**2020 Action Report on 2019 Resolutions**

**Resolutions 01, 02 and 03-2010 - Bylaws Changes**

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

**Resolution 04-2019 – Addressing the Pay Gap in Medicine**

**RESOLVED**, The OSMA supports policies that promote data collection in physician compensation that is de-identified for personal and academic research use; and, **be it further**

**RESOLVED**, The OSMA supports pay based on objective, gender-neutral criteria; and, **be it further**

**RESOLVED**, The OSMA supports pay equality to ensure equal pay for equal work.

**Action:** This resolution is self-executing.

**Resolution 05-2019 – Advancing Gender Equity in Medicine**

**RESOLVED**, That OSMA adopt the following, which is adapted from American Medical Association policy/directives:

1. That OSMA draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers, and other entities that employ physicians, to be submitted to the House for consideration at the 2020 Annual Meeting;
2. That OSMA: (a) Promote institutional, departmental, and practice policies, consistent with federal and Ohio law, that offer transparent criteria for initial and subsequent physician compensation; (b) Continue to advocate for pay structures based on objective, gender-neutral criteria; (c) Advocate for training to identify and mitigate implicit bias in compensation decision making for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement;
3. That OSMA recommend as immediate actions to reduce gender bias to: (a) Inform physicians about their rights under the Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination; (b) Promote educational programs to help empower physicians of all genders to negotiate equitable compensation; and (c) Work with relevant stakeholders to develop and host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings;
4. That OSMA collect and analyze comprehensive demographic data and produce a study on gender equity, including, but not limited to, membership; representation in the House of Delegates; reference committee makeup; and leadership positions within OSMA, including the Board of Trustees, Councils and Section governance, plenary speaker invitations (including, but not limited to, the Annual Meeting Education Program, the Annual Oration, and the Public Health Leadership Forum), recognition awards, and grant funding (including, but not limited to, grants from OSMA and Alliance Charitable Foundation); and disseminate such findings in regular reports to the House of Delegates, beginning at A-20 and continuing yearly thereafter, with recommendations to support ongoing gender equity efforts;
5. That OSMA commit to the principles of pay equity across the organization and take steps aligned with this commitment.

**Action:** The OSMA Council amended and adopted Resolution 05-2019 as follows:

**RESOLVED**, That OSMA adopt the following, which is adapted from American Medical

Association policy/directives:

1. That the OSMA supports gender and pay equity in medicine consistent with the American Medical Association Principles for Advancing Gender Equity in Medicine (see AMA Policy H-65.961 as adopted at the 2019 AMA Annual Meeting);

2. That the OSMA:

(a) Promote institutional, departmental, and practice policies, consistent with federal and Ohio law, that offer transparent criteria for initial and subsequent physician compensation;

(b) Continue to advocate for pay structures based on objective, gender-neutral criteria;

(c) Encourages training to identify and mitigate implicit bias in compensation decision making for those in positions to determine physician salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement;

3. That the OSMA recommends as immediate actions to reduce gender bias to:

(a) Inform physicians about their rights under the Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination;

(b) Promote educational programs to help empower physicians of all genders to negotiate equitable compensation; and

(c) Work with relevant stakeholders to advance women in medicine;

4. That the OSMA collaborate with the American Medical Association initiatives to advance gender and pay equity;

5. That the OSMA commit to the principles of pay equity across the organization and take steps aligned with this commitment.

**Resolution 06-2019 – Increase Awareness of Disparities in Medical Access and Treatment in Ohio**

**RESOLVED**, that our OSMA work with appropriate stakeholders to increase awareness of Ohio physicians, residents, and medical students of disparities in medical access and treatment in Ohio based on disability, race, ethnicity, geography, and other social and demographic factors through the utilization of existing resources.

**Action:** As part of OSMA’s Healthier Ohio 2020 initiative we will be focusing specifically on access to care and barriers to treatment and best practices of treating some chronic diseases like diabetes. Components of this work will be educating physicians, residents and medical students with specific attention to disparities with different populations of Ohioans.

**Resolution 07-2019 – Female Genital Mutilation Ban**

**RESOLVED**, That our Ohio State Medical Association condemns the practice of female genital mutilation as defined by the World Health Organization and considers female genital mutilation a form of child abuse; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association encourages physicians to engage in culturally competent counseling to individuals at risk of female genital mutilation.

**Action:** This resolution is self-executing**.**

**Resolution 08-2019 – HPV Immunization**

**RESOLVED**, That the Ohio State Medical Association supports increased access to the HPV vaccine, and **be it further**

**RESOLVED,** That the OSMA supports adding the HPV vaccine to the current schedule of required vaccines for attendance at public and private schools, subject to existing exemption policies.

**Action:** This resolution is self-executing.

**Resolution 09-2019 – Impact of Climate Change on Human Health**

**RESOLVED,** That the Ohio State Medical Association supports efforts at the state level for expansion of renewable sources of energy.

**Action:** This resolution is self-executing.

**Resolution 10-2019 – Reaffirm Existing Policy 24-2010 – Safe Drinking Water**

OSMA policy 24-2010: The OSMA shall petition the appropriate state agencies to identify those local water utilities at risk and to take appropriate steps to assure safe drinking water.

**Action:** The OSMA is taking steps to assure safe drinking water and is currently drafting a letter to Governor DeWine and the Ohio EPA to commend them for investigating all Ohio water supplies per a recent announcement.

**Resolution 11-2019 – Reaffirm OSMA Emergency Resolution 01-2018 – Firearms and Public Health**

1. The OSMA opposes gun violence and supports policy that enforces patient safety.
2. The OSMA lobby for physician immunity from civil and criminal liability, if physicians are required to report potential violent threats by patients.
3. The OSMA encourages firearm safety education.

**Action:** The OSMA is monitoring the pending state legislation concerning firearms and looking for opportunities to amend and add language about firearms safety education.

**Resolution 13-2019 – Hospital Closures and Physician Credentialing Repository**

**RESOLVED**, That the OSMA take whatever legislative and/or administrative steps necessary to initiate action by the Ohio Department of Health to create and maintain a repository of credentialing files of those physicians affected by hospital closures, so that such records will be easily accessible for future needs.

**Action:** The OSMA has approached the Ohio Hospital Association to discuss working together to find the most appropriate way to address the issue of ensuring that hospital closures do not negatively affect existing physician credentialing records.

**Resolution 14-2019 – Compensation for Prior Authorization Services**

**RESOLVED**, That the OSMA opposes pre-authorization as a requirement for patient care; and **be it further**

**RESOLVED**, that OSMA seek legislation that provides for appropriate compensation to physician offices for expenses incurred in obtaining prior authorizations for patient care.

**Action:** The OSMA has gathered data through a survey to Ohio physicians and practices regarding prior authorization, and will now be analyzing the data collected in order to develop the next action steps.

**Resolution 16-2019 – OSMA Support of Direct Primary Care**

**RESOLVED**, That the Ohio State Medical Association (OSMA) provide a written description of the Direct Primary Care model to physicians and medical students for the purpose of educating on alternative practice models.

**Action:** In the first issue of Ohio Medicine in 2020 and in some e-communications the OSMA will be publishing information about the current use of direct primary care in Ohio and recent legislative and regulatory changes that clarify its use moving forward.

**Resolution 17-2019 – Part A Medicare Payments to Physicians**

**RESOLVED**, That the OSMA work for enactment of legislation to direct cash payments from Part A Medicare to physicians in direct proportion to demonstrated savings that are made in Part A Medicare through the efforts of physicians; and, **be it further**

**RESOLVED**, That this Resolution on Part A Medicare Payments to Physicians, be forwarded on to the AMA for consideration at the Annual AMA HOD Meeting in June 2019.

**Action:** The Ohio Delegation to the AMA forwarded on this resolution to the AMA Annual meeting. The resolution was adopted as submitted.

**Resolution 18-2019 – Practice Overhead Expense and the Site-of-Service Differential**

**RESOLVED**, That the OSMA appeal to the Ohio congressional delegation for legislation to direct CMS to eliminate any site-of-service differential payments to hospitals for the same service that can safely be performed in a doctor’s office; and, **be it further**

**RESOLVED**, That the OSMA appeal to the Ohio congressional delegation for legislation to direct CMS in regards to any savings to Part B Medicare, through elimination of the site-of-service differential payments to hospitals, (for the same service that can safely be performed in a doctor’s office), be distributed to all physicians who participate in Part B Medicare, by means of improved payments for office-based Evaluation and Management Codes, so as to immediately redress underpayment to physicians in regards to overhead expense; and, **be it further**

**RESOLVED**, That the OSMA appeal to the Ohio congressional delegation for legislation to direct CMS to make Medicare payments for the same service routinely and safely provided in multiple outpatient settings (e.g., physician offices, HOPDs and ASCs) that are based on sufficient and accurate data regarding the actual costs of providing the service in each setting~~.~~; and, **be it further**

**RESOLVED**, That this resolution on practice overhead expense and site-of-service differential be forwarded on to our AMA for consideration at the annual HOD meeting in June 2019.

**Action:** The Ohio Delegation to the AMA forwarded on this resolution to the AMA Annual meeting. The resolution was referred for decision with Resolution 132 – Site of Service Differential.

**Resolution 19-2019 – Investigate Medicare Part D - Insurance Company Upcharge**

**RESOLVED**, That the OSMA Delegation to the AMA ask the AMA to investigate Medicare Part D rules which allow insurance providers to keep up to 5% more than their actual cost of providing pharmacy prescription services while at the same time they are eligible to get paid by CMS reinsurance rules for certain losses.

**Action:** The Ohio Delegation to the AMA forwarded on this resolution to the AMA Annual meeting. The resolution was adopted as amended with the following resolved clause:

**RESOLVED,** That our AMA support a US Government Accountability Office (GAO) study of Medicare Part D plan risk assessment behaviors and strategies, and their impact on direct subsidy, reinsurance subsidy and risk corridor payments. (Directive to Take Action)

**Resolution 20-2019 – Establishing Fair Medicare Payor Rates**

**RESOLVED**, That the OSMA Delegation to the AMA ask the AMA to pursue CMS intervention and direction to prevent commercial Medicare payors from compensating physicians at rates below Medicare’s established rates.

**Action:**The Ohio Delegation to the AMA forwarded on this resolution to the AMA Annual Meeting. The resolution was adopted as submitted.

**Resolution 21-2019 –** **2019 Congressional Health Care Proposals**

**RESOLVED**, That the OSMA supports provisions in Federal and State legislation that:

1. Do not limit the choices available for Americans for health care coverage  
2. Support improving existing health plans

3. Make any new plan voluntary

4. Do not eliminate the private insurance market; and, **be it further**

**RESOLVED**, That the OSMA reaffirm our basic principles for health care (Policy 63 - 1994 and Policy 01 - 2017); and, **be it further**

**RESOLVED**, That the OSMA AMA Delegation take this resolution to the AMA Annual meeting in Chicago for further discussion and action.

**Action:**The Ohio Delegation to the AMA forwarded on this resolution to the AMA Annual meeting. Existing policy (see below) was reaffirmed in place of this resolution.

* Health System Reform Legislation (H-165.838)
* Expanding Choice in the Private Sector (H-165.881)
* Opposition to Nationalized Health Care (H-165.985)
* Patient Information and Choice (H-373.998)
* Empowering State Choice (D-165.942)

**Resolution 22-2019 –** **Opposition to Medicaid Eligibility Barriers**

**RESOLVED**, That the Ohio State Medical Association oppose drug testing as a requirement to determine eligibility for Medicaid enrollees and applicants; and, **be it further**

**RESOLVED**, That the Ohio State Medical Association oppose employment criteria for Medicaid enrollees and applicants.

**Action:** This resolution is self-executing.