

OSMA 2022 Annual Meeting Resolution Committee Two
Online Testimony
(updated 4-7-22)

Res.#	Comment by:	Representing	Position	Comments
16	Michael Dohn, MD		Support	An anecdote: In speaking to high school groups on behalf of Public Health - Dayton & Montgomery County, one of the frequent questions that generated a lot of interest was when students asked how they could work around their parent's objections to get the CVOVID-19 vaccine. There were some ethical workarounds until the Ohio legislature closed them down.
16	Amy Marie Burkett, MD	ACOG	Support	None provided.
16	Jack Reifenberg (medical student)	Univ. of Cincinnati College of Medicine	Support	As part of the younger contingent of OSMA, we support this resolution and its efforts to promote medical autonomy in adolescents.
16	Charles E. Smith, MD	Not specified	Oppose	Parents are the guardians of the minors and are responsible for their care. If there is a dispute about immunizations then the physician should take time to discuss with both. More often the parents want the immunization and the child does not. We would oppose this resolution.
16	Brian Bachelder, MD	Not specified	Oppose	The problem is in the details. What is the definition of a mature minor, and what are the criteria being used? A vague "up to the physician" is difficult to support. I support the concept, but oppose this resolution as too vague.
16	Dan Bautista, MD	Not specified	Oppose	I believe more in informing parents rather than having a minor decide something that their parents may oppose. Overstepping parental rights.
16	John Corker, MD	District 2	Support	We should empower our physicians to use their professional judgment as to which of their minor patients have the capacity to make their own decisions regarding life-saving and affirming vaccinations.
17	Michael Dohn, MD	Not specified	Support	This is a good resolution and supports the traditional viewpoint of vaccines and vaccination strategies that organized medicine has supported. I'll begin with a little pushback. 1) Vaccines are not medical procedures. CDC and others recognize that they are different and even that informed consent standards are different. 2) We already have many "mandated" vaccines which are a mainstay of population health and carving out one type of vaccine for different treatment is not sensible. ... I do not see line 42 as political; it is, after all, true. For lines 38-40, the threat is not from the rising rates at present (because they are not rising at present); the

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				threat is that the SARS-CoV-2 pandemic continues around the globe.
17	Amy Marie Burkett, MD	Self	Support	Vaccine mandates are not new and we should support the public and private entities in their rights to develop and enforce vaccine policies.
17	Charles E. Smith, MD	District 6	Support, with Amendment	We would approve this resolution if line 74 is omitted. This makes the resolution political and distracts from its true meaning.
17	John Naveau, MD	Self	Support	At present, the authors of this resolution have not commented. I come from the perspective of a Family Doc who has been knee deep in patients with Covid-19 and neck high with patients who refuse a safe and effective vaccine. (60% of my county has not had one Covid-19 shot.) The "resolved" paragraphs speak of allowing private and public institutions to require immunizations. They also speak of proof of immunization to enter. They do not, to my reading, speak of broad population requirements. This resolution deserves serious consideration. I will not bore you with the daily challenges docs like me face against patients who have been convinced by co-workers, family members, Fox News and social media that they should not receive immunizations. But as doctors, we have to speak the truth. Thank you.
17	Michael Berte, MD	Not specified	Oppose	Medical procedures should not be able to be mandated.
17	Dan Bautista, MD	Not specified	Oppose	Against any mandates on vaccine.
17	Michelle Knopp, MD	District 1	Support, with amendments	In opposition to the RefCom language with a proposed amendment. Replace "recognized" with "medical" on line 66. Policy 21-2017 states that the "OSMA supports the removal of non-medical exemptions for required school immunizations". At present the state of Ohio allows both religious and philosophical exemption for school immunizations (https://www.ncsl.org/research/health/school-immunization-exemption-state-laws.aspx). Therefore, we urge for consistent policy with the amendment to continue the OSMA stance of supporting removal of non-medical exemptions for immunizations. (Preliminary report comment)
18	Jack Reifenberg (medical student)	Univ. of Cincinnati	Support	During the pandemic, telehealth proved to be vital to expanding access to care for those in underserved areas. We believe that this resolution is timely and

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		College of Medicine		needed to ensure a sound future for telehealth care in Ohio.
18	Charles E. Smith, MD	District 6	Oppose	This policy already exists. We do not feel that the OSMA should "collaborate" with the medical schools to direct their curriculum.
18	Margaret Dunn, MD	District 2	Support, with amendment	Deletion of the first resolve. We see OSMA working with Ohio's Medical Schools to support education in this increasingly critical competency as appropriate and desirable.
18	Susan Hubbell, MD	Self	Support, with amendment	Regarding Resolution 18 line 86. I feel that the Resolved clause should end after the word "curriculum" so that it reads "the OSMA encourages Ohio medical schools to integrate telemedical education into the medical school curriculum". The phrase about AMA is unnecessary if the first resolved clause is removed. (Preliminary report comment)
18	Michelle Knopp, MD	Self	Support, with amendment	Encouraging the RefCom to change the title to be consistent with the proposed amendments. (Preliminary report comment)
19	Hendrik Stegall (medical student)	Co-author, on behalf of self and the OSU MSS	Support	The opacity of the American healthcare system, in particular the inaccessibility of healthcare data, is a significant contributor to inefficient spending and is a source of ire to both physicians and patients alike. All-Payer Claims Databases (APCDs) have been used in several states to shine light on issues of public health, patient safety, and value of care. Introducing an APCD to Ohio would likely have the same effect, which would be of benefit to those most directly involved in healthcare—the provider and the patient.
19	Charles E. Smith, MD	Not specified	Not specified	This is very complicated. Three years ago we recommended establishing a medical e-card system for Ohio to simplify billing. One component of this would be a central clearing house for all bills. This would then forward the bills to the appropriate insurance company or person. That would enable what this resolution requests.
19	Omer Ashruf (medical student)	On behalf of authors	Support	All-payer claims databases (APCDs) have shown empirically to reduce healthcare spending and utilization while enhancing performance. APCD data is used to identify preventable hospital admissions, evaluate total costs of care, track prescription drug pricing, and providing meaningful price information. APCDs have also shown to supplement public policy (in the form of online comparison tools [in Colorado, Maine, and New Hampshire to allow patients to compare prices for health services], quality measurements [in Minnesota and Virginia to report on blood pressure medication

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				adherence and low value services], and serve as a bulwark against pernicious billing practices [Surprise Billing Legislation, Legislation Encouraging Use of Less Expensive Care Settings, etc.]). With vocal endorsement from Ohio stakeholders (Ohio Patient-Centered Primary Care Collaborative) and the AMA, we support.
19	John Corker, MD	District 2	Support, with proposed amendment	In support of this resolution with the following amendment by deletion and insertion: Line 97- replace "advocates for" with "collaborate with appropriate stakeholders to investigate" This will allow us to accomplish this resolution's intended goal, without saddling us with 100% of the responsibility (and cost) of creating something so far-reaching. That said, this centralized data-base would be a powerful and effective tool for our member physicians to ensure fair payment for their services, especially through the Independent Dispute Resolution (IDR) process, as outlined in recent Out of Network Billing legislation, when disputes exist between physicians and third-party payers.
19	Omer Ashruf (medical student)	On behalf of authors, in response to Dr. Corker's proposed amendment		Thank District 2 for their support and welcome their amendment.
19	Jack Reifenberg (medical student)	On behalf of Univ. of Cincinnati College of Medicine, in response to Dr. Corker's proposed amendment		We support this resolution and agree with the amendment suggested by District 2.
20	Amy Marie Burkett, MD	On behalf of ACOG	Support	It is a bit ridiculous that insurance companies refuse to cover the base cost of IUDs and Nexplanons if provided by the office, but also refuse to allow it to be dispensed by the patient's pharmacy.
20	Susan Hubbell, MD	On behalf of author	Support	According to the AMA Economic and Health Policy Research data from October 2021, Medicare physician pay has increased just 11 % over the last two decades, or 0.5 % per year on average. Roughly one third of that increase is the temporary 3.75 percent update for 2021 that will expire soon. In comparison, Medicare hospital updates totaled roughly 60% between 2001 and 2021, with average annual increases of 2.4 percent for both inpatient and outpatient services. Medicare skilled

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				nursing facility updates totaled more than 60% between 2001 and 2021, or 2.5 % per year. The cost of running a medical practice increased 39% between 2001 and 2021, or 1.6% per year. Adjusted for inflation in practice costs, Medicare physician pay declined 20% from 2001 to 2021, or by 1.1 % per year on average. It is time for our OSMA and AMA to work to improve Medicare pay rates for physicians, who are essential for the whole health care system to operate.
21	No online comments.			
22	Amy Marie Burkett, MD	Not specified	Support, with amendment	I support the idea of the resolution but would amend the resolves to say that Medicare and Medicaid should pay equally. Would add a resolve to bring up all Medicaid and Medicare reimbursement as these are routinely under attack.
22	Kamlesh Sanghvi, MD	Not specified	Not specified	Medicare Advantage plans. Each covers annual visit differently. Since patient cannot be balanced billed, sometimes the reimbursement is 0. Should women over 65 be ignored for preventative exams? CareSource now not reimbursing for postpartum visit. Several phone calls and still policy not clear. "We cannot tell you what code is covered. Submit and see if it is denied or goes thru" Anthem down coding claims. 2021 coding guidelines misused, and AMA has not done anything about it Medicaid recouping money from 2019 for Episode of care. No advanced notice. Patients are demanding unlimited free service and not penalized. Providers penalized for giving good service!!
23	Michael Dohn, MD	Not specified	Support	It would help support the citizens of Montgomery County for whom I bear some responsibility.
23	Amy Marie Burkett, MD	ACOG	Support	Physicians and patients deserve to know what will be covered.
23	John Corker, MD	District 2	Support, with amendments	1.) Remove Resolved Clauses 1 and 3 2.) Resolved Clause 2 to read as: RESOLVED, that our Ohio State Medical Association (OSMA) SUPPORT (STRIKE "SEEK") legislation to prohibit retroactive denial of a previously (STRIKE "PRIOR") approved medication, procedure, or test unless the patient is no longer insured by that company AT THE TIME OF SERVICE.

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				R1 does not constitute a policy directive, and R3 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 R2 would allow for strong, actionable policy in the state of Ohio.
23	Tani Malhotra, MD	YPS, in response to Dr. Corker's proposed amendment		On behalf of the Young Physicians section, in support of your amendment.
23	Susan Hubbell, MD	On behalf of authors	Support	The ordeal of obtaining prior authorization is frustrating for physician offices. Once a medication, test or procedure is authorized and written authorization has been obtained, the insurance company should not be able to deny payment once the procedure or test is done or the medication is given. We receive a statement authorizing what we have asked for but many of the statements have a disclaimer saying the approval does not guarantee payment (example was provided to the committee). Unless the patient is no longer insured by the company that did the prior auth, this denial of payment is unfair to the patient and the physician as they have proceeded with the test, procedure or medication in good faith based on the prior auth letter.
23	Susan Hubbell, MD	District 3 and on behalf of authors	Support, with amendments	We disagree with the committee's report deleting the first resolved clause. For the first resolved clause we suggest amended language to read : "Resolved that it be OSMA policy that " once the physicians office has received... (no change to the rest of the clause). This wording makes it clear what OSMA policy should be on this issue. We also disagree with removing Resolved clause 3. While it would be ideal to eliminate prior authorization, that is unrealistic. AMA is working to IMPROVE the prior authorization process but the issue of retroactive denial is not in any current AMA policy that we could find. This needs to be ADDED to AMA policy and is something that should be achievable as a small step to improve the process. This is happening in every office every day and needs to be addressed to improve patient care. We want Resolved clause 3 in the resolution and we want this to go to AMA. (Preliminary report comments)
24	John Corker, MD	District 2	Support, with	Resolved Clause to read as follows:

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			amendment	<p>RESOLVED, that our Ohio AMA Delegation request the AMA to investigate the business models of predatory third party payers, especially United Healthcare and its affiliation with Optum, in order to ascertain their methodology and accuracy, and to take appropriate action if necessary.</p> <p><i>Dr. Corker follow-up comment. Correction made above. "Did not realize that formatting would lump everything together. Resolved clause should end after "necessary."</i></p>
25	Michael Dohn, MD	Not specified	Support	This resolution is in line with the position of Public Health - Dayton and Montgomery County, the only Public Health Department in Ohio with a 100% rating on the Health Equality Index by the Human Rights Campaign Foundation (www.hrc.org). This would be a step in continuing to promote optimal health status for all Ohio citizens.
25	Amy Marie Burkett, MD	ACOG	Support, with amendment	Consider changing the wording of resolve 1 to clarify the goal of protecting physicians rather than mandating physicians provide the treatment.
25	Jack Reifenberg (medical student)	Univ. of Cincinnati College of Medicine	Support	We support this resolution as written. We believe the proposed expansions to the conscience clause would be dangerous for the health of vulnerable populations in Ohio. We strongly agree that the definition of discrimination on the basis of sex should and must be expanded as suggested by the authors.
25	Charles E. Smith, MD	District 6	Oppose first resolve. Support second resolve.	We strongly oppose the first resolve, but are fine with the second. No one should be required to provide procedures or treatment that they are not comfortable with.
25	Mindy Hoang (medical student)	On behalf of authors, in response to Dr. Smith's comment.		I would like to clarify that the authors agree with you. No one should be required to provide procedures that they are morally against. There exists federal laws that protect this universal right for physicians. We wanted to make that clear. Our first resolve is there to allow for better guidelines that adhere to a national level. We wanted to add that resolve in to protect physician expertise from being overridden and prevent encroachment of the patient-provider relationship from politicians. Thank you.
25	John Corker, MD	District 2	Support, with amendment	<p>1.) Strike Resolved Clause 1,</p> <p>2.) End Resolved Clause 2 after the word "expression." The conscience and professional judgment of our member physicians should be protected at all times by our OSMA. In addition, ending R2 after "expression" will</p>

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				free our policy from connections to specific programs or legislation that may be rendered obsolete at a time uncertain.
25	Mindy Hoang (medical student)	On behalf of authors, in response to Dr. Corker's comment.		I would like to clarify that the first resolved clause specifically opposes the extension of conscience extension to healthcare workers beyond what is already implemented at a national level to further protect the patient-provider relationship and prevent encroachment of legislators on medical expertise. We will end the second resolve clause after the word, "expression" to disconnect OSMA specific policy from uncertain or obsolete policy. Thank you.
25	David W. Miller, MD	Not specified	Support	There is increasing discrimination and violence against sexual minorities, and this violates every tenet of ethical medical care. Such discrimination has nothing to do with evidence-based practice, and is unbecoming of a physician. Strong statements of protection and support are necessary and it is reassuring to see the OSMA making such.
25	Mindy Hoang (medical student)	On behalf of authors, in response to Dr. Miller's comment.		We appreciate your support on this important issue and thank you for taking your time to leave this comment.
25	Mindy Hoang (medical student)	On behalf of authors	Support, with amendments	We agree with the changes made to the second resolved clause. Regarding the first resolved clause, we would like to keep the first resolved clause, strike "physicians", and replace "physicians" with "healthcare workers and insurance companies" based on the feedback we received. We are concerned about recent legislative efforts in the state of Ohio that have extended conscience protections to non-physician healthcare workers and insurance companies that are impeding the ability of physicians to provide life-saving care to patients. (Preliminary report comment)
26	Amy Marie Burkett, MD	Self	Support	I support the idea of OSMA tackling social determinants of health but feel one resolution which encompasses them may provide a more enduring policy for OSMA.
26	Kiersten Woodyard	On behalf of authors		Speaking on behalf of the authors regarding Resolution 26 "Quality Child Care to Improve Pediatric Population Health," Asking for a clarification. We are supportive of the spirit of the resolution committee this conference, and feel that they are exercising an incredible amount of diligence in their review. We are curious about who the resolution would be referred to, when the statement was made that the committee would appreciate the input of Pediatrician constituents of OSMA. Is there a

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				<p>Committee on Pediatrics that this resolution would refer to? We would be happy to include resources from the Ohio Chapter of the American Academy of Pediatrics, including webinars on the importance of consistent and early developmental screenings, which improve enrollment in early interventions such as the Help Me Grow programming. This resolution falls in line with the Ohio Chapter of AAP's new Preventative Health Program (PHP) launched in Nov 2021.</p> <p>The Ohio Chapter of the AAP launched the Preventative Health Program in Nov 2021, which also happens to include a Quality Improvement initiative to launch in January 2023 that would aim to increase the use of screening tools in the pediatric population. The authors acknowledge that implementation of Child Care Health Consultants may be a financial burden to already-slim funding for the Publicly Funded Child Care program, so we are willing to amend the resolution to omit mention of CCHCs. However, it would be beneficial to discuss the requirements for licensed child care centers to screen or refer children for vision, hearing, vision, and developmental screenings. It would not produce significant workflow or financial burden to discuss a long-term goal for increased requirements for referral and screenings.</p> <p>With the advocacy priorities of the Ohio Chapter of the AAP being relatively clear, we propose striking R2 regarding Child Care Health Consultants while maintaining the remainder of the resolved clauses (R1 and R3). The timely passage of this resolution would hopefully allow OSMA to support initiatives that work in tandem with the Ohio Chapter of AAP's current advocacy priorities to increase preventative health screenings in the pediatric population. (Preliminary report comment)</p>
27	Hendrik Stegall (medical student)	Co-author, speaking on behalf of self and OSU MSS.	Support	<p>Climate change is threatening for many reasons, but two that make it particularly difficult to address are its insidiousness and its heterogeneity. Warming trends are slow and affect different regions to different degrees, and the precise ways in which these changes affect different regions will vary. We can be assured, however, based on extensive research by the entire global community of climate scientists, that climate change is real and is an imminent and ongoing threat to public health. It is critical that we, who are committed to preserving the health of our community, take a firm position in recognizing the threat that climate change</p>

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				poses to our patients and to generations that will come after us.
27	Charles E. Smith, MD	Not specified	Not specified	Just a comment. The temperature in Ohio since 1895 has increased by 0.0096 degrees per year. So far we have adapted. In 100 years we may be like Virginia or Alabama.
27	John Corker, MD	District 2	Support, with amendments	<p>1.) Strike Resolved Clause 1</p> <p>2.) Transition Resolved Clause 2 into two separate Resolved clauses to read as follows:</p> <p>RESOLVED, That our OSMA encourages the development of policy to combat climate change and its health effects in Ohio and to mitigate the undesirable environmental conditions that damage Ohioans' health; and be it further</p> <p>RESOLVED, That our OSMA encourages education of the broader Ohio medical community to the serious adverse health effects of climate change and local conditions of climate variation." This is a very important public health topic, and these changes will allow for more comprehensive, actionable policy on climate change, and will obviate R1.</p>
27	Mitch Singstock (medical student)	On behalf of authors, in response to Dr. Corker's proposed amendment		We, the authors of this resolution, agree to the amendments proposed by Dr. Corker as written.
28	Amy Marie Burkett, MD	ACOG	Support	<p>Relevant ACOG info.</p> <p>https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/01/substance-abuse-reporting-and-pregnancy-the-role-of-the-obstetrician-gynecologist</p>
28	John Corker, MD	District 2	Support, with amendment	<p>1.) Strike Resolved Clause 2. This will allow for strong, reasonable OSMA policy in support of our pregnant patients with histories of substance abuse. When appropriate, it is critically important that we do everything we can to maintain family units in the best interest of children and their parents.</p> <p>R1 and and R3 allow for and obviate R2, without saddling us with an expensive and unnecessarily individualistic legislative directive.</p>

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28	Kiersten Woodyard (medical student)	Author, in response to Dr. Corker's proposed amendment.		Thank you for your comments and overall support on this resolution. I agree that it is critically important to maintain family units whenever possible. However, R2 would propose that OSMA support any legislative actions that would prioritize MAT program funding for Ohio mothers, should it happen to be brought, but does not ask OSMA to propose legislation itself, or advocate for the proposal of such legislation. If such legislation were to come up, I believe it would be within an appropriate scope of OSMA, as well as in line with the resolution passed last year pertaining to SUD and treatment expansion. Once again, thank you for your comments, we appreciate the input.
29	Amy Marie Burkett, MD	Self	Support	Support the idea of addressing social determinants of health. Would like to see one resolution to create an overall policy.
29	Jack Reifenberg (medical student)	Univ. of Cincinnati College of Medicine	Support	Individuals living with homelessness are far more likely to suffer from increased morbidity that eventually leads to premature death than those who are housed. We believe that this resolution is timely and very much needed to ensure the health of vulnerable Ohioans. We wanted to commend the authors on bringing this resolution to the OSMA.
29	Katherine Esser (medical student)	Univ. of Toledo College of Medicine	Support	People experiencing homelessness are a vulnerable part of our community and as the OSMA has acknowledged 'housing insecurity as a predictor of health outcomes' and supported 'appropriate care of the homeless and chronically mentally ill', it follows that we should support local and state affordable housing initiatives.
29	John Crankshaw, MD	District 2	Support, with amendment	We would recommend, as an amendment, the deletion of the word adequately on line 85 as it is an ill-defined term too open for interpretation.
30	Deepak Kumar, MD	District 2	Support, with amendment	We will recommend substituting the word "Hospital" with the words "Ohio Hospital Association" in all three resolve clauses. It is the OHA which will direct their member hospitals to create uniform visitation policies. It will be very difficult for OSMA to talk with each individual hospital in state of Ohio.
30	Jessica Geddes, MD	Author, in response to Dr. Kumar's comment.		Comment from the author - Thank you for the comment Dr. Kumar. I agree with the recommended substitution and appreciate the reasoning behind it.

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31	David Griffith, MD	District 2	Support, with amendm ent	We are uncomfortable supporting a named campaign, such as Stop The Bleed, because, as a rule, these campaigns may change and add/delete items that may not be in congruence with OSMA policy. Therefore, we recommend deleting Resolve 1.
31	Jessica Geddes, MD	Author, in response to Dr. Griffith's proposed amendment.		Thank you for the comment Dr. Griffith. I appreciate the reasoning regarding Resolve 1. However, I feel that if Resolve 2 stands alone, this resolution would not have the intended effect of both increasing availability of bleeding supplies and encouraging the training required to use the supplies appropriately. I am therefore proposing a change - strike Resolve 1 as it currently stands and replace it with "RESOLVED, that our Ohio State Medical Association (OSMA) promote the education of both lay public and professional responders on proper bleeding control techniques within the state of Ohio" The word "encourage" could also be used in place of "promote" if that seems more appropriate. Additional comments or feedback are greatly appreciated.