

41 **CONSENT CALENDAR**

42
43 The Consent Calendar includes the committee’s recommendations for reaffirmation, adoption,
44 referral, or non-adoption of those resolutions referred to the committee for consideration. A
45 request may be made to remove any item from the Consent Calendar for referral to Council.
46 Extractions must include recommended alternative action or amendment language with
47 sufficient explanation of the reason for the extraction request.

48
49 **RECOMMENDED FOR REAFFIRMATION:**

50
51 **RECOMMENDED FOR ADOPTION:**

52
53 Resolution 15- 2020 - Supporting Gender-Affirming Care for Transgender and Gender Minority
54 Patients

55
56 Resolution 16- 2020 - Strengthen Awareness of the Importance of Good-Faith Prescription
57 Donations to the Ohio Drug Donation Repository and the Free Clinics It Serves

58
59 Resolution 18- 2020 - Time Frames for Insurance Charge Submission

60
61 Resolution 19- 2020 - Out-of-Network Billing

62
63 Resolution 23- 2020 - Government Pay for Government Mandates

64
65 Resolution 25- 2020 - Co-Pay Accumulators

66
67 Resolution 26- 2020 - Bundled Payments and Medically Necessary Care

68
69 **RECOMMENDED FOR ADOPTION AS AMENDED OR ADOPT IN LIEU OF:**

70
71 Amended Resolution 22- 2020 - Improving the Veterans Health Administration Referrals for
72 Veterans for Care outside the VA System

73
74 Amended Resolution 27- 2020 - 2020 OSMA Policy Sunset Report

75
76 **RECOMMENDED FOR REFERRAL TO COUNCIL:**

77
78 **RECOMMENDED FOR REFERRAL TO COUNCIL FOR REPORT BACK:**

79
80 Resolution 17- 2020 - Refining OSMA Position on Healthcare Financing Reform

81
82 Resolution 20- 2020 - Network Adequacy

83
84 Resolution 21- 2020 - Insurance and Third-Party Networks

85
86 **RECOMMENDED FOR REFERRAL TO COUNCIL FOR DECISION:**

87
88 **RECOMMENDED FOR NON-ADOPTION:**

89
90 Resolution 14- 2020 - Multidisciplinary Approach to Safer Care of Obese Patients in Healthcare
91 Settings

92
93 Resolution 24- 2020 - Determination of Inpatient/Outpatient Hospital Status
94

95 **Resolution 14-2020 - NOT ADOPT**
96 **Multidisciplinary Approach to Safer Care of Obese Patients in**
97 **Healthcare Settings**
98

99 **Comments: There were only two comments made on this resolution and both**
100 **recommended that this resolution not be adopted as written, the reason being that the**
101 **resolution was asking for guidelines to be developed, which as testimony stated, is**
102 **outside OSMA purview and capabilities. Asking the OSMA to undertake this comes at a**
103 **large fiscal cost. While the OSMA would support safe care of obese patients, the**
104 **committee believes that organizations and entities with expertise in the subject of**
105 **obesity should develop the best practice standards. Then, those entities could ask OSMA**
106 **to support education to our members regarding these best practices.**

107
108 RESOLVED, That the OSMA develop new policy specifically addressing a multidisciplinary
109 approach to safer care of obese patients across the continuum of care in healthcare settings;
110 and, be it further

111
112 RESOLVED, That the OSMA work with interested parties including specialty organizations,
113 hospitals, healthcare systems and state health organizations to develop best practice standards
114 in a multidisciplinary approach to safer care of obese patients across the continuum of care in
115 healthcare settings; and, be it further

116
117 RESOLVED, That the OSMA delegation to the AMA present this resolution to the Organized
118 Medical Staff Section of the AMA to help develop national best practice standards addressing
119 safer care for the obese patient across the continuum of care in healthcare settings.

120
121 Fiscal Note: \$ None Provided (Sponsor)
122 \$ 50,000 (Staff)

123
124
125 **Resolution 15-2020 - ADOPT**
126 **Supporting Gender-Affirming Care for Transgender and**
127 **Gender Minority Patients**
128

129 **Comments: All testimony provided was in strong support of the resolution, and the**
130 **comments made in support indicated that this is a timely issue to assist a vulnerable**
131 **patient population. The committee recognized that while there is existing policy related**
132 **to the care of transgender and gender minority patients, this resolution allows the OSMA**
133 **to support more broad education and training for caring for this vulnerable population.**
134 **Committee members brought to light that there are other barriers to care including**
135 **electronic medical records and certain insurance practices, but felt that these could be**
136 **addressed by future resolutions.**

137 RESOLVED, That the OSMA reaffirm existing Policy 23-2016 - Expanding Gender Identity
138 Options on Physician Intake Forms (see below relevant policy); and, be it further

139
140 RESOLVED, That the OSMA supports individualized, gender-affirming, evidence-based
141 treatment and clinical practices in caring for transgender and gender minority patients; and, be it
142 further

143

144 RESOLVED, That the OSMA supports educational training to further educate healthcare
145 providers on how to provide competent, respectful, evidence-based care to transgender and
146 gender minority patients.

147
148 Fiscal Note: \$ 5,000 (Sponsor)
149 \$ 5,000 (Staff)

150
151

Resolution 16-2020 - ADOPT
Strengthen Awareness of the Importance of Good-Faith Prescription
Donations to the Ohio Drug Donation Repository and the Free Clinics It Serves

155
156 **Comments: All testimony provided was in support of the resolution, and the committee**
157 **agreed that the OSMA should support these efforts to increase awareness of the**
158 **program and its importance as a resource to free clinics and the patients they serve,**
159 **especially given the issue of rising prescription drug costs.**

160

161 RESOLVED, That the OSMA support efforts to increase public and private sector awareness of
162 the importance of good-faith prescription donation to the Ohio Drug Donation Repository Program, and
163 the free clinics it serves.

164
165 Fiscal Note: \$ 5,000 (Sponsor)
166 \$ 5,000 (Staff)

167
168

Resolution 17-2020 - REFER FOR REPORT BACK
Refining OSMA Position on Healthcare Financing Reform

169

170
171
172 **Comments: There was mixed testimony provided on this resolution, with passionate**
173 **comments both in support and in opposition. The committee carefully considered the**
174 **Resolved clauses of the resolution and noted that, as worded, there was some**
175 **uncertainty about several phrases, leading to some concerns about what exactly the**
176 **resolution was asking for the OSMA to do versus the intent of the resolution. Several**
177 **points were brought up which the committee felt needed clarification, including the issue**
178 **of the definition of “universal health access” versus “universal health coverage.” The**
179 **committee agrees that access to health care is a huge issue, and appreciates that**
180 **concern. Given the testimonies provided, it is clear that there is a significant desire from**
181 **some of the OSMA membership to make the OSMA more open to considering evidence-**
182 **based proposals for universal health access, without excluding free market health**
183 **insurance options. Ultimately, the committee believes that given the complexity of this**
184 **issue, a report from Council may help to clarify its intricacies. Furthermore, the**
185 **committee felt that this decision should be made by the entire OSMA HOD, and to**
186 **facilitate this, recommended referral to Council to report back in 2021 with**
187 **recommendations for consideration by the HOD.**

188

189 RESOLVED, That the Ohio State Medical Association consider evidence-based proposals to universal
190 health insurance that preserve the freedom of choice, freedom of practice, and universal access for
191 patients; and, be it further

192

193 RESOLVED, The Ohio State Medical Association rescind Policy 11 – 2010 (Promoting Free Market-
194 Based Solutions to Health Care Reform):

195
196 1. The OSMA promotes free market based solutions to improve access and cost effectiveness of
197 health care delivery in the United States; and, be it further
198

199 RESOLVED, That the Ohio State Medical Association amend Policy 05 – 2011 (Universal Health
200 Insurance Coverage) as follows:

201
202 1. The OSMA ~~reaffirms support for~~ supports universal health insurance access for all Americans
203 ~~through market based initiatives to create incentives for the purchase of coverage.~~
204 2. OSMA and AMA will pursue legislative and regulatory reform to achieve universal health
205 insurance access ~~through free market solutions~~; and, be it further
206

207 RESOLVED, That the Ohio State Medical Association rescind Policy 13 – 1995 (Privatizing Medicare):

208
209 1. The OSMA supports privatizing Medicare including the use of the medical savings accounts.;
210 and, be it further
211

212 RESOLVED, That the Ohio State Medical Association rescind Policy 14 – 1995 (Privatize Medicaid):

213
214 1. The OSMA supports privatizing Medicaid including the use of medical savings accounts. Reaffirmed in
215 1996.
216

217 Fiscal Note: \$ 500 (Sponsor)
218 \$ 500 (Staff)
219
220

221 **Resolution 18-2020 - ADOPT**
222 **Time Frames for Insurance Charge Submission**

223
224 **Comments: All comments provided as testimony were in support of the resolution. This**
225 **resolution would ask that the OSMA support parity between time requirements asked of**
226 **physicians and those asked of insurers.**
227

228 RESOLVED, That the OSMA work to prevent insurance companies from changing the time
229 allowed for physicians to submit charges for services (such as from 180 days to 90 days) in the
230 middle of a contract period; and, be it further
231

232 RESOLVED, That the OSMA work to require at least 180-day notice if the time to submit
233 charges is decreased by an insurance company; and, be it further
234

235 RESOLVED, That the OSMA work to limit the time that an insurance company has to take back
236 paid fees to the same amount of time that physicians have to submit charges (i.e. no take back
237 after 90 days, if charges must be submitted in 90 days).
238

239 Fiscal Note: \$ 1,000 (Sponsor)
240 \$ 5,000 (Staff)
241
242

243 **Resolution 19-2020 - ADOPT**
244 **Out-of-Network Billing**
245

246 **Comments: All comments provided as testimony were in support of the resolution. The**
247 **content of this resolution aligns well with the OSMA's current advocacy initiatives on the**
248 **topic of out-of-network billing. The committee recommended adoption of the resolution.**
249

250 RESOLVED, That the OSMA rescind Policy 19 – 2010 (Lifting the Restrictions on
251 Balance Billing):

252
253 1. The OSMA supports repeal of regulations currently in place that prohibit balance
254 billing for physicians; and, be it further
255

256 RESOLVED, That the OSMA adopt its own policy similar to AMA policy H-285.904, to read as
257 follows:

- 258
259 1. The OSMA adopts the following principles related to unanticipated out-of-network care:
260 A. Patients must not be financially penalized for receiving unanticipated care from
261 an out-of-network provider.
262 B. Insurers must meet appropriate network adequacy standards that include
263 adequate patient access to care, including access to hospital-based physician
264 specialties. Ohio regulators should enforce such standards through active regulation of
265 health insurance company plans.
266 C. Insurers must be transparent and proactive in informing enrollees about all
267 deductibles, copayments and other out-of-pocket costs that enrollees may incur.
268 D. Prior to scheduled procedures, insurers must provide enrollees with reasonable
269 and timely access to in-network physicians.
270 E. Patients who are seeking emergency care should be protected under the
271 "prudent layperson" legal standard as established in state and federal law, without
272 regard to prior authorization or retrospective denial for services after emergency care is
273 rendered.
274 F. Out-of-network payments must not be based on a contrived percentage of the
275 Medicare rate or rates determined by the insurance company.
276 G. Minimum coverage standards for unanticipated out-of-network services should
277 be identified. Minimum coverage standards should pay out-of-network providers at the
278 usual and customary out-of-network charges for services, with the definition of usual and
279 customary based upon a percentile of all out-of-network charges for the particular health
280 care service performed by a provider in the same or similar specialty and provided in the
281 same geographical area as reported by a benchmarking database. Such a
282 benchmarking database must be independently recognized and verifiable, completely
283 transparent, independent of the control of either payers or providers and maintained by a
284 non-profit organization. The non-profit organization shall not be affiliated with an insurer,
285 a municipal cooperative health benefit plan or health management organization.
286 H. Mediation and/or Independent Dispute Resolution (IDR) should be permitted in
287 all circumstances as an option or alternative to come to payment resolution between
288 insurers and providers.
289 2. The OSMA will advocate for the principles delineated in this policy for all health plans,
290 including ERISA plans.
291 3. The OSMA will advocate that any legislation addressing surprise out of network medical
292 bills use an independent, non-conflicted database of commercial charges; and, be it further
293

294 RESOLVED, That the OSMA's delegation to our AMA submit a resolution at A-20 asking for this
295 amendment to Item H in their policy.
296

297 Fiscal Note: \$ 10,000 (Sponsor)
298 \$ 10,000 (Staff)

300
301 **Resolution 20-2020 - REFER FOR REPORT BACK**
302 **Network Adequacy**

303
304 **Comments: All testimony provided for the resolution generally supported the resolution,**
305 **but there was some desire expressed for the committee to develop stronger, more**
306 **actionable language. The committee agrees that this is an important and timely issue, but**
307 **believes that it lacks the specificity that justifies the fiscal note and creates strong OSMA**
308 **policy. The committee briefly discussed combining Resolution 20 and 21 as committee**
309 **members noted similarities between these two resolutions; however, ultimately decided**
310 **to refer Resolution 20 and 21. The committee believes that the OSMA Council can hone**
311 **this resolution and report back to the HOD in 2021 with a more defined and specific**
312 **proposal.**

313
314 RESOLVED, That the OSMA advocate for legislation to require quarterly reporting to the Ohio
315 Department of Insurance by health insurers on network adequacy measures; and, be it further

316
317 RESOLVED, That the OSMA advocate for legislation which offers financial protection to patients
318 who seek care out-of-network when not available in-network within defined time and geographic
319 limits; and, be it further

320
321 RESOLVED, That the OSMA advocate for reasonable coverage of out-of-network services
322 when the patient does not have any choice/option for in-network services.

323
324 Fiscal Note: \$ 50,000 (Sponsor)
325 \$ 50,000 (Staff)

326
327
328 **Resolution 21-2020 - REFER FOR REPORT BACK**
329 **Insurance and Third-Party Networks**

330
331 **Comments: The committee felt this overlapped with the prior resolution; therefore, this**
332 **resolution should also be referred to Council for more study and to report back to the**
333 **HOD.**

334
335 RESOLVED, That the OSMA study and report back on the anticompetitive and potential
336 antitrust violations of the insurance networks, and consider possible solutions to these
337 expensive and restrictive programs, which might include either ending the network system or
338 the formation of physician networks in order to compensate for unbalanced negotiation tactics.

339
340 Fiscal Note: \$ 0 (Sponsor)
341 \$ 20,000 (Staff)

342
343
344 **Resolution 22-2020 - AMEND**
345 **Improving the Veterans Health Administration Referrals for Veterans for Care outside the**
346 **VA System**

347

348 **Comments: Comments provided were generally supportive of the resolution. There was a**
349 **question raised about whether Resolve 1 is duplicative. The committee discussed this,**
350 **and after further consideration, given the federal nature of issues concerning the VA, the**
351 **committee decided, based on the comments and testimony, to add a clause to submit**
352 **this to the AMA. In its amendments, the committee changed the order of the Resolved**
353 **clauses so that the new first Resolved serves as a directive to the OSMA, and the second**
354 **as a directive to the Ohio delegation to take this issue to the AMA.**

355
356 ~~RESOLVED, That the Ohio State Medical Association advocate for reform of the Veterans~~
357 ~~Health Administration to provide timely and complete payment for veterans' care received~~
358 ~~outside the VA system and accurate and efficient management of travel reimbursement for that~~
359 ~~care; and, be it further~~

360
361 RESOLVED, That the OSMA, by means of the OSMA website, as well as written letters to
362 elected federal legislators and the U.S. President, support actively both reform for the VA to
363 provide timely and complete payment for care provided to veterans outside the VA system and
364 reform for the VA to provide accurate and efficient management of veterans' travel expenses for
365 that care.

366
367 RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION DELEGATION TO THE AMA
368 ASK THE AMA TO ADVOCATE FOR REFORM OF THE VETERANS HEALTH
369 ADMINISTRATION TO PROVIDE TIMELY AND COMPLETE PAYMENT FOR VETERANS'
370 CARE RECEIVED OUTSIDE THE VA SYSTEM AND ACCURATE AND EFFICIENT
371 MANAGEMENT OF TRAVEL REIMBURSEMENT FOR THAT CARE.

372
373 Fiscal Note: \$ 500 (Sponsor)
374 \$ 1,000 (Staff)

375
376
377 **Resolution 23-2020 - ADOPT**
378 **Government Pay for Government Mandates**

379
380 **Comments: The testimony given was generally in support of the resolution, and the**
381 **committee felt that these comments communicated a strong concern about a timely and**
382 **serious issue for many physicians. After discussion, the committee generally agreed**
383 **with the testimonies supporting the resolution. There was some discussion about**
384 **clarifying the first Resolved clause to be more specific; however, after consideration the**
385 **committee chose to leave the language as is. The committee felt that decisions in patient**
386 **care should ultimately be made by physician judgment, rather than a computer**
387 **algorithm. Augmented Intelligence should be just that - a tool to augment the physician's**
388 **treatment. The committee acknowledged that this issue may be even bigger than the**
389 **resolution as written, and might be expanded upon in the future.**

390
391 RESOLVED, That the OSMA advocate for policies that allow for physician judgment and
392 documented medical decision-making to supersede government regulation – including the
393 utilization of Augmented Intelligence – in instances of disputes in patient care; and, be it further

394
395 RESOLVED, That the OSMA advocate for policies that require “proof of concept,” in the form of
396 independently demonstrated quality improvement, prior to the implementation of any
397 government, insurance company or other third party mandate or regulation on patient care and
398 the physician-patient relationship; and, be it further

399
400 RESOLVED, That the OSMA advocate for policies requiring government, insurance company or
401 other third party entities to fully fund any mandates or regulations imposed on patient care and
402 the physician-patient relationship; and, be it further
403

404 RESOLVED, That the OSMA delegation to our AMA write a resolution for A-20 asking our AMA
405 to advocate for similar policies.
406

407 Fiscal Note: \$ 10,000 (Sponsor)
408 \$ 10,000 (Staff)
409

410
411 **Resolution 24-2020 - NOT ADOPT**
412 **Determination of Inpatient/Outpatient Hospital Status**
413

414 **Comments: Testimony on this resolution was mixed. The committee questioned the**
415 **resolution’s use of Webster’s Dictionary to define “outpatient” and “inpatient.” Several of**
416 **the testimonies, though limited overall, requested more language to be added, or brought**
417 **up concerns about how the resolution is written and what it would accomplish. The**
418 **committee agrees that the issue raised is a major issue, but believes that the resolution**
419 **does not encompass all facets of the problem. Hospital status is not just “inpatient” or**
420 **“outpatient,” as there is also “observation status” to be considered. Committee members**
421 **encourage the resolution authors to bring the resolution back to the HOD in 2021 after**
422 **revisions to create a more robust resolution for consideration.**
423

424 RESOLVED, That the OSMA adopt a position that requires physicians and payors to follow
425 CMS definitions and Webster’s Dictionary definition of “outpatient” vs. “inpatient” medical care
426 (whether or not a patient is receiving food AND/OR lodging), and that payors and physicians
427 follow these definitions when submitting or paying for services rendered; and, be it further
428

429 RESOLVED, That the OSMA request the OSMA delegation to the AMA request that our AMA
430 adopt a position that requires physicians and payors to follow CMS definitions and Webster’s
431 Dictionary definition of “outpatient” vs. “inpatient” medical care (whether or not a patient is
432 receiving food AND/OR lodging), and that payors and physicians be required to follow these
433 definitions when submitting or paying for services rendered.
434

435 Fiscal Note: \$ 0 (Sponsor)
436 \$ 100 (Staff)
437

438
439 **Resolution 25-2020 - ADOPT**
440 **Co-Pay Accumulators**
441

442 **Comments: Most of the testimony regarding this resolution was positive and in support.**
443 **The language in the resolution aligns well with current legislation under consideration in**
444 **the Ohio Legislature. The committee agreed that overall, this is of obvious benefit to**
445 **patients, and discussed the ongoing issue of pharmaceutical prices. It was brought to**
446 **the attention of the committee that this would not address rising costs, and could**
447 **actually incentivize companies to keep costs high. After consideration, the committee**
448 **thought that this resolution was intended to protect patients and believes that all forms**
449 **of payment used by the patient should count toward patients’ deductibles.**

450
451 RESOLVED, That the OSMA take legislative actions to mandate that the value of any vouchers
452 provided to patients by pharmaceutical and durable medical equipment companies and
453 submitted by patients, be counted towards patient's deductibles or out of pocket maximum
454 (Co-Pay Accumulators).

455
456 Fiscal Note: \$ 50,000 (Sponsor)
457 \$ 50,000 (Staff)

458
459
460 **Resolution 26-2020 - ADOPT**
461 **Bundled Payments and Medically Necessary Care**

462
463 **Comments: All testimony provided for this resolution was in support of the resolution as**
464 **written. The committee felt that all physicians should be fairly reimbursed for necessary**
465 **and appropriate care of patients, and therefore recommended adoption of the resolution.**
466

467 RESOLVED, That the OSMA work with Ohio Medicaid to make sure that medically necessary
468 care is done for all patients and that Episodes of Care be carefully reviewed to make sure that
469 the system is reasonable and fair to all, including patients and physicians; and, be it further
470

471 RESOLVED, That our AMA Delegation take the issue of “Bundled Payments and Medically
472 Necessary Care” to the AMA Annual Meeting for study and report back to the AMA HOD, to
473 make sure that our health care system is reasonable and fair to all, allows for medically
474 appropriate and necessary care for our patients, and allows for fair reimbursement for
475 physicians.

476
477 Fiscal Note: \$ 1,000 (Sponsor)
478 \$ 1,000 (Staff)

479
480
481 **Resolution 27-2020 - AMEND**
482 **2020 OSMA Policy Sunset Report**

483
484 **Comments: The committee made two changes based on testimony. The first change was**
485 **regarding Policy 14-2014. The committee felt it was important to have policy on record as**
486 **supporting pharmacies participating in IMPACT SIIS to track immunizations. The second**
487 **change was regarding Policy 01-2015. The committee agreed with testimony to retain this**
488 **policy as edited, because the second part of the resolution was accomplished, but**
489 **committee members felt that the first part of the resolution remains relevant today.**
490

491 **RESOLVED,** That the recommendations of OSMA Council published prior to the Annual
492 Meeting as the 2020 OSMA Policy Sunset Report be adopted by the OSMA House of
493 Delegates.

494
495 **Ohio State Medical Association Policy Compendium Review –**
496 **2020 OSMA Policy Sunset Report**
497 **OSMA policy from years 1932 through 2016 plus Policy 23 – 2019**

498 *(This is a list of Policy numbers and titles. The full text of policies recommended*
499 *“RETAIN” as edited and “NOT RETAIN” is contained in this report. All other OSMA*

500 **policies will be retained as they are shown in the OSMA Policy Compendium available on**
501 www.osma.org.)

502 **Policies to be Retained as Edited:**

503 Policy 21 – 2015 Evidence Based Organized Medicine

504 POLICY 01 – 2015 REPEAL THE 2% MEDICARE PHYSICIAN PAYMENT CUTS
505 AUTHORIZED BY SEQUESTRATION ACTION

506 **Policies to be Not Retained:**

507 Policy 09 – 2014 Enforcing State Medical Board of Ohio Transparency

508 ~~Policy 13 – 2014 Retail Pharmacy Participation in IMPACT SHS~~

509 ~~Policy 01 – 2015 Repeal the 2% Medicare Physician Payment Cuts Authorized by~~
510 ~~Sequestration Action~~

511 Policy 08 – 2015 Revision of HM 314 OARRS Requirements

512 Policy 22 – 2015 Representation for Direct OSMA Members

513 Policy 26 – 2015 Delegate Appointments

514 Policy 06 – 2016 OSMA to Financially Support Physical Regional District Meetings in
515 Preparation for OSMA Annual Meeting, OSMA Constitution and Bylaws Amendment – Chapter
516 4, Section 10

517 Policy 16 – 2016 Eliminate the Requirement of “History and Physical Upsate”

518 Policy 23 – 2019 2019 OSMA Policy Sunset Report

519

520 Full text of policies recommended “**RETAIN**” as Edited and “**NOT RETAIN**”

521 **RETAIN as Edited Policy 21 – 2015 – Evidence Based Organized Medicine**

522 ~~1. The proposed report from the OSMA Bylaws Task Force and the background material which~~
523 ~~created the report be part of an ongoing working committee charged with organizational quality~~
524 ~~improvement. The structure would be a tiered time commitment similar to that of our current~~
525 ~~nominating committee.~~

526 ~~2.1.~~ 1. This OSMA organizational quality improvement committee is charged with identifying
527 measures of success by which we can judge the impact of changes.

528 ~~3.2.~~ 2. All members of the OSMA shall be invited to attend and participate in House of
529 Delegates deliberations.

530 ~~4.3.~~ 3. The OSMA shall proceed with changes to minimize the cost of the OSMA annual
531 House of Delegates meeting.

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NOT RETAIN Policy 09 – 2014 – Enforcing State Medical Board of Ohio Transparency

1. The OSMA shall formally request that the State Medical Board Ohio provide a written report and justification for all services mandated in Ohio through the Federation of State Medical Boards.

COMMENT: Accomplished.

NOT RETAIN Policy 13 – 2014 – Transfer of Records in Retail Settings

1. The OSMA shall work to promote legislation that requires ambulatory clinical care providers and retail clinics to exert a reasonable effort to identify and send a copy of the care record to the patient’s primary care physician.

COMMENT: Accomplished through regulations and OHIP platform.

RETAIN NOT RETAIN Policy 14 – 2014 – Retail Pharmacy Participation in IMPACT SIIS

1. The OSMA shall work to encourage the retail pharmacies of Ohio to voluntarily participate in IMPACT SIIS for improved continuity of care.

COMMENT: No longer an OSMA initiative.

RETAIN AS EDITED NOT RETAIN Policy 01 – 2015 – Repeal the 2% Medicare Physician Payment Cuts Authorized by Sequestration Action

1. The OSMA shall take all necessary legislative and administrative steps to eliminate the hidden 2% “sequestration” Medicare payment cuts for physicians and the Ohio Delegation to the AMA shall take this policy to the AMA for action at the national level.

COMMENT: Accomplished.

NOT RETAIN Policy 08 – 2015 – Revision of HB 341 OARRS Requirements

1. The OSMA fully supports both policies passed by the OSMA Council regarding House Bill 341 of the 130th General Assembly.

2. The OSMA shall work to postpone penalties for not following the statutory and regulatory query requirements from House Bill 341 of the 130th General Assembly.

COMMENT: Accomplished.

NOT RETAIN Policy 22 – 2015 – Representation for Direct OSMA Members

1. Direct members of the OSMA who are not members of a county society shall be invited to attend the geographic District Meeting for either their office or home address and be allowed to vote at that meeting.

564 **COMMENT:** Supplanted/superseded by 2019 OSMA Constitution and Bylaws changes.

565 **NOT RETAIN Policy 26 – 2015 – Delegate Appointments**

566 1. If a county does not appoint a Delegate to the OSMA House of Delegates annual meeting,
567 the District Councilor may appoint a Delegate to represent that county and that Delegate can be
568 a physician who is an OSMA member who lives in that county or a physician who is an OSMA
569 member with a satellite office in that county who regularly sees patients there and is known to
570 the physicians there, but does not live in that county.

571 **COMMENT:** Superseded by 2019 OSMA Constitution and Bylaws changes.

572 **NOT RETAIN Policy 06 – 2016 – OSMA to Financially Support Physical Regional District**
573 **Meetings in Preparation for OSMA Annual Meeting, OSMA Constitution and Bylaws**
574 **Amendment – Chapter 4, Section 10**

575 1. OSMA Bylaws Chapter 4, Section 10 be amended as follows:

576 The House of Delegates shall establish Councilor Districts. The districts shall comprise one (1)
577 or more contiguous counties. A district society may be organized in any of the Councilor
578 Districts to meet at such time or times as such society may fix. The OSMA shall allocate
579 funding for one physical meeting of a council district in preparation for the OSMA annual
580 meeting, if requested by the district councilor.

581 **COMMENT:** Superseded by 2019 Constitution and Bylaws changes.

582 **NOT RETAIN Policy 16 – 2016 – Eliminate the Requirement of “History and Physical**
583 **Update”**

584 1. The OSMA will work with the Ohio congressional delegation and the American Medical
585 Association (AMA) to:

586 A. Change 42 CFR Section 482.24 (c)(4)(i)(B) to read as follows:

587 If any changes occur in the patient’s medical condition after the medical history and
588 physical examination are completed within 30 days before admission or registration,
589 documentation of an updated examination of the patient must be placed in the patient’s
590 medical record within 24 hours after admission or registration, but prior to surgery or a
591 procedure requiring anesthesia services.

592 B. Change 42 CFR Section 482.51 (b)(1)(ii) to read as follows:

593 If any changes occur in the patient’s condition, an updated examination of the patient
594 must be completed and documented with 24 hours after admission or registration when
595 the medical history and physical examination are completed within 30 days before
596 admission or registration.

597 2. The Ohio AMA Delegation will take this policy to the AMA for action at the 2016 Annual
598 Meeting in June.

599 **COMMENT:** Accomplished.

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NOT RETAIN Policy 23 – 2019 – OSMA Policy Sunset Report

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1. The House of Delegates adopted the recommendations of OSMA Council regarding the policies from 1932 through 2015 as is reflected in the 2019 OSMA Policy Sunset Report available on www.osma.org under Annual Meeting section. The possible actions for the policies were *Policies to be Retained*, *Policies to be Retained as Edited* and *Policies to be Not Retained*.

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COMMENT: Accomplished.

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Fiscal Note: \$0 (Sponsor)

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\$0 (Staff)

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Members of the House, this concludes the report of Resolutions Committee 2. I would like to thank all the members of Resolutions Committee 2 for their excellent cooperation and help they have given me. On behalf of the Committee 2 would like to thank all who offered testimony. I would also like to thank Kelsey Hardin and Joe Rosato for their excellent staff assistance, and to Nancy Gillette for legal review.

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Respectfully submitted,

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Alisha Reiss, MD, Chair

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