

## **TO 2016 HOUSE OF DELEGATES: ACTION REPORT ON 2015 RESOLUTIONS**

Those resolutions not receiving favorable action of the House of Delegates are omitted from this report. Action taken is in blue type after the RESOLVED(s) of each resolution.

### **Resolution No. 01 – 2015**

#### **Repeal the 2% Medicare Physician Payment Cuts Authorized by Sequestration Action**

**RESOLVED**, That the Ohio State Medical Association take all necessary legislative and administrative steps to eliminate the hidden 2% “sequestration” Medicare payment cuts for physicians and that the Ohio Delegation to the American Medical Association (AMA) take this resolution to the AMA for action at the national level.

**ACTION:** The Ohio Delegation to the AMA took this resolution to the 2015 AMA Annual meeting in Chicago. AMA Resolution 222 Medicare and Sequestration originated from Dayton and asked our AMA to take all necessary legislative and administrative steps to eliminate the 2% sequester Medicare payment cuts to physicians. Testimony at reference committee revealed that much more extensive Medicare cuts are being considered in Congress in lieu of SGR repeal and that elimination of 2% sequester is not feasible at this time. Therefore the AMA HOD passed modified Resolution 222 which asks our AMA to take all necessary legislative and administrative steps to prevent extended or deeper sequester cuts in Medicare payments.

### **Amended Resolution No. 02 – 2015**

#### **Standardizing Physicians’ Stance toward Electronic Cigarettes**

**RESOLVED**, That the Ohio State Medical Association supports both a ban on sales of e-cigarettes to minors and a prohibition on the consumption of e-cigarettes by minors; **and be it further**

**RESOLVED**, That the Ohio State Medical Association supports AMA Policy H-495.973; **and be it further**

**RESOLVED**, That the Ohio State Medical Association encourages more research into the potential health risks associated with e-cigarettes.

**ACTION:** The OSMA supported HB 144 (130<sup>th</sup> General Assembly, enacted and effective 08/02/2014) that added alternative nicotine products such as e-cigarettes to the restrictions that currently apply to the sale, distribution, possession or use by minors of cigarettes and other tobacco products. The OSMA will continue to follow these directives as part of our advocacy efforts.

### **Resolution No. 03 – 2015**

## **Oppose Interstate Medical Licensure Compact**

**RESOLVED**, that the Ohio State Medical Association strongly oppose the Federation of State Medical Board's Interstate Medical Licensure Compact, and strongly urge the State Medical Board of Ohio and the Ohio Legislature to resist joining the Interstate Medical Licensure Compact; and be it further

**RESOLVED**, that the Ohio State Medical Association request that the American Medical Association likewise oppose the Interstate Medical Licensure Compact.

**ACTION:** The Council took no action on Resolution No. 03 – 2015 because the State Medical Board of Ohio announced on July 8, 2015 that is it taking no further action on the Interstate Medical Licensure Compact. The letter is available at [www.med.ohio.gov](http://www.med.ohio.gov)

## **Amended Resolution No. 04 – 2015 Monitor State Medical Board of Ohio Participation in Federation of State Medical Boards**

**RESOLVED**, That the Ohio State Medical Association monitor the State Medical Board of Ohio's membership in the Federation of State Medical Boards (FSMB), and that the OSMA urge withdrawal of the Medical Board's membership and payment of dues to the FSMB immediately should the FSMB require maintenance of certification for physicians in federation states.

**ACTION:** No specific action taken. The OSMA will follow this directive as part of our advocacy efforts.

## **Amended Resolution No. 05 – 2015 Automatic Tracking of Quality Indicators**

**RESOLVED**, That our Ohio State Medical Association strongly urge the Office of the National Coordinator for Health Information Technology to require electronic medical records (EMR) vendors' systems to have the capability to automatically track indicators for the purpose of quality monitoring for all specialties once the data is in the EMR; **and be it further**

**RESOLVED**, That our Ohio State Medical Association AMA Delegation take this resolution to the American Medical Association for action at a national level.

**ACTION:** The OSMA sent a letter to the Office of the National Coordinator in July 2015 to recommend greater national emphasis on ensuring EMRs have the ability to automatically track quality indicators for all physicians, regardless of specialty.

The Ohio Delegation to the AMA took this resolution to the 2015 AMA Annual meeting in Chicago. AMA Resolution 223 Automatic Tracking of Quality Indicators originated from Lima and asked for AMA policy to support automatic tracking by EMR's of quality indicators. There was much discussion of EMR technology at this meeting and while

there was support for the general goal of the resolution the HOD opted to re affirm policies D 478.995 and H 450.996 so as not to disrupt ongoing AMA efforts to improve the entire matter of EMR. They also felt that the passage of Resolution 224 (Electronic Medical Records Vendor Accountability) also from Ohio covered the same subject matter.

### **Amended Resolution No. 06 – 2015 Cooperation with Health Information Exchanges**

**RESOLVED**, That our Ohio State Medical Association work with the Ohio Legislature and regulatory bodies to remove vendor roadblocks to the exchange of data and require full cooperation of all electronic medical record (EMR) vendors with health information exchanges (HIE) to allow transfer of clinical data between EMR systems; **and be it further**

**RESOLVED**, That information technology work/collaboration between the electronic medical record vendor and the health information exchange that is necessary for data exchange be at no expense to the provider, practice, or hospital.

**ACTION:** The OSMA obtained feedback from CliniSync on this resolution. Their response is as follows:

“For the past five years, the Ohio Health Information Partnership has worked closely with vendors to create standard connections that can be used to connect to the CliniSync Health Information Exchange, and then to be used again and again in other practices that use that same vendor. The goal of this process is to create one access point in which providers can receive data from the entire community in addition to contributing data to help facilitate more efficient coordination of care. This work negates the need for the use of one-off interfaces that can be time-consuming and expensive. To date, more than 30 vendors have worked to develop these interfaces, allowing us simultaneously to negotiate for lower pricing for physicians and other providers.

We also are working with vendors to allow physicians and healthcare providers to access CliniSync Health Information Exchange patient data directly from their EMR (electronic medical record) systems at both the hospital and practice levels. In situations where that is not possible because of technology limitations or lack of resources, we are providing a user friendly web-based platform so providers can access a patient’s longitudinal record. This Community Health Record compiles patient data from hospitals and participating providers across the state into one record.

While many EMR vendors are working diligently to facilitate this work, there is still work to be done with others to ensure providers in the state have a cost-effective way to share information to benefit Ohioans.”

### **Amended Resolution No. 07 – 2015 Electronic Prescribing of Controlled Substances**

**RESOLVED**, that our Ohio State Medical Association work with the Ohio State Board of Pharmacy and other interested parties to facilitate transmission of electronic prescriptions directly to pharmacies for controlled substances.

**ACTION:** According to the data provided as background to this resolution, as of February 2015, 8.1% of active prescribers are enabled to do electronic prescribing of controlled substances and 78% of pharmacies are enabled. The OSMA will continue to work with the Pharmacy Board as part of our advocacy efforts, but it is necessary for physicians to take the required steps to be in compliance with state and federal rules on this topic.

### **Amended Resolution No. 08 – 2015 Revision of HB 341 OARRS Requirements**

**RESOLVED**, that our Ohio State Medical Association fully supports both resolutions passed by the OSMA Council regarding House Bill 341 of the 130<sup>th</sup> General Assembly; **and be it further**

**RESOLVED**, That our Ohio State Medical Association immediately work to postpone penalties for not following the statutory and regulatory query requirements from House Bill 341 of the 130<sup>th</sup> General Assembly.

**ACTION:** The OSMA legislative staff met with Rep. Terry Johnson, MD and the staff of the Ohio Board of Pharmacy to discuss these issues. The Board indicated that they can now track out-of-state queries so there is a record that can be used by providers to show compliance with the rule. As for enforcement, the Board indicated that they would prioritize those providers that are “substantially” out of compliance. As for moving the query requirement from the current 90-day timeframe to 6 months, the OSMA legislative staff will continue to follow this directive as part of our advocacy efforts.

### **Amended Resolution No. 09 – 2015 Transparency and Notification of OSMA Delegation Seats**

**RESOLVED**, That the Ohio State Medical Association (OSMA) provide a quarterly listing of names and contact information of all dues-paying OSMA members to each District Councilor; **and be it further**

**RESOLVED**, That, by January 15th of each year, the Ohio State Medical Association notify each County Society and each District Councilor of the number of seats in the OSMA House of Delegates to which the county is entitled during the following year.

**ACTION:** This past year, the OSMA provided the quarterly information required by the resolution and provided the delegate counts on or about January 15, 2016.

**Amended Resolution No. 10 – 2015  
Information about Members**

**RESOLVED**, That our Ohio State Medical Association and the county medical societies exchange the names and contact information of all members.

**ACTION:** Combining the directives in Resolutions 09 – 2015 and 10-2015, the OSMA provides this information each quarter. To date, the OSMA has received information from the counties as follows:

**OSMA provided notification of the resolutions and member lists to the following County Medical Societies\*:**

**District One:**

Hamilton  
Butler  
*Clermont*  
*Adams*

**District Two:**

Clark  
Champaign  
Greene  
Montgomery

**District Three:**

Allen  
Hancock  
*Henry*  
*Mercer*  
Seneca  
Wyandot

**District Four:**

Erie  
*Fulton*  
Lucas  
Sandusky  
Williams

**District Five:**

Geauga  
Lake  
Lorain  
Medina

**District Six:**

Columbiana  
Mahoning  
Stark  
Summit

**District Seven:**

Licking  
Fayette  
Franklin  
*Knox*  
Richland  
*Union*

**District Eight:**

*Athens*  
Belmont  
*Coshocton*  
*Guernsey*  
Fairfield  
*Tuscarawas*  
Scioto  
Ross  
*Washington*

\*If a county is not listed, it is either inactive or the OSMA does not have a current county contact.

**OSMA received lists from the following County Medical Societies:**

**Quarter 2:**

- Allen County
- Butler County
- Erie County
- Lake County
- Lucas County
- Mahoning County
- Montgomery County
- Stark Count
- Summit County
- Wyandot County

**Quarter 3:**

- Allen County
- Butler County
- Geauga County
- Hancock County
- Lorain County
- Lucas County
- Mahoning County
- Montgomery County
- Stark County
- Summit County
- Wyandot County

**Quarter 4:**

- Allen County
- Butler County (No list, email indicated that their list did not change from Q3 to Q4)
- Lucas County

**Resolution No. 11 – 2015  
OSMA Annual Meeting Attendance**

**RESOLVED**, That all members of the Ohio State Medical Association be invited to attend the each annual meeting; **and be it further**

**RESOLVED**, That members of the Ohio State Medical Association be seated with, and encouraged to participate in, their residential or practice regional caucus.

**ACTION:** The OSMA will invite all members to attend the annual meeting and district caucuses.

**Resolution No. 12 – 2015  
Ohio State Medical Association Annual Meeting Costs**

**RESOLVED**, That the Ohio State Medical Association Council consider ways of making our House of Delegates meeting more efficient while allowing adequate time for deliberation and debate; **and be it further**

**RESOLVED**, That the Ohio State Medical Association seek a less expensive meeting venue; **and be it further**

**RESOLVED**, That the meeting venue chosen will be near a group of hotels for those who wish to stay in Columbus the night before or after.

**ACTION:** The OSMA Council debated the options suggested by the resolution in June and July of 2015 in order to decide upon a schedule for the 2016 and 2017 Annual

Meetings. The discussion included a cost analysis of potentially available venues for the Annual Meeting. After discussion of the pros and cons and other effects of a schedule change, the preference for the Hilton at Easton as the location, allowing sufficient time to discuss resolutions, eliminating the Thursday Council meeting, having at least one in person Council meeting during the meeting, and preferences for meetings/events Friday evening versus Saturday or Sunday, the Council voted to proceed with holding the 2016 OSMA Annual Meeting at the Hilton at Easton, continue the current three day structure of the meeting (reserving Sunday for continuation of the HOD business only if needed and for the OSMA Council meeting), experiment with electronic submission of testimony (virtual resolutions committees, including opening testimony to all members, allow sufficient time for in-person testimony), and combining social events (the past presidents' event and the inauguration of the incoming President).

For 2017 and beyond, Council voted to solicit bids for the 2017 Annual Meeting based on room needs and assessment of the schedule changes from the 2016 meeting. The 2017 and 2018 annual meeting schedules will continue to be an item for discussion by the Council.

See also the report on action take on Resolution 24-2015 below.

### **Resolution No. 13 – 2015 Retiring OSMA Members**

**RESOLVED**, That the Ohio State Medical Association create a packet of helpful information and referrals as a resource for retiring members; **and, be it further**

**RESOLVED**, That the Ohio State Medical Association create and support a forum for retired members to meet, communicate, and perhaps grow into a meaningful organized group of wise, enthusiastic, resourceful physicians for their own benefit and that of their communities.

**ACTION:** Staff is in process of updating a retirement packet for posting on the web site.

### **Amended Resolution No. 15 – 2015 Recommendations for Expanded Allergen and Gluten Labeling in Ohio's Restaurants and Schools**

**RESOLVED**, the OSMA recommend that Ohio restaurants and schools include allergen and gluten information on menus for each menu item.

**ACTION:** If asked, we inform about this policy.

### **Resolution 16 – 2015 OSMA Policy Sunset Report**

**ACTION:** The OSMA Policy Compendium was updated to reflect the adoption of Resolution 16 - 2015 by the 2015 OSMA House of Delegates.

**Resolution No. 19 – 2015**  
**Method of Amending the OSMA Constitution Article XI**

**RESOLVED**, that the Ohio State Medical Association Constitution Article XI be amended to include Section 3 as follows:

OSMA CONSTITUTION  
ARTICLE XI  
AMENDMENTS

Section 3. At no time may a proposal to amend the OSMA Constitution include an attempt to nullify and void the effect of the OSMA Bylaws. The OSMA Constitution and the OSMA Bylaws documents shall each require a separate action to be rendered null and void.

ARTICLE XII  
ADOPTION

Upon the adoption of this Constitution by a two-thirds (2/3) vote of the Delegates and Officers present and voting, this Constitution will become effective and thereupon all previous Constitutions shall be rendered null and void.

**ACTION:** The Ohio State Medical Association has updated the OSMA Constitution to reflect the RESOLVED of Resolution 19 – 2015.

**Amended Resolution No. 20 – 2015**  
**Amend OSMA Bylaws Chapter 16 – Method of Amending Bylaws**

**RESOLVED**, That Ohio State Medical Association Bylaws, Chapter 16, Section 1 be amended and Section 3 be added as follows:

OSMA BYLAWS  
CHAPTER 16

Section 1. Method of Amending. These Bylaws may be amended at any Annual Meeting of the House of Delegates by a majority vote of the Delegates present at that session, provided that the proposed amendment shall have been published to the Active Members or mailed to Active Members of this Association at least thirty (30) days prior to the Annual Meeting.

Section 3. At no time may a proposal to amend these OSMA Bylaws include an attempt to nullify and void the effect of the OSMA Constitution. The OSMA Constitution and the OSMA Bylaws documents shall each require a separate action to be rendered null and void.

**ACTION:** The Ohio State Medical Association has updated the OSMA Bylaws to reflect the RESOLVED of Resolution 20 – 2015.

**Amended Resolution No. 21 – 2015  
Evidence Based Organized Medicine**

**RESOLVED**, That the proposed report from the Ohio State Medical Association Bylaws Task Force and the background material which created the report be part of an ongoing working committee charged with organizational quality improvement. The structure would be a tiered time commitment similar to that of our current nominating committee; **and be it further**

**RESOLVED**, That this Ohio State Medical Association committee be charged with identifying measures of success by which we can judge the impact of changes; **and be it further**

**RESOLVED**, That all members of the Ohio State Medical Association be invited to attend and participate in House of Delegates deliberations; **and be it further**

**RESOLVED**, That we proceed with changes to minimize the cost of the Ohio State Medical Association annual House of Delegates meeting.

**ACTION:** The OSMA Council discussed changes to the schedule and venue for the 2016 and 2017 Annual Meetings during June and July of 2015. See reports on Resolutions 12, 22 and 24. The OSMA Council has proceeded with some changes. The Council voted to wait on the organization and appointment of a committee until the conclusion of the 2016 meeting, but intends to further review the work that has been done and to consider new ways to conduct the business of the House of Delegates.

**Resolution No. 22 – 2015  
Representation for Direct OSMA Members  
(only the first Resolved clause was referred)**

**RESOLVED**, That our Ohio State Medical Association change the Delegate allotment for specialty societies at the annual meeting of the House of Delegates using the same counting system for representation as the county societies; **and be it further**

(the second Resolved was adopted to allow Direct members to attend and vote at district meetings.)

**Background:** Specialty society representation is currently open to all primary medical specialties and those subspecialties with at least 100 members in Ohio and, of whom, at least 50% are OSMA members. Both primary specialties and subspecialties must apply to the OSMA Council to be approved by the HOD for representation. As a practical matter the OSMA has welcomed all who express interest. Once approved, each society has 1 delegate and 1 alternate who must be Active OSMA members (belong to both the

state and county society). Delegate names are supposed to be certified 60 days prior to the meeting. (Bylaws Chapter 4, Section 3)

The proposed change would give specialty societies a delegate for each 100 OSMA direct, active, members in training and retired members in each county. This would double the projected number of delegates eligible to attend. Delegates would have to choose to represent either their county or their specialty as there can be only one vote allotted per delegate.

**ACTION:** Considering that relatively few specialties express interest, the Council rejected the first resolved of Resolution No. 22 – 2015.

**Resolution No. 22 – 2015  
Representation for Direct OSMA Members  
(only the second Resolved clause was adopted as 2015 HOD)**

**RESOLVED**, That direct members of the Ohio State Medical Association who are not members of a county society be invited to attend the geographic District Meeting for either their office or home address and be allowed to vote at that meeting.

**ACTION:** For the last two years, the OSMA has invited all members to participate in the OSMA district meetings and will continue to do so.

**Amended Resolution No. 24 – 2015  
Continue OSMA House of Delegates Annual Meeting**

**RESOLVED**, That our Ohio State Medical Association continue with an annual meeting including a House of Delegates for policy making with Delegates representing county medical societies and state specialty societies to guide the direction of the organization and establish policy, **and be it further**

**RESOLVED**, That the OSMA staff investigate other venues for the Ohio State Medical Association annual meeting with the goal of decreasing costs.

**ACTION:** The following is the result of the RFP that the OSMA sent to facilities potentially capable of hosting the 2017 Annual Meeting:

Crowne Plaza Columbus North - Worthington (6500 Doubletree Ave, Columbus, OH 43229) – **Unable to accommodate function space needs**

DoubleTree by Hilton Hotels Columbus - Worthington (175 Hutchinson Ave, Columbus, OH 43235) - **We unfortunately do not have the meeting space to accommodate your group. Size of breakouts and the number of exhibitors is the issue.**

Hilton Columbus Downtown (401 N High St, Columbus, OH 43215) - **Meeting dates too far out; Will not be able to accommodate the function space needs.**

Hilton Columbus/Polaris (8700 Lyra Dr, Columbus, OH 43240) – **Unable to accommodate function space needs**

A significant factor causing facilities to decline the RFP is the current need for district caucus meeting space. If the OSMA can restructure the meeting and conduct caucus meetings online in advance of the meeting, the OSMA will have additional options for meeting venues for an Annual Meeting.

The following facilities submitted proposals based on current OSMA needs:

Hilton Columbus at Easton (Easton Town Center, 3900 Chagrin Dr, Columbus, OH

Hyatt Regency Columbus (350 North High Street Columbus, OH 43215) (Columbus Convention Center)

Nationwide Hotel & Conference Center (100 Green Meadows Dr S, Lewis Center, OH 43035)

The OSMA Council reviewed the proposals and determined that the Hilton Easton provided the best value for the 2016 and 2017 Annual Meeting.

### **Resolution No. 25 – 2015 HOD Quorum Change**

**RESOLVED**, That the Constitution and Bylaws of the Ohio State Medical Association be changed to state that a quorum shall be defined as 51% of the registered and credentialed delegates for the meeting in progress.

**Background:** Currently, the quorum requirement for the HOD is a majority of OSMA Delegates and Officers entitled to be registered (Chapter 4, Section 7). Thus, the quorum is set each year based on the delegate count determined by prior year-end membership numbers. Following is the quorum requirement and HOD attendance at the time the quorum was reported by the Credentials Chair.

2015 Quorum = 114 (of 226)

Sat: 116 of 226

Sun: 125 of 226

2014 Quorum = 107 (of 212)

Sat: 108 of 212

Sun: 127 of 212

2013 Quorum = 117 (of 232)

Sat: 118 of 232

Sun: 146 of 232

2012 Quorum = 117 (of 232)

Sat: 138 of 232

**ACTION:** At the January 2016 Council meeting, the Council rejected Resolution No. 25 – 2015.

### **Resolution No. 26 – 2015 Delegate Appointments**

**RESOLVED**, That if a county does not appoint a Delegate to the Ohio State Medical Association House of Delegates annual meeting, the District Councilor may appoint a Delegate to represent that county and that Delegate can be a physician who is an OSMA member who lives in that county or a physician who is an OSMA member with a satellite office in that county who regularly sees patients there and is known to the physicians there, but does not live in that county.

**ACTION:** The OSMA has been soliciting delegates consistent with this resolution's directives for the last 5-10 years and will continue to do so. The OSMA initiated this approach when it was apparent that some counties had no county structure for electing delegates.

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### **\*Resolution 11 – 2014 EMR Vendor Accountability**

**RESOLVED**, that our OSMA work with the Ohio Congressional delegation to educate them about physician concerns regarding downtime for the electronic medical record (EMR) and accountability of the EMR vendors for events that occur due to that downtime; and, be it further

**RESOLVED**, that the Ohio Delegation to the American Medical Association take this resolution to the American Medical Association annual meeting with the goal of establishing national policy about electronic medical record (EMR) vendor accountability.

**ACTION:** Referred to Council. Resolution 11 – 2014 was submitted in follow up to Resolution 42 - 2013, which states:

**RESOLVED**, That our Ohio State Medical Association (OSMA) undertake surveillance of the use of electronic health records (EHR) by the physicians of Ohio to develop strategies for successful use of these systems to improve the care of our patients and our colleagues; and, be it further

**RESOLVED**, That the surveillance of EHR use in Ohio include physicians in private practice, academia, and those who are employed, with attention to, but not exclusively, time spent completing the EHR, confidence in coding, the use of scribes, and quality of life issues before and after EHR; and, be it further

**RESOLVED**, That our OSMA report the results of their surveillance activities on the use and impact of electronic health records on Ohio physicians at least annually.

The OSMA Council adopted Resolution 11 – 2014 at the July 19, 2014 meeting. The AMA delegation did not take the resolution to the AMA annual meeting because the AMA annual meeting occurred before the Council had the opportunity to act on the resolution. The delegation will take the resolution to the 2015 AMA annual meeting.

**The Ohio Delegation to the AMA took this resolution to the 2015 AMA Annual meeting in Chicago. AMA resolution 224 Electronic Medical Records (EMR) Vendor Accountability originated from Lima and asked for EMR vendor accountability for EMR downtime and its attendant costs to physicians. This was combined with multiple other EMR resolutions and recommended for passage. It was pulled from the consent calendar and sent back to the Board on concerns that the problems were urgent and the resolution was not strong enough in solving EMR problems. The entire EMR matter will be dealt with again at the AMA Interim meeting in Atlanta in November.**