

2021 Action Report on 2020 Resolutions

Resolution 01 – 2020 OSMA Elections – Corrections (Bylaws Changes)

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

Resolution 02-2020 (as referred) District Representation in the House of Delegates

RESOLVED, That Chapter 4, Section 2 of the OSMA Bylaws be amended to read as follows:

BYLAWS CHAPTER 4

Section 2. Ratio of Representation. Each OSMA district shall be entitled to one (1) Delegate and one (1) Alternate Delegate in the House of Delegates for each one hundred (100) Active Members and Retired Members working or residing in the district as of December 31st of the preceding year. ~~provided, however, IF THE TOTAL NUMBER OF ACTIVE MEMBERS AND RETIRED MEMBERS IN THE DISTRICT IS NOT EVENLY DIVISIBLE BY ONE HUNDRED (100), THAT DISTRICT SHALL BE ENTITLED TO ONE (1) ADDITIONAL DELEGATE AND ONE (1) ADDITIONAL ALTERNATE IN THE HOUSE OF DELEGATES. PRIORITY SHALL BE GIVEN that each county within a district shall be entitled to at least one (1) Delegate and one (1) Alternate Delegate who works or resides in the county PROVIDED THAT THE TOTAL NUMBER OF DELEGATES AND ALTERNATES FOR THE DISTRICT DOES NOT EXCEED THE NUMBER FOR THE DISTRICT AS DELINEATED BY THE DISTRICT MEMBERSHIP. IF THERE IS NO ELIGIBLE CANDIDATE FROM A GIVEN COUNTY AT THE TIME OF THE OSMA DISTRICT DELEGATION SELECTION PROCESS, THAT SLOT SHALL BE FILLED BY ANY ELIGIBLE CANDIDATE WITHIN THE DISTRICT. If the total number of Active Members and Retired Members in the district is not evenly divisible by one hundred (100), that district shall be entitled to one (1) additional Delegate in the House of Delegates.~~ The names of such Delegates and Alternate Delegates shall be submitted to the Association prior to the opening of the House of Delegates.

Members in Training and Students are represented through separately seated sections of the House of Delegates and shall not be included in the member count/ratio of representation of OSMA districts for purposes of determining representation in the House of Delegates.

From forty-five (45) days up to the opening of the Annual Meeting of the House of Delegates, in case a district Delegate or Alternate Delegate is unable to serve, the District Councilor representing that district may at any time certify to the Chair of the Committee on Credentials the name of an Active OSMA Member who resides or works within the district to serve in the place of such absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate.

Action: The OSMA Council has submitted bylaws Resolution 02-2021 dealing with this subject matter for consideration at the 2021 HOD meeting.

Resolution 03-2020
Meeting Code of Conduct

RESOLVED, That it is the policy of the Ohio State Medical Association that all attendees of OSMA hosted meetings, events and other activities are expected to exhibit respectful, professional, and collegial behavior during such meetings, events and activities, including but not limited to dinners, receptions and social gatherings held in conjunction with such OSMA hosted meetings, events and other activities. Attendees should exercise consideration and respect in their speech and actions, including while making formal presentations to other attendees, and should be mindful of their surroundings and fellow participants; and, **be it further**

RESOLVED, That OSMA will further define inappropriate conduct and develop policy and procedures regarding this issue so that recommendations can be presented to the House of Delegates.

ACTION: The OSMA Council is developing policies and procedures for meeting conduct that will become part of the HOD, AMA Delegation and Council handbooks.

Resolution 04-2020
Parity for International Medical Graduates with US Medical Graduates in Years of GME Requirement for Licensure

RESOLVED, That the Ohio State Medical Association supports parity in the number of years of training required in an ACGME accredited program for IMGs and USMGs to obtain state medical licensure.

Action: This resolution is self-executing.

Resolution 05-2020
Helping Retired Physicians Stay Involved

RESOLVED, That the OSMA develop a guide for retired physicians who wish to volunteer their services to low income clinics and other healthcare settings. Such material should include information about the varied implications of physician volunteering, and accurate information in regards to needed medical liability coverage.

RESOLVED, That the OSMA develop a section of the OSMA website that would facilitate connecting retired physicians to clinics that are in need of physicians.

ACTION: OSMA is developing a page on the website and will have it in place for the 2021 Annual Meeting.

Resolution 06-2020 (as referred for report back)
Improve Communications Among Physicians

RESOLVED, That the OSMA work with county medical societies towards better communication among physicians, especially in communities with 2 or more competing hospital systems with employed physicians; and, **be it further**

RESOLVED, That the OSMA's Delegation to our AMA take this resolution on "Improving Communication Among Physicians" to the AMA Annual Meeting for further discussion and action.

Action: The OSMA Council has submitted Resolution 06-2021 dealing with this subject matter for consideration at the 2021 HOD meeting.

Resolution 07-2020

Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio

RESOLVED, that the OSMA actively work to ensure that the sanctity of the physician-patient relationship is protected in all legislative and regulatory matters; and, **be it further**

RESOLVED, That the current OSMA Policy 18 - 2012 (Criminalization of Medical Care) be amended to read as follows:

The OSMA opposes any portion of proposed legislation or rule that criminalizes clinical practice that is the standard of care; and, **be it further**

RESOLVED, That current OSMA Policy 10 – 1990 (Policy on Abortion) be amended as follows:

- (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.
- (3) Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:
 - require or compel Ohio physicians to perform treatment actions which are not consistent with the standard of care; or,
 - require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care.

ACTION: This resolution is self-executing.

Resolution 08-2020
Mental Health First Aid Training

RESOLVED, The OSMA encourages physicians, physician practices, allied healthcare professionals, and medical communities to support access to learning evidence based mental health programs for all interested members of the care team; and; and, **be it further**

RESOLVED, The OSMA supports the use of public funds to facilitate evidence based mental health programs for all interested members of medical care teams.

Action: This resolution is self-executing.

Resolution 10 – 2020 (as referred)
Firearm Injury Prevention

RESOLVED, That the OSMA will ~~furthermore~~ monitor all proposed Ohio firearm injury legislation as part of the OSMA advocacy effort; and, **be it further**

RESOLVED, That OSMA STUDY THE POSSIBILITIES OF THE OSMA ADVOCATING FOR LEGISLATION REGARDING THE FOLLOWING ISSUES AND REPORT BACK TO THE OSMA 2021 HOUSE OF DELEGATES WITH ITS FINDINGS ~~will advocate for the passage of legislation in Ohio supporting firearm injury prevention including:~~

- (1) Requiring domestic violence restraining orders and gun violence restraining orders to be entered into the National Instant Criminal Background Check System;
- (2) Revised procedures allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence;
- (3) Prohibiting persons who are under domestic violence restraining orders, convicted of misdemeanor domestic violence crimes or stalking, from possessing or purchasing firearms;
- (4) Expanding domestic violence restraining orders to include dating partners;
- (5) Enhancement of Ohio background check mechanisms to include private sales; increased penalties for illegal firearms sales and other firearm offenses; and
- (6) Efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals.

Action: The OSMA Council voted to submit to the 2021 House of Delegates a research report on issues related to firearm injury prevention delineated in Resolution 10-2020.

Resolution 11-2020
Palliative Care – Awareness and Education

RESOLVED, That the current OSMA Policy 14 – 1994 – Hospice Care be amended to read as follows:

“The OSMA recognizes the benefits of hospice care and palliative care for patients and their families and encourages physicians to recommend hospice care and/or palliative care when appropriate”; and, **be it further**

RESOLVED, That the OSMA support education and awareness for physicians, medical students, and patients on the benefits and appropriateness of palliative care and/or hospice care; and, **be it further**

RESOLVED, That the OSMA support increased exposure to palliative care and hospice care within residency programs.

Action: This resolution is self-executing.

Resolution 12-2020 - Improving Preventive Medicine through the Decriminalization of HIV Status (as referred)

RESOLVED, That the OSMA reaffirm Policy 41 – 1996 (More Routine HIV Testing) which recommends more routine HIV testing; and, **be it further**

RESOLVED, The OSMA advocates for repeal of Ohio state legislation that criminalizes non-disclosure of HIV status; and, **be it further**

RESOLVED, The OSMA opposes any Ohio state legislation that discriminates based on an individual's HIV status.

Action: The OSMA Council adopted the following Resolveds based on the recommendations of the OSMA Focused Task Force on State Legislation (FTFSL):

RESOLVED, That the OSMA reaffirm Policy 41 – 1996 (More Routine HIV Testing) which recommends more routine HIV testing; and, **be it further**

RESOLVED, The OSMA supports modernizing Ohio's laws regarding criminalization of non-disclosure of HIV status to better reflect advances in science and medicine and to remove stigmatization associated with diagnosis of HIV; and, **be it further**

RESOLVED, The OSMA opposes any Ohio state legislation that discriminates based on an individual's HIV status.

**Resolution 13-2020 - Combating the Vaping Epidemic And
Vaping-Associated Lung Injuries**

RESOLVED, That the OSMA supports AMA policies H-495.972 and H-495.986; and, be it further

RESOLVED, That the OSMA supports stricter regulation of substances linked to vaping-associated lung injury; and, be it further

RESOLVED, That the OSMA supports restriction of sale of E-cigarette flavors that appeal particularly to minors; and, be it further

RESOLVED, That the OSMA supports educating the public regarding the health impacts of non-commercial cartridges and non-nicotine containing e-cigarettes.

Action: [This resolution is self-executing.](#)

**Resolution 15-2020
Supporting Gender-Affirming Care for Transgender and
Gender Minority Patients**

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

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

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

Action: [This resolution is self-executing.](#)

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

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

Action: [This resolution is self-executing.](#)

Resolution 17-2020 (as referred for report back)
Refining OSMA Position on Healthcare Financing Reform

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

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

- (1) The OSMA promotes free market based solutions to improve access and cost effectiveness of health care delivery in the United States; and, be it further

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

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

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

- (1) The OSMA supports privatizing Medicare including the use of the medical savings accounts.; and, be it further

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

- (1) The OSMA supports privatizing Medicaid including the use of medical savings accounts. Reaffirmed in 1996.

Action: The OSMA Council voted to defer action on Resolution 17-2020 until there is more information about what the Biden administration might propose regarding healthcare financing reform.

Resolution 18-2020
Time Frames for Insurance Charge Submission

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

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

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

ACTION: The OSMA is working on a proactive insurance reform initiative for 2021/22 legislative and regulatory session. This will include addressing time frames for filings and other administrative challenges.

Resolution 19-2020

Out-of-Network Billing

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

- (2) The OSMA supports repeal of regulations currently in place that prohibit balance billing for physicians; and, be it further

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

- (1) The OSMA adopts the following principles related to unanticipated out-of-network care:
 - a. Patients must not be financially penalized for receiving unanticipated care from an out-of-network provider.
 - b. Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to hospital-based physician specialties. Ohio regulators should enforce such standards through active regulation of health insurance company plans.
 - c. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur.
 - d. Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians.
 - e. Patients who are seeking emergency care should be protected under the “prudent layperson” legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered.
 - f. Out-of-network payments must not be based on a contrived percentage of the Medicare rate or rates determined by the insurance company.
 - g. Minimum coverage standards for unanticipated out-of-network services should be identified. Minimum coverage standards should pay out-of-network providers at the usual and customary out-of-network charges for services, with the definition of usual and customary based upon a percentile of all out-of-network charges for the particular health care service performed by a provider in the same or similar specialty and provided in the same geographical area as reported by a benchmarking database. Such a benchmarking database must be independently recognized and verifiable, completely transparent, independent of the control of either payers or providers and maintained by a non-profit organization. The non-profit organization shall not be affiliated with an insurer, a municipal cooperative health benefit plan or health management organization.
 - h. Mediation and/or Independent Dispute Resolution (IDR) should be permitted in all circumstances as an option or alternative to come to payment resolution between insurers and providers.
- (2) The OSMA will advocate for the principles delineated in this policy for all health plans, including ERISA plans.

- (3) The OSMA will advocate that any legislation addressing surprise out of network medical bills use an independent, non-conflicted database of commercial charges; and, be it further

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

ACTION: In the past and current general assembly the OSMA has and is addressing issues of out-of-network billing and network adequacy.

**Resolution 20-2020 (as referred for report back)
Network Adequacy**

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

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

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

**Resolution 21-2020 (as referred for report back)
Insurance and Third-Party Networks**

RESOLVED, That the OSMA study and report back on the anticompetitive and potential antitrust violations of the insurance networks, and consider possible solutions to these expensive and restrictive programs, which might include either ending the network system or the formation of physician networks

Action: The OSMA Council voted to combine and amend referred resolutions 20-2020 and 21-2020 into a new resolution on network adequacy to be considered at the 2021 HOD meeting.

**Resolution 22-2020
Improving the Veterans Health Administration Referrals for Veterans for Care outside the VA System**

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

RESOLVED, That the Ohio State Medical Association delegation to the AMA ask the AMA to advocate for reform of the Veterans Health Administration to provide timely and complete payment for veterans' care received outside the VA system and accurate and efficient management of travel reimbursement for that care.

ACTION: OSMA will advocate through direct communication and lobbying to accomplish the first resolved.

The AMA Delegation did not submit any resolutions in 2020, they will take all of these resolutions to the next AMA Meeting. The meeting was virtual and there were strict guidelines on what and what would not be accepted for the special meeting held in November. The Delegation will report back after resolutions are submitted in 2021.

Resolution 23-2020 Government Pay for Government Mandates

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

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

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

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

ACTION: OSMA will look for advocacy opportunities to accomplish the first three resolveds during the 134th General Assembly.

The AMA Delegation did not submit any resolutions in 2020, they will take all of these resolutions to the next AMA Meeting. The meeting was virtual and there were strict guidelines on what and what would not be accepted for the special meeting held in November. The Delegation will report back after resolutions are submitted in 2021.

Resolution 24-2020 - Determination of Inpatient/Outpatient Hospital Status (as referred by extraction)

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

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

Action: This resolution was referred to the OSMA Council and the Council voted to not adopt this resolution.

**Resolution 25-2020
Co-Pay Accumulators**

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

ACTION: In the past and current general assembly the OSMA has and is addressing this issue along with a board based coalition.

**Resolution 26-2020
Bundled Payments and Medically Necessary Care**

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

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

ACTION: The Ohio Department of Medicaid has temporarily suspended its Episode of Care program. If it is restarted we will advocate for the items outlined in the first resolved.

The AMA Delegation did not submit any resolutions in 2020, they will take all of these resolutions to the next AMA Meeting. The meeting was virtual and there were strict guidelines on what and what would not be accepted for the special meeting held in November. The Delegation will report back after resolutions are submitted in 2021.