

Action by the 2012 House of Delegates

DOs from across Ohio convened April 20-21, 2012, at the Hilton at Easton Town Center in Columbus for the Ohio Osteopathic Association House of Delegates where they elected officers, debated 15 resolutions, and adopted policy positions that affect Ohio's health care delivery system. 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.

Among the resolutions, delegates approved a provision included in the OOA Strategic Plan 2011-2013 to create a new district to be called the Western Reserve Academy of Osteopathic Medicine by combining the geographical area formerly comprising the Warren and Youngstown academies.

During the meeting John F. Ramey, DO, of Sandusky, was installed as OOA president for 2012-2013 and the following slate of officers was approved:

President-elect Robert L. Hunter, DO, of Dayton

Vice President Paul T. Scheatzle, DO, of Canton

Treasurer Robert W. Hostoffer, Jr., DO, of Cleveland

House Speaker John F. Uslick, DO, of Canton

House Vice Speaker Stuart B. Chesky, DO, JD, of Vermilion

*Following the meeting, one resolution, **Food Allergies and Mandates on School Lunches**, was submitted to the AOA House of Delegates, held July 18-22, 2012, in Chicago.*

New Policy Statements Adopted

Delegates adopted two new positions. The full text of both is printed here.

Creation of the Western Reserve Academy of Osteopathic Medicine

WHEREAS, the 2011 Ohio Osteopathic Association House of Delegates approved a three-year Strategic Plan, which in part called for creation of an Ad Hoc Committee to reduce the number of OOA districts; and

WHEREAS, the OOA Board of Trustees has appointed a strategic committee of the OOA Board focused on governance and redistricting; and

WHEREAS, the Board Governance Committee has discussed preliminary strategies for redistricting, but believes that any changes in OOA Districts must be accomplished methodically and in consultation with the membership in each district; and

WHEREAS, the leadership of the Warren and Youngstown academies held a meeting on April 4, 2012, and recommended the creation of a new district in Northeast Ohio to be known as the Western Reserve Academy of Osteopathic Medicine; and

WHEREAS, the OOA Board of Trustees approved the recommendations of the Warren-Youngstown Academy leadership work by poll vote; and

WHEREAS, Article I, Section 1, of the OOA Bylaws gives the OOA Board of Trustees the authority to divide the state into districts; and

WHEREAS, Article I, Section 2, requires any redistricting involving more than one county to be also approved by the OOA House of Delegates; now, therefore be it

RESOLVED, that the OOA House of Delegation approve Phase I of the OOA Board of Trustees' Strategic Redistricting Plan by creating a new district to be known as the Western Reserve Academy of Osteopathic Medicine, by combining the geographical area formerly comprising the Warren and Youngstown academies, which includes Trumbull, Mahoning, Columbiana, Carroll, Jefferson, and Harrison Counties.

Food Allergies and Mandates on School Lunches

WHEREAS, food allergy is a potentially serious immune response to eating specific foods or food additives, and eight types of food account for over 90 percent of allergic reactions in affected individuals, including milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat; and

WHEREAS, in 2007, the reported food allergy rate among all children younger than 18 years was 18 percent higher than in 1997. During the 10-year period 1997 to 2006, food allergy rates increased significantly among both preschool-aged and older children; and

WHEREAS, recent data show hospitalizations with diagnoses related to food allergies have increased among children; and

WHEREAS, the Ohio Osteopathic Association realizes that the Division of Child Development and Early Education at the Department of Health and Human Services requires all lunches served in pre-kindergarten programs — including in-home day care centers — to meet USDA guidelines; and

WHEREAS, a preschooler at West Hoke Elementary School, in North Carolina, on January 26, 2012, was forced to purchase a school lunch (including chicken nuggets, fried potatoes, applesauce, and milk), over a packed home lunch because a state inspector interpreted the toddler's lunch her mother packed (a turkey and cheese sandwich, potato chips, banana, and apple juice) was not nutritious based on the USDA guidelines; and

WHEREAS, children with food allergies may pack school lunches to prevent allergic reactions to lunches provided by schools; and

WHEREAS, the Centers for Disease Control and Prevention, preeminent Children's Hospitals, and the American Osteopathic Association all support an all-inclusive approach to the treatment of childhood nutrition and wellness, including educational programs in the community and within schools, better access to healthier foods, and more physical activity within schools; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association advocates a holistic approach with respect to childhood nutrition and wellness without mandates that force potentially food allergic children to purchase school lunches; and, be it further

RESOLVED, that upon successful passage of this resolution, a copy be submitted to the American Osteopathic Association for consideration and discussion at its 2012 House of Delegates meeting.

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.

Antibiotics for Medical Treatment, Preservation of

RESOLVED, that the Ohio Osteopathic Association continues to support legislation banning feed additive uses of antibiotics for non-therapeutic purposes (such as growth promotion, feed efficiency, weight gain, and routine disease prevention), where any clinical sign of disease is non-existent.

Continuing Medical Education, State-Mandated, Subject Specific

RESOLVED that the OOA continues to oppose any legislation that would mandate subject-specific CME requirements for Ohio physicians, unless there is an extraordinary and /or overwhelming reason to do so, and be it further

RESOLVED that the OOA administrative staff and Committee on State Health Policy work with state legislators to address the concerns and requests by the public sector for subject-specific CME for physicians licensed in Ohio with respect to healthcare issues requiring legislative action; and be it further;

RESOLVED, that the Ohio Osteopathic Association will continue to be sensitive to addressing these concerns in the planning and implementation of its statewide CME programs. *(Original 2002)*

Current Procedural Terminology Code (CPT) Standardized Usage For Third Party Payers

RESOLVED that the Ohio Osteopathic Association (OOA) continues to seek legislation to require all third party payers doing business in Ohio to solely utilize Current Procedural Terminology (CPT) coding as published by the American Medical Association for the reporting and reimbursement of medical services and procedures performed by physicians; and be it further

RESOLVED that the OOA supports legislation to prohibit third party payers doing business in Ohio from indiscriminately substituting their own internal coding for any published CPT code – and in particular those related to osteopathic manipulative treatment; and be it further

RESOLVED that the OOA continue to work with the Ohio Department of Insurance, the Ohio Association of Health Plans and /or interested provider organizations and coalitions to expedite the universal usage and annual updating of CPT coding in Ohio. *(Original 2002)*

Direct Payment By Insurers

RESOLVED, that the Ohio Osteopathic Association supports legislation requiring all third party payers to reimburse providers directly rather than the policyholder. *(Original 1982)*

Disability Coverage For Physicians Who Are HIV Positive

RESOLVED that the Ohio Osteopathic Association supports language in all disability insurance contracts to define HIV positive status as a disability for all physicians, regardless of specialty, provided that the physician can demonstrate

that this status has caused a significant loss of patients, income, or privileges.
(Original 1992)

Driving Under the Influence of Alcohol And Other Mind-Altering Substances

RESOLVED that the Ohio Osteopathic Association continues to support legislation and programs designed to eliminate driving while under the influence of alcohol and other mind-altering substances. (Original 1982)

Emergency Department Utilization

RESOLVED that the Ohio Osteopathic Association continues to support policies and regulations which eliminate unnecessary patient utilization of high cost hospital emergency department services. (Original 1995)

Immunization Initiatives

RESOLVED that the Ohio Osteopathic Association continues to encourage the active involvement of its members in the promotion and administration of vaccination programs, which target at-risk populations in Ohio. (Original 1992)

Managed Care Plans, Standardized Reporting Formats for

RESOLVED that the Ohio Osteopathic Association (OOA) continues to support legislation to require all third party payers doing business in Ohio to utilize standardized billing, credentialing and reporting forms. (Original 1997)

Managed Care Plans, Quality Improvement and Utilization Review

RESOLVED that the Ohio Osteopathic Association continues to seek legislation to require all managed care organizations (MCOs) doing business in Ohio to be certified by the National Committee on Quality Assurance (NCQA). (Original 1997)

Medicaid Support of GME Funding

RESOLVED, that the Ohio Osteopathic Association continues to support legislation to require the Ohio Department of Job & Family Services (Medicaid) to support and fund the costs of graduate medical education in Ohio. (Original 1997)

Medicare Mandatory Assignment

RESOLVED that the Ohio Osteopathic Association continues to oppose Mandatory Medicare Assignment as a condition for state licensure. (Original 1987)

Nursing Facilities, Tiered

RESOLVED that the OOA continues to support multiple levels of licensed nursing facilities and encourages osteopathic physicians in Ohio to promote quality independent living for senior citizens and to direct patients to appropriate tiered care as needed. (Original 1992)

OOA Smoking Policy

RESOLVED, that all meetings of the Ohio Osteopathic Association's House of Delegates, board of trustees, executive committee, education conferences and

committees continue to be conducted in a smoke-free environment, and be it further;

RESOLVED, that the offices of the Ohio Osteopathic Association be declared a smoke-free environment with such policy to be enforced by the OOA Executive Director. *(Original 1987)*

Osteopathic Practice and Principles/Osteopathic Manipulative Medicine Curricula Standardization

RESOLVED that the Ohio Osteopathic Association (OOA) continues to support the development of a clear and demonstrable osteopathic component for every clinical rotation that a Phase III and Phase IV medical student is assigned to regardless of the location or preceptor that those students are assigned to or elected to rotate with; and be it further

RESOLVED that this process of establishing clear and demonstrable osteopathic components for each clinical rotation should extend into all accredited osteopathic residency programs and incorporated into the curricular standards of the osteopathic postdoctoral training institution (OPTI) programs; and be it further

RESOLVED that the OOA continue to monitor the progress of the American Osteopathic Association in implementing such standards through the Bureau of Professional Education and the OPTI Task Force., as directed by Resolution 306, passed by the American Osteopathic Association House of Delegates in 1997. *(Original 1997, amended and affirmed 2002, reaffirmed 2007)*

Physicians Exclusive Right To Practice Medicine

RESOLVED that the Ohio Osteopathic Association strongly endorses and reaffirms the current Ohio statute which recognizes osteopathic and allopathic physicians as the only primary care providers qualified to practice medicine and surgery as defined by Section 4731 of the Ohio Revised Code; and be it further

RESOLVED that the Ohio Osteopathic Association supports legislation that requires all third party payers of healthcare to recognize fully licensed DOs and MDs as the only primary healthcare providers in Ohio qualified to deliver, coordinate, and/or supervise all aspects of patient care. *(Original 1997)*

Physician-Patient Relationships

RESOLVED that the Ohio Osteopathic Association opposes any governmental or third party regulation which seeks to limit a physician's ability to offer complete, objective, and informed advice to his/her patients. *(Originally passed, 1992 to address counseling on reproductive issues, amended to broaden the intent and affirmed in 1997)*

Pre-Authorized Medical Surgical Services, Denial Of Payment

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support legislation that would prohibit any healthcare insurer doing business in Ohio from retrospectively denying payment for any medical or surgical service or procedure that has already been pre-authorized by the health insurer; and be it further,

RESOLVED, that the OOA encourages its members to file formal complaints with the Ohio Department of Insurance against any third party payer which

retroactively denies payment for any medical or surgical service or procedure that was already preauthorized. (*Original resolution 2002, amended and affirmed 2007*)

Preventive Health Services

RESOLVED that the Ohio Osteopathic Association (OOA) continue to work with all interested parties to develop guidelines for the delivery and reimbursement of preventive medicine services. (*Original 1992*)

Quality Health Care, the role of Medical Staffs and Hospital Governing Bodies

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages hospital medical staffs to remain self-governing and independent through bylaws, rules and regulations; and be it further

RESOLVED, that the OOA encourages hospital medical staffs to maintain independence in exercising medical judgments to control patient care and establish professional standards accountable to the hospital governing body, but not surrendering authority; and be it further

RESOLVED, that the OOA encourages hospital medical staffs and hospital governing bodies to respect the rights and obligations of each body and together be advocates to insure that quality health care is not compromised. (*Originally passed in 1987, amended by substitution in 1992, amended and affirmed in 1997, reaffirmed in 2002*)

Quality of Life Decisions

RESOLVED, that the Ohio Osteopathic Association and its members continue to participate in ongoing debates, decisions and legislative issues concerning quality of life, dignity of death, and individual patient decisions and rights. (*Original 1992*)

Reimbursement Formulas for Government Sponsored Health Care Programs

RESOLVED, that the Ohio Osteopathic Association continues to seek equitable reimbursement formulas for Medicare, Medicaid and other government- sponsored healthcare programs; and be it further

RESOLVED, if payment for services cannot be at acceptable, usual, customary and reasonable levels, that the Ohio Osteopathic Association continues to seek other economic incentives, such as tax credits and deductions to enhance the willingness of physicians to participate in these programs. (*Original 1992*)

School Bus Safety Devices

RESOLVED, that the Ohio Osteopathic Association supports legislation requiring the use of protective devices and restraints and /or any other measures to improve the safety of children in school buses in the state of Ohio. (*Original 1987*)

Third Party Payers, DO Medical Consultants

RESOLVED that the Ohio Osteopathic Association continues to urge all third party insurers doing business in Ohio to hire osteopathic physicians (DOs) as medical consultants to review services provided by osteopathic physicians (DOs) particularly in cases involving osteopathic manipulative treatment (OMT); and

be it further

RESOLVED that third party review of claims from osteopathic physicians which involve OMT should only be performed by a like physician who is licensed to practice osteopathic medicine and surgery pursuant to Section 4731.14 of the Ohio Revised Code and who has a demonstrated proficiency in OMT. *(Original 1992)*

Tobacco Control

RESOLVED, that the Ohio Osteopathic Association:

1. Encourages elimination of federal and state subsidies for the tobacco industry;
2. Supports increased taxation on tobacco products at both the state and federal levels, and urges that any revenue from such taxes be earmarked for smoking reduction programs and research involving tobacco-related diseases;
3. Encourages municipal, state and federal governmental agencies and lawmakers to enact clean indoor acts, a total ban on tobacco product advertising, and elimination of free distribution of cigarettes in the United States:
4. Urges schools to incorporate recognized tobacco use prevention courses in their health education curriculum.
5. Aggressively supports state and national efforts to eliminate smoking from all health care facilities, long-term care facilities and public buildings;
6. Encourages adults to avoid smoking in private homes and vehicles when children are present;
7. Opposes the availability of cigarette vending machines in general and supports state and federal legislation that would further limit access to these machines by minors; and
8. Supports the position statements of Tobacco Free Ohio and the Ohio Tobacco Control Resource Group.

Information Technology Adoption and Interchange

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to participate in efforts to advance health information technology adoption and health information exchange in Ohio with appropriate Health Insurance Portability and Accountability Act (HIPAA)-compliant privacy and security protections; and, be it further

RESOLVED, that the OOA continue to seek funding from public and private sector sources to help underwrite the cost of adopting and maintaining electronic health records (EHR) in physician offices. *(Original 2007)*

Ohio Medical Reserve Corps (OMRC)

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages all of its District Academies to establish contact with the local Ohio Medical Reserve Corps (OMRC) units that have been established in counties within its district; and be it further,

RESOLVED, that the OOA encourages its members to register to become members of the OMRC and obtain necessary training to respond to state, local and national public health emergencies. *(Original 2007)*

Physician Fines

RESOLVED, that the Ohio Osteopathic Association opposes all punitive fines levied on physicians for acts committed by patients that are not under the absolute control of the physician.

Physician Placement in Rural Areas

RESOLVED that the Ohio Osteopathic Association continue to work closely with the Ohio University Heritage College of Osteopathic Medicine, the Ohio Association of Community Health Centers, and the Ohio Department of Health to encourage the placement of osteopathic physicians in rural and underserved areas in Ohio; and be it further

RESOLVED that the OOA support the establishment of physician practices in rural areas by identifying appropriate sources of information and financial assistance. (*Originally passed, 1992*)

School Multiple Allergen Exposure Emergency Plan

RESOLVED, that the Ohio Osteopathic Association urges all school districts in Ohio to adopt comprehensive allergen exposure emergency plans to protect students from food allergies and environmental allergies such as bee stings, mold, dust, and fragrances; and be it further

RESOLVED, that the OOA work with the Ohio Department of Health and the Ohio Department of Education to investigate the feasibility of changing Ohio law to allow schools to maintain stocks of epi-pens to use on any student suspected of having an allergic reaction (anaphylaxis); and be it further,

RESOLVED, that the OOA encourages its members to assist school districts in developing these plans and help educate parents and school employees on how to use epi-pens in emergency situations.

Telemedicine

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support affordable and uniform medical licensure requirements to enable physicians to practice medicine and surgery by utilizing telemedicine technologies; and, be it further

RESOLVED, that the OOA work with the Ohio State Medical Board and other Ohio physician organizations to develop rules that encourage innovation and access to physician services through telemedicine while ensuring quality and promoting effective physician-patient relationships.

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.

Securitization of Ohio's Tobacco Settlement Funds

The funds were securitized, but later used by the state to balance the budget in 2009.

Resolutions Defeated, Referred, or Withdrawn

The Cleveland Academy of Osteopathic Medicine withdrew its resolution regarding CME Accreditation.

One resolution, RN Pronouncement of Death in the Hospice Setting, was disapproved.

Two resolutions, Spirituality in Medicine and Affordable Care Act Contraception Mandate were referred back to the author.