

## **To 2018 House of Delegates Action Report on 2017 Resolutions**

Those policies not receiving favorable action of the House of Delegates are omitted from this report. Action taken is in blue type after each policy.

### **Policy 01 – 2017 – Supporting Changes in Health Care Policy that Increase Coverage and Expand Benefits**

1. The OSMA supports the elimination of pre-existing condition exclusions from health insurance contracts and supports providing all Ohio citizens with high quality health care.
1. The OSMA opposes changes to healthcare policy that would decrease access to health care coverage for the citizens of Ohio.
2. The OSMA supports the inclusion of young adults up to age 26 on their parents'/guardians' health care plans.
3. The OSMA supports health care policies that allow states and institutions the right to explore and develop individualized models for covering the uninsured.

Action: Throughout the 2017 year, this has been an ongoing effort, and the OSMA has sent a series of letters to appropriate federal officials in response to various Congressional health care proposals. The OSMA has invited members to send a letter via an Action Alert as well as publicized letters from the organization in the biweekly newsletter and on social media.

As necessary, the OSMA will continue to communicate with state and federal legislators about proposals that impact expansion of health insurance coverage to our state.

### **Policy 02 – 2017 – Discriminatory Screening of Potential Patients**

1. The OSMA HOD directs the AMA Delegation to request that the AMA Council on Ethical and Judicial Affairs give an ethical opinion on discriminatory pre-screening tools before physicians accept patients in their practice.

Action: The AMA Delegation spoke with members of the Council on Ethical and Judicial Affairs (CEJA) about studying and writing a report on this issue. They will follow up at the 2018 AMA Annual meeting and re-visit with a resolution if necessary.

### **Policy 03 – 2017 – Expansion of U.S. Veterans' Healthcare Choices**

1. The OSMA House of Delegates directs the OSMA American Medical Association (AMA) Delegation to carry a resolution to our AMA House of Delegates 2017 Annual Meeting requesting that our AMA adopt as policy that the Veterans Health Administration expand all eligible veterans' health care choices by permitting them to use funds currently spent on them through the VA system, through mechanisms such as premium support, to purchase private health care coverage, and for veterans over age 65 to use these funds to defray the costs of Medicare premiums and supplemental coverage.

2. The OSMA House of Delegates directs the OSMA AMA Delegation to carry to our AMA House of Delegates 2017 Annual Meeting a resolution further requesting that our AMA actively support federal legislation to achieve this expansion of healthcare choices for Veterans Administration eligible veterans.
3. The OSMA by means of the OSMA website, as well as written letters to elected federal legislators and the U.S. President, again actively support federal legislation to achieve this reform of veterans' health care choices.

Action: This resolution was taken to the AMA by the Ohio Delegation and was considered concurrently with Council on Medical Services Report 6 on the same issue. Ohio was able to amend the report to add language advocating for new funding to support the expansion of the Veteran's Choice Program. We had concern that funds within the VA could be shifted to fund Veterans Choice and result in the denial or diminishment of other essential Veteran's health services. AMA is now on record supporting new funding and not just cost shifting.

A letter advocating for this issue to the Congressmen from Ohio and the President has been drafted and the OSMA will be sending it soon.

The OSMA will also include this issue in its advocacy issues at the upcoming AMA-hosted advocacy conference in February.

#### **Policy 04 – 2017 – Department of Veterans Affairs Accountability and Whistleblower Protection**

1. The OSMA advocates for the existing AMA policy (H-435.942) concerning whistleblower protections for health care professionals and other parties, including those employed within the VA system.

Action: The OSMA is also advocating for this issue in the above-mentioned letter (for Policy 03-2017) to the Congressmen from Ohio and President.

The letter is in the revision/finalizing process and will be sent in the coming weeks.

The OSMA will also include this issue in its advocacy issues at the upcoming AMA-hosted advocacy conference in February.

#### **Policy 05 – 2017 – Veterans Health Administration Transparency and Accountability**

1. The OSMA House of Delegates directs the OSMA AMA Delegation to carry a resolution to our American Medical Association House of Delegates 2017 Annual Meeting requesting that our AMA adopt as policy that the Veterans Health Administration be required to report publicly on all pertinent aspects of its operation, including quality, safety, patient experience, timeliness, and cost effectiveness.
2. The OSMA House of Delegates directs the OSMA Delegation to carry to our AMA House of Delegates 2017 Annual Meeting a resolution further requesting that our AMA actively support federal legislation to achieve this reform of Veterans Health Administration transparency and accountability.

3. The OSMA, by means of the OSMA website, as well as written letters to elected federal legislators and the U.S. President, actively supports federal legislation to achieve this reform of Veterans Health Administration transparency and accountability.

Action: The OSMA is also advocating for this issue in the above-mentioned letter (for Policy 03-2017) to the Congressmen from Ohio and President.

The letter is in the revision/finalizing process and will be sent in the coming weeks.

The OSMA will also include this issue in its advocacy issues at the upcoming AMA-hosted advocacy conference in February.

#### **Policy 06 – 2017 – Direct American Medical Association to Ask CMS and HHS to Remove Practice Expense and Malpractice Expense from Publicly Reported Payments**

1. The OSMA ask its AMA Delegation to ask the AMA House of Delegates to petition CMS and the office of Health & Human Services to remove practice expense and malpractice expense from reimbursements reported to the public.

Action: Resolution taken to the AMA by the Ohio Delegation. This passed on the AMA consent calendar.

#### **Policy 07 – 2017 – Improving Clinical Utility of Medical Documentation**

1. The OSMA AMA Delegation asks the AMA to advocate for appropriate, effective, and less burdensome requirements in the use of electronic health records.

Action: Resolution taken to the AMA by the Ohio Delegation. Ohio asked that a reference to specific legislation in the Reference Committee report be deleted and this was done. There was strong support for the resolution's basic concept.

#### **Policy 08 – 2017 – Medicaid Payment to Physicians for Dual Eligible Patients**

1. The OSMA advocates for payment to physicians by Ohio Medicaid of the balance between the payment by Medicare and the allowed Medicare amount for dual eligible patients to ensure adequate health care.

Action: The OSMA Advocacy team continues to monitor the legislative environment for opportunities to discuss this issue and potential solutions.

#### **Policy 09 – 2017 – Change OARRS requirements for Medications Which Can Be Prescribed with Refills for 6 Months**

1. The OSMA shall work on decreasing the requirement for physicians to check OARRS every 90 days to every 6 months for benzodiazepines.

Action: In early 2017, Governor Kasich made an announcement that sweeping changes were being made to the way physicians prescribe opioids and other controlled substances. Following his announcement, the regulatory agencies rolled-out new, more stringent

prescribing rules for physicians and others who prescribe opioids and other controlled substances. The OSMA worked diligently to ensure that exceptions were made to these very prescriptive rules and we were successful at attaining most of the exceptions requested. Keeping in mind the administration's mindset that there need to be stricter rules, it was felt that the administration would not look favorably at a request to weaken an existing OARRS requirements. The medical board included benzodiazepines to the OARRS rule due to data that showed physicians were often prescribing dangerous drug combinations (opioids and benzodiazepines together) to patients. The regulatory agencies opined that even if a physician was only prescribing benzodiazepines, they should be regularly checking OARRS to avoid potential drug conflicts from other prescribers. Once the new rules have been operational for some time and the reports *hopefully* show favorable prescribing trends, we can approach the regulatory agencies with a request to extend the OARRS time period for physicians who prescribe benzodiazepines.

### **Policy 11 – 2017 – Third Party Patient Reimbursement for Out-of-Network Physicians**

1. The OSMA adopts a policy and provides support to physicians and patients which requires insurers and third-party payors to properly reimburse patients and/or out-of-network physicians their usual charges, and that there be no increase in deductibles or co-payments for those patients requiring care from out-of-network physicians because of urgent and emergent treatment needed in emergency rooms and hospitals.
2. The OSMA adopts a policy which requires insurers and third-party payors to reimburse patients and/or out-of-network physicians their usual charges in non-emergent care, if insurer and third-party payor are not able to arrange participating network physician care in a reasonable time, and that there be no increase in deductible or co-payments for those patients.
3. The OSMA directs the AMA Delegation to carry a request to our AMA to adopt a policy which requires insurers and third-party payors to properly reimburse patients and/or out-of-network physicians their usual charges, and that there be no increase in deductibles or co-payments for those patients requiring care from out-of-network physicians because of urgent and emergent treatment needed in emergency rooms and hospitals and/or seek federal legislation addressing these issues.

Action: This resolution was taken to the AMA by the Ohio Delegation and passed in a group of four resolutions dealing with balanced billing. The basic concept was passed but pure fee for service was not supported in the final resolution.

The OSMA Advocacy team has formed a coalition to advocate for this issue and is laying the groundwork for state legislation to be introduced in 2018.

### **Policy 12 – 2017 – Medical Price Transparency**

1. The OSMA supports legislative efforts to develop medical price transparency which are congruent with the principles of price transparency found in AMA policies such as D-155.987 and CMS Report 4-A-15 on price transparency.

Action: Legislation has been introduced in the Ohio Legislature and the OSMA Advocacy team is working with the sponsors on developing the provisions contained in the bill, and crafting a robust, efficient proposal.

#### **Policy 14 – 2017 – Maintain Rights of County Medical Societies**

1. The OSMA will recognize and respect the independent structure, organization and domain of the actively functioning county medical societies in the state of Ohio.
2. The rights of the county medical societies to appoint their representatives to serve in the OSMA House of Delegates shall be preserved.

Action: No specific action necessary. The OSMA continues existing procedures relative to county medical societies as well as appointment of delegates to the House of Delegates.

#### **Policy 15 – 2017 – Maintain the House of Delegates as the Legislative Body of the OSMA**

1. The OSMA House of Delegates shall remain in place as the legislative body of the OSMA, retaining all rights, privileges and authority as are now set forth in the OSMA Constitution and Bylaws.
2. The quorum of the HOD will be satisfied with the presence of the majority of the registered delegates. This will require a bylaws change and the OSMA Council is directed to write the appropriate language for voting at the annual meeting in 2018.
3. From 45 days up to the annual meeting of the HOD, underrepresented counties can be assigned active OSMA members who reside or work in that county or district by the district councilor to serve at the HOD. This may require a bylaws change and the OSMA Council is directed to write the appropriate language for voting at the annual meeting in 2018.

Action: See Resolution 01-2018.

#### **Policy 16 – 2017 – Limit the OSMA Council's Attempts to Dissolve the House of Delegates**

1. The OSMA Council shall propose no action to dissolve the OSMA House of Delegates absent specific direction from the House of Delegates.

Action: Self-executing.

#### **Policy 17 – 2017 – Importance of OSMA Promoting Physician Well-Being by Addressing the Physician and Medical Student Burnout Issue**

1. The OSMA shall work with medical schools, hospitals, residency programs, and physicians to address the issue of physician and medical student burnout.
2. The OSMA encourages physicians and medical students to utilize the AMA Steps Forward Program to learn more about preventing physician burnout.

Action: The OSMA has joined forces with other physician-focused organizations from around the state of Ohio to form the Ohio Physician Wellness Coalition (OPWC). Programming focused on the individual physician will be provided through support of this coalition. In addition, OSMA is

forming a working physician wellness committee comprised of experts from around the state and from various employment backgrounds to share best practices with the intent of developing OSMA-supporting programming. The MSS will also create a sub-committee to help identify and address the needs of student burnout.

### **Policy 19 – 2017 – Opioid Harm Reduction in Undergraduate Medical Education**

1. The OSMA shall support inclusion of harm reduction strategies in pain management, including, but not limited to, prescribing and discontinuation of opioid medications in medical school curricula.

Action: SmartRx®, the OSMA's opioid prescribing education course, has been utilized by three medical schools as part of their curriculum starting in late 2016. Currently, the Consortium of Ohio Medical School Curricular Deans is developing a comprehensive pilot training program that includes the use of SmartRx®. The pilot program is set to debut at OSUCOM in 2018, with the goal of spreading to the rest of the medical schools in Ohio through a grant funding.

### **Policy 20-2017 – Ohio Physicians and the Opioid Problem**

RESOLVED, That it is the Official Policy of the Ohio State Medical Association that all physicians should HAVE THE ABILITY TO prescribe all medications, including controlled substances, using the highest standards of care and professionalism, providing the best possible care to each patient. PHYSICIANS NOTE THAT SUBSTANCE ABUSE HAS MANY CAUSES AND THAT PHYSICIANS HAVE CONTRIBUTED TO OPIOID OVERUSE. THEREFORE, All physicians should work diligently to help find solutions to the problems of abuse of prescription medications, use and overdose of illegal substances, and opioid overdose. ~~Physicians are not the root cause of abuse of prescription medications, use of illegal substances, and overdose of opioids. Any suggestion of that will be vigorously opposed by the OSMA.~~ HOWEVER, OTHER CAUSES OF MISUSE OF CONTROLLED SUBSTANCES SHOULD BE A SIGNIFICANT FOCUS OF FUTURE REMEDIAL ACTION.

Action: Resolution 20-2017 was referred to the OSMA Council. Council amended the resolution as indicated.

### **Policy 21 – 2017 – Removal of Non-Medical Exemptions for Mandated Immunizations and Support of Immunization Registries**

1. The OSMA supports the use of immunizations to reduce the incidence of preventable diseases.
2. The OSMA supports the removal of non-medical exemptions for required school immunizations.
3. The OSMA encourages the use of immunization reporting systems for patients of all ages.

Action: The OSMA is part of a coalition led by the Ohio Chapter of the American Academy of Pediatrics that has drafted a bill to strengthen Ohio's immunization laws to strike a better balance between parental rights and the overall health and well-being of children. The legislation proposes establishing a standard opt-out form for school districts to use that must be signed by a physician. The proposal also seeks to streamline how immunization data is reported to public health officials. This bill is expected to be introduced in Spring 2018.

**Policy 22 – 2017 – Opposition to the Practice of LGBTQ “Conversion Therapy” or “Reparative Therapy”**

1. The OSMA affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative are not inherently suffering from a mental disorder.
2. The OSMA strongly opposes the practice of “Conversion Therapy,” “Reparative Therapy” or other techniques aimed at changing a person’s sexual orientation or gender identity.

Action: The OSMA supports Senate Bill Senate 126 which would prohibit certain health care professionals from engaging in conversion therapy when treating minors.

**Policy 23 – 2017 – Advocating for Increased Awareness and Education of Human Trafficking**

1. The OSMA shall advocate against human trafficking.
2. The OSMA will encourage the education of physicians on how to identify and assist victims of human trafficking.

Action: There are currently a number of different activities at the state and federal level regarding human trafficking. The OSMA is reviewing work done by Congress and at the Ohio Attorney General’s office to assess the best opportunity to support these efforts. In addition, the OSMA is aware of an education program on human trafficking produced by the Michigan State Medical Association, and the OSMA Alliance is working on a domestic violence education event to be held in October 2018.

**Policy 24 – 2017 – Advocating for Needle Exchange Programs**

1. The OSMA shall advocate for the adoption of standardized and holistic needle exchange programs in Ohio, particularly in underserved areas.
2. The OSMA shall advocate for educational programs regarding the safe disposal of used needles and syringes.
3. The OSMA encourages physicians to refer their patients to Needle Exchange Programs.

Action: The OSMA is still looking for opportunities for how we can best advocate on the issue of needle exchange programs. In the past, there has been legislation on this issue that the OSMA has supported. There currently is no legislation pending.

**Policy 25 – 2017 – Longitudinal Approach to Cultural Competency Dialogue on Eliminating Health Care Disparities**

1. The OSMA encourages all medical education institutions in Ohio to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician’s role in eliminating cultural health care disparities in medical treatment.

Action: The OSMA supports cultural competency training and instruction in medical schools.

### **Policy 26 – 2017 – Opposition to Anti-Competitive Insurance Mergers**

1. The OSMA opposes any merger in the health insurance industry that results in anticompetitive markets and/or limits patient access to quality healthcare.

Action: Self-executing.

### **Policy 27 – 2017 – Ban Restrictive Covenants for Physicians Employed by Hospitals in Ohio**

1. The OSMA shall lobby for state legislation to ban restrictive covenants in contracts between hospitals or hospital systems and their employed physicians in Ohio.

Action: The OSMA Advocacy team continues to speak with elected officials about this topic to find someone interested in sponsoring legislation.

### **Policy 28 – 2017 – OSMA to Lobby to Amend the Ohio Revised Code to Read that The Ohio State Board of Pharmacy Will Regulate the Compounding by Pharmacists of Dangerous Drugs, but Not Such Compounding by Licensed Physicians**

1. The OSMA will lobby to amend the Ohio Revised Code to read that The Ohio State Board of Pharmacy may regulate compounding of dangerous drugs by pharmacists, but not such compounding by licensed physicians.

Action: At this time the OSMA is actively working with the State Pharmacy Board and has successfully convinced them to reopen the rules that regulate in-office physician compounding for consideration.

The Board has also established a compounding committee to focus on the issue, which signals intent to thoughtfully consider changes to the rules.

The OSMA will continue to participate in conversations about physician compounding and will explore legislative remedies in the event that the regulatory process fails to ease the burden of the current compounding restrictions.