cited agency documents suggesting that the broad exclusion is prudent even if it more directly affects gay men, including those who practice safe sex.

Already, many doctors and fertility clinics reject gay sperm donors, citing the pending rules or existing regulations of the **American Society for Reproductive Medicine**.

The new rules do not prohibit gay men from serving as direct donors. If a woman wants to become pregnant by artificial insemination with the sperm of a man she knows, a clinic could provide that service even if the man reported sex with other men in the previous five years.

Stigma serves only to separate

At a time when policies should be serving to unite people of all races, faiths, sexual preferences and genders, the new policy is a separatist tool, critics said. The practical effect of the provision will be hard to gauge for years to come. But it is the provision's symbolic aspect that particularly troubles gay rights groups.

Kevin Cathcart, executive director of Lambda Legal, said the policy was based on bigotry.

"The part I find most offensive — and a little frightening — is that it isn't based on good science," Cathcart said. "There's a steadily increasing trend of heterosexual transmission of HIV, and yet the FDA still has this notion that you protect people by putting gay men out of the pool."

Leland Traiman, director of a clinic in Alameda, Calif., that seeks gay sperm donors, pointed out the weaknesses of the policy and offered an alternative.

"Under these rules, a heterosexual man who had unprotected sex with HIV-positive prostitutes would be OK as a donor one year later, but a gay man in a monogamous, safe-sex relationship is not OK unless he has been celibate for five years," Traiman said.

But he said adequate safety assurances could be provided by testing a sperm donor at the time of the initial donation, then freezing the sperm for a six-month quarantine and testing the donor again to be sure there is no new sign of HIV or other infectious diseases.

The FDA has rejected the alternative. ■

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Resolution: Res-F-14-06

Subject: HEALTH CARE AS A FUNDAMENTAL HUMAN RIGHT

WHEREAS, Article II of the AOA Constitution states, “The objectives of this Association shall be to promote the public health”[1], and

WHEREAS, Article IV, Section I of the AOA Constitution states that the Code of Ethics “shall cover duties of physicians to patients, duties of physicians to other physicians and to the profession at large, and responsibilities of physicians to the public”[1], and

WHEREAS, since 2011 several state-based "Healthcare is a Human Right" campaigns enabled passage of a law for state universal, publicly financed health system[2], and

WHEREAS, the United States has recognized the human right to health through the Universal Declaration of Human Rights (article 25), Convention on the Elimination of all forms of racial discrimination (article 5), and the American Declaration on the Rights and Duties of Man (article 11)[3], and

WHEREAS, the constitution of the World Health Organization states, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being", illustrating that health care be available, accessible, and of appropriate quality[4], therefore be it

RESOLVED, that SOMA declare that health care is a human right, not a privilege, as a fundamental principle, and so be it

RESOLVED, that the American Osteopathic Association amend their Code of Ethics to include a section declaring health care to be an essential safeguard to human life and dignity and that access to health care is a fundamental right.

Author’s note: *This is a beginning of what is already continuing. This is not about health insurance or health coverage. It is about interactions between people. It is about the relationship between two humans, the physician and their patient, and the ensuing possibility of health and quality of life. Osteopathic physicians are said to be at a crossroads to the future. The signers of*

the Declaration of Independence did not know every detail of how the rights they believed in were to be brought about. However, they knew those rights and freedoms they sought were right because they were right, and not for any other reason. They attested to the needed rights of their day. Let us so now attest this day that health and health care are fundamental rights of man. The how is the next step. Let us take this first step with our voices.

[1]American Osteopathic Association Constitution & Bylaws. Accessed from AOA web site 10/06/2014. http://www.osteopathic.org/inside-aoa/about/leadership/Documents/aoa-constitution-and-bylaws.pdf

[2]National Economic & Social Rights Initiative. National Alliances for the Human Right to Health Care. http://www.nesri.org/programs/health

[3]Rudiger, Anja. "Why the New Health Reform Law Fails to Meet Human Rights Standards". Accessed from web site 10/06/2014 https://www.nesri.org/sites/default/files/OA_presentation_3-31-10.pdf

[4]World Health Organization. Accessed from web site 10/06/2014 http://www.who.int/hhr/en/.

Submitted by:

Daniel Ebbs, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Will Goodrich, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Tim Lemaire, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Nkeiruka Banda, OMS II (Pacific Northwest University-School of Osteopathic Medicine)
Hannah E. Simpson, OMS-II (Touro College of Osteopathic Medicine)
Heidi E. Kipers, OMS II (Arizona College of Osteopathic Medicine)

Co-Sponsors: *PNWU, TouroCOM-Harlem, AZCOM*

Action Taken: REFERRED TO AUTHOR

Date: 10-25-14

Effective Time Period: Ongoing

NOTE: This resolution resubmitted as S-15-09 - MWS

Resolution: Res-F-14-07 (Late)

Subject: DELINEATING SPECIFIC DUTIES AND RESPONSIBILITIES FOR THE POSITION OF RESOLUTIONS DIRECTOR

WHEREAS, the Chair of the Resolutions Committee of the SOMA House of Delegates exists as a role of the Vice President or, at their discretion, a delegated position thereof; and

WHEREAS, the uncertainty of the existence of possible separation of these roles creates a strategic and financial uncertainty for the National Leadership; and

WHEREAS, the appointment of this position has traditionally been after the formation of the National Board which may prevent qualified individuals from running for this position; and

WHEREAS, resolutions represent the primary mechanism for SOMA members to affect National policy and procedure, and therefore deserve a substantive facilitative investment of effort and resources by the National Leadership; now, therefore be it

RESOLVED, that Article I, Section 8, heading 2 be amended to the following:

"Chair: The chair of the House of Delegates Resolution Reference Committee shall be appointed as a National Board position to be titled Resolutions Director, and as such shall be required to meet all relevant applicant criteria for eligibility to that board. The Chair shall appoint all members of the House of Delegates Resolution Reference Committee from the above nomination list and any other members who he/she feels necessary to complete the business of the Resolution Reference Committee. The Resolutions Director shall also act as SOMA Delegate to the AOA House of Delegates."; and be it further

RESOLVED, that Article 1, Section 8, subsection 2 be amended to the following:

"Vice Chair: The position of Vice Chair of the House of Delegates Resolution Reference Committee will be filled by the current National Vice President. Should the Vice President choose not to fill this role, the Chair will retain the ability to nominate an

alternate Vice Chair at his discretion from current members of the Board of Trustees and National Board. The Vice Chair shall act as the SOMA Alternate Delegate to the AOA House of Delegates"; and be it further

RESOLVED, that Article II, Section 1 shall be amended to list Resolutions Director as a standing position on the National Board of Directors.

Submitted by:

John Carlson, OMS III (Lincoln Memorial University – DeBusk College of Osteopathic Medicine)
Matthew Smith, OMS III (Oklahoma State University College of Osteopathic Medicine)

Action Taken: APPROVED AS AMENDED

Date: 10/25/2014

Effective Time Period: Ongoing

Resolution: Res-F-14-08

Subject: SEPARATION OF TITLE AND RESPONSIBILTIES OF NATIONAL MEMBERSHIP AND BENEFITS DIRECTOR

WHEREAS, the vision and goals of the current National Student Osteopathic Medical Association (SOMA) Membership and Benefits Director position have demonstrated to be in two separate directions with two separate, complete workloads; and

WHEREAS, the current Membership and Benefits director finds the separation of the position necessary to maximize the potential long-term growth and improvement of two distinct positions; and

WHEREAS, the Board of Trustees and National Board supports the separation of the position into two positions and believes the change will be most appropriate to maximize the productivity and outcomes in the perspective areas; Therefore, be it

RESOLVED, the National SOMA Membership and Benefits Director position will be dissolved and the roles and responsibilities thereof will be respectively split between the two newly created National Board positions of Membership and Alumni Affairs Director and Strategic Partnerships Director; and, be it further

RESOLVED, that Article 1, Section 1 and 2 of the SOMA Bylaws will be edited to reflect this change as listed below.

Bylaws of the Student Osteopathic Medical Association

ARTICLE II – National Board of Directors

Section 1. Appointed Members of the National Board of Directors.

1. National Board Liaison (shall also serve on the Board of Trustees)
2. Community Outreach Director
3. Convention Director
4. Health Disparities Director
5. ~~Membership and Benefits Director~~
5. Membership and Alumni Affairs Director
6. Strategic Partnerships Director
7. Osteopathic Practice & Principles Director
8. Professional Development Director
9. Political Affairs Director
10. Senior PreSOMA Director
11. Junior PreSOMA Director
12. Public Relations Director
13. Research & Development Director
14. Website Director

Section 2. Applicant Eligibility Criteria. In order to be eligible to serve in any National Board of Director position, applicants shall be active members of this Association and shall currently or have previously served as the president or NLO of a local SOMA Chapter or have served as a voting delegate for two consecutive SOMA National Conventions and be nominated by their Chapter President or NLO. Chairperson of the National Board, Convention Director, ~~Membership and Benefits Director~~ Membership and Alumni Affairs Director, Strategic Partnerships Director, and Senior PreSOMA Director applicants shall currently or have previously served as National Officers.

Submitted by:

Mary Mamut, OMS III (Lincoln Memorial University-DeBusk College of Osteopathic Medicine)
John Carlson, OMS III (Lincoln Memorial University-DeBusk College of Osteopathic Medicine)
Matthew Smith, OMS III (Oklahoma State University College of Osteopathic Medicine)

Action Taken: APPROVED

Date: 10/25/2014

Effective Time Period: Ongoing

Resolution: Res-F-14-09

Subject: APPOINTMENT OF THE NATIONAL BOARD LIASON

WHEREAS, the National Board Liaison works closely with the National Board to aid in the fulfillment of the individual goals established by the National Board members and serves on the Board of Trustees to facilitate a fluid connection between national leaders; and

WHEREAS it would be of great benefit to the Board of Trustees and the National Board for the National Board Liaison to be a part of the selection and appointment process of the National Board Members during the Spring Convention; Therefore, be it

RESOLVED, that the National Board Liaison shall be appointed by the Board of Trustees Elect prior to the Spring Convention to then take part in National Board appointment during the Spring Convention

Submitted by:
Sumeet Singh, OMS IV (National SOMA – National Board Liaison)
Gina Routh, OMS III (National SOMA – Region III Trustee)

Action Taken: APPROVED

Date: 10/25/2014

Effective Time Period: Ongoing

Resolution: Res-F-14-10

Subject: CREATION OF STANDING COMMITTEE FOR STRATEGIC PLANNING FOR LONG-TERM VISION OF SOMA

WHEREAS the Board of Trustees voted unanimously in quorum to form the SOMA Strategic Planning Committee as a standing committee of SOMA; and

WHEREAS Article VII, Section 1 of the SOMA Bylaws requires that Standing Committees of SOMA shall be created by resolutions submitted to and approved by the House of Delegates; and

WHEREAS National SOMA plans to make a concerted effort to prioritize the long-term vision of the structure of SOMA through the creation of such a committee; therefore be it

RESOLVED, that the SOMA Strategic Planning Committee be formed as a standing committee of SOMA, with members to said committee being appointed by Board of Trustees.

Submitted by:

Jim DeMeo, OMS-IV (Lake Erie College of Osteopathic Medicine – Erie)
Arta Zowghi, OMS-IV (Midwestern University- Arizona College of Osteopathic Medicine)
Katie Eggerman, OMS-IV (Des Moines University College of Osteopathic Medicine)
Cassandre Marseille, OMS-III (Touro College of Osteopathic Medicine)
Lauren Fetsko, OMS-IV (University of Pikeville Kentucky College of Osteopathic Medicine)
Gina Routh, OMS-III (Des Moines University College of Osteopathic Medicine)
Christie Mun, OMS-III (Midwestern University- Arizona College of Osteopathic Medicine)

Action Taken: APPROVED

Date: 10/25/2014

Effective Time Period: Ongoing

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-01
Subject: CONSTITUTION AND BYLAW AMENDMENT BY REVISION

WHEREAS , the Constitution and Bylaws of the Student Osteopathic Medical Association is outdated and requires a complete overall in order to meet the changing needs of its members,

AND WHEREAS, a the proposed new constitution and bylaws includes changes to current positions, therefore be it;

RESOLVED, that the current Student Osteopathic Medical Association be amended by revision and take effect immediately and all currently elected and appointed positions be allowed to serve out the reminder of their terms.

The new version of the Constitution and the old version are provided separately due to the size of the original document.

Submitted by:
SOMA Task Force

Action Taken:

Date:

Effective Time Period: ***Ongoing***

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-02
Subject: CONSTITUATIONAL AMMENDMENT TO INCLUDE GENDER IDENTITY AND EXPRESSION TO SOMA CODE OF ETHICS AND NON-DISCRIMINATION POLICY

WHEREAS SOMA, the Student Osteopathic Medical Association, has already via numerous resolutions, recommended to the AOA that sexual orientation, as well as gender identity and expression, be added to the COCA Accreditation Standards and AOA Code of Ethics (S-11-03, S-11-04, S-11-05, F-10-06, S-08-01),

AND WHEREAS the AOA now includes gender identity in Section 3 of its own Code of Ethics,

BE IT RESOLVED, that SOMA amends its own Article VI – Discrimination, and Code of Ethics (Section 3) to explicitly include commensurate protection for both osteopathic medical students and patients respectively

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This resolution would add "gender identity and expression" to the list of criterion upon which students cannot be discriminated against at by local SOMA chapters (Article VI), and would likewise protect patients from refusal of care by the student physician on the same grounds (Code of Ethics, Section 3). This would put the SOMA constitution in line with the recommendations this body has previously submitted to AOA, as well as with the AOA Code of Ethics. It should be noted that "sexual orientation" and "gender identity" are independent qualities of an individual and are not interchangeable terminology.

Submitted by:
Howard L. Simpson, OMS-II (Touro College of Osteopathic Medicine – Harlem, New York)
Rachel Fiddler, OMS-III (Touro College of Osteopathic Medicine – Harlem, New York)
Rosemarie Neilson, OMS-III (Touro College of Osteopathic Medicine – Harlem, New York)
Katherine Williams, OMS-II ((Touro College of Osteopathic Medicine – Harlem, New York)

Action Taken:

Date:

Effective Time Period: ***Ongoing***

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-03
Subject: MOVE TO ABANDON OBSOLETE LANGUAGE AND POLICY RELATED TO GENDER IDENTITY AND MEDICALLY NECESSARY CARE AND CONDEMNATION OF WITHOLDING IT

WHEREAS as the AOA supports GENDER IDENTITY NON-DISCRIMINATION (Policy Compendium, H438-A/10), stating The American Osteopathic Association supports the provision of adequate and medically necessary treatment for transgender and gender-variant people and opposes discrimination on the basis of gender identity. 2010"

AND WHERAS The WPATH, the World Professional Association for Transgender Health, the leading authority for standards of care in this field, says in their latest release (2011) that medically necessary care may include This assistance may include primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments."

AND WHEREAS The American Psychiatric Association (APA) has, in the latest edition of their Diagnostic and Statistical Manual, the DSM-5 reclassified "Gender Identity Disorder," as "Gender Dysphoria," deliberately to establish it within the normal spectrum of human diversity while still providing a billable diagnosis to ensure individuals have access to treatment. (Gender Dysphoria Fact Sheet, APA Publishing – 2013).

BE IT RESOLVED, that SOMA should itself, and likewise advice the AOA, to encourage, all health care entities and governmental organizations to abandon obsolete and discriminatory language and policies related to Gender Dysphonia

AND FURTHER RESOLVED, that SOMA and the AOA should encourage their affiliate organizations, which often provide group health insurance to medical students, faculty, and staff, and their families, to ensure any coverage offered is consistent with the established AOA policy

ORIGINAL

on this issue. This includes the medical insurance policy SOMA itself currently offers.

AND FURTHER RESOLVED that SOMA should itself, and likewise advice the AOA, to condemn the withholding of treatment that is medically necessary for any individual with documented gender dysphoria by insurance providers, federal and state wards, or the armed forces, regardless of that individual's active duty or veteran status, conviction, or incarceration, just as any other medically necessary treatment would be provided, even if at agency expense.

The evolution of thought on gender identity has been quick and dramatic, led in no small part by the changing societal understanding of homosexuality and humankind's ever-expanding notions of the diversity of the human condition. While not acceptable, it is unsurprising that many organizations lag in adapting their policies to the latest in societal and even scientific understanding. It should be noted that "sexual orientation" and "gender identity" are independent qualities of an individual and are not interchangeable terminology.

This was evinced by Brian R. Wlosinski OMS-III, et. al.'s of Lake Erie College of Osteopathic Medicine's call to the US Food and Drug Administration to lift their ban on male homosexual blood donors (AOA Resolution H-400 A/2013), which dates back to 1977 and the HIV/AIDS epidemic, since which our knowledge has increased significantly.

The leading authorities on gender identity and its dysphoria have likewise made considerable strides in shifting perception of its treatment as experimental and ethically questionable, to a medically necessary standard of care with positive patient outcomes. Insurance providers still often include explicit exclusions to some or all services related to gender dysphoria, often using language like "gender identity disorder," even in policies issued after that diagnosis became obsolete. This can be viewed as obsolete and discriminatory, and creates a distinct barrier to care.

The United States Armed Forces views any change to one's gender, even the expression of such interest, as a criterion for medical exclusion from service. Individuals secretly suffering from this condition face dismissal and even court-martial if they seek assistance, which obviously cannot be provided either under the current framework. Since this medical exception was unrelated to the Don't Ask, Don't Tell policy, its recent repeal did not impact the situation for gender

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dysphoric service-members.

A recent case has made national headlines when a now-convicted army private was told that hormone therapy and other related services would not be provided while she is incarcerated, under their currently policy. SOMA and the AOA should by this resolution re-affirm the medical necessity of this particular course of treatment for patients with this diagnosis, and condemn withholding of care for this or any other course of action as medically necessary. This would affirm that it is exclusively the role of the physician and patient to determine the best course of treatment within the scope of the options already determined as potentially necessary.

Submitted by:

Howard L. Simpson, OMS-II (Touro College of Osteopathic Medicine – Harlem, New York)

Rachel Fiddler, OMS-III (Touro College of Osteopathic Medicine – Harlem, New York)

Rosemarie Neilson, OMS-III (Touro College of Osteopathic Medicine – Harlem, New York)

Katherine Williams, OMS-II ((Touro College of Osteopathic Medicine – Harlem, New York)

Action Taken:

Date:

Effective Time Period: ***Ongoing***

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-04
Subject: ALTERNATE TEACHING SITE REPRESENTATION

WHEREAS, the growth of our profession is accelerating, with three new schools opening in 2013, and at least two new alternate teaching sites (sometimes referred to as "satellite campuses") opening up by the end of 2015; and

WHEREAS, the issues and dynamics differ at every campus site, whether that be at the main campus, branch, or alternate teaching site; and

WHEREAS, current representation policies do not necessarily reflect the student body as a whole; and

WHEREAS, chapter banking accounts and faculty advisors are often separate between an accredited college of osteopathic medicine and it's associated branch or alternate teaching site; and

WHEREAS, all teaching sites of accredited osteopathic medical colleges are deemed self-sustainable to establish and maintain a Student Osteopathic Medical Association (SOMA) chapter if they have an established and independent student government association, administrative faculty, and club approval process; therefore let it be

RESOLVED, that the approval process for new chapters from accredited osteopathic medical college main campuses, branches, or alternate teaching sites (satellites) will require that each teaching site have an established and independent student government association, administrative faculty, and club approval process before being considered for BOT approval; and be it further

RESOLVED, that SOMA put into effect explicit representation rights to all accredited colleges of osteopathic medicine, branch campuses, and alternate teaching sites; and, be it further

ORIGINAL

RESOLVED, that SOMA also grant voting privileges within association meetings to all accredited colleges of osteopathic medicine, branch campuses, and alternate teaching sites; and, be it further

RESOLVED, that the SOMA Constitution and Bylaws be amended as follows:

ARTICLE IV - Constituent Chapters

Section 1. Chapter Petition. Any group of five or more students at an AOA-accredited osteopathic medical school **main campus, branch, or alternate teaching site** may petition for a chapter within the Association. The petitioners shall sign the petition, date their signature and supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2. Number of Chapters. There shall not be more than one such chapter at any osteopathic medical school **main campus,** branch, **or alternate teaching site.**

Section 3. Chapter Benefits. Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Constitution and Bylaws.

Submitted by:

Adam Christensen, OMS II (Lake Erie College of Osteopathic Medicine- Seton Hill)

Steve Zourabian, OMS II (Lake Erie College of Osteopathic Medicine- Seton Hill)

Allen Shepard, OMS II (Lake Erie College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: *"Ongoing"*

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-05
Subject: AMENDMENT SECTION VA 5.7 TO OF THE INSTITUTIONAL REQUIREMENTS OF AOA TRAINING PROGRAMS

WHEREAS, currently there is no general requirement for trainees to perform osteopathic principles such as osteopathic manipulative therapy, OMT, when deemed necessary to improve a patients outcome while training under an osteopathic physician.

WHEREAS, there is no requirement for osteopathic physicians to discuss and teach the trainee on or OMT. Specific residencies do address training and instill in OMT into their program; however some specialty training program do not include OMT training requirements.

WHEREAS, there is no guidelines established from OCGM programs to have the student complete set number of OMT therapies in their practice and principles under the general institutional guidelines.

WHEREAS, the current VA 5.7 section reads, "AOA requires incorporation of osteopathic principles and practice only in the evaluation of osteopathic attending physicians."

RESOLVED, the Institutional requirements amend and add in one of the following:

A. One times a month of a training module between the trainer and trainee reviewing OMT treatments, that is documented and sent in to be completed before completing the program.

B. One time a week if deemed necessary incorporate OMT into the patient's treatment plan so that our patients may receive great care and devotion that goes beyond the standard of care to improve the mind body and spirit of each person that comes in our hands.

Submitted by:

Kiesha Anderson, OMS II (Edward Via College of Osteopathic Medicine-CC)

ORIGINAL

Shaista Walji, OMS II (Edward Via College of Osteopathic Medicine-CC)
Andrea Lanao, OMS II (Edward Via College of Osteopathic Medicine-CC)
Jean Kimberly Rongo, OMS II (Edward Via College of Osteopathic Medicine-CC)
Danielle Tamburrini, OMS II (Edward Via College of Osteopathic Medicine-CC)

Action Taken:

Date: 8/28/13

Effective Time Period:

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-06
Subject: INCREASING STRINGENCY OF COCA ACCREDITATION REQUIREMENTS TO ENSURE ADAQUATE TRAINING AND POST-GRADUATE TRAINING FOR ALL OSTEOPATHIC MEDICAL STUDENTS

WHEREAS in the 2010-2011 Academic year 34 colleges and branch campuses graduated 4150 osteopathic students for 2,553 American Osteopathic Association (AOA) residency spots, leaving 38.5% of graduates without the option of an AOA approved residency.

WHEREAS For the 2013-2014 application cycle there are now 37 colleges and branch campuses.

WHEREAS ACCOM estimates 6,647 graduates for the 2016-2017 year, without a similar increase in the amount of AOA approved residency positions.

WHEREAS Osteopathic medicine is a growing field, but currently it cannot sustain growth until more residency spots are added.

WHEREAS Commission on Osteopathic College Accreditation's (COCA) newest accreditation standards do not quantify the amount of clerkships needed to be established in order to achieve pre-accreditation status .

WHEREAS strong relations between Colleges of Osteopathic Medicine and core rotations sites can help lead to the development of more residency positions for all osteopathic graduates.

RESOLVED, The Student Osteopathic Medical Association recommends that COCA make pre accreditation standards more stringent, requiring COMs have an agreement with an Osteopathic Postdoctoral Training Institution (OPTI) hospital or site that can train at least ½ of all students it plans on matriculating for required rotations.

ORIGINAL

In discussions with 3rd and 4th year medical students from colleges across the country, it was said multiple times that finding core rotation sites can be a difficult process. We hope this resolution will alleviate this issue and in turn help garner relationships that can start new Osteopathic residency programs.

Submitted by:
Michaela Lamonde, OMSII (Vriginia College of Osteopathic Medicine)
Lauren Lomaka, OSMII (Virginia College of Osteopathic Medicine)
Elizabeth Gold, OSMII (Virginia College of Osteopathic Medicine

Action Taken: (leave blank)

Date: (leave blank)

Effective Time Period: Ongoing

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: Res-F-13-07
Subject: PROTECTION OF RESIDENCY PLACEMENT SECURITY AFTER PROGRAM CLOSURE

WHEREAS, in 2013, 11 resident physicians (three postgraduate year 1 (PGY-1) residents (interns), three PGY-2 residents, three PGY-3 residents, and two PGY-4 residents, collectively known as trainees) at the Bronx St Barnabas Radiology residency training program had their residency training positions eliminated by a hospital administrative decision, which also entailed reassigning federal Medicare Graduate Medical Education (GME) funds towards primary care programs and away from the radiology residency program[i] and

WHEREAS, as made clear in a statement released at the time, this decision was not made because of dire financial need, but in the interest of maximizing profitability by removing less desirable programs and adding more profitable programs within the hospital[ii] and

WHEREAS, the AOA already mandates a requirement in "THE BASIC DOCUMENTS FOR POSTDOCTORAL TRAINING" Section V, Subsection A, Article 5.3[iii] outlining imperatives to a residency program to make all attempts at maintaining the program for currently employed trainees, and

WHEREAS, many existent residency programs are capable of accepting a small number of additional residents without requiring significant additional program infrastructure, and

WHEREAS, without GME funding, a trainee is limited to finding another institution willing to run a residency program at its own expense and without federal assistance, or to apply to a new program through the National Resident Matching Program, and

WHEREAS, with limited positions nationwide, the number of GME funded positions remaining unchanged for many years, and the anticipated shortage of physicians, finding a new position for

ORIGINAL

a resident already partially through their training is extremely difficult, which the Student Osteopathic Medical Association (SOMA) finds to be an unreasonable burden for a qualified trainee in otherwise good standing, therefore be it

RESOLVED, that SOMA shall advocate for policy supporting GME funding portability or guarantee placement of residents before funds can be redirected to new programs except in the cases of fair and lawful dismissal or termination, be it further

RESOLVED, that SOMA recommends the AOA to create new wording in Article 5.3 of the AOA Basic Standards Document that shall read:

If a training institution closes a program and any displaced trainee is unable to find placement with an AOA-approved program, the federal GME funding must be transferred with the displaced trainee to a program of the same specialty that has successfully applied for a temporary increase position but otherwise lacks federal GME funding for that position. The federal GME funding may return to the original hospital after the trainee has completed their program.

The goal of this resolution is to create a financial incentive for residency programs and hospitals to prevent the immediate closing of residency programs by creating the portability of GME funding for displaced residents whose original hospitals have not closed.

Submitted by:

Matt Flamenbaum, OMS-II (Rowan University School of Osteopathic Medicine)

Adriana Guido-Rios, OMS-II (Rowan University School of Osteopathic Medicine)

Jessica Lim, OMS-I (Rowan University School of Osteopathic Medicine)
Gregory Sun, OMS-I (Rowan University School of Osteopathic Medicine)

ORIGINAL

Nicole Hartmann, OMS-I (Rowan University School of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: Immediately

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[i] Job Prospects Are Dimming for Radiology Trainees, New York Times, http://www.nytimes.com/2013/03/28/health/trainees-in-radiology-and-other-specialties-see-dream-jobs-disappearing.html?pagewanted=all (posted March 27, 2013)

[ii] NY hospital to shutter radiology residency program, AuntMinnie.com, http://www.auntminnie.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=102467 (posted Feb 13, 2013)

[iii] AOA Basic Document for Postdoctoral Training, http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf

> Article 5.3: "If a training institution anticipates a program closure or decrease in program positions every attempt shall be made to permit the current trainees to complete their training prior to such an action."

[iv] NY hospital relents, promising another year of residency, AuntMinnie.com, http://www.auntminnie.com/index.aspx?sec=nws&sub=rad&pag=dis&itemId=102975 (posted March 28, 2013)

[v] NY Times highlights St. Barnabas, resident jobs decline, AuntMinnie.com, http://www.auntminnie.com/index.aspx?sec=sup&sub=res&pag=dis&ItemID=102986 (posted March 29, 2013)

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: **Res-F-13-08**
Subject: PROMOTING AWARENESS OF OSTEOPATHIC MEDICAL EDUCATION TO ALLOPATHIC CLINICAL EDUCATION DEANS AND RESIDENCY PROGRAM DIRECTORS

WHEREAS the number of osteopathic medical school graduates exceeded the number of funded first-year Osteopathic Graduate Medical Education (OGME) slots by 40% in 2013[1]; and

WHEREAS the proposed Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements will restrict OGME trained physicians from entering ACGME specialty fellowships[2]; and

WHEREAS the proposed (ACGME) Common Program Requirements will restrict OGME trained physicians from seeking advanced placement in ACGME residencies[3]; and

WHEREAS a plurality of osteopathic medical students will participate in the allopathic residency match; and

WHEREAS participation in visiting clerkships can prove to be an advantage in the residency application process; and

WHEREAS fifteen allopathic programs participating in the Visiting Student Application Service do not consider osteopathic medical students for visiting clerkships[4]; and

WHEREAS approximately one-quarter of allopathic residency directors will not accept COMLEX scores for application purposes[5]; and

WHEREAS match rates for osteopathic medical graduates remain low in allopathic specialty programs; and

WHEREAS bias against osteopathic medical students and physicians can be attributed to a lack of understanding of the scope and quality of osteopathic medical education; now, therefore, be it

ORIGINAL

RESOLVED, that the Student Osteopathic Medical Association (SOMA) recommends that the AOA engage in a campaign to educate allopathic clinical education administrators and allopathic residency directors about the scope and quality of osteopathic medical education.

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1) Scheirhorn, Carolyn. AOA, AACOM support continued discussions on GME, www.do-online.org accessed 9/14/2013

2,3) ACGME Common Program Requirements for Graduate Medical Education Summary and Impact of Proposed Revisions; Proposed Effective Date: July 1, 2015
4) Visiting Students Application Service (VSAS) programs not accepting Osteopathic Medical Students: Creighton University SOM-Omaha, Creighton University SOM-Phoenix, Geisel SOM, Good Samaritan Hospital, Keck SOM at USC, Tufts University SOM, Univeristy of Kansas SOM - Wichita, Universidad Central del Caribe SOM, UC Davis SOM, UC Irvine SOM, University of Maryland SOM, University of Miami Leonard M. Miller SOM, University of Vermont College of Medicine, University of Virginia SOM, Washington University in St. Louis SOM, Yale University SOM (list compiled from: https://www.aamc.org/students/medstudents/vsas/)
5) NBOME presentation at the AOA House of Delegates, July 2013

Submitted by:
Katherine DeGraaff, OMS-II (Touro University Nevada College of Osteopathic Medicine)
Nicolette Cohen, OMS-II (Touro University Nevada College of Osteopathic Medicine)
Ryan Huang, OMS-II (Touro University Nevada College of Osteopathic Medicine)
Carmen Lam, OMS-II (Touro University Nevada College of Osteopathic Medicine)
Whitney Elg, OMS-II (Touro University Nevada College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: *Ongoing*

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution:Res-F-13-09
Subject: Qualifications for National Treasurer

Amendment to Article VIII and Article XII of the SOMA constitution

WHEREAS, The qualifications, experience, responsibilities and expectations for the Board of Trustees Treasurer are similar to chapter treasurer positions; and

WHEREAS, Attending and participating as a voting member at multiple SOMA (Student Osteopathic Medical Association) conventions builds interscholastic relationships and a fundamental understanding of the goals of SOMA, as well as a deep appreciation for the importance of SOMA within the osteopathic community; and

WHEREAS, National Treasurer responsibilities are unlike that of any National Board or Region Trustee responsibilities and currently only persons who have served on National Board or Board of Trustees are eligible to declare candidacy for National Treasurer; and

WHEREAS, Expanding the pool of eligible applicants assists in achieving the highest quality of persons most appropriate for a particular position, and

WHEREAS, There exists a precedent within SOMA to change the qualifications and/or existence of a position within the National Board or Board of Trustees through a resolution vote of approval to ensure transparency within the organization; and

WHEREAS, Eligibility requirements for National Officers are listed in two separate locations in the constitution; now, therefore, be it

RESOLVED, That Article VIII, Section 2, National Officer Elections, be amended to remove "All candidates for these positions (except the position of Region Trustee) must be nominated by the nominating committee, and have at least one year experience as a previous National Officer on the SOMA Board of Trustees or National Board."; and be it

RESOLVED, That the term "Treasurer" be removed from Article XII, Section 6-D, Eligibility to hold Office of National Office so that it reads "The eligibility requirements for the position of

ORIGINAL

National President include at least one year of service on the Student Osteopathic Medical Association Board of Trustees; and the eligibility requirements for the positions of National Vice President, Foundation Chairperson, Foundation Director, and membership Coordinator include at least one year of service on the Student Osteopathic Medical Association National Board or Board of Trustees."; and be it

RESOLVED, That Article XII, Section 6-D, Eligibility to hold Office of National Office, be amended to include: "The eligibility requirements for the position of National Treasurer include at least one year of service on the Student Osteopathic Medical Association National Board or Board of Trustees, or have served as a voting delegate for two consecutive Student Osteopathic Medical Association National Conventions and be endorsed by a National Officer."

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Submitted by:
Matthew Bryan, OMS II - Arizona College of Osteopathic Medicine

Arta Zowghi, OMS III - Arizona College of Osteopathic Medicine

Shoja Rahimian, OMS II – Lake Erie College of Osteopathic Medicine

Allen Shepard, OMS II – Lake Erie College of Osteopathic Medicine

Action Taken:

Date: *September 17th 2013*

Effective Time Period: *ongoing*

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: RES-F-13-10
Subject: Required Meeting

WHEREAS, *Attendance at the Annual Summer SOMA Convention in Chicago (hereafter referred to as Chicago) constitutes an important component of local chapter involvement on the national level; and*

WHEREAS, *Chicago is held in conjunction with the annual AOA House of Delegates Meeting*;

WHEREAS, *attendance at Chicago comprises an important showing of SOMA toward the AOA*;

WHEREAS, *nearly all chapters send a delegation to Chicago at present*;

WHEREAS, *some SOMA chapters receive additional travel funds from their schools in consideration of required attendance* ;

now, therefore, be it

RESOLVED, That Article III, Section 9, Subsection 1 of the SOMA Bylaws be altered to read as follows:

"1. President and NLO Attendance. National SOMA **requires that**, at a minimum, the local chapter President and the National Liaison Officer (or their proxies) attend Fall **and Summer** Conventions, and that one outgoing and one incoming officer (or their proxies) attend Spring Convention. Other local officers and local chapter members are also encouraged to attend. **Any exceptions to this policy shall be offered on a case-by-case basis by the Region Trustee for said chapter.**"

==========

Submitted by: Otto Shill, AZCOM; Matthew Bryan, AZCOM

Action Taken:

Date:

Effective Time Period:

ORIGINAL

NOTE: This copy is the original text of the submitted resolution and may not represent the final copy acted upon by the House of Delegates.

Resolution: RES-F-13-11
Subject: SOMA Active Membership Award

WHEREAS, *The Student Osteopathic Medical Association (SOMA) represents the interest of all member Osteopathic Medical Students;*and

WHEREAS, *the professional development of SOMA members (in several areas including politics, networking, interpersonal relationships, research, international exposure, etc) represents one of the primary goals of SOMA;* and

WHEREAS, *when said professional development occurs broadly across our membership, said professional development reflects positively on the SOMA organization.;* and

WHEREAS, *SOMA charges a non-trivial fee for membership, and by so doing incurs an additional ethical responsibility to provide value to the membership;* and

WHEREAS, *one of the greatest challenges to any large organization, including SOMA, is finding a way to maintain active its members, especially while enrolled in medical school;* and

WHEREAS, *medical students often seeks guidance with respect to how to best be involved and develop a well-rounded Curriculum Vitae;*and

WHEREAS, *the valuable professional development, political, and service activities, etc of many medical students remain unrecognized at the time of their application to residency;* and

WHEREAS, *whereas SOMA membership is one component listed on many student applications to residency programs;* and

WHEREAS, *it is desirable that a residency director be able to understand who are ACTIVE SOMA members and what does it mean to be an active SOMA member;* and

WHEREAS, *the national and substantial nature of SOMA's representation of the Osteopathic Medical Student community and direct relationship to the AOA lend great credibility to the mission of SOMA;* and

ORIGINAL

WHEREAS, *the SOMA Constitution charge the Board of Trustees and the House of Delegates to fulfill the mission of SOMA, stated in Article II specifically as "Educate and prepare osteopathic leaders and advocates.";*

now, therefore, be it

RESOLVED, *That SOMA officially sponsor a recognition program at the national level which will recognize and encourage the ongoing and active participation of ALL members both on the local and the national level; and,*

RESOLVED, *that the requirements and recognitions of said program will be determined by the voting of the SOMA House of Delegates; and,*

RESOLVED, *that recordkeeping with respect to local members shall be kept and managed by the local chapters, and that said records shall be submitted to the Board of Trustees at the end of each school year orMay 31 of each year, whichever comes first.; and,*

RESOLVED, *that membership levels shall be considered cumulative during the time of one's membership in SOMA. Therefore, award status will be updated annually, but only awarded at the time of the completion of the start of the OMS-IV year, in time for recipients to list this accomplishment on their application to residency; and,*

RESOLVED, *that the award shall be updated, if an OMS-IV achieves a higher level of achievement before the end of their SOMA Membership and time as Osteopathic Medical Students.*

RESOLVED, *that activities completed before registering for active SOMA membership shall not count towards the levels of recognition; and,*

RESOLVED, *that two levels of recognition shall be established: "Premier SOMA Member Award," and "Diamond Premier SOMA Member Award."; and,*

ORIGINAL

RESOLVED, *that Premier SOMA Members shall complete the following requirements during the first three years of their medical education:*

(1) Attend DO Day at the Capitol (in your respective state) one time,

(2) Perform at least 15 hours of community service annually,

(3) Write at least 5 letters to congressmen from your legislative district, either personally or via the GOAL network annually.

(4) Attend at least 50% of all local SOMA chapter sponsored events,

(5) Serve in a leadership role for a campus or community organization for at least one half academic year.

(6) Join SOMA not later than the last day of the year in which the student begins their OMS-II year.

(7) Remain an active member in good standing.

RESOLVED, *that Diamond Premier SOMA Members shall complete the following requirements during the first three years of their medical education:*

(1) Attend DO Day at the Capitol (in your respective state) two times,

(2) Attend DO Day on the Hill in Washington DC at least one time,

(3) Attend at least one SOMA Convention during your SOMA membership,

(4) Perform at least 30 hours of community service annually,

(5) Write at least 10 letters to congressmen from your legislative district, either personally or via the GOAL network annually.

(6) Attend at least 75% of all local SOMA chapter sponsored events,

(7) Serve in a leadership role for a campus or community organization for at least one academic year.

ORIGINAL

(8) Join SOMA not later than the last day of the year in which the student begins their OMS-I year.

(9) Remain an active member in good standing.

==========

Submitted by: Otto Shill, AZCOM; Christie Mun, AZCOM; Matthew Bryan, AZCOM

Action Taken:

Date:

Effective Time Period:

ORIGINAL

Part 2, Incidental Motions. No order of precedence. These motions arise incidentally and are decided immediately.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§23	Enforce rules	Point of Order	Yes	No	No	No	None
§24	Submit matter to assembly	I appeal from the decision of the chair	Yes	Yes	Varies	No	Majority
§25	Suspend rules	I move to suspend the rules	No	Yes	No	No	2/3
§26	Avoid main motion altogether	I object to the consideration of the question	Yes	No	No	No	2/3
§27	Divide motion	I move to divide the question	No	Yes	No	Yes	Majority
§29	Demand a rising vote	I move for a rising vote	Yes	No	No	No	None
§33	Parliamentary law question	Parliamentary inquiry	Yes	No	No	No	None
§33	Request for information	Point of information	Yes	No	No	No	None

Part 3, Motions That Bring a Question Again Before the Assembly.
No order of precedence. Introduce only when nothing else is pending.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§34	Take matter from table	I move to take from the table ...	No	Yes	No	No	Majority
§35	Cancel previous action	I move to rescind ...	No	Yes	Yes	Yes	2/3 or Majority with notice
§37	Reconsider motion	I move to reconsider ...	No	Yes	Varies	No	Majority

Robert's Rules of Order Motions Chart

RobertsRules.org
Based on *Robert's Rules of Order Newly Revised (10th Edition)*

Part 1, Main Motions. These motions are listed in order of precedence. A motion can be introduced if it is higher on the chart than the pending motion.
§ indicates the section from Robert's Rules.

§	PURPOSE:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
§21	Close meeting	I move to adjourn	No	Yes	No	No	Majority
§20	Take break	I move to recess for ...	No	Yes	No	Yes	Majority
§19	Register complaint	I rise to a question of privilege	Yes	No	No	No	None
§18	Make follow agenda	I call for the orders of the day	Yes	No	No	No	None
§17	Lay aside temporarily	I move to lay the question on the table	No	Yes	No	No	Majority
§16	Close debate	I move the previous question	No	Yes	No	No	2/3
§15	Limit or extend debate	I move that debate be limited to ...	No	Yes	No	Yes	2/3
§14	Postpone to a certain time	I move to postpone the motion to ...	No	Yes	Yes	Yes	Majority
§13	Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
§12	Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
§11	Kill main motion	I move that the motion be postponed indefinitely	No	Yes	Yes	No	Majority
§10	Bring business before assembly (a main motion)	I move that [or "to"] ...	No	Yes	Yes	Yes	Majority

Resolution or Amendment: Res-S-13-01
Subject: Equity in Federal Student Aid for Graduate Students

WHEREAS, the Affordable Care Act has created 50 million new patients,[i] many of whom are within underserved and rural communities; and

WHEREAS, the number of physicians newly licensed each year is outpaced by the number of new patients that need healthcare service; and

WHEREAS, osteopathic medical schools are committed to training future physicians to provide quality healthcare for many underserved and rural communities;[ii] and

WHEREAS, allopathic medical schools are equally committed to training future physicians to provide quality health care for many underserved and rural communities; and

WHEREAS, many students who are first in their family to attend medical school are from areas of underserved and rural communities and do not have the family financial support to finance their education without obtaining loans; and

WHEREAS, the average cost of four years of attendance of medical school was $263,964 in 2010-11;[iii] and

WHEREAS, many medical students fund the cost of their education with Stafford and graduate PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent, respectively; and

WHEREAS, the accrued interest rate on loans for the average cost of attendance amount to $46,000 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

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RESOLVED, That the Student Osteopathic Medical Association increase its partnership with the Council of Osteopathic Student Government Presidents, American Medical Student Association, the Medical Student Section of the American Medical Association, and other associations aligned in SOMA's interest to persuade the federal government to protect the future of healthcare service by restoring interest subsidies on need-based Graduate Stafford Loans; and be if further

RESOLVED, That line 35 to 39 of Res-F-12-06 be amended as follows: RESOLVED, that SOMA recommend to the AOA that the AOA advocate to members of Congress to set equitable interest rates for Direct Stafford Loans and Graduate PLUS Loans issued by the United States Department of Education such that interest rates on these loans align with market value.

Submitted by:
Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period:

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)
[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf
[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).
[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf
[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

WHEREAS, the average annual salary of a first year physician resident is $40,000 to $50,000; and

WHEREAS, the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv] and

WHEREAS, the historical interest rates for the Graduate Unsubsidized Stafford Loan have been: 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

WHEREAS, the historical interest rates for the Graduate PLUS Student Loan have been: 4.22% (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

WHEREAS, the federal student loan system started implementing disparate interest rates between undergraduate and graduate loans beginning in 2008; and

WHEREAS, undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

WHEREAS, students strongly factor in financial costs versus benefits when choosing a career and many choose subspecialties instead of primary care because of the financial advantage;[vii] and

WHEREAS, medical student loan reform would facilitate students to consider primary care without dwelling on the financial ramifications; therefore, be it

RESOLVED, That the Student Osteopathic Medical Association increase its partnership with the Council of Osteopathic Student Government Presidents, American Medical Student Association, the Medical Student Section of the American Medical Association, and other associations aligned in SOMA's interest to persuade the federal government to protect the future of healthcare service by reducing Graduate Unsubsidized Stafford Loan and Graduate PLUS Student Loan interest rates to align with market value; and be it further

WHEREAS, the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv] and

WHEREAS, the historical interest rates for the Graduate Unsubsidized Stafford Loan have been: 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

WHEREAS, the historical interest rates for the Graduate PLUS Student Loan have been: 4.22% (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

WHEREAS, the federal student loan system started implementing disparate interest rates between undergraduate and graduate loans beginning in 2008; and

WHEREAS, undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

WHEREAS, students strongly factor in financial costs versus benefits when choosing a career and many choose subspecialties instead of primary care because of the financial advantage;[vii] and

WHEREAS, medical student loan reform would facilitate students to consider primary care without dwelling on the financial ramifications; therefore, be it

RESOLVED, That the Student Osteopathic Medical Association increase its partnership with the Council of Osteopathic Student Government Presidents, American Medical Student Association, the Medical Student Section of the American Medical Association, and other associations aligned in SOMA's interest to persuade the federal government to protect the future of healthcare service by reducing Graduate Unsubsidized Stafford Loan and Graduate PLUS Student Loan interest rates to align with market value.

Resolution or Amendment: Res-S-13-02

Subject: Equity in Federal Student Aid for Graduate Students

WHEREAS, the Affordable Care Act has created 50 million new patients,[i] many of whom are within underserved and rural communities; and

WHEREAS, the number of physicians newly licensed each year is outpaced by the number of new patients that need healthcare service; and

WHEREAS, osteopathic medical schools are committed to training future physicians to provide quality healthcare for many underserved and rural communities;[ii] and

WHEREAS, allopathic medical schools are equally committed to training future physicians to provide quality health care for many underserved and rural communities; and

WHEREAS, many students who are first in their family to attend medical school are from areas of underserved and rural communities and do not have the family financial support to finance their education without obtaining loans; and

WHEREAS, the average cost of four years of attendance of medical school was $263,964 in 2010-11;[iii] and

WHEREAS, many medical students fund the cost of their education with Stafford and graduate PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent, respectively; and

WHEREAS, the accrued interest rate on loans for the average cost of attendance amount to $46,000 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

WHEREAS, the average annual salary of a first year physician resident is $40,000 to $50,000; and

Resolution or Amendment: Res-S-13-03
Subject: Equity in Federal Student Aid for Graduate Students

WHEREAS, the Affordable Care Act has created 50 million new patients,[i] many of whom are within underserved and rural communities; and

WHEREAS, the number of physicians newly licensed each year is outpaced by the number of new patients that need healthcare service; and

WHEREAS, osteopathic medical schools are committed to training future physicians to provide quality healthcare for many underserved and rural communities;[ii] and

WHEREAS, allopathic medical schools are equally committed to training future physicians to provide quality health care for many underserved and rural communities; and

WHEREAS, many students who are first in their family to attend medical school are from areas of underserved and rural communities and do not have the family financial support to finance their education without obtaining loans; and

WHEREAS, the average cost of four years of attendance of medical school was $263,964 in 2010-11;[iii] and

WHEREAS, many medical students fund the cost of their education with Stafford and graduate PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent, respectively; and

WHEREAS, the accrued interest rate on loans for the average cost of attendance amount to $46,000 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

WHEREAS, the average annual salary of a first year physician resident is $40,000 to $50,000; and

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Submitted by:

Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Action Taken:
Date: *February 21, 2012*
Effective Time Period:

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)

[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf

[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).

[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf

[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml

[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml

[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Action Taken:
Date: *February 21, 2012*
Effective Time Period:

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)
[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf
[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).
[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf
[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

WHEREAS, the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv] and

WHEREAS, the historical interest rates for the Graduate Unsubsidized Stafford Loan have been: 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

WHEREAS, the historical interest rates for the Graduate PLUS Student Loan have been: 4.22% (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

WHEREAS, the federal student loan system started implementing disparate interest rates between undergraduate and graduate loans beginning in 2008; and

WHEREAS, undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

WHEREAS, students strongly factor in financial costs versus benefits when choosing a career and many choose subspecialties instead of primary care because of the financial advantage;[vii] and

WHEREAS, medical student loan reform would facilitate students to consider primary care without dwelling on the financial ramifications; therefore, be it

RESOLVED, That the Student Osteopathic Medical Association increase its partnership with the Council of Osteopathic Student Government Presidents, American Medical Student Association, the Medical Student Section of the American Medical Association, and other associations aligned in SOMA's interest to persuade the federal government to protect the future of healthcare service by restoring interest subsidies on need-based Graduate Stafford Loans.

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Submitted by:

WHEREAS, the bond equivalent rate of the 91-day Treasury bill is 0.086 percent as of May 2012;[iv] and

WHEREAS, the historical interest rates for the Graduate Unsubsidized Stafford Loan have been: 2.82% (2003-04), 2.77% (2004-05), 4.70% (2005-06), 6.80% (2006-13);[v] and

WHEREAS, the historical interest rates for the Graduate PLUS Student Loan have been: 4.22% (2003-04), 4.17% (2004-05), 6.10% (2005-06), 7.90% (2006-13);[vi] and

WHEREAS, the federal student loan system started implementing disparate interest rates between undergraduate and graduate loans beginning in 2008; and

WHEREAS, undergraduate Subsidized Stafford Loans and Unsubsidized Stafford Loans currently have a fixed interest rate of 0 percent and 3.4 percent, respectively; and

WHEREAS, students strongly factor in financial costs versus benefits when choosing a career and many choose subspecialties instead of primary care because of the financial advantage;[vii] and

WHEREAS, medical student loan reform would facilitate students to consider primary care without dwelling on the financial ramifications; therefore, be it

RESOLVED, That line 35 to 39 of Res-F-12-06 be amended as follows: RESOLVED, that SOMA recommend to the AOA that the AOA advocate to members of Congress to set equitable interest rates for Direct Stafford Loans and Graduate PLUS Loans issued by the United States Department of Education such that interest rates on these loans align with market value.

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Submitted by:
Ellia Ciammaichella, OMS II (TUNCOM)
Arta Zowghi, OMS II (Arizona College of Osteopathic Medicine)

Resolution or Amendment: Res-S-13-04
Subject: Equity in Federal Student Aid for Graduate Students

WHEREAS, the Affordable Care Act has created 50 million new patients,[i] many of whom are within underserved and rural communities; and

WHEREAS, the number of physicians newly licensed each year is outpaced by the number of new patients that need healthcare service; and

WHEREAS, osteopathic medical schools are committed to training future physicians to provide quality healthcare for many underserved and rural communities;[ii] and

WHEREAS, allopathic medical schools are equally committed to training future physicians to provide quality health care for many underserved and rural communities; and

WHEREAS, many students who are first in their family to attend medical school are from areas of underserved and rural communities and do not have the family financial support to finance their education without obtaining loans; and

WHEREAS, the average cost of four years of attendance of medical school was $263,964 in 2010-11;[iii] and

WHEREAS, many medical students fund the cost of their education with Stafford and graduate PLUS Student Loans, which currently have a fixed interest rate of 6.8 percent and 7.9 percent, respectively; and

WHEREAS, the accrued interest rate on loans for the average cost of attendance amount to $46,000 at graduation, with a resulting monthly payment of over $2,100 over an extended 30 year plan; and

WHEREAS, the average annual salary of a first year physician resident is $40,000 to $50,000; and

Resolution: Res-S-13-05
Subject: Alternate Site for Comprehensive Osteopathic Medical Licensing Examination for the United States (COMLEX-USA) Level 2-PE

WHEREAS, the mission statement of the National Board of Osteopathic Medical Examiners (NBOME) is to "protect the public by providing the means to assess competencies for Osteopathic Medicine and related health care professions;" and

WHEREAS, fourteen of the thirty-seven American Association of Colleges of Osteopathic Medicine (AACOM) campus locations in the United States of America are located west of the Mississippi River; and

WHEREAS, travel to the Philadelphia area is unequally burdensome for students attending school in the western United States; and

WHEREAS, a central location for the western half of AACOM schools would significantly alleviate that burden; and

WHEREAS, the expanding nature of osteopathic education is evident in the addition of three new Colleges of Osteopathic Medicine (COM) in 2013[1], to bring the total to six in the last six years[2]; and

WHEREAS, the increase in number of students requesting to take the COMLEX-USA Level 2-PE will further exacerbate the already narrow choice of time slots available, and

WHEREAS, the aforementioned exam is a required step in licensure; now, therefore, be it

RESOLVED, that SOMA requests NBOME to examine the viability for such an alternate testing location for COMLEX-USA Level 2-PE and provide a preliminary report to SOMA on said viability within six months.

Action Taken:
Date: *February 21, 2012*
Effective Time Period:

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[i] U.S. Healthcare: Newly Insured Patients May Have Trouble Finding Primary Care Physicians, Science News, http://www.sciencedaily.com/releases/2012/11/121126164413.htm (posted Nov. 26, 2012)
[ii] AACOM letter to Member of Congress on February 15, 2013, http://www.aacom.org/advocacy/topics/testimony/Documents/02-15-13_MOC.pdf
[iii] Carolyne Krupa, Medical Students Still Burdened by High Debt Loads, American Medical Association, http://www.ama-assn.org/amednews/2012/08/27/prsb0827.htm (posted Aug. 12, 2012).
[iv] Federal Stafford, Federal PLUS, Federal SLS, and Federal Consolidation Interest Rate Calculations for the Period July 1, 2012 – June 30, 2013, http://www.fp.ed.gov/attachments/interest/Rates2012.pdf
[v] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vi] Historical Interest Rates Provided by FinAid, http://www.finaid.org/loans/historicalrates.phtml
[vii] Myrle Croasdale, Subspecialties Flourish as IM Residents Shun Primary Care, American Medical News, http://today.uchc.edu/headlines/2005/may05/primarycare.html (reported May 16, 2005)

Resolution: Res-S-13-06
Subject: TO PROMOTE DIVERSITY, EQUITY, AND INCLUSION IN OSTEOPATHIC MEDICAL SCHOOLS

WHEREAS, as future leaders of the osteopathic medical profession, we strive to promote diversity, equity, and inclusion at our respective institutions; and

WHEREAS, we consider diversity to be the respectful interaction among individuals from different backgrounds who represent different races, ethnicities, nationalities, genders, religions, socioeconomic circumstances, sexual orientations, and gender identities; and

WHEREAS, the SOMA Mission Statement calls on us to promote unity within the profession; and

WHEREAS, the Osteopathic Core Competency of Professionalism calls on us to demonstrate respect for colleagues, other health care professionals, and their practices, to openly discuss cultural issues and be responsive to cultural cues, and to demonstrate how to cope with differences in people in a constructive way; and

WHEREAS, we are called to assist the health care team in developing a mutually acceptable, culturally responsive plan for patients; and

WHEREAS, the regular practice of equity and inclusion is critical in establishing and maintaining lines of communication among healthcare professionals in an ongoing effort to improve the quality of healthcare; therefore, be it

RESOLVED, that, as osteopathic medical student leaders, we must foster safe environments that facilitate and encourage discussions of diversity, equity, and inclusion among our respective student bodies and academic communities, including faculty, staff, and administrators; and be it further

Submitted by:
Katie Bewersdorf (Touro University California College of Osteopathic Medicine)
Andrea Seid (Touro University California College of Osteopathic Medicine)
Kathryn Smith (Touro University California College of Osteopathic Medicine)
Courtney Stallings (Touro University California College of Osteopathic Medicine)
Madeline Nguyen (Touro University California College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: Ongoing

AACOM Welcomes Three New Member Colleges. May 2, 2012. Accessed February 20, 2013. http://www.aacom.org/news/releases/Pages/2012_May02.aspx

[2] A Report on a Survey of Osteopathic Medical School Growth, 2007-08. Thomas Levitan, Med. Accessed February 20, 2013. http://publish.aacom.org/resources/bookstore/Documents/college_growth_report_2008.pdf

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Resolution or Amendment: Res-S-13-07
Subject: UPDATE AND MAINTENANCE OF STUDENTDO.COM

WHEREAS, Prospective members use studentdo.com as a factor when considering membership in SOMA; and

WHEREAS, An updated studentdo.com would increase membership and chapter participation on a national level; and

WHEREAS, Studentdo.com currently features an outdated format, and publications dating to 2011; and;

WHEREAS, Chapter leaders require a single organized location to post their chapter reports in a timely manner and to reference other chapters for collaboration; now; therefore, be it

RESOLVED, That the SOMA Board of Trustees initiate a plan to update the format and publications of studentdo.com including an area for chapter reports; and, be it further

RESOLVED, That the SOMA Board of Trustees implement this plan before October 1st 2013 and, be it further

RESOLVED, That the SOMA Board of Trustees also create a strategic plan to maintain an updated studentdo.com website indefinitely.

Submitted by:
Jimmy DeMeo, OMS II (Lake Erie College of Osteopathic Medicine)
Arta Zowghi, OMS II (Midwestern University Arizona College of Osteopathic Medicine)
Alexis Cates, OMS II (William Carey University College of Osteopathic Medicine)
Katie Eggerman, OMS II (Des Moines University College of Osteopathic Medicine)
Action Taken:
Date:
Effective Time Period:

RESOLVED, that these discussions should represent the voices of all members of our respective institutions and be conducted in a respectful and tolerant manner; and

RESOLVED, that our common goal is to cultivate diverse educational communities that provide welcoming environments for professional development in which students, faculty, staff, and administrators from different backgrounds and perspectives can thrive.

Submitted by:
Selim Sheikh, OMS I (William Carey University College of Osteopathic Medicine)
Nabil Baddour, OMS II (William Carey University College of Osteopathic Medicine)
Hailey Thompson, OMS I (William Carey University College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: ***Ongoing***

RESOLVED, that these discussions should represent the voices of all members of our respective institutions and be conducted in a respectful and tolerant manner; and

RESOLVED, that our common goal is to cultivate diverse educational communities that provide welcoming environments for professional development in which students, faculty, staff, and administrators from different backgrounds and perspectives can thrive.

Submitted by:
Selim Sheikh, OMS I (William Carey University College of Osteopathic Medicine)
Nabil Baddour, OMS II (William Carey University College of Osteopathic Medicine)
Hailey Thompson, OMS I (William Carey University College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period: ***Ongoing***

Resolution: Res-S-13-08
Subject: TO PROMOTE DIVERSITY, EQUITY, AND INCLUSION IN OSTEOPATHIC MEDICAL SCHOOLS

WHEREAS, as future leaders of the osteopathic medical profession, we strive to promote diversity, equity, and inclusion at our respective institutions; and

WHEREAS, we consider diversity to be the respectful interaction among individuals from different backgrounds who represent different races, ethnicities, nationalities, genders, religions, socioeconomic circumstances, sexual orientations, and gender identities; and

WHEREAS, the SOMA Mission Statement calls on us to promote unity within the profession; and

WHEREAS, the Osteopathic Core Competency of Professionalism calls on us to demonstrate respect for colleagues, other health care professionals, and their practices, to openly discuss cultural issues and be responsive to cultural cues, and to demonstrate how to cope with differences in people in a constructive way; and

WHEREAS, we are called to assist the health care team in developing a mutually acceptable, culturally responsive plan for patients; and

WHEREAS, the regular practice of equity and inclusion is critical in establishing and maintaining lines of communication among healthcare professionals in an ongoing effort to improve the quality of healthcare; therefore, be it

RESOLVED, that, as osteopathic medical student leaders, we must foster safe environments that facilitate and encourage discussions of diversity, equity, and inclusion among our respective student bodies and academic communities, including faculty, staff, and administrators; and be it further

modified to be consistent with deferrals for those judged to be at risk of infection via heterosexual routes, be it further

RESOLVED, that SOMA recommends the AOA supports lobbying measures aimed towards Congress and the Food and Drug Administration with the end result of amending this discriminatory policy so that all people who are willing and eligible may donate blood.

Resolution: Res-S-13-09
Subject: INCREASE THE NUMBER OF ELEGIBLE BLOOD DONORS

WHEREAS, more than 38,000 units of blood are needed every day across the nation, available only from willing donors; with less than 38% of the eligible population donating regularly[1] and

WHEREAS, the policy of excluding Men who have sex with Men (MSM) from donating blood began due to concerns of the HIV/AIDS epidemic in 1977, and currently prevents an estimated 2,600,000 men from making more than 219,000 blood donations annually[2]; and

WHEREAS, our knowledge surrounding HIV/AIDS, including the at-risk populations has increased greatly since 1970s, and includes methods of testing that will yield positive results just 7 days after infection[3] ; and

WHEREAS, thousands of potential donors who identify as MSM are turned away unnecessarily due to this policy, despite the fact that all donated blood is tested for blood-borne pathogens, including HIV Types 1 and 2 utilizing NAT and Antibody detection[3], with a screening error rate between 1 in 2 million[3] and a risk of both tests yielding a false negative of of 0.1 per 2 billion[4], therefore be it

RESOLVED, that SOMA recommends the American Osteopathic Association (AOA) stand with the American Red Cross, American Blood Centers and AABB in calling to an end to the indefinite deferment period for MSM, and supports the American Red Cross, AABB and American Blood Banks request that the FDA allow the exclusion criteria for MSM should be

Behavior-Based Blood Donors Deferrals in the Era of Nucleic Acid Testing (NAT)

Blood Products Advisory Committee, March 9, 2006

Steven Kleinman, MD

Senior Medical Advisor, AABB

AABB, America's Blood Centers (ABC) and American Red Cross (ARC) thank the Food and Drug Administration (FDA) for the opportunity to speak at today's meeting. AABB, ABC, and ARC commend FDA for holding a workshop to review the issues associated with the deferral of prospective blood donors on the basis of an elicited history of behavioral risk. In the context of that workshop, we would like to comment on the deferral criteria for men who have previously had sex with men.

On September 14th, 2000, AABB spoke before the Blood Products Advisory Committee, making the following recommendation:

"Since 1997 AABB has advocated that the deferral period for male to male sex be changed to 12 months. Modifying the deferral time period for male to male sexual contact to 12 months will make that deferral period consistent with the deferral period for other potentially high risk sexual exposures and will improve the clarity and consistency of the donor screening questions. The potential donor will be directed to focus on recent, rather than remote risk behaviors and should have better recall for answers to the screening questions."

The recommendation was not accepted, largely on the grounds that any relaxation in the criteria would increase the number of Human Immunodeficiency virus (HIV) seropositive individuals presenting to give blood and thereby increase risk to recipients because of false negative laboratory screening or inadvertent release of infectious units. We now have evidence to show that the vast majority of donors with prevalent infections will be positive by both antibody tests and nucleic acid amplification testing (NAT), thus assuring redundancy in laboratory testing.

AABB, ABC and ARC believe that the current lifetime deferral for men who have had sex with other men is medically and scientifically unwarranted and recommend that deferral criteria be modified and made comparable with criteria for other groups at increased risk for sexual transmission of transfusion-transmitted infections. Presenting blood donors judged to be at risk of exposure via heterosexual routes are deferred for one year while men who have had sex with another man even once since 1977 are permanently deferred.

Current duplicate testing using NAT and serologic methods allow detection of HIV-infected donors between 10 and 21 days after exposure. Beyond this window period, there is no valid scientific reason to differentiate between individuals infected a few

1. Blood Facts and Statistics. American Red Cross Web site. http://www.redcrossblood.org/learn-about-blood/blood-facts-and-statistics. Accessed July 14, 2012.
2. Goldberg, Naomi, and Gary Gates. "Effects of Lifting Blood Donation Bans on Men Who Have Sex with Men." *Williams Institute*. Web. 14 Jul. 2012. <http://www.kent.edu/uhs/upload/formattedmsm_goldberg_gates.pdf>.
3. Blood Testing. American Red Cross Website. http://www.redcrossblood.org/learn-about-blood/what-happens-donated-blood/blood-testing. Accessed July 14, 2012
4. Leiss, William, and Dan Krewski. "MSM Donor Deferral Risk Assessment: An Analysis using Risk Management Principles."
5. *See attached* (http://www.aabb.org/pressroom/statements/Pages/bpacdefernat030906.aspx)
6. Vanacore, Tara sun, and Abagail Barnes. Tainted: Why Gay Men Still Can't Donate Blood. The Atlantic. October 12, 2012. *http://www.theatlantic.com/health/archive/2012/10/tainted-why-gay-men-still-cant-donate-blood/262722/?google_editors_picks=true*

Submitted by:
Brian Wlosinski, OMS II (Lake Erie College of Osteopathic Medicine)
Robert Gesumaria, OMS III (University of Medicine & Dentistry of New Jersey)
Jack Annunziato, OMS II (University of Medicine & Dentistry of New Jersey)
Emmalynn Sigrist, OMSII (Philadelphia College of Osteopathic Medicine)
Action Taken: (leave blank)

Date: (leave blank)

Effective Time Period: Ongoing

million people and provide blood products and services to more than 4,200 hospitals and health care facilities across North America. ABC's U.S. members are licensed and regulated by the U.S. Food & Drug Administration. Canadian members are regulated by Health Canada.

The American Red Cross, through its 35 Blood Services Regions and five National Testing Laboratories, supplies nearly half of the nation's blood supply. Over six million units of Whole Blood were collected from more than four million Red Cross volunteer donors, separated into 12 million components, and supplied to 3000 hospitals to meet the transfusion needs of patients last year.

months or many years previously. The FDA-sanctioned Uniform Donor History Questionnaire was developed recognizing the importance of stimulating recall of recent events to maximize the identification of donors at risk for incident, that is, recent, infections. From the perspective of eliciting an appropriate risk history for exposure to HIV and other sexually transmitted infections, the critical period is the three weeks immediately preceding donation since false negative NAT and serology reflect these window-period infections, and the length of these window periods provide the scientific basis for the deferral periods imposed for at risk sexual behaviors.

It does not appear rational to broadly differentiate sexual transmission via male-to-male sexual activity from that via heterosexual activity on scientific grounds. Neither does it seem reasonable to extend this reasoning to other infectious agents. To many, this differentiation is unfair and discriminatory, resulting in negative attitudes to blood donor eligibility criteria, blood collection facilities and, in some cases, to cancellation of blood drives. We think FDA should consider that the continued requirement for a deferral standard seen as scientifically marginal and unfair or discriminatory by individuals with the identified characteristic may motivate them to actively ignore the prohibition and provide blood collection facilities with less accurate information.

AABB, ABC and ARC acknowledge the concern that relaxation of deferral criteria may increase the number of presenting donors who are marker positive. However, this impact has not been measured directly; it has only been modeled using what may be incomplete assumptions. The blood collectors are willing to assist in collecting data regarding the actual impact of changes in the deferral, in order to allow for informed decision-making, and/or for the development of additional, appropriate interventions to ameliorate the impact.

In summary, AABB, ABC and ARC believe that the deferral period for men who have had sex with other men should be modified to be consistent with deferrals for those judged to be at risk of infection via heterosexual routes. We believe that this consideration should also be extended to donors of human cells, tissues and cellular and tissue-based products.

AABB is an international association dedicated to advancing transfusion and cellular therapies worldwide. Our members include 1800 hospital and community blood centers, transfusion and transplantation services and 8000 individuals involved in activities related to transfusion and transplantation medicine. For over 50 years, AABB has established voluntary standards and inspected and accredited institutions. Our members are responsible for virtually all of the blood collected and more than 80 percent of the blood transfused in this country. AABB's highest priority is to maintain and enhance the safety and availability of the nation's blood supply.

Founded in 1962, America's Blood Centers is North America's largest network of community-based blood programs. Seventy-seven blood centers operate more than 600 collection sites in 45 U.S. states and Canada, providing half of the United States, and all of Canada's volunteer donor blood supply. These blood centers serve more than 180

Resolution or Amendment:Res-S-13-11

Subject: *Creation of a second Pre-SOMA position*

WHEREAS, The Pre-Student Osteopathic Medical Association (Pre-SOMA) organization is currently made up of over 50 chapters nationwide.

WHEREAS, Handing this entire organization over to a single member of Student Osteopathic Medical Association (SOMA) for management has been the standard practice since the creation of pre-SOMA.

WHEREAS, The continued growth of pre-SOMA along with the increased number of applicants for osteopathic schools has created an immense workload for the single member of the pre-SOMA staff.

WHEREAS, the amount of information that needs to be passed on during end of the year transitions is so large that contacts/projects/membership information are at risk for being lost.

WHEREAS, the growth of pre-SOMA necessitates the expansion of the national staff to more than a single individual

WHEREAS, the expansion of the "pre-SOMA director" position to two positions would decrease workload

WHEREAS, the expansion of the "pre-SOMA director position to two positions would facilitate a smoother transition period from year to year

RESOLVED, that the Student Osteopathic Medical Association Constitution be amended so that the two positions Senior Pre-SOMA Director and Pre-SOMA Director are added to the list of positions located in Article XVI Section 4.

RESOLVED, that the Student Osteopathic Medical Association Bylaws be amended so that Article II Section 2 Subsection J *Pre-Soma Director* be amended so that the subsection title shal be Senior Pre-SOMA Director, and the subsection shall read:

Resolution: Res-S-13-10
Subject: REPORTING CHAPTER EVENTS TO NATIONAL SOMA

WHEREAS, monthly reports from SOMA chapters to the region trustees have been either inconsistent or incomplete,

WHEREAS, region trustees require accurate reporting of events from each chapter in their respective regions to ensure that each chapter has maintained activity,

WHEREAS, quarterly reports are more feasible for chapter leaders and allow for more chapter events to take place within that given time period; now, therefore, be it

RESOLVED, the national liaison officers of each chapter must document all events via quarterly reports to their respective region trustee by the first day of September,

December, March and June, and be it further

RESOLVED, if no events were held in a particular quarter, the national liaison officer is required to inform their respective region trustee.

Submitted by:
Alexis Cates, OMS II (William Carey University College of Osteopathic Medicine)
Jim DeMeo, OMS II (Lake Erie College of Osteopathic Medicine)
Katie Eggerman, OMS II (Des Moines University College of Osteopathic Medicine)
Arta Zowghi, OMS II (Midwestern University Arizona College of Osteopathic Medicine)

Action Taken: (leave blank)

Date: (leave blank)

Effective Time Period: Immediately

11. Advertise, collect applications for, and select winners for the annual DO Day on Capitol Hill scholarships.

12. Encourage members to attend fall and spring conventions~~,~~ and during conventions~~,~~ ensure that Pre-SOMA members have proper accommodations, are informed about what is happening, and introduce the ~~students~~ Pre-SOMA members in attendance to other SOMA members.

13. Hold as their primary goal the assistance of all Pre-SOMA members in their endeavor to become successful osteopathic physicians.

14. Work in conjunction with the Pre-SOMA director and delegate tasks as needed.

15. Educate the deputy Pre-SOMA director about the operations of pre-SOMA in preparation for transition at the end of each academic year.

RESOLVED, that the Student Osteopathic Medical Association Bylaws be amended so that Article II Section 2 Subsection K, L, M, O, and P be changed to SubSection L, M, O, P, and Q respectfully and that a new Subsection K be created titled Pre-SOMA Director and shall read:

The Pre-SOMA Director Shall:

1. Assist the Senior Pre-SOMA director in all operations of pre-SOMA.

2. Be responsible for the same duties as the Senior Pre-Soma Director as listed in the Student Osteopathic Medical Association Bylaws.

The Senior Pre-SOMA Director shall:

1. Remain in contact with all Pre-SOMA chapters across the nation.
2. Offer guidance and support for all Pre-SOMA members.
3. Receive from each Pre-SOMA chapter an annual list of officers, members, and an additional annual list of chapter activities.
4. Disseminate information via local chapter leaders (SOMA & Pre-SOMA Chapters) as well as the national Pre-SOMA listserv.
5. Encourage constant growth and expansion of the program through establishment of new chapters.
6. Strive to increase membership in all existing chapters.
7. Remain in contact with AACOM and ~~P~~pre-health advisors at undergraduate universities across the nation on a regular basis; in order to, ensure ~~ensuring~~ that information about Pre-SOMA is made available to all pre-health students.
8. Ensure that each Pre-SOMA chapter submits the required forms by the published deadlines throughout the year.
9. Act as a mentor for all Pre-SOMA members by answering questions and referring students to other medical students, DOs, or associated professionals as appropriate.
10. Update the Pre-SOMA Guide ~~each year,~~annually, ~~as well as,~~ and all other Pre-SOMA Documents and the Pre-SOMA web page as needed.

Resolution: Res-S-13-12
Subject: Tenets of Osteopathic Medicine and the ACGME/AOA Merger

WHEREAS, in light of the proposed Unified Accreditation System under the Accreditation Council for Graduate Medical Education (ACGME)[i]; and

WHEREAS, the history of Osteopathic Medicine is not without prior attempts of a merger with allopathic medicine; for example, in the nineteen-sixties in the State of California; and

WHEREAS, during the course of those events, an osteopathic school and a hospital were converted to allopathic institutions, and D.O. degrees were no longer awarded in the State of California[ii]; and

WHEREAS, there were only four states where osteopathic schools remained in which to enact the same in order to completely eliminate all osteopathic education, thereby bringing an imminent end to the osteopathic profession and practice in its entirety; and

WHEREAS, a supreme court decision over a decade later overturned the merger, however not without significant damage to the osteopathic profession in the State of California, including 86% of the osteopathic physicians exchanging their D.O. licensure for an M.D. license under political pressure, amounting to about 1600 out of 2000 practicing D.O.'s[iii]; and

WHEREAS, there was a period of twenty years (1964 – 1984) without osteopathic education in the State of California; and

WHEREAS, at the time of the merger, the AMA regarded osteopathy as a "cult"[iv]; and

WHEREAS, the osteopathic profession has come a long way since that time, from earning respect from its allopathic counterparts, to working side by side with said counterparts in hospitals, clinics, and the like, to progressing scientific study into osteopathic manipulative

Submitted by:

Jonathan Wong, OMS-III (Chicago College of Osteopathic Medicine)
Kaitlin Dewhirst, OMS-III (Lincoln Memorial DeBusk College of Osetopathic Medicine)

Action Taken:
Date:
Effective Time Period:

treatments, and perhaps most importantly, by increasing awareness, understanding, and demand from patients; and

WHEREAS, the AOA's House of Delegates approved the Tenets of Osteopathic Medicine as follows:

1. *The body is a unit; the person is a unit of body, mind, and spirit.*
2. *The body is capable of self-regulation, self-healing, and health maintenance.*
3. *Structure and function are reciprocally interrelated.*
4. *Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.*[v];

now, therefore, be it

RESOLVED, that SOMA requests these events to be deemed relevant to the current discussions and negotiations between the AOA, AACOM, AMA and ACGME regarding the Unified Accreditation System, and that the Tenets of Osteopathic Medicine will be upheld by AOA and AACOM throughout said current and future discussions, negotiations, and agreements regarding Graduate Medical Education (GME).

Submitted by:
Katie Bewersdorf (Touro University College of Osteopathic Medicine – California)
Andrea Seid (Touro University College of Osteopathic Medicine – California)
Courtney Stallings (Touro University College of Osteopathic Medicine – California)
Madeline Nguyen (Touro University College of Osteopathic Medicine – California)

Action Taken:

Date:

Spring 2012 Student Osteopathic Medical Association House of Delegates Resolutions

Constitutional Amendment S-2012-1

Subject: CHAPTER PETITIONS FOR ESTABLISHMENT OF LOCAL SOMA CHAPTERS

WHEREAS, **Article IV, Section 1** of the SOMA **Constitution and Bylaws** reads:
Section 1. Chapter Petition. Any group of five or more students at a provisionally or fully AOA-accredited Osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition, date their signature and supply any information requested by the Board of Trustees as to its qualifications for membership. And,

WHEREAS, this language should more explicitly state the possibility that the Board of Trustees may feel further information is needed from petitioners to start a chapter. And,

WHEREAS, we would like to clarify the requirements for petitioners requesting to establish a Student Osteopathic Medical Association chapter, therefore be it

RESOLVED that **Article IV, Section 1** of the **Constitution and Bylaws** be amended as follows (language change denoted by brackets):
Section 1. Chapter Petition. Any group of five or more students at a provisionally or fully AOA-accredited Osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition, date their signature and supply any and all [additional] information [or documentation] requested by the Board of Trustees as to its qualifications for membership. And be it further

RESOLVED that the **SOMA Process** be appropriately edited to reflect this change.

Submitted by:
Hope Harris, OMS-II (William Carey University College of Osteopathic Medicine) (co-author)
Kruti Patel, OMS-II (William Carey University College of Osteopathic Medicine) (co-author)
Richard Calderone, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-author)
Shaawn Ali, OMS-II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Kate Brady, OMS-II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Rachel Gooch, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing
References: Student Osteopathic Medical Association's Constitution; Article IV, Section 1.

Constitutional Amendment S-2012-2

Subject: SPECIFIC IDENTIFICATIONS ACCEPTED AT SOMA HOUSE OF DELEGATES

WHEREAS, **Article IX, Section 1 B** of the SOMA **Constitution and Bylaws** reads:
Section 1. Chapter Representation. B) Identification of Delegates and Alternates. Persons shall be identified with name tags indicating their "Delegate" or "Alternate" status. Before any business is undertaken by the House of Delegates, each Delegate and Alternate shall be identified and verified by the Speaker of the House of Delegates (or his/her designate), using at least one appropriate form of identification. An Alternate can replace a voting Delegate provided they have been identified by the Speaker of the House of Delegates.

WHEREAS, this language should more explicitly state the possibility that the Delegate/Alternate may misplace their SOMA issued identification tag. And,

WHEREAS, we would like to clarify the acceptable forms of identification for use in this instance at the Student Osteopathic Medical Association House of Delegates, therefore be it

RESOLVED that **Article IX, Section 1 B** of the **Constitution and Bylaws** be amended as follows (language change denoted by brackets):
Section 1. Chapter Representation. B) Identification of Delegates and Alternates. Persons shall be identified with name tags indicating their "Delegate" or "Alternate" status. Before any business is undertaken by the House of Delegates, each Delegate and Alternate shall be identified and verified by the Speaker of the House of Delegates (or his/her designate), using at least one appropriate form of identification[, be it SOMA-issued convention identification tag, school identification with picture, or federal or state-issued photo identification]. An Alternate can replace a voting Delegate provided they have been identified by the Speaker of the House of Delegates. And be it further,

RESOLVED that the **SOMA Process** be appropriately edited to reflect this change.

Submitted by:
Hope Harris, OMS-II (William Carey University College of Osteopathic Medicine) (co-author)
Kruti Patel, OMS-II (William Carey University College of Osteopathic Medicine) (co-author)
Shaawn Ali, OMS-II (William Carey University College of Osteopathic Medicine) (co-author)
Richard Calderone, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-author)
Kate Brady, OMS-II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Rachel Gooch, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing
References: Student Osteopathic Medical Association's Constitution; Article IX, Section 1 B.

Constitutional Amendment S-2012-3

Subject: CONSTITUTIONAL MENTION OF SOMA PUBLICATION & PARTICIPATION IN "THE DO" MAGAZINE

WHEREAS, the current SOMA Constitution states that "The Association's official publication shall be the Spotlight on SOMA article in The D.O. magazine on a monthly basis"; and

WHEREAS, The DO is no longer an in-print magazine but now an online journal (found at http://www.do-online.org/TheDO/); and

WHEREAS, no "Spotlight on SOMA" section exists within The DO online journal; and

WHEREAS, The DO is an independent publication of the AOA with no obligation to the SOMA Constitution; and

WHEREAS, SOMA maintains a pleasant working relationship with the staff of TheDO; and

WHEREAS, many SOMA members already do publish periodically within The DO's "OMS Spotlight" section; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association officially strikes the current Article III, Section 1 [current language: **Official Publication**, The Association's official publication shall be the Spotlight on SOMA article in The D.O. magazine on a monthly basis.]; and be it further

RESOLVED, that the Student Osteopathic Medical Association officially amends Article III, Section 1 to read, "**Publications.** Association members, in conjunction with SOMA's PR Director, are encouraged to submit articles regarding osteopathic student-central current events to The DO online journal for consideration and possible publication in the 'OMS Spotlight' section." The Student Osteopathic Medical Association will foster positive public relations by encouraging all of its members to work in tandem with SOMA's PR Director for the purpose of increasing the visibility of SOMA in the osteopathic world through various publications, events, and other public forums."

Submitted by:
Bridget E. McIlwee OMS-III (Chicago College of Osteopathic Medicine)
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Constitutional Amendment S-2012-4

Subject: SOMA NEWSLETTER

WHEREAS, the current SOMA Constitution states that "That National SOMA Officers shall make available on its website a newsletter to all constituent chapters and national officers." And

WHEREAS, the SOMA newsletter has continued to be an underutilized resource by and for the organization; and

WHEREAS, the SOMA newsletter now exists mainly to fulfill marketing obligations with membership benefits corporations; and

WHEREAS, the time and resources of SOMA's PR Director could be better utilized though a new and different way to disseminate important information to national and regional SOMA chapters and other osteopathic organizations; and

WHEREAS, with new SOMA PR Directors appointed each year, all of whom may have different and valuable ideas for the dissemination of SOMA information and should have the liberty to pursue those ideas for the good of the organization; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association officially strike the body of text under the current Article III, Section 2 [current language: **Newsletter**. That National SOMA Officers shall make available on its website a newsletter to all constituent chapters and national officers.]; and be it further

RESOLVED, that the Student Osteopathic Medical Association officially amends the current Article III, Section 2 to read "**Dissemination of Media**. The SOMA PR Director shall be responsible for disseminating important and interesting information between and among the SOMA Board of Trustees, National Board, and all national chapters, on a timescale to be determined at the beginning of the term by that PR Director and agreed to by the SOMA Board of Trustees. The PR Director is encouraged to work with the SOMA Webmaster throughout the year to achieve this directive." and be it further

RESOLVED, that the Student Osteopathic Medical Association and the SOMA Membership Benefits Director notify, to the best of the organization's ability, all sponsors and parties potentially affected by the cessation of newsletter publication; and,

RESOLVED, that SOMA will fulfill contractual agreements with said parties to the best of the organization's ability, prior to and, if necessary, after the cessation of newsletter publication.

Submitted by:

Bridget E. McIlwee OMS-III (Chicago College of Osteopathic Medicine)
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Constitutional Amendment S-2012-5

Subject: DISCRIMINATION BASED ON AGE

WHEREAS, Article VI of the Constitution of the Student Osteopathic Medical Association does not include protection from age discrimination; and

WHEREAS, Individuals of a wide range of ages are indiscriminately admitted into AOA-accredited osteopathic medical schools; and

WHEREAS, Encouraging students of all ages to join SOMA will further reinforce the objectives and mission of SOMA; now, therefore, be it

RESOLVED, That Article VI of the ***Constitution and Bylaws*** be amended as follows to include age as a factor by which membership may not be refused by the Association or its constituent chapters.

ARTICLE VI – Discrimination
*Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, gender, **[age,]** sexual orientation, national origin or creed. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the **Constitution and Bylaws** of this Association.*

Submitted by:
Kruti Patel, OMS-II (William Carey University College of Osteopathic Medicine) (author)
Richard Calderone, OMS-II (William Carey Univ College of Osteopathic Medicine) (co-author)
Alexis Cates, OMS-I (William Carey University College of Osteopathic Medicine) (co-sponsor)
Brittany McClure, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Cavatina Pham, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Hope Harris, OMS-II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Shaawn Ali, OMS-II (William Carey University College of Osteopathic Medicine) (co-sponsor)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Constitutional Amendment S-2012-6

Subject: DISCRIMINATION BASED ON DISABILITY

WHEREAS, Article VI of the Constitution of the Student Osteopathic Medical Association[1] does not include protection from discrimination against students with a disability; and

WHEREAS, Individuals are indiscriminately admitted into AOA- accredited osteopathic medical schools, as required by the Commission on Osteopathic College Accreditation in Standard 5 of the COM Accreditation Standards and Procedures[2]; and

WHEREAS, Encouraging all students to join SOMA will further reinforce the objectives and mission of SOMA; now, therefore, be it

RESOLVED, That Article VI of the ***Constitution and Bylaws*** be amended as follows to include disability as a factor by which membership may not be refused by the Association or its constituent chapters.

[1]*ARTICLE VI – Discrimination*
Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, gender, sexual orientation, ***[disability,]*** *national origin or creed. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the* ***Constitution and Bylaws*** *of this Association.*

[2]*Standard 5 – Students*
5.2.2 Recruiting and selection of students for admission to a COM must not discriminate on the basis of race, color, gender, religion, creed, national origin, age or disabilities.

Submitted by:
Kruti Patel, OMS-II (William Carey University College of Osteopathic Medicine) (author)
Richard Calderone, OMS-II (William Carey Univ College of Osteopathic Medicine) (co-author)
Alexis Cates, OMS-I (William Carey University College of Osteopathic Medicine) (co-sponsor)
Brittany McClure, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Cavatina Pham, OMS-II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Hope Harris, OMS-II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Shaawn Ali, OMS-II (William Carey University College of Osteopathic Medicine), (co-sponsor)

Action Taken: Rejected
Date: 03/10/2012
Effective Time Period: Ongoing

Constitutional Amendment S-2012-7

Subject: PRE-MEDICAL STUDENT MEMBERSHIP

WHEREAS, The mission of Pre-SOMA is to promote and inform the public about Osteopathic Medical education, to increase the number of osteopathic medical school applicants, and to prepare members for entrance to the osteopathic colleges; and

WHEREAS, those interested in joining National Pre-SOMA do not need to establish or become a member of a local Pre-SOMA chapter in order to join National Pre-SOMA; and

WHEREAS, it is a much more rewarding experience for each Pre-SOMA member to create or participate in a local chapter in order to orchestrate local pre-osteopathic medicine-related events and help to realize the mission of Pre-SOMA; and

WHEREAS, it is important for potential charter founders to determine their communities' interest in starting a local Pre-SOMA chapter to ensure that their charter, once established, can remain active; now, therefore, be it

RESOLVED, that Section 5. Pre-Medical Student Membership be amended to read as follows (Referenced from the current National Pre-SOMA Constitution):

Section 5. Pre-Medical Student Membership.

A) Eligibility for National Membership. National membership to Pre-SOMA shall be open to any person in an accredited undergraduate institution or any person who completed all or part of said educational pathway and is in the preparation process for applying to osteopathic medical school (Article III Membership section 1).

B) Maintaining Membership. National Pre-SOMA members must renew their membership on www.studentdo.com at the beginning of each academic year.

C) Eligibility for Charter Petition. Prior to submitting an application for a local charter, all potential founders must join Pre-SOMA on the National SOMA website. Potential charter founders must submit the proper paperwork to National SOMA as outlined in Article IX Section A of the National Pre-SOMA Constitution in order to apply for a charter.

D) Maintaining a Charter. In order to maintain a charter, local chapter members must follow the protocol as outlined in Article IX Section B of the National Pre-SOMA Constitution. Failure to comply with Article IX Section A and B will result in not being recognized by the AOA, SOMA, or Pre-SOMA. Charters failing to comply with Article IX Section B and C of the National Pre-SOMA Constitution will have their charter revoked for one year, after which time a local chapter may re-apply for their charter for

the following academic year (Article IX Section D).

E) Dues Structure. It is possible to collect dues as a requirement for National Pre-SOMA Membership if the SOMA National treasury requires such dues (Article III section 2). Requirement for local Pre-SOMA dues will be left to the discretion of the Founding and/or Executive board of individual local chapters. Dues collected by local Pre-SOMA chapters should be kept in a university or college approved bank account and use of these funds should abide by all university or college rules and regulations. Fund usage for Pre-SOMA monies should be in keeping with the purpose of Pre-SOMA and are deemed only for projects and activities that support the members of the local organization. (Article III Section 4 a,b).

Submitted by:
Robyn Young, OMS-IV (Touro University College of Osteopathic Medicine – California)
Kruti Patel, OMS-II (William Carey University College of Osteopathic Medicine)
Tom Grawey, OMS-II (Chicago College of Osteopathic Medicine)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Constitutional Amendment S-2012-8

Subject: REVISED MEMBERSHIP DRIVE DEADLINE

WHEREAS, Article VI, Section 8 of the **SOMA Constitution and Bylaws** reads:
Section 8. Chapter Membership Drive. Each chapter is required to have their Fall Membership Drive completed and a list of new members compiled and sent to the National SOMA Office and their Regional Trustee, postmarked on or before October 15th of each year. Failure to comply with this regulation shall result in the chapter being fined $50; and

WHEREAS, the rules and regulations of the membership drive have changed significantly given the move to online registration and re-installment of the Netter's Campaign; and

WHEREAS, membership should not be dependent on the online registration system or the Netter's Campaign as these systems and benefits can change or become void; therefore, be it

RESOLVED, That **Article VI, Section 8** of the **SOMA Constitution and Bylaws** be amended as follows:
Section 8. Chapter Membership Drive. Each chapter is required to host a Membership Drive at the beginning of each academic year. The deadline marking the end of the Membership Drive shall occur in the fall of the given year, with a specific date to be determined by the Board of Trustees. Each chapter must generate a complete list of new members for the National SOMA Office and their Regional Trustee and ensure proper payment of dues by the announced deadline. Failure to comply with these regulations shall result in action deemed appropriate by the Board of Trustees.

Submitted by:
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)
Philip Eskew, OMS-IV, JD, MBA (West Virginia School of Osteopathic Medicine)
Jessica Barnes, OMS-IV, (Lincoln Memorial University-DeBusk College of Osteopathic Med)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

References: Student Osteopathic Medical Association's Constitution; Article IV, Section 8.

Constitutional Amendment S-2012-9

Subject: DEFINING THE FINANCE COMMITTEE

WHEREAS, ARTICLE XXIII, Section 5 of the SOMA Constitution and Bylaws reads: **Section 5. Finance Committee.** The Finance Committee shall be composed of one member elected from each region at the Spring Regional Conclave. The National Treasurer will serve as the Chairman of the Finance Committee; and

WHEREAS, currently this committee has neither a body of members nor a description of its function; and

WHEREAS, an informal poll taken during the fall region meetings revealed interest in such a committee to discuss financial topics at the local, regional, and national level; and

WHEREAS, amendments and resolutions discussed during the House of Delegates pertaining to financial issues have historically been determined to be very specific to any given chapter, region, or other identifying factor. For this reason, general statements regarding finances leading to national involvement, either by amendment, resolution, or some other governing act have been rejected by the House and investigated on a case-by-case basis by the Board of Trustees; therefore, be it

RESOLVED, That **Article XXIII, Section 5** of the **SOMA Constitution and Bylaws** be amended as follows:
Section 5. Finance Committee. An optional Finance Committee may assemble if deemed necessary by the National Treasurer to discuss finance related topics at the local, regional, and national level. The committee shall be composed of at least one member from each region appointed by the National Treasurer. The National Treasurer will serve as the Chairman of the Finance Committee and represent the committee to the Board of Trustees. Any actions proposed by the Finance Committee that may directly affect local, regional, or national bodies must first be approved by each respective body through their standard governing means.

Submitted by:
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)
Philip Eskew, OMS-IV, JD, MBA (West Virginia School of Osteopathic Medicine)
Jennifer Luo, OMS-III (University of Medicine and Dentistry of New Jersey)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

References: Student Osteopathic Medical Association's Constitution; Article XXIII, Section 5.

Resolution: S-2012-1

Subject: APPOINTMENT OF THE DELEGATE AND ALTERNATE DELEGATE REPRESENTING SOMA AT THE AOA HOUSE OF DELEGATES

WHEREAS, The Student Osteopathic Medical Association is granted one delegate seat at the annual AOA House of Delegates and one alternate delegate seat to perform in the absence of the appointed delegate; and

WHEREAS, The resolutions submitted to the AOA on behalf of the SOMA delegation are reviewed using the process of the SOMA House of Delegates; and

WHEREAS, It is the responsibility of the Speaker of the House and/or his/her appointee to the position of Reference Committee Chairperson to review and organize any and all resolutions submitted to the SOMA House of Delegates including those that will be drafted for submission to the AOA House of Delegates; and

WHEREAS, The Reference Committee Chairperson will be innately familiar with the resolution process and subject matter as part of his/her core responsibility; and therefore, be it

RESOLVED, That the Reference Committee Chairperson shall automatically serve as the Delegate representing SOMA at the AOA House of Delegates; and be it further

RESOLVED, That the Reference Committee Chairperson shall appoint an alternate delegate, selected from the members of the Reference Committee, to serve in the event of his/her inability to serve.

Submitted by:
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)
Phil Eskew, OMS-IV, JD, MBA (West Virginia School of Osteopathic Medicine)
Bridget McIlwee, OMS-III (Chicago College of Osteopathic Medicine)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Resolution: S-2012-2 (Withdrawn by authors)

Subject: STATEMENT OF SUSTAINABILITY PRINCIPLES – GREEN INITIATIVE

WHEREAS, Academic institutions must utilize goods in the maintenance and construction of their facilities and the production of teaching materials, thereby contributing to the spectrum of extraction, production, and distribution; and

WHEREAS, Initiatives to reduce the negative human impact on the environment have been shown to result in significant positive environmental outcomes [1]; and

WHEREAS, Not all medical schools currently have sustainability mission statements to promote institutional sustainability practices; therefore be it

RESOLVED, That SOMA develop a model sustainability statement that medical schools can use as a template for creating institution-specific sustainability mission statements; and be it further

RESOLVED, That SOMA encourage all medical schools to adopt mission statements which promote institutional sustainability initiatives such as consumption awareness, waste reduction, energy and water conservation, and the utilization of reusable/recyclable goods; and be it further

RESOLVED, That SOMA makes sustainability a more publicly visible principle of the association by developing a statement of internal sustainability goals.

Submitted by:
Kelsey Neufeld, OMS-III (Arizona College of Osteopathic Medicine)
Aaron Olsen, OMS-II (Arizona College of Osteopathic Medicine)
Arta Zowghi, OMS-I (Arizona College of Osteopathic Medicine)
Alice Chen, OMS-II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken: Withdrawn
Date: 03/09/2012
Effective Time Period: Ongoing

References:

1. Ringquist, EJ. (1993) "Does Regulation Matter? Evaluating the Effects of State Air Pollution Control Programs. Cambridge University Press. The Journal of Politics 55: 1022-1045.

Resolution: S-2012-3 (Withdrawn by authors)

Subject: EMPHASIS ON SPECIFIC PROFESSIONAL TITLE OVER GENERIC

WHEREAS, Norman Gevitz, PhD has completed an extensive research project on osteopathic physicians; and

WHEREAS, Norman Gevitz, PhD has revealed underlying themes of the osteopathic medical community's struggles; and

WHEREAS, The current struggle seems to revolve around maintaining the autonomy of the osteopathic medical practitioners; and

WHEREAS, The D.O. profession is growing at an exponential rate (nine-fold increase from the year 1968 to 2011) and proper recognition is due for the unique training and work completed by osteopathic physicians; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association encourages all its student chapters, the American Osteopathic Association, and all practicing osteopathic physicians, to utilize the "Osteopathic physician" title in place of "Medical doctor" whenever possible and D.O. where M.D. is indicated.

Submitted by:
Alice Chen, OMS-II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Erin Murphy, OMS-III (A. T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken: Withdrawn
Date: 03/09/2012
Effective Time Period: Ongoing

Resolution: S-2012-4

Subject: FORMATION OF AN EXPLORATORY COMMITTEE TO RECOMMEND CHANGES TO THE AOA MATCH

WHEREAS, an important goal of AOA accredited residency program directors is to find the most qualified applicants for their residency training program; and

WHEREAS, we seek to increase program director autonomy to select the most desirable and qualified medical students; and

WHEREAS, a goal of the AOA is to match Osteopathic students within the Osteopathic AOA Intern/Resident Registration Program (IRRP) and the allopathic National Resident Matching Program (NRMP); and

WHEREAS, the AOA has a goal to ensure that all Osteopathic medical students match into a post graduate training program; and

WHEREAS, it is in the best interest of the AOA to preserve their GME funded graduate medical education residency positions; and

WHEREAS, the goal of Osteopathic medical students is to enter their first choice residency program; and

WHEREAS, Osteopathic medical students choose to forego the DO match based on residency availability by location, family obligations, cost of living, and other personal needs; and

WHEREAS, it is in the interest of the state to retain the physicians they supply resources to train, and to increase the number of practicing physicians to meet the growing needs of their populace; and

WHEREAS, statistical evidence demonstrates that new physicians practice within a close geographic radius based on where they complete their residency training; and

WHEREAS, historically Osteopathic physicians have been shown to serve populations in need; and

WHEREAS, the AOA should seek to increase student satisfaction with the match process and results; therefore be it

RESOLVED, that the Student Osteopathic Medical Association will form an interest group to research and present a resolution designed to improve the Osteopathic match process. This interest group will plan to meet face to face in Chicago in the summer of 2012. The interest group will present this resolution to the AOA using numerous

resources from sources including but not limited to Diane Burkhart, Ph D's research, Karen Nichols DO's research, Michael Opipari DO's research, and other publications from the Council of Osteopathic Postdoctoral Training Institutions. These SOMA interest group members may choose to conduct an internal SOMA student survey to address the unconsidered student concerns. A resolution summarizing this information will be submitted at the Fall 2012 SOMA House of Delegates.

Explanatory statement: Options discussed in spring 2011 included 1) simultaneous match date, 2) joint student/physician committee, and 3) a pilot project involving a small number of residencies.

Submitted by:
Alice Chen, OMS-II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Erin Murphy, OMS-III (A. T. Still University-School of Osteopathic Medicine in Arizona)
Phillip Gunnell, OMS-II (Arizona College of Osteopathic Medicine in Arizona)
Whitney Fix-Lanes, OMS-II (Pacific Northwest – University of Health Sciences)
Jimmy DeMeo, OMS-I (Lake Erie College of Osteopathic Medicine)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Resolution: S-2012-5

Subject: RETAINING THE STUDENT SEAT ON THE AMERICAN OSTEOPATHIC ASSOCIATION'S HOUSE OF DELEGATES

WHEREAS, The American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) are tasked with different missions: advancement of the osteopathic profession and lending support to the nation's osteopathic medical schools, respectively; and

WHEREAS, The Student Osteopathic Medical Association (SOMA) and the Council of Osteopathic Student Government Presidents (COSGP) have different objectives: to promote osteopathic ideals and unity among the profession, and to encourage professional development and leadership among osteopathic medical students, respectively; and

WHEREAS, SOMA regularly interacts with the AOA (SOMA is linked on the AOA's website as a related organization) and COSGP regularly interacts with the AACOM (COSGP is one of twelve Councils established under the AACOM); and

WHEREAS, SOMA does not receive any formal recognition or voting power at AACOM events; now, therefore, be it

RESOLVED, that SOMA recommends to the AOA that SOMA retains a permanent seat on the American Osteopathic Association's House of Delegates.

COSGP leaders already have numerous seats as delegate members of their respective state's osteopathic association.

Submitted by:
Alice Chen, OMS-II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Erin Murphy, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Resolution: S-2012-6

Subject: REPRODUCTIVE HEALTH AND SEX EDUCATION

WHEREAS, Osteopathic medical schools emphasize careers in primary care; and

WHEREAS, Primary care specialties focus on prevention to reduce long-term health care costs to our society while providing for the overall well-being of the patient; and

WHEREAS, Preventive medicine in relation to reproductive health relies on scientifically accurate, evidence-based sex education and improved access to birth control; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association (SOMA) urge Osteopathic medical students and physicians to play an active role in teaching age-appropriate sex education to youth and supporting better access to reproductive health services, especially in rural and underserved populations; and, be it further

RESOLVED, That SOMA encourages osteopathic medical schools to include reproductive health education on all evidence-based options as part of their mandatory curricula as a means to improve health disparities.

Submitted by:
Erin Murphy, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Alice Chen, OMS-II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Simrat Singh, OMS-III (A.T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Resolution: S-2012-7

Subject: REVISED MEMBERSHIP DRIVE POLICIES

WHEREAS, *Resolution F-08-01* is inconsistent with the SOMA Constitution and Bylaws and outdated due to SOMA's recent move to online membership registration and the re-installment of the Netter's Campaign; and

WHEREAS, membership should not be dependent on the online registration system or the Netter's Campaign as these systems and benefits may change or become void; therefore, be it

RESOLVED, that *Resolution F-08-01* be made ineffective immediately; and be it further

RESOLVED, that each chapter shall comply with the constitutional expectations for their Membership Drive in addition to the rules and regulations set forth by the Membership Coordinator at the beginning of each term; and, be it further

RESOLVED, that the Membership Coordinator shall update and distribute a document to each constituent chapter at the beginning of their term outlining, in detail, the rules and regulations for the proceeding year's membership drive. This document shall include, but is not limited to, registration instructions, benefits, dues & payments, deadlines, and penalties.

Submitted by:
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)
Philip Eskew, OMS-IV, JD, MBA (West Virginia School of Osteopathic Medicine)
Jessica Barnes, OMS-IV, (Lincoln Memorial University-DeBusk College of Osteopathic Med)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

References: Student Osteopathic Medical Association's Constitution; Policies, 2.2- Membership

2.2 – Membership

Resolution F-08-01 **Effective Time Period: Ongoing**

RESOLVED, That each chapter is required to have their Fall Membership Drive completed by submitting a list of new members (in the required National SOMA spreadsheet format) and appropriate dues to the National SOMA Office, postmarked/or electronically mailed on or before October 1st of each year; and

BE IT FURTHER RESOLVED, That each chapter is required to submit the dates of their Fall membership Drive, the number of new students enrolled in their school, and the number of new members expected to join the chapter to the National SOMA Non-Student Advisor and the National Membership Coordinator no later than June 1st of each year; and

BE IT FURTHER RESOLVED, That failure to comply with these regulations shall result in the chapter being fined $150; and

BE IT FURTHER RESOLVED, That if a chapter completes their Fall Membership Drive in full compliance of these regulations and within two weeks of the start date of the Fall membership Drive on their campus, the chapter will be awarded $50 in their Convention Assistance Fund.

Resolution: S-2012-8

Subject: ESTABLISHMENT OF EXPLORATORY STRATEGIC PARTNERSHIPS WITH OTHER MEDICAL STUDENT ORGANIZATIONS

WHEREAS an objective of the Student Osteopathic Medical Association (SOMA) is to improve the quality of health care delivery to the American people and the world; and

WHEREAS an objective of SOMA is to contribute to the welfare and education of osteopathic medical students; and

WHEREAS an objective of SOMA is to establish lines of communication with other health science students and organizations; and

WHEREAS an objective of SOMA is to prepare its members to meet the social, moral, and ethical obligations of the osteopathic medical profession; and

WHEREAS SOMA members regularly interact with local and national leadership from other medical student organizations, both allopathic and osteopathic; and

WHEREAS SOMA local and national leaders believe in the importance of forging relationships with leaders of other medical student organizations, such as, but not limited to the Council of Osteopathic Student Government Presidents (COSGP), the Student American Academy of Osteopathy (SAAO), the American Medical Student Association (AMSA), and the American Medical Association - Medical Student Society (AMA-MSS); therefore be it resolved

RESOLVED, that the Student Osteopathic Medical Association (SOMA) promote chapter leaders take initiative in establishing working relationships with other medical student organization leadership at the local level, and be it further

RESOLVED, National Student Osteopathic Medical Association (SOMA) is committed to these good faith efforts both at the Chapter and National levels.

This is a reaffirmation of SOMA objectives and a commitment to proactively further these goals on a local and national level.

Submitted by:
Phil Gunnell, OMS-II (Arizona College of Osteopathic Medicine)
Hope Harris, OMS-II (William Carey University College of Osteopathic Medicine)
Annise Chung, OMS-III (Philadelphia College of Osteopathic Medicine - Georgia Campus)
Yvette Wang, OMS-III (University of Medicine and Dentistry - School of Osteopathic Medicine)
Bridget McIlwee, OMS-III (Chicago College of Osteopathic Medicine)

Action Taken: Approved
Date: 03/10/2012
Effective Time Period: Ongoing

Effective Time Period: ongoing

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[i] AOA, ACGME Move Toward Unified Accreditation for Graduate Medical Education Programs
http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx

[ii] D'Amico v. Board Of Medical Examiners. 11 Cal. 3d 1.Sac. No. 7976. Supreme Court of California. March 19, 1974. THEODORE A. D'AMICO et al., Plaintiffs and Appellants, v. BOARD OF MEDICAL EXAMINERS et al., Defendants and Appellants; BOARD OF OSTEOPATHIC EXAMINERS et al., Defendants and Respondents
http://law.justia.com/cases/california/cal3d/11/1.html

[iii] The Paradox of Osteopathy. Joel D. Howell, M.D., Ph.D..N Engl J Med 1999; 341:1465-1468November 4, 1999DOI: 10.1056/NEJM199911043411910
http://www.nejm.org/doi/full/10.1056/NEJM199911043411910

[iv] Osteopathy Special Report of the Judicial Council to the AMA House of Delegates
James H. Berge, M.D.; J. Morrison Hutcheson, M.D.; Robertson Ward, M.D.; George A. Woodhouse, M.D.; Homer L. Pearson, M.D. *JAMA*. 1961;177(11):774-776. doi:10.1001/jama.1961.73040370010008.
http://jama.jamanetwork.com/article.aspx?articleid=331708

[v] Tenets of Osteopathic Medicine
http://www.osteopathic.org/inside-aoa/about/leadership/Pages/tenets-of-osteopathic-medicine.aspx

Spring 2012 Student Osteopathic Medical Association House of Delegates Resolutions

Constitutional Amendment S-2012-1

Subject: CHAPTER PETITIONS FOR ESTABLISHMENT OF LOCAL SOMA CHAPTERS

WHEREAS, Article IV, Section 1 of the SOMA **Constitution and Bylaws** reads:
Section 1. Chapter Petition. Any group of five or more students at an AOA-accredited Osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition, date their signature and supply any information requested by the Board of Trustees as to its qualifications for membership. And,

WHEREAS, this language should more explicitly state the possibility that the Board of Trustees may feel further information is needed from petitioners to start a chapter. And,

WHEREAS, we would like to clarify the requirements for petitioners requesting to establish a Student Osteopathic Medical Association chapter, therefore be it

RESOLVED that **Article IV, Section 1** of the **Constitution and Bylaws** be amended as follows (language change denoted by brackets):
Section 1. Chapter Petition. Any group of five or more students at an AOA-accredited Osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition, date their signature and supply any and all [additional] information [or documentation] requested by the Board of Trustees as to its qualifications for membership. And be it further

RESOLVED that the **SOMA Process** be appropriately edited to reflect this change.

Submitted by:
Hope Harris, OMS II (William Carey University College of Osteopathic Medicine) (co-author)
Kruti Patel, OMS II (William Carey University College of Osteopathic Medicine) (co-author)
Richard Calderone, OMS II (William Carey Univ. College of Osteopathic Medicine) (co-author)
Shaawn Ali, OMS II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Kate Brady, OMS II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Rachel Gooch, OMS II (William Carey University College of Osteopathic Medicine (co-sponsor)

Action Taken:
Date:
Effective Time Period: Ongoing

References:
The Student Osteopathic Medical Association's Constitution; Article IV, Section 1.

Constitutional Amendment S-2012-2

Subject: SPECIFIC IDENTIFICATIONS ACCEPTED AT SOMA HOUSE OF DELEGATES

WHEREAS, Article IX, Section 1 B of the SOMA **Constitution and Bylaws** reads: **Section 1. Chapter Representation. B) Identification of Delegates and Alternates.** Persons shall be identified with name tags indicating their "Delegate" or "Alternate" status. Before any business is undertaken by the House of Delegates, each Delegate and Alternate shall be identified and verified by the Speaker of the House of Delegates (or his/her designate), using at least one appropriate form of identification. An Alternate can replace a voting Delegate provided they have been identified by the Speaker of the House of Delegates.

WHEREAS, this language should more explicitly state the possibility that the Delegate/Alternate may misplace their SOMA issued identification tag. And,

WHEREAS, we would like to clarify the acceptable forms of identification for use in this instance at the Student Osteopathic Medical Association House of Delegates, therefore be it

RESOLVED that **Article IX, Section 1 B** of the **Constitution and Bylaws** be amended as follows (language change denoted by brackets):
Section 1. Chapter Representation. B) Identification of Delegates and Alternates. Persons shall be identified with name tags indicating their "Delegate" or "Alternate" status. Before any business is undertaken by the House of Delegates, each Delegate and Alternate shall be identified and verified by the Speaker of the House of Delegates (or his/her designate), using at least one appropriate form of identification[, be it SOMA-issued convention identification tag, school identification with picture, or federal or state-issued photo identification]. An Alternate can replace a voting Delegate provided they have been identified by the Speaker of the House of Delegates. And be it further,

RESOLVED that the **SOMA Process** be appropriately edited to reflect this change.

Submitted by:
Hope Harris, OMS II (William Carey University College of Osteopathic Medicine) (co-author)
Kruti Patel, OMS II (William Carey University College of Osteopathic Medicine) (co-author)
Shaawn Ali, OMS II (William Carey University College of Osteopathic Medicine) (co-author)
Richard Calderone, OMS II (William Carey Univ College of Osteopathic Medicine) (co-author)
Kate Brady, OMS II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Rachel Gooch, OMS II (William Carey University College of Osteopathic Medicine (co-sponsor)

Action Taken:
Date:

Effective Time Period: Ongoing
References:
The Student Osteopathic Medical Association's Constitution; Article IX, Section 1 B.

Constitutional Amendment S-2012-3

Subject: CONSTITUTIONAL MENTION OF SOMA PUBLICATION & PARTICIPATION IN "THE DO" MAGAZINE

WHEREAS, the current SOMA Constitution states that "The Association's official publication shall be the Spotlight on SOMA article in The D.O. magazine on a monthly basis"; and

WHEREAS, The DO is no longer an in-print magazine but now an online journal (found at http://www.do-online.org/TheDO/); and

WHEREAS, no "Spotlight on SOMA" section exists within The DO online journal; and

WHEREAS, The DO is an independent publication of the AOA with no obligation to the SOMA Constitution; and

WHEREAS, SOMA maintains a pleasant working relationship with the staff of TheDO; and

WHEREAS, many SOMA members already do publish periodically within The DO's "OMS Spotlight" section; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association officially strikes the current Article III, Section 1 [current language: **Official Publication**, The Association's official publication shall be the Spotlight on SOMA article in The D.O. magazine on a monthly basis.]; and

RESOLVED, that the Student Osteopathic Medical Association officially amends Article III, Section 1 to read, "**Publications.** Association members, in conjunction with SOMA's PR Director, are encouraged to submit articles regarding osteopathic student-central current events to The DO online journal for consideration and possible publication in the 'OMS Spotlight' section." The Student Osteopathic Medical Association will foster positive public relations by encouraging all of its members to work in tandem with SOMA's PR Director for the purpose of increasing the visibility of SOMA in the osteopathic world through various publications, events, and other public forums."

Submitted by:
Bridget E. McIlwee OMS-III (Chicago College of Osteopathic Medicine)
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Constitutional Amendment S-2012-4

Subject: SOMA NEWSLETTER

WHEREAS, the current SOMA Constitution states that "That National SOMA Officers shall make available on its website a newsletter to all constituent chapters and national officers." And

WHEREAS, the SOMA newsletter has continued to be an underutilized resource by and for the organization; and

WHEREAS, the SOMA newsletter now exists mainly to fulfill marketing obligations with membership benefits corporations; and

WHEREAS, the time and resources of SOMA's PR Director could be better utilized though a new and different way to disseminate important information to national and regional SOMA chapters and other osteopathic organizations; and

WHEREAS, with new SOMA PR Directors appointed each year, all of whom may have different and valuable ideas for the dissemination of SOMA information and should have the liberty to pursue those ideas for the good of the organization; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association officially strike the body of text under the current Article III, Section 2 [current language: **Newsletter**. That National SOMA Officers shall make available on its website a newsletter to all constituent chapters and national officers.]; and

RESOLVED, that the Student Osteopathic Medical Association officially amends the current Article III, Section 2 to read "**Dissemination of Media**. The SOMA PR Director shall be responsible for disseminating important and interesting information between and among the SOMA Board of Trustees, National Board, and all national chapters, on a timescale to be determined at the beginning of the term by that PR Director and agreed to by the SOMA Board of Trustees. The PR Director is encouraged to work with the SOMA Webmaster throughout the year to achieve this directive." and

RESOLVED, that the Student Osteopathic Medical Association and the SOMA Membership Benefits Director notify, to the best of the organization's ability, all sponsors and parties potentially affected by the cessation of newsletter publication; and,

RESOLVED, that SOMA will fulfill contractual agreements with said parties to the best of the organization's ability, prior to and, if necessary, after the cessation of newsletter publication.

Submitted by:

Bridget E. McIlwee OMS-III (Chicago College of Osteopathic Medicine)
Lisa Marie Piwoszkin, OMS-IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS-IV (Chicago College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Constitutional Amendment S-2012-5

Subject: DISCRIMINATION BASED ON AGE

WHEREAS, Article VI of the Constitution of the Student Osteopathic Medical Association does not include protection from age discrimination; and

WHEREAS, Individuals of a wide range of ages are indiscriminately admitted into AOA-accredited osteopathic medical schools; and

WHEREAS, Encouraging students of all ages to join SOMA will further reinforce the objectives and mission of SOMA; now, therefore, be it

RESOLVED, That Article VI of the ***Constitution and Bylaws*** be amended as follows to include age as a factor by which membership may not be refused by the Association or its constituent chapters.

ARTICLE VI – Discrimination
*Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, gender, **[age,]** sexual orientation, national origin or creed. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the **Constitution and Bylaws** of this Association.*

Submitted by:
Kruti Patel, OMS II (William Carey University College of Osteopathic Medicine) (author)
Richard Calderone, OMS II (William Carey Univ College of Osteopathic Medicine) (co-author)
Alexis Cates, OMS I (William Carey University College of Osteopathic Medicine) (co-sponsor)
Brittany McClure, OMS II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Cavatina Pham, OMS II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Hope Harris, OMS II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Shaawn Ali, OMS II (William Carey University College of Osteopathic Medicine), (co-sponsor)

Action Taken:
Date:
Effective Time Period: Ongoing

Constitutional Amendment S-2012-6

Subject: DISCRIMINATION BASED ON DISABILITY

WHEREAS, Article VI of the Constitution of the Student Osteopathic Medical Association[1] does not include protection from discrimination against students with a disability; and

WHEREAS, Individuals are indiscriminately admitted into AOA- accredited osteopathic medical schools, as required by the Commission on Osteopathic College Accreditation in Standard 5 of the COM Accreditation Standards and Procedures[2]; and

WHEREAS, Encouraging all students to join SOMA will further reinforce the objectives and mission of SOMA; now, therefore, be it

RESOLVED, That Article VI of the ***Constitution and Bylaws*** be amended as follows to include disability as a factor by which membership may not be refused by the Association or its constituent chapters.

[1]*ARTICLE VI – Discrimination*
Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, gender, sexual orientation, ***[disability,]*** *national origin or creed. Chapters shall otherwise determine the qualifications of their own members where not inconsistent with the* ***Constitution and Bylaws*** *of this Association.*

[2]*Standard 5 – Students*
5.2.2 Recruiting and selection of students for admission to a COM must not discriminate on the basis of race, color, gender, religion, creed, national origin, age or disabilities.

Submitted by:
Kruti Patel, OMS II (William Carey University College of Osteopathic Medicine) (author)
Richard Calderone, OMS II (William Carey Univ College of Osteopathic Medicine) (co-author)
Alexis Cates, OMS I (William Carey University College of Osteopathic Medicine) (co-sponsor)
Brittany McClure, OMS II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Cavatina Pham, OMS II (William Carey Univ. College of Osteopathic Medicine) (co-sponsor)
Hope Harris, OMS II (William Carey University College of Osteopathic Medicine) (co-sponsor)
Shaawn Ali, OMS II (William Carey University College of Osteopathic Medicine), (co-sponsor)

Action Taken:
Date:
Effective Time Period: Ongoing

Constitutional Amendment S-2012-7

Subject: PRE-MEDICAL STUDENT MEMBERSHIP

WHEREAS, The mission of Pre-SOMA is to promote and inform the public about Osteopathic Medical education, to increase the number of osteopathic medical school applicants, and to prepare members for entrance to the osteopathic colleges; and

WHEREAS, those interested in joining National Pre-SOMA do not need to establish or become a member of a local Pre-SOMA chapter in order to join National Pre-SOMA; and

WHEREAS, it is a much more rewarding experience for each Pre-SOMA member to create or participate in a local chapter in order to orchestrate local pre-osteopathic medicine-related events and help to realize the mission of Pre-SOMA; and

WHEREAS, it is important for potential charter founders to determine their communities' interest in starting a local Pre-SOMA chapter to ensure that their charter, once established, can remain active; now, therefore, be it

RESOLVED, that Section 5. Pre-Medical Student Membership be amended to read as follows (Referenced from the current National Pre-SOMA Constitution):

Section 5. Pre-Medical Student Membership.

A) Eligibility for National Membership. National membership to Pre-SOMA shall be open to any person in an accredited undergraduate institution or any person who completed all or part of said educational pathway and is in the preparation process for applying to osteopathic medical school (Article III Membership section 1).

B) Maintaining Membership. National Pre-SOMA members must renew their membership on www.studentdo.com at the beginning of each academic year.

C) Eligibility for Charter Petition. Prior to submitting an application for a local charter, all potential founders must join Pre-SOMA on the National SOMA website. Potential charter founders must submit the proper paperwork to National SOMA as outlined in Article IX Section A of the National Pre-SOMA Constitution in order to apply for a charter.

D) Maintaining a Charter. In order to maintain a charter, local chapter members must follow the protocol as outlined in Article IX Section B of the National Pre-SOMA Constitution. Failure to comply with Article IX Section A and B will result in not being recognized by the AOA, SOMA, or Pre-SOMA. Charters failing to comply with Article IX Section B and C of the National Pre-SOMA Constitution will have their charter revoked for one year, after which time a local chapter may re-apply for their charter for

the following academic year (Article IX Section D).

E) Dues Structure. It is possible to collect dues as a requirement for National Pre-SOMA Membership if the SOMA National treasury requires such dues (Article III section 2). Requirement for local Pre-SOMA dues will be left to the discretion of the Founding and/or Executive board of individual local chapters. Dues collected by local Pre-SOMA chapters should be kept in a university or college approved bank account and use of these funds should abide by all university or college rules and regulations. Fund usage for Pre-SOMA monies should be in keeping with the purpose of Pre-SOMA and are deemed only for projects and activities that support the members of the local organization in their pursuit to serve the purpose (Article III Section 4 a,b).

Submitted by:
Robyn Young, OMS IV (Touro University College of Osteopathic Medicine – California)
Kruti Patel, OMS II (William Carey University College of Osteopathic Medicine)
Tom Grawy, OMS II (Chicago College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: S-2012-1

Subject: APPOINTMENT OF THE DELEGATE AND ALTERNATE DELEGATE REPRESENTING SOMA AT THE AOA HOUSE OF DELEGATES

WHEREAS, The Student Osteopathic Medical Association is granted one delegate seat at the annual AOA House of Delegates and one alternate delegate seat to perform in the absence of the appointed delegate; and

WHEREAS, The resolutions submitted to the AOA on behalf of the SOMA delegation are reviewed using the process of the SOMA House of Delegates; and

WHEREAS, It is the responsibility of the Speaker of the House and/or his/her appointee to the position of Reference Committee Chairperson to review and organize any and all resolutions submitted to the SOMA House of Delegates including those that will be drafted for submission to the AOA House of Delegates; and

WHEREAS, The Reference Committee Chairperson will be innately familiar with the resolution process and subject matter as part of his/her core responsibility; and therefore, be it

RESOLVED, That the Reference Committee Chairperson shall automatically serve as the Delegate representing SOMA at the AOA House of Delegates; and be it further

RESOLVED, That the Reference Committee Chairperson shall appoint an alternate delegate, selected from the members of the Reference Committee, to serve in the event of his/her inability to serve.

Submitted by:
Lisa Marie Piwoszkin, OMS IV (Chicago College of Osteopathic Medicine)
Dan Nolan, OMS IV (Chicago College of Osteopathic Medicine)
Phil Eskew, OMS IV (West Virginia School of Osteopathic Medicine)
Bridget McIlwee, OMS III (Chicago College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: S-2012-2

Subject: STATEMENT OF SUSTAINABILITY PRINCIPLES – GREEN INITIATIVE

WHEREAS, Academic institutions must utilize goods in the maintenance and construction of their facilities and the production of teaching materials, thereby contributing to the spectrum of extraction, production, and distribution; and

WHEREAS, Initiatives to reduce the negative human impact on the environment have been shown to result in significant positive environmental outcomes [1]; and

WHEREAS, Not all medical schools currently have sustainability mission statements to promote institutional sustainability practices; therefore be it

RESOLVED, That SOMA develop a model sustainability statement that medical schools can use as a template for creating institution-specific sustainability mission statements; and be it further

RESOLVED, That SOMA encourage all medical schools to adopt mission statements which promote institutional sustainability initiatives such as consumption awareness, waste reduction, energy and water conservation, and the utilization of reusable/recyclable goods; and be it further

RESOLVED, That SOMA makes sustainability a more publicly visible principle of the organization by developing a statement of internal sustainability goals.

Submitted by:
Kelsey Neufeld, OMS III (Arizona College of Osteopathic Medicine)
Aaron Olsen, OMS II (Arizona College of Osteopathic Medicine)
Arta Zowghi, OMS I (Arizona College of Osteopathic Medicine)
Alice Chen, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken:
Date:
Effective Time Period: Ongoing

References:

1. Ringquist, EJ. (1993) "Does Regulation Matter? Evaluating the Effects of State Air Pollution Control Programs. Cambridge University Press. The Journal of Politics 55: 1022-1045.

Resolution: S-2012-3

Subject: EMPHASIS ON SPECIFIC PROFESSIONAL TITLE OVER GENERIC

WHEREAS, Norman Gevitz, PhD has completed an extensive research project on osteopathic physicians; and

WHEREAS, Norman Gevitz, PhD has revealed underlying themes of the osteopathic medical community's struggles; and

WHEREAS, The current struggle seems to revolve around maintaining the autonomy of the osteopathic medical practitioners; and

WHEREAS, The D.O. profession is growing at an exponential rate (nine-fold increase from the year 1968 to 2011) and proper recognition is due for the unique training and work completed by osteopathic physicians; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association encourages all its student chapters, the American Osteopathic Association, and all practicing osteopathic physicians, to utilize the "Osteopathic physician" title in place of "Medical doctor" whenever possible and D.O. where M.D. is indicated.

Submitted by:
Alice Chen, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Erin Murphy, OMS III (A. T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: S-2012-4

Subject: SIMULTANEOUS OSTEOPATHIC AND ALLOPATHIC MATCH DATE

WHEREAS, Osteopathic medical students are able to participate in both residency matching programs: the osteopathic AOA Intern/Resident Registration Program (IRRP) and the allopathic National Resident Matching Program (NRMP); and

WHEREAS, The osteopathic residency matching program posts acceptances in mid February and the allopathic residency matching program posts acceptances in mid March with acceptance into an osteopathic residency resulting in automatic withdrawal from the allopathic match; and

WHEREAS, Osteopathic students deserve the opportunity to choose a residency program best suited for their future without the decision being made by an external governing party; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association recommend to the American Osteopathic Association and other parties concerned for a simultaneous IRRP and NRMP match day focused on better accommodating the considerations of the osteopathic medical student.

Submitted by:
Alice Chen, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Erin Murphy, OMS III (A. T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: S-2012-5

Subject: REDEFINING THE STUDENT SEAT ON THE AMERICAN OSTEOPATHIC ASSOCIATION'S HOUSE OF DELEGATES

WHEREAS, The American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) are tasked with different missions: advancement 4.of the osteopathic profession and lending support to the nation's osteopathic medical schools, respectively; and

WHEREAS, The Student Osteopathic Medical Association (SOMA) and the Council of Osteopathic Student Government Presidents (COSGP) have different objectives: to promote osteopathic ideals and unity among the profession, and to encourage professional development and leadership among osteopathic medical students, respectively; and

WHEREAS, SOMA regularly interacts with the AOA (SOMA is linked on the AOA's website as a related organization) and COSGP regularly interacts with the AACOM (COSGP is one of twelve Councils established under the AACOM); and

WHEREAS, SOMA does not receive any formal recognition or voting power at AACOM events; now, therefore, be it

RESOLVED, that SOMA retains the only independent student seat within the American Osteopathic Association's House of Delegates.

COSGP leaders already have numerous seats as delegate members of their respective state's osteopathic association.

Submitted by:
Alice Chen, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Ian Schlieder, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Erin Murphy, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: S-2012-6

Subject: REPRODUCTIVE RIGHTS AND SEX EDUCATION

WHEREAS, Osteopathic medical schools emphasize careers in primary care; and

WHEREAS, Primary care specialties focus on prevention to reduce long-term health care costs to our society while providing for the overall well-being of the patient; and

WHEREAS, Preventive medicine in relation to reproductive rights relies on scientifically accurate, evidence-based sex education and improved access to birth control; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association (SOMA) urge Osteopathic medical students and physicians to play an active role in teaching age-appropriate sex education to youth and supporting better access to reproductive services, especially in rural and underserved populations; and, be it further

RESOLVED, That SOMA encourages osteopathic medical schools to include reproductive health education on all evidence-based options as part of their mandatory curricula as a means to improve health disparities.

Submitted by:
Erin Murphy, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)
Alice Chen, OMS II (A.T. Still University-School of Osteopathic Medicine in Arizona)
Simrat Singh, OMS III (A.T. Still University-School of Osteopathic Medicine in Arizona)

Action Taken:
Date:
Effective Time Period: Ongoing

Spring 2011 Resolutions

Pre-Medical Student SOMA dues

Resolution: F-11-01
Subject: Abolishment of dues for Pre-Medical Student Membership

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1. **WHEREAS,** The Student Osteopathic Medical Association (SOMA) is the body representing
2.
3. the interests of all Osteopathic Medical Students, and
4.
5.**WHEREAS,** individuals who join SOMA as a pre-medical student will be more likely to
6.
7. continue their SOMA membership once becoming medical students, and
8.
9.**WHEREAS**, even a small fee may be a deterrent to membership for an undergraduate student,
10.
11. and,
12.
13. **WHEREAS**, any individual SOMA chapter stands to gain little from collecting any fee from
14.
15. a pre-medical student.
16.
17. **BE IT THEREFORE RESOLVED THAT,** Article V. Section 5. of the SOMA constitution
18.
19. be amended as such:
20.
21. **Section 5. Pre-Medical Student Membership**. If ~~An~~ an applicant is ~~must be~~ enrolled in an
22.
23. undergraduate college or university and ~~pay the appropriate dues~~, ~~if any, as deemed~~
24.
25.~~appropriate~~ desires membership, it shall be granted by the local SOMA Chapter ~~These dues~~
26.
27. ~~shall not exceed $5 per year~~. There is to be no fee for Pre-SOMA membership.

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Submitted by:
Dustin Portela – Des Moines University
Jacob Anderson – Des Moines University
Cynthia Hoque – Des Moines University
Jesson Baumgartner – Des Moines University
Daisy Winter – Des Moines University
Action Taken:
Date: February 7, 2011
Effective Time Period: Ongoing

The Teaching and Use of Osteopathic Manual Therapy by the Colleges of Osteopathic Medicine

Resolution: F-11-02
Subject: Increasing the use of OMT among Osteopathic graduates

1. **WHEREAS,** Osteopathic Manual Therapy is a founding principal of the Osteopathic
2.
3. Philosophy, and remains an important distinction in the health care given by Osteopathic
4.
5. Physicians, and
6.
7. **WHEREAS,** Osteopathic Manual Therapy has proven itself to be an important first line
8.
9. and adjunctive treatment for many patients seen by Osteopathic Physicians, and
10.
11**WHEREAS,** Osteopathic Manual Therapy has developed into a specialty with an
12.
13. increasingly large number of effective diagnostic and therapeutic treatment modalities, and
14.
15.**WHEREAS**, there is a finite amount of time for Osteopathic Medical Students to become
16.
17. proficient in OMT diagnostic techniques and treatment modalities before embarking on
18.
19. clinical rotations, and eventually residency, and
20.
21. **WHEREAS,** the number of Osteopathic Physicians who use OMT on a majority of their
22.
23. patients has been found to be very low, and
24.
25.**WHEREAS,** it is estimated that the number of Osteopathic Physicians who use
26.
27. OMT on a majority of their patients has continued to decline, and
28.
29.**WHEREAS** There are fundamental techniques which are more commonly used by a majority
30.
31. of Osteopathic Physicians who commonly use OMT in clinical practice.
32.
33. **BE IT THEREFORE RESOLVED,** that the Student Osteopathic Medical Association
34.
35. (SOMA) will make a recommendation to the 2011 American Osteopathic Association (AOA)
36.
37. House of Delegates that they (the AOA) pursue a course of refinement of OMT curriculum to

exclude less commonly used and more technically challenging osteopathic treatment modalities from NBOME licensing examinations and required curriculum at osteopathic medical schools, and

BE IT FURTHER RESOLVED THAT, such a change be made in order to put increased emphasis on more basic and frequently used OMT diagnostic techniques and treatment modalities, and

BE IT FURTHER RESOLVED, that SOMA encourages more advanced and technically challenging techniques that may be excluded from required curricula continue to be taught at all Osteopathic Medical Schools through the use of non-required elective courses, and

BE IT FURTHER RESOLVED, that such action on the part of SOMA should not be viewed by any party as an official stance for or against any particular subset of Osteopathic Manual Therapy, or as a challenge to the tenets of the Osteopathic Philosophy, and

BE IT FURTHER RESOLVED, that SOMA believes such action will lead to an increase in student confidence in the more fundamental Osteopathic Manual Therapy techniques, and therefore lead to an increase in the number of Osteopathic medical graduates who go on to use OMT as residents and as attending physicians who may not have otherwise.

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Submitted by:
Dustin Portela – Des Moines University
Roberto Fernandez – Des Moines University
Jacob Anderson – Des Moines University
Adam Kapler – Des Moines University
Cynthia Hoque – Des Moines University
Action Taken:
Date: February 7, 2011
Effective Time Period: Ongoing

Resolution: F-11-03

Subject: RECOMMENDATION THAT THE AOA COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA) REVISE THE COM ACCREDITATION STANDARDS AND PROCEDURES TO INCLUDE PROTECTION FROM DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN THE SELECTION OF ADMINISTRATIVE PERSONNEL

WHEREAS, standard 2.8 of the COCA Accreditation Standards and Procedures does not include sexual orientation and gender identity in the non-discrimination policy for the selection of administrative personnel; and

WHEREAS, the COCA non-discrimination guideline states that a *"diverse administrative staff provides the richness necessary for medical education. A COM should make every effort to hire administrative staff from a diverse background to foster that richness while meeting its mission and objectives;"* and

WHEREAS, lesbian, gay, bisexual, and transgender (LGBT) students, faculty, and staff make important contributions to medical education and are currently not protected under COCA standards; and

WHEREAS, standard MS-31 of the Liaison Committee on Medical Education (LCME) Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree includes both sexual orientation and gender identity in the non-discrimination policy applying to all individuals involved in LCME accredited medical education programs; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association recommends to the AOA that **section 2.8** of the COCA Accreditation Standards be revised to include sexual orientation and gender identity.

The proposed revision reads,

2.8 The selection of administrative personnel must not discriminate on the basis of race, gender, color, religion, national origin, age, ~~or~~ disabilities, sexual orientation or gender identity.

Submitted by:

Aviva Wallace, OMS II (University of New England College of Osteopathic Medicine)

Keith Egan, OMS I (University of New England College of Osteopathic Medicine)

Matthew Holz, OMS II (University of New England College of Osteopathic Medicine)

Suvi Neukam, OMS I (University of New England College of Osteopathic Medicine)

Laurie Garabedian, OMS II (University of New England College of Osteopathic Medicine)

Resolution: F-11-04

Subject: RECOMMENDATION THAT THE AOA COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA) REVISE THE COM ACCREDITATION STANDARDS AND PROCEDURES TO INCLUDE PROTECTIONS FROM DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN THE SELECTION OF FACULTY

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18. **WHEREAS**, standard 4.4 of the COCA Accreditation Standards and Procedures does not

19. include sexual orientation and gender identity in the non-discrimination policy for the

20. selection of faculty; and

21. **WHEREAS,** the COCA non-discrimination guideline states that a *"diverse faculty*

22. *provides a richness necessary for medical education. A COM should make every effort to*

23. *hire faculty from a diverse background to foster that richness while meeting its mission*

24. *and objectives;"* and

25. **WHEREAS**, lesbian, gay, bisexual, and transgender (LGBT) students, faculty, and staff

26. make important contributions to medical education and are currently not protected under

27. COCA standards; and

28. **WHEREAS**, standard MS-31 of the Liaison Committee on Medical Education (LCME)

29. Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree

30. includes both sexual orientation and gender identity in the non-discrimination policy

31. applying to all individuals involved in LCME accredited medical education programs;

therefore, be it

RESOLVED, that the Student Osteopathic Medical Association recommends to the AOA that **section 4.4** of the COCA Accreditation Standards be revised to include sexual orientation and gender identity.

The proposed revision reads,

4.4 The selection of faculty must not discriminate on the basis of race, gender, color, religion, national origin, age, ~~or~~ disabilities, sexual orientation or gender identity.

Submitted by:

Aviva Wallace, OMS II (University of New England College of Osteopathic Medicine)

Keith Egan, OMS I (University of New England College of Osteopathic Medicine)

Matthew Holz, OMS II (University of New England College of Osteopathic Medicine)

Suvi Neukam, OMS I (University of New England College of Osteopathic Medicine)

Laurie Garabedian, OMS II (University of New England College of Osteopathic Medicine)

Resolution: F-11-05

Subject: RECOMMENDATION THAT THE AOA COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA) REVISE THE COM ACCREDITATION STANDARDS AND PROCEDURES TO INCLUDE PROTECTION FROM DISCRIMINATION ON THE BASIS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN THE RECRUITMENT AND SELECTION OF STUDENTS

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36. **WHEREAS**, standard 5.2.2 of the COCA Accreditation Standards and Procedures does not include sexual orientation and gender identity in the non-discrimination policy for the recruitment and selection of students; and

39. **WHEREAS,** the COCA non-discrimination guideline states that a *"diverse student body provides the richness necessary for osteopathic medical education. A COM should make every effort to recruit students from a diverse background to foster that richness while*

meeting its mission and objectives;" and

WHEREAS, lesbian, gay, bisexual, and transgender (LGBT) students, faculty, and staff make important contributions to medical education and are currently not protected under COCA standards; and

WHEREAS, the American Medical Colleges' Group on Student Affairs, as a result of surveys conducted during the 2005-2006 academic year, concluded that the existence of LGBT discrimination is undeniable within medical schools.

WHEREAS, standard MS-31 of the Liaison Committee on Medical Education (LCME) Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree includes both sexual orientation and gender identity in the non-discrimination policy applying to all individuals involved in LCME accredited medical education programs; and

WHEREAS, the American Medical Student Association resolved in 1989 in their Preamble, Purposes, and Principles to strongly urge the AOA to include sexual orientation and gender identity in the COCA Standards for the selection of students; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association recommends to the AOA that **section 5.2.2** of the COCA Accreditation Standards be revised to include sexual orientation and gender identity.

The revised standard reads,

5.2.2 Recruitment and selection of students for admission to a COM must not discriminate on the basis of race, ethnicity, color, gender, religion, national origin, age, ~~or~~ disabilities, sexual orientation or gender identity.

Submitted by:

Aviva Wallace, OMS II (University of New England College of Osteopathic Medicine)

Keith Egan, OMS I (University of New England College of Osteopathic Medicine)

Matthew Holz, OMS II (University of New England College of Osteopathic Medicine)

Suvi Neukam, OMS I (University of New England College of Osteopathic Medicine)

Laurie Garabedian, OMS II (University of New England College of Osteopathic Medicine)

Resolution: F-2011-1

Subject: BLS & FIRST AID TRAINING WITHIN COLLEGES OF OSTEOPATHIC MEDICINE

WHEREAS, at any time or geographical region of the country, emergency situations, disaster scenarios, and/or catastrophic events of natural or manmade causes can occur; and

WHEREAS, first responders and local healthcare teams may be overwhelmed by multiple casualties from emergency situations, disaster scenarios and/or catastrophic events; and

WHEREAS, a knowledge of first aid and basic life support is not inherent upon matriculation to osteopathic medical school; and

WHEREAS, prepared with first aid and basic life support training, in the event of individual cardiopulmonary events and/or minor accidents, as well as during times of disaster, osteopathic medical students could provide assistance to the local community; and therefore be it

RESOLVED, that the Student Osteopathic Medical Association supports American Heart Association basic life support and first aid training within the beginning of the OMS I academic year.

Though the American Heart Association guidelines are not at the level of the training provided/necessary during OMS II, we feel that OMS I medical students should be an asset and not a hindrance to the local community, especially those Osteopathic Medical Students residing in disaster prone regions.

Submitted by:
Cavatina Pham, OMS II (William Carey University College of Osteopathic Medicine)
Kruti Patel , OMS II (William Carey University College of Osteopathic Medicine)
Shaawn Ali, OMS II (William Carey University College of Osteopathic Medicine)
David Hibbets, OMS II (William Carey University College of Osteopathic Medicine)
Kate Brady, OMS II (William Carey University College of Osteopathic Medicine)
Rachel Gooch, OMS II (William Carey University College of Osteopathic Medicine)
Jason Farrar, OMS II (William Carey University College of Osteopathic Medicine)
John Jones, DO (William Carey University College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: F-2011-2

Subject: PROPOSAL FOR AN ANNUAL LIMIT ON THE INCREASES IN TUITION AT OSTEOPATHIC SCHOOLS

WHEREAS tuition increases across the country have been on long and steep upward trend; and

WHEREAS in New Jersey alone tuition has increased 18% for in state tuition and 21% for out of state tuition for the 2010-2011 school year; and

WHEREAS this is the largest increase in in-state tuition since 1977, and the largest increase in out of state tuition since 1996; and

WHEREAS New Jersey Governor Chris Christie and his legislature have included a provision in the state budget that caps tuition hikes at public four-year collages at 4 percent; and

WHEREAS Graduate education (including medical school) is not included in this provision; and

WHEREAS UMDNJ-SOM as an example, ranks among the most expensive medical and dental schools in the country; and

WHEREAS large amounts of debt at the end of medical education may persuade students to steer away from very necessary positions in primary care; and therefore be it

RESOLVED that the American Osteopathic Association mirror Governor Chris Christie's legislature and propose that all osteopathic schools cap their ability to increase tuition at 4% per year.

Submitted by:
Robert Gesumaria, OMS-II (University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: F-2011-3

Subject: THE RIGHT TO HEALTHCARE

WHEREAS, we, the members of SOMA, as citizens, future physicians, and perpetual learners, believe these following tenets are vital for the continued success of the medical field, the growth of society, the wellbeing of the body politic as a whole, and the basis for our practice of medicine; and

WHEREAS current EMTALA regulations compelling physicians to treat every individual in an emergency situation, while certainly practical and essential, are no longer adequate; and

WHEREAS ideals in general comprise the very foundation of the American way of life; and that ideals are the only effective defense against selfishness and separatism; and

WHEREAS the rights to life, liberty, and the pursuit of happiness can only be fully recognized, appreciated, and utilized by those in possession of a sound body and a sound mind; and

WHEREAS wealth does not innately equate with merit, that basing access to medicine on personal possession of capital is detrimental to a healthy citizenry, an anathema to democracy, and such rationale is a hallmark of plutocracy, democracy's most despicable historical adversary; and

WHEREAS denial of any citizen the right to affordable and comprehensive medical care is to renounce our very nature as a holistic, democratic, and inextricably entwined Republic; and

WHEREAS that much like the unjust, immoral, and indefensible concept of racial apartheid, wealth-based access to health care must be abolished with the same fervent resolve, and be regarded with a similar level of derision and disgrace, as that great blight in our history which masqueraded as the despicable idiom "separate but equal;" and

WHEREAS no man, woman, or child should ever suffer ill health in the name of political gain, and that such egotistical posturing perverts the democratic processes we hold so dear into a contemptible charade; and therefore be it

RESOLVED that finally, and most critically, *health care is a basic human right*; one that should be valued as highly as any other American birthright, and one that should be considered just as critical as those "unalienable" rights which we respect so deeply that appear in our Declaration of Independence; and be it

RESOLVED that SOMA, other medical associations, and every citizen of the United States, from this moment forward, regard the right to medical care as fundamental, sacred, and irrevocable; and defend this right with the vehemence and collective passion reserved for our most venerated liberties.

Submitted by:
James Latronica, (Philadelphia College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

Resolution: F-2011-4

Subject: CHILDHOOD AND TEENAGE SEXUAL EXPOSURE

WHEREAS, SOMA supports proper safe sex practices; therefore be it

RESOLVED that SOMA recommend that the AOA Amend Resolution H242-A/06 as follows:

H242-A/06 CHILDHOOD AND TEENAGE SEXUAL EXPOSURE

The American Osteopathic Association: (1) encourages osteopathic physicians to provide anticipatory guidance to minor children about the risks of sexual exposure and sexually-transmitted diseases, and provide this same guidance to their parents and/or caregivers; (2) encourages osteopathic physicians to support the development of curriculum by local, state and national educational organizations that will lead to the prevention of unwanted pregnancy and transmission of disease such as ~~using medically appropriate measures, preferably abstinence and avoidance of high risk sexual behavior~~ sexual education regarding the proper use of contraceptives, vaccinations, and how to recognize and seek out medical care regarding STDs; and (3) Support public education efforts to prevent unwanted pregnancy and sexually transmitted diseases especially by educating the public about how to approach the topic of sex, contraceptives and STDs in conversations with their own families. The American Osteopathic Association should also encourage the print and electronic media to use public service announcements that further these goals, specifically by encouraging safe sex practices such as using contraception.

Submitted by:
Robert Gesumaria, OMS-II (University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period: Ongoing

RESOLUTIONS

2010 SOMA SPRING CONVENTION

WASHINGTON, DC

Resolution: S-10-01

Subject: Public Awareness of Osteopathic Medicine

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1. **WHEREAS,** SOMA's objective is to improve the quality of health care delivery both nationally and internationally, and
2. **WHEREAS,** it is also SOMA's objective to promote Osteopathic ideals and unity within the profession, and
3. **WHEREAS,** the current healthcare system has a growing demand for primary care physicians and community practitioners
4. who emphasize preventative medicine and treatment of the whole patient, and
5. **WHEREAS,** The recent integration of the Bureau of Naturopathic Medicine into the Osteopathic Medical Board of
6. California demonstrates the general public's confusion as to the role of the Osteopathic Physician within the healthcare
7. community; now, therefore, be it
8. **RESOLVED,** That SOMA maintain an ongoing effort to promote an increase in public awareness of Osteopathic Medicine
9. and the profession's unique benefits to improving the quality of healthcare, and, be it
10. **FURTHER RESOLVED,** That SOMA encourage the AOA to actively promote public awareness of the Osteopathic
11. Profession, and be it
12. **FURTHER RESOLVED,** That each chapter coordinate an annual event with community officials, in the form of a dinner,
13. workshop, or meeting, to provide education about Osteopathic Medicine and offer tools to facilitate public awareness and
14. understanding of the profession.

Submitted by:

Nicole Pursell, Touro University College of Osteopathic Medicine - CA
Kellie Littlefield, Touro University College of Osteopathic Medicine - CA
Michael David Dick, Touro University College of Osteopathic Medicine - CA
Marian Murphy, Touro University College of Osteopathic Medicine - CA
Robyn Young, Touro University College of Osteopathic Medicine - CA
Tamar Nazerian, Western University of Health Science - COMP

Action Taken:

Date: Submitted 4/9/2010
Effective Time Period: Ongoing

References:

1. "Constitution and Bylaes of the Student Osteopathic Medical Association," Article II, Section 1, Clauses (a), and (f)
2. "Merger of the Bureau of Naturopathic Medicine into the Osteopathic Medical Board of California." Osteopathic Physicians and Surgeons of California. 24 September 2009. http://www.opsc.org/displaycommon.cfm?an=1&subarticlenbr=49

Resolution: S-10-02

SUBJECT: Integration of Lesbian, Gay, Bisexual and Transgender (LGBT) health care education into the osteopathic medical curricula

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WHEREAS, the American Osteopathic Association's (AOA's) Core Competencies currently encourage osteopathic physicians to "demonstrate awareness and proper attention to issues of culture, religion, age, gender, ***sexual orientation***, and mental and physical disabilities"; and,

WHEREAS, the AOA has pledged to support Healthy People 2010, the national health promotion and disease prevention initiative designed to improve the health of all Americans, which includes LGBT cultural competency training as a standard component of all health professional training curricula; and,

WHEREAS, the AOA statement of Healthcare Policies and Principles acknowledges that "minority populations in America often experience difficulty in obtaining access to needed healthcare services"; and,

WHEREAS, LGBT individuals have higher rates of depression, eating and body disorders, suicide, alcoholism, certain cancers, and cardiovascular disease than their heterosexual counterparts, are at higher risk of being victims of violence, and fear of stigmatization by the medical community for disclosing their sexual orientation or gender identity to health care providers; and,

WHEREAS, the American Academy of Pediatrics (AAP) states non-heterosexual youth are at higher risk of dropping out of school and being forced out of their homes, and that youth in high school that identify themselves as lesbian, gay, bisexual or transgender are more likely to attempt suicide, be victimized, and abuse substances compared with heterosexual peers; and,

WHEREAS, a study of third and fourth year New York medical students found that students with more clinical exposure to LGBT people were more likely to take sexual histories on all their patients, had more positive attitudes, more accurate knowledge about LGBT health, and more sensitivity to the difficulties LGBT patients faced than did students with limited clinical exposure; and,

WHEREAS, the inconsistency in education addressing the lesbian, gay, bisexual and transgender community at osteopathic medical schools will hinder the ability of osteopathic physicians to provide care to homosexual, bisexual and transgender patients; and,

WHEREAS, evidence shows that most medical schools are not adequately preparing future physicians with the skills, knowledge, and attitudes necessary to provide appropriate care to the LGBT community; now, therefore be it,

RESOLVED, that SOMA address lesbian, gay, bisexual and transgender related health care issues by encouraging its integration into the existing cultural competency curriculum throughout the continuum of osteopathic medical education.

Submitted by:

Erika Kinzer, Pacific Northwest University-COM
Jeremy Sporrong, Pacific Northwest University-COM
Heather Preissler, Pacific Northwest University-COM
Kellie Littlefiled, Touro-CA
Robyn Young, Touro-CA
Nicole Pursell Touro-CA

Action Taken:

Date: Submitted 4/9/2010
Effective Time Period: 2013

Resolution: S-10-03

Subject: SOMA and Political Involvement: Protecting our future patients

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WHEREAS, We, as future osteopathic physicians, have taken an oath to protect and honor the health and well-being of our patients at all costs; and

WHEREAS, We recognize that both recent and future political activities at all levels of government have the potential to affect our patients' health, well-being, and/or treatment plans; and

WHEREAS, We are cognizant of our government and the political arena, as well as the increasing influence they may exert on the relationship between osteopathic physicians and our patients; and

WHEREAS, We acknowledge the capability of these entities and their growing authority within the healthcare field to affect medical diagnosis, treatment, and, consequently, the health of our patients; therefore, be it

RESOLVED, That we, as the future osteopathic physicians of America, must and will assume a more educated and/or active role in the political processes of both our state and federal governments in order to continue to honor the oath we have taken to protect and preserve the health and well-being of our patients.

Submitted by:

Bridget E. McIlwee (Chicago College of Osteopathic Medicine)
Sam Rabor (Chicago College of Osteopathic Medicine)
Jeremy Veenema (Chicago College of Osteopathic Medicine)
Daniel Nolan (Chicago College of Osteopathic Medicine)
Lisa Piwoszkin (Chicago College of Osteopathic Medicine)

Action Taken:

Date: April 9th, 2010
Effective Time Period: Ongoing

Resolution: S-10-04

Subject: Regional Trustee Notification of Excessive Chapter Spending

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WHEREAS, chapter funds are in part raised for the purpose of supporting the travel expenses of its members and officer to attend SOMA national conventions, and these expenses can be considerable and must be budgeted for in advance, and

WHEREAS, currently National SOMA does not monitor the expenses of each chapter and is unable to intervene in the case that a chapter is misusing its funds, and

WHEREAS, misuse of chapter funds by one or more officers may leave that chapter financially unable to function successfully on the local level and adhere to national SOMA requirements such as convention attendance.

Therefore be it **RESOLVED,** that chapter expenses in excess of $2,000.00 toward one unified purpose not related to the travel, lodging and registration for a SOMA national convention must be reported to the chapter's Regional Trustee prior to their incurrence.

Be it further **RESOLVED** that if any chapter violates this policy or refuses to provide a detailed breakdown of chapter expenses upon request, National SOMA leadership may step in to help resolve the situation in accordance with Article IV, Section 5 of the National SOMA Constitution.

Submitted by:

K. Adam Lundberg, AZCOM
Emily Burk, AZCOM
Andrew Nelson, Western University – COMP
Crystal Lenz, LMU-DCOM
Nicholas Perkins, LMU-DCOM

Action taken: May 1st, 2010

Date: 3/18/10
Effective Period: Ongoing

Resolution: S-10-05

Subject: Poll for Dual Degree Designation

WHEREAS, According to a study conducted by the AOA in 2000[1], only 11% of Americans recognize the DO degree designation. Although more may recognize it today, one can reasonably expect that the percentage continues to be in the minority, and

WHEREAS, Numerous other healthcare providers who are not fully licensed physicians are now designated "doctor," including NMDs, DNPs, DPTs, DPMs, DCs, and ODs, and

WHEREAS, Other countries (such as Australia, Canada, and the United Kingdom) issue a DO degree that stands for "Diploma in Osteopathy," and those who are granted this degree are limited manual medicine practitioners instead of fully licensed physicians. These similar degrees are confusing for everyone in the global medical community, and

WHEREAS, Patients would be better served if the osteopathic degree were universally recognized as legitimate. Some people may refuse treatment, assuming that the DO degree is not a medical degree, and in many countries, people may not be able to legally access treatment by DOs simply because they are not MDs. If just one patient is missed because of these discrepancies, that is one patient too many, and

WHEREAS, The time, effort, and money spent lobbying for unlimited practice rights in foreign countries[2] and unambiguous recognition by the media[3] and general public[4] in the United States could be better spent promoting our unique "patient-centered model of care"[5] if we had a more discernible degree designation, and

WHEREAS, Osteopathic physicians and students face unwarranted professional discrimination[6] due to misunderstanding over what it means to be an osteopathic physician. Only about 50 out of 195 countries grant DOs full practice rights.[7] This fact, among other boundaries, separates us needlessly from MDs, regardless of the AOA's sincere attempts to eliminate such barriers, and

WHEREAS, Osteopathic physicians practice traditional medicine (like MDs), with the additional valuable resource of osteopathic manipulative treatment and emphasis on important osteopathic tenets[8] (which have also become accepted by many in the allopathic medical community)[9] rather than pure osteopathy, meaning "disease of the bones," as the Doctor of Osteopathic Medicine degree suggests, and

WHEREAS, The title "Doctor of Osteopathic Medicine" may mislead the public because it

suggests that all DOs subspecialize in treating bone diseases as opposed to treating the whole patient, which is our true goal, and

WHEREAS, The specifically osteopathic component of our education is approximately equivalent to the training of those who hold a Diploma in Osteopathy degree in other countries,[10] and

WHEREAS, Maintaining "DO" in our degree designation would respect our legacy while limiting confusion for those who do recognize the DO degree. Most Americans would probably not notice if the "D" were changed from "Doctor" to "Diploma" and people in the international community would already be familiar with the Diploma in Osteopathy degree, and

WHEREAS, The addition of the universally recognizable MD degree to our credentials would significantly improve our ability to disseminate the osteopathic philosophy worldwide, especially among allopathic institutions, thereby reaffirming the original DO degree (Diplomate of Osteopathy, as created by A.T. Still)[11] and securing its continued existence and use, and

WHEREAS, Despite years of the AOA advocating for semantic clarity, there is still confusion over whether we are Doctors of Osteopathic Medicine or Doctors of Osteopathy,[12] and calling ourselves "Doctor of Medicine, Diplomate of Osteopathy" would resolve this linguistic conundrum, and

WHEREAS, A dual MD, DO, Doctor of Medicine, Diploma in Osteopathy degree would properly convey that osteopathic physicians not only possess similar medical training to our allopathic counterparts, but also have the additional knowledge of osteopathic principles and practice[13] and

WHEREAS, The implementation of such a dual degree would, by default, discourage any COMs from choosing to offer separate MD-granting pathways at the expense of the osteopathic community[14], and

WHEREAS, A dual MD, DO degree could prevent inappropriate associations between osteopathic physicians and limited-practice professionals[15] by making it easier for the AOA to educate the MD-conscious public about the many benefits of osteopathic principles and practice, thereby giving all osteopathic physicians the universal recognition that they rightfully deserve, and

WHEREAS, With the aid of the internet, polling the osteopathic community on this issue would be relatively straightforward and cost-effective, and

WHEREAS, Conducting a poll regarding degree designation possibilities would help the AOA determine what the majority of osteopathic physicians and students think about degree change, allowing the AOA to make an informed decision that brings closure to this recurring issue; now, therefore, be it

RESOLVED, That within one year of this resolution's passing, SOMA will assist the AOA in conducting a poll of osteopathic medical students and physicians who are AOA members about keeping the current DO degree or changing it to the proposed Doctor of Medicine, Diplomate of Osteopathy (MD, DO) dual degree, and be it further

RESOLVED, That a committee consisting of both osteopathic medical students and physicians will be established to oversee and evaluate the polling process and to investigate the logistics of degree change, and be it further

RESOLVED, That if this resolution is affirmed by SOMA but not the AOA, then the aforementioned committee will conduct a poll within SOMA and will report the results of that poll to the AOA, and be it further

RESOLVED, That if a simple majority of osteopathic physicians and/or students vote to change the degree to MD, DO, then SOMA will implore the AOA to officially recommend to all COMs that the degree be changed, and will support and facilitate the process of changing the degree in an efficient manner, and be it further

RESOLVED, That current DOs and OMSs may opt to either maintain the present DO degree or accept the new MD, DO degree.

Submitted by:

Jacqui O'Kane, GA-PCOM
Christopher Avanzato, NYCOM
Michael Brewer, VCOM
Glenn Konsky, NYCOM
Hattie Lee, NYCOM

Action taken:

Date: 2 Apr 2010
Effective period: Ongoing

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Resolution: S-10-06

Subject: Chapter President & NLO Convention Attendance Policy

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WHEREAS, each SOMA chapter plays an integral role in the functioning of the national organization as a whole.

And **WHEREAS,** to facilitate the continued functioning of the organization on a national level, it is necessary for each chapter to be held accountable for playing their individual role.

And **WHEREAS** the chapter President and National Liaison Officer (NLO) are ultimately responsible for the success of their individual chapter and the representation of their chapter on the national level.

And **WHEREAS** national meetings are the cornerstone of communication and collaboration between chapters as well as the only opportunity for each chapter to vote on resolutions that affect the future of how national SOMA will be run.

Therefore be it **RESOLVED,** that attendance at a minimum of 2 of the 3 annual national SOMA meetings be mandatory for each chapter president and NLO, to include incoming and outgoing chapter president and NLO at the Spring convention each year. If a president or NLO cannot attend a meeting due to an unavoidable scheduling conflict, they must notify their Regional Trustee as soon as they know about the scheduling conflict and no less than 2 weeks prior to the first day of the convention. They must also send another chapter member to act as voting delegate in their place.

Be it further **RESOLVED**, that if a chapter president or NLO misses more than one national meeting without obtaining prior approval from their Regional Trustee and arranging for another chapter member to attend in their place, that officer may be removed from their position at the discretion of the SOMA Board of Trustees.

Submitted by:

Crystal R. Lenz, LMU-DCOM
Andrew Nelson, Western University - COMP
K. Adam Lundberg, AZCOM
Lauren Brankle, CCOM
Gloria Lopez, NYCOM

Action Taken: May 1st, 2010

Date: April 12, 2010
Effective Time Period: Ongoing

Amendment: F-10-01

Subject: Clarification of Constitutional Amendments and National Resolutions

WHEREAS, The Student Osteopathic Medical Association meets semiannually to discuss Resolutions and Constitutional Amendments; And,

WHEREAS, the intent of a Resolution is solely to dictate National SOMA policy and positions; And

WHEREAS, the intent of a Constitutional Amendment is to permanently alter or enhance the workings of National SOMA via actual changes to Constitutional wording; And,

WHEREAS, the Constitutional requirements for Resolutions and Constitutional Amendments are different; And,

WHEREAS, the present method defined within the Constitution of presenting and recording Resolutions and Constitutional Amendments provides ambiguous definition between the two; And,

WHEREAS, members and officers are usually unsure of the distinction between a Resolution and Constitutional Amendment; now, therefore, be it

RESOLVED, that **Article XXII** be amended to include:

Section 5. Format. All Amendments shall be presented, in typed form and following the format listed in the SOMA Process, to the National Vice President before presentation to the House of Delegates.

Section 6. Identification of Amendments. All Amendments to the Constitution and Bylaws shall be identified by their respective Reference Committee number with a preceding "AMEND-"

; And be it

FURTHER RESOLVED, that **Article XXII, Section 2. Amendment Submission.** be amended as follows:

Any five members of the Association may propose an amendment to these Constitution and Bylaws by submitting the ~~resolution~~ amendment with a brief explanation to the National Vice President and the National SOMA Office at least ~~fourteen~~ sixty days prior to the next meeting of the House of Delegates.

; And be it

FURTHER RESOLVED, that **Article IX, Section 9. Resolutions.** be amended as follows:

A) Format. All resolutions shall be presented, in typed form and following the format listed in the SOMA Process, to the National Vice President before presentation to the House of Delegates.

B) Identification of Resolutions. All resolutions shall be identified by their respective Reference Committee number with a preceding "RES-".

C) Resolution Submission. Any five members of the Association may propose a resolution by submitting the resolution with a brief explanation to the National Vice President and the National SOMA Office at least sixty days prior to the next meeting of the House of Delegates.

D) Late Resolutions. Resolutions that are submitted after the sixty day deadline, but before the opening of the House of Delegates, shall require a two-thirds vote of the House of Delegates to be debatable on the floor. The Speaker of the House of Delegates shall make recommendations to the House of Delegates on whether or not the resolution should be considered for business. Late Resolutions approved for consideration shall be referred to the House of Delegates Reference Committee and handled in the same manner as those resolutions submitted before the sixty day deadline.

E) Emergency Resolutions. Resolutions that are submitted after the opening of the House of Delegates shall require a two-thirds vote of the House of Delegates to be debatable on the floor. The Speaker of the House of Delegates shall make recommendations to the House of Delegates on whether or not the resolution should be considered for business. Emergency Resolutions approved for consideration shall be debated on the floor of the House of Delegates without referral to the House of Delegates Reference Committee.

F) Referral to the Reference Committee. All resolutions submitted in compliance with Paragraphs (A) and (B) of section 9 shall be referred to the House of Delegates Reference Committee and reported to the House of Delegates during the annual convention in which they were introduced.

G) Resolutions Affecting Chapters. Any resolution that names any specific SOMA chapter(s) will be discussed with the President(s) of such named chapter(s) prior to submission to the House of Delegates Reference Committee.

H) Reference Committee Discussion. All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before the House of Delegates Reference Committee.

I) Acceptance of Reference Committee Report. The House of Delegates shall either "adopt", "not adopt", or "adopt and amend" resolutions based on the House of Delegates Reference Committee Report in order to proceed with determining the policy of the Association.

Submitted by:
Nicholas E. Perkins (LMU-DCOM)
Crystal Lenz (LMU-DCOM)
James Kowalczyk (LMU-DCOM)
David Heath (LMU-DCOM)
Joseph Jones (LMU-DCOM)

Action Taken:
Date:

Resolution: F-10-02

Subject: Revoking F-04-01 - Effective Time Period of Policies

WHEREAS, In 2004 the Student Osteopathic Medical Association's House of Delegates

implemented a policy limiting all policies to a maximum three year effective time period; And,

WHEREAS, To renew a policy after three years a new resolution shall be required; And,

WHEREAS, Continually renewing resolutions may put an undue burden on the Order of

Business of the House of Delegates; And,

WHEREAS, Some policies are best serving with longer or shorter time periods; And,

WHEREAS, Several past policies were already passed with "Ongoing" time periods; And,

WHEREAS, The continued validity of F-04-01 is in question since it has also "expired"; now,

therefore, be it

RESOLVED, that **F-01-01** be repealed in its entirety; And be it

FURTHER RESOLVED, That future Resolutions shall state their Effective Time Period when

necessary; And be it

FURTHER RESOLVED, That unless specifically stated otherwise all Resolutions shall be deemed

"Ongoing".

Submitted by:
Nicholas E. Perkins (LMU-DCOM)
Crystal Lenz (LMU-DCOM)
James Kowalczyk (LMU-DCOM)
David Heath (LMU-DCOM)
Joseph Jones (LMU-DCOM)

Action Taken:
Date:

Amendment: F-10-03

Subject: Base Rate for Active Membership Dues

WHEREAS, National SOMA currently sets the base rate for active membership within the organization; And,

WHEREAS, Local chapters are allowed to set an additional Local Chapter Assessment Fee; And,

WHEREAS, The fee structures fluctuate from school to school each year; And,

WHEREAS, The Apportioning of Dues for National SOMA is constant regardless of the Local Chapter Assessment Fee; now, therefore, be it

RESOLVED, That **Article XXIII, Section 1, Part A** be amended as follows:

A) National Dues. Dues paid to the Association shall be $45 for osteopathic medical students enrolled in an AOA approved program for the four-year Active Membership. Additional dues for students enrolled in an extended program lasting more than the four-year Active Membership shall be $10.00 for each additional year.

; And be it

FURTHER RESOLVED, That **Article XXIII, Section 1, Part B - Apportioning of Dues**, be repealed.

Submitted by:
Nicholas E. Perkins (LMU-DCOM)
Crystal Lenz (LMU-DCOM)
James Kowalczyk (LMU-DCOM)
David Heath (LMU-DCOM)
Joseph Jones (LMU-DCOM)

Action Taken:
Date:

Amendment: F-10-04

Subject: Directing all memberships through local chapters.

WHEREAS, Osteopathic medical students can presently join SOMA either through their local chapter or National SOMA; And,

WHEREAS, the utility of having both membership pathways is questionable; And,

WHEREAS, osteopathic medical students could start circumventing local chapter fees by joining National SOMA; now, therefore, be it

RESOLVED, that **Article XXIII, Section 3** be amended as follows:

Section 3. Local Chapter Assessment Fee. Each local SOMA chapter reserves the right to charge a chapter assessment fee in addition to national dues costs. The local chapter officers shall determine the Local Chapter Assessment fee annually and will notify National SOMA of the determined fee by June 1. In addition, each chapter will notify their constituents of the purpose of the Local Chapter Assessment Fee. ~~Any students who are members of a chapter charging an assessment fee has the right to refuse to pay the assessment fee and join SOMA through the National Office instead of through their respective local chapters. Local chapters still must extend all privileges of local membership, regardless of whether or not individuals joined nationally and did not pay the fee or locally and paid the fee.~~

Submitted by:
Nicholas E. Perkins (LMU-DCOM)
Crystal Lenz (LMU-DCOM)
James Kowalczyk (LMU-DCOM)
David Heath (LMU-DCOM)
Joseph Jones (LMU-DCOM)

Action Taken:
Date:

Amendment: F-10-05

Subject: Adding all Employee(s) of the Association as Ex-Officio Members of the House of Delegates

WHEREAS, Ex-Officio Members are entitled to attendance to the House of Delegates; And,

WHEREAS, The Student Osteopathic Medical Association presently defines those persons who serve as Ex-Officio Members during the House of Delegates; And,

WHEREAS, The current definition does not include the Executive Director of the Association; And,

WHEREAS, The Association may, in the future, add or remove employee positions; And,

WHEREAS, All employees of the Association should be considered Ex-Officio Members; now therefore, be it

RESOLVED, that **Article IX, Section 2** be amended as follows:

Section 2. Ex-Officio Members. Ex-Officio Members of the House of Delegates shall include the members of the Board of Trustees, ~~the Administrator,~~ the SOMA Foundation Chairman and Director, ~~and~~ the Chairperson of any Standing Committee, Subcommittee or Task Force, and Association Employee(s) as defined by **Article XIV**. Ex-Officio Members shall not have the right to vote unless they are a voting Delegate from a constituent chapter.

Submitted by:
Nicholas E. Perkins (LMU-DCOM)
Crystal R. Lenz (LMU-DCOM)
James Kowalczyk (LMU-DCOM)
David Heath (LMU-DCOM)
Joseph Jones (LMU-DCOM)

Action Taken:
Date:

Resolution: F-10-06

Subject: Recommendation that the AOA Amend Their Code of Ethics to Include Sexual Orientation and Gender Identity

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WHEREAS, article 3 of the American Osteopathic Association (AOA) Code of Ethics does not include protections for sexual orientation and gender identity or expression in its patient non-discrimination policy; and

WHEREAS, both perceived and actual discrimination based on sexual orientation and gender identity may result in patients refraining from seeking timely medical care; and

WHEREAS, the American Medical Association includes sexual orientation and gender identity in its patient nondiscrimination policy; and

WHEREAS, in January 2010, the Joint Commission released updated standards which prohibit the discrimination of patients based on sexual orientation and gender identity or expression; and

WHEREAS, the AOA has, through the approval of RES. NO. H-438 – A/2010, supported the provision of adequate and medically necessary treatment for transgender and gender-variant people and opposed the discrimination on the basis of gender identity; now, therefore, be it

RESOLVED, that the Student Osteopathic Medical Association recommends to the

31. AOA that **section 3 of the AOA Code of Ethics** be amended to include sexual

32.

33. orientation and gender identity or expression.

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

Submitted by:
Matthew Holz, OMS II (University of New England College of Osteopathic Medicine)
Aviva Wallace, OMS II (University of New England College of Osteopathic Medicine)
Laurie Garabedian, OMS II (University of New England College of Osteopathic Medicine)
Keith Egan, OMS I (University of New England College of Osteopathic Medicine)
Samuel Madore, OMS II (University of New England College of Osteopathic Medicine)

Action Taken:
Date:
Effective Time Period:

Resolution: F-10-07

Subject: Installation of AOF Liaison to SOMA Board of Trustees

To install the American Osteopathic Foundation (AOF) Liaison as a Board of Trustees (BOT) position in the SOMA constitution. This position represents SOMA to the AOF. In order to best fulfill the duties of this position, the AOF Liaison should be on the SOMA BOT. By participating in BOT meetings and working at an equal level with other BOT members, the AOF Liaison will be best equipped to represent SOMA.

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1. **WHEREAS,** There is no definition of the AOF liaison position in the SOMA constitution;
2.
3. and
4.
5. **WHEREAS,** The AOF Liaison position represents the best interest of all SOMA members;
6.
7. and
8.
9. **WHEREAS,** The AOF Liaison needs to be cognizant of all SOMA projects and policies in
10.
11. order to effectively represent SOMA's interests to the AOF; and
12.
13. **WHEREAS,** The AOF Liaison should be on the SOMA BOT in order to provide the AOF's
14.
15. opinions concerning student initiatives that may affect SOMA policies; and
16.
17. **WHEREAS,** Working within the BOT directly enables improved efficiency in
18.
19. communication between SOMA and the AOF; and
20.
21. **WHEREAS,** The AOF Liaison's sole duty is to represent SOMA to the AOF, no additional
22.
23. duties shall be added to this position that will detract from the expectations of this person by
24.
25. the AOF Board of Trustees; and
26.
27. **WHEREAS,** The AOF Liaison must commit to a two year term of representation; now,
28.
29. therefore, be it
30.
31. **RESOLVED,** That the AOF Liaison position be installed as a member of the SOMA Board 32.
33. of Trustees in order to fully represent SOMA's interest to the AOF Board of Trustees. The 34.
35. AOF Liaison is to have the sole duty of representing SOMA to the AOF, with the expectation 36.
37. of a two year commitment to this position.

Submitted by:
Vi Song Tring, NSUCOM, SOMA Liaison to the American Osteopathic Foundation
Natalie Wessel, NSUCOM, SOMA Foundation Associate Director of Financial Affairs
Matt Reynolds, NSUCOM, SOMA Foundation Director
Kobi Hano, NSUCOM, Chapter President
Stefanie Haynes, NSUCOM, Chapter NLO

Action Taken:
Date:
Effective Time Period:

Amendment: F-10-08

Subject: Outgoing Officer Transition Requirements

WHEREAS, SOMA is a student run organization that relies heavily on good communication and organized and timely transitions between outgoing and incoming officers, and

WHEREAS, failure of a national officer to provide an outgoing officer report and complete a formal transition meeting with the incoming officer in their position by the stated deadlines may drastically impede the ability of the incoming officer in that position to properly take over the position, thereby impairing to overall functioning of the organization as a whole, therefore be it

RESOLVED, That **Article XIII, Section 9** be amended as follows:

Section 9. Outgoing Officer Transition Requirements. All elected and appointed national officers completing their term of service will complete the Outgoing Officer Report Form and return it to the National Vice President thirty days prior to the Annual Spring SOMA National Convention. All outgoing officers will bring written information and other relevant materials to pass on to the incoming officers at the Spring convention and will meet with the incoming officer in order to complete a formal transition during the Spring convention. If the outgoing officer is unable to attend the Spring convention and has received proper approval from the board of trustees, a transition meeting must be arranged via phone, video chat, or other means to be completed no later than one week after the end of Spring convention. Failure to

comply with these regulations will prevent reimbursement to the offending outgoing officer of convention and any other outstanding expenses incurred while in office. Additionally, the total reimbursement amount will be decreased by 5% for each day past the deadline that any of the aforementioned requirements are not met.

Submitted by:
Crystal R. Lenz (LMU-DCOM)
Nicholas E. Perkins (LMU-DCOM)
Lauren Brankle (MWU-CCOM)
Gloria Lopez (NYCOM)
Kobi Hano (NSU-COM)

Action Taken:

Date:

Resolutions

SOMA

October, 2008

Breakdown of Basic Robert's Rules of Order

WHAT	WHAT YOU SAY...	...WHICH REALLY MEANS...	NEEDS 2nd?	AMENDABLE?	DISCUSSION?	# to Pass
Main Motion	"I move that..."	*We should do this.*	Yes	Yes	Yes	50% +
Amendment	"I move to amend the motion by..."	*I have an idea to make the motion better.*	Yes	Yes	Yes	50% +
Close Debate	"I move the question."	*Are we ready to vote yet?*	Yes	No	No	2/3
Unanimously Close Debate	"I call the question."	*Get real...we want to vote already!*	No	No	No	100%
Correction	"Point of Informatio n"	*There's something we should all know.*	No	No	No	No vote
Complaint	"I raise a point of personal privilege."	*I can't take it anymore!!!*	No	No	No	No vote
Confusion	"Point of clarificatio n."	*What the *&#@ is going on here?*	No	No	No	No vote
Rules Suspension	"I move to suspend the rules in order to..."	*Let's get wild and crazy!*	Yes	No	No	2/3
Table	"I move to table this motion until..."	*Hold up, wait a minute, let us put some thought to it.*	Yes	No	No	50%+
Order	"I raise a point of order."	*Wait! That is so not allowed right now!*	No	No	No	No vote
Remove from Table	"I move to take up from the table..."	*Let's talk about this one again.*	Yes	No	No	50%+
Refer to Committee	"I move to refer this issue to a committee ."	*This issue needs more detailed study in committee.*	Yes	Yes	Yes	50%+

Resolution: S-09-01

Subject: National SOMA Membership Dues

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1. **WHEREAS,** National SOMA has declared it a goal to increase funding in an effort to
2.
3. Help offset the cost of National SOMA events; and
4.
5. **WHEREAS,** the cost of these National SOMA events such as the Spring, Summer,
6.
7. And Fall Conventions have increased due to inflation; and
8.
9. **WHEREAS**, the cost of membership dues are currently at $60.00 per person, giving
10.
11. National SOMA $38.00 and each individual chapter keeping $22.00;
12.
13. Now, therefore, be it
14.
15. **RESOLVED,** that the membership dues for each new member be increased from
16.
17. $60.00 to $75.00, with $48 going to National SOMA, and $27 being kept for the
18.
19. Chapter, effective May 1st, 2009.

Submitted by:
Kerri Kulovitz, CCOM
Audrey Marshall, AZCOM
Kristina Manion, KCUMB
Raul A. Mirza, VCOM
Crystal Lenz, LMU-DCOM

Action Taken:

Date: February 6th, 2009

Effective Time Period: Ongoing

Resolution: S-09-02

Subject: Assessing the Efficacy of Changes to the Osteopathic Educational Model

---

WHEREAS, the first for-profit medical school to operate in the domestic United States in ninety years has opened with pre-accreditation status from AOA COCA; and

WHEREAS, the perception of for-profit institutions is inflammatory to some in the medical profession and in medical education[1]; and

WHEREAS, there is concern that the expansion of medical school class size has been significant without adequate assessment of the impact on student education[2]; and

WHEREAS, the standards for AOA COCA accreditation do not assess a school's impact on the Osteopathic medical profession, the success of its students in securing residencies of their choosing, or the creation of residencies and rotations; and

WHEREAS, while for-profit hospitals are soundly embedded in the current healthcare system, there are mixed studies with more recent ones showing improvement in "educated public opinion" and a perceived higher standard and quality of care[3,4]; and

WHEREAS, concern has been shown and a resolution formed by our counterpart medical student section in the AMA to "collaborate" with the AOA in studying the impact of a for-profit school[5]; and

WHEREAS, the debate within the Osteopathic profession has been dominated by current and retired physicians, with no official statement made by SOMA; and

WHEREAS, SOMA policy encourages communication between the AOA and SOMA (SOMA Executive Policy F-99-05); now, therefore be it

RESOLVED, That SOMA encourage the AOA to be proactive in demonstrating the

efficacy of and resultant quality of education provided by recent increases in class size, as well as the efficacy and resultant quality of education provided by a for-profit medical school, and to commission a third-party study to those effects; and be it further

RESOLVED, That SOMA communicate its support for the initiation of the above study and those students impacted by such a study to the chair of our affiliate organization, the AMA-MSS, thereby increasing the level of communication with our student counterparts.

SUBMITTED BY:
Jason Grimsman (Arizona College of Osteopathic Medicine)
Anastasia Benson (Arizona College of Osteopathic Medicine)
Andrew Nelson (Western University of Health Sciences)
Matt Brooker (Texas College of Osteopathic Medicine)
Nikola Letham (Arizona College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period:

References:

1. Flexner, A. (1910). Medical Education in the United States and Canada. *Carnegie Foundation for Higher Education.*
2. Hemmer, P. A., Ibrahim, T., & Durning, S. (2008). The impact of increasing medical school class size on clinical clerkships: A National survey of Internal Medicine clerkship directors. *Acad Med,* 83; 432-437.
3. Jha, A. K., et al. (2008). Patients' Perception of Hospital Care in the United States. *The New England Journal of Medicine*, 359:1921-1931.
4. Reinke, T. For-profit Hospitals Expand in Region. *Physician's News Digest.* March 2002
5. AMA-MSS Resolution 13. (2008). Creation of domestic for-profit medical schools. *295.146MSS:* AMA-MSS Interim Meeting: Orlando, Florida

Resolution: S-09-03

Subject: Integration of Mental Health and Spirituality into Osteopathic Medical School Curriculum

---

1. **WHEREAS,** Fundamental osteopathic philosophy proclaims that "the body is a unit;
2. the person is a unit of body, mind, and spirit"; and
3. **WHEREAS,** Osteopathic physicians recognize the importance of mental health and
4. the prevention of mental disorders. Competent health care providers should be
5. equipped to assist patients cope with the normal stresses of life, as well as facilitate
6. patients productive efforts to fulfill their life's goals ; and
7. **WHEREAS,** Osteopathic physicians recognize that spirituality is a contributor to
8. wellness in all persons and is found in every culture and society. Spiritual factors
9. may influence how patients and health care professionals perceive health and illness
10. and how they interact with one another; and
11. **WHEREAS,** Colleges of osteopathic medicine have an inherent responsibility to
12. train osteopathic medical students to recognize the factors that may influence how
13. patients perceive health and illness This the colleges are charged to do in order to
14. meet the psychological and spiritual needs of patients so that future physicians may
15. holistically heal patients in fulfillment of our traditional osteopathic obligation of
16. compassion; now, therefore, be it
17. **RESOLVED,** That SOMA encourages the Colleges of Osteopathic Medicine to
18. integrate clinical education regarding the relationship between mental well being,
19. spirituality, and health into the curriculum so that future Osteopathic Physicians will
20. be adequately prepared to provide the best medical care to patients of varying degrees
21. of mental health and different spiritual backgrounds.

Submitted by:
Vi Song Tring (Nova Southeastern University college of Osteopathic Medicine)
Mehrdod Ehteshami (Georgia Campus: Philadelphia College of Osteopathic Medicine)
Jacqueline O'Kane (Georgia Campus: Philadelphia College of Osteopathic Medicine)
Nathaniel Bergman (Kansas City University of Medicine & Biosciences-COM)
Alanna Albano (Lake Erie College of Osteopathic Medicine – Bradenton)

Action taken:

Date:

Effective period:

RESOLUTIONS

2009 SOMA FALL CONVENTION

Breakdown of Basic Robert's Rules of Order

WHAT	WHAT YOU SAY...	...WHICH REALLY MEANS...	NEEDS 2nd?	AMENDABLE?	DISCUSSION?	# to Pass
Main Motion	"I move that..."	*We should do this.*	Yes	Yes	Yes	50% +
Amendment	"I move to amend the motion by..."	*I have an idea to make the motion better.*	Yes	Yes	Yes	50% +
Close Debate	"I move the question."	*Are we ready to vote yet?*	Yes	No	No	2/3
Unanimously Close Debate	"I call the question."	*Get real...we want to vote already!*	No	No	No	100%
Correction	"Point of Information"	*There's something we should all know.*	No	No	No	No vote
Complaint	"I raise a point of personal privilege."	*I can't take it anymore!!!*	No	No	No	No vote
Confusion	"Point of clarification."	*What the *&#@ is going on here?*	No	No	No	No vote
Rules Suspension	"I move to suspend the rules in order to..."	*Let's get wild and crazy!*	Yes	No	No	2/3
Table	"I move to table this motion until..."	*Hold up, wait a minute, let us put some thought to it.*	Yes	No	No	50%+
Order	"I raise a point of order."	*Wait! That is so not allowed right now!*	No	No	No	No vote
Remove from Table	"I move to take up from the table..."	*Let's talk about this one again.*	Yes	No	No	50%+
Refer to Committee	"I move to refer this issue to a committee."	*This issue needs more detailed study in committee.*	Yes	Yes	Yes	50%+

Resolution: F-09-01

Subject: Convention RSVP Policy for National SOMA Board members

---

WHEREAS, the purpose of national SOMA conventions is for leaders to meet face to face and work together toward the common goals of the organization and

WHEREAS, such work cannot be efficiently accomplished when all members of the leadership team are not present or have not otherwise made arrangements beforehand to contribute their thoughts and information and

WHEREAS, the National SOMA budget pays for hotel accommodations for National officers during conventions and

WHEREAS, the money put toward such hotel rooms is wasted when the rooms are left unoccupied without adequate notice to cancel the room reservations, therefore be it

RESOLVED, that National SOMA institute a new RSVP policy for National officer convention attendance. The new policy shall require that all National officers RSVP to the National Vice President by the deadline set for each convention by the Board of Trustees and that any officer that cannot attend a given convention for any unavoidable reason notify the Vice President as soon as the circumstances are known and no later than two weeks before the first day of the convention. Should any National officer fail to RSVP by the stated deadline or fail to notify the Vice President of their change in plans within two weeks of the first day of the convention, that officer will be fined $300.00 which will be deducted from their national fund. If any officer should violate the policy at two separate conventions, that officer will be removed from their position and the BOT will appoint a replacement.

Submitted by:

Crystal R. Lenz, LMU-DCOM
A.J. Stefani, DMU-COM
Lauren Brankle, CCOM

Action Taken: January 1st, 2010

Date: Submitted August 13th, 2009

Effective Time Period: Ongoing

Resolution: F-09-02

SUBJECT: Green Initiative for Paperless SOMA Conventions, Recommendations

WHEREAS, National SOMA conventions are generally attended by a large number of representatives from all 28 campuses of Osteopathic colleges; and

WHEREAS, National SOMA has budgeted $1,068 for printing convention materials on paper; and

WHEREAS, the Embassy Suites New Orleans – Convention Center hotel provides in-room high-speed internet access at $14.95/day and meeting room high-speed internet access starting at $150/day; and

WHEREAS, National SOMA does not currently provide convention attendees the option of receiving electronic copies of convention materials via internet prior to or during the convention; and

WHEREAS, providing convention attendees the option of receiving electronic copies of convention materials has the potential to greatly reduce convention printing costs incurred by National SOMA; now, therefore be it

RESOLVED, that it is recommended that National SOMA provide convention attendees the option of receiving, via internet, electronic copies of all printed convention materials instead of paper copies in order to reduce excessive waste of paper, which will ultimately benefit the environment and reduce printing costs incurred by National SOMA.

SUBMITTED BY:
West Virginia School of Osteopathic Medicine Chapter of SOMA

Date: Submitted September 22, 2009

Effective time period: Ongoing

Resolution: F-09-03

Subject: SOMA Project Leave Behind Forms

WHEREAS, SOMA has recently added new staff positions to help the organization run more smoothly and to assist in raising funds for our numerous projects, scholarships, and philanthropies.

And **WHEREAS,** to facilitate this process a SOMA Project Leave-Behind Form has been created for National Board and BOT members to fill out for their respective projects in order to allow for continuation of the projects and procurement of adequate funding for each project.

WHEREAS the foundation board is to prioritize fundraising efforts for the projects based on strength of the project and need for funding, both reflected by the Project Leave Behind Forms.

and **WHEREAS**, SOMA is continuously striving to improve transitions between incoming and outgoing officers in order to strengthen our programs and propel our organization forward.

Therefore be it **RESOLVED,** that the SOMA Project Leave Behind Forms are mandatory to be filled out by every officer on a yearly basis and submitted to the Foundation Chairperson. And also that these forms should be saved from year to year and passed on to all incoming officers in order to help facilitate the transition of new leaders into office.

Submitted by:
A.J. Stefani, DMU-COM
Crystal R. Lenz, LMU-DCOM

Action Taken: January 1st, 2010

Date: Submitted October 3rd, 2009

Effective Time Period: Ongoing

Resolution: F-09-04

Subject: Reversing the Integration of the Bureau of Naturopathic Medicine into the Osteopathic Medical Board of California (OMBC).

WHEREAS, Governor Schwarzenegger signed into law legislation that merges the Bureau of Naturopathic Medicine (BNM) into the Osteopathic Medical Board of California (OMBC) effective on October 23, 2009. The legislation, CA ABX420, will seat two Naturopaths on the governing board of the OMBC and create a naturopathic committee under the jurisdiction of the OMBC; **and**

WHEREAS, this merger displays a complete disregard for the sanctity and independence of the OMBC, while jeopardizing public safety and the quality of Osteopathic care in California. According to the OPSC, the current OBMC is operating at twice its capacity. The additional responsibility of oversight over Naturopathic doctors (N.D.) would hinder the OMBC from maintaining excellent standards of care and responsible oversight of Osteopathic physicians; **and**

WHEREAS, this merger offers no significant cost reduction to the state as both boards are independently funded and self supported from licensing fees; **and**

WHEREAS, this merger has the potential to discredit the Osteopathic profession. While Naturopaths provide a useful service to the public, Naturopaths do not train as long nor do they have the full rights and privileges like osteopathic physicians in the state of California. Naturopaths are unable to prescribe various medications, perform major surgery, or analyze complex lab tests; **and**

WHEREAS, without the proper education and training regarding Osteopathic philosophies, principles and treatments, Naturopaths would not be able to make informed decisions regarding matters brought before the OMBC; **now, therefore, be it**

RESOLVED, That SOMA continues to take a direct and public stand in denouncing the integration of the Bureau of Naturopathic Medicine into the Osteopathic Medical Board of California.; **and be it further**

RESOLVED, That SOMA urge the AOA to take public action in support of OPSC and help in reversing the current decision to integrate the Bureau of Naturopathic Medicine into OMBC; **and be it further**

RESOLVED, That SOMA opposes the combination of any state or national Osteopathic Licensing/Accreditation Board with a non-Osteopathic medical entity.

Submitted by:

Tamar Nazerian, Western University of Health Sciences – COMP
Augen Batou, Western University of Health Sciences – COMP
Karthik Sethuram, Western University of Health Sciences – COMP
Robyn Young, Touro University College of Osteopathic Medicine - CA
Joseph Nguyen, Touro University College of Osteopathic Medicine - CA
Andrew Nelson, Western University of Health Sciences – COMP

Action Taken:

Date:

Effective Time Period:

References:

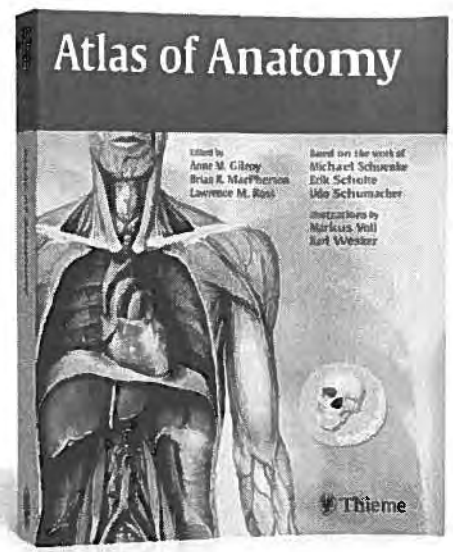
1. Assembly Members Audra Strickland and Huber. Bill Number ABX4 20, Chapter 18. Introduced 2 July, 2009. <http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0001-0050/abx4_20_bill_20090728_chaptered.html>.
2. "Merger of the Bureau of Naturopathic Medicine into the Osteopathic Medical Board of California." Osteopathic Physicians and Surgeons of California. 24 September 2009. <http://www.opsc.org/displaycommon.cfm?an=1&subarticlenbr=49>.
3. Osteopathic Medical Board of California. Department of Consumer Affairs. 24 September 2009. < http://www.ombc.ca.gov/>
4. "Constitution and Bylaws of the Student Osteopathic Medical Association," Article II, Section 1, Clauses (a), (e), and (f).
5. "Constitution and Bylaws of the Student Osteopathic Medical Association," Article II, Section 2.
6. "Constitution and Bylaws of the Student Osteopathic Medical Association," Code of Ethics of the Student Osteopathic Medical Association", Section 6.

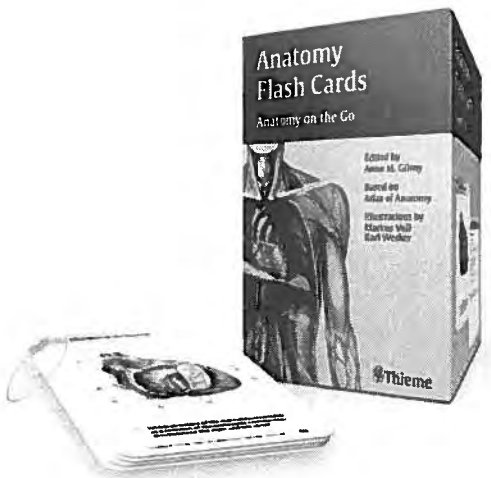
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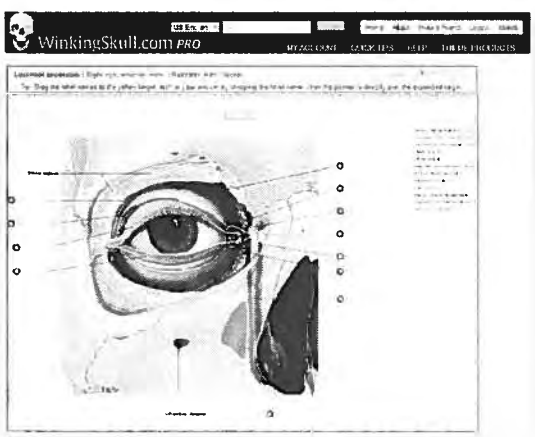
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Resolutions

SOMA

October, 2008

Breakdown of Basic Robert's Rules of Order

WHAT	WHAT YOU SAY...	...WHICH REALLY MEANS...	NEEDS 2nd?	AMENDABLE?	DISCUSSION?	# to Pass
Main Motion	"I move that..."	*We should do this.*	Yes	Yes	Yes	50% +
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Close Debate	"I move the question."	*Are we ready to vote yet?*	Yes	No	No	2/3
Unanimously Close Debate	"I call the question."	*Get real...we want to vote already!*	No	No	No	100%
Correction	"Point of Informatio n"	*There's something we should all know.*	No	No	No	No vote
Complaint	"I raise a point of personal privilege."	*I can't take it anymore!!!*	No	No	No	No vote
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Order	"I raise a point of order."	*Wait! That is so not allowed right now!*	No	No	No	No vote
Remove from Table	"I move to take up from the table..."	*Let's talk about this one again.*	Yes	No	No	50%+
Refer to Committee	"I move to refer this issue to a committee ."	*This issue needs more detailed study in committee.*	Yes	Yes	Yes	50%+

Resolution: S-09-01

Subject: National SOMA Membership Dues

---

1. **WHEREAS,** National SOMA has declared it a goal to increase funding in an effort to
2.
3. Help offset the cost of National SOMA events; and
4.
5. **WHEREAS,** the cost of these National SOMA events such as the Spring, Summer,
6.
7. And Fall Conventions have increased due to inflation; and
8.
9. **WHEREAS**, the cost of membership dues are currently at $60.00 per person, giving
10.
11. National SOMA $38.00 and each individual chapter keeping $22.00;
12.
13. Now, therefore, be it
14.
15. **RESOLVED,** that the membership dues for each new member be increased from
16.
17. $60.00 to $75.00, with $48 going to National SOMA, and $27 being kept for the
18.
19. Chapter, effective May 1st, 2009.

Submitted by:
Kerri Kulovitz, CCOM
Audrey Marshall, AZCOM
Kristina Manion, KCUMB
Raul A. Mirza, VCOM
Crystal Lenz, LMU-DCOM

Action Taken:

Date: February 6th, 2009

Effective Time Period: Ongoing

Resolution: S-09-02

Subject: Assessing the Efficacy of Changes to the Osteopathic Educational Model

---

WHEREAS, the first for-profit medical school to operate in the domestic United States in ninety years has opened with pre-accreditation status from AOA COCA; and

WHEREAS, the perception of for-profit institutions is inflammatory to some in the medical profession and in medical education[1]; and

WHEREAS, there is concern that the expansion of medical school class size has been significant without adequate assessment of the impact on student education[2]; and

WHEREAS, the standards for AOA COCA accreditation do not assess a school's impact on the Osteopathic medical profession, the success of its students in securing residencies of their choosing, or the creation of residencies and rotations; and

WHEREAS, while for-profit hospitals are soundly embedded in the current healthcare system, there are mixed studies with more recent ones showing improvement in "educated public opinion" and a perceived higher standard and quality of care[3,4]; and

WHEREAS, concern has been shown and a resolution formed by our counterpart medical student section in the AMA to "collaborate" with the AOA in studying the impact of a for-profit school[5]; and

WHEREAS, the debate within the Osteopathic profession has been dominated by current and retired physicians, with no official statement made by SOMA; and

WHEREAS, SOMA policy encourages communication between the AOA and SOMA (SOMA Executive Policy F-99-05); now, therefore be it

RESOLVED, That SOMA encourage the AOA to be proactive in demonstrating the

efficacy of and resultant quality of education provided by recent increases in class size, as well as the efficacy and resultant quality of education provided by a for-profit medical school, and to commission a third-party study to those effects; and be it further

RESOLVED, That SOMA communicate its support for the initiation of the above study and those students impacted by such a study to the chair of our affiliate organization, the AMA-MSS, thereby increasing the level of communication with our student counterparts.

SUBMITTED BY:
Jason Grimsman (Arizona College of Osteopathic Medicine)
Anastasia Benson (Arizona College of Osteopathic Medicine)
Andrew Nelson (Western University of Health Sciences)
Matt Brooker (Texas College of Osteopathic Medicine)
Nikola Letham (Arizona College of Osteopathic Medicine)

Action Taken:

Date:

Effective Time Period:

References:

1. Flexner, A. (1910). Medical Education in the United States and Canada. *Carnegie Foundation for Higher Education.*
2. Hemmer, P. A., Ibrahim, T., & Durning, S. (2008). The impact of increasing medical school class size on clinical clerkships: A National survey of Internal Medicine clerkship directors. *Acad Med,* 83; 432-437.
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5. AMA-MSS Resolution 13. (2008). Creation of domestic for-profit medical schools. *295.146MSS:* AMA-MSS Interim Meeting: Orlando, Florida

Resolution: S-09-03

Subject: Integration of Mental Health and Spirituality into Osteopathic Medical School Curriculum

---

1. **WHEREAS,** Fundamental osteopathic philosophy proclaims that "the body is a unit;
2. the person is a unit of body, mind, and spirit"; and
3. **WHEREAS,** Osteopathic physicians recognize the importance of mental health and
4. the prevention of mental disorders. Competent health care providers should be
5. equipped to assist patients cope with the normal stresses of life, as well as facilitate
6. patients productive efforts to fulfill their life's goals ; and
7. **WHEREAS,** Osteopathic physicians recognize that spirituality is a contributor to
8. wellness in all persons and is found in every culture and society. Spiritual factors
9. may influence how patients and health care professionals perceive health and illness
10. and how they interact with one another; and
11. **WHEREAS,** Colleges of osteopathic medicine have an inherent responsibility to
12. train osteopathic medical students to recognize the factors that may influence how
13. patients perceive health and illness This the colleges are charged to do in order to
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17. **RESOLVED,** That SOMA encourages the Colleges of Osteopathic Medicine to
18. integrate clinical education regarding the relationship between mental well being,
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Submitted by:
Vi Song Tring (Nova Southeastern University college of Osteopathic Medicine)
Mehrdod Ehteshami (Georgia Campus: Philadelphia College of Osteopathic Medicine)
Jacqueline O'Kane (Georgia Campus: Philadelphia College of Osteopathic Medicine)
Nathaniel Bergman (Kansas City University of Medicine & Biosciences-COM)
Alanna Albano (Lake Erie College of Osteopathic Medicine – Bradenton)

Action taken:

Date:

Effective period:

Resolutions

SOMA

October, 2008

Breakdown of Basic Robert's Rules of Order

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Remove from Table	"I move to take up from the table..."	*Let's talk about this one again.*	Yes	No	No	50%+
Refer to Committee	"I move to refer this issue to a committee ."	*This issue needs more detailed study in committee.*	Yes	Yes	Yes	50%+

Resolution: F-08-01

Subject: Membership Drive

Old Resolution: Article IV. Section 8. *Chapter Membership Drive. Each chapter is required to have their Fall Membership Drive completed and a list of new members compiled and sent to the National SOMA Office and their Regional Trustee, postmarked on or before October 15th of each year. Failure to comply with this regulation shall result in the chapter being fined $50.*

WHEREAS, The Membership Drive occurs at the beginning of the new school year for each individual chapter of the Student Osteopathic Medical Association (SOMA); and

WHEREAS, The national branch of the Student Osteopathic Medical Association and its individual chapters depend on membership dues collected during the Membership Drive for regular operations and meetings; and

WHEREAS, Paper applications are no longer an acceptable form of registration during the Fall Membership Drive (and are to be used only during rolling recruitment of new members outside of the Fall Membership Drive period through the National SOMA office) thus decreasing the amount of time necessary to compile the list of new members into the required National SOMA spreadsheet registration form; and

WHEREAS, The Membership Drive is completely electronic, and new members register directly into the required National SOMA spreadsheet registration form that, when completed, is electronically mailed to the National Membership Coordinator and the National SOMA Non-Student Advisor; and

WHEREAS, Most, if not all, individual chapters have access to multiple laptop computers in which they can use during the Membership Drive to decrease wait time for new applicants wishing to register; and

WHEREAS, National SOMA needs the contact information for new members who register during the Fall Membership Drive in order to create an email list serve that will help to keep new members informed of opportunities, scholarships, news, etc that are relevant to their SOMA membership; and

WHEREAS, The Fall National SOMA convention may occur as early as September/October of any given year, and new members would be welcome to attend the House of Delegates if their membership applications were submitted on time; now, therefore, be it

RESOLVED, That each chapter is required to have their Fall Membership Drive completed by submitting a list of new members (in the required National SOMA spreadsheet format) and appropriate dues to the National SOMA Office, postmarked and/or electronically mailed on or before October 1st of each year; and

BE IT FURTHER RESOLVED, That each chapter is required to submit the dates of their Fall Membership Drive,

the number of new students enrolled in their school, and the number of new members expected to join the chapter to the National SOMA Non-Student Advisor and the National Membership Coordinator no later than June 1st of each year; and

BE IT FURTHER RESOLVED, That failure to comply with these regulations shall result in the chapter being fined $150; and

BE IT FURTHER RESOLVED, That if a chapter completes their Fall Membership Drive in full compliance of these regulations AND within two weeks of the start date of the Fall Membership Drive on their campus, the chapter will be awarded $50 in their Convention Assistance Fund.

Submitted by:
Cristina DuPree (NSUCOM)
Kerri Kulovitz (CCOM)
Adam Phillips (NSUCOM)
Robert Anderson (DMUCOM)
Maria Batraki (NYCOM)

Action Taken:

Date: April 23, 2008

Effective Time Period: ***Ongoing***

Resolution: F-08-02

Subject: Region Placement of New Osteopathic Medical Schools for 2008-2009

WHEREAS, There are two new Colleges of Osteopathic Medicine scheduled to have entering classes in Fall 2008; and

WHEREAS, These schools are Rocky Vista University College of Osteopathic Medicine in Parker, Colorado; and Pacific Northwest University of Health Sciences College of Osteopathic Medicine in Yakima, Washington; and

WHEREAS, All new Colleges of Osteopathic Medicine are assigned to one of four SOMA regions to promote timely dissemination of information to local SOMA chapters and their individual members; now, therefore, be it

RESOLVED, That the Rocky Vista University College of Osteopathic Medicine in Parker, Colorado be assigned to Region II; and the Pacific Northwest University of Health Sciences College of Osteopathic Medicine in Yakima, Washington be assigned to Region III effective Fall 2008 until May 1, 2009.

Submitted by:

A.J. Stefani (DMUCOM)
Owen Speer (VCOM)
Nathan Hale (AZCOM)
Mehrdod Ehteshami (PCOM-Ga)
Audrey Marshall (AZCOM)

Action Taken:

Date: Submitted September 23, 2008

Effective Time Period: May 1, 2009

Resolution: F-08-03

Subject: Redefinition of the SOMA Regions

WHEREAS, The Student Osteopathic Medical Association (SOMA) divides and categorizes its osteopathic school chapters into four regions roughly based on geographic distribution; and

WHEREAS, These regions are used to facilitate National and local organizational communication; and

WHEREAS, The regions, as presently defined, do not reflect the geographic distribution of osteopathic school chapters due to recent growth; and

WHEREAS, Two new chapters, Pacific Northwest University of Health Sciences College of Osteopathic Medicine and Rocky Vista University College of Osteopathic Medicine, will join SOMA in the fall of 2008 and placed temporarily in specific regions; and

WHEREAS, The current Regions are defined in Article XIII Section 5-A of the SOMA Constitution as follows: Region 1 (LECOM-PA, NYCOM, PCOM, TOUROCOM-NY, UMDNJ-SOM, UNECOM, VCOM), Region 2 (ATSU-KCOM, CCOM, DMUCOM, MSUCOM, OUCOM, WVSOM), Region 3 (ATSU-AZ, AZCOM, KCUMB-COM, TUNCOM, TUCOM-CA, WU-COMP), Region 4 (LECOM-Bradenton, LMU-DCOM, NSUCOM, OSUCOM, PCOM-GA, PCSOM, TCOM-UNTHSC); now, therefore, be it

RESOLVED, That the Regions be newly defined as follows beginning May 1, 2009: Region 1 (LECOM-PA, NYCOM, PCOM, TOUROCOM-NY, UMDNJ-SOM, UNECOM, VCOM), Region 2 (LECOM-Bradenton, LMU-DCOM, NSUCOM, OUCOM, PCSOM, PCOM-GA, WVSOM), Region 3 (CCOM, DMUCOM, KCOM, KCUMB-COM, MSUCOM, OSUCOM, TCOM-UNTHSC), Region 4 (ATSU-AZ, AZCOM, PNWUHS, RVUSOM, TUCOM-CA, TUNCOM, WU-COMP).

Submitted by:

Owen Speer, OMS III (VCOM)
A.J. Stefani, OMS III (DMU-COM)
Nathaniel Hale, OMS III (AZCOM)
Mehrdod Ehteshami, OMS III (PCOM-GA)
Audrey Marshall, OMS IV (AZCOM)

Action Taken:

Date: *Submitted September 23, 2008*

Effective Time Period: *Ongoing*

Format of Resolution Writing

Resolution: *(Number determined by National Vice President.)*

Subject: *(List topic covered. One resolution is required for each topic.)*

Old Resolution or Amendment typed here if applicable

1. **WHEREAS,** *(List the supporting information for your topic with the first letter of the*
2.
3. *first word being capitalized and all lines double-spaced)*; and
4.
5. **WHEREAS,** *(Use as many Whereas paragraphs as necessary, limiting one idea per*
6.
7. *paragraph)*; now, therefore, be it
8.
9. **RESOLVED,** That *(State your desired action as specifically as possible and*
10.
11. *reference specific sections of the* ***Constitution and Bylaws*** *to be amended if*
12.
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14.
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Submitted by: *(List 5 SOMA members and the school they each attend.)*

Name #1 (School)
Name #2 (School)
Name #3 (School)
Name #4 (School)
Name #5 (School)

Action Taken: *(Adopted by two-thirds majority vote of the House of Delegates or Not Adopted.)*

Date: *(Date submitted to National Vice President and the National Office.)*

Effective Time Period: *(If this resolution represents a permanent change, declare "**Ongoing**." If the resolution is of a short-term nature, specify a date that this resolution could be removed from the Policies Section since the resolution would no longer be in effect.)*

Review of Past Resolutions

Resolutions reviewed in the Policies Section
of SOMA Constitution and Bylaws (revised April 2006)

Resolutions grouped by index headings:

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- S-06-02 – SOMA supports the COMLEX-USA Level 2 PE Examination as part of the licensing protocol for Osteopathic Physicians there by overriding the resolution S-03-06.

2.19 – Graduate Medical Education

- F-05-08 - encourages the AOA to preserve Osteopathic identity, by strengthening the integration of osteopathic principles and practices; and supports the AOA in its efforts to increase the number and diversity of post-Graduate training programs that emphasize osteopathic principles and practice.

3.1 – Convention Location

- F-01-08 – continues to support the lobbying efforts of the AOA by holding the Spring Convention in Washington DC in accordance with DO Day on the Hill in odd-numbered years.
- S-03-03 – support lobbying efforts by holding the Spring convention in Washington DC annually.

4.2a – Parliamentarian

- F-99-17 - dissolution of Parliamentarian.

4.7 – Policy Statements

- F-04-01 - policies listed in the Policies Section of the SOMA Constitution and Bylaws have an effective time period of three years.

5.3 – Affiliated Societies

- S-00-01 - endorses the efforts of the National Undergraduate Fellows Association
- S-05-03 - supports the membership/participation in the Primary Care Organizations Consortium.

Total resolutions reviewed: 42

S-89	1
F-99	7
S-00	5
F-01	2
S-01	1
F-02	1
F-03	6
S-03	3
F-04	1
F-05	7
S-05	4
S-06	4

Current Resolutions

Resolution S-07-01

Subject: AOA Greatness Fund National Board Position

WHEREAS the American Osteopathic Association, under the leadership of John Strosnider, D.O. has created the "AOA Greatness Fund"; and

WHEREAS the purpose of this fund is to raise money to fund large national projects That promote osteopathic medicine such as national media campaigns and large Clinical trails studying the efficacy of osteopathic manipulation; and

WHEREAS students have expressed an interest in participating in the Greatness Fund; and

WHEREAS the AOA has charged SOMA to select a student each year to serve on This AOA Committee; now, therefore, be it

RESOLVED that SOMA will create a new National Board position entitled "AOA Greatness Fund Task Force Director" to begin this year; and, be it

FURTHER RESOLVED that the individual selected for this position will sit on the AOA Greatness Fund Committee for a 1 year term beginning July of the year they are Selected; and be it

FURTHER RESOLVED the selected individual will carry the full responsibilities of A member of both the SOMA National Board and the AOA committee and will be Expected to participate in all required meetings.

Submitted by:
Marty Knott (TCOM)
Alan Shahtaji (CCOM)
John Casey (VCOM)
Alfredo Rabines (PCOM)
Johnny Dias (GA-PCOM)

Action Taken:
Date: April 27, 2007
Effective Time Period: To be reviewed in 3 years

Resolution F-07-01

Subject: Region Placement of New Osteopathic Medical Schools

WHEREAS there are three new Schools of Osteopathic Medicine with entering classes in Fall 2007, and

WHEREAS these schools are A.T. Still University College of Osteopathic Medicine in Mesa, Arizona; Lincoln Memorial University DeBusk College of Osteopathic Medicine in Harrogate, Tennessee; and Touro College of Osteopathic Medicine in New York, New York, and

WHEREAS all new Colleges of Osteopathic Medicine are assigned to one of four SOMA regions to promote timely dissemination of information to local SOMA chapters and their individual members, now, therefore, be it

RESOLVED that A.T. Still University College of Osteopathic Medicine in Mesa, Arizona be assigned to Region III, that Lincoln Memorial University DeBusk College of Osteopathic Medicine in Harrogate, Tennessee be assigned to Region IV, and that Touro College of Osteopathic Medicine in New York, New York, be assigned to Region I.

Submitted by:
John Casey (VCOM)
Lynda Tang (VCOM)

Action Taken:
Date:
Effective Time Period: Permanent

Resolution F-07-02

Subject: Membership Coordinator assigned to Board of Trustees

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WHEREAS members serve as the foundation of any successful organization, and

WHEREAS in National SOMA the Membership Coordinator is uniquely qualified by virtue of their office to address the continued growth of SOMA membership, and

WHEREAS inclusion of the Membership Coordinator on the National SOMA Board of Trustees serves to include additional student input in the management of the organization and grant additional leadership opportunities to deserving students, and

WHEREAS this is ultimately to the betterment of the future of SOMA, now, therefore be it

RESOLVED that the Membership Coordinator be a voting member of the National SOMA Board of Trustees with all rights and responsibilities appertaining thereto, and that the National SOMA Constitution be amended to reflect such change as follows:

ARTICLE VIII - Elected National Officers

Section 1. National Officer Positions. The Elected National Officers shall consist of:

1. A National President who shall be the Chairman of the Board of Trustees.
2. A National Vice President who shall also serve as the Speaker of the House of Delegates.
3. A National Treasurer who shall also serve as the SOMA Foundation Treasurer.
4. Regional Trustees (one from each region).
5. Foundation Chairperson.
6. Foundation Director.
7. Membership Coordinator.

ARTICLE XII - Elections

Section 3. National Elections. The election of the National President, the National Vice President, the National Treasurer, the Regional Trustees, the Foundation Chairperson, the Foundation Director, and the Membership Coordinator shall be held during the annual fall meeting of the House of Delegates.

Section 6. National Officer Elections.

D) Eligibility to hold National Office. The eligibility requirements for the position of National President include at least one year of service on the Student Osteopathic Medical Association Board of Trustees; and the eligibility requirements for the positions of National Vice President, Treasurer, Foundation Chairperson, and Foundation Director include at least one year of Service on the Student Osteopathic Medical Association National Board. The eligibility requirements for the position of Region Trustee and Membership Coordinator include at least one year of service on the Student Osteopathic Medical Association National Board or at least one year of service as the president or NLO of a local Student Osteopathic Medical Association Chapter or have served as a voting delegate for two consecutive Student Osteopathic Medical Association National Conventions and be nominated by their Chapter President or NLO. The eligibility requirements for the position Member-At-Large include being an active member of the Student Osteopathic Medical Association National Board.

Submitted by:
John Casey (VCOM)
Kristina Manion (KCUMB)
Johnny Dias (PCOM)
Alan Shahtaji (CCOM)
Matthew Ralph (CCOM)

Action Taken:
Date:
Effective Time Period: Permanent

Resolution F-07-03

Subject: SOMA Resolution on FDA approval

---

1) **WHEREAS,** New pharmacological advances have resulted in major healthcare
2)
3) advances and enabled physicians to enhance patient care (4),
4)
5) **WHEREAS,** This year the FDA has so far approved only 7 NCE (new chemical
6)
7)) entities), down 31% from last year (1),
8)
9) **WHEREAS,** It takes an average of 12-10 years and $400-800 billion to bring a new
10)
11) drug from lab to marketplace, in large part due to legal and current regulatory
12)
13) compliance (2), (3),
14)
15) **WHEREAS,** Generic drugs take over 20 months for approval, increasing cost and
16)
17) decreasing access (6), (7), (8),
18)
19) **WHEREAS,** Terminally ill patients are routinely denied opportunity to try new or
20)
21) experimental drugs and therapies (5), (9), (10), (11), therefore be it;
22)
23) **RESOLVED**, SOMA urges oversight agencies to: 1) Review, reform,
24)
25) and hasten the current regulatory processes regarding the current FDA approval
26)
27) process for NCE (new chemical entities). 2) Review, reform, and hasten the current
28)
29) FDA approval process for generic brands. 3) Review, reform, and ease the FDA rules
30)
31) and regulations for entry of properly consenting terminally ill patients into clinical
32)
33) trials. Specifically, the FDA should not be allowed to prevent a terminally ill,
34)
35) properly consenting, educated, and fully lucid adult, from undergoing
36)
37) experimental treatment(s).

Submitted by:
Travis Snyder (TUCOM)
John Casey (VCOM)
Johnny Dias (PCOM)
Alan Shahtaji (CCOM)
Matthew Ralph (CCOM)

Action Taken:

Date:

Effective Time Period: Ongoing

References

1) http://www.physorg.com/news106639362.html

2) http://www.allp.com/drug_dev.htm

3) http://www.fdareview.org/harm.shtml

4) http://www.telegraph.co.uk/news/main.jhtml

5) http://www.nytimes.com/2007/08/08/health/08cancer.html?ei=5088&en=c7d3700569843106&ex=1344225600&adxnnl=1&partner=rssnyt&emc=rss&adxnnlx=1186761090-2nuJMDlO7IlWRhEdEr+MJw

6) http://www.washingtonpost.com/wp-dyn/content/article/2006/02/03/AR2006020302598.html

7) http://www.medscape.com/viewarticle/421495_3

8) http://www.fda.gov/fdac/features/2003/503_drug.html

9) http://www.washingtonpost.com/wp-dyn/content/article/2007/07/05/AR2007070502149.html

10) http://reason.com/news/printer/120763.html

11) http://www.abigail-alliance.org/

Resolution F-07-04

Subject: SUPPORT FOR SOMA STANCE ON ILLINOIS SB 509

WHEREAS, Illinois senate bill 509 (SB 509) would authorize non-hospital pharmacists to evaluate laboratory test results and manage medication therapies; and

WHEREAS, this senate bill could be interpreted as authorizing pharmacists to change medications provided they notify the prescriber within 48 hours; and

WHEREAS, SB 509 appears to provide pharmacists a new scope of practice similar to physicians; and

WHEREAS, SB 509 may create a new broad definition of "pharmacist care"; and

WHEREAS, osteopathic and allopathic physicians are the only appropriately and adequately trained specialists for the safe managing of the lives of patients; and

WHEREAS, osteopathic and allopathic physicians undergo years of all-encompassing education regarding not only pharmacology, but all aspects of medicine; and

WHEREAS, the American Osteopathic Association (AOA) and the Illinois Osteopathic Medical Society (IOMS) have asked the governor of Illinois to veto SB 509; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association (SOMA) will support the efforts and stance of the AOA on preventing the expansion of the practice rights of pharmacists, such as represented in legislation similar to Illinois SB 509.

Submitted by:

Mehrdod Ehteshami, OMS II, MPH (PCOM-Ga)
Johnny Dias, OMS III, MPH (PCOM-Ga)
Tarra Faulk, OMS II (PCOM-Ga)
Miranda Reed, OMS II (PCOM-Ga)
Faraz Mushtaq, OMS II (Nova)

RESOLUTIONS

Resolution S-06-01

Subject: Promote alertness in medical students to the threat of bioterrorism.

(Formerly Resolution S-03-05)

1. **WHEREAS**, SOMA and the AOA realize the importance to educate students and
2.
3. Physicians of the dangers of bioterrorism; therefore be it
4.
5. **RESOLVED**, That the Student Osteopathic Medical Association encourages the
6.
7. Inclusion of a bioterrorism readiness education requirement for osteopathic
8.
9. Medical students prior to clinical clerkships.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Matthew Palmer (KCOM)
Jessica Newman (ATSU-KCOM)

Action Taken:
Date: April 29, 2006
Effective Time Period: ongoing

Resolution S-06-02

Subject: Acceptance of the COMLEX-USA Level 2 PE and removal of House Resolution S-03-06.

WHEREAS, the NBOME has created the COMLEX-PE, and

WHEREAS, the exam is now recognized as a prerequisite for the COMLEX Level III examination, and

WHEREAS, in Spring of 2003, the SOMA HOD passed Resolution S-03-06 Which is read as the following: RESOLVED, that SOMA recommends that The NBOME collaborate further with the AOA, AACOM, and osteopathic Students to address the concerns of the students including; financial burden, Retesting, standardization of the osteopathic manipulative component, and the Evaluation criteria of the COMLEX-PE prior to implementation, and, be it further

RESOLVED, that SOMA will only support the eventual implementation Of the COMLEX-PE once these concerns are addressed.

WHEREAS, this statement is now dated and inaccurate, therefore be it

RESOLVED, that S-03-06 be removed from the National SOMA Constitution And Bylaws and that this body support the COMLEX-USA Level 2 PE Examination as part of the licensing protocol for Osteopathic Physicians.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Matthew Palmer (KCOM)
Jessica Newman (ATSU-KCOM)

Action Taken:
Date: April 29, 2006
Effective Time Period: ongoing

Resolution S-06-03

Subject: Creation of Minorities in Medicine Director national board position.

WHEREAS, the 2006 Osteopathic Heritage Foundation (OHF) Medical
Education Summit highlighted the importance of increasing minority
representation within the Osteopathic profession, and
WHEREAS, The Sullivan Commission reported in its report *Missing Persons: Minorities in the Health Professions* that "African Americans, Hispanic
Americans, and American Indians make up more than 25 percent of the US.
Population but only 9 percent of the nation's nurses, 6 percent of its physicians,
And 5 percent of dentists," and
WHEREAS, the OHF Medical Education Summit came to a consensus that
Minority recruitment should be increased. Therefore be it
RESOLVED that SOMA will create a new National Board position of Minorities
In Medicine Director to help promote increased minority involvement and
Recruitment in the Osteopathic Profession.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Matthew Palmer (KCOM)
Jessica Newman (ATSU-KCOM)

Action Taken:
Date: April 29, 2006
Effective Time Period: Spring 2009

Resolution S-06-04

Subject: Dissolution of the national board position of Website Director.

WHEREAS, the importance of the SOMA website is of vital significance to the Function of our organization, and

WHEREAS, it is the feelings of the SOMA Board of Trustees that the frequent Updating of the www.studentdo.com website is extremely difficult for the Demanding lifestyle of medical students, therefore be it

RESOLVED, that the national board position of Website Director be dissolved

And that the www.studentdo.com website be maintained by an individual or Company determined by the Board of Trustees.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Matthew Palmer (KCOM)
Jessica Newman (ATSU-KCOM)

Action Taken:
Date: April 29, 2006
Effective Time Period: ongoing

Resolutions

General Information

When SOMA members would like to set a point of view or action that they then believe should be acted upon by SOMA. A resolution is a written request to the House of Delegates (HOD) that asks SOMA's membership, through the HOD, to consider changing one of its policies. Every active member of SOMA has the right to compose and submit resolutions to the HOD. This course of action is a fundamental way in which the members of SOMA express their ownership of the association.

Resolutions are of vital importance to SOMA because they form the policies in the official policy document which guides SOMA. The Board of Trustees uses the resolutions passed in the HOD from the previous year as a compass for the action they must take in the following year. Position papers and policy summaries are based on this official policy document. Your resolutions will play a major role in directing SOMA for years to come.

Parts of a Resolution

The format of a resolution is not complicated. Each resolution includes:

1. Title of resolution including topic covered.
2. Supporting information which includes any background information as to why the resolution is being proposed. These statements should represent a brief but persuasive argument as to why the members should approve your resolution. These statements are not printed in the official policy document.
3. "Be it resolved" or operative clause. This is the "resolution proper," as it describes the proposed changes in the official policy document. This part of the resolution should specifically designate the actions that you wish to accomplish.
4. The names and school affiliations of the five Active member authors.

How and When to Send in Resolutions

Any students that are considering proposals are encouraged to take action and submit by this deadline to the National Vice President and the National Office. In order to facilitate the process of finding five Active members to author a resolution, we encourage even single students authoring resolutions to submit their ideas, and we will help find support from other chapters throughout the country. The BOT, NB members and regional trustees are available for members who have questions about writing resolutions. At the convention, the authors of resolutions can work to get their resolutions passed. More details on Robert's Rules of Order Revised for debating the resolutions will be sent out to all members before the fall convention.

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Subject: *(List topic covered. One resolution is required for each topic.)*

Old Resolution or Amendment typed here if applicable

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- S-06-02 – SOMA supports the COMLEX-USA Level 2 PE Examination as part of the licensing protocol for Osteopathic Physicians there by overriding the resolution S-03-06.

2.19 – Graduate Medical Education

- F-05-08 - encourages the AOA to preserve Osteopathic identity, by strengthening the integration of osteopathic principles and practices; and supports the AOA in its efforts to increase the number and diversity of post-Graduate training programs that emphasize osteopathic principles and practice.

3.1 – Convention Location

- F-01-08 – continues to support the lobbying efforts of the AOA by holding the Spring Convention in Washington DC in accordance with DO Day on the Hill in odd-numbered years.
- S-03-03 – support lobbying efforts by holding the Spring convention in Washington DC annually.

4.2a – Parliamentarian

- F-99-17 - dissolution of Parliamentarian.

4.7 – Policy Statements

- F-04-01 - policies listed in the Policies Section of the SOMA Constitution and Bylaws have an effective time period of three years.

5.3 – Affiliated Societies

- S-00-01 - endorses the efforts of the National Undergraduate Fellows Association
- S-05-03 - supports the membership/participation in the Primary Care Organizations Consortium.

Total resolutions reviewed: 42

S-89	1	F-03	6
F-99	7	S-03	3
S-00	5	F-04	1
F-01	2	F-05	7
S-01	1	S-05	4
F-02	1	S-06	4

Current Resolutions

Resolution F-06-01
Subject: Privileges for DO's Completing ACGME GME

WHEREAS, over 50% of osteopathic medical graduates choose to train in

ACGME programs, and

WHEREAS, many of these graduates do not complete AOA approved

Internships, and

WHEREAS, these individuals are not allowed to practice in all states or hold

Positions as Deans of Colleges of Osteopathic Medicine, and

Therefore essentially being forced away from the osteopathic profession, and

WHEREAS, a goal of the AOA is to increase involvement in the osteopathic

Medical profession, therefore be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA) urges

The AOA to facilitate the development of policies and procedures for

Postgraduate program graduates (including internships, residencies, and

Fellowships) regardless of their training (ACGME, AOA) to allow all D.O.'s to

Have full rights and privileges of their degree.

Submitted by:
Alfredo Rabines (PCOM)
Marty Knott (TCOM)
Cristina DuPree (NSU-COM)
Johnny Dias (GA-PCOM)
Alan Shahtiji (CCOM)
Action Taken:
Date: September 14, 2006
Effective Time Period: Ongoing

Resolution F-06-02

Subject: Encouragement of the creation of more osteopathic post-graduate training programs in primary care and the specialties and subspecialties.

WHEREAS, over 50% of osteopathic medical school graduates seek ACGME

Programs, and many of whom are seeking GME specialties and subspecialties.

WHEREAS, the Association of American Medical Colleges (AAMC) and the

Council on Graduate Medical Education (COGME) have recommended an

Increase in M.D. graduates of approximately 2700 and 3000 per year respectfully

By the year 2015.

WHEREAS, the number of ACGME programs will not increase at the same rate

As the number of allopathic graduates; therefore be it

RESOLVED, that the Student Osteopathic Medical Association supports the

Continued effort to increase Osteopathic Graduate Medical Education (OGME) in

Both the primary and specialty fields.

Submitted by:
Alfredo Rabines (PCOM)
Marty Knott (TCOM)
Hilary Foster (WVSOM)
Alissa Cohen (PCOM)
Johnny Dias (GA-PCOM)

Action Taken:
Date: September 14, 2006
Effective Time Period: Ongoing

Resolution F-06-03

Subject: Increase recruitment of underrepresented minorities within the osteopathic profession.

WHEREAS, the 2006 Osteopathic Heritage Foundation (OHF) Medical
Education Summit highlighted the importance of increasing minority
representation within the Osteopathic profession, and
WHEREAS, The Sullivan Commission reported in its report *Missing Persons: Minorities in the Health Professions* that "African Americans, Hispanic
Americans, and American Indians make up more than 25 percent of the US.
Population but only 9 percent of the nation's nurses, 6 percent of its physicians,
And 5 percent of dentists," and
WHEREAS, the OHF Medical Education Summit came to a consensus that
Minority recruitment should be increased. Therefore be it
RESOLVED that SOMA partner with the AOA and AACOM to increase the
Recruitment of underrepresented minorities into colleges of osteopathic medicine;
BE IT FURTHER RESOLVED, that recruitment efforts should be directed at
Elementary to high school students, career counselors, and pre-med advisors.

Submitted by:
Alfredo Rabines (PCOM)
Vivien Fongue (KCUMB-COM)
Marty Knott (TCOM)
Sarah Dempsey (WVSOM)
Jennifer Jury (MSUCOM)

Action Taken:
Date: September 14, 2006
Effective Time Period: Ongoing

Resolution S-05-01

Subject: Redistribution of the Student Osteopathic Medical Association Regions

WHEREAS, the growth of the osteopathic medical community has spawned the Creation of several new colleges of osteopathic medicine; and

WHEREAS, These new colleges all have local chapters of the Student Osteopathic Medical Association; and

WHEREAS, This increased number of chapters has led to a decreased level of Communication between National Student Osteopathic Medical Association and the Local chapters in addition to communication among the chapters themselves;

Therefore be it,

RESOLVED, That the addition of a fourth Region Trustee be made to the Student Osteopathic Medical Association Board of Trustees; and, therefore be it,

FURTHER RESOLVED, That the distribution of the local chapters among the four Regions be left to the discretion of the Student Osteopathic Medical Association Board of Trustees; and therefore be it,

FURTHER RESOLVED, That the distribution of the Regions be as follows:

Region I: Edward Via Virginia College of Osteopathic Medicine (VCOM), Lake Erie College of Osteopathic Medicine (LECOM), New York College of Osteopathic Medicine of New York Institute of Technology (NYCOM/NYIT), Philadelphia College of Osteopathic Medicine (PCOM), University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine (UMDNJ-SOM), and University of New England College of Osteopathic Medicine (UNECOM);

Region II: A.T. Still University of Health Sciences -- Kirksville College of

Osteopathic Medicine (ATSU-KCOM), Chicago College of Osteopathic Medicine – A College of Midwestern University (CCOM), Des Moines University – Osteopathic Medical Center (DMU-OMC), Michigan State University College of Osteopathic Medicine (MSUCOM), Ohio University College of Osteopathic Medicine (OU-COM), and West Virginia School of Osteopathic Medicine (WVSOM);

Region III: Arizona College of Osteopathic Medicine -- A College of Midwestern University (AZCOM), Kansas City University of Medicine and Biosciences College Of Osteopathic Medicine (KCUMB-COM), Touro University College of Osteopathic Medicine (TUCOM), Touro University College of Osteopathic Medicine -- Las Vegas (TUCOM-NV), and Western University of Health Sciences College of Osteopathic Medicine of the Pacific (WU-COMP);

Region IV: Lake Erie College of Osteopathic Medicine – Bradenton (LECOM-Bradenton), Nova Southeastern University College of Osteopathic Medicine (NSUCOM), Oklahoma State University Center for Health Sciences -- College of Osteopathic Medicine (OSU-COM), PCOM Atlanta (PCOM-ATL), Pikeville College School of Osteopathic Medicine (PCSOM), and University of North Texas Health Science Center -- Texas College of Osteopathic Medicine (UNTHSC/TCOM).

Submitted by:
Scott Welle (LECOM)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)
Marty Knott (TCOM)
Bryan Currie (NOVA)

Action Taken:
Date: 02/20/2005
Effective Time Period: Ongoing

Resolution S-05-02

Subject: Eligibility Requirements for National Student Osteopathic Medical Association Leadership

WHEREAS, The Board of Trustees is the governing body of the Student Osteopathic Medical Association; and

WHEREAS, The effectiveness of a Board of Trustees member requires an extensive understanding of The interworkings of the Student Osteopathic Medical Association that can only be obtained through Hands-on experience; and

WHEREAS, Article VIII, Section 2 of the Student Osteopathic Medical Association Constitution States the necessity for one year of service on the National Board prior to becoming eligible for the Positions of National President, National Vice President, Treasurer, Foundation Chair and Foundation Director; and

WHEREAS, The National Student Osteopathic Medical Association leadership positions require Dedication to the organization and proven leadership skills therein; therefore be it

RESOLVED, That the eligibility requirements for the position of National President include at least One year of service on the Student Osteopathic Medical Association Board of Trustees; and Therefore be it

FURTHER RESOLVED, That the eligibility requirements for the positions of National Vice President, Treasurer, Foundation Chairperson, and Foundation Director include at least one year of Service on the Student Osteopathic Medical Association National Board; and therefore be it

FURTHER RESOLVED, That the eligibility requirements for the position of Region Trustee include At least one year of service on the Student Osteopathic Medical Association National Board or at least One year of service as the President or National Liaison Officer of a local Student Osteopathic Medical Association Chapter; and therefore be it

FURTHER RESOLVED, That the eligibility requirements for the position Member-At-Large include Being an active member of Student Osteopathic Medical Association National Board and prior National Student Osteopathic Medical Association experience.

Submitted by:
Scott Welle (LECOM)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)

Marty Knott (TCOM)
Bryan Currie (NOVA)

Action Taken:
Date: 02/28/2005
Effective Time Period: Ongoing

Resolution S-05-03

Subject: Research and Development Director Position

WHEREAS, SOMA considers research to be an important interest of osteopathic medical students;

And

WHEREAS, National SOMA currently has a Research and Development Task Force Director on the SOMA National Board

WHEREAS, The Research and Development Task Force Director coordinates several national Projects; and

WHEREAS, The three trial term for the Research and Development task Force Director has expired;

Therefore be it

RESOLVED, That National SOMA makes a permanent position for the Research and Development Director on the SOMA National Board.

Submitted by:
Marty Knott (TCOM)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)
Bryan Currie (NOVA)
SeanMartin (VCOM)

Action Taken:
Date: 4/1/05
Effective Time Period: Ongoing

Resolution S-05-04

Subject: Eighty-hour Work Week for Medical Residents and Interns

WHEREAS, Research findings suggest that patient safety is a concern with residents and interns

Working lengthy consecutive hours; and

WHEREAS, The governing bodies of the American Osteopathic Association and the American

Medical Association introduced a limit of an 80-hour work week in 2002; therefore be it

RESOLVED, That the Student Osteopathic Medical Association will support a limit of 80 hours per

Work week for medical residents and interns, support a limit of 24 consecutive hours worked in one

Shift, support of limit of on-call shifts to every 3rd night, support of minimum of 10 hours off duty

Between shifts, and support at least on 24 hour period of off duty time per week.

Submitted by:
Scott Welle (LECOM)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)
Marty Knott (TCOM)
Bryan Currie (NOVA)

Action Taken:
Date: 04/01/2005
Effective Time Period: Ongoing

Resolution S-05-05

Subject: Evidence-based Osteopathic Research

WHEREAS, Current osteopathic research is centered around evidence-based medicine; and

WHEREAS, The Student Osteopathic Medical Association recognizes the importance of research and

Continues to support research endeavors of students and members of the osteopathic profession;

Therefore be it

RESOLVED, That the Student Osteopathic Medical Association stands in favor of the development of

Research supported by evidenced-based medicine following the Scientific Method; including, a

Research-hypothesis, randomization, statistical analysis, and blinding; and

BE IT FURTHER RESOLVED, That the Student Osteopathic Medical Association believes that by

Employing research supported by evidenced-based medicine, researchers will produce information

Derived from systematic, reproducible and unbiased studies that will increase the confidence of

Osteopathic Manipulation in clinical settings.

Submitted by:
Tighe Richardson (Western-U)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)
Marty Knott (TCOM)
Bryan Currie (NOVA)

Action Taken:
Date: 04/01/2005
Effective Time Period: S-2008

Resolution S-05-06

Subject: Research and Development Director Position

WHEREAS, The Student Osteopathic Medical Association considers research to be an

Important interest of osteopathic medical students; and

WHEREAS, The National Student Osteopathic Medical Association currently has a

Research and Development Task Force Director on the Student Osteopathic Medical Association

National Board; and

WHEREAS, The Research and Development Task Force Director coordinates several national

Projects; and

WHEREAS, The three-year trial term for the Research and Development task Force Director has

Expired; therefore be it

RESOLVED, That National Student Osteopathic Medical Association recognizes the Research and

Development Director as a permanent position on the Student Osteopathic Medical Association

National Board.

Submitted by:
Marty Knott (TCOM)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)
Bryan Currie (NOVA)
SeanMartin (VCOM)

Action Taken:
Date: 04/01/05
Effective Time Period: Ongoing

RESOLUTIONS

Resolution F05-01

Subject: Establishment of New Chapter on the Georgia Campus - Philadelphia College of Osteopathic Medicine

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WHEREAS, The Philadelphia College of Osteopathic Medicine opened a branch

Campus in Suwanee, Georgia in the Fall of 2005, and,

WHEREAS, The Student Osteopathic Medical Association recognizes the campus as

An official school of Osteopathic medicine; therefore, be it

RESOLVED, That the Student Osteopathic Medical Association formally establishes

A chapter on the Georgia Campus - Philadelphia College of Osteopathic Medicine with

Full voting rights and privileges of membership to the Student Osteopathic Medical

Association, and,

BE IT FURTHER RESOLVED, That the Georgia Campus - Philadelphia College of

Osteopathic Medicine chapter will be named GA-PCOM.

Submitted by:

Marty Knott (UNTHSC-TCOM)
Pamela Goldman (LECOM)
Tighe Richardson (WesternU/COMP)
Kelly Boghosian (LECOM)
Scott Welle (LECOM)
Chris Yonts (PCSOM)

Date: March 1, 2005

Effective Time Period: Ongoing

Resolution F05-02

Subject: Promotion of a smoke-free environment at all schools of Osteopathic Medicine.

(Resolution F02-01)

1. **WHEREAS**, inhaled tobacco use has been established as the number one preventable
2.
3. Risk factor in the United States, and
4.
5. **WHEREAS**, it has been established that second-hand smoke can be harmful, and
6.
7. **WHEREAS**, providers of medical care should set forth an example of good health
8.
9. Practices to their patients; therefore be it
10.
11. **RESOLVED**, That SOMA encourages all schools of Osteopathic Medicine to
12.
13. Advocate a smoke-free environment and encourages members to eliminate tobacco
14.
15. Use as a personal habit.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Matthew Palmer (KCOM)
Anna Kalantari (LECOM)

Action Taken:

Date: August 16, 2005

Effective Time Period: ongoing

Resolution F05-03

Subject: Increase awareness of the opportunities of Osteopathic Medicine to pre-professional advisors.

(Resolution F02-08)

WHEREAS, SOMA and the American Osteopathic Association recognize that a

Great opportunity exists at America's colleges and universities to reach-out to

Future Osteopathic students, and

WHEREAS, SOMA has established a national board position of Pre-SOMA

Director to promote involvement in SOMA and Osteopathic Medicine, and

WHEREAS, the AOA Public Relations department has identified a need to reach

Pre-professional advisors to promote Osteopathic Medicine; therefore be it

RESOLVED, That SOMA will attempt to meet the need identified by the AOA

Public relations department, under the auspices of Pre-SOMA, and focus attention

On educating and informing pre-health advisors about the opportunities available

In the field of Osteopathic Medicine.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Matthew Palmer (KCOM)
Jessica Newman (ATSU-KCOM)

Action Taken:

Date: August 16, 2005

Effective Time Period: ongoing

Resolution F05-04

Subject: support of the AOA Campaign for Osteopathic Unity.

(Resolution F02-04)

WHEREAS, SOMA recognizes the importance of unity within the Osteopathic Community, and

WHEREAS, the AOA has established and promoted a campaign to promote Osteopathic unity, and

WHEREAS, the AOA public relations department has initiated the "Say it Loud, Say It Proud" to continue the unity campaign, and

WHEREAS, SOMA created the position of Unity Campaign Task Force Director to Support the AOA's campaign; therefore be it

RESOLVED, SOMA supports the American Osteopathic Association's Campaign For Osteopathic Unity.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Alan Shahtaji (MWU-COM)
Matthew Palmer (KCOM)

Action Taken:

Date: August 16, 2005

Effective Time Period: Fall 2008

Resolution F05-05

Subject: Promotion of preventive medicine practices by SOMA chapters.

(Resolution F02-03)

WHEREAS, the Student Osteopathic Medical Association recognizes the

importance of promotion of preventive medicine by its chapters; therefore be it

RESOLVED, That the preventive medicine committee encourages all local

Chapters to develop community programs that increase access to and awareness

Of the importance of preventive services and,

BE IT FURTHER RESOLVED, Priority areas should include screening for

Hyperlipidemia, hypertension, and diabetes mellitus; smoking cessation

programs; and women's health services.

Submitted by:
Bryan Currie (NSU-COM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Payal Parikh (ATSU-KCOM)
Anna Kalantari (LECOM)

Action Taken:

Date: August 16, 2005

Effective Time Period: ongoing

Resolution F05-06

Subject: Continued support of the AAOA and the AOA in the Light for Life Yellow Ribbon program and the prevention of suicide.

(Resolution F02-06)

1. **WHEREAS**, the AAOA and the AOA have promoted the Light for Life Yellow
2.
3. Ribbon program and the prevention of suicide, and
4.
5. **WHEREAS**, the Student Osteopathic Medical Association has continued to
6.
7. Support these programs through local and national service projects; therefore be it
8.
9. **RESOLVED**, that the Student Osteopathic Medical Association will continue to
10.
11. Support the AAOA and AOA in their tireless service to the Light for Life Yellow
12.
13. Ribbon Program and the Prevention of suicide.

Submitted by:
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Bryan Currie (NSU-COM)
Payal Parikh (ATSU-KCOM)
Anna Kalantari (LECOM)

Action Taken:

Date: August 16, 2005

Effective Time Period: ongoing

Resolution F-05-07

Subject: Support for International Osteopathic Medicine and the Osteopathic International Alliance

==========

WHEREAS, the American Osteopathic Association (AOA) created the Osteopathic International Alliance (OIA) for the purpose of serving as a clearinghouse of Information on all aspects of osteopathic practice worldwide to international entities Such as the World Health Organization (WHO); and

WHEREAS, the Student Osteopathic Medical Association (SOMA), in conjunction With the OIA, strongly support medical missions and humanitarian work throughout The world; and

WHEREAS, the technology is in place to connect the international osteopathic Community; and

WHEREAS, SOMA has an established national board position of International Health Programs Director for the purpose of educating student members about International medicine and elective international rotation opportunities; and

WHEREAS, the International Health Programs Director is responsible to secure Funding for international health scholarships for our student members, and

WHEREAS, an international focus on osteopathic philosophy and practice is Currently on the forefront of the overall expansion and worldwide acceptance goal for The osteopathic profession; therefore, be it

RESOLVED that SOMA endorses the OIA organization through a partner Membership for three years to demonstrate student support and value for international Osteopathic medicine.

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Submitted by:
Matthew Palmer (KCOM)
Marty Knott (TCOM)
Pamela Goldman (LECOM)
Bryan Currie (NSU-COM)
Anna Kalantari (LECOM)

Action Taken:

Date: August 16, 2005

Effective Time Period: Fall 2008

Resolution F05-08

Subject: Maintaining osteopathic medicine as a distinguished medical profession.

WHEREAS, osteopathic identity is defined by four principles: The body is

Capable of self healing, self regulation and health maintenance; structure and

Function are interrelated; the person is a unit of body, mind and spirit; and

Rational osteopathic care is based on an understanding of the above tenets.

WHEREAS, increasing the number of post-graduate training programs that

Integrate Osteopathic principles and practices will preserve Osteopathic

Identity, and

WHEREAS, a 1995 survey of 1055 Osteopathic family physicians found that

They used manual therapy only occasionally. Only 6.2 percent used Osteopathic

Manipulation for more than half of their patients; almost a third used it for fewer

Than 5 percent[1]; therefore, be it

RESOLVED that SOMA supports the AOA in its efforts to preserve Osteopathic

Identity, by strengthening the integration of osteopathic principles and practices,

Including Osteopathic manipulative medicine, into AOA approved post-graduate

Programs.

Submitted by:
Nichole Barton OMS-II AZCOM
Michael Barakat OMS-I PCOM
Joseph Brooks OMSII KCOM
Alfredo L. Rabines OMS-II PCOM
Danielle Saad OMS-II AZCOM
Dustin Sulak OMS-II AZCOM
Leslie Easley Velez OMS-II AZCOM
Wes Wafferty OMS-II WVCOM

Action Taken:
Date: 16 April 2005
Effective Time Period: ongoing

Resolution S-05-03

Subject: Research and Development Director Position

==========

WHEREAS, SOMA considers research to be an important interest of osteopathic medical students;

And

WHEREAS, National SOMA currently has a Research and Development Task Force Director on the

SOMA National Board

WHEREAS, The Research and Development Task Force Director coordinates several national

Projects; and

WHEREAS, The three trial term for the Research and Development task Force Director has expired;

Therefore be it

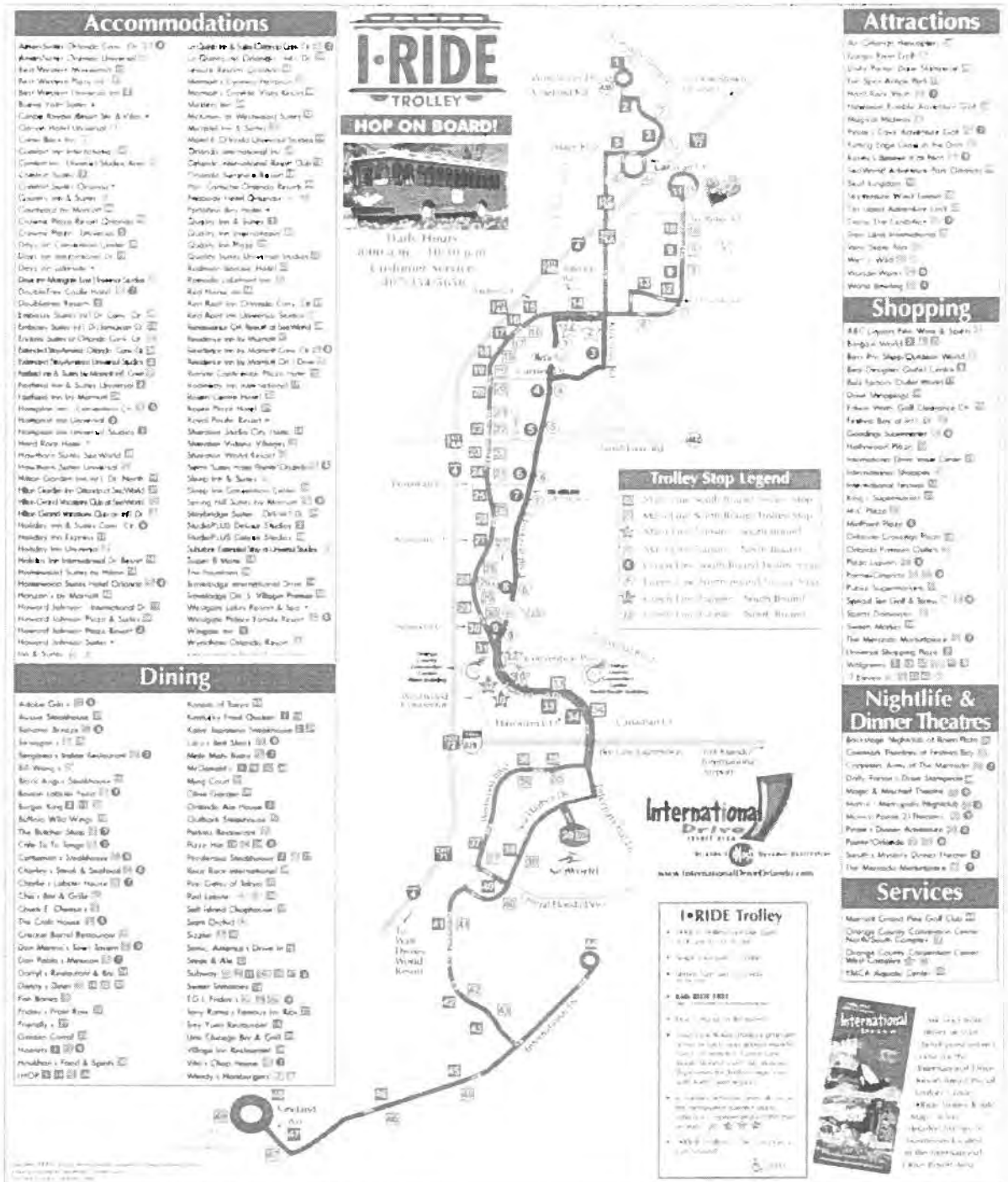
RESOLVED, That National SOMA makes a permanent position for the Research and Development

Director on the SOMA National Board.

==========

Submitted by:
Marty Knott (TCOM)
Kelly Boghosian (LECOM)
Pamela Goldman (LECOM)
Bryan Currie (NOVA)
SeanMartin (VCOM)

Action Taken:
Date: 4/1/05
Effective Time Period: Ongoing


Accommodations
I-RIDE
TROLLEY
HOP ON BOARD!
Dining
Attractions
Shopping
Nightlife & Dinner Theatres
Services
Trolley Stop Legend
I-RIDE Trolley
International Drive

Resolution: F04-01

Subject: Unity Campaign

WHEREAS, The Student Osteopathic Medical Association is an affiliate

Organization of the American Osteopathic Association; and

WHEREAS, The Unity Campaign is mutually beneficial to the interests of

Osteopathic physicians and students alike; therefore, be it

RESOLVED, That the Student Osteopathic Medical Association will support

And promote the decisions and actions of the American Osteopathic Association

Committee on Osteopathic Unity.

Submitted by:

Nathanael Brady (MSU-COM)
Matthew Palmer (ATSU-KCOM)
Bonnie Vastola (CCOM)
Jessica Erbacher (OSU-COM)
Brooke Sliger (NSU-COM)
Kim Palmer (DMU-COM)

Date: July 16, 2004

Effective Time Period: Ongoing

Resolution: F 04-02

Subject: Anti-Drug Abuse Campaign

WHEREAS, The high incidence of youth drug use continues to be a health

Problem in the United States; and

WHEREAS, The National Student Osteopathic Medical Association supports

Measures to improve the health of our nation's public; therefore, be it

RESOLVED, That the Student Osteopathic Medical Association supports

Initiatives by The Federal Government to deter drug use in American youth.

Submitted by:

Pamela Goldman (LECOM)
BJ Crigger (WVSOM)
Shaye Johnson (OSU-COM)
Lisa Zaleski (WVSOM)
Michelle Underkofler (PCOM)
Alicia Czander (NSU-COM)
Kelly Boghosian (LECOM)

Date: July 16, 2004

Effective Time Period: Ongoing

Resolution: F04-03

Subject: The National Student Osteopathic Medical Association Support of Evidence-Based Research

WHEREAS, The National Student Osteopathic Medical Association recognizes the

Importance of evidence-based medicine in current medical practice; and

WHEREAS, The National Student Osteopathic Medical Association is committed to

Strengthening the foundation of Osteopathic research; and

WHEREAS, The National Student Osteopathic Medical Association recognizes the

Need for evidence-based osteopathic research; therefore, be it

RESOLVED, That the National Student Osteopathic Medical Association hereby

Encourages all efforts to promote evidence-based research in osteopathic medicine.

Submitted by:

Chris Yonts (PCSOM)
Jessica Newman (ATSU-KCOM)
Bryan Currie (NSU-COM)
Maggie Somple (UNTHSC-TCOM)
Scott Welle (LECOM)

Date: July 16, 2004

Effective Time Period: Ongoing

Resolution: F04-04

Subject: Policy Effective Period

WHEREAS, It has been previously decided that three years is an ideal amount for

The policies section of the Student Osteopathic Medical Association Constitution

And Bylaws to remain active prior to renewal; and

WHEREAS, It is important to allow outdated policies to expire or come under

Renewal every three years; now, therefore, be it

RESOLVED, That policies listed in the Policies Section of the Student Osteopathic

Medical Association Constitution and Bylaws have an effective time period of three

Years, and,

BE IT FURTHER RESOLVED, That policies be resubmitted to the House of

Delegates for approval upon expiration of its effective time period, and

BE IT FURTHER RESOLVED, That the effective time period of this resolution

Itself be ongoing.

Submitted by:

Marty Knott (UNTHSC-TCOM)
Amanda Martin (OSU-COM)
Miriam Garcellano (MSU-COM)
Erik Testa (WVSOM)
Kenyon Williams (OSU-COM)
Ken Nguyen (KCUMB)

Date: July 16, 2004

Effective Time Period: Ongoing

Resolution: F04-05

Subject: Local Chapter Financial Assistance

WHEREAS, Local chapter officers carry out the business of the National Student Osteopathic

Medical Association at the local school level; and

WHEREAS, The Student Osteopathic Medical Association relies on these officers to make

Decisions which affect their local constituency; and

WHEREAS, There are many other organizations on each campus that a student may decide to

Become involved in with a leadership position; and

WHEREAS, The Student Osteopathic Medical Association must protect its own interests

While promoting an atmosphere of unity with other organizations; therefore, be it

RESOLVED, That Article IV, Section 5 of the Constitution and Bylaws of the Student

Osteopathic Medical Association be amended to include the following guidelines, "Any

Officer may hold a position in more than one osteopathic student organization as long as a

Conflict between the two positions does not occur;" and

BE IT FURTHER RESOLVED, That if a conflict does arise it shall be the responsibility of

The Region Trustee to settle the dispute in a manner that he/she deems necessary; and

BE IT FURTHER RESOLVED, That if further measures are deemed necessary then the

National Student Osteopathic Medical Association President, with consultation by his/her

Counsel, shall determine the final decision regarding appropriate actions.

Submitted by:

Chris Yonts (PCSOM)
Jessica Newman (ATSU-KCOM)
Bryan Currie (NSU-COM)
Maggie Somple (UNTHSC-TCOM)
Scott Welle (LECOM)

Date: July 16, 2004

Effective Time Period: Ongoing
Resolution: F 04-06

Subject: Sexual Harassment Policy

96. **WHEREAS,** Sexual harassment is defined as the practice of repeated unwelcome
97.
98. Behavior of a sexual nature, requests for sexual favors, and other verbal or physical
99.
100. Conduct of a sexual nature involving a colleague or subordinate in the workplace
or
101.
102. Academic setting, when such conduct creates an unreasonable, intimidating,
hostile
103.
104. Or offensive workplace or academic setting; and
105.
106. **WHEREAS,** Sexual harassment by a student physician is considered unethical;
107.
108. Therefore, be it
109.
110. **RESOLVED,** That the Student Osteopathic Medical Association prohibits any
form
111.
112. Of sexual harassment.

Submitted by:

Pamela Goldman (LECOM)
Kelly Boghosian (LECOM)
Scott Welle (LECOM)
Chris Yonts (PCSOM)
Tighe Richardson (WesternU/COMP)

Date: September 30, 2004

Effective Time Period: Ongoing

Resolution: F 04-07

Subject: Mission Statement of the Student Osteopathic Medical Association

WHEREAS, The Student Osteopathic Medical Association constitution states our

Dedication to the osteopathic philosophy; and

WHERAS, The Student Osteopathic Medical Association strives to provide

Education about medicine beyond the classroom leading to quality healthcare in our

Future chosen profession; and

WHEREAS, The Student Osteopathic Medical Association is committed to fostering

Dynamic communication within the organization as well as without; therefore, be it

RESOLVED, That the purpose of the Student Osteopathic Medical Association, the

Student affiliate organization of the American Osteopathic Association, is to promote

Osteopathic ideals and unity within the profession, to education future Osteopathic

Physicians, and to establish and to maintain lines of communication among healthcare

Professionals in an ongoing effort to improve the quality of healthcare.

Submitted by:

Pamela Goldman (LECOM)
Kelly Boghosian (LECOM)
Marty Knott (UNTHSC-TCOM)
Chris Yonts (PCSOM)
Nathanael Brady (MSU-COM)

Date: September 30, 2004

Effective Time Period: Ongoing

Resolution: F 04-08

Subject: Student Osteopathic Medical Association Objectives

WHEREAS, The Student Osteopathic Medical Association constitution states our

Dedication to the osteopathic philosophy; and

WHEREAS, The Student Osteopathic Medical Association strives to provide

Education about medicine beyond the classroom leading to quality healthcare in our

Future chosen profession; and

WHEREAS, The Student Osteopathic Medical Association is committed to fostering

Dynamic communication within the organization as well as without; and

WHEREAS, The purpose of the Student Osteopathic Medical Association, the

Student affiliate organization of the American Osteopathic Association, is to promote

Osteopathic ideals and unity within the profession, to education future Osteopathic

Physicians, and to establish and to maintain lines of communication among healthcare

Professionals in an ongoing effort to improve the quality of healthcare; therefore, be it

RESOLVED, That the four objectives of the Student Osteopathic Medical

Association are to promote Osteopathic Medicine, to create unity within the

Profession, to educate students, and to provide a forum for communication.

Submitted by:

Pamela Goldman (LECOM)
Kelly Boghosian (LECOM)
Marty Knott (UNTHSC-TCOM)
Chris Yonts (PCSOM)
Nathanael Brady (MSU-COM)

Date: September 30, 2004

Effective Time Period: Ongoing

Resolution: S-03-01

Subject: Nominating Committee Report for the National SOMA Board of Trustee elections

---

Article XII, Section 5, paragraph C:
Report. This committee shall present the names of at least **two** nominees, for the office of National President, National Vice President, National Treasurer, and Editor of the Student DOctor journal, to the National Vice President at least thirty days prior to the annual fall meeting of the House of Delegates. The National Vice President shall distribute the Nominating Committee Report to all constituent chapters at least fifteen days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the Nominating Committee Report. Elections shall be held following the Nominating Committee Report and candidate speeches for each national office position.

WHEREAS, The role of a Board of Trustee member in the National Student

Osteopathic Medical Association is a time consuming task, and

WHEREAS, These positions require large time commitments, and

WHEREAS, The individuals nominated for positions of National President, National

Vice President, National Treasurer and Editor of the Student DOctor journal must be

Motivated to perform these positions with the needed attention, and

WHEREAS, Previous elections have resulted in only one individual seeking one or

More of the above posititions; now, therefore, be it

RESOLVED, That Article XII, Section 5, Paragraph C of the Student Osteopathic

Medical Association's **Constitution and Bylaws** be amended to read: **Report.**

This committee shall present the names of the nominees, for the office of National

President, National Vice President, National Treasurer, and Editor of the Student

DOctor journal, to the National Vice President at least thirty days prior to the annual

Fall meeting of the House of Delegates. The National Vice President shall distribute

The Nominating Committee Report to all constituent chapters at least fifteen days

30.
31. Prior to the House of Delegates meeting. Additional nominations may be made from
32.
33. The floor of the House of Delegates following the presentation of the Nominating
34.
35. Committee Report. Elections shall be held following the Nominating Committee
36.
37. Report and candidate speeches for each national office position.

Submitted by:

Jeremy Mills (WVSOM)
Kasey Nelson (NSU-COM)
Paul Teget (KCOM)
Natasha Bray (OSU-COM)
Kenyon Williams (OSU-COM)

Action Taken:

Date: 3/13/03

Effective Time Period: Ongoing

Resolution: S-03-02

Subject: Information access at Osteopathic Core Teaching Institutions

---

WHEREAS, Many Osteopathic Medical Schools require their students to travel to

Satellite hospitals for their rotations, and

WHEREAS, Some of these institutions do not provide either internet access nor

Library access to students after working hours, and

WHEREAS, Medical education requires that students have available the resources to

Learn the most up-to-date treatments and pathophysiology of disease processes, and

WHEREAS, the most up-to-date medical information is available in medical

Journals and through various internet websites; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association stands in favor of

The mandating of Osteopathic core training institutions to make available to all

Students participating in rotations at their hospitals to be provided access to a

Computer with internet access and/or to a medical library on a twenty-four hour

Basis.

Submitted by:

Jeremy Mills (WVSOM)
Kasey Nelson (NSU-COM)
Paul Teget (KCOM)
Cheryl Neely (NSU-COM)
Ghassan Boghosian (LECOM)

Action Taken:

Date: 3/13/03

Effective Time Period: Ongoing

Resolution: S-03-03

Subject: SOMA Spring Convention in conjunction with D.O. Day on the Hill

---

WHEREAS, The practice of medicine is affected by medical policies; and

WHEREAS, Exposure to the legislative process is essential to the understanding

Of policies; and

WHEREAS, The best potential experience is one in which there is direct involvement by the

Student and organization; and

WHEREAS, SOMA is in full support of the AOA's attempt to improve healthcare; and

WHEREAS, SOMA's current stance is to hold the annual spring convention of odd

Numbered years in Washington D.C. in conjunction with D.O. Day on the Hill to better

Support the efforts of the AOA; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association continue to

To support the lobbying efforts of the AOA by holding it annual Spring Convention in

Washington D.C. in accordance with D.O. Day on the Hill on an annual basis.

Submitted by:
Ghassan Boghosian (LECOM)
Paul Teget (KCOM)
Kasey Nelson (NSU-COM)
Jeremy Mills (WVSOM)
Kelly Barnashuk (LECOM)
Natasha Bray (OSU-COM)

Action Taken:

Date: 4/11/03

Effective Time Period: Three year

Resolution: S-03-04

Subject: State Child Health Insurance Programs

WHEREAS, There are approximately six million children currently uninsured, 8% Of all children at or below the 200% poverty line, and

WHEREAS, State Child Health Insurance Programs have given 3.5 million low-Income children health insurance, and

WHEREAS, The Office of Management and Budget (OMB) estimates that State Child Health Insurance Programs will decline by 900,000 (1/4 of current enrollment) Between 2003 and 2006 due to budgeting shortfalls, and

WHEREAS, SOMA supports access to quality healthcare for all Americans; now, Therefore, be it

RESOLVED, That the Student Osteopathic Medical Association encourages all Schools of Osteopathic Medicine to advocate enrollment in State Child Health Insurance Programs; and be it

Further Resolved, That the Student Osteopathic Medical Association encourages Political involvement and action to maintain the budgeting for State Child Health Insurance Programs.

Submitted by:

Ryann McClennen (UNTHSC-TCOM)
Jenny Wiggins (UNTHSC-TCOM)
Mitra Campell (UNTHSC-TCOM)
Scott N. Welle (LECOM)
Anuj Vohra (NYCOM)
Kenyon Williams (OSU-COM)

Action Taken:

Date: 4/28/03

Effective Time Period: Three years

Resolution: S-03-05

Subject: Bioterrorism Readiness Education

WHEREAS, The threat of a possible, yet unpredictable terrorist attack utilizing

Biological agents has prompted warnings from public health, medical, military, and

Law enforcement experts, and

WHEREAS, The American Osteopathic Association and the American Association

Of Colleges of Osteopathic Medicine created a task force which provided

Recommendations on how individual physicians and the entire medical community

Can better prepare to respond to a bioterrorism attack and how osteopathic medical

Students can be educated in this regard, and

WHEREAS, The American Osteopathic Association and the American Association

Of Colleges of Osteopathic Medicine currently support the development of

Curricula and training programs for bioterrorism readiness in medical school but does

Not specify when in the medical school curriculum this training should occur, and

WHEREAS, The American Association of Colleges of Osteopathic Medicine has

Developed a web-based learning module to provide basic instruction regarding a

Physician's role in anticipating and responding to a bioterrorist attack, and

WHEREAS, If currently offered, bioterrorism readiness education varies among

Medical schools regarding what and when it is offered in the curriculum, and

WHEREAS, A medical student may be the first health care provider at the scene of a

Situation requiring training in bioterrorism readiness, and

WHEREAS, Medical students educated in bioterrorism readiness prior to clinical

Rotations will likely improve awareness and increase the level of response in

42.
43. Situations where biological agents used as warfare or as a means of terror is
44.
45. Suspected; now, therefore, be it
46.
47. **RESOLVED,** That the Student Osteopathic Medical Association encourages the
48.
49. inclusion of a minimal curricular requirement for osteopathic medical students prior
50.
51. To clinical clerkships.

Submitted by:

Leslie Pidgeon (UNTHSC-TCOM)
Maggie Somple (UNTHSC-TCOM)
Juliet Leman (DMU-OMC)
Scott N. Welle (LECOM)
Anuj Vohra (NYCOM)
Kenyon Williams (OSU-COM)
Marty Knott (UNTHSC-TCOM)

Action Taken:

Date: 4/28/03

Effective Time Period: Three years

Resolution: S-03-06

Subject: Proposed Clinical Skills Assessment Exam (CSAE)

WHEREAS, the National Board of Medical Examiners (NBME) and the

National Board of Osteopathic Medical Examiners (NBOME) are working

Together to implement a Physical Exam (PE) as part of the COMLEX

Exam for physician licensure; and

WHEREAS, medical students have extensive study in osteopathic medical school

And extensive training during post-graduate years; and

WHEREAS, during their academic career and training, the opportunity for

Evaluating clinical assessment skills are numerous; and

WHEREAS, under the proposed COMLEX PE guidelines to evaluate future

D.O.'s, there will be an additional financial burden placed on osteopathic

Students; and

WHEREAS, the cost of an average student having to travel out of state will

Approach $1,500 including test fees, airfare, and lodging which does not

Include additional resources for those retaking the exam; therefore, be it

RESOLVED, that the Student Osteopathic Medical Association (SOMA)

Opposes additional testing at the expense of osteopathic medical students, until data

Can be provided by the NBME and the NBOME that the PE is justified by the

Number of problems which they believe now exist; and, be it further

RESOLVED, that SOMA requests the American Osteopathic Association (AOA) to

Delay implementation of the PE until it can be determined, by working with the

NBOME and academic/teaching institutions, that evaluation of clinical skills can be

43. Done in an objective manner; and, be it further
44.
45. **RESOLVED**, that SOMA requests the establishment of a task force to include
46.
47. Osteopathic medical student representatives to work with the AOA, NBOME,
48.
49. AACOM Federation of State Medical Boards and other appropriate organizations;
50.
51. And, be it further
52.
53. **RESOLVED**, that the purpose of this task force shall be to study implementation
54.
55. Cost and development of regional testing sites for the proposed COMLEX PE and
56.
57. Present its findings at the October 2003 SOMA House of Delegates.

Submitted by:

Juliet Leman (DMU-OMC)
Scott Welle (LECOM)
Margaret Somple (UNTHSC-TCOM)
Chris Steinacker (MSUCOM)
Scott Grogan (OUCOM)
Bonnie Vastola (CCOM)

Date: March 27, 2003

Effective Time Period: One year

Resolution F-03-01

Subject: Osteopathic unity

Whereas, the goal of the AOA Unity Campaign is to bring together all branches of

The osteopathic profession, and

Whereas, the Student Osteopathic Medical Association is an integral member of the

Osteopathic family as the student branch of the American Osteopathic Association,

And

Whereas, the American Osteopathic has traditionally financially supported and

Nurtured the Student Osteopathic Medical Association in all of our endeavors; now,

Therefore, be it

Resolved, that the Student Osteopathic Medical Association will support and promote

The decisions and actions of the AOA Committee on Osteopathic Unity.

Submitted by:
Ghassan Boghosian (LECOM)
Paul Teget (KCOM)
Stephanie Husen (OSU-COM)
Mindy Frimodig (MSU-COM)
Chris Bannigan (MSU-COM)
Kelly Barnashuk (LECOM)
Juliet Leman (DMU-COM)
Amanda Martin (OSU-COM)
Kenyon Williams (OSU-COM)

Action Taken:

Date: 10/10/03

Effective Time Period: Ongoing

Resolution F-03-02

Student Involvement in State Osteopathic Associations

---

1. **Whereas**, the Student Osteopathic Medical Association is the student division of the
2.
3. American Osteopathic Association, and
4.
5. **Whereas**, student involvement on the national and state levels is crucial to the growth
6.
7. of osteopathic medicine, and
8.
9. **Whereas**, every state Osteopathic society offers membership to students, therefore be
11.
12. it,
13.
14. **Resolved**, that the Student Osteopathic Medical Association recommend that each
15.
16. SOMA member become a student member of their respective state Osteopathic
17.
18. association, and be it further,
19.
20. **Resolved**, SOMA charge the American Osteopathic Association to allow each state
21.
22. Osteopathic society student representation in the AOA House of Delegates if so
23.
24. chosen by their state association.

Submitted by:

Scott Welle	(LECOM)
Ghassan Boghosian	(LECOM)
Juliet Leman	(DMU-OMC)
Amanda Martin	(OSUCOM)
Pamela Naudascher	(LECOM)
Dan Roth	(UHSCOM)

Action Taken:

Date: 10/10/03

Effective Time Period: 3 years

Resolution F-03-03

Subject: Formal recognition of SOMA benefactors

Whereas, Financial contributions are vital to the continued growth and development

Of National SOMA; and

Whereas, their continued support is vital to the success of National SOMA

Conventions; now, therefore, be it

Resolved, that National SOMA formally recognize benefactors annually at the Spring

Convention.

Submitted by:
Ghassan Boghosian (LECOM)
Paul Teget (KCOM)
Chris Bannigan (MSU-COM)
Kelly Barnashuk (LECOM)
Juliet Leman (DMU-COM)
Amanda Martin (OSU-COM)
Cheryl Neely (NSU-COM)

Action Taken:

Date: 10/10/03

Effective Time Period: Ongoing

Resolution F-03-04

Subject: Drug use deterrents

Whereas, the Student Osteopathic Medical Association, in accordance with the U.S. Federal Government, recognizes that improper drug use in American youth is a Problem; and

Whereas, the Student Osteopathic Medical Association supports initiatives that Would include education, intervention, and prevention of improper drug use in American youth; now, therefore, be it

Resolved, that the Student Osteopathic Medical Association supports peaceful Initiatives by federal government to deter drug use in American youth.

Submitted by:
Ghassan Boghosian (LECOM)
Paul Teget (KCOM)
Mindy Frimodig (MSU-COM)
Stephanie Husen (OSU-COM)
Marty Knott (TCOM)
Pamela Naudascher (LECOM)
Dan Roth (UHS-COM)

Action Taken:

Date: 10/10/03

Effective Time Period: Three years

Resolution F-03-05

Subject: Domestic violence awareness

---

1. **Whereas**, domestic violence is a problem that affects many individuals in the United
2.
3. States, and
4.
5. **Whereas**, the Student Osteopathic Medical Association recognizes that for many
6.
7. Individuals, the healthcare system is often the first option for an individual that has
8.
9. Been victimized; now, therefore, be it
10.
11. **Resolved** that the Student Osteopathic Medical Association supports efforts to
12.
13. increase awareness in the medical community about domestic violence.

Submitted by:
Ghassan Boghosian (LECOM)
Paul Teget (KCOM)
Pamela Naudascher (LECOM)
Maggie Somple (TCOM)
Robert Ramirez (UMDNJ-SOM)
Miriam Garcellano (MSU-COM)
Bonnie Vastola (CCOM)

Action Taken:

Date: 10/10/03

Effective Time Period: Three years

Resolution: F-02-01

Subject: Smoking in Osteopathic Medical Schools and Osteopathic Students

==========

Resolution F-99-2

BE IT RESOLVED, That SOMA encourages all schools of Osteopathic Medicine to advocate a smoke-free environment and encourages members to eliminate tobacco use as a personal habit.

WHEREAS, The use of nicotine is scientifically proven to greatly increase the risk of lung Cancer, throat cancer; and

WHEREAS, it also predisposes the patient to other health complications; and

WHEREAS, exposure to second hand smoke has also been scientifically proven to have Negative repercussions on overall health; and

WHEREAS, it is crucial for SOMA members as future Osteopathic Physicians to set an Example in order to promote the utmost in responsibility for personal health and wellness;

Now, therefore, be it

RESOLVED, That SOMA encourages all schools of Osteopathic Medicine to advocate a Smoke-free environment and encourages members to eliminate tobacco use as a personal Habit.

==========

Submitted by:
Kasey Nelson (NSU-COM)
Elena Perdue (WVSOM)
Mindy Frimodig (MSU-COM)
Kenyon Williams (OSU-COM)
Jeremy Mills (WVSOM)

Action Taken:

Date: 7/18/02

Effective Time Period: Three years

Resolution: F-02-02

Subject: Student rights and responsibilities

==========

Resolution F-99-6

BE IT RESOLVED, That SOMA supports the evolution of the American Medical Student Association's statement of Medical Students Rights and Responsibilities, and,

BE IT FURTHER RESOLVED, That SOMA encourages the development of its own statement of Osteopathic Medical Student's Rights and Responsibilities.

1. **WHEREAS**, The Student Osteopathic Medical Association supports the rights and
2.
3. Responsibilities of its medical students; and
4.
5. **WHEREAS**, The Student Osteopathic Medical Association and the American
6.
7. Medical Student Association share the same values with regards to the rights; and
8.
9. Responsibilities of medical students,
10.
11. **BE IT RESOLVED**, That SOMA supports the evolution of the American Medical
12.
13. Student Association's statement of Medical Student Rights and Responsibilities; and
14.
15. **BE IT FURTHER RESOLVED**, That SOMA encourages the development of its
16.
17. Own statement of Osteopathic Medical Students Right's and Responsibilities.

==========

Submitted by:

Natasha Bray (OSU-COM)
Ghassan Boghosian (LECOM)
Kelly Hansul (MSU-COM)
John F. Dery, Jr. (CCOM)
Kasey Nelson (NSUCOM)

Action Taken:

Date: 7/19/02

Effective Time Period: Three years

Resolution: F-02-03

Subject: Preventive Medicine Committee priorities

==========

Resolution F-99-11

BE IT RESOLVED, That the preventive medicine committee encourages all local chapters to develop community programs that increase access to and awareness of the importance of preventive services. Priority areas should include screening for hyperlipidemia, hypertension, and diabetes mellitus; smoking cessation programs; and women's health services.

1. **WHEREAS,** Osteopathic medicine recognizes the principle of body unity and the
2.
3. Interrelationship between structure and function; and
4.
5. **WHEREAS,** hyperlipidemia, hypertension and diabetes mellitus are recognized as common
6.
7. And nationally visible medical concerns; and
8.
9. **WHEREAS,** prevention of health complications is preferable in terms of cost of treatment
10.
11. And the patient's overall physical health; and
12.
13. **WHEREAS,** use of nicotine products and failure of individuals to receive yearly preventive
14.
15. Health screening can prove to be a setback in maintaining overall wellness; therefore be it
16.
17. **RESOLVED,** That the preventive medicine committee encourages all local chapters to
18.
19. Develop community programs that increase access to and awareness of the importance of
20.
21. Preventive services. Priority areas should include screening for hyperlipidemia,
22.
23. Hypertension, and diabetes mellitus; smoking cessation programs; and women's health
24.

Services.

==========

Submitted by:
Kasey Nelson (NSU-COM)
Elena Perdue (WVSOM)
Mindy Frimodig (MSU-COM)
Kenyon Williams (OSU-COM)
Jeremy Mills (WVSOM)

Action Taken:

Date: 7/18/02

Effective Time Period: Three years

Resolution: F-02-04

Subject: SOMA support for the AOA's Campaign for Osteopathic Unity

==========

Resolution F-99-9
BE IT RESOLVED, SOMA supports the AOA's Campaign for Osteopathic Unity involvement in this endeavor.

1. **WHEREAS,** SOMA is the student branch of the American Osteopathic Association; and
2.
3. **WHEREAS,** the American Osteopathic Association is a strong supporter of SOMA; and
4.
5. **WHEREAS,** the American Osteopathic Association Campaign for Osteopathic Unity
6.
7. Benefits both Osteopathic Physicians and Osteopathic Students; therefore be it
8.
9. **RESOLVED,** SOMA supports the American Osteopathic Association's Campaign for
10.
11. Osteopathic Unity.

==========

Submitted by:
Kasey Nelson (NSU-COM)
Jeremy Mills (WVSOM)
Cheryl Neely (NSU-COM)
Charlene Lapane (UHS-COM)
Cheri Norsworthy (OSU-COM)

Action Taken:

Date: 7/18/02

Effective Time Period: Three years

Resolution: F-02-05

Subject: SOMA's support of the "Put Prevention into Practice " Initiative

==========

Resolution F-99-10
BE IT RESOLVED, That the Student Osteopathic Medical Association supports the efforts of the "Put Prevention into Practice" Initiative to improve the delivery of preventive health services.

WHEREAS, preventive medicine has been proven to decrease the incidence and severity of Disease; and

WHEREAS, programs which utilize a preventive approach in their practice provide a Service to their community; therefore be it

RESOLVED, that the Student Osteopathic Medical Association supports the efforts of the "Put Prevention into Practice" Initiative to improve the delivery of preventive health Services.

==========

Submitted by:
Jeremy Mills (WVSOM)
Robert Ramirez (UMDNJSOM)
Garieann Cunningham (WVSOM)
Melissa Cook (MSU-COM)
Amanda Martin (OSU-COM)

Action Taken:

Date: 7/18/02

Effective Time Period: Three years

Resolution: F-02-06

Subject: Yellow Ribbon Campaign

---

1. **WHEREAS,** The Auxiliary to the American Osteopathic Association has been
2.
3. Steadfast supporter of the Student Osteopathic Medical Association; and
4.
5. **WHEREAS**, The AAOA and the AOA are dedicated to the Light For Life Yellow
6.
7. Ribbon Program in the hope of reducing the suicide rate in America; and
8.
9. **WHEREAS**, suicide is the third leading cause of death for young people, 1 in 15
10.
11. Teens are talking about suicide, and 30,000 people in America will commit suicide
12.
13. This year; now, therefore, be it
14.
15. **RESOLVED**, That the Student Osteopathic Medical Association will support
16.
17. The AAOA and AOA in their tireless service to the Light For Life Yellow Ribbon
18.
19. Program and the Prevention of suicide.

Submitted by:

Natasha Bray (OSUCOM)
Kasey Nelson (NSUCOM)
Jeremy Mills (WVSOM)
Elena Perdue (WVSOM)
Kenyon Williams (OSUCOM)

Date: August 24, 2002

Effective Time Period: Three years

Resolution: F-02-07

Subject: Amendment Submission

==========

Article XXII-Amendments to the Constitution and Bylaws

Section 2. Amendment Submission. Any five members of the Association may propose an amendment to these **Constitution and Bylaws** by submitting the resolution with a brief explanation, postmarked to the National Vice President and the National SOMA Office at least sixty days prior to the next meeting of the House of Delegates.
Section 3. Amendment Distribution. Copies of proposed amendments shall be distributed to all constituent chapters and postmarked at least thirty days prior to the next meeting of the House of Delegates.

WHEREAS, The **Constitution and Bylaws** of the Student Osteopathic Medical Association

Protects the right of the members of this Organization to have equal representation in the

Decision making process of National SOMA; and

WHEREAS, Many Osteopathic Medical Schools do not begin their academic year until mid

To late August; and

WHEREAS, Many local SOMA Chapters do not have membership drives until September;

And

WHEREAS, The Fall SOMA Convention usually occurs in October placing the 60 day

Deadline for Resolution submission prior to the start of the academic year and membership

Drives of many Osteopathic Schools and SOMA Chapters respectively; therefore, be it

RESOLVED, That **Article XXII, Section 2** of the **Constitution and Bylaws** be amended to

Read: "Any five members of the Association may propose an amendment to these

Constitution and Bylaws by submitting the resolution with a brief explanation to the

National Vice President and National SOMA Office at least 10 days prior to the next meeting

Of the House of Delegates."; And

BE IT FURTHER RESOLVED, That **Article XXII, Section 3** of the **Constitution and**

32. **Bylaws** be amended to
33.
34. Read: Copies of proposed amendments shall be distributed to all constituent chapters at least
35.
36. Seven days prior to the next meeting of the House of Delegates.

==========

Submitted by:
Jeremy Mills (WVSOM)

Action Taken:

Date: 9/6/02

Effective Time Period: Three years

Resolution: F-02-08

Subject: Pre-Health Advisor's Awareness of Osteopathic Medicine

==========

Resolution F-99-8

BE IT RESOLVED, That SOMA will attempt to meet the need identified by the AOA public relations department, and focus attention on educating and informing pre-health advisors about National Osteopathic Medicine Week.

1. **WHEREAS,** there is a recognized lack of available information about Osteopathy and
2.
3. Opportunities within the profession; and
4.
5. **WHEREAS,** having more information available to students about the Osteopathic Field will
6.
7. Increase the size and quality of the application pool; and
8. **WHEREAS,** a goal of SOMA is to increase public awareness of Osteopathic Medicine; now,
9.
10. Therefore be it
11.
12. **RESOLVED,** That SOMA will attempt to meet the need identified by the AOA public
13.
14. Relations department, and focus attention on educating and informing pre-health advisors
15.
16. About the opportunities available in the field of Osteopathic Medicine.

==========

Submitted by:
Paul Teget (KCOM)
Elena Perdue (WVSOM)
Kasey Nelson (NSU-COM)
Kenyon Williams (OSU-COM)
Jeremy Mills (WVSOM)

Action Taken:

Date: 7/18/02

Effective Time Period: Three years

Resolution: F-02-09

Subject: Student rights and responsibilities

==========

Resolution F-99-6

BE IT RESOLVED, That SOMA supports the evolution of the American Medical Student Association's statement of Medical Students Rights and Responsibilities, and,

1. **WHEREAS**, The Student Osteopathic Medical Association supports the rights and
2.
3. Responsibilities of its medical students; and
4.
5. **WHEREAS**, The Student Osteopathic Medical Association and the American
6.
7. Medical Student Association share the same values with regards to the rights and
8.
9. Responsibilities of medical students; now, therefore
10.
11. **BE IT RESOLVED**, That SOMA supports the evolution of the American Medical
12.
13. Student Association's statement of Medical Student Rights and Responsibilities and,
14.
15. **BE IT FURTHER RESOLVED**, That SOMA encourages the development of its
16.
17. own statement of Osteopathic Medical Students Right's and Responsibilities.

==========

Submitted by:

Natasha Bray (OSU-COM)
Ghassan Boghosian (LECOM)
Kelly Hansul (MSU-COM)
John F. Dery, Jr. (CCOM)
Kasey Nelson (NSUCOM)

Action Taken:

Date Submitted: 7/18/02

Effective Time Period: Three years

AMERICAN OSTEOPATHIC ASSOCIATION

142 EAST ONTARIO STREET, CHICAGO, ILLINOIS • 60611-2864 • 312-202-8000

Help Spread the Word about Osteopathic Medicine and Recruit Future D.O.s

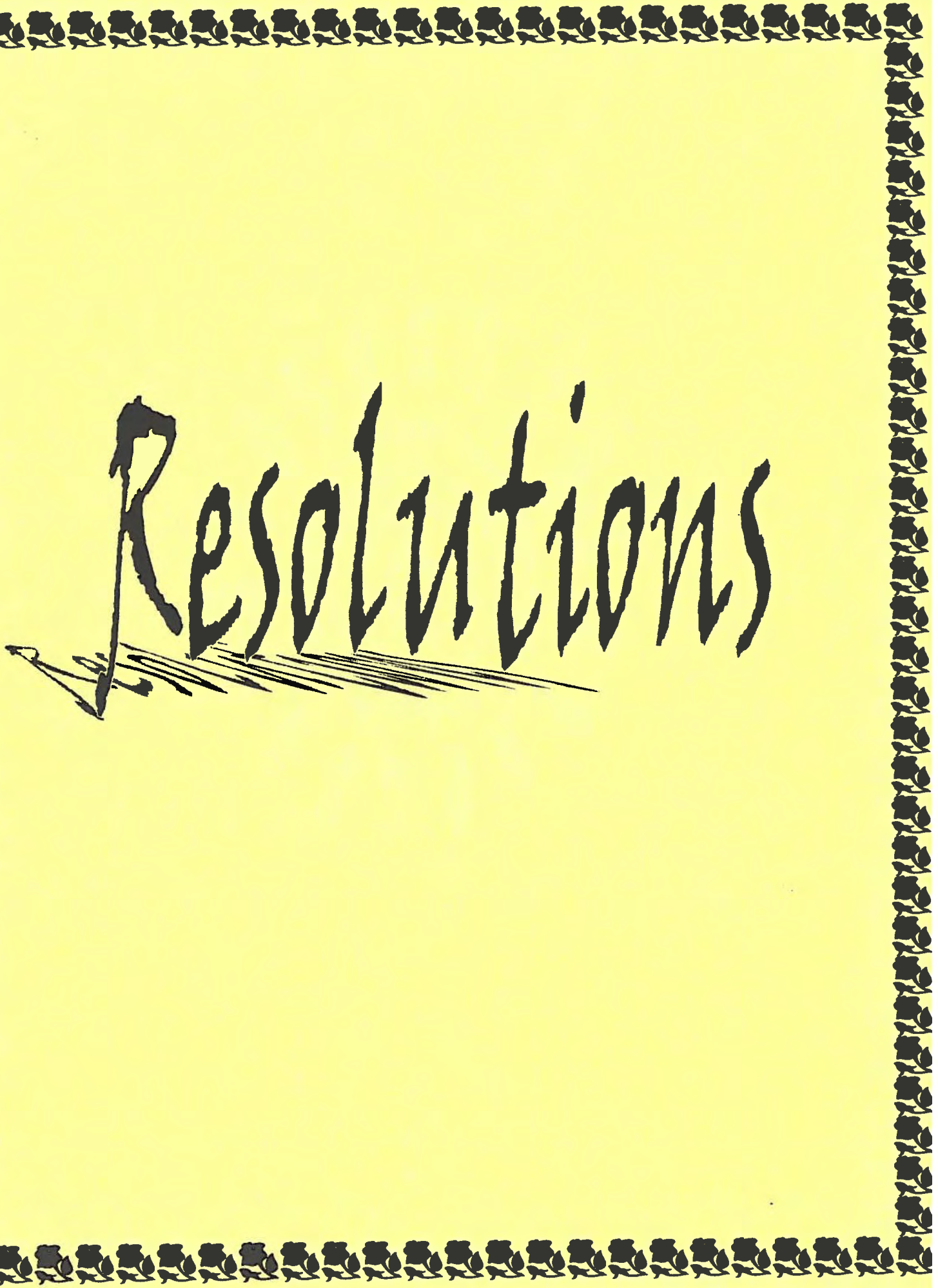
Osteopathic medical "Exploring" programs can help to educate America's youth about osteopathic medicine as well as help to recruit future generations of D.O.s. These programs can easily be developed at the local level through hospitals, medical schools, state associations, specialty colleges and even individual physicians with the assistance of the Boy Scouts of America (BSA).

What is "Exploring"?

"Exploring" is the young adult program of the BSA for **men and women aged 14-20.** Their goal is to help match America's youth who have an interest in a specific profession to those involved in that profession.

Specific posts, such as one for osteopathic medicine, are typically developed by local community organizations such as businesses, civic groups, hospitals, churches and other organizations with a vested interest in educating America's youth about their profession. Starting a post in your area is easy and requires two main responsibilities:

1. An osteopathic leader/Advisor to organize a group of osteopathic professionals who can serve as mentors to youth leaders of the post. The Advisor is responsible for planning meetings as well as scheduling a meeting facility.


Resolutions



Resolution: S98-1

Subject: Expansion of Health Paraprofessional Rights and Training Programs

WHEREAS, The Student Osteopathic Medical Association supports all healthcare paraprofessionals, to include, but not be limited to, nurse practitioners, physician assistants, pharmacists, physical therapists, occupational therapists, chiropractors, psychologists, in their ability to provide quality healthcare within the boundaries of their education; and

WHEREAS, The expansion of practicing rights of these paraprofessionals may lead to substandard healthcare for patients; and

WHEREAS, The continuing expansion of educational programs of paraprofessionals may impinge on the quality of care able to be provided for the patient population; and

WHEREAS, The education of paraprofessionals is less extensive than that of physicians; and

WHEREAS, The role of paraprofessionals should be an adjunct to physician care; now, therefore be it

RESOLVED, That the Student Osteopathic Medical Association is opposed to the expansion of the practicing rights and the numbers of training programs available for healthcare paraprofessional

Submitted By:
Lee Mentis (UOMHS)
Lana Nelson (OSUCOM)
Gina Piazza (NYCOM)
Jennifer Pompliano (UNDNJ-SOM)
Tinisha Jordan (OUCOM)

Resolution: S98-2

Subject: Membership in the Consortium of Health Professional Students

WHEREAS, The Student Osteopathic Medical Association, strives to stay abreast of the changing healthcare environment and the need for maintaining communication amongst all healthcare providers; and

WHEREAS, The Student Osteopathic Medical Association supports the team approach to quality healthcare; and

WHEREAS, The Consortium of Health Professional Students represents students from various health professions supporting the team approach to quality healthcare; now, therefore be it,

RESOLVED, The Student Osteopathic Medical Association supports the membership and participation in the Consortium of Health Professional Students.

Submitted By:
Lee Mentis (UOMHS)
Parveen Singh (UMDNJ-SOM)
Tinisha Jordan (OUCOM)
Lana Nelson (OSUCOM)
Jennifer Pompliano (UMDNJ-SOM)

Resolution: S98-3

Subject: Institution of Regional Meetings

WHEREAS, The Student Osteopathic Medical Association, supports communication amongst local SOMA chapters, especially on a regional level; and

WHEREAS, The Student Osteopathic Medical Association strives to increase awareness of the organization on both a local and national level; and

WHEREAS, The Student Osteopathic Medical Association strives to foster the networking of students and the further development of student leaders; now, therefore be it,

RESOLVED, That in addition to the Fall and Spring National Conventions, Student Osteopathic Medical Association encourages the institution of regional meetings to be held between the Fall and Spring Convention and to include, but not be limited to the local chapter president and NLO of each local SOMA chapter.

Submitted By:
Rob Pedowitz (UHSCOM)
Parveen Singh (UMDNJ-SOM)
Tinisha Jordan (OUCOM)
Janie Orrington-Myers (PCOM)
John Hamilton (OSUCOM)

Resolution: S98-4

Subject: TOURO University - San Francisco College of Osteopathic Medicine SOMA Chapter Induction

WHEREAS, Any group of five or more students at an AOA accredited osteopathic medical school may petition chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply information requested by the Board of Trustees as to its qualifications for membership; and

WHEREAS, SOMA's objectives are to contribute to the welfare and education of osteopathic medical students, and to prepare its members to meet the social, moral, and ethical obligations of the osteopathic profession; and

WHEREAS, The Constituent chapter shall be divided into geographic regions as defined in the bylaws; and

WHEREAS, The TOURO University – San Francisco College of Osteopathic Medicine has opened an osteopathic medical school; now, therefore, be it

RESOLVED, Their local SOMA chapter will be inducted as official members of the Student Osteopathic Medical Association; and be it

FURTHER RESOLVED, The TOURO University – San Francisco College of Osteopathic Medicine will be incorporated into Region III.

Submitted By:
Rob Pedowitz (OSU-COM)
John Hamilton (OSU-COM)
Jennifer Pompliano (UMDNJ-SOM)
Janie Orrington-Myers (PCOM)
Tinisha Jordan (OUCOM)

Resolution: S98-5

Subject: Additional Duty of National SOMA Treasurer

WHEREAS, the National SOMA treasurer responsibilities are to represent National SOMA's financial interests internally and externally; and

WHEREAS, his/her responsibilities are to oversee the financial actions of the Association by monitoring all expenses and revenues, including but not limited to: check writing and reimbursements, working directly with the publishers, distributors, and advertisers of the Student Doctor, and constructing financial statements for the Annual report; and

WHEREAS, the SOMA Board of Trustees has limited knowledge of current status of the National SOMA budget; now, therefore, be it

RESOLVED, The National SOMA treasurer is obligated to provide quarterly budget reports to all members of the Board of Trustees National SOMA board in a form dictated by the current Board of Trustees.

Submitted By:
Tinisha Jordan (OUCOM)
Lana Nelson (OSU-COM)
John Hamilton (OSU-COM)
Lee Mentis, UOMHS-COM
Colin Irish, UOMHS-COM
Jennifer Pompliano, UMDNJ-SOM

Resolution: S98-6

Subject: Experience Requirement for National Board Positions

WHEREAS, The BOARD OF TRUSTEES shall be comprised of all elected national officers, as well as the Member-At-Large; and

WHEREAS, The BOARD OF TRUSTEES acts in an advisory capacity to the National Board and to the House of Delegates; and

WHEREAS, The BOARD OF TRUSTEES guides the present and future course of SOMA; and

WHEREAS, The BOARD OF TRUSTEES has the power to dismiss from his/her position any National Board member; and

WHEREAS, In the past, lack of experience within the National Board has proven detrimental to SOMA; now, therefore, be it

RESOLVED, That all candidates for the positions of: National President, Vice-President, Treasurer, Student Doctor Editor, and Foundation Chairperson have at least one year experience on the SOMA National Board.

Submitted By:
Lana Nelson (OSU-COM)
Lee Mentis (UOMHS)
Tinisha Jordan (OUCOM)
Lan Bui (UOMHS)
Janie Orrignton-Myers (PCOM)
Parveen Singh (UMDNJ-SOM)

Resolution: S98-7

Subject: National SOMA Benefactors

WHEREAS, National SOMA receives contributions from several benefactors for whom we are gracious; and

WHEREAS, There is no formal process of recognition of the generosity of SOMA benefactors; now therefore, be it

RESOLVED, That National SOMA formally recognize benefactors annually at the Spring Convention.

Submitted by:
Lana Nelson, OSU-COM
Jon Hamilton, OSU-COM
Lee Mentis, UOMHS-COM
Colin Irish, UOMHS-COM
Jennifer Pompliano, UMDNJ-SOM

Resolution: S98-8

Subject: National Board Member Funding

WHEREAS, SOMA Board of Trustees and National Board members receive funding for national projects and convention expenses; and

WHEREAS, SOMA Board of Trustees and National Board members have certain job responsibilities as outlined in their job description; and

WHEREAS, there is currently no official system of evaluating SOMA Board of Trustees' and National Board members' performance and subsequent funding; now, therefore, be it

RESOLVED, That the SOMA Board of Trustees evaluate current SOMA Board of Trustees members and National Board members to determine fulfillment of officer duties and subsequent funding for national projects and convention expenses.

Submitted by:
Lana Nelson, OSU-COM
Jon Hamilton, OSU-COM
Lee Mentis, UOMHS-COM
Colin Irish, UOMHS-COM
Jennifer Pompliano, UMDNJ-SOM

Resolution S98-9

Subject: Responsibility of Committee Job Description

WHEREAS, the Student Osteopathic Medical Association's Board of Trustees is responsible for the every day events of the Association, and,

WHEREAS, the Board of Trustees is to govern the Committees of the Association, therefore, be it

RESOLVED, that the following be added to the end of ARTICLE XVII, Section 1:
Job Description and responsibilities of a Committee Chairperson is to be approved by a simple majority of the Board of Trustees.

Submitted by: Raul J. Garcia (NYCOM)
Colin Irish (UOMHS)
Gina Piazza (NYCOM)
Stephanie Zeszutek (NYCOM)
Lee Mentis (UOMHS)




resolutions

Resolution:
Subject:

WHEREAS, The AOA has resolved to create a Committee on Osteopathic Unity; and

WHEREAS, SOMA has been approved a voting delegate on the AOA Committee on Osteopathic Unity; and

WHEREAS, The SOMA delegate can voice the opinion of National SOMA and its members; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association will support and promote the decisions and actions of the AOA Committee on Osteopathic Unity.

Submitted by:
Monique Carroll (Western U-COMP)
Wendy Neal (WVSOM)
Harrison Tong (MSUCOM)
Monica Saenz (NSUCOM)
LeAnn Jons-Cox (UHSCOM)

Resolution:
Subject:

WHEREAS, The Foundation and Association comprise the National Board; and

WHEREAS, Foundation members participate fully in matters of the National Board; and

WHEREAS, It is the duty of the Parliamentarian and region trustees to be fully responsible for nominating members of the reference committee; now, therefore, be it

RESOLVED, That the members of the reference committee should not be selected by the Foundation chairperson. Rather, members of the reference committee should be selected from the National Board at large, as two representatives from each region.

Submitted by:
Monique Carroll (Western U-COMP)
Wendy Neal (WVSOM)
Harrison Tong (MSUCOM)
Monica Saenz (NSUCOM)
LeAnn Jons-Cox (UHSCOM)

Resolution:
Subject: Special Events Committee

WHEREAS, SOMA has chosen to support the Special Olympics in recognition of the achievements these athletes accomplish, and a willingness to facilitate their efforts; and

WHEREAS, It is the privilege of SOMA to support and proclaim the benefits of Osteopathy by recognizing National Osteopathic Medicine week; and

WHEREAS, It is the duty of every SOMA member to preserve the environment as part of our support for better health, in part by celebrating Earth Day; now, therefore, be it

RESOLVED, The Committee of Special Events will disseminate information and guidance to local SOMA chapters in order to express our commitment to Special Olympics, National Osteopathic Medicine Week and Earth Day; and be it further

RESOLVED, The Human Rights Task Force, Environmental Awareness Task Force, and Special Olympics Task Force be combined into one Standing Committee called the Committee of Special Events.

Submitted by:
Monique Carroll (Western U-COMP)
Wendy Neal (WVSOM)
Harrison Tong (MSUCOM)
Monica Saenz (NSUCOM)
LeAnn Jons-Cox (UHSCOM)
Tinisha Jordan (OUCOM)

Resolution:
JOB TITLE: Associate Director of the Capital Campaign, Foundation

WHEREAS, The Capital Campaign task force has existed as a SOMA Foundation task force for the past two years; and

WHEREAS, The task force is important to not only the future of SOMA Foundation but SOMA as a whole; and

WHEREAS, The goal of the Capital Campaign is to raise enough money and to invest that money, securing the principal, with the hopes that SOMA can have "something to fall back on" should the event come in which its resources are depleted; and

WHEREAS, There is a continued need for this program; now, therefore, be it

RESOLVED, That the Capital Campaign Task Force be adopted as a Standing Committee; and be it further

RESOLVED, The following job description be placed into the SOMA constitution.

DUTIES AND RESPONSIBILITIES:

1. To work in concert with SOMA's Administrator
2. To work with the Foundation Chairperson as members of the SOMA Association's National Board of Trustees
3. To forge strong, working relationships with existing members of the SOMA Foundation
4. To work to secure new members into the SOMA Foundation
5. To submit a yearly report of the Foundation's progress
6. To attend SOMA's conventions and sit on committees as designated
7. To attend all Educational Advisory Board (EAB) and Corporate Advisory Board (CAB) meetings
8. To draft a sample C.C. mailing package and send them out selected groups of individuals or corporations
9. To send 'Thank You' letters to C.C. contributors
10. To keep a log of all mailings and associated responses
11. To inform the A.D. Finance of monies collected for the
12. To submit names of contributors to the Student DOctor
13. To construct a "Thermometer" of contributions

Submitted by:
Stephanie L. Zeszutek (NYCOM, 2000)
Emily Ward (NYCOM, 2000)
Tinisha Jordan (OUCOM, 2000)
Jon Hamilton (OSUCOM, 2000)
Marian Hendricks (KCOM, 2000)

Resolution:
Subject: Professional Development Director Job Description and Task List

WHEREAS, The Professional Development task force has existed as a SOMA task force for the past two years; and

WHEREAS, The task force develops and implements programs that enhance the professional development of both national and local SOMA members; and

WHEREAS, There is a continued need for this program; now, therefore, be it

RESOLVED, That the Professional Development Task Force be adopted as a Standing Committee; and be it further

RESOLVED, The following job description be placed into the SOMA constitution.

Description

1. This director is responsible for developing and implementing programs that enhance the professional development of both national and local SOMA members.
2. Represent National SOMA as the student representative to the National Board of Osteopathic Medical Examiners (N.B.O.M.E.), Inc., at their annual board meeting in November.
3. Communicate with national and local SOMA members regarding current professional issues in Osteopathic medicine.
4. Acquire feedback on professional issues from all SOMA members to present to professional organizations regarding student perspectives
5. Work directly with professional osteopathic organizations to develop and implement internship programs for SOMA members.
6. Submit articles and information to the Student DOctor regarding professional development issues.
7. Attend National SOMA conventions and National board meetings.

Submitted by:
Stephanie L. Zeszutek (NYCOM, 2000)
Emily Ward (NYCOM, 2000)
Tinisha Jordan (OUCOM, 2000)
Jon Hamilton (OSUCOM, 2000)
Marian Hendricks (KCOM, 2000)

Resolution:
Subject: Osteopathic Principles Outcomes Based Research

WHEREAS, There is a need for outcomes based research in osteopathic principles to demonstrate both quantitatively and qualitatively the efficacy of osteopathic treatment modalities; and

WHEREAS, There is a need to increase research opportunities for osteopathic medical students;

now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association hereby encourages all efforts to promote outcomes based research in osteopathic medicine.

Submitted by:
Emily L. Ward (NYCOM, 2000)
Stephanie L. Zeszutek (NYCOM, 2000)
Christopher Beal (MSUCOM 2001)
Matthew Sevensma (MSUCOM 1999)
Paula Racine (UNECOM 2000)
Jackie Curtis (AZCOM 2000)

July 10, 1998

Resolution:
Subject: Federal Government Youth Drug Education Project

WHEREAS, Drug abuse is one of the most important preventable causes of premature morbidity and mortality in our society today; and

WHEREAS, Drug abuse has been continually increasing in American youth; and

WHEREAS, The Federal Government Youth Drug Education Project focuses on educating youth of the dangers and outcomes of drug experimentation in an effort to deter use; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association supports the Federal Governments Youth Education Project's efforts to deter drug use in American Youth.

Submitted by:
Emily L. Ward (NYCOM, 2000)
Stephanie L. Zeszutek (NYCOM, 2000)
Christopher Beal (MSUCOM 2001)
Matthew Sevensma (MSUCOM 1999)
Paula Racine (UNECOM 2000)
Jackie Curtis (AZCOM 2000)

July 10, 1998

Resolution:
Subject: Preventive Medicine Standing committee

WHEREAS, Tobacco and other drug use is the single most important preventable cause of premature morbidity and mortality in our society today. Over 400,000 deaths per year are indirectly attributable to tobacco use while alcohol abuse contributes another 100,000 and illicit drugs add 20,000; and

WHEREAS, Drug abuse in American Youth continues the steady climb that began during the early 1990's; and

WHEREAS, As osteopathic students involved in the practice of holistic medicine, it is imperative that we not only learn how to help our patients stop using drugs but also give our time as community educators and help keep our future patients from starting addictive behaviors; and

WHEREAS, In an effort to meet the challenge that tobacco and other drug abuse presents to our society, the Preventive Medicine Committee of SOMA can help to take the message of drug prevention to America's Youth; and

WHEREAS, The Preventive Medicine task force has existed as a SOMA task force for two years now; and

WHEREAS, There is a continued need for this program; now, therefore, be it

RESOLVED, That the Student Osteopathic Medical Association adopt Preventive Medicine as a standing committee with the mission to:

--train osteopathic medical students in effective prevention education and smoking cessation techniques;

--develop prevention education programs at all osteopathic medical schools; and to become active at state and national levels in the prevention of drug and tobacco addiction; and be it further

RESOLVED, That the following job description be placed into SOMA constitution

1.) Develop prevention education programs at all osteopathic schools by providing troubleshooting and assistance to local chapters as needed;

2.) Work with local coordinators to identify additional issues facing target populations in their communities;

3.) Form and maintain national and local links with APHA, American Cancer Society, American Lung Association and other groups involved in the field of preventive medicine;

4.) Maintain adequate finding to continue prevention efforts;

5.) Communicate with national and local SOMA members regarding current issues in preventive medicine;

6.) Submit articles and information to the Student DOctor regarding preventive medicine; and

7.) Attend National SOMA Conventions and SOMA National Board Meetings

Submitted by:
Emily L. Ward (NYCOM 2000)
Douglas Keehn (UOMHS 2000)
Parveen K. Singh (UMDNJ-SOM 1999(
Tinisha Jordan (OUCOM 2000)
Jackie Curtis (AZCOM 2000)

July 29, 1998

Amendment to Article XXIII, Section I

Subject: Membership Dues

WHEREAS, As stated in Article XXIII, Section I, active membership dues "...Shall be $50 for the 4-year active membership"; and

WHEREAS, "Of this $50, the fee shall be divided as such: $20 shall go to the local chapter at the student's college, and $30 shall go to the National SOMA Office"; and

WHEREAS, Due to rising costs at the local and national levels, there is a demonstrated need for increased revenue; now, therefore, be it

RESOLVED, That the National Membership dues shall be increased, effective 1999-2000, to $60 for the 4-year active membership, which will be distributed as such: $25 shall go to the local chapter at the student's college, and $35 shall go to the National SOMA Office.

Submitted by:
Hany Ibrahim (UMDNJ-SOM)
Robert Pedowitz (UHSCOM)
Jacqueline Curtis (AZCOM)
Jean Ann Yaccino (AZCOM)
Brinda Kantha (PCOM)

Resolution:
Subject: Dissolution & Reincorporation of Community Medicine & Public Health Standing Committee

WHEREAS, The Community Medicine & Public Health Standing Committee was originally established to:

– Provide assistance to medical students in initiating and participating in programs that benefit the community or address public health concerns;

– To represent SOMA on the National Primary Care Day Planning Committee;

– To provide assistance and guidance for local PCD activities;

– To provide information concerning NHSC, international, and National Public Health externships and summer activities; and

WHEREAS, The task of assisting medical students in developing programs to address community public health issues has become part of the mission of the Preventive Medicine Task Force; and

WHEREAS, The National Primary Care Day Planning Committee was dissolved last year. Coordination of local activities in support of primary care have been delegated to the Special Events director; and

WHEREAS, International Health and NHSC opportunities have been integrated into the International Health Program and the Committee on the Program For Medically Underserved respectively; now, therefore, be it

RESOLVED, That the Committee on Community Medicine & Public Health be dissolved and it's main missions incorporated into the Preventive Medicine Committee, The Committee on the Program For Medically Underserved, the Special Events Committee, and the International Health Program.

Submitted by:
Emily L. Ward (NYCOM, 2000)
Tinisha Jordan (OUCOM 2000)
Rob Pedowitz (KCOM 1999)
Christopher Beal (MSUCOM 2001)
Monique Carroll (COMP 2000)

July 31, 1998

Amendment to Article IX, Section VII

Subject: Site of House of Delegates Meetings

WHEREAS, Under the subject of the house of delegates in Article IX, Section VII, regular meetings of the house, it dictates that the Spring Convention site and date, occurring in the next academic year, will be determined by preferential ballot by the House of Delegates during the Fall Convention; and

WHEREAS, In the past, some convention sites chosen by the House of Delegates have not been cost-effective or convenient for the entire SOMA delegation; now, therefore, be it

RESOLVED, That each participating school will be permitted one selection of a site to be submitted no less than 30 days prior to the start of the Fall Convention; and be it further

RESOLVED, That the National Board will select 4 of those proposed sites, which will then be voted on by the House of Delegates at the Fall Convention

Submitted by:
Robert Pedowitz (UHSCOM)
Jean Ann Yaccino (AZCOM)
Thomas Pak (UHSCOM)
Brinda Kantha (PCOM)
Jacqueline Curtis (AZCOM)

Amendment to Article IV, Section 9B

Subject: Local Officer Attendance at Spring Convention

WHEREAS, In Article IV, Section 9A it states "...that one outgoing officer and one incoming officer (or their proxies) attend Spring Convention; and

WHEREAS, Article IV, Section 9B further states that, "Should local chapters provide financial assistance to local officers for travel to conventions, National SOMA recommends that the distribution of funding be determined by the local chapter President and National Liaison Officer based upon the following criteria: 1) participation and leadership in local SOMA activities. 2) person is an elected local SOMA Officer and/or is interested in interviewing or running for a National Position. 3) Should disputes arise, the chapter's Regional Trustee will be asked for his or her advice regarding distribution of funds."; and

WHEREAS, The purpose of the Spring Convention is to transition in new officers; now, therefore, be it

RESOLVED, That an additional criterion be added to Article IV, Section 9B, stating that, "4) When a local chapter provides funds for officers to attend the Spring Convention, one of those persons must be a newly-elected officer, if he or she chooses to attend."

Submitted by:
Robert Pedowitz (UHSCOM)
Jacqueline Curtis (AZCOM)
Hany Ibrahim (UMDNJ-SOM)
Thomas Pak (UHSCOM)
Brinda Kantha (PCOM)

SOMA House of Delegates
Fall Convention 1995
Resolutions

Resolution: F-95-1
Subject: Payment of International Dues for the International Health Program
Action Taken:

Resolution: F-95-2
Subject: SOMA Policy on Tobacco Use
Action Taken:

Resolution: F-95-3
Subject: Reimbursement to Non-Compliant National Board Members
Action Taken:

Resolution: F-95-4
Subject: Student DOctor Business Manager National Board Position
Action Taken:

Resolution: F-95-5
Subject: Proposed Student DOctor Financial Director National Board Position
Action Taken:

Resolution: F-95-6
Subject: Proposed Student DOctor Advertising Director National Board Position
Action Taken:

Resolution: F-95-7
Subject: Proposed Student DOctor Subscription Manager National Board Position
Action Taken:

RESOLUTION: F-95-1

SUBJECT: Payment of International Dues for the International Health Program

==========

WHEREAS, SOMA has established a permanent and ongoing membership in the International Federation of Medical Students Associations (IFMSA) through the USA-International Health Program (USA-IHP); and

WHEREAS, The maintenance of such a membership requires the payment of annual dues to the international organization; and

WHEREAS, USA-IHP represents both osteopathic and allopathic students to the IFMSA and the international community; therefore, be it

RESOLVED, That SOMA allocate funds for the payment of dues, corresponding to the percentage of osteopathic students utilizing the program; and be it further

RESOLVED, That the determination of the amount of such an allocation be based on the international exchange statistics for the previous year.

==========

Submitted by: Monica Quinn CCOM
Patrick Peterson NSU-COM
Kathy Ross CCOM
Celestine Smyth CCOM
Barbara Baughman WVSOM

Action Taken:

Date Submitted: 8/14/95

Effective Time Period: Ongoing

F-95-2

WHEREAS: The Student Osteopathic Medical Association has no official policy statement regarding the use of tobacco products and,

WHEREAS: The surgeon general of the United States has vound a relationship bertween tobacco use and cancer and,

WHEREAS: The House of Delegates passed a resolution encouraging all osteopathic schools to become smoke free and,

WHEREAS: The American Osteopathic Association amd many state osteopathic associations have a statement regarding the use of tobacco products, be it therefore,

RESOLVED: That we as exemplars shall work to eliminate tobacco use as a personal habit and be it further,

RESOLVED: That the Student Osteopathic Medical Association promote an environment free of tobacco products.

Respectfully submitted;

Anna M. Lamb (KCOM)
Mel Wright (KCOM)
Ian Fawks (KCOM)
Kate Easley (KCOM)
LeeAnn Brown (WVSOM)

Resolution: F-95 -3

Subject: Reimbursement to non-compliant National Board Members

---

WHEREAS, Article XIII, section 10, addresses the penalty for National Board officers who do not comply with the submission of written information and materials before leaving office and

WHEREAS, It is essential that prior information and materials be passed on to new officers to assure a smooth transition and

WHEREAS, The current constitution does not clearly specify which expenses will not be reimbursed; now, therefore, be it

RESOLVED, That article XIII, Section 10, lines 49 & 50 read, "Failure to comply with these regulations will prevent reimbursement to that officer of convention and any other outstanding expenses incurred while in office."

Submitted by:

Jodi Adler (UOMHS)
Tony Bell (PCOM)
Kristina Hawkins (WVSOM)
Kelli Ward (WVSOM)
Pat White (NOVA-SECOM)

Resolution: F-95-4

Subject: Student DOctor Business Manager National Board Position

---

WHEREAS, Article XVI, Section 4 lists the National Board Standing Committee Chairpersons; and

WHEREAS, the Student Doctor Business Manager is listed as one of these Standing Committee Chairpersons; and

WHEREAS, the Business Manager position has been determined to be obsolete by the Student DOctor Staff; be it

RESOLVED that the Student DOctor Business Manager Standing Committee Chairperson be removed from the list of National Board Positions.

Submitted by:

Brandt wood (UOMHS)
Radhica Acharya (CCOM)
Joy Derwenskus (UOMHS)
Eric Bettis (UOMHS)
Jodi Adler (UOMHS)

Resolution: F-95-5

Subject: Proposed Student DOctor Financial Director National Board Position

---

WHEREAS, Article XVII, Section 1 requires a vote of the House of Delegates to create a National Board Position, and

WHEREAS, Article XVI, Section 4 lists the National Board Standing Committee Chairpersons; and

WHEREAS, the Student Doctor Staff has determined the necessity of a Financial Director of the Student DOctor, be it

RESOLVED that the Student DOctor Financial Director Standing Committee Chairperson be created and added to the list of National Board Positions, and be it further

RESOLVED that the Student DOctor Advertising Director Standing Committee Chairperson shall have the following generalized responsibilities:

The Student DOctor Financial Director is the comptroller of the Student DOctor and is responsible for overseeing the finances of the Student DOctor. This office, through the SOMA Treasurer, controls the disbursement of those funds set aside in the SOMA budget for the Student Doctor publishing expenses, and also ensures the income over and above the Student DOctor expenses will be transferred back into the Association. All other budgeted funds are overseen by the Student DOctor Editor. Additionally, this position ensures that the income of the Student DOctor is sufficient to maintain its functionality. This is accomplished by working with the other members of the Student DOctor staff, Student DOctor and SOMA vendors and contributors, National Board, and Local Chapters to ensure that the job responsibilities of positions relating to funding of the Student DOctor are being met. Additional responsibilities may apply. The Financial Director reports directly to the Student DOctor Editor. This position is funded under the Student DOctor Budget.

Submitted by:

Brandt wood (UOMHS)
Radhica Acharya (CCOM)
Joy Derwenskus (UOMHS)
Eric Bettis (UOMHS)
Jodi Adler (UOMHS)

Resolution: F-95-6

Subject: Proposed Student DOctor Advertising Director National Board Position

---

WHEREAS, Article XVII, Section 1 requires a vote of the House of Delegates to create a National Board Position, and

WHEREAS, Article XVI, Section 4 lists the National Board Standing Committee Chairpersons; and

WHEREAS, the Student Doctor Staff has determined the necessity of an Advertising Director of the Student DOctor, be it

RESOLVED that the Student DOctor Advertising Director Standing Committee Chairperson be created and added to the list of National Board Positions, and be it further

RESOLVED that the Student DOctor Advertising Director Standing Committee Chairperson shall have the following generalized responsibilities:

This position is responsible for attaining new advertisers and maintaining and increasing the current list of advertisers. This office works closely with the Financial Director and the Editor to further increase revenue. The position is also responsible for working with the advertising manager at Hanley and Belfus, Inc., the Student DOctor publishers, to ensure all physical advertisement requirements and payments are being met and adhered to. This office reports directly to the Financial Director and subsequently to the Editor as needed. The position is funded under the Student DOctor budget.

Submitted by:

Brandt wood (UOMHS)
Radhica Acharya (CCOM)
Joy Derwenskus (UOMHS)
Eric Bettis (UOMHS)
Jodi Adler (UOMHS)

Resolution: F-95-7

Subject: Proposed Student DOctor Subscriptions Manager National Board Position

---

WHEREAS, Article XVII, Section 1 requires a vote of the House of Delegates to create a National Board Position, and

WHEREAS, Article XVI, Section 4 lists the National Board Standing Committee Chairpersons; and

WHEREAS, the Student Doctor Staff has determined the necessity of a Subscriptions Manager of the Student DOctor, be it

RESOLVED that the Student DOctor Subscriptions Manager Standing Committee Chairperson be created and added to the list of National Board Positions, and be it further

RESOLVED that the Student DOctor Subscriptions Manager Standing Committee Chairperson shall have the following generalized responsibilities:

This position is responsible for maintaining subscription records from the master membership list, as well as obtaining new subscriptions through sources outside SOMA. This office reports directly to the Financial Director and subsequently to the Editor as needed. The position is funded under the Student DOctor budget.

Submitted by:

Brandt wood (UOMHS)
Radhica Acharya (CCOM)
Joy Derwenskus (UOMHS)
Eric Bettis (UOMHS)
Jodi Adler (UOMHS)

PART FIVE

CONSTITUTION AND RESOLUTIONS

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - NAME

The name of this association shall be the Student Osteopathic Medical Association. This name shall be officially abbreviated SOMA.

ARTICLE II - OBJECTIVES

The objectives of SOMA shall be:

- To improve the quality of health care delivery to the American people and the world.
- To contribute to the welfare and education of osteopathic medical students.
- To familiarize its members with the purpose and ideals of osteopathic medicine.
- To establish lines of communication with other health science students and organizations.
- To prepare its members to meet the social, moral, and ethical obligations of the osteopathic profession.

ARTICLE III - MEMBERSHIP

Membership in SOMA shall be through local chapters of AOA accredited osteopathic medical schools and consists of Active Membership, Honorary Membership, and Pre-Medical Student Membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV - ELECTED NATIONAL OFFICERS

Section 1 - The Elected National Officers shall consist of:

1. A National President who shall be the Chairperson of the Board of Trustees.
2. A Speaker of the House of Delegates who shall also serve as the National Vice President.
3. A National Treasurer.
4. An Editor of the Student DOctor.
5. Regional Trustees (one from each region).

These Elected National Officials shall also serve as members of the SOMA Foundation Board of Directors.

Section 2 - The National President, Speaker of the House/Vice President, National Treasurer, Editor of the Student DOctor and Regional Trustees shall be elected at the AOA Annual Convention & Scientific Seminar and assume their duties at the conclusion of the Spring SOMA Convention of that academic year.

ARTICLE V - OFFICIAL MEETINGS

The SOMA House of Delegates, Elected National Officers and National Board shall convene at least twice a year for official meetings: at the Annual Fall National convention which will coincide with the AOA Annual Convention & Scientific Seminar and again at the Annual Spring SOMA Convention.

ARTICLE VI - ADMINISTRATOR

An Administrator may be appointed by the Board of Trustees. His/Her qualifications, duties and payment for service shall be set forth in the Bylaws.

ARTICLE VII - COMMITTEES AND TASK FORCES

Standing Committees of SOMA shall be established only at the direction of the House of Delegates. The procedures for establishing Standing Committees, Subcommittees and Task Forces and the selection of their chairpersons shall be those set forth by the Bylaws.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as Chairperson), the Speaker of the House of Delegates/National Vice President, the National Treasurer, one Regional Trustee from each geographic region, the Editor of the Student DOctor and the Member At-Large as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the Association between meetings of the House of Delegates. Further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year; each of these meetings shall be in conjunction with the meeting of the SOMA House of Delegates.

ARTICLE IX - HOUSE OF DELEGATES

Section 1 - Responsibility for determining the policies of the Association shall be vested solely in the House of Delegates.

Section 2 - The policies and decisions of the House of Delegates shall be administered between the annual meetings of the House of Delegates by the Board of Trustees as described in the Constitution and Bylaws of SOMA.

Section 3 - The House of Delegates shall convene twice a year; once in conjunction with the annual Fall AOA Scientific Convention and again at the annual Spring SOMA Convention.

Section 4 - The requirements of chapter representation and of their official delegates shall be set forth in the Bylaws.

Section 5 - Resolutions shall be presented to and considered by the House of Delegates in the manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and Ex-Officio members as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

ARTICLE X - RULE OF ORDER

Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE XI - AMENDMENTS TO THE CONSTITUTION

Section 1 - Any five members of the Association may propose an amendment to this Constitution by submitting the amendment with a brief explanation to the Speaker of the House/Vice President at the National Office by certified mail return receipt requested, at least thirty days prior to the next meeting of the House of Delegates.

Section 2 - Copies of proposed amendments shall be provided to all constituent chapters at least fifteen days prior to the next meeting of the House of Delegates.

Section 3 - A vote of two-thirds of the delegates, quorum required, shall be required for passage of any new amendment.

ARTICLE XII - REGIONAL TRUSTEES

Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by members of each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional duties shall be delineated in the Bylaws.

BYLAWS
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not be more than one such chapter in any osteopathic medical school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A chapter shall be granted by a simple majority ratification of the House of Delegates at its next meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of their constituency, but shall hold no more than two offices concurrently.

Section 6 - Each chapter shall hold its annual election prior to the annual Spring SOMA House of Delegates. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no less than fourteen days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7 - It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to ensure a smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

Section 8 - Each chapter shall send at least one member to every Regional Convention within its region.

ARTICLE II - MEMBERSHIP

Section 1 - Membership in SOMA shall be classified into three groups:

1. Active Membership.
2. Honorary Membership.
3. Pre-Medical Student Membership.

Only active members shall have voting privileges.

Section 2 - Active Membership. To be admitted to Active Membership in SOMA, an applicant must be enrolled at an AOA accredited osteopathic medical school and have paid the appropriate dues.

Section 3 - Honorary Membership. Honorary Membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or on a lifetime basis by the House of Delegates.

Section 4 - Pre-Medical Student Membership. An applicant must be enrolled in an undergraduate college and pay the appropriate dues.

ARTICLE III - DISCRIMINATION

Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV - HOUSE OF DELEGATES

Section 1 - Each constituent chapter which has received a charter as prescribed in **Article I** of these Bylaws shall be entitled to four voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall be at the discretion of each local chapter. At the opening of the House of Delegates, each chapter shall provide to the Speaker of the House, a list of four delegates with voting rights and a list of alternates who may vote in their absence. Persons shall be identified with name tags indicating their "Delegate" or "Alternate" status. Before any business is undertaken by the House of Delegates, each delegate and alternate shall be identified and verified by the Speaker of the House (or his/her designate), using at least one appropriate form of I.D.. Each chapter present shall be provided with four voting cards. It is strongly recommended that one person control one voting card; however, one person may control up to and including all four cards for his/her chapter. Proxy voting between chapters shall be prohibited. An alternate can replace a voting delegate provided they have been identified by the Speaker.

Section 2 - Ex-Officio members of the House of Delegates shall include the members of the Board of Trustees, and the Chairperson of any Standing Committee, Subcommittee or Task Force. Ex-Officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3 - All official members of SOMA as described in **Article II** of these Bylaws shall have the right to address the House of Delegates upon recognition by the Speaker of the House. This recognition shall not entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4 - A Quorum shall be required for the House of Delegates to conduct any business. A Quorum shall be defined as 50% + 1 of all occupied seats of the House of Delegates. (this means 50% + 1 of the total delegates which is 4 times the number of constituent chapters).

Section 5 - All business unless otherwise specified in the Constitution and Bylaws of SOMA, shall be transacted by simple majority of the votes cast.

Section 6 - The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least fifteen days prior to the commencement of the biannual meeting. The order of business shall only be changed by a vote of at least two-thirds of those voting.

Section 7 - The House of Delegates shall meet during the biannual Fall and Spring Conventions of SOMA, and at such time as it may determine. The next Spring Convention site and date will be determined by preferential ballot during the Fall Convention by the House of Delegates.

Section 8 - Special meetings of the House of Delegates may be called by a vote of two-thirds of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen days of the call. The special meeting shall be held not less than fifteen nor more than sixty days after notice has been sent to the chapters.

Section 9 -

A) All amendments shall be presented in typed form to the Speaker of the House/Vice President before presentation to the House of Delegates as stated in **Article XI, Section 1** of the Constitution and **Article XV, Section 2** of the Bylaws.

B) All amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegates during the annual convention in which they were introduced.

C) Any resolution that names any specific SOMA chapter(s) will be discussed with the president(s) of such named chapter(s) prior to submission to a reference committee.

D) All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees.

E) The House of Delegates shall either adopt, defeat or amend the reference committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her designate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V - ELECTIONS

Section 1 - Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2 - The election of National Liaison Officers and local Presidents shall be held by the constituent chapters on an annual basis as outlined in **Article I, Section 6** of the Bylaws.

Section 3 - The election of the National President, Speaker of the House/Vice President, the National Treasurer, the Editor of the Student DOctor and the Regional Trustees, shall be held during the annual Fall House of Delegates meeting.

Section 4 - The election of an Member At-Large chosen from and by the newly installed National Board, will occur during the post-Spring convention transition period.

Section 5 - A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two nominees for the office of National President, Speaker of the House of Delegates/Vice President, National Treasurer, and Editor of the Student DOctor, to the Speaker of the House at least thirty days prior to the annual Fall meeting of the House of Delegates. The Speaker of the House shall distribute the Nominating Committee report at least fifteen days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the Nominating Committee report.

Section 6 -

A) Elections shall be held following the report of the Nominating Committee. Prior to election of the officers time will be allotted for the nominees to address the House of Delegates.

B) Voting shall be by secret ballot.

C) The candidate receiving 50% + 1 of possible votes shall be declared the winner. If no candidate receives 50% + 1 votes, a runoff of the candidates with the two highest vote totals shall be held. If no candidate receives a winning number of votes, additional run-offs will be held until a winner is declared.

Section 7 - Regional Trustees shall be elected at the Annual Fall Convention. Each Regional Trustee will take office at the closing of the Spring House of Delegates meeting. Each chapter from that geographic region shall have four votes toward the election of the Regional Trustee. All balloting shall be by secret ballot. Ballots shall be checked and counted by a committee consisting of one representative from each chapter present. Election rules shall follow **Article V, Section 6, Paragraph (C)** of the Bylaws.

ARTICLE VI - DUTIES OF OFFICERS

Section 1 - National President - He/She shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpersons of various Standing Committees, Subcommittees, and Task Forces in carrying out the objectives of SOMA and will coordinate all national affairs between the Administrator and the Board of Trustees. He/She shall appoint a cabinet of advisors as set forth in **Article XII** of these Bylaws. He/She shall also serve as a member of the Foundation Board of Directors.

Section 2 - Speaker of the House of Delegate/Vice President - He/She shall have the authority to appoint a Vice Speaker to assist in his/her duties. He/She shall be an Ex-Officio member of all committees and shall receive their reports at least biannually. He/She shall coordinate all phases of Standing Committees, Subcommittees and Task Forces and report their progress to the House of Delegates. He/She shall establish the order of business for the House of Delegates, with recommendations from the Board of Trustees and Convention Coordinator. The Speaker or his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates. In the absence of the National President, he/she shall act as interim Chairperson to perform the duties of that office. He/She shall keep and maintain the Associations Constitution, Bylaws, the SOMA Process and the Code of Ethics in their most current form.

Section 3 - The National Treasurer - He/She will maintain all financial records and file the required forms with the IRS and financial institutions for National SOMA and the SOMA Foundation. He/She will chair a Finance Committee for purposes of budgetary review and approval. He/She shall work with the National SOMA officers to form a National Budget.

Section 4 - National Liaison Officers - They shall be responsible for conducting affairs of National SOMA interest at the local constituent chapters including acting as liaison between National SOMA, college administrations, and state osteopathic societies and other organizations. It shall be their responsibility to maintain an accurate membership file at the local level and to forward a monthly report to their Regional Trustee concerning local and national activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officers shall interact, coordinate and frequently converse with their Regional Trustee as well as the National Office.

Section 5 - Regional Trustees -

A) The Regional Trustee shall represent his/her region on the Board of Trustees.

B) The Regional Trustee shall be responsible for the regional conclave meeting held at both the annual Fall & Spring Conventions. Regions are divided as follows:

Region I:
- University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine (NJSOM)
- New York College of Osteopathic Medicine of New York Institute of Technology (NYCOM)
- Philadelphia College of Osteopathic Medicine (PCOM)
- University of New England College of Osteopathic Medicine (UNECOM)
- Southeastern University of the Health Sciences College of Osteopathic Medicine (SECOM)

Region II:
- Chicago College of Osteopathic Medicine (CCOM)
- Michigan State University College of Osteopathic Medicine (MSU-COM)
- Ohio University College of Osteopathic Medicine (OU-COM)
- University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery (UOMHS)
- West Virginia School of Osteopathic Medicine (WVSOM)

Region III:
- Collége of Osteopathic Medicine of the Pacific (COMP)
- Kirksville College of Osteopathic Medicine (KCOM)
- Texas College of Osteopathic Medicine (TCOM)
- Oklahoma State University College of Osteopathic Medicine (COM-OSU)
- University of Health Sciences College of Osteopathic Medicine (UHSCOM)

C) Regional Trustees shall assist local chapter officers and take a active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where his/her expertise may be of value.

D) The Regional Trustee shall submit one article or report on activities in his/her region for each issue of the Student DOctor.

E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National Treasurer within sixty days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds for the Regional Conclaves, travel to all Board of Trustee meetings, travel to visit chapters in the region, and any item or project he/she feels will be needed.

Section 6 - Editor of the Student DOctor -

A) The Editor of the Student DOctor shall be responsible for the publication of the Student DOctor. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

B) The Editor of the Student DOctor shall be responsible for publishing all pertinent deadlines.

Section 7 - Member At-Large - The Member At-Large is elected from and by the National Board. He/She shall represent the Standing Committees comprising the National Board to the Board of Trustees and National Officers. The Member At-Large shall also serve as a member of the SOMA Foundation Board of Directors.

Section 8 - The Board of Trustees - shall be empowered to dismiss from his/her position any Officer, SOMA Foundation Chairperson or Director, Editor of the Student DOctor, Trustee, Administrator or Member At-Large who has failed to perform the duties of his/her position, providing that the person in question shall have the opportunity to answer the charges against him/her in writing or in person before a meeting of the Board of Trustees. A vote of at least two-thirds of the voting members of the Board of Trustees shall be necessary for such dismissal. Upon dismissal or resignation of any Officer, SOMA Foundation Chairperson or Director, Editor of the Student DOctor, Trustee, Administrator, or Member At-Large, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds vote of the Board of Trustees. The appointed replacement shall serve until the next scheduled House of Delegates session when appropriate bodies shall elect the officer as per **Article V** of the Bylaws to serve out the rest of the term. Any chairperson of a National SOMA Standing Committee, Subcommittee, or Task Force, who has failed to perform the duties of his/her position, and having been appointed by the National President, may be dismissed or asked to resign from his/her position by the National President. The National President shall then be empowered to appoint that chairperson's replacement.

Section 9 - The Member At-Large of the Board of Trustees may only be dismissed from his/her Board of Trustees position as outlined in **Article VI, Section 8**. If dismissed as the Member At-Large, he/she may still retain his/her chair position unless dismissed as a National Board member by the National President, according to **Article VI, Section 8.**

ARTICLE VII - ADMINISTRATOR

Section 1 - The Administrator shall follow, endorse and administer all policies and directives of the Board of Trustees and the House of Delegates. He/She shall have charge of all archives (including legal, historical and scientific records of SOMA), be responsible for the collection of dues, maintain lists of those members in good standing and be aware of those incomes and expenditures authorized by the Board of Trustees and House of Delegates. The Administrator shall also maintain accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all National Officers, local chapters, and other interested parties. He/She shall be an Ex-Officio member of all committees including the Board of Trustees and House of Delegates.

Section 2 - The Administrator shall be chosen by the Board of Trustees on the basis of qualifications which best serve the objectives of SOMA as stated in the Constitution. Remuneration shall be determined by the Board of Trustees.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall be comprised of the Elected National Officers, as well as the Member At-Large of the National Board, as stated in **Article IV** of the Constitution. Each member will have control of one vote. The President will vote only in the instance of a ballot election and in all other cases where the vote would change the result (i.e. a tie).

Section 2 - The Board of Trustees shall have the power to conduct all business of an immediate nature where not inconsistent with the Constitution, Bylaws and the SOMA process, or the directives of the House of Delegates.

Section 3 - The Board of Trustees shall meet at the request of the National President or two of the members of the Board of Trustees. Notification shall be made at least seven days prior to the meeting.

Section 4 - The Board of Trustees meeting should be held in conjunction with the Annual AOA Convention & Scientific Seminar and the annual Spring SOMA Convention.

Section 5 - A Quorum shall be necessary to conduct the business of the Board of Trustees. A Quorum shall be defined as 50% + 1 of all occupied seats currently held by a Board of Trustee member or their proxies.

ARTICLE IX - NATIONAL BOARD

Section 1 - The National Board will be comprised of the chairpersons and program directors of the Standing Committees and Task Forces of National SOMA.

Section 2 - National Board members may be changed at the discretion of the National President without consultation with the Board of Trustees or the House of Delegates, except for the Member At-Large of the Board of Trustees who must be dismissed as outlined in **Article VI, Section 8 & 9**.

Section 3 - Funding for each National Board member shall be established in the budget. The budget shall include expenses that may be spent in the fiscal year.

Section 4 - The National Board may include the following positions:

- Convention Coordinator
- Membership Coordinator
- Fundraising Coordinator
- Public Relations Coordinator
- Programs & Benefits Coordinator
- Student DOctor Editor
- Research & Development Coordinator
- Medically Undeserved Program Director
- International Health Program Director
- Osteopathic Practice & Principles Director
- Legislative Affairs Director
- Aids Awareness Program Director
- Community Medicine & Public Health *
- Human Rights *
- Environmental Awareness *
- Special Olympics *

* task forces

ARTICLE X - STANDING COMMITTEES, SUBCOMMITTEES AND TASK FORCES

Section 1 - The Standing Committees of SOMA shall be created by resolutions and approved by the House of Delegates. The Chairperson of each Standing Committee shall be appointed by the National President and ratified by a simple majority of the Board of Trustees. The duties of the Standing Committee shall be to organize and submit policy in their appointed area to the Board of Trustees and/or the House of Delegates and to appoint matters to their given Subcommittees.

Section 2 - The Subcommittees of SOMA shall be created by approval of the Board of Trustees or the House of Delegates. The chairperson of a Subcommittee shall be appointed by the Standing Committee and approval of a simple majority of the Board of Trustees.

Section 3 - Task Forces shall be comprised of the new programs or committees submitted for approval that are given a temporary status. Task Forces can be established and their program directors chosen at the discretion of the National President. The Task Force director shall have all the responsibilities of a National Board member, including representation at National and local meetings. If program interest and needs continue for a period of two years, the Task Force is eligible to become a Standing Committee pending approval of the House of Delegates as per **Article X** of the Bylaws.

Section 4 - The chairperson of each Standing Committee and Task Force will submit a tentative budget to the Finance Committee for approval based on merit and participation.

ARTICLE XI - AFFILIATED SOCIETIES

Section 1 - Any national, state, territorial, provincial, or foreign osteopathic organization which may desire to become an affiliated society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its Constitution, Bylaws and Code of Ethics generally conform to those of this Association and maintain an organizational structure which generally conforms to that of this Association.

Section 2 - Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue such a charter to any organization which duplicates the function or prerogatives of any presently affiliated organization.

Section 3 - Affiliated Societies may provide a non-voting member to the SOMA House of Delegates.

Section 4 - Affiliated Societies may be granted the privilege of attending the SOMA National Conventions and scheduled meetings with respective members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliated societies shall be granted the opportunity to use the National SOMA newsletters and other membership mailings to contact current and potential members of any Affiliate Societies. Affiliate Societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the SOMA Process.

Section 5 - National SOMA will not be held responsible for any financial obligations of the affiliate society and shall not act as a negotiating agent for the affiliate society in any business transaction. National SOMA shall not charge members for Affiliate Society activities and shall not collect dues for any Affiliate Societies.

Section 6 - Affiliate Societies shall have the option of terminating their affiliation with National SOMA by submitting a letter of intent from the affiliate's president to the SOMA Board of Trustees by registered mail. The termination of the affiliation shall not take effect until the SOMA Board of Trustees has an opportunity to speak with the officers of the Affiliate Society. Upon concluding that the intent is verified, the SOMA Board of Trustees shall send a letter of confirmation of the intent to terminate the affiliation to the president or acting leader of the Affiliate Society by registered mail. The termination shall not take effect until the letter has been received by the aforementioned society. Societies shall be eligible to reapply for affiliation at the next House of Delegates meeting and shall follow the procedures outlined in **Article XI, Sections 1 & 2**.

Section 7 - The SOMA House of Delegates shall have the right to terminate the affiliation with any society upon finding actions or policies of such societies violate the Constitution, Bylaws, Policies, or Code of Ethics of SOMA. Upon these findings, the SOMA Board of Trustees shall investigate such violations and upon conclusion of such investigation, make a recommendation, in resolution form, to a SOMA Reference Committee. Voting on such a resolution shall be governed by the rules set forth in the SOMA Process. Affiliate Societies shall be given the right to testify at the Board of Trustees and the SOMA Reference Committee meetings. Termination of the affiliation shall take effect at the closing of the House of Delegates. Societies will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in **Article XI, Sections 1 & 2**

Section 8 - Societies that are unable to become an affiliate with National SOMA on the basis of restrictions in their own constitution, bylaws or concomitant affiliations shall apply for an Associate Membership that shall follow the application process in **Article XI, Sections 1 & 2**. Associate Membership shall enjoy equal benefits of affiliations listed in **Article XI, Sections 3 & 4**, and shall be governed by **Article XI, Sections 5, 6 & 7**.

ARTICLE XII - PRESIDENT'S ADVISORY CABINET

Section 1 - National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate with and advise the National President, but shall not establish policy.

ARTICLE XIII - NATIONAL SOMA BUDGET

Section 1 - **See Article VI, Section 3** of the Bylaws.

Section 2 - The National Treasurer will collect from each National Officer, Trustee, Chairperson and Task Force Director a tentative budget within sixty days after the annual Spring Convention of the SOMA House of Delegates. From this information he/she will submit by July 1st a National SOMA Budget proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the Student DOctor. Subcommittees do not submit a budget.

ARTICLE XIV - THE SOMA PROCESS

Section 1 - The document known as the SOMA Process shall be maintained and updated by the Speaker of the House under the supervision of the Board of Trustees. It shall contain three sections:

- General information
- Procedural information, i.e., how to write a bill, how to make a motion, rule of order in the House of Delegates, etc.
- SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

ARTICLE XV - AMENDMENTS TO THE NATIONAL SOMA BYLAWS

Section 1 - Proposed amendments to these bylaws shall be considered at the annual meetings of the House of Delegates.

Section 2 - Any five members of the Association may propose an amendment to these Bylaws by submitting such proposals in writing to the Speaker of the House/Vice President at least thirty days prior to the next meeting of the House of Delegates.

Section 3 - Copies of proposed amendments shall be provided to all constituent chapters at least fifteen days prior to the next meeting of the House of Delegates.

Section 4 - A vote of at least 50% + 1 of the occupied seats (quorum required) shall be required for passage of any new amendments.

ARTICLE XVI - FINANCES

Section 1 - Dues for osteopathic medical students enrolled in an AOA approved program shall be $40.00 for the standard membership. Additional dues for students enrolled in an extended program lasting more than the standard membership shall be $10.00 for each year exceeding the standard membership.

Sole authority to raise the amount of dues shall be vested in the House of Delegates.

RESOLUTION TO BE PRESENTED TO THE HOUSE OF DELEGATES OF THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION AT ITS SPRING CONVENTION 1994

WHEREAS, the STUDENT OSTEOPATHIC MEDICAL ASSOCIATION wishes to allow other students interested in the osteopathic philosophy and principles to participate in the STUDENT OSTEOPATHIC MEDICAL ASSOCIATION activities and publications; now. therefore, be it

RESOLVED, that a category of ASSOCIATE MEMBERSHIP be added to Article III - MEMBERSHIP Line 3 of the constitution; and, be it further

RESOLVED, that Article II - MEMBERSHIP Section 1 of the by-laws reflect this fourth membership classification;and be it further

RESOLVED, that Article II - MEBERSHIP Section 4 - PRE-MEDICAL STUDENT MEMBERSHIP be worded, Pre-Medical Membership may be granted to individuals enrolled in or aspiring to become physicians; and, be it further

RESOLVED, that a Section 5 - ASSOCIATE MEMBERSHIP be added to Artic II - MEMBERSHIP to read, ASSOCIATE MEMBERSHIP will be granted to any individual whose views are consistent with the ideals of the STUDENT OSTEOPATHIC MEDICAL ASSOCIATION: and, be it further

RESOLVED, that Article XVI - FINANCES Line 7 now read, sole authori to add dues levels for other classes of membership and to raise the amount of dues shall be vested in the HOUSE OF DELEGATES.

RESPECTFULLY SUBMITTED
Aaron S. Dubrinsky
Neysa Valentin
Christi Short
Gordon Crozier
Alan Morrison

RESOLUTION

WHEREAS, the transition of National SOMA officers and National Board members needs to proceed smoothly

BE IT RESOLVED that each officer and board member will complete an Outgoing Officer Report (form) and return it to the Vice-President thirty days prior to the national SOMA spring convention

BE IT RESOLVED that each officer and board member will bring written information and other materials to pass on to new officers/board members at the spring convention

BE IT RESOLVED that outgoing officers and board members will guide incoming officers after leaving office

BE IT RESOLVED that failure to comply with the above criteria will prevent convention reimbursement

RESPECTFULLY SUBMITTED:

Kelli Kaznoski
Jonathan Maitem
Susan Cracraft
Andrea Erickson

RESOLUTION

WHEREAS, the transition of National SOMA Foundation officers (Chairperson, Director, and Associate Directors) needs to proceed smoothly

BE IT RESOLVED that each officer will complete an Outgoing Officer Report (form) and return it to the Vice-President thirty days prior to the national SOMA spring convention

BE IT RESOLVED that each officer will bring written information and other materials to pass on to new officers at the spring convention

BE IT RESOLVED that incoming chairperson and director will aid in directing the Associate Directors during the transition period

BE IT RESOLVED that the transition period shall be complete by June 30

BE IT RESOLVED that failure to comply with the above criteria will prevent convention reimbursement

RESPECTFULLY SUBMITTED:

Kelli Kaznoski
Jonathan Maitem
Susan Cracraft
Andrea Erickson

1994 SPRING CONVENTION, SCOTTSDALE, AZ

RESOLUTION

WHEREAS, the Student Osteopathic Medical Association exists as two entities: Student Osteopathic Medical Medical Association/National and Student Osteopathic Medical Association/Foundation,

WHEREAS, both are seeking to involve as many members as possible,

WHEREAS, by involving more members, a greater focus of energy can be centered in each elected or appointed position,

BE IT RESOLVED, that no one SOMA member can hold more than one position in either entity,

BE IT RESOLVED, that no one member can hold a position in the Foundation and National SOMA simultaneously.

Respectfully Submitted:

Mary-Theresa Ferris

Andrea Erickson

Aaron Dubrinsky

Trisha Pachiano

Eric Sbar

RESOLUTION

Subject: Health Promotions, Smoking

Introduced by: Barbara Hair
Paul Murphree
Danette Elliott
Rod Mullens
Joe-Eddie Saucedo
University of North Texas Health Science Center

Whereas, Smoking is one of the leading preventable causes of morbidity and mortality in the United States; and

Whereas, One of the main precepts of Osteopathic Medicine is the promotion of health life styles; therefore be it

Resolved, that SOMA encourage all schools of osteopathic medicine to become totally smoke free.

Student Osteopathic Medical Association

SOMA - PCOM Chapter
Office of Student Affairs
4150 City Avenue
Philadelphia, PA 19131

Philadelphia College of Osteopathic Medicine

RESOLUTION

WHEREAS, the current division of the $40.00 S.O.M.A. membership is $28.00 to National S.O.M.A. and $12.00 to the local S.O.M.A. chapter per individual membership, and,

WHEREAS, it is our belief that the local chapters need more financial support in order to continue to function at the highest of levels.

BE IT RESOLVED, that the division of the $50.00 S.O.M.A. membership fee be divided $20.00 to the local S.O.M.A. chapter and $30.00 to National S.O.M.A., with the Board working on a policy at the next meeting to insure fiscal responsibility with this increase for each individual chapter.

Respectfully submitted,

Joanne Hullings Potok
Anthony Bell
Nicole Alu
John Solas
Smita Desai

Student Osteopathic Medical Association

SOMA - PCOM Chapter
Office of Student Affairs
4150 City Avenue
Philadelphia, PA 19131

Philadelphia College of Osteopathic Medicine

RESOLUTION

WHEREAS, the current dues for a four year membership of the Student Oseteopathic Medical Association is $40.00 for fpur years, and,

WHEREAS, for each additional year the fee is $10.00 per year.

BE IT RESOLVED, that the dues be increased to $50.00 for a four year membership with each additional year $10.00 per year.

Respectfully submitted,

Joanne Hullings Potok
Anthony Bell
Nicole Alu
John Solas
Smita Desai

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - NAME

The name of this association shall be the Student Osteopathic Medical Association. This name shall be officially abbreviated SOMA.

ARTICLE II - OBJECTIVES

The objectives of SOMA shall be:

- To improve the quality of health care delivery to the American people and the world.
- To contribute to the welfare and education of osteopathic medical students.
- To familiarize its members with the purpose and ideals of osteopathic medicine.
- To establish lines of communication with other health science students and organizations.
- To prepare its members to meet the social, moral, and ethical obligations of the osteopathic profession.

ARTICLE III - MEMBERSHIP

Membership in SOMA shall be through local chapters of AOA accredited osteopathic medical schools and consists of Active Membership, Honorary Membership, and Pre-Medical Student Membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV - ELECTED NATIONAL OFFICERS

Section 1 - The Elected National Officers shall consist of:

1. A National President who shall be the Chairperson of the Board of Trustees.
2. A Speaker of the House of Delegates who shall also serve as the National Vice President.
3. A National Treasurer.
4. An Editor of the Student DOctor.
5. Regional Trustees (one from each region).

These Elected National Officials shall also serve as members of the SOMA Foundation Board of Directors.

Section 2 - The National President, Speaker of the House/Vice President, National Treasurer, Editor of the Student DOctor and Regional Trustees shall be elected at the AOA Annual Convention & Scientific Seminar and assume their duties at the conclusion of the Spring SOMA Convention of that academic year.

ARTICLE V - OFFICIAL MEETINGS

The SOMA House of Delegates, Elected National Officers and National Board shall convene at least twice a year for official meetings: at the Annual Fall National convention which will coincide with the AOA Annual Convention & Scientific Seminar and again at the Annual Spring SOMA Convention.

ARTICLE VI - ADMINISTRATOR

An Administrator may be appointed by the Board of Trustees. His/Her qualifications, duties and payment for service shall be set forth in the Bylaws.

ARTICLE VII - COMMITTEES AND TASK FORCES

Standing Committees of SOMA shall be established only at the direction of the House of Delegates. The procedures for establishing Standing Committees, Subcommittees and Task Forces and the selection of their chairpersons shall be those set forth by the Bylaws.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as Chairperson), the Speaker of the House of Delegates/National Vice President, the National Treasurer, one Regional Trustee from each geographic region, the Editor of the Student DOctor and the Member At-Large as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the Association between meetings of the House of Delegates. Further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year; each of these meetings shall be in conjunction with the meeting of the SOMA House of Delegates.

ARTICLE IX - HOUSE OF DELEGATES

Section 1 - Responsibility for determining the policies of the Association shall be vested solely in the House of Delegates.

Section 2 - The policies and decisions of the House of Delegates shall be administered between the annual meetings of the House of Delegates by the Board of Trustees as described in the Constitution and Bylaws of SOMA.

Section 3 - The House of Delegates shall convene twice a year; once in conjunction with the annual Fall AOA Scientific Convention and again at the annual Spring SOMA Convention.

Section 4 - The requirements of chapter representation and of their official delegates shall be set forth in the Bylaws.

Section 5 - Resolutions shall be presented to and considered by the House of Delegates in the manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and Ex-Officio members as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

ARTICLE X - RULE OF ORDER

Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE XI - AMENDMENTS TO THE CONSTITUTION

Section 1 - Any five members of the Association may propose an amendment to this Constitution by submitting the amendment with a brief explanation to the Speaker of the House/Vice President at the National Office by certified mail return receipt requested, at least thirty days prior to the next meeting of the House of Delegates.

Section 2 - Copies of proposed amendments shall be provided to all constituent chapters at least fifteen days prior to the next meeting of the House of Delegates.

Section 3 - A vote of two-thirds of the delegates, quorum required, shall be required for passage of any new amendment.

ARTICLE XII - REGIONAL TRUSTEES

Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by members of each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional duties shall be delineated in the Bylaws.

BYLAWS
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not be more than one such chapter in any osteopathic medical school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A chapter shall be granted by a simple majority ratification of the House of Delegates at its next meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of their constituency, but shall hold no more than two offices concurrently.

Section 6 - Each chapter shall hold its annual election prior to the annual Spring SOMA House of Delegates. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no less than fourteen days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7 - It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to ensure a smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

Section 8 - Each chapter shall send at least one member to every Regional Convention within its region.

ARTICLE II - MEMBERSHIP

Section 1 - Membership in SOMA shall be classified into three groups:

1. Active Membership.
2. Honorary Membership.
3. Pre-Medical Student Membership.

Only active members shall have voting privileges.

Section 2 - Active Membership. To be admitted to Active Membership in SOMA, an applicant must be enrolled at an AOA accredited osteopathic medical school and have paid the appropriate dues.

Section 3 - Honorary Membership. Honorary Membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or on a lifetime basis by the House of Delegates.

Section 4 - Pre-Medical Student Membership. An applicant must be enrolled in an undergraduate college and pay the appropriate dues.

ARTICLE III - DISCRIMINATION

Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV - HOUSE OF DELEGATES

Section 1 - Each constituent chapter which has received a charter as prescribed in **Article I** of these Bylaws shall be entitled to four voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall be at the discretion of each local chapter. At the opening of the House of Delegates, each chapter shall provide to the Speaker of the House, a list of four delegates with voting rights and a list of alternates who may vote in their absence. Persons shall be identified with name tags indicating their "Delegate" or "Alternate" status. Before any business is undertaken by the House of Delegates, each delegate and alternate shall be identified and verified by the Speaker of the House (or his/her designate), using at least one appropriate form of I.D.. Each chapter present shall be provided with four voting cards. It is strongly recommended that one person control one voting card; however, one person may control up to and including all four cards for his/her chapter. Proxy voting between chapters shall be prohibited. An alternate can replace a voting delegate provided they have been identified by the Speaker.

Section 2 - Ex-Officio members of the House of Delegates shall include the members of the Board of Trustees, and the Chairperson of any Standing Committee, Subcommittee or Task Force. Ex-Officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3 - All official members of SOMA as described in **Article II** of these Bylaws shall have the right to address the House of Delegates upon recognition by the Speaker of the House. This recognition shall not entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4 - A Quorum shall be required for the House of Delegates to conduct any business. A Quorum shall be defined as 50% + 1 of all occupied seats of the House of Delegates. (this means 50% + 1 of the total delegates which is 4 times the number of constituent chapters).

Section 5 - All business unless otherwise specified in the Constitution and Bylaws of SOMA, shall be transacted by simple majority of the votes cast.

Section 6 - The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least fifteen days prior to the commencement of the biannual meeting. The order of business shall only be changed by a vote of at least two-thirds of those voting.

Section 7 - The House of Delegates shall meet during the biannual Fall and Spring Conventions of SOMA, and at such time as it may determine. The next Spring Convention site and date will be determined by preferential ballot during the Fall Convention by the House of Delegates.

Section 8 - Special meetings of the House of Delegates may be called by a vote of two-thirds of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen days of the call. The special meeting shall be held not less than fifteen nor more than sixty days after notice has been sent to the chapters.

Section 9 -

A) All amendments shall be presented in typed form to the Speaker of the House/Vice President before presentation to the House of Delegates as stated in **Article XI, Section 1** of the Constitution and **Article XV, Section 2** of the Bylaws.

B) All amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegates during the annual convention in which they were introduced.

C) Any resolution that names any specific SOMA chapter(s) will be discussed with the president(s) of such named chapter(s) prior to submission to a reference committee.

D) All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees.

E) The House of Delegates shall either adopt, defeat or amend the reference committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her designate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V - ELECTIONS

Section 1 - Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2 - The election of National Liaison Officers and local Presidents shall be held by the constituent chapters on an annual basis as outlined in **Article I, Section 6** of the Bylaws.

Section 3 - The election of the National President, Speaker of the House/Vice President, the National Treasurer, the Editor of the Student DOctor and the Regional Trustees, shall be held during the annual Fall House of Delegates meeting.

Section 4 - The election of an Member At-Large chosen from and by the newly installed National Board, will occur during the post-Spring convention transition period.

Section 5 - A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two nominees for the office of National President, Speaker of the House of Delegates/Vice President, National Treasurer, and Editor of the Student DOctor, to the Speaker of the House at least thirty days prior to the annual Fall meeting of the House of Delegates. The Speaker of the House shall distribute the Nominating Committee report at least fifteen days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the Nominating Committee report.

Section 6 -

A) Elections shall be held following the report of the Nominating Committee. Prior to election of the officers time will be allotted for the nominees to address the House of Delegates.

B) Voting shall be by secret ballot.

C) The candidate receiving 50% + 1 of possible votes shall be declared the winner. If no candidate receives 50% + 1 votes, a runoff of the candidates with the two highest vote totals shall be held. If no candidate receives a winning number of votes, additional run-offs will be held until a winner is declared.

Section 7 - Regional Trustees shall be elected at the Annual Fall Convention. Each Regional Trustee will take office at the closing of the Spring House of Delegates meeting. Each chapter from that geographic region shall have four votes toward the election of the Regional Trustee. All balloting shall be by secret ballot. Ballots shall be checked and counted by a committee consisting of one representative from each chapter present. Election rules shall follow **Article V, Section 6, Paragraph (C)** of the Bylaws.

ARTICLE VI - DUTIES OF OFFICERS

Section 1 - National President - He/She shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpersons of various Standing Committees, Subcommittees, and Task Forces in carrying out the objectives of SOMA and will coordinate all national affairs between the Administrator and the Board of Trustees. He/She shall appoint a cabinet of advisors as set forth in **Article XII** of these Bylaws. He/She shall also serve as a member of the Foundation Board of Directors.

Section 2 - Speaker of the House of Delegate/Vice President - He/She shall have the authority to appoint a Vice Speaker to assist in his/her duties. He/She shall be an Ex-Officio member of all committees and shall receive their reports at least biannually. He/She shall coordinate all phases of Standing Committees, Subcommittees and Task Forces and report their progress to the House of Delegates. He/She shall establish the order of business for the House of Delegates, with recommendations from the Board of Trustees and Convention Coordinator. The Speaker or his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates. In the absence of the National President, he/she shall act as interim Chairperson to perform the duties of that office. He/She shall keep and maintain the Associations Constitution, Bylaws, the SOMA Process and the Code of Ethics in their most current form.

Section 3 - The National Treasurer - He/She will maintain all financial records and file the required forms with the IRS and financial institutions for National SOMA and the SOMA Foundation. He/She will chair a Finance Committee for purposes of budgetary review and approval. He/She shall work with the National SOMA officers to form a National Budget.

Section 4 - National Liaison Officers - They shall be responsible for conducting affairs of National SOMA interest at the local constituent chapters including acting as liaison between National SOMA, college administrations, and state osteopathic societies and other organizations. It shall be their responsibility to maintain an accurate membership file at the local level and to forward a monthly report to their Regional Trustee concerning local and national activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officers shall interact, coordinate and frequently converse with their Regional Trustee as well as the National Office.

Section 5 - Regional Trustees -

A) The Regional Trustee shall represent his/her region on the Board of Trustees.

B) The Regional Trustee shall be responsible for the regional conclave meeting held at both the annual Fall & Spring Conventions. Regions are divided as follows:

Region I:
- University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine (NJSOM)
- New York College of Osteopathic Medicine of New York Institute of Technology (NYCOM)
- Philadelphia College of Osteopathic Medicine (PCOM)
- University of New England College of Osteopathic Medicine (UNECOM)
- Southeastern University of the Health Sciences College of Osteopathic Medicine (SECOM)

Region II:
- Chicago College of Osteopathic Medicine (CCOM)
- Michigan State University College of Osteopathic Medicine (MSU-COM)
- Ohio University College of Osteopathic Medicine (OU-COM)
- University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery (UOMHS)
- West Virginia School of Osteopathic Medicine (WVSOM)

Region III:
- Collége of Osteopathic Medicine of the Pacific (COMP)
- Kirksville College of Osteopathic Medicine (KCOM)
- Texas College of Osteopathic Medicine (TCOM)
- Oklahoma State University College of Osteopathic Medicine (COM-OSU)
- University of Health Sciences College of Osteopathic Medicine (UHSCOM)

C) Regional Trustees shall assist local chapter officers and take a active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where his/her expertise may be of value.

D) The Regional Trustee shall submit one article or report on activities in his/her region for each issue of the Student DOctor.

E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National Treasurer within sixty days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds for the Regional Conclaves, travel to all Board of Trustee meetings, travel to visit chapters in the region, and any item or project he/she feels will be needed.

Section 6 - Editor of the Student DOctor -

A) The Editor of the Student DOctor shall be responsible for the publication of the Student DOctor. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

B) The Editor of the Student DOctor shall be responsible for publishing all pertinent deadlines.

Section 7 - Member At-Large - The Member At-Large is elected from and by the National Board. He/She shall represent the Standing Committees comprising the National Board to the Board of Trustees and National Officers. The Member At-Large shall also serve as a member of the SOMA Foundation Board of Directors.

Section 8 - The Board of Trustees - shall be empowered to dismiss from his/her position any Officer, SOMA Foundation Chairperson or Director, Editor of the Student DOctor, Trustee, Administrator or Member At-Large who has failed to perform the duties of his/her position, providing that the person in question shall have the opportunity to answer the charges against him/her in writing or in person before a meeting of the Board of Trustees. A vote of at least two-thirds of the voting members of the Board of Trustees shall be necessary for such dismissal. Upon dismissal or resignation of any Officer, SOMA Foundation Chairperson or Director, Editor of the Student DOctor, Trustee, Administrator, or Member At-Large, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds vote of the Board of Trustees. The appointed replacement shall serve until the next scheduled House of Delegates session when appropriate bodies shall elect the officer as per **Article V** of the Bylaws to serve out the rest of the term. Any chairperson of a National SOMA Standing Committee, Subcommittee, or Task Force, who has failed to perform the duties of his/her position, and having been appointed by the National President, may be dismissed or asked to resign from his/her position by the National President. The National President shall then be empowered to appoint that chairperson's replacement.

Section 9 - The Member At-Large of the Board of Trustees may only be dismissed from his/her Board of Trustees position as outlined in **Article VI, Section 8**. If dismissed as the Member At-Large, he/she may still retain his/her chair position unless dismissed as a National Board member by the National President, according to **Article VI, Section 8.**

ARTICLE VII - ADMINISTRATOR

Section 1 - The Administrator shall follow, endorse and administer all policies and directives of the Board of Trustees and the House of Delegates. He/She shall have charge of all archives (including legal, historical and scientific records of SOMA), be responsible for the collection of dues, maintain lists of those members in good standing and be aware of those incomes and expenditures authorized by the Board of Trustees and House of Delegates. The Administrator shall also maintain accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all National Officers, local chapters, and other interested parties. He/She shall be an Ex-Officio member of all committees including the Board of Trustees and House of Delegates.

Section 2 - The Administrator shall be chosen by the Board of Trustees on the basis of qualifications which best serve the objectives of SOMA as stated in the Constitution. Remuneration shall be determined by the Board of Trustees.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall be comprised of the Elected National Officers, as well as the Member At-Large of the National Board, as stated in **Article IV** of the Constitution. Each member will have control of one vote. The President will vote only in the instance of a ballot election and in all other cases where the vote would change the result (i.e. a tie).

Section 2 - The Board of Trustees shall have the power to conduct all business of an immediate nature where not inconsistent with the Constitution, Bylaws and the SOMA process, or the directives of the House of Delegates.

Section 3 - The Board of Trustees shall meet at the request of the National President or two of the members of the Board of Trustees. Notification shall be made at least seven days prior to the meeting.

Section 4 - The Board of Trustees meeting should be held in conjunction with the Annual AOA Convention & Scientific Seminar and the annual Spring SOMA Convention.

Section 5 - A Quorum shall be necessary to conduct the business of the Board of Trustees. A Quorum shall be defined as 50% + 1 of all occupied seats currently held by a Board of Trustee member or their proxies.

ARTICLE IX - NATIONAL BOARD

Section 1 - The National Board will be comprised of the chairpersons and program directors of the Standing Committees and Task Forces of National SOMA.

Section 2 - National Board members may be changed at the discretion of the National President without consultation with the Board of Trustees or the House of Delegates, except for the Member At-Large of the Board of Trustees who must be dismissed as outlined in **Article VI, Section 8 & 9**.

Section 3 - Funding for each National Board member shall be established in the budget. The budget shall include expenses that may be spent in the fiscal year.

Section 4 - The National Board may include the following positions:

- Convention Coordinator
- Membership Coordinator
- Fundraising Coordinator
- Public Relations Coordinator
- Programs & Benefits Coordinator
- Student DOctor Editor
- Research & Development Coordinator
- Medically Undeserved Program Director
- International Health Program Director
- Osteopathic Practice & Principles Director
- Legislative Affairs Director
- Aids Awareness Program Director
- Community Medicine & Public Health *
- Human Rights *
- Environmental Awareness *
- Special Olympics *

* task forces

ARTICLE X - STANDING COMMITTEES, SUBCOMMITTEES AND TASK FORCES

Section 1 - The Standing Committees of SOMA shall be created by resolutions and approved by the House of Delegates. The Chairperson of each Standing Committee shall be appointed by the National President and ratified by a simple majority of the Board of Trustees. The duties of the Standing Committee shall be to organize and submit policy in their appointed area to the Board of Trustees and/or the House of Delegates and to appoint matters to their given Subcommittees.

Section 2 - The Subcommittees of SOMA shall be created by approval of the Board of Trustees or the House of Delegates. The chairperson of a Subcommittee shall be appointed by the Standing Committee and approval of a simple majority of the Board of Trustees.

Section 3 - Task Forces shall be comprised of the new programs or committees submitted for approval that are given a temporary status. Task Forces can be established and their program directors chosen at the discretion of the National President. The Task Force director shall have all the responsibilities of a National Board member, including representation at National and local meetings. If program interest and needs continue for a period of two years, the Task Force is eligible to become a Standing Committee pending approval of the House of Delegates as per **Article X** of the Bylaws.

Section 4 - The chairperson of each Standing Committee and Task Force will submit a tentative budget to the Finance Committee for approval based on merit and participation.

ARTICLE XI - AFFILIATED SOCIETIES

Section 1 - Any national, state, territorial, provincial, or foreign osteopathic organization which may desire to become an affiliated society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its Constitution, Bylaws and Code of Ethics generally conform to those of this Association and maintain an organizational structure which generally conforms to that of this Association.

Section 2 - Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue such a charter to any organization which duplicates the function or prerogatives of any presently affiliated organization.

Section 3 - Affiliated Societies may provide a non-voting member to the SOMA House of Delegates.

Section 4 - Affiliated Societies may be granted the privilege of attending the SOMA National Conventions and scheduled meetings with respective members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliated societies shall be granted the opportunity to use the National SOMA newsletters and other membership mailings to contact current and potential members of any Affiliate Societies. Affiliate Societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the SOMA Process.

Section 5 - National SOMA will not be held responsible for any financial obligations of the affiliate society and shall not act as a negotiating agent for the affiliate society in any business transaction. National SOMA shall not charge members for Affiliate Society activities and shall not collect dues for any Affiliate Societies.

Section 6 - Affiliate Societies shall have the option of terminating their affiliation with National SOMA by submitting a letter of intent from the affiliate's president to the SOMA Board of Trustees by registered mail. The termination of the affiliation shall not take effect until the SOMA Board of Trustees has an opportunity to speak with the officers of the Affiliate Society. Upon concluding that the intent is verified, the SOMA Board of Trustees shall send a letter of confirmation of the intent to terminate the affiliation to the president or acting leader of the Affiliate Society by registered mail. The termination shall not take effect until the letter has been received by the aforementioned society. Societies shall be eligible to reapply for affiliation at the next House of Delegates meeting and shall follow the procedures outlined in **Article XI, Sections 1 & 2**.

Section 7 - The SOMA House of Delegates shall have the right to terminate the affiliation with any society upon finding actions or policies of such societies violate the Constitution, Bylaws, Policies, or Code of Ethics of SOMA. Upon these findings, the SOMA Board of Trustees shall investigate such violations and upon conclusion of such investigation, make a recommendation, in resolution form, to a SOMA Reference Committee. Voting on such a resolution shall be governed by the rules set forth in the SOMA Process. Affiliate Societies shall be given the right to testify at the Board of Trustees and the SOMA Reference Committee meetings. Termination of the affiliation shall take effect at the closing of the House of Delegates. Societies will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in **Article XI, Sections 1 & 2**

Section 8 - Societies that are unable to become an affiliate with National SOMA on the basis of restrictions in their own constitution, bylaws or concomitant affiliations shall apply for an Associate Membership that shall follow the application process in **Article XI, Sections 1 & 2**. Associate Membership shall enjoy equal benefits of affiliations listed in **Article XI, Sections 3 & 4**, and shall be governed by **Article XI, Sections 5, 6 & 7**.

ARTICLE XII - PRESIDENT'S ADVISORY CABINET

Section 1 - National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate with and advise the National President, but shall not establish policy.

ARTICLE XIII - NATIONAL SOMA BUDGET

Section 1 - See Article VI, Section 3 of the Bylaws.

Section 2 - The National Treasurer will collect from each National Officer, Trustee, Chairperson and Task Force Director a tentative budget within sixty days after the annual Spring Convention of the SOMA House of Delegates. From this information he/she will submit by July 1st a National SOMA Budget proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the Student DOctor. Subcommittees do not submit a budget.

ARTICLE XIV - THE SOMA PROCESS

Section 1 - The document known as the SOMA Process shall be maintained and updated by the Speaker of the House under the supervision of the Board of Trustees. It shall contain three sections:

- General information
- Procedural information, i.e., how to write a bill, how to make a motion, rule of order in the House of Delegates, etc.
- SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

ARTICLE XV - AMENDMENTS TO THE NATIONAL SOMA BYLAWS

Section 1 - Proposed amendments to these bylaws shall be considered at the annual meetings of the House of Delegates.

Section 2 - Any five members of the Association may propose an amendment to these Bylaws by submitting such proposals in writing to the Speaker of the House/Vice President at least thirty days prior to the next meeting of the House of Delegates.

Section 3 - Copies of proposed amendments shall be provided to all constituent chapters at least fifteen days prior to the next meeting of the House of Delegates.

Section 4 - A vote of at least 50% + 1 of the occupied seats (quorum required) shall be required for passage of any new amendments.

ARTICLE XVI - FINANCES

Section 1 - Dues for osteopathic medical students enrolled in an AOA approved program shall be $40.00 for the standard membership. Additional dues for students enrolled in an extended program lasting more than the standard membership shall be $10.00 for each year exceeding the standard membership.

Sole authority to raise the amount of dues shall be vested in the House of Delegates.

RESOLUTION

WHEREAS, the Lake Erie College of Osteopathic Medicine has been established and the class of '97 has matriculated in the fall of '93, and,

WHEREAS, A SOMA Chapter has been established at the local level in accordance with the Bylaws of the Student Osteopathic Medical Association, and,

WHEREAS, the Lake Erie College of Osteopathic Medicine is in geographic proximity to Region II, and,

WHEREAS, the number of students to be represented and assisted by the Regional Trustee can be best served in Region II, therefore,

BE IT RESOLVED that the constituent SOMA Chapter of the Lake Erie College of Osteopathic Medicine be included in Region II for structural purposes and represented by the Region II Trustee.

RESPECTFULLY SUBMITTED:

Susan Cracraft

Jonathan Maitem

Cheryl Schwalm

Aaron Dubrinsky

Kirstin Crowe

Roseann Brady

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution:

From: Deborah Shassetz-Johnson, Bonnie Nowakowski, Cheryl Schwalm, Jonathan Maitem, and Trisha Pachiano.

To: House of Delegates

RE: Official recognition of the Student Osteopathic Medical Association as a full member organization of the coalition called United States of America - International Health Project (USA - IHP)

WHEREAS, USA-IHP is a full member of the International Federation of Medical Students Association (IFMSA)

WHEREAS, USA-IHP is a coalition of U.S. medical student organizations and any U.S. medical student organization may become a member.

RESOLVED, That SOMA accepts its full membership in USA-IHP to provide access to the IFMSA exchange programs and projects for its members.

RESOLVED, That in order to ensure SOMAs' active involvement in IFMSA that SOMA accepts the constitution of USA-IHP as the working document for members in USA-IHP.

CONSTITUTION

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - NAME

The name of this association shall be the Student Osteopathic Medical Association. This name shall be officially abbreviated SOMA.

ARTICLE II - OBJECTIVES

The objectives of SOMA shall be: 1) to improve the quality of health care delivery to the American people and the world, 2) to contribute to the welfare and education of osteopathic medical students, 3) to familiarize its members with the purpose and ideals of osteopathic medicine, 4) to establish lines of communication with other health science students and organizations, 5) to prepare its members to meet the social, moral and ethical obligations of the osteopathic profession.

ARTICLE III - MEMBERSHIP

Membership in SOMA shall be through local chapters of AOA accredited osteopathic medical schools--and consists of active membership, honorary membership, and pre-medical student membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV - ELECTED OFFICERS

Section 1 - The elected officers shall consist of: 1) National President who shall be the chairperson of the Board of Trustees and a SOMA Foundation Director, 2) Speaker of the House of Delegates who shall also serve as the National Vice President and a SOMA Foundation Director, 3) National Treasurer, 4) Editor of the Student DOctor, 4) Regional Trustees (one from each region). Their qualifications, duties, and methods of election shall be set forth in the Bylaws.

Section 2 - The National President, Speaker of the House/Vice President, Treasurer, and Editor of the Student DOctor, shall be elected at the Fall National meeting and assume their duties during the Spring National meeting of that academic year.

ARTICLE V - EXECUTIVE DIRECTOR

An administrative officer, the Executive Director, may be appointed by the Board of Trustees. His/her qualifications, duties, and payment for service should be set forth in the Bylaws. A paid consultant, appointed by the National President, will provide all necessary information and perform duties set forth by the elected President.

ARTICLE VI - COMMITTEES

Committees of SOMA, standing or otherwise, shall be established only at the direction of the House of Delegates. The procedures for establishing committees and selection of their chairperson shall be those set forth in the Bylaws.

ARTICLE VII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as chairperson), the Speaker of the House of Delegates/National Vice President, the National Treasurer, and one Regional Trustee from each geographic region as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the association between meetings of the House of Delegates. Further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year, one of the meetings shall be in conjunction with the SOMA House of Delegates.

ARTICLE VIII - HOUSE OF DELEGATES

Section 1 - Responsibility for determining the policy of the Association shall be vested solely in the House of Delegates.

Section 2 - The policy and decisions of the House of Delegates shall be administered between the annual meeting of the Association by the Board of Trustees as described in the Constitution and Bylaws of the Association.

Section 3 - The House of Delegates shall convene at least once a year and in conjunction with the annual meeting of the Association, which shall be its official meeting.

Section 4 - The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5 - Resolutions shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four (4) delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and ex-officio members of as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

ARTICLE IX - RULE OF ORDER

Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE X - AMENDMENTS TO THE CONSTITUTION

Section 1 - Any five (5) members of the Association may propose an amendment to this Constitution by submitting the amendment to the Speaker of the House/Vice President, at the National Office by certified mail return receipt requested, at least thirty (30) days prior to the next meeting of the House of Delegates.

Section 2 - Copies of proposed amendments shall be provided to all constituent chapters at least fifteen (15) days prior to the next meeting of the House of Delegates.

Section 3 - A vote of two-thirds (2/3) of the delegates (quorum required), shall be required for passage of any new amendment.

ARTICLE XI - REGIONAL TRUSTEES

Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional Duties shall be delineated by the Bylaws.

BYLAWS
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five (5) or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not be any more than one (1) such chapter in any osteopathic school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A Charter shall be granted to a simple majority ratification by the House of Delegates at its next annual meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of his constituency, but shall hold no more than two offices concurrently.

Section 6 - Each Chapter shall hold its annual election no later than the last week of February. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no later than fourteen (14) days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7 - It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to insure smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

Section 8 - Each chapter shall send at least one (1) member to every Regional Convention within its region.

ARTICLE II - MEMBERSHIP

Section 1 - Membership in SOMA shall be classified into three (3) groups: 1) Active Membership, 2) Honorary Membership, and 3) Pre-Medical Student Membership. Only active members shall have voting privileges.

Section 2 - Active Membership. To be admitted to active membership in SOMA, an applicant must be a member in good standing at an accredited osteopathic medical school.

Section 3 - Honorary Membership. Honorary membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or a life time basis by the House of Delegates.

ARTICLE III - DISCRIMINATION

Neither the associated or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV - HOUSE OF DELEGATES

Section 1 - Each constituent chapter which has received a charter as prescribed in Article 1 of these Bylaws shall be entitled to four (4) voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall be at the discretion of each local chapter. Each chapter shall provide the National Office with a list of four (4) delegates with voting rights and a list of alternates who may vote in their absence, thirty (30) days prior to the meeting of the House of Delegates. Persons shall be identified with name tags indicating their delegate or alternate status. Before any business is under taken by the House of Delegates, each delegate and alternate shall be identified and verified by the Speaker of the House, or his designate, using at least one (1) appropriate form of I.D.. Each chapter present shall be provided with four (4) voting cards. It is strongly recommended that one (1) person control one (1) voting card; however, one (1) person may control up to and including all four (4) cards for his/her chapter. Provisions for the use of alternates shall be according to the SOMA Process. Proxy voting between chapters shall be prohibited.

Section 2 - Ex-officio members of the House of Delegates shall include the members of the Board of Trustees, Executive Directors and the chairperson of any committee. Ex-officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3 - All official members of SOMA as described in Article I of these Bylaws shall have the right to address the House of Delegates upon recognition by the Chair. This recognition shall entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4 - A QUORUM shall be required for the House of Delegates to conduct any business. A QUORUM shall be defined as 50% + 1 of all possible votes of the House of Delegates (this means 50% + 1 of 4 times the number of constituent chapters).

Section 5 - All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by simple majority of the votes cast.

Section 6 - The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least 15 days before the commencement of the annual meeting. The order of business shall only be changed by a vote of at least two-thirds (2/3) of those voting.

Section 7 - The House of Delegates shall meet during the annual spring meeting of SOMA and at such time as it may determine. The spring meeting site and date will be determined by preferential ballot by the House of Delegates.

Section 8 - Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) nor more than sixty (60) days after notice has been sent to the chapters.

Section 9 -

(A) All amendments shall be presented in typed form to the Speaker of the House/Vice President before presentation to the House of Delegates.

(B) All Amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in which they were introduced.

(C) All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees.

(D) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her designate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V - ELECTIONS

Section 1 - Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2 - The election of National Liaison Officers and Presidents shall be held by the constituent chapters on an annual basis as outlined in Article one (1) - Section six (6) of the Bylaws. The election of the National President-elect and Speaker of the House/Vice President, the National Treasurer, and the Editor of the Student DOctor shall be held during the annual House of Delegates meeting in the Fall of each year.

Section 3 - A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two (2) nominees for the office of National President, Speaker of the House of Delegates/Vice President, National Treasurer, and Editor of the Student DOctor to the Board of Trustees (i.e., Speaker of the House/Vice President at the National Office) ninety (90) days prior to the annual Fall meeting of the House of Delegates. The Board of Trustees shall distribute the committee report at least fifteen (15) days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4 -

(A) Elections shall be held in the day following the report of the Nominating Committee. Prior to election of the officers time will be allotted for addresses from the nominees of their representative chapters to caucus.

(B) Voting shall be by secret ballot.

(C) The candidate receiving 50% + 1 of votes possible shall be declared the winner. If no candidate receives 50% + 1, a runoff of the candidates with the two highest votes totals shall be held. The candidate receiving the greatest number of votes, an additional run-off will be held until a winner is declared.

Section 5 - Regional Trustees shall be elected at the regional convention for each geographic region. Each Regional Trustee will take office at the Spring House of Delegates Meeting. Each chapter from that geographic region shall have four (4) votes toward the election of the Regional Trustee. All balloting shall be by secret ballot, ballots shall be checked and counted by a committee consisting of one (1) representative from each chapter present. Election rules shall follow Article III, Section 4, Paragraph (C).

ARTICLE VI - DUTIES OF OFFICERS

Section 1 - National President - The National President shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpersons of various committees in carrying out the objectives of SOMA and will coordinate all national affairs between the Executive Director and the Board of Trustees. The National President shall also be accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all national officers, local chapters and other interested parties. In the absence of the National President, the Speaker of the House/National Vice President shall act as interim chairperson to perform the duties of that office. The President shall appoint a cabinet of advisors as set forth in Article XI of these Bylaws.

Section 2 - Speaker of the House of Delegate/Vice President - The Speaker of the House/Vice President shall have the authority to appoint a Vice Speaker to assist in his/her duties. The Speaker of the House/Vice President shall be an ex-officio member of all committees and shall receive their reports at least biannually. She/he shall coordinate all phases of standing committees and report their progress to the House of Delegates. The Speaker of the House/Vice President with recommendations from the Board of Trustees and Convention Coordinator shall establish the order of business for the House of Delegates. The Speaker or his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates.

Section 3 - The National Treasurer will maintain all financial records, file forms with the IRS and financial institutions, and work with National SOMA officers to form a National Budget.

Section 4 - National Liaison Officers shall be responsible for conducting affairs for National SOMA interest at the local constituent chapters including acting as liaison between National SOMA, college administrations and state osteopathic societies and other organizations. It shall be the responsibility of the National Liaison Officers to maintain an accurate membership file at the local level and to forward a monthly report to the

National President concerning local and National activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officer shall interact, coordinate and frequently converse with the Regional Trustee as well as the National Office.

Section 5 - Regional Trustee

(A) The Regional Trustee shall represent his/her region on the Board of Trustees.

(B) The Regional Trustee shall be responsible for the regional convention in her/his geographic region.

(C) Through local officers, each Regional Trustee shall take an active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where her/his expertise may be of value.

(D) The Regional Trustee shall submit one (1) article or report on activities in her/his region for each issue of the Student DOctor.

(E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National President within forty-five (45) days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds for the Regional Convention, travel to all Board of Trustee meetings, travel to visit chapters in the region, and funds for any item or project he/she feels will be needed.

Section 6 - Editor of the <u>Student DOctor</u>

(A) The Editor of the <u>Student DOctor</u> shall be responsible for the publication of the <u>Student DOctor</u>. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

(B) He/She shall print the report of the Nominating Committee (when feasible) at least thirty (30) days prior to the House of Delegates Spring Meeting.

(C) He/She shall request and print information on the background, qualifications, and goals of each candidate for a National Office if it is provided by the candidate.

Section 7 - The Board of Trustees shall be empowered to dismiss from his/her position any Officer, SOMA Foundation Director, Editor of the <u>Student DOctor</u>, Trustee, who has failed to perform the duties of his/her position, providing that the person in question shall have the opportunity to answer the charges against him/her in writing or in person before a meeting of the Board of Trustees. A vote of at least two-thirds (2/3) of the voting members of the Board of Trustees shall be necessary for such dismissal.

Upon dismissal or resignation of any Officer, SOMA Foundation Director, Editor of the Student DOctor, Trustee, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds (2/3) vote of the Board of Trustees. The appointed replacement shall serve out the term of the position. Any chairperson of a National SOMA committee, who has failed to perform the duties of his/her position, and having been appointed by the National President, may be dismissed or asked to resign from his/her position by the National President. The National President shall then be empowered to replace the chairperson.

ARTICLE VII-EXECUTIVE DIRECTORS

Section 1 - An Executive Director shall follow, endorse and administer all policies and directives of the Board of Trustees and the House of Delegates, he/she shall have charge of all archives including legal, historical and scientific records of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing and keep records of those expenditures authorized by the Board of Trustees and House of Delegates. He/She shall be an ex-officio member of all committees including the Board of Trustees and House of Delegates.

Section 2 - The Executive Director shall be chosen by the Board of Trustees on the basis of qualification which best serve the objectives of SOMA as stated in the Constitution. Remuneration shall be determined by the Executive Council or the Board of Trustees.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

Section 2 - The Board of Trustees shall meet at the request of the National President or two (2) of the other members. Notification shall be made at least seven (7) days prior to the meeting.

Section 3 - The Board of Trustees meeting should be held in conjunction with the annual Fall AOA Scientific Convention when financially feasible.

ARTICLE IX - COMMITTEES

Section 1 - The committees of SOMA shall be set up in such a manner as to have Standing Committees approved by the House of Delegates with Subcommittees approved by the Board of Trustees or House of Delegates.

Section 2 - The duties of the Standing Committees shall be to organize and submit policy in their appointed area to the Board of Trustees and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 3 - The Chairperson of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Trustees.

Section 4 - The Chairmanship of a subcommittee shall be by recommendation of the Standing Committee and approval of a simple majority of the Board of Trustees.

ARTICLE X - AFFILIATED SOCIETIES

Section 1 - Any state, territorial, provincial, or Foreign student osteopathic organization which may desire to be a divisional society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its Constitution, Bylaws and code of ethics generally conform to those of this Association and maintain an organizational structure which generally conforms to that of this Association.

Section 2 - upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue such a charter to any organization which duplicates the function or prerogatives of any presently affiliated organization.

Section 3 - Affiliated societies shall provide a non-voting member to the SOMA House of Delegates.

Section 4 - Affiliated societies shall be granted the privilege of attending the SOMA national and regional conventions and scheduled meetings with respective members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliate societies shall be granted the opportunity to use the National SOMA newsletters and other membership mailings to contact current and potential members of the affiliate societies. Affiliate societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the SOMA PROCESS.

Section 5 - National SOMA will not be held responsible for any financial obligations of the affiliate society and shall not act as a negotiating agent for the affiliate society in any business transaction. National SOMA shall not charge members for affiliate society activities and shall not collect dues for the affiliate societies.

Section 6 - Affiliate Societies shall have the option of terminating their affiliation with National SOMA by submitting a letter of intent from the affiliate's president to the SOMA Board of Trustees by registered mail. The termination of the affiliation shall not take effect until the SOMA Board of Trustees has an opportunity to speak with the officers of the affiliate society. Upon concluding that the intent is verified, the SOMA Board of Trustees shall send a letter of confirmation of the intent to terminate the affiliation to the president or acting leader of the affiliate society by registered mail. The termination shall not take effect until the letter has been received by the aforementioned society. Societies shall be eligible to reapply for affiliation at the next House of Delegates meeting and shall follow the procedures outlined in sections one (1) and two (2) of this Article.

Section 7 - The SOMA House of Delegates shall have the right to terminate the affiliation with any society upon finding actions or policies of such societies violate the Constitution, Bylaws, policies, or code of ethics of SOMA. Upon these findings, the SOMA Board of Trustees shall investigate such violations and upon conclusion of such investigation, make a recommendation, in resolution form, to the SOMA Reference Committee. Voting on such a resolution shall be governed by the rules set forth in SOMA PROCESS. Affiliate societies shall be given the right to testify at the Board of Trustees and the SOMA Reference Committee meetings. Termination of the affiliation shall take effect at the closing of the House of Delegates. Affiliations will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in sections one (1) and two (2) of Article X (10).

Section 8 - Societies that are unable to become an affiliate with national SOMA on the basis of restrictions in their own constitution, bylaws or concomitant affiliations shall apply for an associate membership that shall follow the application process in sections one (1) and two (2) of Article X (10). Associate membership shall enjoy equal benefits of affiliations listed in sections three (3) and four (4), and shall be governed by sections five (5), six (6), and seven (7) of Article X (10).

ARTICLE XI - PRESIDENT'S ADVISORY CABINET

Section 1 - National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate and advise, but shall not establish policy.

Section 3 - Cabinet members and/or cabinet officers may be changed at the discretion of the National President without consultation with the Board of Trustees of the House of Delegates.

Section 4 - Funding for each cabinet position shall be established in the budget. The budget shall include all funds for travel and any business expenses that may be spent in the fiscal year.

Section 5 - The cabinet may include the following positions:

(A) Programming Coordinator
(B) SOMA RAD Coordinator
(C) SOMA RMP Coordinator
(D) SOMA IHP Coordinator
(E) Community Service Coordinator
(F) Membership Coordinator
(G) Convention Coordinator
(H) Public Relations Coordinator
(I) Legislative Affairs Coordinator

ARTICLE XII - NATIONAL SOMA BUDGET

Section 1 - See Article VI, Section 3.

Section 2 - The President shall submit a completed budget proposal to the Board of Trustees within ninety (90) days of the annual Spring meeting of the House of Delegates. The Board of Trustees may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the Student DOctor.

ARTICLE XIII - THE SOMA PROCESS

Section 1 - The document known as the SOMA PROCESS shall be maintained and updated under the supervision of the Board of Trustees. It shall contain three sections: (1) General information, (2) Procedural information, i.e., how to write a bill, how to make a motion, rule of order in the House of Delegates, etc, (3) SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

ARTICLE XIV - AMENDMENTS TO THE NATIONAL SOMA BYLAWS

Section 1 - Proposed amendments to these bylaws shall be considered at the annual meetings of the House of Delegates.

Section 2 - Any five members of the Association may propose an amendment to these Bylaws by submitting such proposals in writing to the Speaker of the House/Vice President, at the National office at least sixty (60) days prior to the next meeting of the House of Delegates. The proposed amendment must be received in the National office sixty (60) days prior to the next meeting of the House of Delegates, in order to be considered at that meeting.

Section 3 - Copies of proposed amendments shall be provided to all constituent chapters at least thirty (30) days prior to the next meeting of the House of Delegates.

Section 4 - A vote of at least two-thirds (2/3) of the delegates (quorum required) shall be required for passage of any new amendments.

ARTICLE XV - FINANCES

Section 1 - Dues for osteopathic medical students enrolled in an AOA approved program shall be $40.00 for the standard membership. Additional dues for students enrolled in an extended program lasting more than the standard membership shall be $10.00 for each year exceeding the standard membership.

Sole authority to raise the amount of dues shall be vested in the House of Delegates.

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - NAME

The name of this association shall be the Student Osteopathic Medical Association. This name shall be officially abbreviated SOMA.

ARTICLE II - OBJECTIVES

The objectives of SOMA shall be: 1) to improve the quality of health care delivery to the American People and the world, 2) to contribute to the welfare and education of osteopathic medical students, 3) to familiarize its members with the purpose and ideals of osteopathic medicine, 4) to establish lines of communication with other health science students and organizations, 5) to prepare its members to meet the social, moral, and ethical obligations of the osteopathic profession.

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Membership in SOMA shall be through local chapters of AOA accredited osteopathic medical schools and consists of active membership, honorary membership, and pre-medical student membership. The qualification s for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV - ELECTED OFFICERS

Section 1 - The elected officers shall consist of : 1) National President who shall be the chairperson of the Board of Trustees, 2) Speaker of the House of Delegates who shall also serve as the National Vice President, 3) National Treasurer, 4) Editor of the Student DOctor, and 5) Regional Trustees (one from each region). These elected officials shall also serve as members of the SOMA Foundation Board of Directors.

Section 2 - The National President, Speaker of the House/Vice President, Treasurer, and Editor of the Student DOctor , shall be elected at the Fall National meeting and assume their duties at the conclusion of the Spring meeting of that academic year.

ARTICLE V - OFFICIAL MEETINGS

Section 1 - The SOMA House of Delegates, National officers, Regional Trustees and National Board shall convene at least twice a year for official meetings. The annual Fall National meeting which will coincide with the AOA annual meeting and again at the annual Spring National meeting.

ARTICLE VI - ADMINISTRATOR

An administrator may be appointed by the Board of Trustees. His/her qualifications, duties and payment for service should be set forth in the Bylaws.

ARTICLE VII - COMMITTEES AND TASK FORCES

Standing committees of SOMA, shall be established only at the direction of the House of Delegates. The procedures for establishing standing committees, sub committees and task forces and the selection of their chairperson shall be those set forth by the Bylaws.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as chairperson), the Speaker of the House of Delegates/National Vice President, the National Treasurer, one Regional Trustee from each geographic region, the Editor of the Student DOctor and the At-large member as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the association between meetings of the House of Delegates. Further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year; each of these meetings shall be in conjunction with the SOMA House of Delegates.

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Section 1 - Responsibility for determining the policy of the Association shall be vested solely in the House of Delegates.

Section 2 - The policy and decisions of the House of Delegates shall be administered between the annual meetings of the House of Delegates by the Board of Trustees as described in the Constitution and Bylaws of SOMA.

Section 3 - The House of Delegates shall convene twice a year;

once in conjunction with the annual Fall AOA Scientific meeting and again at the annual Spring SOMA Convention.

Section 4 - The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5 - Resolution shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and ex-officio members as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

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Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable an where not inconsistent with the Constitution and Bylaws of the Association.

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Section 1 - Any five members of the Association may propose an amendment to this Constitution by submitting the amendment with a brief explanation to the Speaker of the House/Vice President at the National Office by certified mail return receipt requested, at least thirty days prior to the next meeting of the House of Delegates.

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Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional Duties shall be delineated by the Bylaws.

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STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not by any more than one such chapter in any osteopathic school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A chapter shall be grated to a simple majority ratification by the House of Delegates at its next meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of his constituency, but shall hold no more than two offices concurrently.

Section 6 - Each chapter shall hold its annual election prior to the annual Spring SOMA House of Delegates. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no later than fourteen days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7 - It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to insure smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

Section 8 - Each chapter shall send at least one member to every Regional Convention within its region.

ARTICLE II - MEMBERSHIP

Section 1 - Membership in SOMA shall be classified into three groups : 1) Active Membership, 2) Honorary Membership and 3)

Pre- Medical Student Membership. Only active members shall have voting privileges.

Section 2 - Active Membership. To be admitted to active membership in SOMA, an applicant must be enrolled at an accredited osteopathic medical school and have payed the appropriate dues.

Section 3 - Honorary Membership. Honorary membershop may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or a life time basis by the House of Delegates.

Section 4 - Pre-Medical Student Membership. An applicant must be enrolled in an undergraduate college and pay the appropriate dues.

ARTICLE III - DISCRIMINATION

Neither the associated or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their ouwn members where not inconsistent with the Consitution and/or Bylaws.

ARTICLE IV - HOUSE OF DELEGATES

Section 1 - Each constituent chapter which has received a charter as prescribed in Article 1 of these Bylaws shall be entitled to four voting positions or votes in the House of Delegates of the Association. The destribution of these votes shall be at the discretion of each local chapter. Each chapter shall provide to the Speaker of the House, a list of four delegates with voting rights and a list of alternates who may vote in their absence, at the opening of the House of Delegates. Persons shall be identified with name tags indicating their delegate or alternate status. Before any business is undertaken by the House of Delegate, each delegate and alternate shall be identified and verified by the Speaker of the House, or his/her designates, using at least one appropriate form of I.D.. Each chapter present shall be provided with four voitng cards. It is strongly recommended that one person control one voting card; however, one person may control up to including all four cards for his/her chapter. Proxy voting between chapters shall be prohibited. An alternate can replace a voting delegate provided they have been identifed by the Speaker.

Section 2 - Ex-officio members of the House of Delegates shall include the members of the Board of Trustees, and the

chairperson of any committee, subcommittee or task force. Ex-officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3 - All official members of SOMA as described in Article I of these Bylaws shall have the right toaddress the House of Delegates upon recognition by the Chair. This recognition shall not entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4 - A Quorum shall be required for the House of Delegates to conduct any business. A Quorum shall be defined as 50% + 1 of all occupied seats of the House of Delegates. (this means 50% + 1 of the 4 times the number of constituent chapers).

Section 5 - All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by simple majority of the votes cast.

Section 6 - The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least 15 days before the commencement of the biannual meeting. The order of business shall only be changed by a vote of at least two-thirds of those voting.

Section 7 - The House of Delegates shall meet during the biannual Fall and Spring meetings of SOMA, and at such time as it may determine. The Spring meeting site and date will be determined by preferential ballot by the House of Delegates.

Section 8 - Special meetings of the House of Delegates may be called by a vote of two-thirds of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen days of teh call. The special meeting shall be held not less than fifteen nor more than sixty days after notice has been sent to the chapters.

Section 9 -
(A) All amendments shall be presented in typed form to the Speaker of the House /Vice President before presentation to the House of Delegates as stated in Article XI section 1.

(B) All amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegate during the annual meeting in which they were introduced.

(C) Any resolution that names a specific SOMA chapter(s) will be discussed with the president(s) of named chapter (s) prior to submission to reference committee.

(D) All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees.

(E) The House of Delegates shall either adopt, defeat or amend the reference committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her desginate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V - ELECTIONS

Section 1 - Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2 - The election of National Liaison Officers and Local Presidents shall be held by the constituent chapters on an annual basis as outlined in Article I Section 6 of the Bylaws.

Section 3 - The election of the National President, Speaker of the House/Vice President, the National Treasurer, and the Editor of the Student DOctor shall be held during the annual House of Delegates meeting in the Fall of each year.

Section 4 - The election of an At-large member chosen from and by the Newly installed National Board will occur during the past- Spring convention transition period.

Section 5 - A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two nominees for the office of National President, Speaker of the House of Delegates/Vice President, National Treasurer, and Editor of the Student DOctor , to the Speaker of the House at least 30 days prior to the annual Fall meeting of the House of Delegates. The Speaker of the House shall distrubute the Nominating committee report at least fifteen days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 6 -
(A) Elections shall be held following the report of the Nominating Committee. Prior to election of the officers time will be allotted for addresses from the nominees to the House of Delegates.

(B) Voting shall be by secret ballot.

(C) The candidate receiving 50% + 1 of votes possible shall be declared the winner. If no candidate receives 50% + 1, a runoff of the candidates with the two highest votes totals shall be held. The candidate receiving the greatest number of votes, an additional run-off will be held until a winner is declared.

Section 7 - Regional Trustees shall be elected at the regional convention for each geographic region. Each Regional Trustee will take office at the closing of the Spring House of Delegates Meeting. Each chapter from that geographic region shall have four votes toward the election of the Regional Trustee. All balloting shall be by secret ballot, ballots shall be checked and counted by a committee consisting of one representative from each chapter present. Election rules shall follow Article 5 Section 6, Paragraph (C) of the Bylaws.

ARTICLE VI- DUTIES OF OFFICERS

Section 1 -National President -The National President shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpersons of various committees, sub committees, and task forces in carrying out the objectives of SOMA and will coordinate all national affairs between the Administrator and the Board of Trustees. The President shall appoint a cabinet of advisors as set forth in Article XII of these Bylaws. The National President shall also serve as a member of the Foundation Board of Directors.

Section 2 -Speaker of the House of Delegate/Vice President -The Speaker of the House/Vice President shall have the authority to appoint a Vice Speaker to assist in his/her duties. The Speaker of the House/Vice President shall be an ex -officio member of all committees and shall receive their reports at least biannually. She/he shall coordinate all phases of standing committees, sub-committees and task forces report their progress to the House of Delegates. The Speaker of the House/Vice President with recommendations from the Board of Trustees and Convention Coordinator shall establish the order of business for the House of Delegates.
The Speaker or his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates. In the absence of the National President, the Speaker of the

House/National Vice President shall act as interim chairperson to perform the duties of that office. The Speaker of the House/Vice President shall keep the Constitution, Bylaws, and SOMA Process. As such, he/she will maintain these documents in their most current form.

Section 3 -The National Treasurer will maintain all financial records, file forms with the IRS and financial institutions for National SOMA and SOMA Foundation. The National Treasurer will chair a Finance committee for purposes of budgetary review and approval. He/she shall work with National SOMA officers to form a National Budget.

Section 4 -National Liaison Officers shall be responsible for conducting affairs for National SOMA interest at the local constituent chapters including acting as liaison between National SOMA, college administrations and state osteopathic societies and other organizations. It shall be the responsibility of the National Liaison Officers to maintain an accurate membership file at the local level and to forward a monthly report to their Regional Trustee concerning local and National activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officer shall interact, coordinate and frequently converse with the Regional Trustee as well as the National Office.

Section 5 -Regional Trustee

(A) The Regional Trustee shall represent his/her region on the Board of Trustees.

(B) The Regional Trustee shall be responsible for the regional convention in her/his region. These regions are divided as follow Region I: NJSOM, NYCOM, PCOM, UNECOM, SECOM
Region II: CCOM, MSU-COM, OU-COM, UOMHS,WVSOM
Region III: COMP, KCOM, TCOM, COM-OSU, UHSCOM

(C) Through local officers, each Regional Trustee shall take a active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where her/his expertise may be of value.

(D) The Regional Trustee shall submit one (1) article or report on activities in her/his region for each issue of to Student DOctor.

(E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National Treasurer within 60 days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds for the Regional Convention, travel to all Board of Trustee meetings, travel to visit chapters in the region, and funds for any item or project he/she feel will be needed.

Section 6 -Editor of the Student DOctor

(A) The Editor of the Student DOctor shall be responsible for the publication of the Student DOctor. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

(B) The Editor of the Student DOctor shall be responsible for publishing all pertinent deadlines.

Section 7 - At-large member

The At-large member is elected from and by the National Board. He/she shall represent those standing committees comprising the National Board to the Board of Trustees and National Officers. The At-large member shall also serve as a member of the SOMA Foundation Board of Directors.

Section 8 - The Board of Trustees shall be empowered to dismiss from his/her position any Officer, SOMA Foundation Chairman, or Director, Editor of the Student DOctor, Trustee, Administrator or member At-large who has failed to perform the duties of his/her position, providing that the person in question shall have the opportunity to answer the charges against him/her in writing or in person before a meeting of the Board of Trustees. A vote of at least two -thirds (2/3) of the voting members of the Board of Trustees shall be necessary for such dismissal. Upon dismissal or resignation of any Officer, SOMA Foundation Chairperson or Director, Editor of the Student DOctor, Trustee, Administrator, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds vote of the Board of Trustees. The appointed replacement shall serve until the next scheduled House of Delegates session when appropriate bodies shall elect the officer as per Article V of the Bylaws to serve out the rest of the term. Any chairperson of a National SOMA committee, subcommittee, or task force, who has failed to perform the duties of his/her position, and having been appointed by the National President, may be dismissed or asked to resign from his/her position by the National President. The National President shall then be empowered to replace the chairperson.

Section 9 - The member At-large on the Board of Trustees may only by dismissed from his/her Board of Trustee position as outlined in Article VI Section 8 (by a 2/3 vote of the Board of Trustee). The member At-large may still retain his/her National Board position unless dismissed as a National Board member by the National President according to Section 8.

ARTICLE VII- ADMINISTRATOR

Section 1- The administrator shall follow, endorse and administer all policies and directives of the Board of

Trustees and the House of Delegates. He/she shall have charge of all archives including legal, historical and scientific records of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing and be aware of those incomes and expenditures authorized by the Board of Trustees and House of Delegates. The Administrator shall also be accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all National Officers, local chapters, and other interested parties. He/She shall be an ex-officio member of all committees including the Board of Trustees and House of Delegates.

Section 2 -The Administrator shall be chosen by the Board of Trustees on the basis of qualifications which best serve the objectives of SOMA as stated in the Constitution. Remuneration shall be determined the Board of Trustees.

ARTICLE VIII- BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall be comprised of the elected officers, as well as the member At-large of the National Board, as stated in Article IV of the Constitution. Each member will constitute control of one vote. The President will vote only in the instance of a ballot election and in all other cases where the vote would change the result (ie: a tie).

Section 2 - The Board of Trustees shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

Section 3 -The Board of Trustees shall meet at the request of the National President or two (2) of the members of the Board of Trustees. Notification shall be made at least seven (7) days prior to the meeting.

Section 4 -The Board of Trustees meeting should be held in conjunction with the annual Fall AOA Scientific Convention and the annual Spring Convention.

Section 5 - A quorum shall be necessary to conduct the business of the Board of Trustees. A quorum shall be defined as 50% plus one of all occupied seats currently held by a Board of Trustee member or their proxy.

ARTICLE IX - NATIONAL BOARD

Section 1 - The National Board will be comprised of the chairpersons and program directors of the Standing Committees of National SOMA.

Section 2 - National Board members may be changed at the discretion of the National President without consultation with the Board of Trustees or of the House of Delegates, except for the At-large member of the Board of Trustees whom must be dismissed as outlined in Article VI, Section 9.

Section 3 - Funding for each National Board member shall be established in the budget. The budget shall include expenses that may be spent in the fiscal year.

Section 4 -The National Board may include the following positions:

(A) Convention Coordinator
(B) Membership Coordinator
(C) Fundraising Coordinator
(D) Public Relations Coordinator
(E) Programs & Benefits Coordinator
(F) Student DOctor Editor
(G) Research & Development Coordinator
(H) Medically Undeserved Program Director
(I) International Health Program Director
(J) Osteopathic Practice & Principles Director
(K) Legislative Affairs Director
(L) Aids Awareness Program Director
(M) Community Medicine & Public Health *
(N) Human Rights *
(O) Environmental Awareness *
(P) Special Olympics *

* task forces

ARTICLE X - STANDING COMMITTEES SUB COMMITTEES AND TASK FORCES

Section 1 -The Standing committees of SOMA shall be created by a resolution and approved by the House of Delegates. The Chairperson of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Trustees. The duties of the Standing Committee shall be to organize and submit policy in their appointed area to the Board of Trustees and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 2 - The Subcommittees of SOMA shall be created by approval of the Board of Trustees or the House of Delegates. The chairperson of a subcommittee shall be by recommendation of the Standing Committee and approval of a simple majority of the Board of Trustees.

Section 3 - Task Forces shall be comprised of the new programs or committees submitted for approval that is given a temporary

status. Task Forces can be established and their program directors chosen at the discretion of the National President. The task force director shall have all the responsibilities of a National Board member, including representation at National, Regional and local meetings. If interest and need continue for a period of two years, the task force can become a committee by approval of the House of Delegates as per Article X of the Bylaws.

Section 4 - The chairperson of each standing committee and task force will submit a tentative budget to the Finance Committee for approval based on merit and participation.

ARTICLE XI- AFFILIATED SOCIETIES

Section 1 -Any state, territorial, provincial, or Foreign student osteopathic organization which may desire to be a divisional society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its Constitution, Bylaws and code of ethics generally conform to those of this Association and maintain an organizational structure which generally conforms to that of this Association.

Section 2 -Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue such a charter to any organization which duplicates the function or prerogatives of any presently affiliated organization.

Section 3 -Affiliated societies may provide a non -voting member to the SOMA House of Delegates.

Section 4 Affiliated societies may be granted the privilege of attending the SOMA national and regional conventions and scheduled meetings with respective members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliate societies shall be granted the opportunity to use the National SOMA newsletters and other membership mailings to contact current and potential members of the affiliate societies. Affiliate societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the SOMA PROCESS.

Section 5 -National SOMA will not be held responsible for any financial obligations of the affiliate society and shall not act as a negotiating agent for the affiliate society in any business transaction. National SOMA shall not charge

members for affiliate society activities and shall not collect dues for the affiliate societies.

Section 6 -Affiliate Societies shall have the option of terminating their affiliation with National SOMA by submitting a letter of intent from the affiliate's president to the SOMA Board of Trustees by registered mail. The termination of the affiliation shall not take effect until the SOMA Board of Trustees has an opportunity to speak with the officers of the affiliate society. Upon concluding that the intent is verified, the SOMA Board of Trustees shall send a letter of confirmation of the intent to terminate the affiliation to the president or acting leader of the affiliate society by registered mail. The termination shall not take effect until the letter has been received by the aforementioned society. Societies shall be eligible to reapply for affiliation at the next House of Delegates meeting and shall follow the procedures outlined in sections one and two of this Article.

Section 7 -The SOMA House of Delegates shall have the right to terminate the affiliation with any society upon finding actions or policies of such societies violate the Constitution, Bylaws, policies, or code of ethics of SOMA. Upon these findings, the SOMA Board of Trustees shall investigate such violations and upon conclusion of such investigation, make a recommendation, in resolution form, to the SOMA Reference Committee. Voting on such a resolution shall be governed by the rules set forth in SOMA PROCESS. Affiliate societies shall be given the right to testify at the Board of Trustees and the SOMA Reference Committee meetings. Termination of the affiliation shall take effect at the closing of the House of Delegates. Affiliations will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in sections one and two of Article XI.

Section 8 -Societies that are unable to become an affiliate with national SOMA on the basis ,of restrictions in their own constitution, bylaws or concomitant affiliations shall apply for an associate membership that shall follow the application process in sections one and two of Article XI. Associate membership shall enjoy equal benefits of affiliations listed in sections three and four, and shall be governed by sections five, six, and seven of Article XI.

ARTICLE XII- PRESIDENT'S ADVISORY CABINET

Section 1 -National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate and advise, but shall not establish policy.

ARTICLE XIII NATIONAL SOMA BUDGET

Section 1 -See Article VI, Section 3 of the Bylaws.

Section 2 -The National Treasurer will collect from each National Officer, Trustee, Chairperson and Task Force Director a tentative budget within 60 days after the annual Spring Convention of the SOMA House of Delegates. From this information he/she will submit by July 1st a National SOMA Budget proposal to the Board of Trustees, who may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the StudentDOctor. Subcommittees do not submit a budget.

ARTICLE XIV- THE SOMA PROCESS

Section 1 - The document known as the SOMA PROCESS shall be maintained and updated by the Speaker of the House under the supervision of the Board of Trustees. It shall contain three sections: (1) General information, (2) Procedural information,i.e., how to write a bill, how to make a motion, rule of order in the House of Delegates, etc, (3) SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

ARTICLE XV- AMENDMENTS TO THE NATIONAL SOMA BYLAWS

Section 1- Proposed amendments to these bylaws shall be considered at the annual meetings of the House of Delegates.

Section 2 -Any five members of the Association may propose an amendment to these Bylaws by submitting such proposals in writing to the Speaker of the House/Vice President at least 30 days prior to the next meeting of the House of Delegates.

Section 3 -Copies of proposed amendments shall be provided to all constituent chapters at least 15 days prior to the next meeting of the House of Delegates.

Section 4 -A vote of at least 50% + 1 of the occupied seats (quorum required) shall be required for passage of any new amendments.

ARTICLE XVI -FINANCES

Section 1- Dues for osteopathic medical students enrolled in an AOA approved program shall be $40.00 for the standard membership. Additional dues for students enrolled in an extended program lasting more than the standard membership shall be $10.00 for each year exceeding the standard membership.

Sole authority to raise the amount of dues shall be vested in the House of Delegates.

"THE SOMA PROCESS"

RESOLUTIONS

1. WHAT IS A RESOLUTION?

A course of action that is to be acted upon during the House of Delegates meeting. It is any point of view or action that one believes should be acted upon by SOMA.

2. WHO CAN SUBMIT A RESOLUTION?

A) President of the Association
B) Board of Directors
C) Any officially recognized committee
D) Any official delegate from any osteopathic school

3. HOW DOES ONE WRITE A RESOLUTION?

A) One must use the general format outlined in form #1.
B) All resolutions must consider only one topic, one point at a time. Resolutions considering more than one point at a time will be separated within the resolution by the reference committee.
C) The author of each resolution must be clearly recorded at the top of each page.

4. HOW DOES A RESOLUTION BECOME ADOPTED?

A) Each resolution is submitted to a reference committee composed of two representatives from each region (but not two from the same school) as as appointed by the National Board of Directors.
B) The author of each resolution presents the proposal to the reference committee.
C) Discussion of the resolution is held by the reference committee. The committee can call on any member to testify for the committee. The discussion on the resolution will follow Robert's Rules of Order if deemed necessary. The committee chairperson will oversee all procedures.
D) The reference committee will then draw up a report on each resolution during a closed session.
E) The reference committee chairperson will present the reports to the general session of the house of delegates.
F) The house of delegates can make three motions to take action on a resolution. These are explained in detail within forms 2, 3 and 4.
G) These discussions of the resolutions will be conducted by the speaker of the house according to Robert's Rules of Order.

H) Voting will be by voice (i.e. Ayes and Nays) except where the speaker or a delegate calls for a division of assembly, in which a standing vote will be taken.

I) A vote of a simple majority wil rule on an action by the House of Delegates.

5. WHEN SHOULD A RESOLUTION BE PRESENTED?

There are three types of resolutions:

A) General Resolution: must be presented to the national office in resolution form at least 15 days prior to the house of delegates meeting.

B) Late Resolution: are resolutions submitted after the 15 day deadline but before the house of delegates meeting. They shall require 2/3rd's vote of the house of delegates to be debatable on the floor. Late resolutions approved for consideration shall be referred to the reference committee and handled in the same manner as those resolutions introduced before the 15 day deadline.

C) Emergency Resolution: are resolutions submitted after the beginning of a meeting shall require 3/4th's vote of the assembly to be debatable on the floor. Emergency resolutions shall be written in reference form and referred to the reference committee if it is submitted prior to the committee's meeting. The resolution will be debated on the floor of the house of delegates without referral.

6. HOW DOES ONE DISCUSS A RESOLUTION?

A) The discussion of the resolution report by the reference committee in front of the house of delegates shall be run by Robert's Rules of Order. This is not to exclude individuals from the adoption process, but rather, to allow everyone to express their opinion in an orderly fashion.

B) Each delegate at the House of Delegates including the executive board can debate any item before them by addressing the speaker of the house.

C) Each person must address the speaker by giving one's name and school. These are only a few procedures one can take when debating an item and this must be stated within one's opening statement. Thus, an example of an opening statement would be:

"Madame speaker, I am John Smith from the Kirksville delegation. I am here to address the Ammendment of Line 53 of Resolution 4."

D) The procedures one can debate upon are included in form 2, 3 and 4. Please use only these terms when debating an item.

E) The Speaker of the House will try to alternate between pro and con statements on each issue.

F) To allow for efficient expedition of the resolutions, debate will be limited to 15 minutes on each resolution.

7. **RECOMMENDATIONS**

A) The purpose of this process is to stimulate involvement in SOMA. The more one is involved in the process, the better the policy. Thus, it is recommended that your delegation discuss each resolution in detail and decice if this is a position that one can support, ammend or reject.
B) It is also recommended that all of the committees try :o submit a resolu- to the reference committee so that each committee's ideas and contribution can be recognized by the house of delegates.
C) To allow for an efficient discussion of each resolution, it is recommenced that each delegation appoint one spokesperson for their position on each resolution.
D) The most important point is to become involved in this convention. No matter if it is in the committees, the delegations or the house of delegates. Your participation not only benefits SOMA but it more importantly benefits your personal growth and development.
E) Last of all don't forget to have fun and enjoy the convention.

8. TYPES OF MOTIONS:

A. MAIN
B. SUBSIDIARY
C. INCIDENTAL
D. PRIVILEGED

9. **MAIN MOTION:** The purpose of a main motion is to bring an item of business before the assembly for consideration. It requires a second and is capable of being modified by subsidiary motions. Resolutions are main motions.

10. **SUBSIDIARY MOTIONS:** This class of motions modifies or applies to a main motion. They have a specific rank in order. A subsidiary motion may outrank the motion below it in order, but is outranked by the motion above it. They are, in order of importance.

A. Postpone Temporarily
B. Vote Immediately
C. Modify Debate
D. Postpone to a Definite Time
E. Refer
F. Amend
G. Postpone Indefinitely

II. **SUBSIDIARY MOTIONS EXPLAINED:**

A. Postpone Temporarily (Lay on the Table) - This is the highest ranking of the subsidiary motions. It's purpose is to set aside the present business before the assembly. This may be utilized in order to allow more time to gather information, to allow other business to take place, or to allow for further "politicking." To return the motion as an order of business, a motion to "take from the table is made."

B. Vote Immediately (Call the Question) - This is a highly useful motion in order to stop debate and to bring the question(s) to vote. This is neither debatable nor ammendable. After being seconded, it requires an immediate vote with a simple majority necessary for it to be carried. The question(s) that were before the assembly when debate was terminated are then voted on immediately.

C. Modify Debate - This motion is used to change the extent of debate by either limiting or extending it. Because this motion effects the rights of individuals, a simple majority is necessary for it to be passed.

D. Postpone to Definite Time - This ranks in the middle of the subsidiary motions. This is used to postpone a vote or further discussion to a more optimum time. This motion differs from "Lay on the Table" by establishing a specific time at which the question is automatically brought back to the assembly for further action.

E. Refer (to a committee) - This deals with transferring a main motion from the assembly to a specified committee. Referrals can be made so that a report is to come back to the assembly with or without recommendations or it may be referred for action by that committee.

F. Amend - This is the second lowest of all subsidiary motions. It is used to change the wording or mechanism of a main motion. There are four ways one can amend:

a. Strike out
b. Insert
c. Strike Out and Insert
d. Substitution

Remember that only two ammendments may be on the floor at any one time. A third amendment is out of order until at least one of the other two have been dealt with.

G. Postpone Indefinitely - Though the lowest ranking subsidiary motion, it is a very useful one often used too infrequently. It's purpose is to remove a motion from any further discussion for the remainder of the meeting.

12. **INCIDENTAL MOTIONS:**

A. Parliamentary Inquiry - This allows you to ask the Speaker as to procedure.

B. Divide the Assembly - This allows you to request another vote if you felt the voice vote was indecisive.

C. Point of Order - This calls attention to an error in procedure and asks for a ruling by the Speaker.

D. Divide the Question - Any time a main motion has two or more parts to it, they may be considered individually. The Speaker decides on the request.

13. **PRIVILEGED**

The last class of motions are the Privileged Motions. These motions are usually urgent and require immediate attention by the assembly and therefore outrank all other motions. They are, in order of rank:

1. Adjourn
2. Recess
3. Question of Privilege

The first two are self-explanatory. The last, Question of Privilege, is a motion that requests immediate action on the comfort, convenience, rights or privileges of an individual or the assembly.

The next two pages include the necessary information concerning the various motions. There is a guide for which motions are appropriate for achieving a specific purpose. We hope this brief introduction is worthwhile for you.

14. BOARD OF DIRECTORS

A. WHO SITS ON THE BOARD OF DIRECTORS?

The Board of Directors is composed of the present and elect National Board members. These include:

1. President
2. Vice President
3. Treasurer
4. Student DOctor Editor
5. Programming Coordinator
6. SOMA RAD Director
7. SOMA RMP Director
8. SOMA IHP Director
9. Community Service Coordinator
10. Fundraising Coordinator
11. Convention Coordinator
12. Membership Coordinator
13. Public Relations Chairperson
14. Foundation Directors

B. WHAT IS THE PURPOSE OF THE EXECUTIVE BOARD?

To set policies essential for management of the association or to establish an ad interim policies when the house of delegates is not in session. All policies must be presented to the next house of delegates for review or approval. The duties include:

1) Management of affairs of association between meetings.
2) Management of finances of the association and authorities and supervises all expenditures.
3) Appoints the chairmen and members of departments, bureaus, committees and councils.
4) Selects the time and place of meetings.
5) Provides for publications of official journal and other such publications as deemed necessary.
6) After careful investigation and by 3/4th's vote, remove any officer or to revoke, suspend or place on probation the charter of any chapter of the association when, in its opinion, the best interests of the association would be served thereby.
7) To cause to be investigated by committee on ethics all charges or complaints of violation of the constitution and by laws or code of ethics or grossly unprofessional conduct of any member.
8) To decide finally all questions of any ethical or judicial character.

C. **HOW IS POLICY SET?**

The Board of Directors hears discussion from members of the board or otherrr general SOMA members. Only on issues included on the agenda. The board can call on any member to testify before a motion before a vote is taken.

The current president preceeds over each meeting and shall run the meeting by Robert's Rules of Order if deemed necessary.

A simple majority vote shall approve any motion.

D. **HOW DOES ONE ENTER A PROPOSAL ONTO THE AGENDA?**

All agenda items must be presented to the Board of Directors present or elect president or vice president prior to the call to order of the meeting. Any items presented after the call to order must receive a 3/4th's approved in order to be included in the current agenda.

15. **COMMITTEES**

A. **STANDING COMMITTEE** - A group of representatives who meet at each National SOMA Convention who set and actively pursue goals in accordance with the policy set forth by the House of Delegates.

A. SOMA-IHP
B. SOMA-RMP
C. SOMA-RAD
D. Student DOctor
E. Community Service
F. Membership
G. Amendments
H. Convention Program
I. Fundraising
J. Public Relations

B. **CONVENTION COMMITTEE** - A group of representatives which meet at a convention whose responsibilities are to evaluate an area of interest and submit a report to the House of Delegates which reflects a concern or duty of that particular convention.

K. Reference
L. Nominations
M. Elections
N. Steering

C. **AD HOC COMMITTEE** - Area of interest which develops during any convention. Can form an Ad Hoc Committee in accordance with the bylaws of the Constitution. These committee(s) will be formed as deemed necessary.

D. **COMMITTEE REPORT FORMAT**

Must be submitted in writing at the time of the committee report.

I. Name of Committee and Chairperson
II. Names of members of committee - including name of school, region and phone numbers
III. Review of previous work of committee
IV. Issues Discussed
V. Recommendations to be voted on in New Business
VI. Recommendations for National Board and Regional Coordinators
VII. Future Goals of Committee

Resolution #F90-001

Submitted to: SOMA National House of Delegates

Submittedby: SOMA Board of Trustees

RE: Officers ; ood Standing

WHEREAS, the Student Osteopathic Medical Association prides itself as being thefuture of Ostopathic Medicine;

WHEREAS, the Student Osteopathic Medical Association prides itself as to the high quality ofstudents who hold National positions;

WHEREAS, being a national officer in the Student Osteopathic Medical Association involves agreat deal of personal committment and time;

BE IT RESOLVED, any student elected to or appointed to a National SOMA position must be in goodstanding with their respective school;

BE IT FURTHER RESOLVED, a student running for a national position must include a letter stating their good standing in their nominations packet to be presented to SOMA House of Delegates at the convention which the election will take place;

BE IT FURTHER RESOLVED, a student wishing to be appointed must submit a letter of good standing from their school within two weeks after appointment;

BE IT FURTHER RESOLVED, upon passage, this resolution will take effect April 1, 1990.

Action Taken: Passed

Date: 11/27/90

Resolution #F90-002

Submitted to: SOMA National House of Delegates

Submitted by: SOMA Board of Trustees

RE: Regional assignments

WHEREAS, Region I currently has five(5) schools, Region II currently has four(4) schools, and Region III has six(6) schools;

WHEREAS, Regional Trustees and Regional conventions have become of an increasingly greater importance to the SOMA National structure;

BE IT RESOLVED, the University of Osteopathic Medicine and Health Sciences in Des Moines, IA will be reassigned to Region II;

BE IT FURTHER RESOLVED, upon passage, this resolution will take effect April 1, 1990.

Action Taken: Defeated

Date: 11/27/90

Resolution #F90-003

Submitted to: SOMA National House of Delegates

Submitted by: SOMA Board of Trustees

RE: Officer Transition

WHEREAS, proper officer transition is a vital part of the continuity and effectiveness of the Student Osteopathic Medical Association;

WHEREAS, many outgoing and incoming officers live in opposite parts of the country;

BE IT RESOLVED, a designated officer transition conference time will be a mandatory inclusion in the agenda on the last day of the SOMA Spring National Convention;

BE IT FURTHER RESOLVED, this confeence time will be mandatory for all elected and appointed naitonal officers unless another transition conference time has been pre-arranged between the outgoing and incoming officers and the new President and Vice-President duly notified.

Action Taken: Passed

Date: 11/27/90

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-004

Submitted to: SOMA National House of Delegates
Submitted by: Frank Gergits, Paul McNally, Michelle Wright
Brenda Spraggins, Jackie Gordon

WHEREAS, National and Regional Conventions are currently using environmentally unfriendly, non-biodegradable products (i.e. styrofoam coffee cups and other paper products),

BE IT RESOLVED that the convention coordinator make an effort to eliminate the use of styrofoam products and to limit the amount of paper products used at regional and national conventions

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-005

Submitted to: SOMA National House of Delegates
Submitted by: Frank Gergits, Paul McNally, Michellle Wright, Brenda Spraggins, Jackie Gordon

WHEREAS, SOMA both Nationally and locally need to be environmentally conscious and conserve paper,

WHEREAS SOMA both nationally and locally currently use non-recycled paper

WHEREAS, SOMA both nationally and locally currently use one side of paper

WHEREAS, SOMA both nationally and locally distribute outdated, redundand, and non-requested ;iterature,

BE IT RESOLVED, that both national and local SOMA act to conserve paper,

BE IT FURTHER RESOLVED, that both local and national SOMA attempt to utilize recycled paper when possible

BE IT FURTHER RESOLVED that both natinal and local SOMA will utilize both sides of paper when possible and appropriate

BE IT FURTHER RESOLVED that both national and local SOMA will only distribute current, non-redundant, requested material

BE IT FURTHER RESOLVED that all outdated material be recycled

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-006

Submitted to: SOMA National House of Delegates
Submitted by: Fundraising Committee

WHEREAS, there is a need for sharing fundraising ideas between local chapters,

BE IT RESOLVED, each local SOMA chapter fundraising chairperson or NLO will be responsible for completing a standard event sheet summarizing any fundraising events for the previous year at the spring SOMA National Convention

BE IT FURTHER RESOLVED, the National SOMA fundraising chairperson will:

1) create/update/distribute this standard event sheet
2) compile ideas into a booklet to be distributed to each chapter
3) update this booklet on a yearly basis

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-007

Submitted to: SOMA National House of Delegates
Submitted by: Conventions committee

WHEREAS, the National Board position of Convention Coordinator has not been a voting member of the Board of Trustees of National SOMA

WHEREAS, the convention coordinator has a vital role in structuring and planning the two National SOMA conventions and three regional conventions each year

BE IT RESOLVED that tahe National convention coordinator be designated a voting member of the SOMA Board of Trustees i

Be it FURTHER RESOLVED that this be effective immediately upon passage

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-008

Submitted to : SOMA National House of Delegates
Submitted by: Conventions Committee

WHEREAS, National SOMA holds an annual Spring convention,

BE IT RESOLVED that the 1991 Spring National SOMA convention will be held in Myrtle Beach, SC,

BE IT FURTHER RESOLVED, the dates for this convention will be April 4-7, 1991

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-009

Submitted to: SOMA National House of Delegates.
Submitted by: Conventions Committee

WHEREAS, SOMA has two National conventions and three regional conventions each year,

WHEREAS, these conventions are held in different cities,

WHEREAS, and important goal of National SOMA is to increase public awareness about Osteopathic medicine

BE IT RESOLVED, the National Conventions coordinator, inconjunction with the National Public Relations chairperson make every effort possible to contact local city officials with pertinent information regarding Osteopathic Medicine and the SOMA convention well in advance of the meeting

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I—NAME

The name of this association shall be the Student Osteopathic Medical Association. .This name shall be offically abbreviated SOMA.

ARTICLE II-OBJECTIVES

The objectives of SOMA shall be: 1) To improve the quality of health care delivery to the American people and the world, 2) To contribute to the welfare and education of Osteopathic medical students, 3) To familiarize its members with the purpose and ideals of osteopathic medicine, 4) To establish lines of communication with other health science students and organizations, 5) to prepare its members to meet the social, moral and ethical obligations of the osteopathic profession.

ARTICLE III-MEMBERSHIP

Membership in SOMA shall be through local chapters at AOA accredited Osteopathic medical schools-and consists of active membership, honorary membership, and pre-osteopathic medical student membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV-ELECTED OFFICERS

Section 1 - The elected officers shall consist of the National President who shall be the chairperson of the Board of Trustees and a SOMA Foundation Director, the Speaker of the House of Delegates who shall also serve as the National Vice-President and SOMA Foundation Director, the Editor of the Student DOctor and the Regional Trustees (one from each region). Their qualifications, duties, and methods of election shall be set forth in the Bylaws.
[This will take effect in 1989 when a President- elect and Vice-President elect shall be voted upon and then every year in the Spring following].

Section 2 - The National President, Speaker of the House/Vice President, and Editor of the Student DOctor, shall be elected at the Spring National meeting and assume their duties July 1 of that year.

ARTICLE V-EXECUTIVE DIRECTOR

An administrative officer, the Executive Director, may be appointed by the Board of Trustees. His/her qualifications, duties, and payment for service should be set forth in the Bylaws. A paid consultant, appointed by the National President, will provide all necessary information and perform duties set forth by the elected President.

ARTICLE VI-COMMITTEES

Committees of SOMA, standing or otherwise, shall be established only at the direction of the House of Delegates. The procedures for establishing committees and selection of their chairperson shall be those set forth in the Bylaws.

ARTICLE VII-BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as chairperson), the Speaker of the House of Delegates/ Vice President, the National Treasurer, (while appointed is a non-voting member), and one Regional Trustee from each geographic region as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the association between meetings of the House of Delegates, further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year, one of the meetings shall be in conjunction with the SOMA House of Delegates.

ARTICLE VIII-HOUSE OF DELEGATES

Section 1- Responsibility for determining the policy of the Association shall be vested soley in the House of Delegates.

Section 2- The policy and decisions of the House of Delegates shall be administered between the annual meeting of the Association by the Board of Trustees as described in the constitution and Bylaws of the Association.

Section 3- The House of Delegates shall convene at least once a year and in conjunction with the annual meeting of the Association, which shall be its official meeting.

Section 4-The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5-Resolutions shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and ex-officio members of as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

ARTICLE IX - RULE OF ORDER

Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE X- AMENDMENTS TO THE CONSTITUTION

Section 1- Any five (5) members of the Association may propose an amendment to this constitution by submitting the amendment to the Speaker of the House/Vice President, at the National Office by certified mail return receipt requested, at least 60 days prior to the next meeting of the House of Delegates.

Section 2- Copies of proposed amendments shall be provided to all constituent chapters at least 30 days prior to the next meeting of the House of Delegates.

Section 3- A vote of two-thirds (2/3) of the delegates (quorom required), shall be required for passage of any new amendment.

ARTICLE X - REGIONAL TRUSTEES

Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional Duties shall be delineated in the Bylaws.

BY LAWS
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five (5) or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition

and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not be any more than one such chapter in any osteopathic school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A Charter shall be granted to a simple majority ratification by the House of Delegates at its next annual meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of his constituency, but shall hold no more than two offices currently.

Section 6- Each Chapter shall hold its annual election no later than the last week of February. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no later than fourteen (14) days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7- It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to insure smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

ARTICLE II- MEMBERSHIP

Section 1- Membership in SOMA shall be classified into three (3) groups: 1) Active Membership, 2) Honorary Membership, and 3) Pre-Osteopathic Student. Only active members shall have voting privileges.

Section 2- Active Membership. To be admitted to active membership in SOMA, an applicant must be a member in good standing at an accredited osteopathic medical school.

Section 3- Honorary Membership. Honorary membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or a life time basis by the House of Delegates.

ARTICLE III DISCRIMINATION

Neither the associated or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV-HOUSE OF DELEGATES

Section 1-Each constituent chapter which has received a charter as prescribed in Article 1 of these Bylaws shall be entitled to four (4) voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall be at the discretion of each local chapter. Provisions for the use of alternates shall be according to the SOMA Process.

Section 2- Ex-officio members of the House of Delegates shall include the members of the Board of Trustees, Executive Directors and the chairperson of any committee. Ex-officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3- All official members of SOMA as described in Article 1 of these Bylaws shall have the right to address the House of Delegates upon recognition by the Chair. This recognition shall entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4- A QUOROM shall be required for the House of Delegates to conduct any business. A QUOROM shall be defined as 50% + 1 of all possible votes of the House of Delegates (this means 50% + 1 of 4 times the number of constituent chapters).

Section 5- All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by simple majority of the votes cast

Section 6- The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least 15 days before the commencement of the annual meeting. The order of business shall only be changed by a vote of at least two-thirds (2/3) of those voting.

Section 7- The House of Delegates shall meet during the annual spring meeting of SOMA and at such time as it may determine. The spring meeting site and date will be determined by preferential ballot by the House of Delegates.

Section 8- Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within

fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) nor more than sixty (60) days after notice has been sent to the chapters.

Section 9-(a) All amendments shall be presented in typed form to the Speaker of the House/Vice President before presentation to the House of Delegates. (b) All amendments submitted in compliance with paragraph (a) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in which they were introduced. (c) All proponenets and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committee. (e) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her designate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V-ELECTIONS

Section 1-Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2- The election of National Liaison Officers and Presidents shall be held by the constituent chapters on an annual basis as outlined in Article 1-Section 6 of the Bylaws. The election of the National President elect and Speaker of the House/Vice President, and the Editor of the Student DOctor shall be held during the annual House of Delegates meeting in the Spring of each year.

Section 3-A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two (2) nominees for the office of National President and Speaker of the House of Delegates/Vice President, and Editor of the Student DOctor to the Board of Trustees (i.e., Speaker of the House/Vice President at the National Office) 90 days prio to the annual Spring meeting of the House of Delegates. The Board of Trustees shall distribute the committee report at least 15 days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4- (a) Elections shall be held in the day following the report of the Nominating Committee. Prior to election of the officers time will be allotted for addresses from the nominees of their representative chapters to caucus (b) Voting shall be by secret ballot. (c) The candidate receiving 50% + 1 of votes possible shall be declared the winner. If no candidates receives 50% + 1, a runoff of the candidates with the two highest votes totals shall be held. The candidate receiving the greatest number of votes, an additional run-off will be held until a winner is declared.

Section 5 - Regional Trustees shall be elected at the regional convention

for each geographic region. Each regional trustee will take office at the Spring House of Delegates Meeting. Each chapter from that geographical region shall have 4 votes toward the election of the Regional Trustee. All balloting shall be by secret ballot, ballots shall be checked and counted by a committee consisting of one representative from each chapter present. Election rules shall follow Article III, Section 4, Paragraph (c).

ARTICLE VI-DUTIES OF OFFICERS

Section 1- National President- The National President shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpeople of various committees in carrying out the objectives of SOMA and will coordinate all national affairs between the Executive Director and the Board of Trustees. The National President shall also be accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all national officers, local chapters and other interested parties. In the absence of the National President, the Speaker of the House/National Vice President shall act as interim chairperson to perform the duties of that office. The President shall appoint a cabinet of advisors as set forth in Article XI of these Bylaws.

Section 2- Speaker of the House of Delegate/Vice President- The Speaker of the House/Vice President shall have the authority to to appoint a Vice Speaker to assist in her/his duties. The Speaker of the House/Vice President shall be an ex-officio member of all committees and shall receive their reports at least biannually. She/He shall coordinate all phases of standing committees and report their progress to the House of Delegates. The Speaker of the House/Vice President with recommendations from the Board of Trustees and Convention Coordinator shall establish the order of business for the House of Delegates. The Speaker of his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates.

Section 3 - The National Treasurer will maintain all financial records, file forms with the IRS and financial institutions, and work with National SOMA Officers to form a National Budget.

Section 4- National Liaison Officers shall be responsible for conducting affairs for National SOMA interest at the local constituent chapters including acting as liason between National SOMA, college administrations and state osteopathic societies and other organizations. It shall be the responsibility of the National Liaison Officers to maintain an accurate membership file at the local level and to forward a monthly report to the National President concerning local and National activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officer shall interact, coordinate and frequently converse with the Regional Trustee as well as the National Office.

Section 5 - Regional Trustee

(A) The Regional Trustee shall represent his/her region on the Board of Trustees.

(B) The Regional Trustee shall be responsible for the regional convention in her/his geographic region.

(C) Through local officers, each Regional Trustee shall take an active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where her/his expertise may be of value.

(D) The Regional Trustee shall submit one article or report on activities in her/his region for each issue of the Student DOctor.

(E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National President within 45 days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds for the Regional Convention, travel to all Board of Trustee meetings, travel to visit chapters in the region, and funds for any item or project he/she feels will be needed.

Section 6 - Editor of the Student DOctor

(A) The Editor of the Student DOctor shall be responsible for the publication of the Student DOctor. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

(B) He/She shall print the report of the Nominating Committee (when feasible) at least 30 days prior to the House of Delegates Spring Meeting.

(C) He/She shall request and print information on the background, qualifications, and goals of each candidate for a National Office if it is provided by the candidate.

ARTICLE VII-EXECUTIVE DIRECTORS

Section 1- An Executive Director shall follow, endorse and administer all policies and directives of the Board of Trustees and the House of Delegates, He/She shall have charge of all archives including legal, historical and scientific records of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing and keep records of those expenditures authorized by the Board of Trustees and House of Delegates. He/She shall be an ex-officio member of all committees including the Board of Trustees and House of Delegates.

Section 2- The Executive Director shall be chosen by the Board of Trustees on the basis of qualification which best serve the objectives of SOMA as stated in the Constitution. Renumeration shall be determined by the Executive Council or the Board of Trustees.

ARTICLE VIII-BOARD OF TRUSTEES

Section 1- The Board of Trustees shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

ARTICLE XI - PRESIDENT'S ADVISORY CABINET

Section 1 - National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate and advise, but shall not establish policy.

Section 3 - Cabinet members and/or cabinet officers may be changed at the discretion of the National President without consultation with the Board of Trustees of the House of Delegates.

Section 4 - Funding for each cabinet position shall be established in the budget. The budget should include all funds for travel and any business expenses that may be spent in the fiscal year.

Section 5 - The cabinet may include the following positions:

(A) Programming Coordinator
(B) SOMA RAD Coordinator
(C) SOMA RMP Coordinator
(D) SOMA IHP Coordinator
(E) Community Service Coordinator
(F) Membership Coordinator
(G) Convention Coordinator
(H) Public Relations Coordinator
(I) Legislative Affairs Coordinator

ARTICLE XII - NATIONAL SOMA BUDGET

Section 1 - See Article VI, Section 3

Section 2 - The President shall submit a completed budget proposal to the Board of Trustees within 90 days of the annual Spring meeting of the House of Delegates. The Board of Trustees may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the Student DOctor.

ARTICLE XIII - THE SOMA PROCESS

Section 1 - The document known as the SOMA Process shall be maintained and and updated under the supervision of the Board of Trustees. It shall contain three sections.. (1) General information, (2) Procedural information i.e. how to write a bill, how to make a motion, rule of order in the House of Delegates, etc. (3) SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

Section 2- The Board of Trustees shall meet at the request of the National President or two (2) of the other members. Notification shall be made at least seven (7) days prior to the meeting.

Section 3- The Board of Trustees meeting should be held in conjunction with the annual fall AOA Scientific Convention when financially feasible.

ARTICLE IX-COMMITTEES

Section 1- The committees of SOMA shall be set up in such a manner as to have Standing Committees approved by the House of Delegates with Subcommittees approved by the Board of Trustees or House of Delegates.

Section 2- The duties of the Standing Committees shall be to organize and submit policy in their appointed area to the Board of Trustees and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 3- The Chairperson of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Trustees.

Section 4- The Chairmanship of a subcommittee shall be by recommendation of the Standing Committee and approval of a simple majority of the Board of Trustees.

ARTICLE X - AFFILIATED SOCIETIES

Section 1- Any state, territorial, provincial, or Foreign student osteopathic organization which may desire to be a divisional society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its constitution, by laws and code of ethics generally conform to those of this Association and maintain an organizational structure which generally conform to that of this Asociation.

Section 2- Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association issue such a charter to any organization which duplicates the function or perogatives of any presently affiliated organization.

Section 3- Affiliated societies shall provide a non-voting member to the SOMA House of Delegates.

RESOLUTION
National Board

WHEREAS, the National Board of SOMA is appointed because of their expertise in their respective concentrations, and are most representative of the beliefs, derterminations and alignments of SOMA; and

WHEREAS, National Directors/Coordinators, are not only called upon but obligated to speak on behalf of SOMA; and

WHEREAS, establishing policy inherently requires continuity to maintain the integrity of each committee and its programs; and

WHEREAS, financial management is an essential component of directing successful programs; and

WHEREAS, the National Treasurer by appointment of the National President makes annual budgeting allocations at the beginning of each National Director/Coordinator's annual term of appointment; therefore, be it

RESOLVED, that the findings expressed, related or conveyed by the National Board Director/Coordinator at any benefit, convention or function where required to represent SOMA, shall officially reflect the policy of SOMA; and, be it

RESOLVED, that policy related reports expressed by each Director/Coordinator be summarized and submitted as part of the convention minutes at the bi-annual House of Delegates meetings; and, be it further

RESOLVED, that unless the House of Delegates rejects the findings of the National Director/Coordinator at these meetings, that these policies be accepted as the official policies of SOMA; and, be it further

RESOLVED, that, for continuity, the Directors/Coordinators of each Committee shall become an equal and integral component in the interviewing and subsequent selection of their immediate successor; and, be it further

RESOLVED, that monies allocated for committees under management by National Board members be controlled by the Director/Coordinator of each respective committee; and, be it further

RESOLVED, that National Directors/Coordinators be held accountable for excellence in their respective programs as a result of this assumption of responsibility.

Dina Navarro
Nicholas Kouns
Andrew Cohen
Shawn Cannon

RESOLUTION
Board of Trustees

WHEREAS, the voting members of the Board of Trustees represent all the members of SOMA; and

WHEREAS, the voting members of the Board of Trustees have traditionally been those whose positions are elected by the House of Delegates (Article IV, Section 1; Article VII, Section 1); and

WHEREAS, the intent of Resolution #F90-007) is not in keeping with the intent of the Constitution; now, therefore be it

RESOLVED, that only those members of the Board of Trustees elected by the House of Delegates (National President, National Vice-President, Region I-III Trustees, Student Dr. Editor, and Foundation Director) be eligible to vote; and, be it further

RESOLVED, that the other members of the Board of Trustees, including National Directors/Coordinators and the National Treasurer, act in an advisory capacity to the voting members of the Board of Trustees on matters of Constitution; and, be it further

RESOLVED, that closed meetings of the voting members are not considered contrary to the ideals of SOMA, and that these sessions be called by a majority vote of the Board of Trustees only after consultation with the appropriate National Director/Coordinator having expertise on a particular issue; and, be it further

RESOLVED, that any votes of this type follow constitutional protocol as interim policy until confirmation by the House of Delegates at the next Convention.

Dina Navarro
Nicholas Kouns
Andrew Cohen
Shawn Cannon

Resolution F91-001

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: Removal and Replacement of National SOMA Officers

WHEREAS, there is currently no national policy for the removal and replacement of any national SOMA officers, trustees, chairpersons;

WHEREAS, there is a need to have a policy to provide for the removal and replacement of any national SOMA officers, trustees, chairpersons;

BE IT RESOLVED that ARTICLE VI of the SOMA Bylaws be amended to include a Section 7 outlining the dismissal and replacement of national SOMA officers, trustees, chairpersons.

BE IT FURTHER RESOLVED that Section 7 reads as follows:

The Board of Trustees shall be empowered to dismiss from his/her position any Officer, SOMA Foundation Director, Editor of the Student DOctor, Trustee, Chairperson of all Committees, who has failed to perform the duties of his/her position, providing that the person in question shall have the opportunity to answer the charges against him/her in writing or in person before a meeting of the Board of Trustees. A vote of at least two-thirds (2/3) of the voting members of the Board of Trustees shall be necessary for such dismissal.

Upon dismissal or resignation of any Officer, SOMA Foundation Director, Editor of the Student DOctor, Trustee, Chairperson of all Committees, the Board of Trustees shall be empowered to appoint a replacement by a two-thirds (2/3) vote of the Board of Trustees. The appointed replacement shall serve out the term of the position.

Resolution F91-003

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: Amendments to the Bylaws

WHEREAS, there is currently no Article in the national SOMA Bylaws allowing for amendments to the national SOMA Bylaws.

WHEREAS, there is a need for an Article in the national SOMA Bylaws that specifically outlines procedure for amendments to the national SOMA Bylaws.

BE IT RESOLVED that the national SOMA Bylaws be amended so that Article XIV be added to the national SOMA Bylaws, outining the procedure for amendments to the national SOMA Bylaws.

BE IT FURTHER RESOLVED that Article XIV reads as follows:

Section 1 - Proposed amendments to these Bylaws shall be considered at the Annual Meetings of the House of Delegates.

Section 2 - Any five members of the Association may propose an amendment to these Bylaws by submitting such proposals in writing to the Speaker of the House/Vice President, at the national office at least sixty (60) days prior to the next meeting of the House of Delegates. The proposed amendment must be recieved in the national office sixty (60) days prior to the next meeting of the House of Delegates in order to be considered at that meeting.

Section 3 - Copies of proposed amendments shall be provided to all constituent chapters at least thirty (30) days prior to the next meeting of the House of Delegates.

Section 4 - A vote of two-thirds (2/3) of the delegates (quorum required) shall be required for passage of any new amendments.

Resolution F91-004

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: National Treasurer as an Elected National Position.

WHEREAS, the national SOMA Treasurer is currently not an elected national office, per the national SOMA Constitution and/or Bylaws;

WHEREAS, there is a need for the national SOMA Constitution and Bylaws to outline the manner in which this national position shall be filled;

WHEREAS, the position of national SOMA Treasurer is a position vital to the continued operation and success of the Association;

WHEREAS, it could possibly cause SOMA financial difficulties if the national SOMA President appointed a national SOMA Treasurer who proved to be incompetent;

BE IT RESOLVED that the House of Delegates shall have an active role in the selection of the national SOMA Treasurer.

BE IT FURTHER RESOLVED that Article IV Section 1 shall be amended to include the national SOMA Treasurer as an elected officer.

BE IT FURTHER RESOLVED that Article IV Section 2 shall be amended to include the national SOMA Treasurer as an officer to be elected by the House of Delegates at the Fall National meeting and assume his/her duties during the Spring National meeting of that academic year.

BE IT FURTHER RESOLVED that Article VII Section 1 line 4 be amended to read "Treasurer (a non-voting member)", without making any other changes to this Article or Section of this Article.

Resolution F91-005

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: Amendment of national SOMA Bylaws, Article V - Elections

WHEREAS, the current national SOMA Bylaws do not list the national SOMA Treasurer as an elected officer;

WHEREAS, upon passage of Resolution F91-004, there will be a need to make amendments in the national SOMA Bylaws consistent with the amendments to the constitution;

BE IT RESOLVED that upon passage of Resolution F91-004, the national SOMA Bylaws Article V Section 2 be amended to include the national SOMA Treasurer as an officer to be elected during the annual House of Delegates meeting in the Fall of each year.

Resolution F91-006

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: Addition of an Article to the national SOMA Bylaws addressing finances

WHEREAS, national SOMA has become a large and successful association with a need for official guidelines on finances;

WHEREAS, no official Article of the national SOMA Bylaws currently addresses finances;

BE IT RESOLVED that the national SOMA Bylaws be amended so that Article XV be added to the national SOMA Bylaws.

BE IT FURTHER RESOLVED that Article XV reads as follows:

Article XV - Finances

Section 1 - Dues for osteopathic medical students enrolled in an AOA approved program shall be $40.00 for up to five years of medical training. Dues for students enrolled in a joint program lasting longer than five years shall be a one-time fee equalling $10.00 for each year of the program greater than five years ($50.00 for a six year program, $70.00 for a eight year program, etc.). The student may, if he/she chooses, pay $40.00 upon entering the program and the remainder upon entering the sixth year of the program.

Sole authority to raise the amount of dues shall be vested in the House of Delegates.

Section 2 -

Resolution F91-007

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: Foriegn medical student membership.

WHEREAS, the national SOMA International Health Program continues to succeed and expand;

WHEREAS, foriegn medical students may seek membership to SOMA;

WHEREAS, there is currently no catagory of SOMA membership available to foreign medical students;

BE IT RESOLVED that national SOMA establish a foreign medical student membership classification

BE IT FURTHER RESOLVED that Article III of the national SOMA Constitution be amended to include a classification for foriegn medical students.

Resolution F91-008

Submitted to: SOMA National House of Delegates

Submitted by: Robert Miser (CCOM), Dan Sikic (CCOM), Loretta Baustian (CCOM), Gina Berkeman (CCOM), Dave Driscoll (CCOM)

Subject: Wording of Article III of the national SOMA Constitution

WHEREAS, most students interested in medicine during their early years of college do not specify "pre-osteopathic" or "pre-allopathic";

WHEREAS, it is one of the goals of the osteopathic profession, and likewise SOMA, to increase public awareness of the osteopathic medical profession;

WHEREAS, it may be benefitial to SOMA to increase its exposure to college/university students

BE IT RESOLVED that Article III of the national SOMA Constitution be amended to read "pre-medical student membership" rather than "pre-osteopathic medical student membership".

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - NAME

The name of this association shall be the Student Osteopathic Medical Association. This name shall be officially abbreviated SOMA.

ARTICLE II - OBJECTIVES

The objectives of SOMA shall be: 1) to improve the quality of health care delivery to the American people and the world, 2) to contribute to the welfare and education of osteopathic medical students, 3) to familiarize its members with the purpose and ideals of osteopathic medicine, 4) to establish lines of communication with other health science students and organizations, 5) to prepare its members to meet the social, moral and ethical obligations of the osteopathic profession.

ARTICLE III - MEMBERSHIP

Membership in SOMA shall be through local chapters of AOA accredited osteopathic medical schools--and consists of active membership, honorary membership, and pre-osteopathic medical student membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV - ELECTED OFFICERS

Section 1 - The elected officers shall consist of the National President who shall be the chairperson of the Board of Trustees and a SOMA Foundation Director, the Speaker of the House of Delegates who shall also serve as the National Vice President and a SOMA Foundation Director, the Editor of the Student DOctor and the Regional Trustees (one from each region). Their qualifications, duties, and methods of election shall be set forth in the Bylaws. [This will take effect in 1989 when a President-elect and a Vice President-elect shall be voted upon and then every year in the Spring following.]

Section 2 - The National President, Speaker of the House/Vice President, and Editor of the Student DOctor, shall be elected at the Fall National meeting and assume their duties during the Spring National meeting of that academic year.

ARTICLE V - EXECUTIVE DIRECTOR

An administrative officer, the Executive Director, may be appointed by the Board of Trustees. His/her qualifications, duties, and payment for service should be set forth in the Bylaws. A paid consultant, appointed by the National President, will provide all necessary information and perform duties set forth by the elected President.

ARTICLE VI - COMMITTEES

Committees of SOMA, standing or otherwise, shall be established only at the direction of the House of Delegates. The procedures for establishing committees and selection of their chairperson shall be those set forth in the Bylaws.

ARTICLE VII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as chairperson), the Speaker of the House of Delegates/National Vice President, the National Treasurer (while appointed is a non-voting member), and one Regional Trustee from each geographic region as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the association between meetings of the House of Delegates. Further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year, one of the meetings shall be in conjunction with the SOMA House of Delegates.

ARTICLE VIII - HOUSE OF DELEGATES

Section 1 - Responsibility for determining the policy of the Association shall be vested solely in the House of Delegates.

Section 2 - The policy and decisions of the House of Delegates shall be administered between the annual meeting of the Association by the Board of Trustees as described in the Constitution and Bylaws of the Association.

Section 3 - The House of Delegates shall convene at least once a year and in conjunction with the annual meeting of the Association, which shall be its official meeting.

Section 4 - The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5 - Resolutions shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four (4) delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and ex-officio members of as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

ARTICLE IX - RULE OF ORDER

Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE X - AMENDMENTS TO THE CONSTITUTION

Section 1 - Any five (5) members of the Association may propose an amendment to this Constitution by submitting the amendment to the Speaker of the House/Vice President, at the National Office by certified mail return receipt requested, at least sixty (60) days prior to the next meeting of the House of Delegates.

Section 2 - Copies of proposed amendments shall be provided to all constituent chapters at least thirty (30) days prior to the next meeting of the House of Delegates.

Section 3 - A vote of two-thirds (2/3) of the delegates (quorum required), shall be required for passage of any new amendment.

ARTICLE XI - REGIONAL TRUSTEES

Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional Duties shall be delineated by the Bylaws.

BYLAWS
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five (5) or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not be any more than one (1) such chapter in any osteopathic school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A Charter shall be granted to a simple majority ratification by the House of Delegates at its next annual meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of his constituency, but shall hold no more than two offices concurrently.

Section 6 - Each Chapter shall hold its annual election no later than the last week of February. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no later than fourteen (14) days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7 - It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to insure smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

Section 8 - Each chapter shall send at least one (1) member to every Regional Convention within its region.

ARTICLE II - MEMBERSHIP

Section 1 - Membership in SOMA shall be classified into three (3) groups: 1) Active Membership, 2) Honorary Membership, and 3) Pre-Osteopathic Student. Only active members shall have voting privileges.

Section 2 - Active Membership. To be admitted to active membership in SOMA, an applicant must be a member in good standing at an accredited osteopathic medical school.

Section 3 - Honorary Membership. Honorary membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or a life time basis by the House of Delegates.

ARTICLE III - DISCRIMINATION

Neither the associated or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV - HOUSE OF DELEGATES

Section 1 - Each constituent chapter which has received a charter as prescribed in Article 1 of these Bylaws shall be entitled to four (4) voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall be at the discretion of each local chapter. Each chapter shall provide the National Office with a list of four (4) delegates with voting rights and a list of alternates who may vote in their absence, thirty (30) days prior to the meeting of the House of Delegates. Persons shall be identified with name tags indicating their delegate or alternate status. Before any business is under taken by the House of Delegates, each delegate and alternate shall be identified and verified by the Speaker of the House, or his designate, using at least one (1) appropriate form of I.D.. Each chapter present shall be provided with four (4) voting cards. It is strongly recommended that one (1) person control one (1) voting card; however, one (1) person may control up to and including all four (4) cards for his/her chapter. Provisions for the use of alternates shall be according to the SOMA Process. Proxy voting between chapters shall be prohibited.

Section 2 - Ex-officio members of the House of Delegates shall include the members of the Board of Trustees, Executive Directors and the chairperson of any committee. Ex-officio members shall

not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3 - All official members of SOMA as described in Article I of these Bylaws shall have the right to address the House of Delegates upon recognition by the Chair. This recognition shall entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4 - A QUORUM shall be required for the House of Delegates to conduct any business. A QUORUM shall be defined as 50% + 1 of all possible votes of the House of Delegates (this means 50% + 1 of 4 times the number of constituent chapters).

Section 5 - All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by simple majority of the votes cast.

Section 6 - The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least 15 days before the commencement of the annual meeting. The order of business shall only be changed by a vote of at least two-thirds (2/3) of those voting.

Section 7 - The House of Delegates shall meet during the annual spring meeting of SOMA and at such time as it may determine. The spring meeting site and date will be determined by preferential ballot by the House of Delegates.

Section 8 - Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) nor more than sixty (60) days after notice has been sent to the chapters.

Section 9 -

(A) All amendments shall be presented in typed form to the Speaker of the House/Vice President before presentation to the House of Delegates.

(B) All Amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in which they were introduced.

(C) All proponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees.

(D) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her designate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V - ELECTIONS

Section 1 - Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2 - The election of National Liaison Officers and Presidents shall be held by the constituent chapters on an annual basis as outlined in Article one (1) - Section six (6) of the Bylaws. The election of the National President-elect and Speaker of the House/Vice President, and the Editor of the Student DOctor shall be held during the annual House of Delegates meeting in the Fall of each year.

Section 3 - A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two (2) nominees for the office of National President and Speaker of the House of Delegates/Vice President, National Treasurer and Editor of the Student DOctor to the Board of Trustees (i.e., Speaker of the House/Vice President at the National Office) ninety (90) days prior to the annual Fall meeting of the House of Delegates. The Board of Trustees shall distribute the committee report at least fifteen (15) days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4 -

(A) Elections shall be held in the day following the report of the Nominating Committee. Prior to election of the officers time will be allotted for addresses from the nominees of their representative chapters to caucus.

(B) Voting shall be by secret ballot.

(C) The candidate receiving 50% + 1 of votes possible shall be declared the winner. If no candidate receives 50% + 1, a runoff of the candidates with the two highest votes totals shall be held. The candidate receiving the greatest number of votes, an additional run-off will be held until a winner is declared.

Section 5 - Regional Trustees shall be elected at the regional convention for each geographic region. Each Regional Trustee will take office at the Spring House of Delegates Meeting. Each chapter from that geographic region shall have four (4) votes toward the election of the Regional Trustee. All balloting shall be by secret ballot, ballots shall be checked and counted by a committee consisting of one (1) representative from each chapter present. Election rules shall follow Article III, Section 4, Paragraph (C).

ARTICLE VI - DUTIES OF OFFICERS

Section 1 - National President - The National President shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpersons of various committees in carrying out the objectives of SOMA and will coordinate all national affairs between the Executive Director and the Board of Trustees. The National President shall also be accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all national officers, local chapters and other interested parties. In the absence of the National President, the Speaker of the House/National Vice President shall act as interim

chairperson to perform the duties of that office. The President shall appoint a cabinet of advisors as set forth in Article XI of these Bylaws.

Section 2 - Speaker of the House of Delegate/Vice President - The Speaker of the House/Vice President shall have the authority to appoint a Vice Speaker to assist in his/her duties. The Speaker of the House/Vice President shall be an ex-officio member of all committees and shall receive their reports at least biannually. She/he shall coordinate all phases of standing committees and report their progress to the House of Delegates. The Speaker of the House/Vice President with recommendations from the Board of Trustees and Convention Coordinator shall establish the order of business for the House of Delegates. The Speaker or his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates.

Section 3 - The National Treasurer will maintain all financial records, file forms with the IRS and financial institutions, and work with National SOMA officers to form a National Budget.

Section 4 - National Liaison Officers shall be responsible for conducting affairs for National SOMA interest at the local constituent chapters including acting as liaison between National SOMA, college administrations and state osteopathic societies and other organizations. It shall be the responsibility of the National Liaison Officers to maintain an accurate membership file at the local level and to forward a monthly report to the National President concerning local and National activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officer shall interact, coordinate and frequently converse with the Regional Trustee as well as the National Office.

Section 5 - Regional Trustee

(A) The Regional Trustee shall represent his/her region on the Board of Trustees.

(B) The Regional Trustee shall be responsible for the regional convention in her/his geographic region.

(C) Through local officers, each Regional Trustee shall take an active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where her/his expertise may be of value.

(D) The Regional Trustee shall submit one (1) article or report on activities in her/his region for each issue of the Student DOctor.

(E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National President within forty-five (45) days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds

for the Regional Convention, travel to all Board of Trustee meetings, travel to visit chapters in the region, and funds for any item or project he/she feels will be needed.

Section 6 - Editor of the Student DOctor

(A) The Editor of the Student DOctor shall be responsible for the publication of the Student DOctor. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

(B) He/She shall print the report of the Nominating Committee (when feasible) at least thirty (30) days prior to the House of Delegates Spring Meeting.

(C) He/She shall request and print information on the background, qualifications, and goals of each candidate for a National Office if it is provided by the candidate.

ARTICLE VII-EXECUTIVE DIRECTORS

Section 1 - An Executive Director shall follow, endorse and administer all policies and directives of the Board of Trustees and the House of Delegates, he/she shall have charge of all archives including legal, historical and scientific records of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing and keep records of those expenditures authorized by the Board of Trustees and House of Delegates. He/She shall be an ex-officio member of all committees including the Board of Trustees and House of Delegates.

Section 2 - The Executive Director shall be chosen by the Board of Trustees on the basis of qualification which best serve the objectives of SOMA as stated in the Constitution. Remuneration shall be determined by the Executive Council or the Board of Trustees.

ARTICLE VIII - BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

Section 2 - The Board of Trustees shall meet at the request of the National President or two (2) of the other members. Notification shall be made at least seven (7) days prior to the meeting.

Section 3 - The Board of Trustees meeting should be held in conjunction with the annual Fall AOA Scientific Convention when financially feasible.

ARTICLE IX - COMMITTEES

Section 1 - The committees of SOMA shall be set up in such a manner as to have Standing Committees approved by the House of Delegates with Subcommittees approved by the Board of Trustees or House of Delegates.

Section 2 - The duties of the Standing Committees shall be to organize and submit policy in their appointed area to the Board of Trustees and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 3 - The Chairperson of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Trustees.

Section 4 - The Chairmanship of a subcommittee shall be by recommendation of the Standing Committee and approval of a simple majority of the Board of Trustees.

ARTICLE X - AFFILIATED SOCIETIES

Section 1 - Any state, territorial, provincial, or Foreign student osteopathic organization which may desire to be a divisional society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its Constitution, Bylaws and code of ethics generally conform to those of this Association and maintain an organizational structure which generally conforms to that of this Association.

Section 2 - upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association, issue such a charter to any organization which duplicates the function or prerogatives of any presently affiliated organization.

Section 3 - Affiliated societies shall provide a non-voting member to the SOMA House of Delegates.

Section 4 - Affiliated societies shall be granted the privilege of attending the SOMA national and regional conventions and scheduled meetings with respective members if they do not conflict with the scheduling constraints of the SOMA conventions. Affiliate societies shall be granted the opportunity to use the National SOMA newsletters and other membership mailings to contact current

and potential members of the affiliate societies. Affiliate societies shall be granted the privilege of scheduling a meeting with the SOMA Board of Trustees by following the rules set forth in the SOMA PROCESS.

Section 5 - National SOMA will not be held responsible for any financial obligations of the affiliate society and shall not act as a negotiating agent for the affiliate society in any business transaction. National SOMA shall not charge members for affiliate society activities and shall not collect dues for the affiliate societies.

Section 6 - Affiliate Societies shall have the option of terminating their affiliation with National SOMA by submitting a letter of intent from the affiliate's president to the SOMA Board of Trustees by registered mail. The termination of the affiliation shall not take effect until the SOMA Board of Trustees has an opportunity to speak with the officers of the affiliate society. Upon concluding that the intent is verified, the SOMA Board of Trustees shall send a letter of confirmation of the intent to terminate the affiliation to the president or acting leader of the affiliate society by registered mail. The termination shall not take effect until the letter has been received by the aforementioned society. Societies shall be eligible to reapply for affiliation at the next House of Delegates meeting and shall follow the procedures outlined in sections one (1) and two (2) of this Article.

Section 7 - The SOMA House of Delegates shall have the right to terminate the affiliation with any society upon finding actions or policies of such societies violate the Constitution, Bylaws, policies, or code of ethics of SOMA. Upon these findings, the SOMA Board of Trustees shall investigate such violations and upon conclusion of such investigation, make a recommendation, in resolution form, to the SOMA Reference Committee. Voting on such a resolution shall be governed by the rules set forth in SOMA PROCESS. Affiliate societies shall be given the right to testify at the Board of Trustees and the SOMA Reference Committee meetings. Termination of the affiliation shall take effect at the closing of the House of Delegates. Affiliations will be able to reapply for affiliation at the next SOMA House of Delegates meeting and shall follow the procedures outlined in sections one (1) and two (2) of Article X (10).

Section 8 - Societies that are unable to become an affiliate with national SOMA on the basis of restrictions in their own constitution, bylaws or concomitant affiliations shall apply for an associate membership that shall follow the application process in sections one (1) and two (2) of Article X (10). Associate membership shall enjoy equal benefits of affiliations listed in sections three (3) and four (4), and shall be governed by sections five (5), six (6), and seven (7) of Article X (10).

ARTICLE XI - PRESIDENT'S ADVISORY CABINET

Section 1 - National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate and advise, but shall not establish policy.

Section 3 - Cabinet members and/or cabinet officers may be changed at the discretion of the National President without consultation with the Board of Trustees of the House of Delegates.

Section 4 - Funding for each cabinet position shall be established in the budget. The budget shall include all funds for travel and any business expenses that may be spent in the fiscal year.

Section 5 - The cabinet may include the following positions:

(A) Programming Coordinator
(B) SOMA RAD Coordinator
(C) SOMA RMP Coordinator
(D) SOMA IHP Coordinator
(E) Community Service Coordinator
(F) Membership Coordinator
(G) Convention Coordinator
(H) Public Relations Coordinator
(I) Legislative Affairs Coordinator

ARTICLE XII - NATIONAL SOMA BUDGET

Section 1 - See Article VI, Section 3.

Section 2 - The President shall submit a completed budget proposal to the Board of Trustees within ninety (90) days of the annual Spring meeting of the House of Delegates. The Board of Trustees may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the Student DOctor.

ARTICLE XIII - THE SOMA PROCESS

Section 1 - The document known as the SOMA PROCESS shall be maintained and updated under the supervision of the Board of Trustees. It shall contain three sections: (1) General information, (2) Procedural information, i.e., how to write a bill, how to make a motion, rule of order in the House of Delegates, etc, (3) SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

Resolution #F90-001

Submitted to: SOMA National House of Delegates

Submittedby: SOMA Board of Trustees

RE: Officers ; ood Standing

WHEREAS, the Student Osteopathic Medical Association prides itself as being thefuture of Ostopathic Medicine;

WHEREAS, the Student Osteopathic Medical Association prides itself as to the high quality ofstudents who hold National positions;

WHEREAS, being a national officer in the Student Osteopathic Medical Association involves agreat deal of personal committment and time;

BE IT RESOLVED, any student elected to or appointed to a National SOMA position must be in goodstanding with their respective school;

BE IT FURTHER RESOLVED, a student running for a national position must include a letter stating their good standing in their nominations packet to be presented to SOMA House of Delegates at the convention which the election will take place;

BE IT FURTHER RESOLVED, a student wishing to be appointed must submit a letter of good standing from their school within two weeks after appointment;

BE IT FURTHER RESOLVED, upon passage, this resolution will take effect April 1, 1990.

Action Taken: Passed

Date: 11/27/90

Resolution #F90-002

Submitted to: SOMA National House of Delegates

Submitted by: SOMA Board of Trustees

RE: Regional assignments

WHEREAS, Region I currently has five(5) schools, Region II currently has four(4) schools, and Region III has six(6) schools;

WHEREAS, Regional Trustees and Regional conventions have become of an increasingly greater importance to the SOMA National structure;

BE IT RESOLVED, the University of Osteopathic Medicine and Health Sciences in Des Moines, IA will be reassigned to Region II;

BE IT FURTHER RESOLVED, upon passage, this resolution will take effect April 1, 1990.

Action Taken: Defeated

Date: 11/27/90

Resolution #F90-003

Submitted to: SOMA National House of Delegates

Submitted by: SOMA Board of Trustees

RE: Officer Transition

WHEREAS, proper officer transition is a vital part of the continuity and effectiveness of the Student Osteopathic Medical Association;

WHEREAS, many outgoing and incoming officers live in opposite parts of the country;

BE IT RESOLVED, a designated officer transition conference time will be a mandatory inclusion in the agenda on the last day of the SOMA Spring National Convention;

BE IT FURTHER RESOLVED, this confeence time will be mandatory for all elected and appointed naitonal officers unless another transition conference time has been pre-arranged between the outgoing and incoming officers and the new President and Vice-President duly notified.

Action Taken: Passed

Date: 11/27/90

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-004

Submitted to: SOMA National House of Delegates
Submitted by: Frank Gergits, Paul McNally, Michelle Wright
Brenda Spraggins, Jackie Gordon

WHEREAS, National and Regional Conventions are currently using environmentally unfriendly, non-biodegradable products (i.e. styrofoam coffee cups and other paper products),

BE IT RESOLVED that the convention coordinator make an effort to eliminate the use of styrofoam products and to limit the amount of paper products used at regional and national conventions

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-005

Submitted to: SOMA National House of Delegates
Submitted by: Frank Gergits, Paul McNally, Michellle Wright, Brenda Spraggins, Jackie Gordon

WHEREAS, SOMA both Nationally and locally need to be environmentally conscious and conserve paper,

WHEREAS SOMA both nationally and locally currently use non-recycled paper

WHEREAS, SOMA both nationally and locally currently use one side of paper

WHEREAS, SOMA both nationally and locally distribute outdated, redundand, and non-requested ;iterature,

BE IT RESOLVED, that both national and local SOMA act to conserve paper,

BE IT FURTHER RESOLVED, that both local and national SOMA attempt to utilize recycled paper when possible

BE IT FURTHER RESOLVED that both natinal and local SOMA will utilize both sides of paper when possible and appropriate

BE IT FURTHER RESOLVED that both national and local SOMA will only distribute current, non-redundant, requested material

BE IT FURTHER RESOLVED that all outdated material be recycled

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-006

Submitted to: SOMA National House of Delegates
Submitted by: Fundraising Committee

WHEREAS, there is a need for sharing fundraising ideas between local chapters,

BE IT RESOLVED, each local SOMA chapter fundraising chairperson or NLO will be responsible for completing a standard event sheet summarizing any fundraising events for the previous year at the spring SOMA National Convention

BE IT FURTHER RESOLVED, the National SOMA fundraising chairperson will:

1) create/update/distribute this standard event sheet
2) compile ideas into a booklet to be distributed to each chapter
3) update this booklet on a yearly basis

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-007

Submitted to: SOMA National House of Delegates
Submitted by: Conventions committee

WHEREAS, the National Board position of Convention Coordinator has not been a voting member of the Board of Trustees of National SOMA

WHEREAS, the convention coordinator has a vital role in structuring and planning the two National SOMA conventions and three regional conventions each year

BE IT RESOLVED that tahe National convention coordinator be designated a voting member of the SOMA Board of Trustees i

Be it FURTHER RESOLVED that this be effective immediately upon passage

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-008

Submitted to : SOMA National House of Delegates
Submitted by: Conventions Committee

WHEREAS, National SOMA holds an annual Spring convention,

BE IT RESOLVED that the 1991 Spring National SOMA convention will be held in Myrtle Beach, SC,

BE IT FURTHER RESOLVED, the dates for this convention will be April 4-7, 1991

SOMA

Student Osteopathic Medical Association

National Office
142 E. Ontario St.
Chicago, IL 60611
(800) 237-SOMA

The Future of Osteopathic Medicine

Resolution #F90-009

Submitted to: SOMA National House of Delegates.
Submitted by: Conventions Committee

WHEREAS, SOMA has two National conventions and three regional conventions each year,

WHEREAS, these conventions are held in different cities,

WHEREAS, and important goal of National SOMA is to increase public awareness about Osteopathic medicine

BE IT RESOLVED, the National Conventions coordinator, inconjunction with the National Public Relations chairperson make every effort possible to contact local city officials with pertinent information regarding Osteopathic Medicine and the SOMA convention well in advance of the meeting

CONSTITUTION

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I—NAME

The name of this association shall be the Student Osteopathic Medical Association. .This name shall be offically abbreviated SOMA.

ARTICLE II-OBJECTIVES

The objectives of SOMA shall be: 1) To improve the quality of health care delivery to the American people and the world, 2) To contribute to the welfare and education of Osteopathic medical students, 3) To familiarize its members with the purpose and ideals of osteopathic medicine, 4) To establish lines of communication with other health science students and organizations, 5) to prepare its members to meet the social, moral and ethical obligations of the osteopathic profession.

ARTICLE III-MEMBERSHIP

Membership in SOMA shall be through local chapters at AOA accredited Osteopathic medical schools-and consists of active membership, honorary membership, and pre-osteopathic medical student membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV-ELECTED OFFICERS

Section 1 - The elected officers shall consist of the National President who shall be the chairperson of the Board of Trustees and a SOMA Foundation Director, the Speaker of the House of Delegates who shall also serve as the National Vice-President and SOMA Foundation Director, the Editor of the Student DOctor and the Regional Trustees (one from each region). Their qualifications, duties, and methods of election shall be set forth in the Bylaws.
[This will take effect in 1989 when a President- elect and Vice-President elect shall be voted upon and then every year in the Spring following].

Section 2 - The National President, Speaker of the House/Vice President, and Editor of the Student DOctor, shall be elected at the Spring National meeting and assume their duties July 1 of that year.

ARTICLE V-EXECUTIVE DIRECTOR

An administrative officer, the Executive Director, may be appointed by the Board of Trustees. His/her qualifications, duties, and payment for service should be set forth in the Bylaws. A paid consultant, appointed by the National President, will provide all necessary information and perform duties set forth by the elected President.

ARTICLE VI-COMMITTEES

Committees of SOMA, standing or otherwise, shall be established only at the direction of the House of Delegates. The procedures for establishing committees and selection of their chairperson shall be those set forth in the Bylaws.

ARTICLE VII-BOARD OF TRUSTEES

Section 1 - The Board of Trustees shall consist of the National President (who shall serve as chairperson), the Speaker of the House of Delegates/ Vice President, the National Treasurer, (while appointed is a non-voting member), and one Regional Trustee from each geographic region as established in the Bylaws.

Section 2 - The Board of Trustees shall be responsible for conducting the affairs of the association between meetings of the House of Delegates, further requirements and duties of the Board of Trustees shall be set forth in the Bylaws.

Section 3 - The Board of Trustees shall meet at least twice a year, one of the meetings shall be in conjunction with the SOMA House of Delegates.

ARTICLE VIII-HOUSE OF DELEGATES

Section 1- Responsibility for determining the policy of the Association shall be vested soley in the House of Delegates.

Section 2- The policy and decisions of the House of Delegates shall be administered between the annual meeting of the Association by the Board of Trustees as described in the constitution and Bylaws of the Association.

Section 3- The House of Delegates shall convene at least once a year and in conjunction with the annual meeting of the Association, which shall be its official meeting.

Section 4-The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5-Resolutions shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

Section 6 - The House of Delegates shall be composed of four delegates from each constituent chapter, the Speaker of the House (his/her designate in the absence of the Speaker), and ex-officio members of as set forth in the Bylaws.

Section 7 - Only voting delegates or seated alternates may make or second motions.

ARTICLE IX - RULE OF ORDER

Robert's Rules of Order Revised shall govern the parliamentary procedures of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE X- AMENDMENTS TO THE CONSTITUTION

Section 1- Any five (5) members of the Association may propose an amendment to this constitution by submitting the amendment to the Speaker of the House/Vice President, at the National Office by certified mail return receipt requested, at least 60 days prior to the next meeting of the House of Delegates.

Section 2- Copies of proposed amendments shall be provided to all constituent chapters at least 30 days prior to the next meeting of the House of Delegates.

Section 3- A vote of two-thirds (2/3) of the delegates (quorom required), shall be required for passage of any new amendment.

ARTICLE X - REGIONAL TRUSTEES

Section 1 - Constituent chapters shall be divided into geographic regions as defined in the Bylaws.

Section 2 - Regional Trustees shall be elected by each geographic region to represent the region on the Board of Trustees.

Section 3 - Additional Duties shall be delineated in the Bylaws.

BY LAWS
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I - CONSTITUENT CHAPTERS

Section 1 - Any group of five (5) or more students at an AOA accredited osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition

and date their signature and shall supply any information requested by the Board of Trustees as to its qualifications for membership.

Section 2 - There shall not be any more than one such chapter in any osteopathic school.

Section 3 - Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4 - A Charter shall be granted to a simple majority ratification by the House of Delegates at its next annual meeting.

Section 5 - Each chapter shall elect as officers a National Liaison Officer, President, Vice President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of his constituency, but shall hold no more than two offices currently.

Section 6- Each Chapter shall hold its annual election no later than the last week of February. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no later than fourteen (14) days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7- It shall be emphasized that the outgoing President, as well as other local SOMA officers, should work closely with the newly elected officers to insure smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers.

ARTICLE II- MEMBERSHIP

Section 1- Membership in SOMA shall be classified into three (3) groups: 1) Active Membership, 2) Honorary Membership, and 3) Pre-Osteopathic Student. Only active members shall have voting privileges.

Section 2- Active Membership. To be admitted to active membership in SOMA, an applicant must be a member in good standing at an accredited osteopathic medical school.

Section 3- Honorary Membership. Honorary membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Trustees and/or a life time basis by the House of Delegates.

ARTICLE III DISCRIMINATION

Neither the associated or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV-HOUSE OF DELEGATES

Section 1-Each constituent chapter which has received a charter as prescribed in Article 1 of these Bylaws shall be entitled to four (4) voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall be at the discretion of each local chapter. Provisions for the use of alternates shall be according to the SOMA Process.

Section 2- Ex-officio members of the House of Delegates shall include the members of the Board of Trustees, Executive Directors and the chairperson of any committee. Ex-officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3- All official members of SOMA as described in Article 1 of these Bylaws shall have the right to address the House of Delegates upon recognition by the Chair. This recognition shall entitle him/her to make and second motions. Only voting delegates (or seated alternates) may make or second motions.

Section 4- A QUOROM shall be required for the House of Delegates to conduct any business. A QUOROM shall be defined as 50% + 1 of all possible votes of the House of Delegates (this means 50% + 1 of 4 times the number of constituent chapters).

Section 5- All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by simple majority of the votes cast

Section 6- The order of business of the House of Delegates shall be determined by the Speaker of the House with recommendation from the Board of Trustees and the Convention Coordinator and shall be distributed at least 15 days before the commencement of the annual meeting. The order of business shall only be changed by a vote of at least two-thirds (2/3) of those voting.

Section 7- The House of Delegates shall meet during the annual spring meeting of SOMA and at such time as it may determine. The spring meeting site and date will be determined by preferential ballot by the House of Delegates.

Section 8- Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within

fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) nor more than sixty (60) days after notice has been sent to the chapters.

Section 9-(a) All amendments shall be presented in typed form to the Speaker of the House/Vice President before presentation to the House of Delegates. (b) All amendments submitted in compliance with paragraph (a) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in which they were introduced. (c) All proponenets and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committee. (e) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

Section 10 - The Speaker of the House/Vice President or his/her designate (Vice Speaker) shall conduct and control the floor in the House of Delegates.

ARTICLE V-ELECTIONS

Section 1-Only active members who are enrolled in an AOA accredited osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2- The election of National Liaison Officers and Presidents shall be held by the constituent chapters on an annual basis as outlined in Article 1-Section 6 of the Bylaws. The election of the National President elect and Speaker of the House/Vice President, and the Editor of the Student DOctor shall be held during the annual House of Delegates meeting in the Spring of each year.

Section 3-A Nominating Committee shall be appointed by the Board of Trustees. This committee shall present the names of at least two (2) nominees for the office of National President and Speaker of the House of Delegates/Vice President, and Editor of the Student DOctor to the Board of Trustees (i.e., Speaker of the House/Vice President at the National Office) 90 days prio to the annual Spring meeting of the House of Delegates. The Board of Trustees shall distribute the committee report at least 15 days prior to the House of Delegates meeting. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4- (a) Elections shall be held in the day following the report of the Nominating Committee. Prior to election of the officers time will be allotted for addresses from the nominees of their representative chapters to caucus (b) Voting shall be by secret ballot. (c) The candidate receiving 50% + 1 of votes possible shall be declared the winner. If no candidates receives 50% + 1, a runoff of the candidates with the two highest votes totals shall be held. The candidate receiving the greatest number of votes, an additional run-off will be held until a winner is declared.

Section 5 - Regional Trustees shall be elected at the regional convention

for each geographic region. Each regional trustee will take office at the Spring House of Delegates Meeting. Each chapter from that geographical region shall have 4 votes toward the election of the Regional Trustee. All balloting shall be by secret ballot, ballots shall be checked and counted by a committee consisting of one representative from each chapter present. Election rules shall follow Article III, Section 4, Paragraph (c).

ARTICLE VI-DUTIES OF OFFICERS

Section 1- National President- The National President shall act as the Chairperson of the Board of Trustees and shall be expected to appoint and council with the chairpeople of various committees in carrying out the objectives of SOMA and will coordinate all national affairs between the Executive Director and the Board of Trustees. The National President shall also be accurate records of the proceedings of the Board of Trustees and the House of Delegates. Copies of the minutes of all meetings shall be sent to all national officers, local chapters and other interested parties. In the absence of the National President, the Speaker of the House/National Vice President shall act as interim chairperson to perform the duties of that office. The President shall appoint a cabinet of advisors as set forth in Article XI of these Bylaws.

Section 2- Speaker of the House of Delegate/Vice President- The Speaker of the House/Vice President shall have the authority to to appoint a Vice Speaker to assist in her/his duties. The Speaker of the House/Vice President shall be an ex-officio member of all committees and shall receive their reports at least biannually. She/He shall coordinate all phases of standing committees and report their progress to the House of Delegates. The Speaker of the House/Vice President with recommendations from the Board of Trustees and Convention Coordinator shall establish the order of business for the House of Delegates. The Speaker of his/her designate (Vice Speaker) shall direct and control the floor of the House of Delegates.

Section 3 - The National Treasurer will maintain all financial records, file forms with the IRS and financial institutions, and work with National SOMA Officers to form a National Budget.

Section 4- National Liaison Officers shall be responsible for conducting affairs for National SOMA interest at the local constituent chapters including acting as liason between National SOMA, college administrations and state osteopathic societies and other organizations. It shall be the responsibility of the National Liaison Officers to maintain an accurate membership file at the local level and to forward a monthly report to the National President concerning local and National activities. National Liaison Officers shall also be responsible for submitting a financial report of the local chapter to the Board of Trustees no later than February 15 of each year. National Liaison Officer shall interact, coordinate and frequently converse with the Regional Trustee as well as the National Office.

Section 5 - Regional Trustee

(A) The Regional Trustee shall represent his/her region on the Board of Trustees.

(B) The Regional Trustee shall be responsible for the regional convention in her/his geographic region.

(C) Through local officers, each Regional Trustee shall take an active role in improving each chapter in his/her region in the areas of membership, funding, and any other activities where her/his expertise may be of value.

(D) The Regional Trustee shall submit one article or report on activities in her/his region for each issue of the Student DOctor.

(E) The Regional Trustee shall submit a proposed budget for the fiscal year to the National President within 45 days following the annual Spring meeting of the House of Delegates. The proposed budget should include all funds for the Regional Convention, travel to all Board of Trustee meetings, travel to visit chapters in the region, and funds for any item or project he/she feels will be needed.

Section 6 - Editor of the Student DOctor

(A) The Editor of the Student DOctor shall be responsible for the publication of the Student DOctor. He/She shall coordinate the exchange of information from the Board of Trustees, House of Delegates, and National Officers to the members of SOMA.

(B) He/She shall print the report of the Nominating Committee (when feasible) at least 30 days prior to the House of Delegates Spring Meeting.

(C) He/She shall request and print information on the background, qualifications, and goals of each candidate for a National Office if it is provided by the candidate.

ARTICLE VII-EXECUTIVE DIRECTORS

Section 1- An Executive Director shall follow, endorse and administer all policies and directives of the Board of Trustees and the House of Delegates, He/She shall have charge of all archives including legal, historical and scientific records of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing and keep records of those expenditures authorized by the Board of Trustees and House of Delegates. He/She shall be an ex-officio member of all committees including the Board of Trustees and House of Delegates.

Section 2- The Executive Director shall be chosen by the Board of Trustees on the basis of qualification which best serve the objectives of SOMA as stated in the Constitution. Renumeration shall be determined by the Executive Council or the Board of Trustees.

ARTICLE VIII-BOARD OF TRUSTEES

Section 1- The Board of Trustees shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

ARTICLE XI - PRESIDENT'S ADVISORY CABINET

Section 1 - National President may at his/her discretion appoint members to an advisory cabinet.

Section 2 - Members of the cabinet may coordinate and advise, but shall not establish policy.

Section 3 - Cabinet members and/or cabinet officers may be changed at the discretion of the National President without consultation with the Board of Trustees of the House of Delegates.

Section 4 - Funding for each cabinet position shall be established in the budget. The budget should include all funds for travel and any business expenses that may be spent in the fiscal year.

Section 5 - The cabinet may include the following positions:

(A) Programming Coordinator
(B) SOMA RAD Coordinator
(C) SOMA RMP Coordinator
(D) SOMA IHP Coordinator
(E) Community Service Coordinator
(F) Membership Coordinator
(G) Convention Coordinator
(H) Public Relations Coordinator
(I) Legislative Affairs Coordinator

ARTICLE XII - NATIONAL SOMA BUDGET

Section 1 - See Article VI, Section 3

Section 2 - The President shall submit a completed budget proposal to the Board of Trustees within 90 days of the annual Spring meeting of the House of Delegates. The Board of Trustees may accept, reject, or amend the budget proposal. After the budget has been accepted, it shall be distributed to each constituent chapter AND printed in the Student DOctor.

ARTICLE XIII - THE SOMA PROCESS

Section 1 - The document known as the SOMA Process shall be maintained and and updated under the supervision of the Board of Trustees. It shall contain three sections.. (1) General information, (2) Procedural information i.e. how to write a bill, how to make a motion, rule of order in the House of Delegates, etc. (3) SOMA policies; this section should contain a listing of all bills that pass the House of Delegates which do not change the Constitution or Bylaws and are appropriately indexed.

Section 2- The Board of Trustees shall meet at the request of the National President or two (2) of the other members. Notification shall be made at least seven (7) days prior to the meeting.

Section 3- The Board of Trustees meeting should be held in conjunction with the annual fall AOA Scientific Convention when financially feasible.

ARTICLE IX-COMMITTEES

Section 1- The committees of SOMA shall be set up in such a manner as to have Standing Committees approved by the House of Delegates with Subcommittees approved by the Board of Trustees or House of Delegates.

Section 2- The duties of the Standing Committees shall be to organize and submit policy in their appointed area to the Board of Trustees and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 3- The Chairperson of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Trustees.

Section 4- The Chairmanship of a subcommittee shall be by recommendation of the Standing Committee and approval of a simple majority of the Board of Trustees.

ARTICLE X - AFFILIATED SOCIETIES

Section 1- Any state, territorial, provincial, or Foreign student osteopathic organization which may desire to be a divisional society, or an autonomous affiliated organization shall apply on a prescribed form, submit that its constitution, by laws and code of ethics generally conform to those of this Association and maintain an organizational structure which generally conform to that of this Asociation.

Section 2- Upon such application, the House of Delegates shall investigate and, finding satisfactory proof of a general agreement in policy and governing rules with those of this Association issue such a charter to any organization which duplicates the function or perogatives of any presently affiliated organization.

Section 3- Affiliated societies shall provide a non-voting member to the SOMA House of Delegates.

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION CONSTITUTION

ARTICLE I--NAME

The name of this association shall be the Student Osteopathic Medical Association. This name shall be offically abbreviated SOMA.

ARTICLE II-OBJECTIVES

The objectives of SOMA shall be: 1) To improve the quality of health care delivery to the American people, 2) To contribute to the welfare and education of Osteopathic medical students, 3) To familiarize its members with the purpose and ideals of Osteopathic Medicine, 4)To establish lines of communication with other health science students and organizations, 5) to prepare its members to meet the social, moral and ethical obligations of the Osteopathic profession.

ARTICLE III-MEMBERSHIP

Membership in SOMA shall be through local chapters at AOA accredited Ostepathic medical schools- active membership, honorary membership, and pre-osteopathic medical student membership. The qualigications for eligibility and the conditions of suspension shall be set forth in the By laws.

ARTICLE IV-ELECTED OFFICERS

The elected officers shall consist of the National President who shall also be the Chairperson of the Board of Directors, the National Vice-President, and a National Board Representative from each accredited Osteopathic medical school, who shall be their institution's Board Member on the Board of Directors. Their qualifications, duties and method of election shall be set forth in the By laws.

ARTICLE V-EXECUTIVE DIRECTOR

An administrative officer, the Executive Director, shall be appointed by the Board of Dirctors. His/her qualifications, duties and renumerations for service shall be set forth in the By laws.

ARTICLE VI-COMMITTEES

Committees of SOMA, standing or otherwise, any be established only at the direction of the House of Delegates. The procedures for establishing committees and selection of their chairman shall be those set forth in the Bylaws.

ARTICLE VII-BOARD OF DIRECTORS

The board of Directors of SOMA shall consist of the elected officers and shvll have the responsibility to conduct the affairs of the Association between meetings of the House of Delegates and the National Board Representatives Meeting. Further requirements of the Board of Directors shall be set forth in the Bylaws.

ARTICLE VIII-HOUSE OF DELEGATES

Secton 1- Responsibility for determining the policy of the Association shall be vested soley in the House of Delegates.

Section 2- The policy and decisions of the House of Delegates shall be administered between the annual meeting of the Association by the Board of Directors as described in the constitution and Bylaws of the Association.

Section 3- The House of Delegates shall convene at least once a year and in conjunction with the annual meeting of the Association, which shall be its official meeting.

Sections 4- The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5- Resolutions shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

ARTICLE IX-RULE OF ORDER

Robert's Rules of Order Revised shall govern the parlimentary procedure of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE X- AMENDMENTS TO THE CONSTITUTION

Section 1- Any five (5) or more members of the Association may propose an amendment to this constitution by submitting the same to the Board of Directors at least one hundred twenty (120) days prior to any meeting of the House of Delegates.

Section 2- Copies of such proposed amendments shall be provided to all chapter of the Association at least sixty (60) days prior to the meeting at which the proposed amendment is voted upon.

Section 3- A vote of two-thirds (2/3) of the House of Delegates shall be required to pass the amendment.

BYLAWS OF
THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I-CONSTITUENT CHAPTERS

Section 1- Any group of five (5) or more students at an AOA accredited Osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature and shall supply any information requested by the Board of Directors as to its qualifications for membership.

Section 2- There shall not be any more than one such chapter in any Osteopathic school.

Section 3- Each Chapter shall enjoy equal rights and representation within the Assocciation and the House of Delegates as set forth by the Bylaws.

Section 4- A Charter shall be granted to the petitioning chapter upon approval of the Board of Directors and subject to a simple majority ratification by the House of Delegates at its next annual meeting.

Section 5- Each Chapter shall elect as officers a National Board Representative who will represent their institution on the Board of Directors, President, Vice-President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of his constituency, but shall hold no more than two offices concurrently.

Section 6- Each Chapter shall hold its annual election no later than the last week of February. The election shall be an open election of all SOMA members in good standing and should be published to the student body in any form readily available to each institution no later than fourteen (14) days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7- It shall be emphasized that the outgoing national Committeeman and President, as well as other local SOMA officers, should work closely with the newly elected officers to insure a smooth transition of both the knowledge and working of National and local SOMA for a period mutually agreed upon by the incoming and outgoing officers. It is suggested that, when possible, the incoming and outgoing National Committeeman should attend the Annual Board Meeting, the preceding Board member for that school will serve.

ARTICLE II - MEMBERSHIP

Section 1- Membership in SOMA shall be classified into three (3) groups: 1) Active Membership, 2) Honorary Membership, and 3) Pre-Osteopathic Student. Only active members shall have voting privledges.

Section 2- Active Membership. To be admitted to active membership in SOMA, an applicant must be a member in good standing at an accredited Osteopathic Medical school.

Section 3- Honorary Membership. Honorary membership may be granted to individuals or organizations making outstanding contribution to the success and perpetuation of SOMA. They can be awarded on a yearly basis by the Board of Directors and/or a life time basis by the House of Delegates.

Section 4- Pre-Osteopathic Student. Student membership may be granted to a student interested in osteopathic medicine. The membership is on a yearly basis.

ARTICLE III-DISCRIMINATION

Neither the Association or its constituent chapters may refuse membership on the basis of race, religion, color, sex, national origin or creed, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV-HOUSE OF DELEGATES

Section 1- Each constituent chapter which has received a chapter as prescribed in Article I of these Bylaws shall be entitled to four (4) voting positions or votes in the House of Delegates of the Association. The distribution of these votes shall consist of the National Board Representative, local chapter President and two delegates-at-large chosen by the local chapter. If any delegate cannot be in attendance, alternate delegates may be seated. However, each chapter shall not exceed maximum of four (4) voting delegates. Proxy voting will be accepted with written permission of the absentee delegates.

Section 2- Ex-officio members of the House of Delegates shall include the members of the Board of Directors, Executive Directors and the chairman of any committee. Ex-officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 3- All official members of SOMA as described in Article II of these Bylaws shall have the right to address the House of Delegates upon recognition by the Chair. This recognition shall entitle him/her to make and second motions and may participate in debate.

Section 4- A simple majority of the votes shall constitute a quorum for the transaction of business by the House of Delegates.

Section 5- All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by simple majority of the votes cast.

Section 6- The order of business of the House of Delegates shall be determined by the Board of Directors and shall be distributed at the commencement of the annual meeting. The order of business shall only be changed by a vote of at least two-thirds (2/3) of those voting.

Section 7- The House of Delegates shall meet during the annual spring meeting of SOMA and at such time as it may determine. The spring meeting site and date will be determined by preferential ballot by the National Committeemen of each chapter.

Section 8- Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) nor more than sixty (60) days after notice has been sent to the chapters.

Section 9- (a) All amendments shall be presented in typed form to the board of directors before presentation to the House of Delegates. (b) All amendments submitted in compliance with paragraph (a) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in Ohich they were introduced. (c) All postponements and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees to bring testimony of rejected by the reference committee. (e) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

ARTICLE V-ELECTIONS

Section 1- Only active members who will be enrolled in an AOA accredited Osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2- The election of National Board Representatives shall be held by the constituent chapters on an annual basis as outlined in Article I-Section 6 of the Bylaws. The election of the National President and Vice-President shall be held during the annual House of Delegates meeting in the spring of each year.

Section 3- A Nominating Committee shall be appointed by the Board of Directors. This committee shall present the names of at least two (2) nominees for the office of National President and Vice-President. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4- (a) Elections shall be held in the day following the report of the Nominating Committee. Prior to election of the officers time will be alloted for addresses from the nominees of their representative chapters to cuacus(B) Voting shall be by secret ballot and the candidate receiving a simple majority of the votes cast, the two candidates with the greatest number of votes shall be in a runoff election unless more than one such candidate has the same number of votes, in which case the voting shall continue using the above two rules where applicable until a candidate is elected from existing National Committeemen, that constitute chapter shall elect a new National Committeeman.

ARTICLE VI-DUTIES OF OFFICERS

Section 1- National President- The National President shall act as the Chairman of the Board of Directors and shall be expected to appoint and council with the chairman of various committees in carrying out the objective of SOMA and will coordinate all national affairs between the Executive Director and the Board of Directors. The National President shall also be resopnsible for the correspondence of SOMA and shall keep accurate records of the proceedings of the Board of Directors and the House of Delegates. Copies of the minutes of all meetings shall be sent to all national officers, local chapters and other interested parties. In the absence of the National President, the National Vice-President shall act as interim chairman to perform the duties of that office.

Section 2- Nationl Vice-President-The National Vice-President shall be an ex-officio member of all Committees and shall receive thir reports at least bi-annually. He/she shall coordinate and direct all phases of the standing committees and report their progress to the National President and the Board of Directors on a regular basis. The National Vice-President shall work closely with the National Convention and assume equal responsibilities for the annual meetng. The National Vice-President shall carry out the directives of the National President, Board of Directors and House of Delegates.

Section 3- National Board Representaatives shall be responsible for conducting affairs fo National SOMA interest at the local constituent chapters including acting as liason between National SOMA, college administrations and state Osteopathic societies and other organization. It shall be the responsibility of the National Board Representative to maintain an accurate membership file at the local level and to forward a monthoy report to the National President concerning local and National activities. National Board Representative shall also be responsible for submitting a financial report of the local chapter responsible for submitting a financial report of the local chapter to the Board of Directors no later than February 15 of each year.

ARTICLE VII- EXECUTIVE DIRECTORS

Section 1- An executive Director shall follow, endorse and administer all policies and directives of the Board of Directors and the and the House of Delegates. He shall have charge of all archives including legal, historical and scientific records of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing andd keep records of those expenditures authorized by the Board of Directors and House of Delegates. He shall be an ex-officio member of all committees including the board of Directors and House of Delegates.

Section 2- The Executive Director shall be chosen by the Board of Directors on the basis of qualifications which best serve the objectives of SOMA as stated in the Constitution. Renumeration shall be determined by the Executive Council or the Board of Directors.

ARTICLE VIII-BOARD OF DIRECTORS

Section 1- The Board of Directors shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

Section 2- The Board of Directors shall meet at the request of the National President or two (2) of the other members. Notification shall be made at least seven (7) days prior to the meeting.

Section - The Board of Directors meeting should be held in conjunction with the annual fall AOA Scientific Convention when financially feasible.

ARTICLE IX-COMMITTEES

Section 1- The committees of SOMA shall be set up in such a manner as to have Standing Committees approved by the House of Delegates with Subcommittees approved by the Boaerd of Directors or House of Delegates.

Section 2- The duties of the Standing Committees shall be to organize and submit policy in their appointed area to the Board of Directors and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 3- The Chairmanship of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Directors.

Section 4- The Chairmanship of a subcommittee shall be by recommendation of the Standing Sommittee and approval of a simple majority of the Board of Directors.

STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

CONSTITUTION

ARTICLE I --Name

The name of this association shall be the Student Osteopathic Medical Association. This name shall be officially abbreviated SOMA.

ARTICLE II -- Objectives

The objectives of SOMA shall be: (1) To improve the quality of health care delivery to the American people, (2) To contribute to the welfare and education of Osteopathic medical students, (3) To familiarize its members with the purposes and ideals of Osteopathic Medicine, (4) To establish lines of communication with other health science students and organizations, (5) To prepare its members to meet the social, moral and ethical obligations of the Osteopathic profession.

ARTICLE III---Membership

Membership in SOMA shall be through local chapters at AOA accredited Osteopathic medical schools - active membership, honorary membership, and pre-osteopathic medical student membership. The qualifications for eligibility and the conditions of suspension shall be set forth in the Bylaws.

ARTICLE IV -- Elected Officers

The elected officers shall consist of the National President, who shall also be the Chairperson of the Board of Directors, the National Vice-President, and a National Committeeman from each accredited Osteopathic medical school, who shall be their institutions Board Member on the Board of Directors. Their qualifications, duties and method of election shall be set forth in the Bylaws.

ARTICLE V -- Executive Director

An administrative officer, the Executive Director, shall be appointed by the Board of Directors. His/her qualifications, duties and remuneration for services shall be set forth in the Bylaws.

ARTICLE VI--Committees

Committees of SOMA, standing or otherwise, may be established only at the direction of the House of Delegates. The procedures for establishing committees and selection of their chairmen shall be those set forth in the Bylaws.

ARTICLE VII--Board of Directors

The Board of Directors of SOMA shall consist of the elected officers and shall have the responsibility to conduct the affairs of the Association between meetings of the House of Delegates and the National Board Representatives Meeting. The President of the Council of Student Council Presidents shall be an ex-officio member of the Board of Directors. If the President is not a member of SOMA, he/she shall be granted a honorary membership for his/her year in office. Further requirements of the Board of Directors shall set forth in the Bylaws.

ARTICLE VIII--House of Delegates

Section 1. Responsibility for determining the policy of the Association shall be vested solely in the House of Delegates.

Section 2. The policy and decisions of the House of Delegates shall be administered between the annual meetings of the Association by the Board of Directors as described in the Constitution and Bylaws of the Association.

Section 3.--Annual Meeting. The House of Delegates shall convene at least once a year and in conjunction with the annual meeting of the Association, which shall be its official meeting.

Section 4. The requirements of chapter representation and of official delegates shall be set forth in the Bylaws.

Section 5. Resolution shall be presented to and considered by the House of Delegates in the same manner prescribed in the Bylaws.

ARTICLE IX--Rule of Order

Robert's Rules of Order Revised shall govern the parlimentary procedure of the Association in all cases where applicable and where not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE X--Amendment to the Constitution

Section 1. Any five (5) or more members of the Association may propose an amendment to this Constitution by submitting the same to the Board of Directors at least one hundred and twenty (120) days prior to any meeting of the House of Delegates.

Section 2. Copies of such proposed amendment shall be provided to all chapters of the Association at least sixty (60) days prior to the meeting at which the proposed amendment is to be voted upon.

Section 3. A vote of two-thirds (2/3) of the House of Delegates shall be required to pass the amendment.

BYLAWS OF THE
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

ARTICLE I--Constituent Chapters

Section I. Any group of five (5) or more students at an AOA accredited Osteopathic medical school may petition for a chapter within the Association. The petitioners shall sign the petition and date their signature, and shall supply any information requested by the Board of Directors as to its qualifications for membership.

Section 2. There shall not be any more than one such chapter in any Osteopathic school.

Section 3. Each chapter shall enjoy equal rights and representation within the Association and the House of Delegates as set forth in the Bylaws.

Section 4. A Charter shall be granted to the petitioning chapter upon approval of the Board of Directors and subject to a simple majority ratification by the House of Delegates at its next annual meeting.

Section 5. Each chapter shall elect as officers a National Committeeman, who will represent their institution on the Board of Directors, President, Vice-President, Secretary and Treasurer. Any officer may hold more than one position at the discretion of its constituency, but shall hold no more than two offices concurrently.

Section 6. Each chapter shall hold its annual election no later than the last week in February. The election shall be an open election of all SOMA members in good standing, and should be published to the student body in any form readily available to each institution no later than fourteen (14) days prior to the election. Nominations shall be received at an open meeting of the local SOMA chapter on a date to be specified by the present local chapter President.

Section 7. It shall be emphasized that the out-going National Committeeman, and President, as well as other local SOMA officers, should work closely

with the newly elected officers to insure a smooth transition of both the know-
ledge and workings of National and local SOMA for a period mutually agreed upon
by the incoming and outgoing officers. It is suggested that when possible,
the incoming and outgoing National Committeeman should attend the Annual
SOMA Convention together. If the new Board member is unable to attend the
Annual Board Meeting, the preceding Board member from that school will serve.

ARTICLE II--Membership

Section I. Membership in SOMA shall be classified into three (3) groups:
(1) Active Membership, (2) Honorary Membership, (3) Pre Osteopathic Student.
Only active members shall have voting privileges.

Section 2. Active Membership. To be admitted to active membership in
SOMA, an applicant must be a member in good standing of a constituent chapter
and must be a student at an AOA accredited Osteopathic medical school.

Section 3.--Honorary Membership. Honorary membership may be granted to
individuals or organization making outstanding contributions to the success and
perpetuations of SOMA. They can be awarded on a yearly basis by the Board of
Directors and/or a lifetime basis by the House of Delegates.

Section 4.--Pre Osteopathic Student. Student membership may be granted to
a student interested in osteopathic medicine. The membership is on a yearly basis.

ARTICLE III--Discrimination

Neither the Association or its constituent chapters may refuse membership
on the basis of race, religion, color, sex, national origin or creed, but
chapters shall otherwise determine the qualifications of their own members
where not inconsistent with the Constitution and/or Bylaws.

ARTICLE IV--House of Delegates

Section 1. Each constituent chapter which has received a charter as
prescribed in Article I of these Bylaws shall be entitled to four (4) voting
positions or votes in the House of Delegates of the Association. The distri-
bution of these votes shall consist of the National Committeemen, local

chapter President and two delegates-at-large chosen by the local chapter. If any delegates cannot be in attendance, alternate delegates may be seated. However, each chapter shall not exceed a maximum of four (4) voting delegates. Proxy voting will be accepted with the written permission of the absentee delegates.

Section 2. Each College of Osteopathic Medicine shall be represented in the House of Delegates by its Student Council President or designated alternate, and shall be entitled to one (1) voting position or vote in the House of Delegates of the Association. Proxy voting will be accepted with the written permission of the absentee delegate. If the Student Council President or designated alternates are not members of SOMA, he/she shall be granted honorary membership for his/her year in office.

Section 3. Ex-officio members of the House of Delegates shall include the members of the Board of Directors, Executive Director and the chairman of any committee. Ex-officio members shall not have the right to vote unless they are a voting delegate from a constituent chapter.

Section 4. All official members of SOMA as described in Article II of these Bylaws shall have the right to address the House of Delegates upon recognition by the Chair. This recognition shall entitle him to make and second motions and may participate in debate.

Section 5. A simple majority of the votes shall constitute a quorum for the transaction of business by the House of Delegates.

Section 6. All business unless otherwise specified in the Constitution and Bylaws of SOMA shall be transacted by a simple majority of the votes cast.

Section 7. The order of business of the House of Delegates shall be determined by the Board of Directors and shall be distributed at the commencement of the annual meeting. The order of business shall only be changed by a vote of at least two-thirds (2/3) of those voting.

Section 8. The House of Delegates shall meet during the annual spring meeting of SOMA and at such other time as it may determine. The spring meeting site and date will be determined by preferential ballot by the National Committee-

men of each chapter

Section 9. Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) days nor more than sixty (60) days after notice has been sent to the chapters.

Section 10. (a) All amendments shall be presented in typed form to the Board of Directors before presentation of the House of Delegates. (B) All amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in which they were introduced. (C) All postponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees to bring testimony of their positions. (D) The amentment shall be submitted, amended or rejected by the reference committee. (E) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

ARTICLE V--Elections

Section 1. Only active members who will be enrolled in an AOA accredited Osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2. The election of National Committeemen shall be held by the constituent chapters on an annual basis as outlined in Article I - Section 6 of the Bylaws. The election of the National President and Vice-President shall be held during the annual House of Delegates meeting in the spring of each year.

Section 3. A Nominating Committee shall be appointed by the Board of Directors. This committee shall present the names of at least two (2) nominees for the office of National President and Vice-President. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4. (A) Elections shall be held on the day following the report

of the Nominating Committee. Prior to the election of the officers time will be allotted for addresses from the nominees or their representative. The Chair will then have the privilege of giving time for the constituent chapters to caucus. (B) Voting shall be by secret ballot and the candidate receiving a simple majority of the votes cast, the two candidates with the greatest number of votes shall be in a run off election unless more than one such candidate has the same number of votes, in which case the voting shall continue using the above two rules where applicable until a candidate is elected. If the National President and Vice-President is elected from an existing National Committeeman, that constituent chapter shall elect a new National Committeeman.

ARTICLE VI--Duties of Officers

Section 1--National President. The National President shall act as the Chairman of the Board of Directors, and shall preside at the annual meetings of the House of Delegates. He shall be expected to appoint and council with the chairman of various committees in carrying out the objectives of SOMA and will coordinate all national affairs between the Executive Director, and the Board of Directors. The National President shall also be responsible for the correspondence of SOMA and shall keep accurate records of the proceedings of the Board of Directors and the House of Delegates. Copies of the minutes of all meetings shall be sent to all national officers, local chapters and other interested parties. In the absence of the National President, the National Vice-President shall act as interim chairman to perform the duties of that office.

Section 2--National Vice-President. The National Vice-President shall be an ex-officio member of all Committees and shall receive their reports at least bi-annually. He/she shall coordinate and direct all phases of the standing committees and report their progress to the National President and Board of Directors on a regular basis. The National Vice-President shall work closely with the National Convention and assume equal responsibilities for the annual meeting. The National Vice-President shall carry out the directives of the National President, Board of Directors and House of Delegates.

men of each chapter.

Section 9. Special meetings of the House of Delegates may be called by a vote of two-thirds (2/3) of the constituent chapters. Each chapter shall be given notice by registered mail within fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) days nor more than sixty (60) days after notice has been sent to the chapters.

Section 10. (a) All amendments shall be presented in typed form to the Board of Directors before presentation of the House of Delegates. (B) All amendments submitted in compliance with paragraph (A) above shall be referred to reference committees and reported to the House of Delegates during the annual meeting in which they were introduced. (C) All postponents and opponents of the resolution shall be given a reasonable opportunity to appear before those reference committees to bring testimony of their positions. (D) The amentment shall be submitted, amended or rejected by the reference committee. (E) The House of Delegates shall either adopt, defeat or amend the committee report which shall then be the policy of the House.

ARTICLE V--Elections

Section 1. Only active members who will be enrolled in an AOA accredited Osteopathic medical school during the term shall be eligible to hold an office in SOMA.

Section 2. The election of National Committeemen shall be held by the constituent chapters on an annual basis as outlined in Article I - Section 6 of the Bylaws. The election of the National President and Vice-President shall be held during the annual House of Delegates meeting in the spring of each year.

Section 3. A Nominating Committee shall be appointed by the Board of Directors. This committee shall present the names of at least two (2) nominees for the office of National President and Vice-President. Additional nominations may be made from the floor of the House of Delegates following the presentation of the committee report.

Section 4. (A) Elections shall be held on the day following the report

He shall serve in all capacities designated of the National President in his absence.

Section 3--National Committeemen. The National Committeemen shall be responsible for conducting affairs of national SOMA interest at the local constituent chapters including acting as liaison between national SOMA, college administrations and state Osteopathic societies and other organizations. It shall be the responsibility of the National Committeemen to maintain an accurate membership file at the local level and to forward a monthly report to the National President concerning local and national activities. Other duties and responsibilities may be assigned by the Board of Directors or the National President concerning local and national activities. The National Committeemen shall also be responsible for submitting a financial report of the local chapter to the Board of Directors no later than February 15 of each year.

ARTICLE VII-Executive Director

Section 1. An Executive Director shall follow, endorse and administer all policies and directives of the Board of Directors, and the House of Delegates. He shall have charge of all archives including legal, historical and scientific records of SOMA. He shall have charge of the funds of SOMA, be responsible for the collection of dues, maintain lists of those members in good standing and keep a record of those expenditures authorized by the Board of Directors and House of Delegates. He shall be an ex-officio member of all committees including the Board of Directors, and House of Delegates.

Section 2. The Executive Director shall be chosen by the Board of Directors on the basis of qualifications which best serve the objectives of SOMA as stated in the Constitution. Remuneration shall be determined by the Executive Council or Board of Directors.

ARTICLE VIII--Board of Directors

Section 1. The Board of Directors shall have the power to conduct all business of an immediate nature as long as it is not in conflict with the Constitution and Bylaws, or the directives of the House of Delegates.

Section 2. The Board of Directors shall meet at the request of the National President or two (2) of the other members. Notification shall be made at least (7) days prior to the meeting.

Section 3. The Board of Directors meeting should be held in conjunction with the annual fall AOA Scientific Convention, when, financially feasible.

ARTICLE IX--Committees

Section 1. The committees of SOMA shall be set up in such a manner as to have Standing Committees approved by the House of Delegates with Subcommittees approved by the Board of Directors or House of Delegates.

Section 2. The duties of the Standing Committees shall be to organize and submit policy in their appointed area to the Board of Directors and/or House of Delegates and to appoint matters to their given Subcommittees.

Section 3. The Chairmanship of each Standing Committee shall be appointed by the National President and ratification by a simple majority of the Board of Directors.

Section 4. The Chairmanship of a subcommittee shall be by recommendation of the Standing Committee and approval of a simple majority of the Board of Directors.

Section 5. The Chairman of each Standing Committee shall present a quarterly report to the members of the Board of Directors and/or House of Delegates.

ARTICLE X--Finances

Section 1. The dues of this organization shall be on an annual basis concurrent with the academic year and their amount shall be set by the Board of Directors.

Section 2. Funds may be raised for activities and publications of SOMA from any source approved by the House of Delegates or the Board of Directors.

Section 3. Funds may be expanded only by the guideline set down by the Board of Directors and House of Delegates. No elected official may receive funds for his services and time.

Section 4. Expenses incurred by the Board of Directors attending liaison meetings shall be paid from the treasury of SOMA only if the host organization or agency cannot pay such expenses and if such expenses are approved by the Board of Directors.

ARTICLE XI--Dissolution

Section 1. Dissolution of SOMA shall be by vote of all constituent chapters at a meeting, special meeting, or by mail ballot. A simple majority vote shall be necessary for dissolution.

Section 2. In the event of dissolution, no constituent chapter or individual shall be entitled to any distribution of the assets of the Association. Any assets remaining after payment of all debts shall be distributed to one or more osteopathic or other scientific or educational organizations which qualify under the provisions of Section 501 (c) (3) of the Internal Revenue Code and its regulations as they now exist or as they may be hereafter amended, as determined by the House of Delegates, or Board of Directors.

ARTICLE XII--Amendments of the Bylaws

Section 1. Any active member may propose an amendment to the Bylaws of SOMA by submitting it to the Board of Directors at least sixty (60) days prior to any meeting of the House of Delegates.

Section 2. Copies of the proposed amendment shall be provided to all constituent chapters of SOMA at least thirty (30) days prior to the meeting at which it is to be voted upon.

Section 3. A proposed amendment to the Bylaws as described in Section 1 of this Article may be adopted by a simple majority to that effect.

Section 4. Amendments to these Bylaws can be presented by the Board of Directors on the floor of the House of Delegates. Such an amendment shall require a two-third (2/3) majority of the votes cast to be adopted.

Revised under President Christopher A. Reeder, November, 1981