

**FINAL Proceedings of the Ohio State Medical Association  
2013 House of Delegates  
Columbus, Ohio  
April 6-7, 2013**

**Saturday, April 6, 2013**

There was a meeting of the Ohio State Medical Association House of Delegates on April 6, 2013 in Columbus, Ohio.

**Call to Order**

Deepak Kumar, MD, President, convened the House of Delegates at 9:13 am at the Hilton Columbus at Easton in Columbus, Ohio.

All joined in the Pledge of Allegiance and the Oath of Hippocrates.

Dr. Kumar introduced those seated at the Speakers Table.

**AMA Board of Trustees Report**

Carl Sirio, MD, presented the report on AMA activities and then opened the floor for questions.

**Report of the Committee on Credentials**

Tyler J. Campbell, MD, Chair of the Committee on Tellers and Judges presented the report of the Committee on Credentials. A quorum was present.

**Approval of Proceedings of the OSMA 2012 House of Delegates**

The proceedings of the 2012 OSMA House of Delegates were approved by acclamation.

**Introduction of Presidents of Other State Medical Societies**

Dr. Kumar introduced and welcomed the following out-of-state medical society officers to the 2013 House of Delegates:

Indiana State Medical Association, President, Dr. Gordon Hughes  
Kentucky Medical Association, President, Dr. William C. Harrison  
Michigan State Medical Society, President, Dr. John C. Bizon  
The Medical Society of Virginia, President, Dr. Russell C. Libby

Dr. Harrison, Dr. Bizon and Dr. Libby addressed the House of Delegates.

**Introduction of Honored Guests:**

Terri Marchiori, Director, AMA Federation Relations  
John Mayer, President, OSMA Insurance Agency

**Introduction of Exhibitors**

Dr. Kumar recognized the exhibitors.

**Introduction of Past Presidents of the Ohio State Medical Association**

Dr. Kumar recognized the Past Presidents of the OSMA.

**Recognition of Past Members of OSMA Council**

Dr. Kumar recognized the past members of the OSMA Council.

### **Alliance Report**

Danny E. Sankovic, MD, escorted Mrs. Carol Sankovic, President of the OSMA Alliance, to the podium for the Alliance Report.

### **Recognition of AMA Foundation Contributions**

Dr. Kumar acknowledged the AMA Foundation contributions totaling \$26,265.20 to the medical schools listed below. Dr. Kumar thanked Mrs. Sankovic, and the OSMA Alliance and AMA Alliance for all of their hard work soliciting these funds during 2013.

Case Western Reserve University School of Medicine, Cleveland	\$ 3,594.00
Ohio State University College of Medicine and Public Health, Columbus	\$ 3,160.00
University of Cincinnati College of Medicine, Cincinnati	\$ 1,615.00
University of Toledo College of Medicine	\$ 1,193.75
Northeastern Ohio University College of Medicine, Rootstown	\$ 455.00
Wright State University School of Medicine	\$14,904.95
Ohio University College of Osteopathic Medicine, Athens	\$ 1,342.50

### **Appointments to Resolution Committees**

Dr. Kumar made the following appointments to resolutions committees.

#### **Resolutions Committee No. 1**

Lisa Bohman Egbert, MD, Montgomery County (D-2), Chair  
Molly A. Katz, MD, Hamilton County (D-1)  
David Olswells Griffith, Miami County (D-2)  
Roger Scott Stienecker, MD, Allen County (D-3)  
Stephen Poll Bazeley, MD, Wood County (D-4)  
Thomas B. Bralliar, MD, Cuyahoga County (D-5)  
Charles E. Smith, MD, Stark County (D-6)  
Daniel James Clemens, MD, Tuscarawas County (D-7)  
Vacant (D-8)  
Vacant (D-9)  
Karen Guss King, MD, Franklin County (D-10)  
Robert Christopher Warren, MD, Lorain County (D-11)  
Bradley Hall Crombie, MD, Summit County (D-12)  
Melissa Sue Jefferis, MD, Franklin County, OAFP (Specialty)  
Jared L. Harwood, MD, Resident Observer – OSU  
Matthew Magyar, University of Toledo (MSS)

#### **Resolutions Committee No. 2**

Walter Anthony Reiling, III, MD, Chair, Montgomery County, (D-2)  
Esly Samuel Caldwell, II, MD, Hamilton County (D-1)  
Arthur Patrick Jonas, MD, Greene County (D-2)  
Jeffrey N. Boulter, MD, Allen County (D-3)  
Louito Catherine Edje, MD, FAAFP, Lucas County (D-4)  
Julia Ann Heng, MD, Lake County (D-5)  
Sean T. McGrath, MD, Mahoning County (D-6)  
Vacant (D-7)

Richard E. Cain, MD, Washington County, (D-8)  
Vacant (D-9)  
Douglas Gordon Finnie, MD, Franklin County (D-10)  
Sushil Mitter Sethi, MD, Richland County (D-11)  
James Lee Johnston, Jr., DO, Summit County (D-12)  
Suzanne Josafat Sampang, MD, OPPA (Specialty)  
Annie Kyoung Lim, DO, Resident Observer  
Jacob Hessey (MSS)

### **Resolutions Committee No. 3**

Harris Slavin Schild, MD, Chair, Erie County, (D-11)  
Regina Rae Whitfield Kekessi, MD, MPH, Hamilton County (D-1)  
James Allen Bryant, MD, Montgomery County (D-2)  
Dalsukh A. Madia, Marion County (D-3)  
Kenneth Robert Bertka, MD, FAAFP, CPHIMS, Lucas County (D-4)  
Colette R. Willins, MD, Cuyahoga County (D-5)  
Marc C. Stachel, MD, Stark County (D-6)  
Vacant (D-7)  
Vacant (D-8)  
Vacant (D-9)  
William Herbert Cotton, MD, Franklin County (D-10)  
Wuu-Shung Chuang, MD, Lorain County (D-11)  
Sidney Jerome Steinberger, MD, FACS, Summit County (D-12)  
Joe Michael Hazel, MD, ODermaA (Specialty)  
Veeral Mahendra Oza, MD, Resident Observer  
Margeaux McGraw (MSS)

### **Committee on Tellers and Judges**

Dr. Kumar called for the election of the members to the Committee on Tellers and Judges. The following were elected by acclamation:

Chair: William Kose, MD

Tellers: Andrew Rudawsky  
Diana Weiser

### **Election of Committee on Nominations**

Dr. Kumar called for nominations from each Councilor District for the Committee on Nominations. The following Delegates were nominated:

District 1: Margaret LeMasters, MD  
District 2: Herman I. Abromowitz, MD  
District 3: Carl S. Wehri, MD  
District 4: Donald B. Marshall, DO, Chair  
District 5: Jeffery Cameron, MD  
District 6: Denise Bobovnyik, MD  
District 7: Daniel J. Clemens, MD  
District 8: John E. Lloyd, MD  
District 9: Ibrahim M. Zayneh, MD  
District 10: Thomas T. Vogel, MD

District 11: Harold A. Ballitch, MD, FACS  
District 12: Pennie R. Marchetti, MD  
MSS Observer: Vacant

### **Nominating Speeches for President-Elect Candidate**

Charles Hickey, MD, nominated Mary J. Wall, MD, for President-Elect. Warren Muth, MD, seconded the nomination. There were no other nominations. Dr. Wall was elected to the office of President-Elect of the OSMA by acclamation. Dr. Wall addressed the House of Delegates.

### **Recognition of New Delegates and Alternates**

Dr. Kumar asked new delegates and alternate delegates to stand and be recognized by the House of Delegates.

### **Memorial Moment**

Dr. Kumar called the attention of the House of Delegates to the memorial resolution submitted by The Academy of Medicine of Toledo and Lucas County honoring John (Jack) Devany, MD. Dr. Kumar then asked for a moment of silence for all physician members who died within the last year.

### **President's Address**

Dr. Kumar gave the Presidential Address. Dr. Kumar then requested that members of the OSMA Council step forward to field questions from the House of Delegates.

### **Call for Introduction of Resolutions**

Dr. Kumar announced the acceptance of the Resolutions that were properly filed with the OSMA Executive Director, distributed to delegates and assigned to the Resolutions Committees as indicated in the official handbook. Dr. Kumar announced that Resolution No. 25-13 was withdrawn by the author.

### **Transmittal of OMSS Resolutions**

Resolution 46-13 – Medicare Conditions of Participation was assigned to Resolutions Committee 3 and Resolution 47-13 – Corporate Practice of Medicine was assigned to Resolutions Committee 1.

### **Emergency Resolutions**

Dr. Kumar announced that Emergency Resolution 01-13 did not meet the requirements of an emergency resolution and was therefore not accepted.

### **Announcements**

Dr. Kumar announced the schedule for hearings of the Resolutions Committees and the Committee on Nominations, as well as general announcements.

### **Recess**

Dr. Kumar announced at 11:01 am that the House of Delegates was in recess until 9:30 am on Sunday, April 7, 2013.

**The following awards and reports were presented during the all member lunch on Saturday, April 6, 2013:**

### **2013 Physician Advocate of the Year Award**

Lisa Egbert, MD, presented the Physician Advocate of the Year Award to Dawn Michelle Prall, MD.

### **Report of OSMAPAC and 2012 OSMAPAC Donor of the Year Award**

Marvin Rorick, MD, OSMAPAC Chair, provided an update on the OSMAPAC. Dr. Rorick announced that Mary Jo Kerns, MD, is OSMAPAC 2012 Donor of the year. Dr. Kerns was not in attendance.

### **Sunday, April 7, 2013**

There was a meeting of the Ohio State Medical Association House of Delegates on April 7, 2013 in Columbus, Ohio.

### **Call to order**

Dr. Kumar called the House to Order at 9:33 am on Sunday, April 7, 2013.

### **Introduction**

Dr. Kumar introduced Claire Wolf, MD, Parliamentarian for the 2013 House of Delegates.

### **Special Order of Business**

Dr. Kumar recognized the following county executives and Brent Mulgrew presented them with gifts:

Donna Gilliam, Executive Director of the Academy of Medicine of Cincinnati  
Connie Mahle, Executive Director of the Montgomery County Medical Society  
Lee Wealton, Executive Director of The Academy of Toledo and Lucas County

### **Update by Theodore Wymyslo, Director of the Ohio Department of Health.**

Dr. Wymyslo addressed the House of Delegates regarding the state of health in Ohio and then fielded questions from the House of Delegates.

### **Self-nominating speeches by the candidates for AMA Alternate Delegate**

Each of the 6 candidates for the 4 available AMA Alternate Delegate positions addressed the 2013 House of Delegates. Neal Nesbitt, MD, 2013 OSMA President, announced each candidate.

Denise L. Bobovnyik, MD, Canfield  
Richard R. Ellison, MD, Fairlawn  
Melissa S. Jefferis, MD, Columbus  
Deepak Kumar, MD, Dayton  
Andrew D. Markiewitz, MD, Cincinnati  
Carl S. Wehri, MD, Delphos

### **Report of the Committee on Credentials**

Tyler Campbell, MD, Chair of the Committee on Credentials, presented the report of the Committee on Credentials. A quorum was present.

### **Review of voting system**

William Kose, MD, Chair of the Tellers and Judges, provided an explanation of the voting system and conducted practice votes.

### **Report of the Committee on Nominations and Election Results**

Donald Marshall, DO, Chair, Committee on Nominations, conducted the elections.

### **Election Results**

Election for OSMA Secretary-Treasurer

Vincent M. Gioia, MD, was elected to the office of Secretary-Treasurer of the OSMA by acclamation. Dr. Gioia addressed the House of Delegates.

Councilor for the even-numbered districts for a two-year term commencing April 2013:

Second District:	Evangeline C. Andarsio, MD, Dayton
Fourth District:	Anthony J. Armstrong, MD, Toledo
Sixth District:	Carl J. Foster, MD, Alliance
Eighth District:	John E. Lloyd, MD, Lancaster
Tenth District:	Andrew M. Thomas, MD, Columbus
Twelfth District:	Brian L. Bachelder, MD, Akron

Councilor of the Eleventh District to fill opening created by Saturday election of Mary J. Wall, MD, to President-Elect:

Harris S. Schild, MD, Sandusky (one-year term)

All councilors were elected by acclamation and stood to be recognized.

Delegates to the American Medical Association to serve terms commencing January 1, 2014 and ending December 31, 2015. Five to be elected:

Louito C. Edje, MD, Maumee  
Gary R. Katz, MD, Columbus  
Molly K. Katz, MD, Cincinnati  
Richard N. Nelson, MD, Columbus  
Donna A. Woodson, MD, Maumee

Being only 5 candidates, Delegates were elected by acclamation and stood to be recognized.

Alternate Delegates to the American Medical Association to serve terms commencing January 1, 2014 and ending December 31, 2015. Of the six (6) candidates, the following four (4) were elected:

Denise L. Bobovnyik, MD, Canfield  
Richard R. Ellison, MD, Fairlawn  
Melissa S. Jefferis, MD, Columbus  
Carl S. Wehri, MD, Delphos

### **Reports of Resolutions Committees**

Resolutions Committee 1

Resolutions Committee 2

Resolutions Committee 3

The reports of the resolutions committees are attached to these proceedings.

### **Special Order of Business**

Mr. Brent Mulgrew announced that OSMA staff member Sharon Cordial will retire from the OSMA after 10 years of service. Ms. Cordial addressed the House of Delegates.

## **Passing of Gavel**

Dr. Kumar turned the meeting over to Dr. Nesbitt. Dr. Nesbitt announced the 2014 Annual Meeting would be held April 4-6, 2014

## **Adjournment**

The 2013 House of Delegates adjourned sine die at 12:53 pm.

Respectfully submitted,  
Vincent M. Gioia, MD  
OSMA Secretary/Treasurer

## **Report of Resolutions Committee 1**

Presented by, Lisa B. Egbert, MD, Chair, Montgomery County

## **Resolution No. 01-13 Council Restructuring**

**RESOLVED**, That the OSMA Council be comprised of 21 elected Councilor seats delineated as follows:

### Geographic districts

Eight of the 21 Council seats represent 8 geographic districts that align approximately around physician referral patterns in the following contiguous counties.

- 1) District 1: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, Warren
- 2) District 2: Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble
- 3) District 3: Allen, Auglaize, Crawford, Defiance, Hancock, Hardin, Henry, Logan, Marion, Mercer, Paulding, Seneca, Shelby, Van Wert, Wood, Wyandot
- 4) District 4: Erie, Fulton, Huron, Lucas, Ottawa, Putnam, Sandusky, Williams
- 5) District 5: Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Wayne
- 6) District 6: Ashtabula, Columbiana, Holmes, Mahoning, Portage, Stark, Summit, Trumbull
- 7) District 7: Delaware, Fayette, Franklin, Knox, Licking, Madison, Morrow, Pickaway, Richland, Union
- 8) District 8: Athens, Belmont, Carroll, Coshocton, Fairfield, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, Washington

### At-large seats

Six of the 21 Council seats represent the various physician demographic or organizational needs to be determined by the Committee on Nominations. The committee shall then present these needs as they solicit and consider statewide nominations in developing a slate of candidates to number at least one more than the seats to be filled and to be elected at-large by the House of Delegates.

### Officers

Four elected officers designated as president, president-elect, past president and treasurer as defined and authorized in Article VII of the OSMA Constitution and Chapter 5 of the Bylaws.

### OMSS, MSS and RFS

The Organized Medical Staff Section, Medical Student Section and Resident and Fellows Section Councilors to be elected as authorized in Article VII of the OSMA Constitution and Chapters 4, 6 and 7 of the Bylaws; and, be it further

**RESOLVED**, That all elected Council members shall have the right to vote; and, be it further

**RESOLVED**, That the current ad hoc, non-voting seats on the OSMA Council that were added in 2011 be eliminated; and, be it further

**RESOLVED**, That for purposes of transitioning to the new Council structure, the changes proposed in this resolution go into effect for Councilor elections at the 2014 House of Delegates meeting provided that for the 2014 councilor elections, ½ of the council seats will be elected for a one year term and ½ of the council seats will be elected for two year terms. Thereafter, all council seats, except the Medical Student Section and Resident and Fellows Section seat, will be elected for two year terms subject to a maximum of three terms as set forth in the OSMA Constitution and Bylaws Chapters 5 & 6. The Medical Student Section and Resident and Fellow Section councilors will be elected for one year terms subject to a maximum of three terms; and, be it further

**RESOLVED**, That for the 2014 transition year, odd numbered geographic district seats, three at large seats and the Resident and Fellows Section (RFS) and Medical Student Section (MSS) seats shall be elected for a one year term and the even numbered geographic district seats, three at large seats and the Organized Medical Staff Section (OMSS) seat will be elected for a two year term. In 2015, the odd numbered geographic districts seats and at large seats that were initially elected in 2014 for a 1 year term will be up for election again for election to a full two year term. Thereafter, ½ of the geographic district and at large elected council seats will be up for election each year alternating as described in this paragraph. The RFS and MSS seats will be up for election each year; and, be it further

**RESOLVED**, That the OSMA Bylaws be amended as follows to revise the composition and duties of the House of Delegates Committee on Nominations as stated in Chapter 5 of the Bylaws:

## **CHAPTER 5 NOMINATION AND ELECTION OF OFFICERS**

**Section 1. Committee on Nominations.** Except for selections made in 2014 as stated in the next paragraph below, the Committee on Nominations shall consist of eight members including the OSMA President, the OSMA President-elect and six additional members appointed by the OSMA President and approved by the Council. The President shall appoint the chair of the Committee. The President and President-elect serve on the Committee on Nominations during his or her term of office. Other committee members shall serve not more than one, three-year term with two new members rotating on each year.

In 2014, the initial transition year to a newly structured Committee on Nominations, the OSMA President will appoint two members to the committee to serve one, three year term. The House of Delegates will elect four members, two to serve one, two year term and two to serve one, one year term. In 2015, the OSMA President will appoint two members to serve one, three year

term. For all subsequent years, the OSMA President will appoint two individuals each year to serve one, three year term.

The Committee on Nominations shall report to the House of Delegates a ticket containing the name of one (1) or more members for each of the offices to be filled at that Annual Meeting, except that of President-Elect. Each nominee must have a majority vote of the Committee in order to be placed on the ticket for presentation to the House of Delegates except that the Committee shall accept the nominees named by the geographic councilor districts, the Organized Medical Staff Section, the Resident and Fellows Section and the Medical Student Section and the Committee shall not alter or add to these district or section nominations. Each nominee for Councilor from a geographic district must be a resident of the Councilor District for which that nominee for Councilor is nominated. Six council seats, officers and Delegates and Alternate Delegates to the American Medical Association shall be elected at large. Each year the Committee on Nominations shall recommend nominees for three at large seats. The Committee on Nominations may recommend more than three candidates for the at large seats to be filled; however, not more than two at large delegates can reside or practice in the same Councilor geographic district. In the event that the House of Delegates nominates an at large candidate from the floor creating a situation where there are three at large candidates from the same geographic district and all three are among the top vote getters, the top two vote getters who are in the same geographic district will be elected, the lowest vote getter will be dropped and the candidate who is not from the same geographic district and who has the next highest number of votes will be elected.

All nominees shall meet qualifications set forth in the OSMA bylaws. Additionally, the Committee on Nominations shall determine candidate selection criteria for at large council positions that may include, but are not limited to, diversity, experience, engagement with organized medicine, experience with strategic planning, physician practice demographics, physician practice settings, current organizational needs, House of Delegates input, OSMA staff input and individual physician self-selection. The precise selection criteria may vary year to year to reflect the current needs of the OSMA. The Committee on Nominations makes the final determination about the selection criteria it will use in any given year and shall inform the House of Delegates of the selection criteria used. The Committee on Nominations shall also determine how best to solicit the candidates it will recommend to the House of Delegates.

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#### **Section 4. Nomination and Election of Councilors at the House of Delegates.**

Nominations for Councilors shall be made by the Committee on Nominations at the first session of the House of Delegates. However, for geographic district or section councilor seats, only those candidates may be nominated whose names have been filed with the Committee on Nominations through the office of the Executive Director by the caucus of that district's or section's Delegates prior to the opening of the House of Delegates. Compliance with the foregoing filing requirement may be waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at the opening session of such meeting **and, be it further**

....

**RESOLVED**, that Article VII of the Constitution be amended to change the composition of the OSMA Council as follows:

## **ARTICLE VII THE COUNCIL**

The Board of Trustees (referred to herein as “the Council”) shall consist of one (1) Councilor from each geographical Councilor district, six (6) Councilors elected at large by the House of Delegates, one (1) member from the Organized Medical Staff Section, one (1) member from the Resident and Fellows Section, one (1) Student Member from the Medical Student Section and the other elected Officers of this Association. The Council shall be the executive body of the Association and shall have the complete custody and control of all funds and property of the Association and shall have and exercise full power and authority of the House of Delegates between meetings of the House of Delegates.

**By official action, the House adopted Resolution No. 01-13.**

### **Resolution No. 02-13 Geographic Representation of Warren County by District Two**

**RESOLVED**, The 2013 Ohio State Medical Association (OSMA) House of Delegates shall determine that Warren County will geographically be included in District Two; and, **be it further**

**RESOLVED**, If the 2013 House of Delegates cannot decide on the geographic representation of Warren County at this 2013 OSMA Annual Meeting, the geographic representation of Warren County should be determined by a majority of the physicians residing in Warren County. All Warren County physicians should be polled by the OSMA to ascertain their preference as to which OSMA District should represent them, and the results of such polling shall be conclusive.

**By official action, the House rejected Resolution No. 02-13.**

### **Resolution No. 03-13 Adoption of a New Mission Statement for the Ohio State Medical Association**

**RESOLVED**, That the Ohio State Medical Association replace the current mission statement by adopting a new mission statement that states “The Ohio State Medical Association (OSMA) is a statewide organization dedicated to empowering physicians, residents and medical students to advocate on behalf of their patients and profession.”

**By official action, the House referred Resolution No. 03-13 to Council for Action.**

### **Resolution No. 04-13 Discount for Ohio State Medical Association Dues**

**RESOLVED**, That the Ohio State Medical Association shall offer, through December 31, 2014, discounted membership dues to all American Association of Physicians of Indian Origin (AAPI) and Association of Indian Physicians of Ohio (AIPO) chapters of Ohio members that join through their state and/or regional chapters when the organizations are successful in recruiting members into the OSMA. The discount is prorated as per the following table based on their

success of recruiting members into OSMA:

<b>% of Recruited Members of the Chapter</b>	<b>% of Discount of Membership Dues</b>
Up to 50%	10% Discount
51-70%	20% Discount
71-90%	30% Discount
91-99%	40% Discount
100%	50% Discount

**By official action, the House rejected Resolution No. 04-13.**

**Resolution No. 05-13**

**New Education Loan Repayment Program for Ohio Physicians**

**RESOLVED**, That our Ohio State Medical Association establish and support legislation creating a state-sponsored financial entity that incentivizes public and private financial institutions to participate in a medical education debt repayment program for all Ohio physicians working in underserved and/or academic settings. Provisions of such a program would include: (1) Eligibility for the program based on an application, which must be re-submitted annually to remain eligible; (2) The definition of “academic setting” must include some meaningful participation in medical student, resident, or fellow training; (3) A health professional shortage area (HPSA), as defined by the Health Resources and Service Administration, be considered to serve as the definition of “underserved;” (4) The loans of eligible physicians will be purchased by the financial institutions participating in the medical education debt repayment program and accrue interest at the rate of inflation with a cap of 50% of the current graduate/professional Federal Stafford loan interest rate; and (5) Eligible physicians will be offered extended repayment periods of at least 20 years.

**By official action, the House referred Resolution No. 05-13 to Council for Action.**

**Resolution No. 06-13**

**Crafting Innovative Ways of Funding Graduate Medical Education**

**RESOLVED**, That our Ohio State Medical Association support legislation to convene a state based task force of key stakeholders, to include representatives from private business enterprises such as health insurance companies, private practice physicians, members of the general public, and academic medical center employees to study current graduate medical education (GME) financing in Ohio and investigate creative alternatives for GME funding that rely less on federal resources.

**By official action, the House adopted Resolution No. 06-13.**

**Resolution No. 07-13**  
**Support for Physician led Patient-Centered Medical Home**

**RESOLVED**, That the Ohio State Medical Association encourages the formation and ongoing support of physician led patient-centered medical homes by calling for insurance providers to (1) recognize and reimburse the staffing needed for a medical home and (2) increase reimbursements for primary care physicians.

**By official action, the House adopted Resolution No. 07-13.**

**Resolution No. 08-13**  
**Support for More Primary Care Physicians**

**RESOLVED**, That the Ohio State Medical Association take steps to increase the number of medical students and residents going into primary care by calling for an increase in the number of residency positions in primary care.

**By official action, the House adopted Resolution No. 08-13.**

**Resolution No. 09-13**  
**Abolishing Loss of Chance**

**RESOLVED**, That the Ohio State Medical Association make every effort to advocate to the Ohio General Assembly to abolish the “Loss of Chance” doctrine.

**By official action, the House adopted Resolution No. 09-13.**

**Resolution No. 10-13**  
**Mandatory Mediation for a Pre-Suit Medical Malpractice Agreement**

**RESOLVED**, That our Ohio State Medical Association (OSMA) advocate for and create legislation modeled off other states’ practices of requiring or incentivizing the use of pre-suit mediation for malpractice claims; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association advocate for regulatory support that settlements made through pre-suit mediation not be reportable to the National Practitioner Data Bank.

**By official action, the House rejected Resolution No. 10-13.**

**Resolution No. 11-13**  
**Oppose the Criminalization of Medical Statements**

**RESOLVED**, The Ohio State Medical Association (OSMA) opposes the criminalization of mistakes made by physicians in medical records, operative notes, and coding in the absence of any proven billing fraud.

**By official action, the House adopted Resolution No. 11-13.**

**Resolution No. 12-13**

**Advocating for Public Education for the Use of Appropriate Health Care Resources**

**RESOLVED**, That the Ohio State Medical Association support public education initiatives addressing the effective and efficient use of health care resources.

**By official action, the House adopted Resolution No. 12-13.**

**Resolution No. 13-13**

**Adolescent Pregnancies**

**RESOLVED**, That the Ohio State Medical Association (OSMA) support initiatives to reduce the incidence of adolescent pregnancies.

**By official action, the House adopted Resolution No. 13-13.**

**Resolution No. 14-13**

**The Obesity Epidemic and Patient Accountability**

**RESOLVED**, That the Ohio State Medical Association work with appropriate agencies (i.e., Ohio Department of Health, Ohio Department of Insurance, hospital organizations etc.), through a work group or task force, to create model policy and programming that aims to:

1. Educate the public regarding the risks of obesity;
2. To incentivize the population to become accountable for their health; and
3. Design effective insurance incentive programs in a manner that encourages subscribers to adopt healthy lifestyle habits which decrease obesity.

**By official action, the House referred Resolution No. 14-13 to Council for Action.**

**Resolution No. 15-13**

**Concussion Care**

**RESOLVED**, That the Ohio State Medical Association (OSMA) advocate that all schools, teams at all levels of sport, referees, and coaches receive standardized training and education on the diagnosis of concussions, the long term impact of concussions, and the management of youth who have suffered a concussion; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association encourage organized sports teams educate parents and guardians of their players on the diagnosis, treatment, and risks of concussions, as well as provide access to educational tools regarding concussion management; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association recommend that any athlete who is suspected of having suffered a concussion be removed from play for that game and that day

until formally cleared by a qualified healthcare provider; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association encourage all athletes to pledge at the start of any training that they will report to the coaching staff any injury that raises the suspicion of having had a concussion; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association encourage the use of a baseline neurologic test to be easily applied prior to a season so that youth with a suspected injury can be definitively assessed as impaired or defined as having recovered; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association require that all youth who have suffered a concussion be cleared in writing by an appropriate healthcare physician before return to play.

**By official action, the House referred Resolution No. 15-13 to Council for Action.**

**Resolution No. 47-13  
Protection of Employed Physicians' Rights**

**RESOLVED**, That the OSMA will monitor and respond as appropriate to situations causing a negative impact on patients or physicians as a direct result of physician employment.

**By official action, the House adopted Resolution No. 47-13.**

**Report of Resolutions Committee 2  
Presented by, Walter A. Reiling, III, MD, Chair, Montgomery County**

**Resolution No. 16-13  
Maintenance of Certification and Licensure vs. Board Certification, Continuing Medical Education and Lifelong Commitment to Learning**

**RESOLVED**, That the Ohio State Medical Association (OSMA) insists that lack of Specialty Board Certification does not restrict the ability of the physician to practice medicine in Ohio.

**By official action, the House adopted Resolution No. 16-13.**

**Resolution No. 17-13  
Physicians Caring for Family Members**

**RESOLVED**, That the Ohio State Medical Association (OSMA) support non-interference with appropriate patient care even when a patient or potential patient is a family member or significant other.

**By official action, the House adopted Resolution No. 17-13.**

**Resolution No. 18-13**

## **Transparency, Fairness and Abiding to Laws at the State Medical Board of Ohio**

**RESOLVED**, That the Ohio State Medical Association (OSMA) pursue legislative measures to insure membership and employees of the State Medical Board be afforded the same level of disclosure in the minutes of the SMBO as those afforded physicians, regarding investigation, allegation and penalties and in the interest of transparency, accountability and integrity of the SMBO; and, be it further

**RESOLVED**, That the OSMA actively pursue state legislation and policy to mandate any and all internal SMBO investigations of any member, at any level of duty, especially any physician member, be made immediately public in the minutes of the SMBO, as does not directly compromise SMBO integrity, state law or function; and, be it further

**RESOLVED**, That the OSMA advocate to the office of the Governor and Inspector General the review of the FSMB Federation Credentials Verification Service (FCVS) to determine that use of the FCVS by the State Medical Board of Ohio does not cause excessive costs, impediments or waste to physicians seeking licensure in Ohio; and, be it further

**RESOLVED**, that the OSMA request that Governor Kasich initiate a review of the actions of the State Medical Board of Ohio and its Board members with respect to the Board's interactions with the Federation of State Medical Boards and take appropriate action if warranted; and, be it further

**RESOLVED**, That the OSMA pursue legislation/policy to impose annual formal education of all SMBO members and employees upon the issue of conflict of interests, including discussion of any concerns from the prior 2 years and central declaration of any and all current or pending conflicts/concerns within the offices of the SMBO under the direct responsibility of the Executive Director of the SMBO and the Ethics Commission of the State of Ohio.

**By official action, the House rejected Resolution No. 18-13.**

### **Resolution No. 19-13 State Medical Board of Ohio Executive Director**

**RESOLVED**, That the Ohio State Medical Association (OSMA) adopt a position that no attorney shall serve as executive director of the State Medical Board of Ohio (SMBO).

**By official action, the House rejected Resolution No. 19-13.**

### **Resolution No. 20-13 State Medical Board of Ohio Notification to Employers of Physicians**

**RESOLVED**, That the State Medical Board of Ohio add employment status with correct and updated employer contact data to each individual physician's data profile; and, **be it further**

**RESOLVED**, That any communication sent from the State Medical Board of Ohio to an employed physician should be copied to the employer of that physician.

**By official action, the House rejected Resolution No. 20-13.**

**Resolution No. 21-13**  
**Decrease in Medical License Renewal Fee in the State of Ohio**

**RESOLVED**, That the Ohio State Medical Association adopts a position that physicians in the state of Ohio should not be charged more than massage therapists and physician assistants for medical license renewal fees in the state of Ohio.

**By official action, the House rejected Resolution No. 21-13.**

**Resolution No. 22-13**  
**Maintain Access to Continuing Medical Education**

**RESOLVED**, That the Ohio State Medical Association investigate ways of streamlining the accreditation process and reducing the costs for granting American Medical Association (AMA) Category 1 Continuing Medical Education (CME) credit.

**By official action, the House adopted Resolution No. 22-13.**

**Resolution No. 23-13**  
**Physician Assistants and Nurse Practitioners in the State of Ohio**

**RESOLVED**, That the Ohio State Medical Association (OSMA) review the defined current scope of practice for physician assistants and nurse practitioners in Ohio to determine to what extent such licensees may indeed be practicing in a manner inconsistent with the physician assistant supervisory plans approved by the State Medical Board of Ohio, or the collaboration arrangements for nurse practitioners required by statute, and whether changes in such practices are warranted; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association seek to protect patients' rights to be treated by a physician in lieu of the physician assistant or nurse practitioner, if such request is made.

**By official action, the House referred Resolution No. 23-13 to Council for Action.**

**Resolution No. 24-13**  
**Clear Identification of Degrees for Health Care Providers**

**RESOLVED**, That our Ohio State Medical Association request that the Ohio State Medical Board and the Ohio State Board of Nursing discourage Physician Assistants and Nurse Practitioners from allowing patients to refer to them as "doctors," if they do not have a doctorate degree, and penalize them for allowing this misconception to be perpetuated.

**By official action, the House referred Resolution No. 24-13.**

**Resolution No. 26-13**

## **Virtual Pharmacy Server as an Adjunct to Ohio Automated Rx Reporting System and Reporting of Information to OARRS**

**RESOLVED**, That our Ohio State Medical Association work with the Ohio Board of Pharmacy (OBP) to improve the prescription monitoring program to achieve the following goals:

- To develop a system whereby only the address of the practice location/hospital system where the prescription was written is reported.
- That the OBP utilize a central secure "server" to handle all prescriptions being reported to the OARRS database, such that the information flow process resemble the following: Eprescription → Central secure server → Pharmacy filling prescription marks prescription as "in process" when patient requests prescription be filled. (No other pharmacy can access rx at this point, to avoid duplicate prescriptions → Pharmacy marks prescription as "complete" once the patient picks up the prescription.)

**By official action, the House rejected Resolution No. 26-13.**

## **Resolution No. 27-13**

### **Establishing Standards for State Prescription Drug Monitoring Programs**

**RESOLVED**, That our Ohio State Medical Association (OSMA) work with the Ohio State Board of Pharmacy to identify inefficiencies in Ohio Automating Rx Reporting System (OARRS) and solutions to these inefficiencies; and, **be it further**

**RESOLVED**, That our Ohio State Medical Association work with the Ohio State Board of Pharmacy to establish Prescription Drug Monitoring Program (PDMP) standards describing an ideal PDMP system which may serve as a guide for all states in establishing or refining their own PDMP systems; and, **be it further**

**RESOLVED**, That our Ohio State Medical Association (OSMA) report these standards back to the OSMA annual meeting in 2014; and, **be it further**

**RESOLVED**, That a resolution be forwarded to the American Medical Association (AMA) House of Delegates and Medical Student Section to disseminate the Prescription Drug Monitoring Program (PDMP) standards developed by Ohio in 2013 to all states and encourage the AMA to increase interstate operability of PDMP systems.

**By official action, the House referred Resolution No. 27-13 to Council for Action.**

## **Resolution No. 28-13**

### **Organ Donation Consent**

**RESOLVED**, That the Ohio State Medical Association supports and encourages the development of Ohio "opt out" legislation that would require persons applying for or renewing their Ohio driver's license or state ID be asked if they "decline to give or receive the gift of organs, tissues, or eyes upon your death for any purpose allowed by law." If the person does not decline then they would be giving legal consent to organ, tissue or eye donation upon death.

If the person does decline then they would not be an organ donor and family members should not be able to override that decision.

**By official action, the House rejected Resolution No. 28-13.**

### **Report of Resolutions Committee 3**

Presented by, Harris S. Schild, MD, Chair, Lorain County

#### **Resolution No. 29-13**

##### **Filling the Funding Gap for Medicaid to Allow Reasonable Reimbursements**

**RESOLVED**, That our Ohio State Medical Association supports expanding Ohio's Medicaid program under the Affordable Care Act, including the provision of additional state expenditures, if necessary, to ensure adequate funding; and, **be it further**

**RESOLVED**, That a sliding scale income based co-pay should be required for Medicaid services, where the minimum co-pay is a sum greater than zero.

**By official action, the House referred Resolution No. 29-13 to Council for Action.**

#### **Resolution No. 30-13**

##### **Medicaid Expansion in Ohio**

**RESOLVED**, That the OSMA rescind its support for expansion of the Medicaid program in Ohio as called for by the Affordable Care Act.

**By official action, the House rejected Resolution No. 30-13.**

#### **Resolution No. 31-13**

##### **Obligations of Insurance Companies of Full Payment of the Rate Schedule**

**RESOLVED**, That the Ohio State Medical Association (OSMA) work to develop model contract language to be used by a third party in insurance companies' contracts that encourages insurance companies to assist health care providers in securing full payment of allowed charges from health plan enrollees of the insured companies; and, **be it further**

**RESOLVED**, That any dismissal from an insurance carrier immediately makes the enrollee personally responsible for the entire fee not the negotiated fee schedule; and, **be it further**

**RESOLVED**, That the OSMA support health care providers in leveling the playing field of third party payer contracts that obligate providers to a promised reimbursement that may not be fully delivered by insurance companies and their health plan participants.

**By official action, the House rejected Resolution No. 31-13.**

#### **Resolution No. 32-13**

## **Mandate Creation of Oversight Panel for Health Insurance Carriers**

**RESOLVED**, That the Ohio State Medical Association give a high legislative priority toward the reintroduction and passage of a bill which mandates the “development of an independent healthcare panel, including physician representation, to oversee health insurance carrier practices and policies,” for the protection of Ohio patients and to reduce the unfair burden of overcoming roadblocks to care currently placed on physicians.

**By official action, the House adopted Resolution No. 32-13.**

## **Resolution No. 33-13**

### **Patient Steerage by Quality Measures**

**RESOLVED**, That patient steerage by insurers to lower cost services must be based on established and verifiable national quality measures that are physician developed; and, **be it further**

**RESOLVED**, That economic comparisons of health care providers be transparent to all involved with no kickbacks to patients nor facilities be provided to encourage low bid services or their use; and, **be it further**

**RESOLVED**, That insurance carriers formally discuss at an appropriate peer level with patients and their ordering physician of any potential switch of testing or treating facility and consider medical decision making that may influence a physician’s choice of a particular testing or treating facility for their patient; and, **be it further**

**RESOLVED**, that insurance carriers notify the originally scheduled imaging provider AND THE REFERRING PHYSICIAN AT LEAST 24 hours prior to any change in service venue. If a change in service venue occurs, they must contact the original servicing health care facility within the next business day, and, **be it further**

**RESOLVED**, That the Ohio State Medical Association will monitor insurance carriers’ compliance with referrals based on quality indicators, will identify unethical insurance carrier practices, and will refer inappropriate economic steerage to the Ohio Department of Insurance.

**By official action, the House adopted Resolution No. 33-13.**

## **Substitute Resolution No. 34-13**

### **Patient Satisfaction Surveys not Valid as Reimbursement Criteria**

**RESOLVED**, That when quality criteria are used as a measure to determine reimbursement for physician services, that only those quality parameters be used that are in the direct control of the physician, such as tests or treatment ordered, or appropriate patient education performed; and, be it further

**RESOLVED**, That if or when subjective quality criteria are utilized, such as patient satisfaction surveys, that such information should be used only as an adjunctive and not a determinative measure of physician quality for the purpose of physician reimbursement; and **be it further**

**RESOLVED**, THAT THE OHIO DELEGATION TO THE AMERICAN MEDICAL ASSOCIATION (AMA) TAKE THIS RESOLUTION TO THE AMA ANNUAL MEETING.

**By official action, the House adopted Substitute Resolution No. 34-13.**

**Resolution No. 36-13**

**Peer Review by Specialists with Knowledge of the Situation under Review**

**RESOLVED**, That our Ohio State Medical Association (OSMA) take the position that, AT THE REQUEST OF THE TREATING PHYSICIAN, ANY reviews for medical necessity requiring physician phone calls should be conducted by physicians who are in the same specialty as the treating physician or who have the clinical ~~background~~-EXPERTISE to make an informed review of the request; and, **be it further**

**RESOLVED**, that our OSMA insist that the review for medical necessity process be timely, courteous, and respectful of the treating physician's work schedule.

**By official action, the House adopted Resolution No. 36-13.**

**Resolution No. 37-13**

**Recovery Audit Contractor Audits**

**RESOLVED**, That the Ohio State Medical Association encourage physicians to judge healthcare companies based on the presumption of innocence; and, **be it further**

**RESOLVED**, That the OSMA work to give the Ohio Department of Insurance (ODI) the right to review the conduct of the Recovery Audit Contractor auditor. The OSMA will encourage ODI to be diligent in its monitoring of their behavior, and if found overly aggressive without proof of fraud, can find the auditor liable for the cost of the audit; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association will insist on clear and indisputable evidence of deliberate malfeasance and fraud before punitive damages are brought on healthcare providers who work within a maze of regulations to provide needed health care to their patients.

**By official action, the House referred Resolution No. 37-13 to Council for Action.**

**Resolution No. 38-13**

**Elimination of "Gotcha" Criteria for Recovery Audit Contractors**

**RESOLVED**, That our Ohio State Medical Association take the position that clerical issues which have nothing to do with medical necessity or standard of care should not be used to deny a hospital admission; and, **be it further**

**RESOLVED**, That the Ohio Delegation to the American Medical Association (AMA) take this resolution to the AMA annual meeting.

**By official action, the House referred Resolution No. 38-13 to Council for Action.**

**Resolution No. 39-13  
Audit Overpayments**

**RESOLVED**, That the Ohio State Medical Association (OSMA) work to ensure that insurance companies can only seek reimbursement for medical claims within one year unless fraud or misrepresentation is present; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association work to ensure that insurance companies must accept claims within one year of provision of service without penalty; and, **be it further**

**RESOLVED**, That when interest is charged to the physician on overpayment of a given claim, then the Ohio State Medical Association work so that the physician can charge and be paid an equivalent interest rate on underpayment of claims; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association will support health care providers who have acted in good faith in providing services with a valid contract.

**By official action, the House adopted Resolution No. 39-13.**

**Resolution No. 40-13  
Ohio Department of Job and Family Service Medicaid Relative Value Scale Payment Modifier**

**RESOLVED**, That the Ohio State Medical Association make every effort to eliminate the use of an adjustment modifier in setting Relative Value Scale (RVS) payment rates by the Ohio Department of Job and Family Services; and, **be it further**

**RESOLVED**, That Ohio delegation to the American Medical Association advocate the elimination of the use of an adjustment modifier in setting Relative Value Scale (RVS) payment rate for national educational consideration at its next meeting.

**By official action, the House referred Resolution No. 40-13 to Council for Action.**

**Resolution No. 41-13  
Identifying Chemicals Used by the Oil and Gas Industry as Part of Hydraulic Fracturing**

**RESOLVED**, That the Ohio State Medical Association advocate for provisions in Ohio state law that would allow doctors, first responders, emergency agencies, and the Local Emergency Planning Commission in each county to obtain the needed information on all chemicals located at an oil or gas exploration well pad, including hydraulic fracturing.

**By official action, the House adopted the above portion of Resolution No. 41-13.**

**Resolution No. 41-13 continued:**

These provisions would include:

- 1) Require the company managing/owning the well pad to report all chemicals to be present on each hydraulic fracturing well pad for any use to the Local Emergency Planning Commission (LEPC)<sup>4</sup> in the county or counties in which a pad is located, before the chemicals arrive on the well pad<sup>5</sup>.
- 2) Require that when identifying the chemicals to be sent to the pad, the exact chemical name and Chemical Abstracts System number for every chemical including "trade secret" chemicals would be divulged to the LEPC along with the address and exact Global Positioning Systems coordinates of the well pad to which they were going.
- 3) Allow physicians, veterinarians, ambulance personnel, and other first responders to apply to the LEPC when they have a need to know what chemicals were used at a specific well in order to treat a patient, or respond to an emergency involving a patient or the public.
- 4) Have a significant fine for each chemical found on a well pad when inspected that is not on the list in the possession of the LEPC of the county or counties in which the well pad is located. A larger fine would be assessed for each unlisted chemical found at a well pad which has had an accident (fire, explosion etc) or incident requiring fire fighters or Hazmat personnel, ambulance personnel or the services of the LEPC.

**By official action, the House referred the above portion of Resolution No. 41-13 to Council for Action.**

#### **Resolution No. 42-13 Electronic Health Records Surveillance**

**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.

**By official action, the House adopted Resolution No. 42-13.**

#### **Resolution No. 43-13 Webcam Patient Encounters**

**RESOLVED**, That Ohio State Medical Association meet with WellPoint and ensure that WellPoint is completely aware of and acting within the boundaries of the regulatory rules in the

state of Ohio in relationship to telemedicine to ensure appropriate patient care for the people of Ohio.

**By official action, the House adopted Resolution No. 43-13.**

**Resolution No. 44-13  
Guidelines for Personal Electronic Device Medical Applications**

**RESOLVED**, That the Ohio State Medical Association ask the American Medical Association to review and make any recommendations as deemed appropriate on the subject of personal electronic device applications (PED apps) which are intended to be marketed for use by the general public to ensure that reasonable guidelines and systems of control are in place to assure demonstrated product safety and efficacy and to protect patients' use of such apps in the absence of physician oversight.

**By official action, the House adopted Resolution No. 44-13.**

**Resolution No. 45-13  
Sunset Report**

***Note: the following report shows only policies retained by the HOD for years 1992-2009. See the 2013 Report of Resolutions Committee 3 for a list of items not retained.***

**Resolution 11 – 1992  
Recommended Standards for Private (For-Profit) Quality Review**

RESOLVED, That private review organizations:

1. Guarantee the authenticity of their data before initiating review;
2. Use review physicians of the same specialty;
3. Have a mechanism to report and correct poor quality data and review.

**Resolution 12 – 1992  
Peer Review Process**

RESOLVED, That the peer review process eliminate the punitive aspects of the system except for the most egregious problems; and, be it further

RESOLVED, That all initial peer review decisions allow for rebuttal and discussion; and, be it further

RESOLVED, That all review criteria including generic quality screens, and directives emanating from the peer review process be made publicly known and sent to all practitioners of medicine for their review and response; and, be it further

RESOLVED, That the peer review include a physician advocacy system that will diligently uphold the difference of opinion or philosophy before any assignment of quality points are determined.

**Resolution 19 – 1992**  
**Third-Party Payor Denials**

RESOLVED, That the Ohio State Medical supports that a hospital stay denial by an insurance carrier include the specific date of denial and the medical reasons as to why the stay was denied on that date by the carrier.

**Resolution 26 – 1992**  
**Long-Term Prescriptions**

RESOLVED, That the Ohio State Medical Association encourages insurance companies and other third-party payers to inform their policyholders, enrollees, or beneficiaries that long-term prescribing may not be appropriate for some medical conditions and is solely at the discretion of the prescribing physician.

**Resolution 42 – 1992**  
**OSMA Delegates and Alternate Delegates to the AMA**

RESOLVED, That all candidates for election to either Delegate or Alternate Delegate to the AMA must make available to the Nominating Committee the following minimum information on an OSMA-approved form not to exceed one page in length:

1. Present professional activities:
  - a) patient care - time, location and employer
  - b) medical teaching - time, location and employer
  - c) research - time, location and employer
  - d) administration - time, location and employer
2. A listing of involvement with their hospital, county medical society, OSMA, AMA and specialty society, including committee involvement and offices held; and, be it further

RESOLVED, That the information regarding candidates be made available by OSMA to all Delegates and Alternate Delegates at the House of Delegates.

**Resolution 52 – 1992**  
**Organized Medicine's Role in Health Care Policy**

RESOLVED, That the American Medical Association (AMA) and the OSMA support negotiation of reimbursement, review of quality and appropriateness of care, review of the appropriateness of fees, and establishment of overall healthcare budgetary predictability; and, be it further

RESOLVED, That the OSMA support a specific exemption from anti-trust action for organized medicine in negotiations regarding fees and peer review.

**Resolution 28 – 1993**  
**Testing for Treatable Inborn Errors of Metabolism**

RESOLVED, That the Ohio State Medical Association supports the elimination of the religious exemption from testing for treatable inborn errors of metabolism which can result in

mental retardation or other disability.

**Resolution 31 – 1993**  
**Expert Witness Testimony**

RESOLVED, That the Ohio State Medical Association support the American Medical Association guidelines regarding medical expert testimony by physician witnesses in medical injury actions; and, be it further

RESOLVED, That the Ohio State Medical Association support any legislative proposals to strengthen qualifications for expert witnesses in Ohio.

**Resolution 34 – 1993**  
**Stipulation for Health-Care Reform II**

RESOLVED, That the confidential relationship between the physician and patient be preserved throughout the quality assurance process; and, be it further

RESOLVED, That the Ohio State Medical Association support efforts made in the current restructuring and reform of health care to encourage making utilization review in health care standardized and objective; and, be it further

RESOLVED, That the OSMA support efforts to require third parties to publish their criteria for utilization review for hospitals and physicians so that these criteria may be reviewed for their validity and appropriateness not only for utilization review purposes, but also to ensure that they further the goal of quality patient care; and, be it further

RESOLVED, That the OSMA support efforts to make the appeals process for denials of payment independent of the payer so that the inherent conflict of interest in the present process would be eliminated and dialogue and cooperation between physicians and payers would be encouraged.

**Resolution 43 – 1993**  
**Fee for Service**

RESOLVED, That the Ohio State Medical Association affirm the tradition and fundamental practice of fee for service; and, be it further

RESOLVED, That the OSMA oppose legislative health-care reform proposals that eliminate fee for service as a method of payment for physician services.

**Resolution 57 – 1993**  
**Preservation of Patient/Physician Relationship in a Managed-Care Setting**

RESOLVED, That the Ohio State Medical Association reaffirms the principles embodied in the Hippocratic Oath and Code of Medical Ethics that the physician sustain his/her role of patient advocate even if it should conflict with contractual agreements.

**Resolution 59 – 1993**  
**Tanning Parlor Education and Regulation Initiative**

RESOLVED, That OSMA develop a model public health regulation governing tanning parlors; and, be it further

RESOLVED, That OSMA encourage county medical societies to support adoption of a public health regulation governing tanning parlors by the board of health in their county; and, be it further

RESOLVED, That local boards of education be encouraged to include the hazards of exposure to UV light in this comprehensive health education curriculum.

**Resolution 75 – 1993  
Biomedical Research**

RESOLVED, That the OSMA is committed to the humane treatment of animals used in biomedical research and the pursuit of alternative methods of research when appropriate.

**Resolution 14 – 1994  
Hospice Care**

RESOLVED, That the Ohio State Medical Association (OSMA) recognizes the benefits of hospice for persons with life limiting illnesses and their families and encourages physicians to recommend hospice care when appropriate.

**Resolution 21 – 1994  
Uniform Recognition of CPT Codes by All Carriers**

RESOLVED, That the Ohio State Medical Association support legislation that would require all insurance companies conducting business within the state of Ohio to recognize and apply the CPT codes and appropriate modifiers, as written, if these codes are utilized in accordance with the AMA guidelines for CPT usage.

**Resolution 30 – 1994  
Increase in Number of Primary Care Physicians**

RESOLVED, That the OSMA support positive incentives such as shifting of more subsidies to primary care medical education programs, increasing reimbursement levels, tax abatements and loan repayment programs to attract greater numbers of primary care and rural physicians; and, be it further

RESOLVED, That the Ohio State Medical Association discourage the enactment of restrictive measures such as licensure limitations, quotas in medical education programs, or compulsory measures which are intended to influence the numbers of primary care physicians in Ohio.

**Resolution 41 – 1994  
Ohio State Medical Association Reporting Practices**

RESOLVED, That the Ohio State Medical Association provide members of the House of Delegates and separate county societies/districts with a report on actions referred to Council at the previous OSMA meeting prior to the opening of the House of Delegates.

**Resolution 43 – 1994**  
**Ohio State Medical Board**

RESOLVED, That the Ohio State Medical Association support limits on the length of time from citation to disposition by the State Medical Board; such time to be no longer than one (1) year; and, be it further

RESOLVED, That OSMA support limits on public disclosure of allegations until final disposition of the allegations by the State Medical Board.

**Resolution 48 – 1994**  
**Preservation of the Physician's Role as Patient Advocate**

RESOLVED, That the Ohio State Medical Association support the concept that the physician will continue to be free to act as the patient's advocate, and that this concept will be a fundamental principle in any major health-care legislation. The physician must be able to advise his or her patients to seek any potentially meaningful medical treatment, independently of whether the physician will thereby benefit or lose financially.

**Resolution 56 – 1994**  
**Bicycle Helmet Laws**

RESOLVED, That OSMA support legislation to require that all persons under the age of 18 years be required to wear a protective helmet while operating a bicycle anywhere in Ohio.

**Resolution 63 – 1994**  
**Health-System Reform**

RESOLVED, That the OSMA support only those proposed changes in our health-care system which are in the best interest of patients and which assure that all Americans continue to receive high quality medical care; and, be it further

RESOLVED, That the OSMA support the following principles: (1) All Americans shall have access to health insurance; (2) The right of patients to choose their physician freely; (3) The right of patients and their physicians to make medical decisions; and, be it further

RESOLVED, That the OSMA support the elimination of underwriting requirements which interfere with the establishment of small business pools; and, be it further

RESOLVED, That the OSMA support the elimination of pre-existing condition exclusions from health insurance contracts; and, be it further

RESOLVED, That the OSMA support guaranteed portability of health insurance; and, be it further

RESOLVED, That the OSMA support, for the medically indigent, the adoption of health insurance vouchers and/or tax credits as one of the mechanisms of providing them health-care coverage; and, be it further

RESOLVED, That the OSMA support both Medical Savings Accounts and Medical IRAs as

acceptable methods to fund health care; and, be it further

RESOLVED, That the OSMA support only those legislative health-care plans which include fee-for-service as a method of payment for physician services; and, be it further

RESOLVED, That the OSMA support the position that free competition and meaningful medical professional liability reform are the more effective ways to contain health-care costs rather than global budgets and spending caps.

**Resolution 71 – 1994**  
**Right to Balance Bill**

RESOLVED, That the Ohio State Medical Association work diligently toward insuring that any health-care plan adopted in Ohio, in order to preserve the quality of health care for Ohio citizens, allows physicians who have not contracted to do otherwise, to balance bill their patients for fees and portions of fees not paid by third parties, including government.

**Resolution 73 – 1994**  
**Changes in Taxation of Health-Care Premiums So That All Citizens Are Treated Equally**

RESOLVED, That the OSMA urge tax code changes so that the tax laws treat health-care expenses of all workers in the same manner, so that the deduction of health-care premiums should be totally disallowed or that all taxpayers should be able to deduct these expenses in an equitable manner.

**Resolution 74 – 1994**  
**Application of Health Plans to Elected Officials/Government Employees**

RESOLVED, That any health-care reform plan which excludes federal, state and local elected officials and federal, state and local employees and retirees is not acceptable to the Ohio State Medical Association.

**Resolution 76 – 1994**  
**Status of OMSS Representative of the Organized Medical Staff**

RESOLVED, That OSMA recommend that the organized medical staffs of hospitals in Ohio strongly consider specifying in their bylaws that the organized medical staff section representative is an elected position with a voting seat on the medical executive committee of that organized medical staff.

**Resolution 7 – 1995**  
**Right to Contract**

RESOLVED, That the Ohio State Medical Association affirm the right of patients and physicians to contract privately for medical services otherwise 'covered' under Part B on an individual case by case basis, on terms that are mutually agreeable to physician and patient alike, without requiring the patient to completely relinquish all Part B benefits for other medical services.

**Resolution 13 – 1995**  
**Privatizing Medicare**

RESOLVED, That the Ohio State Medical Association House of Delegates request AMA leadership to petition Congress to privatize Medicare including the use of the medical savings account concept by enacting appropriate enabling and necessary legislation.

**Resolution 14 – 1995  
Privatize Medicaid**

RESOLVED, That the leadership of OSMA continue to work with the appropriate legislative committees of the Ohio Legislature to draw up the enabling and proper legislation necessary for privatizing Medicaid including the use of the medical savings account concept.

**Resolution 18 – 1995  
Elimination of Contingency Fee**

RESOLVED, That the Ohio State Medical Association opposes financial reimbursement of attorneys being related to the outcome of medical malpractice cases.

**Resolution 24 – 1995  
Motorcycle Helmets**

RESOLVED, That the Ohio State Medical Association support mandatory safety helmet use by all motorcycle or motorized bicycle drivers and passengers.

**Resolution 26 – 1995  
HIV Testing of Pregnant Women**

RESOLVED, That the Ohio State Medical Association recommends routine HIV counseling and testing of pregnant women as a part of pre-natal care.

**Resolution 28 – 1995  
Physician Office Review by Third-Party Payers**

RESOLVED, That the Ohio State Medical Association support development of standardized criteria to be used in managed care contracts for reviewing physicians' offices and medical records.

**Resolution 39 – 1995  
Preservation of Association Historical Records, Artifacts and Memorabilia**

RESOLVED, That the OSMA encourage all county societies to preserve important historical records in their possession.

**Resolution 47 – 1995  
Equal Tax Treatment of Health Care Benefits**

RESOLVED, That the Ohio State Medical Association supports equal tax treatment of health-care benefits for all employers and individuals.

**Resolution 28 – 1996  
Breast Reconstruction Availability**

RESOLVED, That the OSMA supports access to breast reconstruction surgery for all women if they desire it, that access should be available regardless of timing in relationship to the onset of the deformity or absence of their breast, and that insurance carriers' coverage should not discriminate against the female breast for reconstructive coverage including symmetry operations on the opposite breast.

**Resolution 41 – 1996  
More Routine HIV Testing**

RESOLVED, That the OSMA strongly recommends more routine HIV testing especially young sexually active people.

**Resolution 11 – 1997  
Osteopathic and Allopathic Relations**

RESOLVED, That the OSMA continue to investigate possibilities for increased integration with state and local osteopathic physician organizations and with individual osteopathic physicians with the goal toward developing mutually beneficial relationships to strengthen organized medicine statewide.

**Resolution 13 – 1997  
OSMA Conflict of Interest Policy**

RESOLVED, That the OSMA utilize a conflict of interest policy that will pertain to all members of OSMA Council, elected officers of OSMA and AMA delegates; and, be it further

RESOLVED, That OSMA utilize an appropriate disclosure of potential conflicts of interest statement to be filed by all members of OSMA Council and candidates for office in the OSMA or AMA delegation.

**Resolution 26 – 1997  
Needle Electromyography**

RESOLVED, That the OSMA position is that needle electromyography is the practice of medicine.

**Resolution 28 – 1997  
Mandatory Topic-Specific Continuing Medical Education (CME)**

RESOLVED, That the Ohio State Medical Association oppose those portions of proposed legislation that include mandatory topic-specific CME requirements for Ohio physicians.

**Resolution 38 – 1997  
Opposition to “gag rules”**

RESOLVED, That the OSMA continue to support legislation that prohibits “gag rules” and financial incentives to physicians to limit access to care; and, be it further

**Resolution 48 – 1997  
Support Efforts to Encourage Medical Savings Accounts**

RESOLVED, That the OSMA continue to promote medical savings accounts by providing educational information regarding the benefits of medical savings accounts to physician members and the public; and, be it further

RESOLVED, That the OSMA continue to support making medical savings accounts available to people, including state and local government employees, and Medicare beneficiaries.

**Resolution 54 – 1997  
Youth Leadership Programs**

RESOLVED, That the OSMA encourage physicians to be involved with youth related leadership programs and activities in their communities.

**Resolution 9 – 1998  
Access and Parity of Mental Health Coverage**

RESOLVED, That the OSMA supports access and parity of mental health coverage as reflected in the following statements:

- 1) Treatment of mental health problems should be integrated as much as possible into other aspects of general healthcare.
- 2) Primary care physicians should have ongoing consultation available from and efficient referral access to expert mental health providers.
- 3) Health care coverage plans should include mental health benefits on parity with other general medical conditions for medically necessary treatment performed by accountable clinicians.
- 4) Health care plans that list providers will also list individual mental health care providers so that referrals can be made as a collaborative effort involving patients, referring physicians and mental health care clinicians.
- 5) Psychiatrists and non-psychiatrists be appropriately compensated for the psychiatric services they provide.

**Resolution 11 – 1998  
Prescription Equity for Contraceptives**

RESOLVED, That the OSMA support efforts to insure that, notwithstanding any provision of law to the contrary, each employer group health policy, contract, plan or agreement issued or renewed in the state of Ohio that provides prescription drug coverage, shall provide coverage for any FDA-approved prescriptive contraceptive drug or device, nor shall they impose any unusual co-payment, charge or waiting requirement for such drug or device.

**Resolution 12 – 1998  
Transmittal of OSMA Resolutions to the AMA**

RESOLVED, That the Ohio Delegation to the AMA may submit and/or co-sponsor resolutions to the AMA, with approval of Council, only if the timing reasonably precludes OSMA House of Delegates approval and provided no provision of such resolution(s) advocate a position contrary to current OSMA House of Delegates policy. In all instances where such a resolution is to be submitted or co-sponsored, that action must be approved by the OSMA

Council and reported to the OSMA House of Delegates at the next meeting of the full House.

**Resolution 13 – 1998**  
**Sponsorship of AMA Resolutions**

RESOLVED, That the Ohio Delegation to the AMA be entrusted to revise (without change of essential substance) when necessary the resolution(s) forwarded to the AMA with the intent of crafting each resolution to optimally promote its intent at the AMA; and, be it further

RESOLVED, That the Ohio Delegation to the AMA, unless specifically instructed otherwise, be permitted to hold, when deemed advisable, a resolution until the AMA Interim meeting in order to allow a more thoughtful and appropriate revision and to allow gathering and submission of pertinent supporting documentation.

**Resolution 34 – 1998**  
**Educating Students About the Hazards of Tanning**

RESOLVED, That the OSMA urge that each county medical society pass a resolution to work with the individual school districts and other schools in their county to educate students about the hazards of tanning and how to prevent skin cancer.

**Resolution 19 – 1999**  
**Protection of Physicians Rights to Corrective Action Provided in the Physician Health Plan Partnership Act**

RESOLVED, That the OSMA advocate against termination without cause when used to circumvent the intent of the Ohio Physician Health Plan Partnership Act with regard to physicians' rights to corrective action.

**Resolution 29 – 1999**  
**Tobacco Use Prevention**

RESOLVED, That the OSMA support the use of all funds received as a result of the state settlement with the tobacco industry for public health programs, and advocate for tobacco use prevention programs in Ohio.

**Resolution 30 – 1999**  
**Educating Students About the Hazards of Tanning**

RESOLVED, That the Ohio State Medical Association urge the American Medical Association to develop a nationwide program urging that county medical societies pass resolutions to work with the various schools in their county to include information in their health curriculum about the hazards of exposure to tanning rays.

**Resolution 45 – 1999**  
**Private Contracts and Part B Medicare**

RESOLVED, That members of the OSMA House of Delegates vote to request OSMA Council to petition Congress to permit other insurance companies to offer private health insurance to senior citizens who would prefer private contracts rather than Part B with Medicare

government contracts.

**Resolution 6 – 2000  
Strengthening of OSMAPAC**

RESOLVED, That the OSMA encourage OSMAPAC to continue its grassroots political efforts to help those candidates who are philosophically aligned with organized medicine's positions; and, be it further

RESOLVED, That members of the OSMA Alliance, OSMA physicians and concerned patients join together to participate in the OSMA's Physician Legislative Action Network (PLAN) program to work to identify those legislators and candidates who support the health and welfare for our patients; and, be it further

RESOLVED, That the OSMA encourage OSMAPAC to continue to identify key contact physician and alliance members in each district and assist these members in increasing electoral participation and in increasing level of financial political contributions.

**Amended Resolution 15 – 2000  
Emergency On-Call Payments to Physicians**

RESOLVED, That the OSMA reaffirm current policy such that physicians providing care in emergency settings will be appropriately reimbursed by the managed-care organization regardless of the physician's participation status with said managed-care organization; and, be it further

RESOLVED, That the OSMA support appropriate reimbursement for follow-up care by the initial treating physician for an appropriate time after the initial care if the patient so desires.

**Amended Resolution 16 – 2000  
Opposition to Mandatory Pill Splitting**

RESOLVED, That the OSMA take a position of active opposition to mandatory policies requiring patients to cut or break pills.

**Amended Resolution 25 – 2000  
Promote and Expand Medical Savings Accounts**

RESOLVED, The OSMA work with the AMA to continue to exert maximum political influence to remove present restrictions that are limiting utilization of Medical Savings Accounts, and should vigorously promote this form of health insurance.

**Amended Resolution 27 – 2000  
Improving Transfer of Patient Care**

RESOLVED, That the OSMA supports physician-to-physician communication prior to patient transfer from one health care institution to another, including skilled nursing facilities.

**Amended Resolution 29 – 2000  
Education to Prevent Teenage Pregnancy and Sexually Transmissible Diseases**

RESOLVED, That the OSMA adopt as policy, AMA policy H-420.983, *Education to Prevent Teenage Pregnancy and Sexually Transmissible Diseases*, which states that the AMA supports responsible sex education which includes: information on reproductive biology, accurate and understandable information on sexual abstinence, sexual responsibility, availability and reliability of contraceptives including condoms, alternatives in birth control, and other information aimed at prevention of pregnancy and sexual transmission of diseases.

**Amended Resolution 40 – 2000**  
**Payment for All Procedures Performed During a Single Patient Session**

RESOLVED, That the OSMA supports payment for each distinct service provided during a single patient session.

**Amended Resolution 52 – 2000**  
**Tax Relief for Health Insurance**

RESOLVED, That the OSMA and AMA should vigorously press for 100% tax relief for health insurance.

**Resolution 7 – 2001**  
**Support of Four Principles of Hand Awareness**

RESOLVED, That the Ohio State Medical Association endorse the Four Principles of Hand Awareness: (1) Wash your hands when they are dirty and before eating, (2) Do not cough into your hands, (3) Do not sneeze into your hands, and (4) Above all, do not put your fingers into your eyes, nose or mouth.

**Resolution 12 – 2001**  
**Forced Exclusive Physician Contracting**

RESOLVED, That Ohio State Medical Association opposes the practice of forced exclusive physician contracts.

**Resolution 22 – 2001**  
**Neutrality Regarding Emergency Contraceptive Pill**

RESOLVED, That the Ohio State Medical Association is neutral in regard to emergency contraception pills.

**Resolution 8 – 2002**  
**Medical Lawsuit Insurance Terminology**

RESOLVED, That the word "malpractice" be replaced with "medical lawsuit" in all references to malpractice insurance in Ohio State Medical Association writings and publications.

**Resolution 12 – 2002**  
**Emergency Contraception**

RESOLVED, That the Ohio State Medical Association work with the Ohio Hospital Association to assure that sexual assault victims are informed about the availability and

effectiveness of emergency contraception.

**Resolution 13 – 2002**  
**Maintain Privacy of Unfiled Lawsuits.**

RESOLVED, That the Ohio State Medical Association opposes the collection and use of information concerning threatened and unfiled malpractice complaints about physicians by health insurance companies for credentialing purposes.

**Resolution 17 – 2002**  
**Insurance Cards to Clearly Identify Co-Pays and Yearly Deductibles**

RESOLVED, That the Ohio State Medical Association supports a requirement that all third-party insurance identification cards display effective dates, the patient's co-pay for medical services, capitation status, and the annual deductible amounts.

**Resolution 30 – 2004**  
**Physician-Owned Health Care Facilities**

RESOLVED, That the Ohio State Medical Association supports physician-owned health care facilities.

**Resolution 31 – 2004**  
**Opposition to Economic Credentialing**

RESOLVED, That the Ohio State Medical Association opposes the use of economic criteria by hospital boards and healthcare delivery systems in the granting of hospital medical staff membership and privileges for licensed physicians to practice medicine.

**Resolution 1 – 2005**  
**Medicare Physician Payment Formula**

RESOLVED, That the Ohio State Medical Association work with the Ohio Congressional Delegation to enact or actively support legislation repealing Medicare's sustainable growth rate reimbursement formula and replacing it with a system where updates are based on an assessment of increases in practice costs, adequacy of payment rates, and beneficiaries' access to care.

**Resolution 2 – 2005**  
**Federal Medical Liability and Patient Safety Reform**

RESOLVED, That Ohio State Medical Association work with the American Medical Association and the Ohio Congressional Delegation to actively support federal medical liability reform legislation as well as American Medical Association federal patient safety initiatives.

**Resolution 3 – 2005**  
**Health Care Costs**

RESOLVED, That the Ohio State Medical Association continue to work with the American Medical Association to identify and promote policies and encourage individual ownership of health insurance, including exploring the feasibility of income-based refundable

federal and state tax credits to encourage Ohioans to purchase health insurance; and, be it further

RESOLVED, That the Ohio State Medical Association work to identify and enact changes in Ohio law that would provide for the favorable treatment of Health Savings Accounts; and, be it further

RESOLVED, That the Ohio State Medical Association work to ensure that any proposal designed to provide patients with health care quality and cost information pertaining to individual physicians, physician group practices, or hospitals includes data that is standardized, accurate, complete, easily understandable and appropriately risk adjusted; and, be it further

RESOLVED, That the Ohio State Medical Association ask the American Medical Association to work with the American Hospital Association and other interested parties to develop national standards for public reporting of health care quality and cost data pertaining to individual physicians, physician group practices, and hospitals; and, be it further

RESOLVED, That the Ohio State Medical Association monitor any legislation designed to increase access to health insurance coverage and promote patient choice.

**Resolution 4 – 2005**  
**Quality of Care Criteria and Its Measurement by Physicians**

RESOLVED, That quality of care criteria appropriate for disease management be determined by physicians utilizing relevant specialty organization guidelines; and, be it further

RESOLVED, That physicians be encouraged to participate in the development and standardization of information systems enabling the collection of data that will define, measure, and demonstrate the quality of care; and, be it further

RESOLVED, That the Ohio State Medical Association and third party payers recognize the financial burden of physician implementation of information systems and seek solutions to alleviate this financial burden; and, be it further

RESOLVED, That the Ohio State Medical Association provide a periodic overview of available technologies enabling physicians to define, measure, and demonstrate the provision of quality care; and, be it further

RESOLVED, That the Ohio State Medical Association encourage insurers as they evaluate reimbursement to utilize quality-of-care information supplied by physicians.

**Resolution 8 – 2005**  
**Minor Statute of Repose**

RESOLVED, That the Ohio State Medical Association actively support a legislative effort to enact an Ohio “Minor statute of repose.”

**Resolution 1 – 2006**  
**Practice Economics**

RESOLVED, That the Ohio State Medical Association provide trusted practice

management related information, education, resources, products and services to the appropriate segments of its members.

**Resolution 2 – 2006  
Quality Improvement**

RESOLVED, That the Ohio State Medical Association encourage Ohio physicians to be involved in quality improvement programs in the delivery of healthcare to their patients.

**Resolution 5 – 2006  
Health Care Technology**

RESOLVED, That the Ohio State Medical Association assist Ohio physicians in their efforts to select appropriate health information technology and processes that are economically feasible and enhance the quality and safety of patient care.

**Resolution 14 – 2006  
OSMA Support for Legislation to Improve Ohio's Homestead Exemption Provision**

RESOLVED, That our Ohio State Medical Association support legislation to substantially improve Ohio's homestead exemption provision to allow for a reasonable measure of asset protection in the event of a liability judgment.

**Resolution 15 – 2006  
Health Insurer Interference with Practice Advisors**

RESOLVED, That the Ohio State Medical Association condemn any effort by any entity to interfere with or limit the ability of physicians to obtain independent professional advice, from business advisors, accountants, attorneys, or others, related to contracts with health-insurance payors.

**Resolution 16 – 2006  
Professional Liability Carrier Anti-Competitive Practices**

RESOLVED, That the Ohio State Medical Association work with the Ohio Department of Insurance to ensure appropriate transparency of claims data between a PLI carrier and its insured.

**Resolution 1 – 2007  
Collaborating on Health Information Technology Adoption and Exchange**

RESOLVED, That the Ohio State Medical Association participate in statewide stakeholder efforts to advance health information technology adoption and health information exchange including working with the public and private sectors to seek funding for such projects; and, be it further

RESOLVED, That the Ohio State Medical Association work with physicians, hospitals and other relevant entities to promote mechanisms to share electronic medical records between providers at multiple health care entities.

**Resolution 5 – 2007**  
**Patient Choice of Physician**

RESOLVED, That our Ohio State Medical Association reaffirm a physician's responsibility to discuss the patient's preference with the patient before a referral is made.

**Resolution 7 – 2007**  
**Health Insurer Collection and Dissemination of Information About Physicians**

RESOLVED, That the Ohio State Medical Association works to ensure that any information about physicians disseminated to the public be collected using transparent methodology and be accurate and complete; and, be it further

RESOLVED, That the Ohio State Medical Association shall monitor and take appropriate action regarding any insurer's effort to gather, analyze and distribute physician specific performance, compliance or quality information that is used primarily for the financial gain of the insurer; and, be it further

RESOLVED, That any effort undertaken by any entity, to collect, analyze, and distribute to consumers information about the quality and efficiency of care provided by Ohio physicians must include a process by which, before the distribution of information to consumers, physicians have the opportunity to review the information for accuracy and validity.

**Resolution 8 – 2007**  
**Health Insurer Interference with Physicians' Independent Medical Judgment**

RESOLVED, That the Ohio State Medical Association oppose agreements between health insurers and physicians that interfere, either directly or through the use of financial incentives, with the independent judgment of physicians regarding the best interests of patients; and, be it further

RESOLVED, That the Ohio State Medical Association oppose any effort by third parties that interfere with physician judgment about the treatment plans that are in the best interest of the patient.

**Resolution 11 – 2007**  
**Compounding Pharmacies and "Bioidentical" Hormone Therapy**

RESOLVED, That the Ohio State Medical Association adopt existing American Medical Association policy on bioidentical hormone therapy (D-120.969).

**Resolution 17 – 2007**  
**Physician and Medical Student Involvement in Public Health Preparedness and Disaster Response**

RESOLVED, That the Ohio State Medical Association supports physician and medical student training, participation, and education in public health preparedness and disaster response.

**Amended Resolution 19 – 2007**

## **State Medical Board Oversight**

RESOLVED, That the Ohio State Medical Association reaffirms the principle that practitioners seeking to expand their scope of practice must have the appropriate experience, training and education to treat patients safely and that the physician should be the leader of the health care team.

### **Resolution 20 – 2007 Stem Cell Research**

RESOLVED, That the Ohio State Medical Association adopt the American Medical Association policy regarding stem cell research.

### **Resolution 29 – 2007 Medicare Reimbursement for Ambulatory Surgery Centers**

RESOLVED, That the Ohio State Medical Association opposes the practice of preferential reimbursement patterns for hospitals versus ambulatory surgery centers; and, be it further

RESOLVED, That the Ohio State Medical Association support and adopt current American Medical Association policies H-330.925 AND H-70.991.

### **Resolution 1 – 2008 OSMA Strategy for Unfair Reimbursement Tactics by Health Insurers**

Comment: Reviewed by the 2012 House of Delegates. Updated to be consistent with organizational restructuring and organizational priorities.

RESOLVED, That the Ohio State Medical Association continue to collect insurance company complaints from members; and, be it further

RESOLVED, That the Ohio State Medical Association use member complaint data to aggressively pursue possible remedies for insurance company abuse and misconduct in the reimbursement system; remedies include systematically working with insurance companies as well as seeking assistance from the Ohio Department of Insurance, the Ohio Attorney General and the Ohio Legislature; and, be it further

RESOLVED, That the Ohio State Medical Association provide information, education and consulting to OSMA member practices to help them resolve reimbursement issues; and, be it further

RESOLVED, That the Ohio State Medical Association use appropriate channels to educate the public about the unreasonable practices of insurance companies including how these practices affect patient access to care and potentially the quality of care they receive.

### **Resolution 5 – 2008 Health Insurance Coverage for All Ohioans**

RESOLVED, That the Ohio State Medical Association pursue implementation of a plan that would guarantee access to individually owned, affordable and sustainable health care

insurance for all Ohio citizens.

**Resolution 8 – 2008**  
**Making Third-Party Payer-Driven Treatment Changes Illegal**

RESOLVED, That the Ohio State Medical Association opposes coverage denials and pre-certification requirements for patients with chronic illnesses who have been successfully maintained on treatment regimens and reversals by third-party payers of approved treatment regimens; and, be it further

RESOLVED, That the Ohio State Medical Association reaffirms the principle that all changes in treatment plans for patients in Ohio should be driven by the patient's treating physician's sound medical reasoning and not by health insurance third-party payers for non-therapeutic reasons.

**Resolution 17 – 2008**  
**OARRS (Ohio Automated Rx Reporting System)**

RESOLVED, That the Ohio State Medical Association work with the Ohio State Board of Pharmacy to further enhance and simplify OARRS (Ohio Automated Rx Reporting System) for the benefit of our physicians and patients; and, be it further

RESOLVED, That the Ohio State Medical Association support ongoing state funding for OARRS (Ohio Automated Rx Reporting System).

**Resolution 19 – 2008**  
**Opposing State of Ohio Restrictions of Physician Investment**

RESOLVED, That the Ohio State Medical Association will monitor and oppose any inappropriate state of Ohio proposed limitations on the ability of physicians to participate in or have ownership in ancillary services such as radiology (MRI, X-ray, CT, US), physical therapy, ambulatory surgery centers or hospitals which would be more restrictive than federal government limitations on physician investment such as the current Stark Regulations.

**Resolution 36 – 2008**  
**Third-Party Coding Audits**

RESOLVED, That third-party payers be required to reimburse involved physicians for their reasonable audit-related expenses, including for their time, if the physicians' coding was found to be reasonably consistent with current widely accepted standards; and, be it further

RESOLVED, That third-party payers be required to reimburse involved physicians if the audit demonstrates undercoding; and, be it further

RESOLVED, That third-party payers' staff be required to provide adequate assistance during the audit process; and, be it further

RESOLVED, That third-party payers be limited to record review within the previous twelve (12) months, and, be it further

RESOLVED, That third-party payers be required to provide sixty days for involved

physicians to respond to the audit process without penalty.

**Resolution 41 – 2008  
Childhood Obesity and Nutrition in the Schools**

RESOLVED, That our Ohio State Medical Association recommend that our members advocate that their local schools remove soft drinks and candy from vending machines; and, be it further

RESOLVED, That our Ohio State Medical Association recommend that our members be involved in advocating for healthy nutrition in their local schools.

**Resolution 42 – 2008  
Reform of Medicaid Managed Care**

RESOLVED, That our Ohio State Medical Association continue to work with the State of Ohio to reform the current Medicaid managed care system to make it easier for Ohio physicians to care for this group of patients.

**Emergency Resolution 1 – 2008  
Ohio Tobacco Prevention**

RESOLVED, That the Ohio State Medical Association support ongoing efforts to reduce tobacco use among Ohioans.

**Resolution 3 – 2009  
Medicaid Managed Care as a Secondary Payer**

RESOLVED, That the Ohio State Medical Association investigate and clarify the appropriate circumstances, if any, where Ohio Medicaid can function as supplemental insurance for an individual or dependent who has another private insurance as primary coverage; and, be it further

RESOLVED, That the Ohio State Medical Association work with the Ohio Department of Insurance and Ohio Medicaid to ensure that if Medicaid does in specific circumstances function as a secondary insurance, physicians who provide services to these individuals are compensated by Medicaid to the full amount of the co-pay and deductible as defined by the primary insurance.

**Resolution 7 – 2009  
Medicaid Reform**

RESOLVED, That the Ohio State Medical Association work to get one set of rules for the Medicaid system; and, be it further

RESOLVED, That the Ohio State Medical Association work to be sure that patients who are on an approved drug in one program and are switched to another program may continue the drug without another prior authorization from the physician's office (thus requiring communication between managed care programs when a patient moves from one to another); and, be it further

RESOLVED, That the Ohio State Medical Association work to eliminate current barriers to traditional referral patterns for complicated patients who need a tertiary center regardless of which provider group they are in; and, be it further

RESOLVED, That the Ohio State Medical Association work to eliminate needless hassles for physicians in their offices in obtaining prior authorization for medications and testing; and, be it further

RESOLVED, That the Ohio State Medical Association encourage a statewide source of up-to-date verification of a patient's coverage.

**Resolution 12 – 2009**  
**Organized Medical Staff Section and Ohio State Medical Association Annual Meeting Educational Programs**

RESOLVED, That the Organized Medical Staff Section (OMSS) CME program be integrated into the Ohio State Medical Association Annual Meeting schedule to support increased membership and participation in the Ohio State Medical Association via the OMSS educational forum; and, be it further

RESOLVED, That Ohio State Medical Association (OSMA) Council evaluate the potential cost savings by integrating the Organized Medical Staff Section educational event into the OSMA Annual Meeting schedule.

**Resolution 18 – 2009**  
**Good Samaritan Protection for Declared Emergencies or Disasters**

RESOLVED, That the Ohio State Medical Association support Ohio legislation that would grant qualified civil immunity to a physician who provides emergency medical services, first aid treatment, or other emergency professional care in compliance with the Federal Emergency Treatment And Active Labor Act (EMTALA) or as a result of a disaster.

**Resolution 19 – 2009**  
**Guidelines for HIV Screening in Ohio**

RESOLVED, That the Ohio State Medical Association support revision of the Ohio Revised Code to comply with current Centers for Disease Control (CDC) guidelines to facilitate increased screening for HIV in all health care settings.

**Resolution 21 – 2009**  
**Medical Expense Tax Deduction**

RESOLVED, That the Ohio State Medical Association support changes in the federal tax code to reduce the threshold of tax deductibility of patient out-of-pocket medical expenses to 2% of adjusted gross income.

END OF SUNSET REPORT

**Resolution No. 46-13**  
**Medicare Conditions of Participation**

**RESOLVED**, That the Ohio State Medical Association (OSMA) support the AMA proposed language to CMS as follows:

- Each hospital should have an organized and individual medical staff that is distinct to that hospital. This requirement is needed to protect local medical staff self-governance and oversight, support care coordination and peer review activities, and ensure that the distinct clinical needs of each hospital and its community are met.
- A member of the medical staff should be included on the hospital governing body, unless prohibited by law or otherwise made infeasible by state or local law governing the manner in which governing body members are selected. The CMS conditions of participation require that the medical staff be responsible for the quality of medical care provided to patients by the hospital. While non-physician governing body members such as civic leaders, corporate executives, attorneys, etc. bring relevant expertise to the overall management of the hospital, they are not equipped to evaluate and guide patient care at the facility. When included on the governing body, medical staff members bring this clinical perspective to the activities of the governing body, improving and enriching the policies promulgated by the governing body by offering a clinical perspective.
- Direct consultation of the manner proposed by CMS is not an adequate substitution for medical staff representation on a hospital's governing body. At a minimum, CMS should strengthen its proposed language concerning consultation to require direct medical staff participation in hospital governance activities, even if that does not entail a vote; and, **be it further**

**RESOLVED**, Individual physician members of the OSMA House of Delegates are encouraged to submit comments, drawing from the AMA's letter, to CMS electronically by 5:00 p.m. Eastern time on Monday, April 8 at <http://www.regulations.gov/#!submitComment;D=CMS-2013-0019-0001>. (This URL is available on [www.OSMA.org](http://www.OSMA.org); OSMA Communities. Click on the link to cut and paste or place own comment).

**By official action, the House adopted Resolution No. 46-13.**