

**FINAL Proceedings of the Ohio State Medical Association
2017 House of Delegates
Hilton Columbus at Easton, Columbus, Ohio
March 18 - 19, 2017**

Saturday, March 18, 2017

There was a meeting of the Ohio State Medical Association House of Delegates on March 18 and 19, 2017 in Columbus, Ohio.

Call to Order

Brian Bachelder, MD, President, convened the House of Delegates at 9:04 am on Saturday, March 18, 2017, at the Hilton Columbus at Easton in Columbus, Ohio, with a rousing “Hang on Sloopy” and led the House of Delegates in the Pledge of Allegiance and the Oath of Hippocrates.

Welcome

Dr. Bachelder welcomed the delegates and expressed his appreciation for those in attendance. He explained the red and yellow credential cards and how to use the microphones to address the House.

Keynote Speaker

Dr. Bachelder introduced Diane Egbers, owner of Leadership Excelleration, Inc. Ms. Egbers addressed the House of Delegates on the topic of physician well-being to achieve a better work/life balance.

Introductions of Speakers Table

Dr. Bachelder then introduced those seated at the Speakers’ Table: Andrew Thomas, MD, Secretary-Treasurer, Robert E. Kose, Immediate Past President, Nancy Gillette, General Counsel, Mary Wall, MD, Parliamentarian, (Brian Bachelder, MD, President), Todd Baker, Chief Executive Officer, and Robyn Chatman, MD, President-Elect.

Introduction of Presidents of Other State Medical Societies

Dr. Bachelder introduced and welcomed the following out-of-state guests to the 2017 House of Delegates:

Indiana State Medical Association, President – Dr. Thomas Whiteman and wife Juliet
Kentucky Medical Association, President – Dr. Nancy Swikert and husband Dr. Don Swikert
Pennsylvania Medical Society, President – Dr. Charles Cutter
The Medical Society of Virginia, President – Dr. Bhushan Pandya and wife Rashmir
Maryland State Medical Society – Dr. Brooke Buckley

Introduction of Honored Guests:

Dr. Bachelder introduced and welcomed the following honored guests:

Terri Machiori, Director, AMA Federal Relations
John Mayer, President, OSMA Insurance Agency

Introduction of Exhibitors

Dr. Bachelder recognized the following exhibitors.

The Doctors Company (Sponsor of All Members Lunch)
State Medical Board of Ohio
OSMA Membership
OSMAPAC
OSMA Insurance Agency

Dr. Bachelder thanked The Doctors Company for their generous support of the all-member

luncheon.

Recognition of Past Presidents and Former Councilors of the Ohio State Medical Association

Dr. Bachelder asked the Past Presidents and former members of the OSMA Council to stand to be recognized.

Memorial Moment

Dr. Bachelder announced that there were five memorial resolutions for the 2017 House of Delegates. He then asked that the House pause for a moment of silence for all the physician members who died between February 29, 2016 and February 28, 2017. Their names were listed in the Official Program.

Appointment to Resolutions Committees

Dr. Bachelder appointed Anne Taylor, MD, to chair Resolutions Committee 1 and Denise Bobovnyik, MD, to chair Resolutions Committee 2.

Appointment of Committee on Tellers and Judges

Dr. Bachelder appointed Alisha Reiss, MD, Chair, and appointed Alyssa Gerth, Urbee Haque, Daniel Oder, and Rashmi Singh as Tellers.

Todd Baker’s Speech to the House of Delegates

Todd Baker, OSMA Chief Executive Officer, briefly addressed the House of Delegates with the theme of “Commitment, Communication and Creativity.”

Brian L. Bachelder, MD, Speech to the House of Delegate

Dr. Bachelder addressed the House on his year as President of the Ohio State Medical Association and recognized and thanked many individuals for their effort and support during his tenure.

Ohio Delegation to the America Medical Association and OSMA Alliance Reports

Dr. Bachelder announced that there were reports from the Ohio AMA Delegation and OMSS Alliance available on www.osma.org under the Annual Meeting section of the website. Dr. Bachelder thanked them for their work throughout the year.

Call for Introduction of 2017 Resolutions

Dr. Bachelder announced that there were 30 resolutions properly submitted, introduced and assigned to the Committees. Resolutions 1 through 16 were assigned to Resolutions Committee 1 and Resolutions 17 to 30 were assigned to Resolutions Committee 2.

Transmittal of OMSS Resolutions

Dr. Bachelder reported that no resolutions were submitted by the OMSS.

Emergency Resolutions – Explanation and Report

Dr. Bachelder informed the HOD that there were no emergency resolutions submitted.

Announcement of the Resolutions Committees Hearings Schedule

The House of Delegates was informed that Resolutions Committee 1 open hearing would begin right after HOD and Resolutions Committee 2 would follow immediately after Resolutions Committee 1 was finished. He further announced that the House would break at noon for the all members luncheon.

The House of Delegates for Saturday, March 18, 2017, adjourned at 10:45 a.m. until Sunday at 9:30 a.m.

The following awards and reports were presented during the all member lunch:

Legislative Update

Tim Maglione provided a brief legislative update and then introduced Marvin Rorick, MD, Chair of the OSMAPAC.

2016 OSMAPAC Donor of the Year Award

Marvin Rorick, MD, Chair of the OSMAPAC, presented the annual OSMAPAC update. Dr. Rorick then announced Carl Foster, MD, as the recipient of the 2016 OSMAPAC Donor of the Year Award.

2016 Physician Advocate of the Year Award

Brian Bachelder, MD, presented the 2016 Physician Advocate of the Year Award to Brian Santin, MD.

Congressman Pat Tiberi Introduction

Tim Maglione introduced Congressman Pat Tiberi. Congressman Tiberi addressed the group on health care issues before Congress.

Importance of PAC

Monica Hueckel briefly presented regarding the importance of OSMAPAC. She then reminded the Delegates that the Resolutions Committees hearings would resume in the Easton Ballroom at 1:05 pm.

The House of Delegates reconvened Sunday, March 19, 2017.

Call to Order

Dr. Bachelder called the House to order at 9:34 am. He reminded the Delegates and Alternate Delegates about the instructions concerning their credential cards, both blue and green. He announced that each Delegate should have received a handheld audience response keypad and to return to the registration desk in the foyer, if they did not have one.

Dr. Bachelder called on Charles Hickey, MD, to introduce Andrew Gurman, MD, President of the American Medical Association, who addressed the House of Delegates. Dr. Gurman acknowledged the efforts of the OSMA's AMA Delegation, provided an update on AMA efforts, initiatives and the AHCA, and answered questions from the House of Delegates.

OSMA Budget Update

Dr. Bachelder called Andrew Thomas, MD, Secretary/Treasurer, to the lower podium to present the update on the OSMA budget. Dr. Thomas presented the budget and answered a question from the House of Delegates.

Report of the Committee on Credentials

Jade Anderson, MD, Chair of the Committee on Credentials, announced there was a quorum present with 115 of 221 Delegates present.

Consideration of 2016 Annual Meeting Minutes

Dr. Bachelder called for a motion to approve the 2016 Proceedings of the House of Delegates minutes as presented.

Motion:

A motion was properly moved, seconded and adopted to approve the 2016 Proceedings of the House of Delegates as presented.

Review of the Voting System

Dr. Bachelder called on Alisha Reiss, MD, Chair of the Committee on Tellers and Judges, to explain the voting system. Dr. Reiss explained how to use the electronic keypads and stated that Margaret

Dunn, MD, a Nominating Committee member, would announce the start and stop of each election. Dr. Reiss asked if there were any questions. Dr. Reiss then called Dr. Dunn forward to begin the elections. Dr. Dunn presented 4 test questions to the House and practice voting was conducted.

Election One – President-Elect

Dr. Bachelder called for nominations for candidates for President-Elect and asked the nominators to come forward for nominating speeches.

Warren F. Muth, MD, nominated Evangeline Andarsio, MD, for President-Elect. Louito Edge, MD, seconded the nomination.

Dr. Bachelder asked if there were nominations from the floor. There being no other nominations, Dr. Bachelder recommended that the House of Delegates elect Evangeline Andarsio, MD, to the position of President-Elect by acclamation. There were no objections.

Dr. Andarsio briefly addressed the House of Delegates and then joined those seated at the head table.

Election Two – District Councilors

Dr. Dunn announced the candidates for the following positions:

Second District:	Lisa Egbert, MD, Dayton
Fourth District:	Anthony Armstrong, MD, Toledo
Sixth District:	Carl Foster, MD, Alliance
Eighth District:	Edward Dachowski, MD, Gallipolis

Dr. Bachelder called for further nominations from the floor. There being none, Dr. Bachelder requested that Election Two – District Councilors be by acclamation for the slate of candidates. There were no objections.

Election Four – Delegates to the AMA to serve terms commencing January 1, 2018 and ending December 31, 2019. Five to be elected.

Dr. Dunn informed the House that the candidates for Election Four were displayed at the front of the room:

Anthony Armstrong, MD
Tyler Campbell, MD
Louito Edge, MD
Gary Katz, MD
Donna Woodson, MD

Dr. Bachelder asked if there were any nominations from the floor. There being none and as there were five candidates and five to be elected, Dr. Bachelder requested that the Delegates to the AMA be elected by acclamation. There were no objections.

Election Five – Alternate Delegates to the AMA to serve terms commencing January 1, 2018 and ending December 31, 2019. Three to be elected.

Dr. Dunn informed the House that the candidates for Election Five were displayed at the front of the room:

Andrew Rudawsky, MD
Carl Wehri, MD
Regina Whitefield-Kekessi, MD

Dr. Bachelder asked if there were any nominations from the floor. There being none and as there were three candidates and three to be elected, Dr. Bachelder requested that the Alternate Delegates to the AMA be elected by acclamation. There were no objections.

Election Three – Councilors-at-Large – three to be elected to serve two-year terms commencing March 19, 2017 and ending with the elections at the 2019 House of Delegates

Dr. Dunn announced the election for three Councilors-at-Large for two-year terms beginning March 19, 2017. Dr. Bachelder called for nominations from the floor. Being none, Dr. Bachelder announced that the slate for Councilors-at-Large was closed and the election proceeded. Dr. Dunn instructed the House to vote for three candidates from the following slate of candidates:

Robert Hobbs, MD
Shankar Kurra, MD
Daniel Sullivan, MD
Darshan Vyas, MD

Election Results

Election One – Evangeline Andarsio, MD, Cincinnati was elected President-Elect by acclamation.

Election Two – District Councilors:

Second District: Lisa Egbert, MD, Dayton
Fourth District: Anthony J. Armstrong, MD, Toledo
Sixth District: Carl J. Foster, MD, Alliance
Eighth District: Edward Dachowski, MD, Gallipolis

Election Two was by acclamation.

Election Three – Councilors-at-Large:

Robert Hobbs, MD
Shankar Kurra, MD
Daniel Sullivan, MD

Election Four – Delegates to the AMA:

Anthony Armstrong, MD
Tyler Campbell, MD
Louito Edjie, MD
Gary Katz, MD
Donna Woodson, MD

Being five candidates and five positions, Election Four was by acclamation.

Election Five – Alternate Delegates to the AMA:

Andrew Rudawsky, MD
Carl Wehri, MD
Regina Whitefield-Kekassi, MD

Being three candidates and three positions, Election Five was by acclamation.

Report of Resolutions Committee No. 1

Dr. Bachelder called Anne Taylor, MD, Chair, and the members of the Resolutions Committee No. 1 to the lower front table to present their report. House of Delegates action on the report is attached to these minutes.

Report of Resolutions Committee No. 2

Dr. Chatman called Denise Bobovnyik, MD, Chair, and the members of Resolutions Committee No. 2 to the lower front table to present their report. House of Delegates action on the report is attached to these minutes.

PAC Announcement

Marvin Rorick, MD, Chair of the OSMA PAC announced that \$43,000 was collected and Districts 1 and 3 are at 100% participation.

Drawings and Announcements

Dr. Chatman drew a name from those who participated in the referral program. Vincent Jabour, MD, won the \$25 Amazon gift card. Justin Julian and Joann Krivetzky, MD won the Echo Dots provided by the OSMA Insurance Agency. She announced the iPad mini will be awarded on June 1, 2017, and thanked everyone who participated in the referral program.

Dr. Chatman announced that the dates for the 2018 OSMA Annual Meeting are April 14 and 15, 2018, at The Hilton Columbus at Easton.

Dr. Chatman announced there would be a Council meeting immediately following adjournment of the House of Delegates in Regent 3 Ballroom. She asked the departing Councilors and the newly elected Councilors to please attend the meeting.

Dr. Chatman thanked OSMA staff for their efforts to prepare for the 2017 Annual Meeting.

Adjournment

The 2017 House of Delegates was adjourned sine die at 11:33 am.

Respectfully submitted,

Andrew M. Thomas, MD
OSMA Secretary/Treasurer

Reports of 2017 Resolutions Committees No. 1 and No. 2 are attached to these Proceedings.

REPORT OF RESOLUTIONS COMMITTEE 1

Presented by Anne Taylor, MD, Chair, 7th District

Amended Resolution 01 – 2017

Supporting Changes in Health Care Policy that Increase Coverage and Expand Benefits

RESOLVED, That the OSMA support the elimination of pre-existing condition exclusions from health insurance contracts and support providing all Ohio citizens with high quality health care; and, **be it further**

RESOLVED, That the OSMA oppose changes to healthcare policy that would decrease access to health care coverage for the citizens of Ohio; and, **be it further**

RESOLVED, That the OSMA support the inclusion of young adults up to age 26 on their parents'/guardians' health care plans; and, **be it further**

RESOLVED, That the OSMA support health care policies that allow states and institutions the right to explore and develop individualized models for covering the uninsured.

By official action, the House adopted Amended Resolution 01-2017

Amended Resolution 02-2017

Discriminatory Screening of Potential Patients

RESOLVED, that our AMA delegation request that the AMA Council on Ethical and Judicial Affairs give an ethical opinion on discriminatory pre-screening tools before physicians accept patients in their practices.

By official action, the House adopted Amended Resolution 02-2017

Amended Resolution 03-2017

Expansion of U.S. Veterans' Healthcare Choices

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

RESOLVED, THAT THE OSMA HOUSE OF DELEGATES DIRECTS THE OSMA AMA DELEGATION TO CARRY TO OUR AMA HOUSE OF DELEGATES 2017 ANNUAL MEETING A RESOLUTION FURTHER REQUESTING THAT OUR AMA ACTIVELY SUPPORT FEDERAL LEGISLATION TO ACHIEVE THIS EXPANSION OF HEALTHCARE CHOICES FOR VETERANS ADMINISTRATION ELIGIBLE VETERANS; AND, **BE IT FURTHER**

RESOLVED, THAT THE OSMA, BY MEANS OF THE OSMA WEBSITE, AS WELL AS WRITTEN LETTERS TO ELECTED FEDERAL LEGISLATORS AND THE U.S. PRESIDENT, AGAIN ACTIVELY SUPPORT FEDERAL LEGISLATION TO ACHIEVE THIS REFORM OF VETERANS' HEALTH CARE CHOICES.

By official action, the House adopted Amended Resolution 03-2017

Amended Resolution 04-2017

Department of Veterans Affairs Accountability and Whistle Blower Protection

RESOLVED, That the OSMA advocates for the existing AMA policy (H-435.942) concerning

whistleblower protections for health care professionals and other parties, including those employed within the VA system.

By official action, the House adopted Amended Resolution 04-2017

Resolution 05-2017

Veterans Health Administration Transparency and Accountability

RESOLVED, That the OSMA House of Delegates directs the OSMA AMA Delegation to carry a resolution to our American Medical Association House of Delegates 2017 Annual meeting requesting that our AMA adopt as policy that the Veterans Health Administration be required to report publicly on all pertinent aspects of its operation, including quality, safety, patient experience, timeliness, and cost effectiveness; and, **be it further**

RESOLVED, That the OSMA House of Delegates directs the OSMA Delegation to carry to our AMA House of Delegates 2017 Annual Meeting a resolution further requesting that our AMA actively support federal legislation to achieve this reform of Veterans Health Administration transparency and accountability; and, **be it further**

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

By official action, the House adopted Resolution 05-2017

Resolution 06-2017

Direct American Medical Association to Ask CMS and HHS to Remove Practice Expense and Malpractice Expense from Publicly Reported Payments

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

By official action, the House adopted Resolution 06-2017

Amended Resolution 07-2017

Improving Clinical Utility of Medical Documentation

RESOLVED, That the OSMA AMA Delegation ask the AMA to advocate for appropriate, effective, and less burdensome requirements in the use of electronic health records.

By official action, the House adopted Amended Resolution 07-2017

Amended Resolution 08-2017

Medicaid Payment to Physicians for Dual Eligible Patients

RESOLVED, That the OSMA advocate for payment to physicians by Ohio Medicaid of the balance between the payment by Medicare and the allowed Medicare amount for dual eligible patients to ensure adequate health care.

By official action, the House adopted Amended Resolution 08-2017

Amended Resolution 09-2017

Change OARRS Requirements for Medications Which Can Be Prescribed with Refills for 6 Months

RESOLVED, That the OSMA work on decreasing the requirement for physicians to check OARRS every 90 days to every 6 months for benzodiazepines.

By official action, the House adopted Resolution 09-2017

Resolution 10-2017

Reports on Effectiveness of OARRS

RESOLVED, That the OSMA ask the State Medical Board of Ohio and the Ohio Board of Pharmacy for an annual report on the effectiveness of the current OARRS requirements and OARRS system in decreasing numbers of prescriptions, types of prescriptions, deaths from overdoses of prescription drugs, and all of the other stated goals for the OARRS system.

By official action, the House rejected Resolution 10-2017

Resolution 11-2017

Third Party Patient Reimbursement for Out-of-Network Physicians

RESOLVED, That the OSMA adopt a policy and provide support to physicians and patients which requires insurers and third-party payors to properly reimburse patients and/or out-of-network physicians their usual charges, and that there be no increase in deductibles or co-payments for those patients requiring care from out-of-network physicians because of urgent and emergent treatment needed in emergency rooms and hospitals; **and be it further**

RESOLVED, That the OSMA adopt a policy which requires insurers and third-party payors to reimburse patients and/or out-of-network physicians their usual charges in non-emergent care if insurer and third party payor is not able to arrange participating network physician care in a reasonable time, and that there be no increase in deductibles or co-payments for these patients; **and be it further**

RESOLVED, That the OSMA AMA delegation carry a request to our AMA to adopt a policy which requires insurers and third-party payors to properly reimburse patients and/or out-of-network physicians their usual charges, and that there be no increase in deductibles or co-payments for those patients requiring care from out-of-network physicians because of urgent and emergent treatment needed in emergency rooms and hospitals and/or seek Federal legislation addressing these issues.

By official action the House adopted Resolution 11-2017

Amended Resolution 12-2017

Medical Price Transparency

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

By official action, the House adopted Amended Resolution 12-2017

Resolution 13-2017

OSMA Advocacy Team Seek Regular Input from OSMA House of Delegates

RESOLVED, The OSMA Advocacy Team shall develop an immediate two-way communication pathway which will seek input specifically from the members of the OSMA House of Delegates whenever any legislative act or rule is proposed which will have the potential to affect a significant portion of our patient population or physician community.

By official action, the House rejected Resolution 13-2017

Resolution 14-2017

Maintain Rights of County Medical Societies

RESOLVED, The OSMA will recognize and respect the independent structure, organization and domain of the actively functioning county medical societies in the state of Ohio; **and be it further**

RESOLVED, The rights of county medical societies to appoint their representatives to serve in the OSMA House of Delegates shall be preserved.

By official action, the House adopted Resolution 14-2017

Amended Resolution 15-2017

Maintain the House of Delegates as the Legislative Body of the OSMA

RESOLVED, The OSMA House of Delegates shall remain in place as the legislative body of the OSMA, retaining all rights, privileges and authority as are now set forth in the OSMA Constitution and Bylaws; **and be it further**

RESOLVED, that the quorum of the HOD will be satisfied with the presence of the majority of the registered delegates. This will require a bylaws change, and the OSMA council is directed to write the appropriate language for voting at the annual meeting in 2018; **and be it further**

RESOLVED, from 45 days up to the annual meeting of the HOD, underrepresented counties can be assigned active OSMA members who reside or work in that county or district by the district councilor to serve at the HOD. This may require a bylaws change, and the OSMA council is directed to write the appropriate language for voting at the annual meeting in 2018.

By official action, the House adopted Amended Resolution 15-2017

Resolution 16-2017

Limit the OSMA Council's Attempts to Dissolve the House of Delegates

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

By official action, the House adopted Resolution 16-2017

Report of Resolutions Committee 2

Presented by Denise Bobovnyik, MD, Chair, 6th District

Amended Resolution 17-2017

Importance of OSMA Promoting Physician Well-Being by Addressing the Physician and Medical Student Burnout Issue

RESOLVED, That the OSMA shall work with medical schools, hospitals, residency programs, and physicians to address the issue of physician and medical student burnout; **and be it further**

RESOLVED, That the OSMA encourage physicians and medical students to utilize the AMA Steps Forward Program to learn more about preventing physician burnout.

By official action, the House adopted Amended Resolution 17-2017

Resolution 18-2017

Prevention and Maintenance of Burnout in Medical Students and Residents

RESOLVED, that our OSMA promotes monitoring the mental health status of medical students and residents to prevent burnout; **and be it further**

RESOLVED, that our OSMA encourage physicians, residents, and medical students to engage in open discussion and develop novel solutions to reduce the prevalence of burnout among current and future physicians.

By official action, the House rejected Resolution 18-2017

Amended Resolution 19-2017

Opioid Harm Reduction in Undergraduate Medical Education

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

By official action, the House adopted Amended Resolution 19-2017

Resolution 20-2017

Ohio Physicians and the Opioid Problem

RESOLVED, That it is the Official Policy of the OSMA that all physicians should prescribe all medications, including controlled substances, using the highest standards of care and professionalism, providing the best possible care to each patient. All physicians should work diligently to help find solutions to the problems of abuse of prescription medications, use and overdose of illegal substances, and opioid overdose. Physicians are not the root cause of abuse of prescription medications, use of illegal substances, and overdose of opioids. Any suggestion of that will be vigorously opposed by the OSMA.

By official action, the House referred Resolution 20-2017 to Council

Resolution 21-2017

Removal of Non-Medical Exemptions for Mandated Immunizations and Support of Immunization Registries

RESOLVED, That the OSMA supports the use of immunizations to reduce the incidence of

preventable diseases; **and be it further**

RESOLVED, That the OSMA supports the removal of non-medical exemptions for required school immunizations; **and be it further**

RESOLVED, That the OSMA encourage the use of immunization reporting systems for patients of all ages.

By official action, the House adopted Resolution 21-2017

Amended Resolution 22-2017

Opposition to the Practice of LGBTQ “Conversion Therapy” or “Reparative Therapy” ~~by Licensed Physicians and Other Medical and Mental Health Care Professionals~~

RESOLVED, That the OSMA affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative are not inherently suffering from a mental disorder; **and, be it further**

RESOLVED, That the OSMA strongly opposes the practice of “Conversion Therapy,” “Reparative Therapy” or other techniques aimed at changing a person’s sexual orientation or gender identity ~~by licensed medical and mental health professionals~~; **and, be it further**

~~**RESOLVED**, That the OSMA supports the ban of “conversion” or “reparative therapies” through legislation, regulation, and policy.~~

By official action, the House adopted Amended Resolution 22-2017

Resolution 23-2017

Advocating for Increased Awareness and Education of Human Trafficking

RESOLVED, That the OSMA shall advocate against human trafficking; and, **be it further**

RESOLVED, That the OSMA will encourage the education of physicians on how to identify and assist victims of human trafficking.

By official action, the House adopted Resolution 23-2017

Amended Resolution 24-2017

Advocating for Needle Exchange Programs

RESOLVED, That the OSMA shall advocate for the adoption of standardized and holistic needle exchange programs in Ohio, particularly in underserved areas; and, **be it further**

RESOLVED, That the OSMA shall advocate for educational programs regarding the safe disposal of used needles and syringes; and, **be it further**

RESOLVED, That the OSMA encourages physicians to refer their patients to Needle Exchange Programs.

By official action, the House adopted Amended Resolution 24-2017

Amended Resolution 25-2017

Longitudinal Approach to Cultural Competency Dialogue on Eliminating Health Care Disparities

RESOLVED, That the OSMA encourage all medical education institutions in Ohio to engage in expert facilitated, evidence-based dialogue in cultural competency and the physician’s role in eliminating

cultural health care disparities in medical treatment.

By official action, the House adopted Amended Resolution 25-2017

Resolution 26-2017

Opposition to Anti-Competitive Insurance Mergers

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

By official action, the House adopted Resolution 26-2017

Resolution 27-2017

Ban Restrictive Covenants for Physicians Employed by Hospitals in Ohio

RESOLVED, That our OSMA lobby for state legislation to ban restrictive covenants in contracts between hospitals or hospital systems and their employed physicians in Ohio.

By official action, the House adopted Resolution 27-2017

Amended Resolution 28-2017

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

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

By official action, the House adopted Amended Resolution 28-2017

Resolution 29-2017

FDA Regulations for Lecturers

RESOLVED, That our OSMA work with the Ohio Congressional Delegation to change the current FDA regulations that hamper free discussion about uses of new and established medications among physicians attending presentations about the medications sponsored by a drug company; **and be it further**

RESOLVED, That our OSMA Delegation to the AMA take this issue to the AMA annual meeting in Chicago.

By official action, the House rejected Resolution 29-2017

Amended Resolution 30-2017

OSMA Policy Sunset Report

RESOLVED, That the following recommendations of OSMA Council be adopted, amended or rejected by the OSMA House of Delegates concerning OSMA policy from 1932 through 2013:

By official action, the House adopted Amended Resolution 30-2017

**Ohio State Medical Association Policy Compendium Review – 2017
2017 OSMA Policy Sunset Report
OSMA policy from years 1932 through 2013 and Policy 26 – 2016**

Policies to be Retained:

Policy D – 1932	Medical Legislation
Policy 21 – 1968	Physician Members on Hospital Governing Boards
Policy 8 – 1973	Compulsory Formal Postgraduate Education
Policy 13 – 1973	Abortion as a Medical Procedure
Policy 16 – 1976	Official Representative of Organized Medicine
Policy 34 – 1977	Contingency Fees
Policy 79 – 1977	Insurance Coverage for Alcoholism Treatment
Policy 24 – 1978	Collateral Source
Policy 25 – 1978	Tort Reform
Policy 44 – 1978	Medical Staff Self-Governance
Policy 17 – 1979	Consent Calendar
Policy 21 – 1979	Reduction of Dues for Physicians in Their First Year of Practice
Policy 42 – 1979	Retrospective Review
Policy 45 – 1979	Federal Discrimination against Teaching Hospitals
Policy 37 – 1980	Participation in Organized Medicine
Policy 45 – 1980	The Physician's Role in Returning Patients to Their Jobs
Policy 50 – 1980	Outpatient Physicians' Service Reimbursement
Policy 51 – 1980	Reaffirmation of Existing Policy
Policy 56 – 1980	Confidentiality of Physician-Patient Communication
Policy 59 – 1980	Qualifying Expert Witnesses
Policy 29 – 1981	The Right of a Hospitalized Patient to Choose His/Her Attending or Consulting Physician
Policy 52 – 1981	Comprehensive Health Education in Ohio Schools
Policy 9 – 1982	Parliamentarian
Policy 21 – 1982	Assignment of Insurance Benefits
Policy 24 – 1982	Medical Staff Representation on the Board of Trustees of a Tax Supported Hospital
Policy 25 – 1982	The American Student in Foreign Medical Schools
Policy 27 – 1982	To Develop Within the MSS Programs Which Would Assist in Improving the Public Health
Policy 35 – 1982	Education Regarding Suicide Recognition, Prevention and Treatment
Policy 6 – 1983	Workmen's Compensation Disability Determinations
Policy 18 – 1983	Prescription Abuse
Policy 31 – 1983	Drug Availability
Policy 39 – 1983	Corporal Punishment in Schools
Policy 41 – 1983	Boxing as a Health Hazard
Policy 43 – 1983	Sexual Harassment
Policy 13 – 1984	Third Party Reimbursement Problems
Policy 16 – 1984	Cognitive Reimbursement
Policy 21 – 1984	Payment to Physicians' Services
Policy 36 – 1984	Physician Criticism of Colleagues
Policy 37 – 1984	Hospital Ethics Committees
Policy 38 – 1984	Free Choice of Physicians
Policy 43 – 1984	Financial Support – Homeless and Chronically Mentally Ill
Policy 49 – 1984	Preference for Hospital Delivery Over Home Delivery
Policy 55 – 1984	ACLS and ATLS Courses for Physicians
Policy 8 – 1985	Unethical Aspects of Certain Medical Care Plans
Policy 36 – 1985	Abortion Clinic Violence
Policy 42 – 1985	Eye Prophylaxis in Newborns for Gonorrhea as Well as Mandatory Gonorrhea Cultures in Pregnancy
Policy 45 – 1985	Generic Drugs
Policy 56 – 1985	Alcohol Impaired Driving
Policy 6 – 1986	Standardization of Preadmission Certificate Criteria
Policy 8 – 1986	Physician Reimbursement for Home Health Care
Policy 9 – 1986	Quality Assurance
Policy 11 – 1986	Support of Free Choice of Personal Physicians by Participants in Governmental Programs
Policy 22 – 1986	Pediatric Emergency Care
Policy 32 – 1986	Foreign Medical Graduates
Policy 45 – 1986	Eye Safety

Policy 10 – 1987	Second Opinion Plans
Policy 35 – 1987	OSMA Policy on Advertising
Policy 32 – 1988	Young Physicians as Delegates and Alternate Delegates
Policy 35 – 1988	Oppose Voluntary Active Euthanasia (Mercy Killing)
Policy 37 – 1988	Infertility Insurance Coverage
Policy 44 – 1988	Awareness of Participating Providers
Policy 62 – 1988	Donation of Professional Time to Poor
Policy 68 – 1988	Public Education on Hazards of Tanning Parlors
Policy 7 – 1989	Physician Liability for Managed Health-Care Plans
Policy 8 – 1989	Medicare Terminology
Policy 9 – 1989	Third-Party Payment, Intrusion Private Practice of Medicine
Policy 16 – 1989	Medicaid Physician Reimbursement
Policy 18 – 1989	Simplified Correction for Medicare Carrier Secondary Responsibility
Policy 20 – 1989	Encouragement of OSMAPAC Membership
Policy 23 – 1989	Medical Staff Bylaws and Peer Review
Policy 24 – 1989	Patient Advocate
Policy 52 – 1989	Education Regarding Prescribing Controlled Substances
Policy 54 – 1989	Waiting Period before Gun Purchase
Policy 60 – 1989	Anabolic Steroids
Policy 62 – 1989	Care of the Chronically, Mentally Ill
Policy 63 – 1989	Mandatory Random Drug Testing in Competitive Sports
Policy 66 – 1989	Warning Label on Personal Listening Devices
Policy 6 – 1990	Tanning Parlors
Policy 10 – 1990	Policy on Abortion
Policy 23 – 1990	Hospital Boards of Trustees
Policy 43 – 1990	Prohibiting Therapeutic Substitution in Ohio
Policy 54 – 1990	Raise Revenue for Health-Care Needs
Policy 57 – 1990	Health Promotion and Disease Prevention Education
Policy 67 – 1990	Substance Abuse as a Public Health Hazard
Policy 74 – 1990	Physician Representation on Health-Care Boards and Committees of the State of Ohio
Policy 81 – 1990	Accountability of Third-Party Reviewers
Policy 82 – 1990	Third-Party Payers and Patient Care Standards
Policy 83 – 1990	Selection of Medical Staff Officers
Policy 1 – 1991	Third-Party Reimbursement for Telephone Time
Policy 10 – 1991	Standardized Explanation of Benefits to Patients
Policy 19 – 1991	Quality of Life Issues Considered in Life Prolonging Therapy
Policy 34 – 1991	Child Care in Hospitals
Policy 39 – 1991	Expert Witness Testimony
Policy 44 – 1991	Women in Medicine
Policy 53 – 1991	Prevention of Sexually Transmitted Human Papilloma Virus (HPV) Infections
Policy 61 – 1991	Infectious Disease Precautions for Cadaver Transport
Policy 62 – 1991	Mandatory Use of Protective Helmets
Policy 64 – 1991	Permanent Cosmetic Make-Up
Policy 75 – 1991	Economic Credentialing
Emergency Policy 3 – 1991	State Medical Board Investigations
Policy 11 – 1992	Recommended Standards for Private (For-Profit) Quality Review
Policy 12 – 1992	Peer Review Process
Policy 19 – 1992	Third-Party Payor Denials
Policy 26 – 1992	Long-Term Prescriptions
Policy 52 – 1992	Organized Medicine's Role in Health Care Policy
Policy 28 – 1993	Testing for Treatable Inborn Errors of Metabolism
Policy 31 – 1993	Expert Witness Testimony
Policy 34 – 1993	Health-Care Reform II
Policy 57 – 1993	Preservation of Patient/Physician Relationship and Role of Physician as Patient Advocate
Policy 59 – 1993	Tanning Parlor Education and Regulation Initiative
Policy 75 – 1993	Biomedical Research
Policy 14 – 1994	Hospice Care

Policy 21 – 1994	Uniform Recognition of CPT Codes by All Carriers
Policy 30 – 1994	Increase in Number of Primary Care Physicians
Policy 41 – 1994	Ohio State Medical Association Reporting Practices
Policy 43 – 1994	Ohio State Medical Board
Policy 48 – 1994	Preservation of the Physician’s Role as Patient Advocate
Policy 71 – 1994	Right to Balance Bill
Policy 73 – 1994	Changes in Taxation of Health-Care Premiums So That All Citizens Are Treated Equally
Policy 74 – 1994	Application of Health Plans to Elected Officials/ Government Employees
Policy 76 – 1994	Status of OMSS Representative of the Organized Medical Staff
Policy 7 – 1995	Right to Contract
Policy 13 – 1995	Privatizing Medicare
Policy 14 – 1995	Privatize Medicaid
Policy 18 – 1995	Elimination of Contingency Fee
Policy 24 – 1995	Motorcycle Helmets
Policy 26 – 1995	HIV Testing of Pregnant Women
Policy 28 – 1995	Physician Office Review by Third-Party Payers
Policy 39 – 1995	Preservation of Association Historical Records, Artifacts and Memorabilia
Policy 28 – 1996	Breast Reconstruction Availability
Policy 41 – 1996	More Routine HIV Testing
Policy 11 – 1997	Osteopathic and Allopathic Relations
Policy 13 – 1997	OSMA Conflict of Interest Policy
Policy 26 – 1997	Needle Electromyography
Policy 28 – 1997	Mandatory Topic-Specific Continuing Medical Education (CME)
Policy 38 – 1997	Opposition to “Gag Rules”
Policy 48 – 1997	Support Efforts to Encourage Medical Savings Accounts
Policy 54 – 1997	Youth Leadership Programs
Policy 9 – 1998	Access and Parity of Mental Health Coverage
Policy 11 – 1998	Prescription Equity for Contraceptives
Policy 12 – 1998	Transmittal of OSMA Policies to the AMA
Policy 13 – 1998	Sponsorship of AMA Policies
Policy 34 – 1998	Educating Students about the Hazards of Tanning
Policy 19 – 1999	Enforce Protection of Physicians Rights to Corrective Action Provided in the Physician Health Plan Partnership Act
Policy 30 – 1999	Educating Students about the Hazards of Tanning
Policy 6 – 2000	Strengthening of OSMAPAC
Policy 15 – 2000	Emergency On-Call Payments to Physicians
Policy 16 – 2000	Opposition to Mandatory Pill Splitting
Policy 25 – 2000	Promote and Expand Medical Savings Accounts
Policy 27 – 2000	Improving Transfer of Patient Care
Policy 40 – 2000	Payment of All Procedures Performed During a Single Patient Session
Policy 52 – 2000	Tax Relief for Health Insurance
Policy 7 – 2001	Support of Four Principles of Hand Awareness
Policy 12 – 2001	Forced Exclusive Physician Contracting
Policy 22 – 2001	Neutrality Regarding Emergency Contraceptive Pill
Policy 12 – 2002	Emergency Contraception
Policy 13 – 2002	Maintain Privacy of Unfiled Lawsuits
Policy 17 – 2002	Insurance Cards to Clearly Identify Co-Pays and Yearly Deductibles
Policy 30 – 2004	Physician-Owned Health Care Facilities
Policy 31 – 2004	Oppose Economic Credentialing
Policy 2 – 2005	Federal Medical Liability and Patient Safety Reform
Policy 3 – 2005	Health Care Costs
Policy 4 – 2005	Quality of Care Criteria and Its Measurement by Physicians
Policy 8 – 2005	Minor Statute of Repose
Policy 1 – 2006	Practice Economics
Policy 2 – 2006	Quality Improvement and Pay-For-Performance
Policy 14 – 2006	OSMA Support for Legislation to Improve Ohio’s Homestead Exemption Provision
Policy 15 – 2006	Health Insurer Interference with Practice Advisors
Policy 16 – 2006	Professional Liability Carrier Anti-Competitive Practices

Policy 1 – 2007	Collaborating on Health Information Technology Adoption and Exchange
Policy 5 – 2007	Patient Choice of Physician
Policy 7 – 2007	Health Insurer Collection and Dissemination of Information about Physicians
Policy 8 – 2007	Health Insurer Interference with Physicians' Independent Medical Judgment
Policy 11 – 2007	Compounding Pharmacies and "Bioidentical" Hormone Therapy
Policy 17 – 2007	Physician and Medical Student Involvement in Public Health Preparedness and Disaster Response
Policy 19 – 2007	State Medical Board Oversight
Policy 20 – 2007	Stem Cell Research
Policy 29 – 2007	Medicare Reimbursement for Ambulatory Surgery Centers
Policy 5 – 2008	Health Insurance Coverage for All Ohioans
Policy 8 – 2008	Making Third-Party Payer-Driven Treatment Changes Illegal
Policy 17 – 2008	OARRS (Ohio Automated Rx Reporting System)
Policy 36 – 2008	Third-Party Coding Audits
Policy 41 – 2008	Childhood Obesity and Nutrition in the Schools
Policy 42 – 2008	Reform of Medicaid Managed Care
Emergency Policy 1 – 2008	Ohio Tobacco Use Prevention
Policy 3 – 2009	Medicaid Managed Care as a Secondary Payer
Policy 7 – 2009	Medicaid Reform
Policy 12 – 2009	Organized Medical Staff Section and Ohio State Medical Association Annual Meeting Educational Programs
Policy 21 – 2009	Medical Expense Tax Deduction
Policy 11 – 2010	Promoting Free Market-Based Solutions to Health Care Reform
Policy 12 – 2010	Response to Patient Protection and Affordable Care Act
Policy 13 – 2010	Federal Health Care Coverage to Include Members of Congress and Their Families
Policy 15 – 2010	Support for Physicians to Submit Claims and Prescribe by Any Medium
Policy 17 – 2010	Universal Real-Time Insurance Coverage Verification for Ohio
Policy 21 – 2010	Legislation to Change 40-Hour Rule
Policy 24 – 2010	Updating of the Safe Drinking Water Act
Policy 25 – 2010	Preparing Students for Medical Practice
Policy 3 – 2011	Legislation to Compel Health Insurance Companies to Approve Dispensing Medically Appropriate Quantities of Formulary Medications
Policy 4 – 2011	Evaluation of the Expanding Scope of Pharmacists' Practice and Interference of Pharmacy Benefit Managers in the Practice of Medicine
Policy 5 – 2011	Universal Health Insurance Coverage
Policy 10 – 2011	Standardize Insurance Payment Policies
Policy 16 – 2011	Sexually Transmitted Infections (STI) Education and Prevention Initiative
Policy 5 – 2012	AMA's Truth in Advertising Campaign
Policy 7 – 2012	Limiting Medical Liability Hedge Funds
Policy 12 – 2012	Pharmacy Scope of Practice
Policy 13 – 2012	48-Hour Rule after Consent to Withhold or Withdraw Life Sustaining Treatment from Patient
Policy 14 – 2012	Addressing Safety and Regulation in Medical Spas
Policy 16 – 2012	Maintenance of Board Certification and Maintenance of Licensure Requirements
Policy 18 – 2012	Criminalization of Medical Care
Policy 20 – 2012	Physician Reimbursement for Coordination of Care in Medical Home
Policy 23 – 2012	Mandatory competency Exams of Older Physicians
Policy 27 – 2012	Transparency in Insurance Coverage Information
Policy 29 – 2012	Denial of Care by Medicaid Managed Care Program
Policy 31 – 2012	Third Party Carriers Should Include Incentives for Patient Accountability
Policy 32 – 2012	Personal Health Care Record
Policy 06 – 2013	Crafting Innovative Ways of Funding Graduate Medical Education
Policy 07 – 2013	Support for Physician Led Patient-Centered Medical Home
Policy 08 – 2013	Support for More Primary Care Physicians

Policy 09 – 2013	Abolishing Loss of Chance
Policy 11 – 2013	Oppose the Criminalization of Medical Statements
Policy 12 – 2013	Advocating for Public Education for the Use of Appropriate Health Care Resources
Policy 13 – 2013	Adolescent Pregnancies
Policy 16 – 2013	Maintenance of Certification and Licensure vs. Board Certification, Continuing Medical Education and Lifelong Commitment to Learning
Policy 33 – 2013	Patient Steerage By Quality Measures
Policy 36 – 2013	Peer Review by Specialists with Knowledge of the Situation under Review
Policy 39 – 2013	Audit Overpayments
Policy 41 – 2013	Identifying Chemicals Used by the Oil and Gas Industry as Part of Hydraulic Fracturing
Policy 47 – 2013	Protection of Employed Physicians' Rights

Policies to be Retained as Edited:

Policy – 1962	That a Doctor of Medicine Be Present at All Ohio High School Athletic Body-Contact Contests
Policy 36 – 1978	Contraceptive and Prenatal Services for Minors/ Contraceptive Services for Minors
Policy 56 – 1978	Physicians Responding to Emergencies in Hospitals
Policy 51 – 1981	Policy to Teach Bio-ethics in Ohio Medical Schools
Policy 43 – 1993	Fee for Service
Policy 63 – 1994	Health-System Reform
Policy 55 – 1987	Early Detection
Policy 29 – 2000	Education to Prevent Teenage Pregnancy and Sexually Transmissible Diseases
Policy 5 – 2006	Health Care Technology
Policy 1 – 2008	OSMA Strategy for Unfair Reimbursement Tactics by Health Insurers
Policy 19 – 2008	Opposing State of Ohio Restrictions of Physician Investment
Policy 19 – 2010	Lifting the Restrictions on Balance Billing
Policy 17 – 2011	Creation of a Legislative and Advocacy Program for Medical Students
Policy 34 – 2013	Patient Satisfaction Surveys Not Valid as Reimbursement Criteria

Policies to be Not Retained:

Policy 32 – 1983	Support of Ohio Medical Education and Research Foundation
Policy 46 – 1990	AIDS Continuing Medical Education
Policy 19 – 2009	Guidelines for HIV Screening in Ohio
Policy 22 – 2010	Expedited Partner Therapy (EPT) for the Sexually Transmitted Diseases (STDs) Chlamydia and Gonorrhea
Policy 01 – 2013	Council Restructuring
Policy 17 – 2013	Physician Caring for Family Members
Policy 22 – 2013	Maintain Access to Continuing Medical Education
Policy 32 – 2013	Mandate Creation of Oversight Panel for Health Insurance Carriers
Policy 42 – 2013	Electronic Health Records Surveillance
Policy 43 – 2013	Webcam Patient Encounters
Policy 44 – 2013	Guidelines for Personal Electronic Device Medical Applications
Policy 46 – 2013	Medicare Conditions of Participation