OSMA and AMA Policies relevant to 2020 Proposed Resolutions

Resolution 01-2020

Refer to OSMA Bylaws

Resolution 02-2020

Refer to OSMA Bylaws

Resolution 03-2020

AMA Policy

AMA Policy 140.837, Conduct at AMA Meetings and Events

Resolution 04-2020

AMA Policy

255.988, AMA Principles on International Medical Graduates
255.978, Study Expediting Entry of Qualified IMG Physicians to US Medical Practice
275.898, Credentialing Issues

Resolution 05-2020

OSMA Policy

Policy 13 – 2015 – Retiring OSMA Members 1. The OSMA shall create a packet of helpful information and referrals as a resource for retiring members. 2. The OSMA shall create and support a forum for retired members to meet, communicate, and perhaps grow into a meaningful organized group of wise, enthusiastic, resourceful physicians for their own benefit and that of their communities.

Resolution 06-2020

No Relevant Policy.

Resolution 07-2020

AMA Policy

Numerous AMA Abortion-Related Policies, Click Here

OSMA Policy

Policy 13 – 1973 – Abortion as a Medical Procedure 1. The House of Delegates of the OSMA adopts as its policy the statement of abortion issued by the OSMA's Committee on Maternal Health, with the exception that abortion upon request, like any other medical procedure, should be performed only in the maternal patient's best interests, and the standards of sound clinical judgment, which together with informed maternal patient consent, should be determinative according to the merits of each individual case. Statement on Abortion of OSMA Committee on Maternal Health In view of the recent decision of the United States Supreme Court on abortion the following statement is issued by the OSMA's Committee on Maternal Health. Abortion shall mean an operation to intentionally terminate a pregnancy with a live or stillborn fetus weighing 500 grams or less, or under 20 completed weeks of gestation. For its performance, adequate facilities, equipment and personnel are required to assure the highest standards of patient care. First trimester abortions (up to 12 weeks since conception) should be performed in a hospital or in a facility that offers the basic safeguards provided by hospital admission and has immediate hospital back-up. Such a facility should be accredited by the Joint Commission on Accreditation of Hospitals or licensed by the State of Ohio. Abortions beyond the first trimester should be performed in a hospital. Facilities for the performance of first trimester abortions should include appropriate surgical, anesthetic and resuscitation equipment. In addition, the following should be provided: 1. Verification of the diagnosis and duration of pregnancy. 2. Pre-operative instructions and counseling. 3. Recorded pre-operative history and physical examination, particularly directed to identification of pre-existing or concurrent illnesses or drug sensitivities that may have a bearing on the operative procedures or the anesthesia. 4. Laboratory procedures as usually required for a hospital admission, including blood type and Rh factor. 5. Prevention of Rh sensitization. 6. A receiving facility where the patient may be prepared and receive necessary pre-operative medication and observation prior to the procedure. 7. A recovery facility in which the patient can be observed until she has sufficiently recovered from the procedure and the anesthesia and can be safely discharged by the physician. 8. Post-operative instructions and arrangements for follow-up including family planning advice. 9. Adequate permanent records. It is recognized that abortion may be performed at a patient's request or upon a physician's recommendation. No physician should be required to perform, nor should any patient be forced to accept, an abortion. The usual informed consent, including operative permit, should be obtained. The same indications for consultation should apply to abortions as to other medical-surgical procedures. Abortions should be performed only by licensed physicians who are qualified to identify and manage those complications that may arise from the procedure.

Policy 10 – 1990 – Policy on Abortion 1. It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs. 2. The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.

Resolution 08-2020

OSMA Policy

Policy 35 – 1982 – Education Regarding Suicide Recognition, Prevention and Treatment
1. The OSMA encourages physicians to continue their education in the recognition, treatment, and prevention of potential suicides and the management of survivors of suicide attempts.

Policy 62 – 1989 – Care of the Chronically, Mentally Ill
1. The OSMA encourages improvement of Ohio's mental health system.
2. The Ohio mental health system should provide up-to-date psychiatric treatment to patients with acute and intermittent psychiatric conditions, as well as planning, evaluation and treatment for those with chronic psychiatric conditions.
3. Decisions concerning access to and treatment in the Ohio mental health system should be made by physicians.

Policy 57 – 1990 – Health Promotion and Disease Prevention Education
1. The OSMA supports the implementation of effective health promotion/disease prevention curricula in medical schools, residency programs and CME programs.

AMA Policy

Increasing Detection of Mental Illness and Encouraging Education (D-345.994)
Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.

Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

Awareness, Diagnosis, and Treatment of Depression and other Mental Illnesses (H-345.984)
Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings.

Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.

Our AMA: (a) will advocate for the incorporation of integrated services for general medical care, mental health care, and substance use disorder care into existing psychiatry, addiction medicine and primary care training programs' clinical settings; (b) encourages graduate medical education programs in primary care, psychiatry, and addiction medicine to create and expand opportunities for residents and fellows to obtain clinical experience working in an integrated behavioral health and primary care model, such as the collaborative care model; and (c) will advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.

Our AMA recognizes the impact of violence and social determinants on women's mental health.

Statement of Principles on Mental Health (H-345.999)

Tremendous strides have already been made in improving the care and treatment of patients with psychiatric illness, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat psychiatric illness and promote mental health must, by the nature of the problems to be solved, be both ambitious and comprehensive.

The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs.

The AMA will be more active in encouraging physicians to become leaders in community planning for mental health.

Resolution 09-2020

AMA Policy

The AMA has numerous policies relevant to the treatment of pain and addiction:

AMA Pain Treatment Policies

AMA Addiction Treatment Policies
AMA Mental Health Treatment Policies

OSMA Policy

Policy 62 – 1989 – Care of the Chronically, Mentally Ill 1. The OSMA encourages improvement of Ohio's mental health system. 2. The Ohio mental health system should provide up-to-date psychiatric treatment to patients with acute and intermittent psychiatric conditions, as well as planning, evaluation and treatment for those with chronic psychiatric conditions. 3. Decisions concerning access to and treatment in the Ohio mental health system should be made by physicians.

Policy 9 – 1998 – Access and Parity of Mental Health Coverage 1. 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.

Policy 20 – 2016 – Improving Outcomes of Law Enforcement Responses to Mental Health Crisis through the Crisis Intervention Team Model 1. The OSMA supports continued research into the public health benefits of CIT law enforcement training. 2. The OSMA encourages physicians, physician practices, allied healthcare professionals, and medical communities to collaborate with law enforcement training programs in order to improve the outcomes of police interventions in mental health crises. 3. The OSMA supports the use of public funds to facilitate CIT training for all interested members of police departments.

Policy 13 – 2016 – Insurance Coverage of Non-Narcotic Treatments Used in Pain Management 1. The OSMA shall work with the insurance companies and the Ohio Department of Insurance to stress the need for the cooperation of the insurance companies in physicians' efforts to treat chronic pain with appropriate medications and all appropriate treatment modalities. 2. The OSMA shall encourage reasonable insurance coverage with affordable patient out-of-pocket costs for non-narcotic treatments that are useful in pain management. 3. The OSMA will support our physician members and stress that the current drug problem is a multifactorial problem not exclusively due to improper prescribing by physicians.

Policy 19 – 2017 – Opioid Harm Reduction in Undergraduate Medical Education 1. 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.

Policy 20 – 2017 - Ohio Physicians and the Opioid Problem 1. That it is the Official Policy of the OSMA that all physicians should have the ability to 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 acknowledge that substance abuse has many factors and that physicians have contributed to overuse of opioids. However, other causes of misuse of controlled substances should be the significant focus of remedial action.

Policy 25 – 2018 - Support of Acupuncture for Chronic Pain Management 1. The OSMA support acupuncture coverage by insurance companies as a strategy for chronic pain management. By official action, the House reaffirmed existing policy 13-2016.

Resolution 10-2020

AMA Policy

The AMA has several relevant policies on firearm safety, click here.

OSMA Policy

Policy 54 – 1989 – Waiting Period before Gun Purchase 1. The OSMA supports a waiting period of at least one week before purchasing any form of firearm in the state of Ohio.

Policy 24 – 2016 – Lifting Restrictions on Federally Funded Firearms Research 1. The OSMA recognizes firearms violence as a public health concern. 2. The OSMA asks the AMA to support the removal of the current restrictions on use of federal funds in researching firearms safety, injury and violence.

Emergency Policy No. 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

Resolution 11-2020

AMA Policy

The AMA has several relevant policies regarding hospice and palliative care, click here.

OSMA Policy

Policy 14 – 1994 – Hospice Care 1. The 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 12-2020

AMA Policy

The AMA has several relevant policies regarding HIV status and treatment, click here.

OSMA Policy

Policy 26 – 1995 – HIV Testing of Pregnant Women 1. The OSMA recommends routine HIV counseling and testing of pregnant women as a part of pre-natal care.

Policy 41 – 1996 – More Routine HIV Testing 1. The OSMA recommends more routine HIV testing especially young sexually active people.

Resolution 13-2020

AMA Policy

The AMA has several relevant policies regarding vaping, click here.

OSMA Policy

Policy 02 – 2015 – Standardizing Physicians' Stance toward Electronic Cigarettes 1. The OSMA supports both a ban on sales of e-cigarettes to minors and a prohibition on the consumption of e-cigarettes by minors. 2. The OSMA supports AMA Policy H-495.973. 3. The OSMA encourages more research into the potential health risks associated with e-cigarettes.