

Action by the 2011 House of Delegates

DOs from across Ohio convened April 29-30, 2011, at the Hilton at Easton Town Center in Columbus for the Ohio Osteopathic Association House of Delegates where they elected officers, debated 24 resolutions, and adopted policy positions that affect Ohio's healthcare delivery system. In addition, delegates approved the OOA Strategic Plan, 2011-2013 as well as five bylaws amendments required by the Strategic Plan. Speaker of the House John F. Uslick, DO, of Canton, and Vice Speaker Stuart B. Chesky, DO, of Vermilion, presided over the two-day meeting.

Following the meeting, four of the resolutions were submitted to the AOA House of Delegates, held July 15-17, 2011, in Chicago: 11-17 Providing Exceptions for the Medicare 3 Day Qualifying Policy for SNF; 11-21 Health Literacy; 11-22 Prescriptions for Over-the-Counter Medications; and 11-24 Repeal of AOA Resolution 29 (ACGME Residency in an Option-1 Specialty).

Bylaws Amendments

The House of Delegates approved five amendments to the constitution and bylaws to:

Reduce the size of the OOA House of Delegates to make it easier for districts to fill their delegations. The reduced size is more reflective of the number of delegates who have actually been attending. This resolution goes into effect for the 2012 OOA House.

Reduce the size of the OOA Executive Committee and Board of Trustees effective with this year's elections. This resolution reduces the size of the OOA Executive Committee to five voting members plus the Executive Director, who serves without vote. One vice president's position, the past president, the OU-COM Dean, the OOHA President, and the at-large member positions are eliminated. The purpose is to allow a more effective decision making process between board meetings. The Non-Profit Center recommends that associations have about a 12-15 member Board of Trustees. In other words, the current size of the Executive Committee is about the size of most non-profit boards of trustees. Goes into effect with this year's elections.

Delete specific references to the original OOA districts. Deletion of the current district names allows the OOA House of Delegates to redistrict without amending the bylaws each time a change is made.

Change the election of AOA delegates. The amendment makes all members of the OOA Board of Trustees members of the Delegation to the AOA House. If a board member is unable to serve, an alternate will be selected to go in his/her place. This amendment would not go into effect until 2013, after the House approves any recommendations concerning redistricting in 2012 and district elections are held.

Give the OOA Board of Trustees more flexibility in scheduling meeting times and locations in relation to the annual meeting. It also establishes an Executive Director's Compensation Committee as a standing committee.

New Policy Statements Adopted

Delegates adopted seven new positions regarding Medicare qualifying policy for skilled nursing facilities, the Ohio Automated Rx Reporting System (OARRS), pain management education, HB 93, health literacy, prescriptions for OTC medications, and AOA policy regarding ACGME residency as well as the Strategic Plan for 2011-2013. The full text of seven new policy statements is printed here.

OOA Strategic Plan 2011-2013

RESOLVED, that the Ohio Osteopathic Association House of Delegates approve the Ohio Osteopathic Association Strategic Plan for 2011-2013.

The complete plan is available at the OOA website at www.oonet.org.

Providing Exceptions for the Medicare Three-Day Qualifying Policy for SNF

WHEREAS, the current Medicare guidelines require a 3 day (3-night) stay at a hospital in order to qualify for care at a skilled nursing facility; and

WHEREAS, there are some patients whose medical clearance / care can be achieved in an overnight stay or observation care; and

WHEREAS, there is an incredible amount of wasted resources and increased healthcare cost as delineated by the current criteria; and

WHEREAS, advances in medicine and better overall healthcare has reduced this need; and

WHEREAS, it is more prudent to participate in preventative or proactive care (such as with sub-acute patients that could benefit from skilled nursing care prior to requiring a full admission); now, therefore, be it

RESOLVED, that the OOA petition the Centers for Medicare & Medicaid Services and insurance agencies with similar rules to develop exception guidelines to these rules that will facilitate care to be given to appropriate patients in a less intense setting, without having to fulfill the three-day rule; and, be it further

RESOLVED, that the OOA forward this resolution to the AOA House of Delegates for its consideration.

Ohio Automated Rx Reporting System (OARRS) and HB 93

WHEREAS, the Ohio Automated Rx Reporting System (OARRS) was established by the Ohio State Board of Pharmacy (OSBP) to enable prescribers and distributors of controlled substances to access a database to help identify patients who are misusing or diverting substances of abuse, or who may be "doctor shopping"; and

WHEREAS, Ohio House Bill 93 of the 129th General Assembly requires the OSBP to adopt rules that establish standards and procedures to be followed by physicians regarding the review of patient information available through the drug database; and

WHEREAS, OARRS can help doctors feel confident that they are treating “real patients with real pain”; and

WHEREAS, the OARRS is currently underutilized by primary care physicians in Ohio; now, therefore, be it

RESOLVED, that osteopathic physicians in Ohio become familiar with OARRS and utilize it when they deem it appropriate; and, be it further

RESOLVED, that the Ohio Osteopathic Association (OOA) play an active role in the Ohio State Medical Board (OSMB) development of regulations requiring physicians to interact with OARRS to assure that these regulations are not cumbersome and overly demanding of a physician’s time; and, be it further

RESOLVED, that the OOA work with the Ohio State Board of Pharmacy to update OARRS and improve ease of access and utilization.

Addressing Ohio’s Pain Problem Through Improved Physician Education on Pain Management

WHEREAS, former Ohio Governor Ted Strickland convened the Ohio Prescription Drug Abuse Task Force in response to the catastrophic incidence of opioid prescription related overdose and death in the state; and

WHEREAS, members of the task force representing 26 agencies and professional organizations examined the origins and causes of the problem and with counsel from many experts developed consensus on 26 recommendations which were accepted by the Governor on October 1, 2010; and

WHEREAS, these recommendations include the imperative for improved education on pain management for physicians and physician extenders; and

WHEREAS, the Ohio Compassionate Care Task Force identified nearly one million Ohioans who are under-treated for pain or have no access to pain management; and

WHEREAS, the Compassionate Care Task Force recommended attention to the need for improved knowledge of pain management among prescribers; and

WHEREAS, knowledge of good pain management can decrease the need for prescribing opioids in order to treat pain; and

WHEREAS, education on addiction and prevention of diversion and abuse can help the physician to manage patient issues in this area; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association work with the Ohio State Medical Association and the Ohio State Medical Board to develop prescriber education on pain management, addiction prevention and intervention and prevention of diversion in the clinical setting; and, be it further

RESOLVED, that the Ohio Osteopathic Association encourage Ohio University College of Osteopathic Medicine to continue to support basic clinical education in pain management and the prevention of addiction, diversion and abuse in Ohio.

Prescription Drug Bill (HB 93) and Care of the Terminally Ill

WHEREAS, Ohio House Bill 93 of the 129th General Assembly appropriately addresses the serious concerns of prescription drug abuse and diversion in Ohio; and

WHEREAS, Ohio House Bill 187, “The Intractable Pain Law of 1997” specifically excluded from regulatory oversight prescribers utilizing prescription drugs for the treatment of patients with a terminal illness and patients with a

progressive illness that may in the course of progression be expected to become terminal, and excluded treatment for pain with medications that do not exert their action at the level of the central nervous system; and

WHEREAS, the definitions of chronic and intractable pain are changed in the new law; and

WHEREAS, HB 93 specifically excludes hospices from the definition of “pain clinic”; and

WHEREAS, hospice and palliative care patients deserve to receive care from the physicians of their choice; and

WHEREAS, HB 93 may seek to limit the quantity of an opioid or other substance that can be prescribed in a given time interval; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association support rules promulgated to enact HB 93 that specifically and clearly exclude terminally ill patients and patients that may be expected to become terminally ill in the course of their illness.

Health Literacy

WHEREAS, an estimated 21 million Americans simply cannot read; and

WHEREAS, reading abilities are typically three to five grade levels below the last year of school completed; and

WHEREAS, more than 10 million Americans have graduated from high school reading at a 7th or 8th grade level and one in five high school graduates cannot read their diplomas; and

WHEREAS, the US Department of Health and Human Services report Healthy People 2010 states health literacy is the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions; and

WHEREAS, more than one-half of all Americans have health literacy issues; and

WHEREAS, two-thirds of US adults age 60 and over have inadequate or marginal literacy skills; and

WHEREAS, 81 percent of patients age 60 and older cannot read or understand basic materials such as prescription labels and 85 percent of unwed mothers are illiterate; and

WHEREAS, approximately half of all Medicare/Medicaid recipients read below the fifth-grade level; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association strongly support the campaign for health literacy; and, be it further

RESOLVED, that the OOA strongly encourage all practitioners and medical facilities to create a shame-free environment where low-literate patients can seek help without feeling stigmatized; and, be it further

RESOLVED, that this resolution be forwarded to the American Osteopathic Association’s House of Delegates for consideration at its 2011 annual meeting.

Prescriptions for Over-the-Counter Medications

WHEREAS, the Affordable Care Act Section 9003 established new rules for reimbursing the cost of over-the-counter medicines and drugs from health flexible spending arrangements (health FSAs) and health reimbursement arrangements (HRAs) as of January 1, 2011; and

WHEREAS, this legislation mandates that distributions from health FSAs and HRAs will be allowed to reimburse the cost of over-the-counter medicines or drugs only if they are purchased with a prescription; and

WHEREAS, the United States Food and Drug Administration (FDA), defines over-the-counter medications as drugs that are safe and effective for use without a prescription by a licensed medical practitioner; and

WHEREAS, data from the 2007 National Health Interview Survey (NHIS) Alternative Medicine Supplement showed that 17.7 percent of US adults had used natural products in the previous year, including herbs and other naturally occurring non botanical supplements; and

WHEREAS, health care providers commonly suggest over-the-counter medications, herbals and supplements be used for treatment of various medical conditions; and

WHEREAS, the writing of over the counter prescriptions for patients: 1) places a significant financial and time burden on health care providers in researching patient medical histories, looking for drug interactions, writing a prescription for each medicine encounter, and then retaining a copy for patient records, and 2) needlessly increases the medicolegal responsibilities of the health care provider; and

WHEREAS, the American Osteopathic Association declares in its policy statement (H234-A/07) in matters concerning the regulation of health care: "Where the need for (health care) regulation has been demonstrated, it should emanate from the lowest applicable level of government;" now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association support the repeal of Section 9003 of the Affordable Care Act requiring prescriptions for over-the-counter medications for reimbursement from health flexible spending arrangements (health FSAs) and health reimbursement arrangements (HRAs) due to the significant burden placed on health care providers in the writing of these prescriptions; and be it further

RESOLVED, that upon successful passage of this resolution, a copy be sent to the American Osteopathic Association House of Delegates for consideration and discussion at its 2011 annual meeting.

Repeal of Resolution 29 (AOA Approval of ACGME Residency in an Option-1 Specialty)

WHEREAS, osteopathic physicians are responsible to the public as providing assurance of the quality and integrity of osteopathic training for osteopathic physicians who hold osteopathic certification; and

WHEREAS, the Ohio Osteopathic Association, serves the members of the Ohio osteopathic family as the representative in not only professional but educational affairs; and

WHEREAS, Ohio is an influential state in both osteopathic (DO) and allopathic (MD) professions and has a tradition in providing quality medical education; and

WHEREAS, AOA Resolution 29, as approved at the July 15, 2010, AOA Board of Trustees meeting and at the 2010 AOA House of Delegates, as currently written exerts a potential negative effect on the ongoing stability and future of AOA accredited residency programs that are both purely osteopathic and dually-accredited; and

WHEREAS, AOA Resolution 29 may have the unintended consequence of the closure of existing osteopathic accredited graduate medical education (OGME) programs; and

WHEREAS, AOA Resolution 29 grants AOA approval of Accreditation Council for Graduate Medical Education (ACGME) training for osteopathic physicians by a nominal application process, minimal evidence of parity between AOA and ACGME training, and no input from specialty colleges; and

WHEREAS, AOA Resolution 29 grants AOA approval to ACGME training for osteopathic physicians that may have different lengths of training, may contain no training in osteopathic principles and practice (OP&P) and different curricula than comparable AOA training programs; and

WHEREAS, AOA approval of ACGME certification of osteopathic physicians is confusing in presentation and lacks checks and balances; and

WHEREAS, the membership of the Association of Osteopathic Directors and Medical Educators (AODME) at the AODME's General Membership Meeting on April 14, 2011, in Baltimore, Maryland, voiced concern regarding AOA Resolution 29; and

WHEREAS, at the April 2011 AODME general membership meeting, the members voted in the affirmative to repeal Resolution 29, that a moratorium be placed on petitions pending under AOA Resolution 29 and that the AOA modify existing resolutions or write a new resolution to replace AOA Resolution 29; and

WHEREAS, it is a necessity to have an appropriate mechanism of AOA approval of ACGME training and the current AOA Resolution 29 may have unintended consequences; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) support the recommendations that AOA Resolution 29 be repealed; a one-year moratorium be placed on any petitions under Resolution 29 and be replaced with an appropriate, functional resolution that assures the integrity of the AOA approval of ACGME training of osteopathic physicians; and be it further

RESOLVED, that the OOA support the AODME's recommendation that the Bureau of Osteopathic Medical Educators (BOME) produce a white paper evaluating the AOA approval of ACGME residency training; and be it further

RESOLVED, that the OOA forward this resolution to the 2011 AOA House of Delegates for its consideration.

Existing Position Statements Amended and/or Reaffirmed

By action of the Board of Trustees, the OOA Resolutions Committee submits each policy statement to the House of Delegates every five years for reaffirmation, deletion or amendment. The "whereas" clause is deleted when a resolution is reaffirmed.

Photo IDs for Scheduled Drug Prescriptions

RESOLVED, that the Ohio Osteopathic Association encourages pharmacists through the Ohio Pharmacists Association, to request photo IDs from individuals who present a prescription or pick up the prescribed medication when the pharmacist has concerns about the identity of that individual.

Drug Enforcement Administration Numbers

RESOLVED, that the Ohio Osteopathic Association urges all third party payers to maintain the confidentiality of all Drug Enforcement Administration Numbers and not require them for insurance billing purposes.

Third Party Payors, Osteopathic Representation

RESOLVED, that the Ohio Osteopathic Association continue to encourage all third party payers to appoint medical policy panels which include osteopathic representation. *(original 1991)*

OOA Physician Placement Information Service

RESOLVED, that the Ohio Osteopathic Association encourage physicians to advertise practice opportunity information by utilizing osteopathic publications, OSTEOFAX, and the OOA website; and be it further

RESOLVED, that the Ohio Osteopathic Association continues to support Medical Opportunities in Ohio (MOO) as a centralized, comprehensive statewide career source for use by osteopathic residents and OOA members seeking employment opportunities; and be it further

RESOLVED, that the OOA encourage Ohio's hospitals and other institutional healthcare employers to become members of MOO. *(original 1991)*

Diagnostic, Therapeutic, and Reimbursement Options

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to oppose any managed care policy which interferes with a healthcare professional's ability to freely discuss diagnostic, therapeutic and reimbursement options with patients. *(original 2001)*

Physician Signatures, Reduction of Unnecessary

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to study the issue of signature burden, identify areas of potentially unnecessary signature requirements, and seek a reduction in same with the appropriate agencies and institutions doing business in the State of Ohio. *(original 2001)*

Home Health Care, Physician Reimbursement

RESOLVED, that the Ohio Osteopathic Association continue to seek adequate third party reimbursement for physicians supervising and certifying Home Health Services. *(original 1995)*

Hospital Medical Staff Discrimination

RESOLVED, that the Ohio Osteopathic Association continue to be vigilant and monitor for discrimination against osteopathic physicians and advocate for equal recognition of AOA specialty certification by hospitals, free-standing medical and surgical centers and third party payers. *(original 1991)*

Safe Prescriptions and Drug Diversion Tactics

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages colleges of osteopathic medicine to educate students about common diversionary tactics used to obtain scheduled drugs; and, be it further

RESOLVED, that the OOA periodically publish information and/or provide continuing medical education on best practices in order to reduce medication errors and prevent drug diversion in physician practices.

School Health Policies and Childhood Obesity

RESOLVED, that the Ohio Osteopathic Association (OOA) supports programs that advocate physical fitness in private and public schools for Ohio's youths; and be it further

RESOLVED, that the OOA support healthier food and drinks in public and private schools; and be it further

RESOLVED, that the Ohio Osteopathic Association continues to encourage its physician members to educate and caution their patients, school superintendents, and members of school boards across Ohio about the health consequences of consuming carbonated soft drinks and urge them to eliminate the sale of these products on school property; and be it further

RESOLVED, that the Ohio Osteopathic Association continue to support school health initiatives and campaigns to prevent childhood obesity.

Existing Position Statement Substituted

Ohio Bureau of Workers Compensation Health Partnership Program

WHEREAS, osteopathic physicians have traditionally provided care for injured workers in the State of Ohio; and

WHEREAS, the Ohio Osteopathic Association, business representatives, organized labor, other health care provider organizations, and the Bureau of Workers Compensation jointly created the Health Partnership Program (HPP) as a unique managed-care system to meet customers' needs for years to come; and

WHEREAS, HPP is truly a partnership, where the private-sector managed care organizations (MCOs) are working together with the BWC to provide comprehensive claims-management and medical-management services for the employers and employees of Ohio; now therefore, be it

RESOLVED, that the OOA, through its Bureau of Workers Compensation representatives continue to actively participate in ongoing efforts to maintain and improve the Health Partnership Program (HPP), as an efficient process for Ohio's injured workers and the osteopathic physicians who provide care for them.

Existing Policy Statements Deleted

As part of the five-year review, the following position statements were recommended for deletion as they are no longer pertinent. The OOA House of Delegates approved the recommendation.

Patient Care at Assisted or Independent Living Facilities

This resolution was taken to the AOA House of Delegates where it was amended and approved.

Health Savings Accounts

This resolution was taken to the AOA House of Delegates, where it was referred to the Council on Federal Health Programs for a report prior to the 2007 AOA annual meeting. The AOA has the lead responsibility to address federal legislation.

Staffing Requirements at Extended Care Facilities

The Ohio delegation withdrew this resolution after the Ad Hoc Reference Committee recommended defeat based on consensus that it should not be the position of the American Osteopathic Association to mandate staffing levels within health care institutions. The AOA has the lead responsibility for addressing federal policy issues.

Ohio Bureau of Worker's Compensation Quality and Efficiency of Providers

The Ohio Department of Insurance does not compile cost and efficiency data for insurance companies and health insuring corporations. The OOA met with the Bureau of Workers Compensation to present a proposal, however, the BWC never made data available to conduct a study.

Anorectic Medications, Use for the Treatment of Obesity

The recommendations in this resolution have been presented to and considered by the Medical Board of Ohio and the Ohio Board of Pharmacy.

Human Immunodeficiency Virus (HIV)

This resolution was written during the early years of the AIDS epidemic when numerous resolutions were being introduced without an evidence-based understanding of the disease

Counterfeit Medications

The Ohio State Board of Pharmacy has not indicated to the OOA that this is a problem and the AOA considered this resolution five years ago.

Improving End of Life Directives in Ohio

This resolution has been updated in a recent resolution supporting Medical Orders for Life Sustaining Treatment (MOLST).

**Managed Care, Access to Care in Rural Areas
Managed Care Plans, Drive Thru Deliveries
Prepaid Health Plans, Osteopathic Participation**

Resolutions Defeated, Referred, or Withdrawn

The Cleveland Academy of Osteopathic Medicine withdrew Resolution 2011-16: Patient Medical Care Expense Control.