

ACTION REPORT TO 2015 HOUSE OF DELEGATES REGARDING 2014 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 02 – 2014 – Return Wood County back to the Fourth District from the Third District

RESOLVED, That Wood County be returned to the Fourth District.

ACTION: The OSMA districts have been revised to reflect that Wood County is part of the Fourth District.

Resolution 03 – 2014 – Membership Campaign

RESOVLED, That the Ohio State Medical Association study the option of allowing members to pay their OSMA and county medical society dues with a single invoice.

ACTION: Since 2014 Annual Meeting, the OSMA has undergone significant changes, including a reduction in force and migration to a new version of our technology platform. The reduction in force included two employees from our Finance team and two employees from our IT team. Three of these employees played a significant role in processing dues payments.

When evaluating the option of processing county dues, the OSMA mapped the workflow to understand what was necessary as far as time and additional investments in technology. Currently, the responsibility of processing OSMA dues has been absorbed by two individuals who have other responsibilities and are at capacity. In order to collect dues for the counties, the OSMA would need to take on the following items.

- Manage county application process – the OSMA requires a valid medical license for membership; however, other counties have applications that the OSMA would need to manage to ensure county members who have paid have an active application. Without an application, the OSMA would need to manage refunds.
- Serve as a membership representative for county medical societies – the OSMA would need to answer questions related to billing and/or the value of county membership, which varies by organization. Additionally, the OSMA would need to manage county-member retirements, county cancellations, and verification of dues amounts.
- Update iMIS database for additional dues field – the OSMA would need to update every physician record to support county dues. In order to process county dues, the OSMA would also need to update and/or remap all Crystal Reports for billing and all iMIS reports. The OSMA also need to generate membership lists (as would the counties) to compare on a regular basis to ensure members are not paying double.
- Assume additional finance tasks – in processing dues, the OSMA would also absorb all expenses, including staff time, mailing costs, and credit card processing fees. Additionally, the OSMA would need to manage AR accounts, facilitate the transfer of all county dues to the county medical societies, and coordinate counties as it relates to overpayments, refunds, and short pays.

With current staff at capacity, the OSMA would need to hire a person devoted only to county membership in order to coordinate payments and member lists with the counties, and to facilitate the items listed above. The OSMA does not have flexibility within the budget to add an FTE for these responsibilities. Additionally, the OSMA has upgraded to a new version of our database, which required weeks of remapping reports used to manage member information and billing processes. To remap reports for county billing, the OSMA would need to hire an outside consultant to perform this task.

At this time, the OSMA staff finds that both operationally and as far as budgets, it is in the best interest of the organization and the county medical societies to continue in billing independently.

Resolution 06 – 2014 – Medicare/Medicaid Reimbursement

RESOLVED, That the Ohio State Medical Association shall adopt a position that non-hospital owned facilities be compensated at parity to hospital-owned facilities for the same services, and that there be no reimbursement inequity based upon facility ownership.

ACTION: No action needed. The above is the OSMA's position.

Resolution 08 – 2014 – Combating the Medical Certification Industry's Regulatory Capture of Physicians into Unproven Certification Programs in Ohio and Nationally

RESOLVED, That the Ohio State Medical Association actively, and with prejudice, lobby directly all Ohio medical societies and state legislators to produce legislation prohibiting licensing, privileging or payments becoming coupled or indexed to Maintenance of Certification or similar programs in any way in Ohio; and, be it further

RESOLVED, That the Ohio State Medical Association actively and with prejudice lobby directly both Ohio and national senators and representatives to produce legislation prohibiting licensing, privileging or payments becoming coupled or indexed to Maintenance of Certification or any insurance programs in the USA, federal or corporate, including Medicare and Medicaid as a national tax (camouflaged as an unproven quality indicator) on physicians; and, be it further

RESOLVED, That the Ohio State Medical Association also take EXISTING OSMA RESOLUTION 16 - 2012, *Maintenance of Board Certification and Maintenance of Licensure Requirements, Anti-Maintenance of Certification and Maintenance of Licensure* resolutions to the American Medical Association's next annual meeting to sustain and mobilize national support against REQUIRING BOARD CERTIFICATION AS A CONDITION OF STATE MEDICAL LICENSURE. this extortionist intrusion of the certification industry upon the practice of medicine.

Amended Resolution 16 – 2012 Maintenance of Board Certification and Maintenance of Licensure Requirements

RESOLVED, The OSMA actively oppose any efforts by the State Medical Board of Ohio to implement different maintenance of licensure requirements other than those currently in place for physicians in Ohio; and, be it further

RESOLVED, That the OSMA form a task force to explore methods, other than maintenance of certification, for physicians to demonstrate ongoing competency in anticipation of new requirements for maintenance of licensure by the State Medical Board of Ohio.

ACTION: Referred to Council. The OSMA assembled a physician discussion group, representing several medical specialties, to review and examine the issues associated with the subject matter of Resolution 08 – 2014. After substantial deliberation and discussion, the physicians recommend amending and adopting the resolution as indicated above. The discussion group reasoned that the OSMA did not have the necessary funding and staff resources to actively lobby both state and national interests. Additionally, many hospitals currently require physicians on medical staffs to be board certified. Many physicians share the opinion that this is an acceptable credentialing requirement and that it should be left to each individual hospital to decide

The OSMA Council adopted Resolution 08 – 2014 with the edits as shown at the July 19, 2014 meeting.

Resolution 09 – 2014 – Enforcing State Medical Board of Ohio Transparency

~~*RESOLVED, That the Ohio State Medical Association make every effort to examine financial reports to ascertain if the State Medical Board of Ohio is wasting Ohio dollars to support the private company Federation of State Medical Boards doing business in Ohio; and, be it further*~~

~~*RESOLVED, That the Ohio State Medical Association require FORMALLY REQUEST THAT the State Medical Board Ohio provide a written report and justification for all services mandated in Ohio by or through the Federation of State Medical Boards.; and, be it further*~~

~~*RESOLVED, that the Ohio State Medical Association attempt to limit Ohio funding of the Federation of State Medical Boards by conscription, using all means to restrict payments to the Federation of State Medical Boards of Ohio physicians and State Medical Board of Ohio, where valid reasons are not self evident.*~~

ACTION: Referred to Council. The OSMA assembled a physician discussion group, representing several medical specialties, to review and examine the issues associated with the subject matter of Resolution 08 - 2014. After substantial deliberation and discussion, the physicians recommend amending and adopting the resolution as indicated above. The discussion group opined that the OSMA does not have the expertise or funding to perform a comprehensive financial and fact-finding review of the State Medical Board of Ohio's relationship with the Federation of State Medical Boards.

The OSMA Council adopted Resolution 09 – 2014 with the edits as shown at the July 19, 2014 meeting.

Resolution 10 – 2014 – Repeal the Requirement for Signing a Verbal Admission Order Prior to Discharge

RESOLVED, That our Ohio State Medical Association work with the Ohio Hospital Association to educate Ohio's Congressional Delegation regarding this CMS admission order signature rule with a goal of getting the timeframe modified to 30 days; and be it further

RESOLVED, That our Ohio Delegation to the American Medical Association ask that the American Medical Association work to amend the admission signature rule with a goal modifying the timeframe.

ACTION: The Ohio Delegation took this resolution to the 2014 AMA Annual Meeting and the follow action was taken by the AMA:

712. VERBAL ADMISSION ORDER SIGNATURES

Introduced by Ohio

Reference committee hearing: see report of Reference Committee G.

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED

See Policy D-240.993.

RESOLVED, That our American Medical Association work with the Centers for Medicare & Medicaid Services to allow authentication of verbal admission orders within 30 days rather than prior to discharge.

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.

Resolution 12 – 2014 – Reimbursement Discrimination for Physician Assistants and Nurse Practitioners

RESOLVED, That our Ohio State Medical Association work toward stopping discrimination in payment for services by physician assistants and nurse practitioners by some

Ohio Medicaid plans; and, be it further

RESOLVED, That our Ohio State Medical Association work with the Ohio Department of Insurance and Ohio Department of Medicaid to ensure that physician assistants and nurse practitioners are able to practice within their scope of practice and be reimbursed appropriately by all insurers.

ACTION: Referred to Council. Council adopted Resolution 12 – 2014 at the July 19, 2014 meeting

The OSMA monitors all Ohio Department of Insurance (ODI) and Medicaid rule proposals as well as changes to insurer's payment policies to ensure that the agencies and insurers are not discriminating against services provided by allied practitioners, including nurse practitioners and physician assistants. The OSMA will continue to actively monitor this issue and take action when necessary to ensure that allied practitioners are permitted to work within their scope and that they are fairly compensated for their services.

Resolution 13 – 2014 – Transfer of Records in Retail Settings

RESOLVED, That the Ohio State Medical Association work to promote legislation that requires ambulatory clinical care providers AND RETAIL CLINICS to exert a reasonable effort to identify and send a copy of the care record to the patient's primary care physician.

ACTION: Council adopted Resolution 13 – 2014 with edits as shown at the October 4, 2014 meeting.

OSMA previously had success in advocating the enactment of an Ohio law that requires a patient's primary care provider be notified when a patient receives an immunization at a retail clinic. (Ohio revised code section 4729.41). The OSMA Government Relations team attempted to broaden this requirement during the deliberations on HB 384, but there was insufficient legislative support for the amendment. The OSMA Government Relations team will continue to advocate for broadening this notification to all services a patient receives at a retail clinic.

Resolution 14 – 2014 – Retail Pharmacy Participation in IMPACT SIIS

RESOLVED, That the Ohio State Medical Association work to encourage the retail pharmacies of Ohio to voluntarily participate in IMPACT SIIS for improved continuity of care.

ACTION: On June 23, 2014, the Ohio Department of Health (ODH) sent a letter to all licensed pharmacists urging them to participate in IMPACT SIIS. As of June 2014 many large retail pharmacies including Giant Eagle and Walgreens had agreed to submit this crucial immunization data to ODH. The OSMA continues to support the efforts of ODH in encouraging the use of the IMPACT SIIS system.

Resolution 15 – 2014 – Medication Coverage

RESOLVED, That the Ohio State Medical Association encourage third party payers to provide FREE real-time electronic information to physicians about medication coverage and required co-pays so that physicians and patients can determine the best medication treatments as appropriate and affordable at the time of service.

ACTION: While no formal action has been taken, the OSMA regularly meets with the administrators of third party payers to discuss a variety of issues, including changes that the payers can implement to decrease administrative burdens for physicians. The issue of upgrading payer portals to provide free real-time information has been frequently discussed and encouraged by the OSMA.

Amended Resolution 16 – 2014 – Advance Benefits Notification (ABN)

RESOLVED, That the Ohio State Medical Association request that CMS require the use of a single, standard Advance Benefits Notification (ABN) form for all Medicare beneficiaries including all Medicare Advantage Plans; and be it further

RESOLVED, That a similar resolution be taken to the American Medical Association for their consideration.

ACTION: The Ohio Delegation took this resolution to the 2014 AMA Annual Meeting and the following action was taken:

109. STANDARDIZATION OF ADVANCE BENEFICIARY NOTIFICATION OF NON-COVERAGE FORMS FOR MEDICARE ADVANTAGE PLANS AND ORIGINAL FEE-FOR-SERVICE MEDICARE

Introduced by Ohio

Reference committee hearing: see report of Reference Committee A.

HOUSE ACTION: ADOPTED

See Policy D-70.950.

RESOLVED, That our American Medical Association request the Centers for Medicare & Medicaid Services (CMS) provide a standardized Advance Beneficiary Notice of Non-coverage (ABN) that will be sufficient notification to inform all Medicare Advantage Plan and Original (Fee-For-Service) Medicare beneficiaries when Medicare may deny payment for an item or service; and be it further

RESOLVED, That Medicare Advantage Plan requirements for carrier specific advance beneficiary notice of non-coverage and similar forms be eliminated.

Resolution 17 – 2014 – 2014 OSMA Policy Sunset Report

ACTION: The OSMA policy compendium was updated to reflect the actions adopted in Resolution 17 – 2014 and posted on the OSMA web site. Due to its length, the text of Resolution 17 – 2014 is omitted from this report, but can be viewed at www.osma.org under annual meeting archives.

2014 Emergency Resolution – Lake Erie “Blue-Scum” Microcystin Toxin

RESOLVED, That the OSMA support legislation to define safe limits in discharge waters for phosphorus, nitrogen and other pollutants; and, **be it further**

RESOLVED, That the OSMA support legislation to regulate fecal discharge from concentrated animal farms (CAFOS) into open waters (ditches, canals, streams, rivers, lakes); and, **be it further**

RESOLVED, That the OSMA support legislation to assess and directly monitor and regulate total maximal daily load (TMDL) discharge into waters or headwaters of the Lake Erie basin; and, **be in further**

RESOLVED, That the OSMA support legislation to set strict limits on levels of microcystin toxin and other cyanobacteria toxins in: a) open water recreational areas; b) source waters as defined by the Federal Clean Drinking Water Act; c) intake and treated drinking water; and, **be it further**

RESOLVED, That the OSMA pursue legislation/policy which effectively limits the pollutants currently supporting the growth of cyanobacteria ("blue-green scum") which threatens the health of the citizenry bordering Lake Erie.

ACTION: [Referred to Council](#). At the July meeting, the OSMA Council discussed 2014 Emergency Resolution. – Lake Erie "Blue-Scum" Microcystin Toxin and voted to **REJECT** the resolution.