

**Resolution 01-2018
Bylaws Changes**

Action: The updated OSMA Constitution and Bylaws are posted on the OSMA website.

**Resolutions 02-2018
Young Physician Section**

Action: The OSMA Constitution and Bylaws reflect the changes adopted in this resolution. The OSMA is working with young physicians to determine how to proceed.

**Resolution 03-2018
Pursuit of a Strategic Partnership with the Ohio Public Health Association and Update to OSMA Mission and Values Statements**

RESOLVED, That the OSMA create a formal partnership, establishing an open line of communication, with the Ohio Public Health Association for medical students and physicians; and, **be it further**

RESOLVED, That the OSMA support policies and initiatives that may, based on reasonable evidence, produce population health improvements as well as incentivize healthcare providers, hospitals, clinics, and other healthcare facilities to engage in health promotion.

Action: The OSMA is working to find synergy between the two organizations which support public health.

RESOLVED, That the OSMA add an additional bullet to its Values Statement to read as follows: “The health and well-being of the State of Ohio, its communities, and citizens”; and, **be it further**

RESOLVED, That the OSMA update its Mission Statement to read as follows: “The Ohio State Medical Association (OSMA) is dedicated to empowering physicians, residents and medical students to advocate on behalf of their patients, communities, and profession.”

Action: The House referred Resolveds three and four to Council. At its August 2018 meeting, the Council voted to update the Mission Statement as listed here. Council voted against adding the additional bullet to the Values Statement.

**Resolution 04-2018
Policy Finder and Bylaws**

RESOLVED, That the OSMA maintain an up-to-date OSMA policy database, preferably in a searchable format, readily available on its website at all times; and, **be it further**

RESOLVED, That the OSMA maintain a readily accessible copy of our current Constitution and Bylaws available on its website at all times.

Action: The OSMA Policy Compendium and the Constitution and Bylaws are posted on the OSMA website. The documents are searchable using the word search feature within the documents.

Resolution 05 – AMEND

2018 Hospital Closures

RESOLVED, That the OSMA develop guidelines which would be followed in the event of a hospital closing within the state to include, but not be limited to:

1. Working with the local county medical society to hold “town hall” meetings for the affected physicians
2. Act as a clearinghouse for displaced physicians/residents in order to help identify alternative practice/educational options and to help expedite transition to these new opportunities
3. Coordinate with hospital officials in the area to ensure a seamless transition of care for patients
4. Help to ensure that access to medical records for patients is appropriately maintained
5. Work with state and local officials to ensure that access to care is not compromised for patients in a given region; **and, be it further**

RESOLVED, That the OSMA work with the Ohio Hospital Association to develop a protocol in the event of an impending closure of a hospital within the state, which would 1) call for appropriate notifications to the medical staff and community in a timely and professional deliberate manner, and 2) ensure that the method to achieve affordable access to patient medical records is communicated to all concerned parties; and, **be it further**

RESOLVED, That the OSMA will work with the Ohio Hospital Association to develop a template letter regarding the medical staff membership status of affected physicians and/or residents at the time of hospital closure, thereby having easily accessible documentation certifying that their departure from the medical staff was not by voluntary activity or due to sanctions.

RESOLVED, that the OSMA will work with the American Medical Association and its Organized Medical Staff Section to develop a repository of information regarding the medical staff membership status of affected physicians and/or residents at the time of hospital closure, thereby having easily accessible documentation certifying that their departure from the medical staff was not by voluntary activity or due to sanctions.

Action:

AMA Policy: Hospital Closures and Physicians Credentialing (D-230.984)

1. Our AMA will develop model state legislation and regulations that would require hospitals to: (a) implement a procedure for preserving medical staff credentialing files in the event of the closure of the **hospital**; and (b) provide written notification to its state health agency and medical staff before permanently closing its facility indicating whether arrangements have been made for the timely transfer of credentialing files and the exact location of those files.

2. Our AMA will: (a) continue to monitor the development and implementation of physician credentialing repository databases that track **hospital** affiliations, including tracking **hospital closures**, as well as how and where these closed hospitals are storing physician credentialing information; and (b) explore the feasibility of developing a universal clearinghouse that centralizes the verification of credentialing information, and report back to the House of Delegates at the 2019 Interim Meeting.

AMA Policy: Hospital, Ambulatory Surgery Facility, Nursing Home or Other Health Care Facility Closure: Physician Credentialing Records (H-230.956)

1. Our AMA will develop model state legislation and regulations that would require hospitals to: (a) implement a procedure for preserving medical staff credentialing files in the event of the closure of the **hospital**; and (b) provide written notification to its state health agency and medical staff before permanently closing its facility indicating whether arrangements have been made for the timely transfer of credentialing files and the exact location of those files.

2. Our AMA will: (a) continue to monitor the development and implementation of physician credentialing repository databases that track **hospital** affiliations, including tracking **hospital closures**, as well as how and where these closed hospitals are storing physician credentialing information; and (b) explore the feasibility of developing a universal clearinghouse that centralizes the verification of credentialing information, and report back to the House of Delegates at the 2019 Interim Meeting.

Resolution 06-2018 Access to Medical Records

RESOLVED, That a patient's medical records should be accessible to patients and their physicians after hospital closures; and, **be it further**

RESOLVED, That a patient's medical records should be accessible to patients and their new physicians when a physician's office closes for whatever reason, including retirement, loss of employment or leaving the community in compliance with existing Ohio statutes and medical board policy.

Action: Self executing.

Resolution 07-2018 United States Medical Licensing Examination Step 2 Clinical Skills Examination

RESOLVED, That the OSMA supports the following AMA policy regarding clinical skills assessment during medical school:

AMA Policy D-295.988

1. Our AMA will encourage its representatives to the liaison committee on medical education (LCME) to ask the LCME to determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills.

2. Our AMA will work with the Federation Of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) step 2 clinical skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) level 2-performance examination (PE) with a requirement to pass a Liaison Committee on Medical Education-Accredited or Commission on Osteopathic College Accreditation-Accredited Medical School-Administered, clinical skills examination.

3. Our AMA will work to: (a) ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards And National Board of Medical Examiners; (b) encourage a significant and expeditious increase in the number of available testing sites; (c) allow international students and graduates to take the

same examination at any available testing site; (d) engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization; and (e) include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.

4. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills.

5. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed.

6. Our AMA encourages development of a post-examination feedback system for all USMLE test-takers that would: (a) identify areas of satisfactory or better performance; (b) identify areas of suboptimal performance; and (c) give students who fail the exam insight into the areas of unsatisfactory performance on the examination.

7. Our AMA, through the Council On Medical Education, will continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary.

Action: Self executing.

Resolution 08-2018 Equality for COMLEX and USMLE

RESOLVED, That the OSMA promote acceptance of the United States Medical Licensing Examination (USMLE) and Comprehensive Osteopathic Medical Licensing Examination (COMLEX) as equivalent by all Ohio residency programs.

Action: The AMA has now officially recognized COMLEX as equivalent to USMLE. As AMA works with residency program across the state we will work with the AMA and Ohio residency programs on this effort.

Resolution 09-2018 Mentorship

RESOLVED, That the OSMA will work to establish a physician-trainee mentorship program that provides value for all involved parties.

Action: The OSMA has been working to develop programming that connects physicians and trainees, such as a Women in Medicine panel discussion, connecting with the leaders of medical school chapters and providing additional support to young physician members. These activities have led to informal mentoring opportunities between physicians and trainees. Further opportunities to create a formalized mentorship program will be explored.

Resolution 10-2018 Terminal Distributor License

RESOLVED, That physician practices are and must remain under the authority of the State Medical Board of Ohio and never under the Ohio Board of Pharmacy; and, **be it further**

RESOLVED, That the OSMA is opposed to the requirement in the Ohio Revised Code requiring physicians to obtain the Category II License for the Terminal Distributor of Dangerous and will actively lobby for its elimination.-

Action: The OSMA's Advocacy Team continues to work with involved parties concerning this issue.

Resolution 11-2018 On-Line Controlled Drugs

RESOLVED, That the OSMA encourage the American Medical Association to work to change the laws to help the Drug Enforcement Administration and the Food and Drug Administration to better regulate and control the online sales and distribution of controlled substances that lack a valid prescription.

Action: The Ohio Delegation took this resolution to the AMA Annual meeting. There was overall support for this issue. The AMA amended the language, with the final, adopted resolution: *RESOLVED, That our American Medical Association support efforts that help the Drug Enforcement Administration and the Food and Drug Administration to better regulate and control the illegal online sale and distribution of drugs, dietary supplements, and herbal remedies.*

Resolution 12-2018 Dietary Supplements

RESOLVED, That the OSMA educate our patients as to the risks and danger of taking non-prescribed dietary supplements; and, **be it further**

RESOLVED, That the OSMA supports existing AMA policy regarding dietary supplements and herbal remedies as follows:

Dietary Supplements And Herbal Remedies H-150.954

1. Our AMA will work with the FDA to educate physicians and the public about FDA's Medwatch program and to strongly encourage physicians and the public to report potential adverse events associated with dietary supplements and herbal remedies to help support FDA's efforts to create a database of adverse event information on these forms of alternative/complementary therapies.
2. Our AMA continues to urge congress to modify the dietary supplement health and education act to require that
 - (a) dietary supplements and herbal remedies including the products already in the marketplace undergo FDA approval for evidence of safety and efficacy;
 - (b) meet standards established by the United States Pharmacopeia for identity, strength, quality, purity, packaging, and labeling;
 - (c) meet FDA post-marketing requirements to report adverse events, including drug interactions;
 - and (d) pursue the development and enactment of legislation that declares metabolites and precursors of Anabolic steroids to be drug substances that may not be used in a dietary supplement.
3. Our AMA work with the Federal Trade Commission (FTC) to support enforcement efforts based on the FTC act and current FTC policy on expert endorsements.
4. Our AMA supports that the product labeling of dietary supplements and herbal remedies: (a) that bear structure/function claims contain the following disclaimer as a minimum requirement: "this Product has not been evaluated by the Food And Drug Administration and is not intended to diagnose, mitigate, treat, cure, or prevent disease." this product may have significant adverse side effects and/or Interactions with medications and other dietary supplements; therefore it is important that you inform your doctor that you are using this product; (b) should not contain prohibited disease claims.

5. Our AMA supports the FDA's regulation and enforcement of labeling violations and FTC's regulation and enforcement of advertisement violations of prohibited disease claims made on dietary supplements and herbal remedies.
6. Our AMA urges that in order to protect the public, manufacturers be required to investigate and obtain data under conditions of normal use on adverse effects, contraindications, and possible drug interactions, and that such information be included on the label.
7. Our AMA will continue its efforts to educate patients and physicians about the possible ramifications associated with the use of dietary supplements and herbal remedies.

Action: The OSMA provided members a link to the comprehensive website hosted by the FDA which lists a variety of patient resources. OSMA will also push out information to physicians on our social media channels. (<https://ods.od.nih.gov/HealthInformation/healthprofessional.aspx>)

Resolution 13-2018

Support of Competitive, Transparent Pricing Models by Pharmacy Benefit Managers

RESOLVED, That the OSMA supports competitive, transparent drug pricing by Pharmacy Benefit Managers.

Action: Self executing.

Resolution 14-2018

Protection of the Patient-Physician Relationship in Controversial Legislation

RESOLVED, That the OSMA actively oppose any legislation or rule that would negatively impact the sanctity of the physician/patient relationship.

Action: Self executing.

Resolution 15-2018

Arbitrary Paperwork and Signature Deadlines for Hospital and Rehabilitation Unit Admission

RESOLVED, That the OSMA work to decrease the paperwork burden including arbitrary signature requirements that do not change the medical necessity of an admission; **and, be it further**

RESOLVED, That the OSMA work with our Ohio Congressional Delegation and our American Medical Association to change admission order signature timeframe regulations at the Centers for Medicare and Medicaid Services to be consistent with timeframe regulations for other verbal and telephone orders.

Action: The Ohio Delegation took this resolution to the AMA Annual meeting. AMA Policies D-330.919 and D-160.987 were reaffirmed in lieu of this resolution. Policy D-330.919 Reduction of Burdensome CMS Signature Compliance Requirements. Policy D-160.987 48-Hour Signature Rule

Resolution 16-2018

E-Card

RESOLVED, That the OSMA encourage the establishment of an electronic health insurance verification system in the State of Ohio.

Action: The OSMA has been working with OHA and OHIP to continue to move towards a statewide HIE system. As part of this effort we will be working with the state and insurers for real time access to insurance information including coverage, prior authorization etc.

Resolution 17-2018
Ohio State Medical Association to Seek Time Parity for Physician Claims Filing and Insurance Take Back

RESOLVED, That the OSMA again make every effort to limit the allowed time for insurance companies “look back / take back” payments to be commensurate to the time frame allowed for physicians to file claims.

Action: With the new general assembly and administration the OSMA will be working with policy makers on several different issues related to administrative burdens and will include parity in that process.

Resolution 18-2018
Modifier 25

RESOLVED, that the OSMA supports that an Evaluation & Management code billed with a modifier 25 on the same day as a procedure should be paid in full, and not subject to any reduction-

Action: Self executing.

Resolution 19-2018
Prior Authorization for Durable Medical Equipment (DME)

RESOLVED, That denials of prior authorization for durable medical equipment (DME) must be based on true medical necessity not arbitrary time limits or other paperwork issues; **and, be it further**

RESOLVED, That the OSMA continue to work to improve the prior authorization process including working with our Ohio Congressional Delegation and our American Medical Association to improve the process for Medicare Managed Care plans; **and, be it further**

RESOLVED, That the OSMA Delegation take this resolution to the American Medical Association Annual Meeting.

Action: The Ohio Delegation took this resolution to the AMA Annual meeting. AMA Policies H-320.942, H-330.955, H-285.998, H-320.968 and H-320.939 were reaffirmed in lieu of this resolution. Policy H-320.942 Medical Necessity and Utilization Review. Policy H-330.955 Prescription of Durable Medical Equipment. Policy H-285.998 Managed Care. Policy H-320.968 Approaches to Increase Payer Accountability. Policy H-320.939 Prior Authorization and Utilization Management Reform.

Resolution 20-2018
Compensation for Pre-Authorization Requests

RESOLVED, That the OSMA supports the ability for all Ohio physicians to be compensated for time dedicated to the pre-authorization process; and, **be it further**

RESOLVED, That the OSMA requests that payors provide an explanation of their appeals review processes; and, **be it further**

RESOLVED, that the OSMA-AMA representatives bring a resolution to the AMA asking the AMA to petition the Centers for Medicare And Medicaid Services that CPT code 99080 be reimbursed by Medicare.

Action: The Ohio Delegation took this resolution to the AMA Annual meeting. AMA Policy H-320.939 was reaffirmed in lieu of this resolution. Policy H-320.939 Prior Authorization and Utilization Management Reform.

Resolution 21-2018
Fairness in Commercial Health Insurance Network Panels

RESOLVED, That the OSMA adopt a position that commercial health insurance companies should be transparent in all policies toward physicians.

Action: Self executing.

Resolution 22-2018
Medicaid and Commercial Health Insurance

RESOLVED, That the OSMA request that the Ohio Department of Medicaid immediately remove Medicaid recipients who already receive commercial health insurance or have it available to them.

Action: At its August 2018 meeting, the Council voted to send a letter to the Ohio Department of Medicaid in lieu of adopting this resolution. The letter will thank the Department for the actions it has already taken on this issue and encourage continued action to reduce the problems caused by needing to determine whether Medicaid or commercial insurance applies for patients seeking treatment.

Resolution 23-2018
Maintaining Medicaid Coverage for Group VIII Enrollees

RESOLVED, That the OSMA supports the ongoing coverage of those individuals defined as Medicaid group VIII eligible individuals by any program deemed to continue their coverage in a manner comparable to coverage as allowed by the Affordable Care Act, and oppose programs which would not continue commensurate coverage.

Action: Self executing.

Resolution 24-2018
Implementation of Integrated Behavioral Healthcare Management Services

RESOLVED, That the OSMA support efforts to implement evidence-based, physician-led integrated behavioral health care management models.

Action: Self executing.

Resolution 25-2018
Support of Acupuncture for Chronic Pain Management

RESOLVED, That the OSMA support acupuncture coverage by insurance companies as a strategy for chronic pain management.

Action: This resolution reaffirms existing policy 13-2016.

**Emergency Resolution No. 01 – 2018
Firearms and Public Health**

RESOLVED, That the OSMA opposes gun violence and supports policy that enforces patient safety; and **be it further**

RESOLVED, that the OSMA lobby for physician immunity from civil and criminal liability if physicians are required to report potential violent threats by patients; AND **BE IT FURTHER**

RESOLVED, that the OSMA encourages firearm safety education.

Action: Self executing in part. The OSMA's Advocacy team will continue to approach legislation concerning firearms pursuant to this policy.