

1 OHIO STATE MEDICAL ASSOCIATION 2022 HOUSE OF DELEGATES

2  
3 PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 2

4  
5 Presented by Amy Burkett, MD, Chair, 6<sup>th</sup> District

6		
7	Wagih Shehata, MD	1 <sup>st</sup> District
8	Margaret Dunn, MD	2 <sup>nd</sup> District
9	Islam Gomaa, MD	3 <sup>rd</sup> District
10	Zainulabedin Waqar, MD	4 <sup>th</sup> District
11	Charles Emerman, MD	5 <sup>th</sup> District
12	Richard Ellison, MD	6 <sup>th</sup> District
13	Anne Taylor, MD	7 <sup>th</sup> District
14	Christopher Brown, MD	8 <sup>th</sup> District
15	Tyler Hill, DO	American College of Emerg. Phys.
16	Maneesh Tiwari, MD	Resident & Fellows Section
17	Mae-Lan Winchester, MD	Young Physician Section
18	Ms. Genesys Santana	Medical Student Section
19		

20 Resolutions Committee Two has reviewed the resolutions that have been proposed for  
21 consideration at the 2022 Meeting of the OSMA House of Delegates. Committee Two will  
22 reconvene to consider additional testimony following the HOD Open Hearing on April 9, 2022.

23  
24 The Resolutions Committee can recommend the following actions: **Reaffirm; Adopt; Not**  
25 **Adopt; Refer; Amend.**

26  
27  
28 Resolution No. 16 – 2022 – AMEND

29  
30 Allowing Mature Minors to Consent for Vaccination

31 Preliminary Comments: The online preliminary comments were mixed with both support  
32 and opposition, focused on the definition of mature minor and parental rights and  
33 authority in care. The committee supports parental involvement and rights but also  
34 understands the position of the authors. The committee removed the first Resolved  
35 because we cannot be involved in determining the age of a mature minor. We recognize  
36 that this is a public health concern and as a physician community, we recognize the  
37 importance of vaccination within terms of public health and support community efforts in  
38 increasing vaccination rates.

39 ~~RESOLVED~~, that the Ohio State Medical Association (OSMA) recognize mature minors  
40 as certain older minors who have the capacity to give informed consent for care that is within  
41 the mainstream of medical practice, as determined by their physician; ~~and, be it further~~

42 **RESOLVED**, that the OSMA supports allowing THE mature minors AS DEFINED IN  
43 OHIO STATUTE OR LEGAL PRECEDENT the ability to self-consent for vaccination.

44  
45 **Fiscal Note:** \$ (Sponsor)  
46 \$ 500 (Staff)

Resolution No. 17 – 2022 - AMEND

**Supporting Vaccine Mandates VACCINATION in Ohio**

**Preliminary Comments:** The committee reaffirms OSMA policy 21-2017. The committee recognizes the public health benefits of vaccination policies. The committee recognizes the right of public and private entities to make decisions for the safety and health of their employees. The committee is concerned about limiting access to critical services based on vaccine status.

**Policy 21 – 2017 – Removal of Non-Medical Exemptions for Mandated Immunizations and Support of Immunization Registries**

1. The OSMA supports the use of immunizations to reduce the incidence of preventable diseases.
2. The OSMA supports the removal of non-medical exemptions for required school immunizations.
3. The OSMA encourages the use of immunization reporting systems for patients of all ages.

~~**RESOLVED**, the OSMA supports the right of public and private entities to enforce vaccine mandates REQUIRE VACCINES for employees, staff, and students for highly communicable diseases and increasing efforts to expand Covid-19 vaccination rates in Ohio, ALLOWING FOR RECOGNIZED EXEMPTIONS.; and, be it further~~

~~**RESOLVED**, the OSMA supports the right of public and private entities to require proof of vaccination to enter an establishment.~~

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 500 (Staff)

Resolution No. 18 – 2022 - AMEND

**Establish Collaborations with the American Medical Association, Association of American Medical Colleges, and Ohio Medical Schools, to Create Formal Training in Telemedicine**

**Preliminary Comments:** The committee recognizes the changing nature of medicine and the need for education surrounding telehealth within the different branches of medicine. We struck the first Resolved because the committee thinks the OSMA should focus its collaboration with the Ohio Council of Medical School Deans.

~~**RESOLVED**, the Ohio State Medical Association (OSMA) collaborate with the American Medical Association and the Association of American Medical Colleges to integrate telemedical education into the medical school curriculum, including at the pre-clinical and clinical stages of training; and, be it further~~

**RESOLVED**, the OSMA encourages Ohio medical schools to integrate telemedical education into the medical school curriculum independently of its work with the AMA.

88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 500 (Staff)

**Resolution No. 19 – 2022 - REFER**

**Advocating Creation of a State-Level All-Payer Claims Database**

**Preliminary Comments: The committee discussed the resolution and noted that further evaluation is required because of the cost and complexity of the issue.**

**RESOLVED**, Our Ohio State Medical Association advocates for the creation of a centralized, comprehensive state-level all-payer claims database that requires health insurance issuers, including but not limiting to group health plans (self-insured and fully-insured), and non-federal governmental plans to submit claims data.

**Fiscal Note:**           \$ (Sponsor)  
                                  \$ 50,000 (Staff)

**Resolution No. 20 – 2022 - ADOPT**

**Appropriate Physician Reimbursement to Cover Rising Expenses of Office Practice**

**Preliminary Comments: The committee noted that the majority of testimony was in support of the resolution. The committee recognizes that Medicare has not kept up with the cost of living and the cost of running a medical practice.**

**RESOLVED**, that our Ohio State Medical Association (OSMA) advocate that physician reimbursement for all activities be increased to cover the expenses of running an office practice; and, **be if further**

**RESOLVED**, that our OSMA work with our Ohio State Legislature and Ohio Congressional delegation to improve physician reimbursement; and, **be if further**

**RESOLVED**, that the OSMA Delegation to the American Medical Association (AMA) take this resolution regarding improved physician reimbursement to the AMA House of Delegates for action.

**Fiscal Note:**           \$ 1,000 (Sponsor)  
                                  \$ 25,000 (Staff)

**Resolution No. 21 – 2022 - REFER**

**Health Plan Transparency**

**Preliminary Comments: The committee recognizes the necessity of health plan transparency. However, the Resolved addressed multiple complex issues and requires further review. There were no online testimony comments on this Resolution.**

**RESOLVED**, Ohio State Medical Association seek Ohio legislation that allows physicians and patients to abide by the transparency requirements by:

1. Banning Health Plans from arbitrarily and fraudulently altering CPT codes
2. Banning Health Plans from arbitrarily deleting and refusing payment for legitimate and medically necessary CPT codes
3. Requiring Health Plans to pay for Prior Authorization, a medical procedure for which the AMA has provided a CPT code, and which is costly to physician offices
4. Requiring Health Plans to follow the AMA's CPT provisions and all its guidelines, without picking and choosing which ones to follow and which ones to disregard
5. Banning the practice of Health Plans simultaneously providing commercial medical insurance and Medicaid health coverage for the same person. This is a needless waste of Ohio's resources and offers Health Plans the corrupted opportunity to shift payment responsibilities onto the Ohio taxpayer rather than the entity collecting commercial insurance premiums. This practices simply enriches Health Plans
6. Requiring Health Plans to pay for services that are authorized, and to issue appropriate fines to Health Plans which authorize medical care but subsequently refuse payment for it. This is standard practice for all other businesses and health care should be no exception. Failure to follow through with payment will corrupt and confuse Surprise Medical Billing legislation
7. Requiring all Health Plans operating in Ohio to be under the jurisdiction of the Ohio State Dept. of Insurance, whether it be an ERISA plan or not. The U.S. Constitution does not allow for the Federal Government to control medical care nor to control insurance matters. Failure to allow for state jurisdiction of Health Plans will cause adherence to the transparency requirements of Surprise Medical Billing legislation to be difficult, if not impossible
8. Banning the distinction between "in-network" and "out-of-network" providers, as such is no longer necessary with the advent of Surprise Medical Billing legislation. Health Plans are simply to post its reimbursement rates for ALL of our AMA's CPT codes that apply to ALL patients and ALL physicians regardless of network status. Such transparency will make it possible for physicians and patients to comply with Surprise Medical Billing laws, and know in advance what the financial responsibilities are. Full transparency should be required by ALL entities in the health arena—hospitals and facilities, insurers, physicians, and patients. This will also eliminate the unfair burdens patients routinely experience in being forced to "in-network" facilities

**Fiscal Note:**               \$ 50,000 (Sponsor)  
                                      \$ 50,000 (Staff)

**Resolution No. 22 – 2022 - AMEND**  
**Medicare and Medicaid Reimbursement**

**Preliminary Comments: The committee feels that complete eradication of the Medicare Advantage plans is unnecessary as they do have some benefits to selected patient groups. We, therefore, support education and transparency of coverage to consumers. We recommend splitting the resolves as it addresses two separate concerns. The committee discussed that the second Resolved should address education and a developed a third resolve relating to reimbursement since it is a very separate issue from education.**

**RESOLVED**, that Ohio State Medical Association seek to introduce legislation which will bring Ohio Medicaid reimbursement up to parity with Medicare reimbursements; and, **be it further**

**RESOLVED**, that the Ohio delegation to our American Medical Association carry a resolution which calls for ~~eradication~~ **EDUCATION AND TRANSPARENCY COVERAGE** of Medicare Advantage Plans, ~~as they only serve to deny and thwart the timely delivery of medical care, and also to seek a 15% increase in Medicare physician reimbursement in order to compensate for the many years of stagnating fee schedules.~~

**RESOLVED**, THAT THE OHIO DELEGATION BRING TO THE AMA A RESOLUTION SEEKING AN INCREASE IN MEDICARE REIMBURSEMENT.

**Fiscal Note:**               \$ 25,000 (Sponsor)  
                                     \$ 50,000 (Staff)

#### **Resolution No. 23 – 2022 - AMEND**

##### **Prohibit Reversal of Prior Authorization**

**Preliminary Comments: The committee recommends reaffirming previous policies and furthermore adopt the proposed amended language because it addresses the retroactive denial. Resolved one does not constitute a policy directive, and Resolved three is obviated by our AMA's current efforts to do away with the Prior Authorization process all together. What's more, making these changes to Resolved two would allow for strong, actionable policy in the state of Ohio. The online testimony was equally mixed in support of and opposed to this resolution.**

~~**RESOLVED**, that once the physician's office has received prior authorization for testing, a procedure, or a medication, the insurance company cannot refuse payment for that test or procedure or medication unless the patient is no longer insured by that company at the time the test or procedure is done or the medication is given; and, **be it further**~~

**RESOLVED**, that our Ohio State Medical Association (OSMA) seek SUPPORT legislation to prohibit retroactive denial of a previously ~~prior~~ approved medication, procedure, or test unless the patient is no longer insured by that company **AT THE TIME OF SERVICE.**; ~~and, **be it further**~~

~~**RESOLVED**, That our OSMA Delegation to the American Medical Association (AMA) take this resolution regarding reversal of prior authorization to the next AMA meeting for discussion at the House of Delegates.~~

**Fiscal Note:** \$1,000 (Sponsor)

\$ 50,000 (Staff)

**Resolution No. 24 – 2022 - AMEND**

**~~United Healthcare~~ REVIEW OF HEALTH INSURANCE COMPANIES AND THEIR  
SUBSIDIARIES BUSINESS PRACTICES ~~Subsidiary Knowingly Using False Data~~**

**Preliminary Comments:** The committee recognizes the potential negative impact of unfair business practices.

**RESOLVED**, that Ohio State Medical Association request that our AMA delegation carry a request for an AMA investigation REVIEW OF HEALTH INSURANCE COMPANIES BUSINESS PRACTICES FOR POTENTIAL FRAUDULENT AND UNFAIR ACTIVITIES. into the United Healthcare data bases, especially with respect to Optum, in order to ascertain UNH's methodology and accuracy, and to take appropriate action, if indicated

**Fiscal Note:** \$ (Sponsor)

\$ 500 (Staff)

**Resolution No. 25 – 2022 - AMEND**

**~~Opposition of Conscience Clause Extension~~ and Support for Expansion of  
Antidiscrimination Definition to Include Sexual Orientation and Gender Identity or  
Expression**

**Preliminary Comments:** The committee thinks that the first Resolved contains ambiguous language that could be interpreted to erode physician protections. The body of the first Resolved addresses a separate issue than the second Resolved, which is outside of the scope of the second Resolved. The committee believes the OSMA supports the notion with existing policy that no physician should be required to provide procedures that they are against morally. Almost all of the online testimony was in support of this Resolution.

**RESOLVED**, Our OSMA opposes efforts to implement conscience protections for physicians not already endorsed by current law<sup>3</sup> and the AMA<sup>2</sup>; and, **be it further**

**RESOLVED**, Our OSMA support legislative actions to extend the definition of discrimination on the basis of sex to include sexual orientation and gender identity or expression. as outlined in Ohio House Bill 208/Senate Bill 119, termed the "Ohio Fairness Act."<sup>4</sup>

**Fiscal Note:** \$ (Sponsor)

\$ 1000 (Staff)

252 **Resolution No. 26 – 2022 - REFER**

253 **Quality Child Care to Improve Pediatric Population Health**

254  
255 **Preliminary Comments:** The committee recognizes the need to address social  
256 **determinants of health. However, the committee would like input from the pediatric**  
257 **community about the programs in the resolves, including Child Health Care Consultation**  
258 **services and Step Up to Quality, to assure they are supported by pediatricians. Absent of**  
259 **that input, the committee recommends referral.**

260  
261 **RESOLVED**, that our Ohio State Medical Association (OSMA) support the expansion of  
262 Publicly-Funded Child Care to increase the stability of child care arrangements, bolster healthy  
263 development of Ohio children and improve pediatric population health in the state of Ohio; and,  
264 **be it further**

265 **RESOLVED**, that our OSMA support improved funding for the evidence-based  
266 integration of Child Health Care Consultation services within Publicly Funded Child Care to  
267 teach and encourage long-term healthy behaviors; and, **be it further**

268 **RESOLVED**, that our OSMA support the implementation of state licensing requirements  
269 that are more adherent to the health promoting standards of the Ohio quality rating system, Step  
270 Up To Quality, to increase access to high-quality Child Care.

271  
272 **Fiscal Note:** \$ (Sponsor)  
273 \$ 500 (Staff)

274  
275 **Resolution No. 27 – 2022 – NOT ADOPT**

276 **Recognition of Climate Change as a Threat to Ohio's Health**

277  
278 **Preliminary Comments:** The committee recognizes concerns for climate change. The  
279 **AMA has existing policy on the issue.**

280  
281 **RESOLVED**, That our OSMA recognizes climate change as a significant threat to Ohio's  
282 public health that will disproportionately hurt our children, elders, poor, minority, and medically  
283 fragile citizens the most; and, **be it further**

284  
285 **RESOLVED**, That our OSMA adopts the following, which is partially adapted from AMA  
286 policy (H-135.938: Global Climate Change and Human Health).

- 287 1. That our OSMA encourages the development of policy to combat climate change  
288 and its health effects in Ohio and to mitigate the undesirable environmental  
289 conditions that damage Ohioans' health  
290 2. That our OSMA encourages education of the broader Ohio medical community to the  
291 serious adverse health effects of climate change and local conditions of climate  
292 variation.

293  
294 **Fiscal Note:** \$ (Sponsor)

295 \$ 1000 (Staff)

296

297 **Resolution No. 28 – 2022 - AMEND**

298 **Substance Use Disorder in Pregnant People**

299

300 **Preliminary Comments:** The committee discussed that the AMA has existing policy on  
301 the issues addressed in Resolved one and three, and that the OSMA supports the  
302 expansion of care with substance abuse disorders, including pregnant women.  
303

304 ~~**RESOLVED**, Our OSMA oppose any efforts to assert that a diagnosis of Substance Use~~  
305 ~~Disorder in a pregnant person alone constitutes child abuse or inherent parental unfitness; and,~~  
306 ~~**be it further**~~

307 **RESOLVED**, Our OSMA support legislative actions to prioritize funding for the  
308 expansion of integrative mental health and substance use treatment programs explicitly for  
309 pregnant persons; and, **be it further**

310 ~~**RESOLVED**, Our OSMA oppose the removal of a child based solely on a prenatal drug~~  
311 ~~screen or positive newborn toxicology screening without a full safety evaluation of newborn care~~  
312 ~~upon disposition.~~

313

314 **Fiscal Note:** \$ (Sponsor)

315 \$ 25,000 (Staff)

316

317

318

319 **Resolution No. 29 – 2022 - ADOPT**

320 **Supporting Housing Initiatives to Improve Health of Homeless Individuals**

321

322 **Preliminary Comments:** The committee noted that the majority of testimony was in  
323 support of the resolution. The OSMA supports existing AMA policy on this issue.  
324

325 **RESOLVED**, that our OSMA supports the development of state and local policies that  
326 adequately protect the health of low-income and homeless individuals by promoting and funding  
327 housing initiatives.

328

329 **Fiscal Note:** \$ (Sponsor)

330 \$ 1000 (Staff)

331

332 **Resolution No. 30 – 2022 - AMEND**

333 **Encourage Hospitals to Create Patient-Centered and Evidence-Based Visitation Policies**

334



**Preliminary Comments: The committee recognizes a need for clear, accessible and evidence-based hospital visitation policies.**

**RESOLVED**, that our Ohio State Medical Association (OSMA) encourageS Hospitals THE OHIO HOSPITAL ASSOCIATION and other Healthcare Facilities within the state of Ohio to create clear and easily accessible visitation policies that are patient-centered and evidence-based; and, **be if further**

**RESOLVED**, that our OSMA encourage SUPPORT hospitals THE OHIO HOSPITAL ASSOCIATION TO ENCOURAGE HOSPITALS TO ADOPT POLICIES to allow visitors for children, persons with disabilities, end-of-life care, and labor and delivery units; and, **be it further**

**RESOLVED**, that our OSMA encourage collaboration between Hospitals and other Healthcare Facilities within the state of Ohio to create consistent policies.

**Fiscal Note:** \$ 500 (Sponsor)

\$ (Staff)

#### **Resolution No. 31 – 2022 - AMEND**

#### **~~Support for the Stop the Bleed Campaign and Increased Availability of Bleeding Control Supplies~~ SUPPORT FOR INCREASED EDUCATION AND AVAILABILITY OF SUPPLIES FOR BLEEDING CONTROL**

**Preliminary Comments: The committee recognizes the need for education on managing hemorrhaging outside of the hospital, but does not think it is appropriate to support one specific campaign.**

**RESOLVED**, that our Ohio State Medical Association (OSMA) promote the national public health educational campaign ~~Stop the Bleed~~ within the state of Ohio; and, **be if further**

**RESOLVED**, THAT OUR OSMA PROMOTE THE EDUCATION OF BOTH LAY PUBLIC AND PROFESSIONAL RESPONDERS ON PROPER BLEEDING CONTROL TECHNIQUES WITHIN THE STATE OF OHIO.

**RESOLVED**, that our OSMA support the increased availability of hemorrhage control supplies (including pressure bandages, hemostatic dressings, tourniquets and gloves) in schools, places of employment, and public buildings.

**Fiscal Note:** \$ 500 (Sponsor)

\$ (Staff)