TO 2017 HOUSE OF DELEGATES:
ACTION REPORT ON 2016 POLICIES

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.

Resolution/Policy 01 – 2016 – Membership List Exchange

RESOLVED, That the OSMA replaces Policy (Resolutions) 09-2015 and 10-2015 with the following: The OSMA and County Medical Societies shall exchange membership lists twice per year on or around March 31 and September 30.

ACTION: Policy 09 – 2015 and Policy 10 – 2015 were removed from the OSMA Policy Compendium. The OSMA sent membership lists to the districts on September 23, 2016. Based on discussions with the counties, it was determined that the most beneficial times to exchange memberships lists with the County Medical Societies would be on or about June 1 and October 1 each year.

Resolution/Policy 02 – 2016 – Mahoning-Trumbull County Medical Society (multi-county component society charter request)

RESOLVED, That the OSMA House of Delegates grants a multi-county charter to the Mahoning-Trumbull County Medical Society doing business as Mahoning Valley Medical Society; and be it further

RESOLVED, That the Mahoning-Trumbull County Medical Society shall submit its constitution and bylaws or other governing rules to the OSMA Council for approval on or before June 2016.

ACTION: The Mahoning Valley Medical Society submitted its constitution and bylaws. The OSMA Council granted approval at the October 29, 2016 meeting.

Resolution/Policy 03 – 2016 – Disclosure to OSMA Members

RESOLVED, That the officers of the OSMA and its executive staff shall make a full report to all OSMA Delegates within 30 days of the conclusion of each annual House of Delegates detailing the real estate transactions, finances and staffing levels of OSMA for the last three years; and be it further

RESOLVED, That Delegates are encouraged to share OSMA financial information with OSMA members in their jurisdiction.

ACTION: The entire 2016 budget as approved by Council, a one-page overview detailing the sale of the building at 3401 Mill Run Drive, Hilliard, Ohio, and OSMA staffing levels for the last three years were all included in the background information for this policy provided to the entire House of Delegates both prior to and at the 2016 Annual Meeting. All the relevant numbers were provided in a format that could be easily shared by any HOD member with the membership at large. On the floor of the 2016 House of Delegates, Andrew M. Thomas, MD, Chair, Auditing and Appropriations Committee, provided a five-minute verbal overview of what was presented in the background material. While this met the 30-day requirement of Policy 03

– 2016, further discussion with members of Council and staff resulted in an e-mail containing a link to the 2016 OSMA Budget Summary and Comparison being sent to the entire HOD.

The same information will be provided to the entire HOD within 30 days of the conclusion of each future annual meeting of the OSMA HOD.

Resolution/Substitute Policy 04 – 2016 – (Replacing 04-2016 and 05-2016)
OSMA Annual Meeting Schedule

RESOLVED, That the time for the business sessions of the Annual Meeting of the OSMA House of Delegates shall revert to being scheduled to take place on Saturday-Sunday, beginning Saturday morning and carried through as long as necessary on Sunday of the weekend selected for the OSMA Annual Meeting to allow for the appropriate conduct of all business as has historically been scheduled to occur at the OSMA Annual Meeting of the House of Delegates; and be it further

RESOLVED, That time will be allotted at the OSMA Annual Meeting for geographic caucus meetings to review the report(s) of the Policy Committee(s) before voting on the items in the report.

ACTION: Future OSMA House of Delegates meetings will be scheduled to begin on Saturday and will continue until completion on Sunday.

Resolution/Policy 06 – 2016 – OSMA to Financially Support Physical Regional District Meetings in Preparation for OSMA Annual Meeting OSMA Constitution and Bylaws Amendment – Chapter 4, Section 10

RESOLVED, That the OSMA Bylaws Chapter 4, Section 10 be amended as follows:

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

ACTION: The OSMA Bylaws, Chapter 4, Section 10 on page 12 was amended April 2016. Below is the section as it was and as it is now with the change underlined:

OLD:

Section 10. Councilor Districts. The House of Delegates shall establish Councilor Districts. The districts shall comprise one (1) or more contiguous counties. A district society may be organized in any of the Councilor Districts to meet at such time or times as such society may fix.

NEW:

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

Prior to the House of Delegates meeting, each district councilor may request reimbursement from the OSMA of up to $500 for one local in-person District meeting. Districts may host a virtual District meeting in addition to or in place of the in-person District meeting.

Amended Resolution/Policy 07 – 2016 – Cannabinoids

RESOLVED, That the OSMA opposes recreational use of cannabis; and be it further

RESOLVED, That the OSMA supports Institutional Review Board (IRB) approved clinical research to explore the potential risks versus benefits of using cannabinoids to treat specific medical conditions; and be it further

RESOLVED, That the OSMA supports focused and controlled medical use of pharmaceutical grade cannabinoids for treatment of those conditions which have been evaluated through Institutional Review Board (IRB) approved clinical research studies and have been shown to be efficacious; and be it further

RESOLVED, That the OSMA recommends that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods; and be it further

RESOLVED, That the OSMA supports limiting cannabinoids prescribing rights, if permitted, to physicians (MDs and DOs); and be it further

RESOLVED, That the OSMA strongly opposes legalization of any presently illegal drugs of substance abuse, including but not limited to, cannabis and cocaine, except in the instance of appropriate evidence-based use approved by the FDA; and be it further

RESOLVED, That the OSMA encourages physician participation in future legislative and regulatory discussions regarding the legal use cannabinoids; and be it further

RESOLVED, That this policy replaces OSMA Policy 65-1991.

ACTION: OSMA Policy 65-1991 was removed from the policy compendium. The OSMA participated in the legislative debate that resulted in passage of HB 523 that legalizes as of September 8, 2016 the distribution, recommendation and use of medical marijuana. For additional information see https://www.osma.org/marijuana

Amended Resolution/Policy 08 – 2016 – Employed Physicians

RESOLVED, That the OSMA affirms its support for H-225.950 AMA Principles for Physician Employment and will explore state legislation to preserve physician autonomy in the employed setting; and be it further

RESOLVED, That the OSMA affirms its support for the principle, as codified in Ohio Revised Code sections 1701.03 (for profit corporations), 1704.04 (limited liability companies), 1785.03 (professional associations) and 4731.31 (rural hospitals), that corporations cannot control the professional clinical judgment exercised within accepted and prevailing standards of practice of a licensed physician in rendering care, treatment, or professional advice to an individual patient; and be it further

RESOLVED, That the OSMA will explore legislation or other regulation mandating due process and dispute resolution when a physician is terminated as a result of the physician exercising clinical judgment; and be it further

RESOLVED, That the OSMA opposes the use of restrictive covenants in physician contracts that are not consistent with the AMA principles of physician employment agreements; and be it further

RESOLVED, That the OSMA shall make the AMA principles of physician employment agreements easily available to all Ohio physicians.

ACTION: The OSMA provides on demand content on physician employment agreements: https://www.osma.org/Education/On-Demand-Content/On-Demand-Topic-3-(7) and makes available the principles of physician employment agreements. The OSMA Council has made development of a physician bill of rights for employed physicians part of the OSMA Strategic Plan for 2016-2019.

Resolution/Policy 09 – 2016 – Prior Authorization for Patients Injured at Work

RESOLVED, That the OSMA shall survey physician members who are treating patients with work related conditions to determine the problems associated with obtaining prior authorization for treatment including procedures and medications; and be it further

RESOLVED, That the OSMA shall request that the Bureau of Workers Compensation and self-insured employers address the problems associated with obtaining prior authorization for patients injured at work to allow treatment of patients to occur in a timely and appropriate manner.

ACTION: OSMA developed a survey about prior authorization and workers compensation claims and sent it to all members to determine if there are problems obtaining prior authorization. The OSMA received a total of 58 survey responses. Per the survey results, the majority of respondents report that they typically receive approvals for prior authorizations in less than a month. Respondents were divided on the issue of timely notification of workers compensation claims approvals and on the consistency of reimbursement rates for approved services. Over 90 percent of respondents reported that they do not often encounter problems receiving approval of payment for an office visit in order to perform an approved service or procedure.

The OSMA survey results do not indicate that there are widespread problems with regard to prior authorizations for workers compensation claims. The OSMA will to continue to monitor this issue and support any introduced legislation addressing improvements to the workers compensation prior authorization process.

Resolution/Policy 10 – 2016 ~~REFER~~ – Preventing Harassment of Physicians

~~**RESOLVED**, That the OSMA supports legislation to protect physicians from intimidation and harassment; and be it further~~

202 **RESOLVED**, That the OSMA opposes attempts to deter or intimidate physicians who
203 practice in accordance with their conscience and consistent with the AMA Code of Medical
204 Ethics.
205
206 **ACTION:** Council voted to delete the first item and adopt the second at the virtual Council
207 Meeting on August 11, 2016. There are existing laws that cover the intent of the policy as
208 it was submitted to the 2016 HOD, but Council felt it is important to state the OSMA's
209 position.
210
211 **Resolution/Policy 11 – 2016 – Expansion of U.S. Veterans' Healthcare Choices**
212
213 **RESOLVED**, That the OSMA advocates that the Veterans Health Administration expand all
214 eligible health care choices for veterans by permitting veterans to use funds currently spent on
215 them through the VA system, through a mechanism known as premium support, to purchase
216 private health care coverage, and for veterans over age 65, to use these funds to defray the
217 costs of Medicare premiums and supplemental coverage; and be it further
218
219 **RESOLVED**, That the OSMA House of Delegates directs the OSMA AMA Delegation to take
220 this policy regarding expansion of health insurance choices for all veterans served by the
221 Veterans Health Administration to our American Medical Association House of Delegates 2016
222 Annual Meeting with the further request that our AMA actively support federal legislation to
223 achieve this reform; and be it further
224
225 **RESOLVED**, That the OSMA, by means of the OSMA website, as well as written letters to
226 elected federal legislators and the U.S. President, actively supports federal legislation to
227 achieve reform of veterans' health care choices through premium support to purchase private
228 health care coverage or defray the costs of Medicare premiums and supplemental coverage.
229
230 **ACTION:** OSMA sent a letter to Ohio US Senators and Representatives as well as the
231 President asking to actively support federal legislation that will achieve reform of veterans'
232 health care choices through premium support to purchase private health care coverage or
233 defray the costs of Medicare premiums and supplemental coverage.
234
235 The Ohio Delegation to the AMA took this resolution to the Annual AMA HOD meeting.
236 The resolution was referred to the Board for study as there would be significant financial
237 consequences if the Veterans Administration were to do this. It was felt that this complex
238 issue deserved study.
239
240 **Resolution/Policy 12– 2016 – Veterans Health Administration Transparency and**
241 **Accountability**
242
243 **RESOLVED**, That the OSMA advocates that the Veterans Health Administration be required
244 to report publicly on all aspects of its operation, including quality, safety, patient experience,
245 timeliness, and cost effectiveness; and be it further.
246
247 **RESOLVED**, That the OSMA House of Delegates directs the OSMA AMA Delegation to take
248 this policy regarding Veterans Health Administration Transparency and Accountability to our

American Medical Association House of Delegates 2016 Annual meeting with further request that our AMA actively support federal legislation to achieve this reform; and be it further

RESOLVED, That 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: OSMA sent a letter to Ohio Senators and Representatives as well as the President in support of federal legislation to achieve this reform of Veterans Health Administration transparency and accountability.

The Ohio Delegation to the AMA took this resolution to the Annual AMA HOD meeting. It was felt that significant transparency is already required of the VA and the HOD was reluctant to add further to VA reporting requirements, possibly diverting funds that could be utilized in direct care of Veterans. This resolution was defeated.

Amended Resolution/Policy 13 – 2016 – Insurance Coverage of Non-Narcotic Treatments Used in Pain Management

RESOLVED, That the OSMA shall work with the insurance companies and the Ohio Department of Insurance to stress the need for the cooperation of the insurance companies in physicians' efforts to treat chronic pain with appropriate medications and all appropriate treatment modalities; and be it further

RESOLVED, That the OSMA shall encourage reasonable insurance coverage with affordable patient out-of-pocket costs for non-narcotic treatments that are useful in pain management; and be it further

RESOLVED, That the OSMA will support our physician members and stress that the current drug problem is a multifactorial problem, not exclusively due to improper prescribing by physicians.

ACTION: The OSMA will engage members of the Ohio legislature to request a full assessment to determine whether existing insurance coverage plans are adequate to cover non-narcotic treatment options for treating pain.

The OSMA will request that the insurance industry be subjected to a full analysis or survey to determine which non-narcotic pain treatment options are covered by existing insurance plans. Once armed with this data, we will know whether insurance coverage policies should be modified to align with Ohio's goals of reducing the overall use of opioids.

The OSMA continues to provide its Smart Rx – Safe Medicine and Responsible Treatment – program. The online program provides information and education regarding Ohio's opioid prescribing regulations. The OMSA will also develop a program or campaign aimed at supporting public awareness efforts to prevent prescription drug abuse and to identify resources for those seeking recovery treatment options. The program will be a companion piece to Smart Rx and will be called BeSmart!

~~Resolution/Policy 14 – 2016~~ REFER ~~– Mammogram Additional Views~~

~~**RESOLVED**, That the OSMA advocates for the ability of the radiologist who is interpreting a screening mammogram to order follow-up additional views if he/she determines that a screening mammogram is abnormal, and be it further~~

~~**RESOLVED**, That the OSMA advocates for the ability of the radiologist how is interpreting a mammogram to order/perform a breast ultrasound, if indicated.~~

ACTION: Council rejected Resolution/Policy 14 – 2016 at the virtual Council Meeting on August 11, 2016. The American College of Radiology (ACR) opposed taking this policy to the American Medical Association (AMA) because they are sensitive about self-referral issues that could be implicated by the policy. The verbal "position" of the ACR follows:

1. The resolution (policy) reiterates the status quo and is, therefore, not necessary.
2. Radiologists can and do order follow up mammograms (and other radiologic tests) as medically necessary.
3. Radiologists have enough latitude to order studies as necessary.

Resolution/Policy 15 – 2016 REFER – Direct Supervision of Outpatient Infusion Therapy

RESOLVED, That the OSMA, through the Ohio Delegation to the AMA, asks that CMS define direct supervision as it relates to Hospital Outpatient Departments (HOPD); and be it further

RESOLVED, That the OSMA shall seek state legislation to protect physicians from requirements by hospitals to provide supervision for infusions or disease states with which they are not comfortable or for which physicians fear adverse impact to their license to practice medicine; and be it further

RESOLVED, That the OSMA shall seek state legislation requiring hospitals or other entities to contract for physician supervision of infusion services separately and that such supervision is not an implied service since the type and kind of infusion may not fall within the physician's experience and practice; and be it further.

RESOLVED, That the OSMA shall seek state legislation requiring that supervision of infusion services be supplied by a physician and prohibiting nurse practitioners or physician assistants from providing infusion services as nurse practitioners and physician assistants are insufficiently trained to anticipate the contingencies and side effects that may occur with infusions.

ACTION: At the August 11, 2016 virtual meeting, Council voted to defer Policy 15 – 2016 to the October 29, 2016 virtual meeting. The OSMA Government Relations team will convene a meeting with staff at the Ohio Hospital Association to get additional information as to how the current structure within Ohio hospitals would allow for a nurse or physician assistant to administer infusions and how that would take place, if that kind of infusion may not fall within the supervising physician's experience and practice.

At the October 29, 2016 virtual meeting, Council voted to defer Policy 15 – 2016 until further questions are answered by the original sponsors of the policy.

Resolution/Policy 16 – 2016 ~~REFER~~ – Eliminate the Requirement of "History and Physical Update"

350
351 **RESOLVED**, That the OSMA will work with the Ohio congressional delegation and the
352 American Medical Association (AMA) to
353
354 A. Change 42 CFR Section 482.24 (c)(4)(i)(B) to read as follows:
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356 If any changes occur in the patient's medical condition after the medical history and
357 physical examination are completed within 30 days before admission or registration,
358 documentation of an updated examination of the patient must be placed in the patient's
359 medical record within 24 hours after admission or registration, but prior to surgery or a
360 procedure requiring anesthesia services.
361
362 B. Change 42 CFR Section 482.51 (b)(1)(ii) to read as follows:
363
364 If any changes occur in the patient's condition, an updated examination of the patient
365 must be completed and documented within 24 hours after admission or registration
366 when the medical history and physical examination are completed within 30 days before
367 admission or registration; and be it further
368
369 **RESOLVED**, That the Ohio AMA Delegation will take this policy to the AMA for action at the
370 2016 Annual Meeting in June.
371
372 **ACTION:** This policy was referred to Council at the 2016 HOD. At the August 11, 2016
373 virtual meeting, Council voted to adopt Policy 16 – 2016. Council directed President
374 Bachelder to write to the AMA and the Ohio Congressional delegation asking them to
375 support removing from these two sections of the Medicare Conditions of Participation the
376 requirement to have an updated examination of the patient if the patient's condition has
377 not changed since the conduct of a history and physical examination within 30 days of
378 admission. Further, Council directed the OSMA delegation to the AMA to take the issue
379 to the 2016 Interim Meeting.
380
381 The Ohio Delegation to the AMA took this resolution to the Annual AMA HOD meeting.
382 This issue was felt to be complex and the HOD voted to refer it for further study.
383
384 **Resolution/Policy 17 – 2016 – Ohio Medical Licensure Fees**
385
386 **RESOLVED**, That the OSMA shall seek to reduce the cost associated with Ohio physician
387 medical licensure fees.
388
389 **ACTION:** In 2016, the State Medical Board of Ohio publically announced plans to reduce
390 the fee for of an initial Ohio medical license. The medical board proposed a legislative
391 amendment that would reduce initial physician licensure fees from $335 to $305. The
392 OSMA was in support of the fee reduction. The legislation ultimately did not pass and the
393 fees were not reduced. It should be noted that the medical board has not raised the initial
394 license fee for several years.
395
396 **Resolution/Policy 18 – 2016 – Site of Service Charges**
397
398 **RESOLVED**, That the OSMA requests that the American Medical Association continue to
399 address the current inequity of "site of service" charges being used by hospitals and Medicare.
400

ACTION: The OSMA informed Terri Marchiori, AMA representative for Ohio, to let her know that Ohio still believes this issue is something that needs to continue being addressed.

Resolution/Policy 19 – 2016 – Weight Loss Medications - Phentermine

RESOLVED, That the OSMA shall request that the State Medical Board of Ohio review Ohio Administrative Code Rule 4731-11-04 in order to update and simplify the process of prescribing weight loss medications; and be it further

RESOLVED, That the OSMA advocates that the 12-week limitation for prescriptions of phentermine be modified to allow for prescription by qualified physicians for the time necessary to treat the chronic medical condition of obesity.

ACTION: Despite our continued objections to the current draft of the medical board's bariatric prescribing rules, the board has no plans to review the rules at this time. The medical board is relying on medical literature and guidelines that indicate a 12-week limitation on phentermine is appropriate. In fact, the manufacturer of the drug has even dedicated a webpage to the 12-week issue advising that, *"While phentermine is very useful and effective in assisting weight loss, it is important to remember that it is recommended for short term use only. This is because it puts pressure on the heart and can increase blood pressure, plus it can be addictive and becomes less effective over time as your body becomes accustomed to its effects".*

The most recent draft of the rules was last reviewed/revised in 2015 and, unless there is a significant change in medical literature supporting a change to the 12-week limitation, the medical board will not re-open the rules until the 5-year rule review period is reached (2021). The OSMA will continue to monitor developments in bariatric prescribing and will continue to seek feedback from OSMA physicians who specialize in bariatric prescribing.

Recently, a physician (non-OSMA member) was cited by the medical board for, among other issues, prescribing bariatric medications in excess of 12 weeks. While the OSMA will not be involved in the physician's case against the medical board, we did supply our policy and background information to the physician's attorney for inclusion into the case record.

Resolution/Policy 20 – 2016 ~~REFER~~ – Improving Outcomes of Law Enforcement Responses to Mental Health Crises through the Crisis Intervention Team Model

RESOLVED, That the Ohio State Medical Association supports continued research into the public health benefits of CIT law enforcement training; and be it further

RESOLVED, That the Ohio State Medical Association encourages physicians, physician practices, allied healthcare professionals, and medical communities to collaborate with law enforcement training programs in order to improve the outcomes of police interventions in mental health crises; and be it further

RESOLVED, That the Ohio State Medical Association supports the use of public funds to facilitate CIT training for all interested members of police departments.

ACTION: This policy was adopted by Council at the virtual meeting held on August 11, 2016, and Council directed staff to hold a meeting with the Ohio Attorney General's office to discuss current research and state initiatives regarding collaboration between law enforcement and the medical community on mental health issues and CIT. This process could then lead to identifying best practices or areas needing further attention which the OSMA and the Attorney General could work on in the future.

Resolution/Policy 21 – 2016 – Addressing Food and Housing Insecurity for Patients

RESOLVED, That the OSMA shall recognize food and housing insecurity as a predictor of health outcomes; and be it further

RESOLVED, That the OSMA shall encourage the use of housing and food insecurity screening tools by physicians and healthcare staff, similar to the depression screening tools, and assist physicians in identifying appropriate resources and avenues of referral.

ACTION: The OSMA surveyed primary care practices that are participating in the Comprehensive Primary Care (CPC) program. The survey asked how many of these practices are using the CPC benchmarks of performance that include food/housing insecurity. The survey was sent to 20 practices in late November and three responded as of January 01, 2017. Each of the respondents had developed certain tools for distribution to patients identifying social resources available to their specific needs.

Also, the OSMA has learned that the Idaho Medical Association (IMA) has official policy on the issue and is partnering with the Idaho Foodbank to raise awareness of the issue, educate physicians, and direct to appropriate resources. The IMA has also sent out a recent questionnaire to all CEOs of the state medical associations regarding policy surrounding food insecurity and what actions are being taken by each organization. Staff is waiting for responses from all the states to see what actions are being taken and how the OSMA can incorporate something similar here in Ohio.

Resolution/Policy 22 – 2016 – Lesbian Gay Bisexual Transgender Queer (LGBTQ) Protection Laws

RESOLVED, That the OSMA supports the protection of Lesbian Gay Bisexual Transgender Queer (LGBTQ) individuals from discriminating practices and harassment; and be it further

RESOLVED, That the OSMA advocates for equal rights protections to all patient populations.

ACTION: The OSMA will advocate positions consistent with this resolution as issues arise.

Resolution/Policy 23 – 2016 – Expanding Gender Identity Options on Physician Intake Forms

498 **RESOLVED**, That the OSMA supports non-mandatory patient intake forms that allow for sex
499 (assigned at birth) and gender identification that are more inclusive than the binary male/female
500 traditionally asked.
501
502 **ACTION:** No specific action – self-implementing
503
504 **Amended Resolution/Policy 24 – 2016 – Lifting Restrictions on Federally Funded**
505 **Firearms Research**
506
507 **RESOLVED**, That the OSMA recognizes firearms violence as a public health concern; and
508 be it further
509
510 **RESOLVED**, That the OSMA asks the AMA to actively support the removal of the current
511 restrictions on use of federal funds in researching firearms safety, injury and violence.
512
513 **ACTION:** The OSMA contacted Terri Marchiori, AMA's Ohio representative, who reported
514 that the AMA had a resolution submitted that has an informational report coming back on
515 recent and current organizational actions taken on existing AMA policies regarding
516 removing the restrictions on federal funding for firearms violence research, with additional
517 recommendations on any ongoing or proposed upcoming actions. Current AMA policy
518 regarding Firearms: H-145.997 – Firearms as a Public Health Problem in the United
519 States – Injuries and Death.
520
521 **Resolution/Policy 25 – 2016 – Access to Care for Medicaid and Medicaid Product Insured**
522 **Patients in Ohio**
523
524 **RESOLVED**, That the OSMA advocates that Ohio Medicaid and Medicaid product insurers
525 extend coverage to their patients for thirty days beyond the date of non-coverage and reimburse
526 physicians who provide services during this time period.
527
528 **ACTION:** The OSMA will advocate on this issue.
529
530 **Amended Resolution/Policy 26 – 2016 – AMA to Ensure Adequate and Reasonably-Priced**
531 **Generic Drugs**
532
533 **RESOLVED**, That the OSMA requests that the American Medical Association consider all
534 options for reasonably priced generic drugs.
535
536
537 **ACTION:** The OSMA contacted Terri Marchiori, AMA's Ohio representative, regarding
538 this issue. She reported that there was a Council on Medical Service report H-285.998
539 that included a series of recommendations on value based drug pricing and another
540 information report on the Task Force that the AMA convened on drug costs and the plan
541 they put into place to kick off a pharmaceutical transparency campaign which includes the
542 website TruthinRX.com.
543
544 **Resolution/Policy No. 27 – 2016 – OSMA Policy Sunset Report**
545
546 **ACTION:** The OSMA Policy Compendium was updated to reflect the adoption of Amended
547 Policy No. 27 – 2016 by the 2016 OSMA House of Delegates.