

SUBJECT: Reaffirmation of Policy Statements

SUBMITTED BY: OOA Council on Resolutions

**RESOLVED, THAT THE FOLLOWING POLICY STATEMENTS BE REAFFIRMED:**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33

**Diagnostic, Therapeutic, and Reimbursement**

RESOLVED, that the Ohio Osteopathic Association (OOA) continues 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)*

**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. *(Original 2006)*

**Health Literacy and Cultural Competency**

RESOLVED, that the Ohio Osteopathic Association (OOA) recognizes that residents of Ohio have diverse information needs related to cultural differences, language, age, ability, and literacy skills, that affect their ability to obtain, process, and understand health information and services; and, be it further

RESOLVED, that the OOA strongly support efforts to improve health literacy, so all individuals have the opportunity to obtain, process, and understand basic health information and services needed to make appropriate health decisions; and be it further,

RESOLVED, that the OOA strongly supports programs to improve the cultural competency of healthcare providers to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations in Ohio, and to apply that knowledge to produce a positive health outcome by communicating to patients in a manner that is linguistically and culturally appropriate; and be it further

RESOLVED, that the OOA strongly encourages all practitioners and medical facilities to incorporate health literacy improvement and cultural competency in their missions, planning and evaluation to create a shame-free environment where all patients can seek help without feeling stigmatized *(Original 2011)*

***Explanatory Statement: This resolution was taken to the AOA House of Delegates in 2011, where it was amended and approved with minor changes recommended by the Public Affairs Reference Committee.***

34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78

**Home Health Care, Physician Reimbursement**

RESOLVED, that the Ohio Osteopathic Association continues to seek adequate 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)*

**OOA Physician Placement Information Service**

RESOLVED, that the Ohio Osteopathic Association continues to encourage physicians to advertise practice opportunity information by utilizing osteopathic publications, OsteoFacts; 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 encourages Ohio's hospitals and other institutional healthcare employers to become members of MOO. *(Original 1991)*~~

**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. *(Original 2006)*

**Third Party Payers, Osteopathic Representation**

RESOLVED, that the Ohio Osteopathic Association continues to encourage all third party payers to appoint medical policy panels which include osteopathic representation. *(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 drug diversion tactics used to obtain scheduled drugs; and, be it further

79 RESOLVED, that the OOA periodically publish information and/or provide continuing medical  
80 education on best practices in order to reduce medication errors and prevent drug diversion in  
81 physician practices. (Original 2006)

### **Ohio Automated Rx Reporting System (OARRS)**

82  
83 RESOLVED, that the Ohio Osteopathic Association (OOA) strongly supports the Ohio  
84 Automated Rx Reporting System (OARRS) as an important tool for identifying patients who  
85 may be “doctor shopping” and misusing or abusing controlled substances; and, be it further  
86  
87 RESOLVED, that the OOA continue to work with the Ohio State Board of Pharmacy and the  
88 State Medical Board of Ohio to support and improve OARRS; and, be it further,  
89  
90 RESOLVED, the OOA strongly supports efforts to integrate OARRS directly into electronic  
91 medical records and pharmacy dispensing systems across Ohio to allow instant access for  
92 prescribers and pharmacists. (*original 2011*)

### **Ohio Bureau of Workers Compensation Health Partnership Program**

93 RESOLVED, that the Ohio Osteopathic Association (OOA) continue to actively participate in  
94 ongoing efforts to maintain and improve the Bureau of Workers’ Compensation’s Health  
95 Partnership Program (HPP), as an efficient process for Ohio’s injured workers and the  
96 osteopathic physicians who provide care for them. (*Original 1997, Substitute Resolution 2011*)

### **Pain Management Education**

97  
98 RESOLVED, that the Ohio Osteopathic Association continue to work with the Governor’s  
99 Cabinet Opioid Action Team (GCOAT) and the White House Opioid Working Group to educate  
100 practicing DOs, residents and osteopathic students on the use of neuromusculoskeletal medicine  
101 in pain management, addiction prevention and intervention, buprenorphine treatment, naloxone  
102 prescribing and how to educate patients to safely store and dispose of excess medications to  
103 prevent drug diversion in Ohio (*Original 2011*)

### **Medicare Three-Day Qualifying Policy for Skilled Nursing Facility Care**

104 RESOLVED, that the OOA continues to advocate for the Centers for Medicare & Medicaid  
105 Services and other insurance plans with three day qualifying rules for skilled nursing facility  
106 payments to develop exception guidelines that facilitate care for appropriate patients in a less  
107 intense setting, without having to fulfill a three-day hospital stay. (*Original 2011*)

*Explanatory Statement: Amended and approved with minor changes recommended by the AOA Professional Affairs Reference Committee.*

### **Childhood Obesity and School Health Policies**

108

109 RESOLVED, that the Ohio Osteopathic Association (OOA) continues to support comprehensive,  
110 evidence-based school health and physical education programs in classes K-12 in public and  
111 private schools to promote healthy choices and prevent childhood obesity; and, be it further

112

113 RESOLVED, that the OOA supports healthy food and drinks in public and private schools and  
114 eliminating the sale of unhealthy drinks and snacks on school property; and, be it further

115

116 RESOLVED, that the OOA continues to encourage OOA members to be advocates for  
117 comprehensive school health and fitness programs in K-12 in their communities and to educate  
118 parents about their role in preventing childhood obesity. (*Original 2005*)

### **Physician Signatures, Reduction of Unnecessary**

119

120 RESOLVED, that the Ohio Osteopathic Association (OOA) supports continuous evaluation of  
121 physician signature requirements imposed by agencies, institutions and private businesses, to  
122 eliminate non-essential validation mandates and reduce administrative burdens on physician  
123 offices (*Original 2001*).

### **Improving Outcomes of Law Enforcement Responses to Mental Health Crises Through the Crisis Intervention Team Model**

124

125 RESOLVED, the Ohio Osteopathic Association (OOA) supports continued research into the  
126 public health benefits of (Crisis Intervention Team (CIT) law enforcement training; and be it  
127 further

128

129 RESOLVED, the OOA encourages physicians, physician practices, allied healthcare  
130 professionals, and medical communities to collaborate with law enforcement training programs  
131 in order to improve the outcomes of police interventions in mental health crises; and be it further

132

133 RESOLVED, the OOA supports the use of public funds to facilitate CIT training for all  
134 interested members of police departments. (*Original 2016*).

135

### **Explore Incentives to Increase Patient Involvement in Cancer Clinical Trials**

136

137 RESOLVED, that the Ohio Osteopathic Association (OOA) supports increasing the number of  
138 cancer patients in Ohio that are enrolled in clinical trials via educational promotions; and, be it  
139 further

140

141 RESOLVED, that the OOA explore educational promotions to increase patients' awareness of  
142 clinical trial opportunities. (*Original 2016*).

*Explanatory Statement: The statistic of three percent of cancer patients being enrolled in clinical trials is a worrisome fact. As physicians and as a part of a healthcare team, we should promote avenues to seek patient healing and treatment advancement such as clinical trials. Clinical trials are often covered by insurance or drug companies and as such are no cost to the patient. We should be maximizing the opportunities to improve research and our patients' health.*

### **Expanding Gender Identity Options on Physician Intake Forms to be More Inclusive of LGBTQ Patients**

143

144 RESOLVED, that the Ohio Osteopathic Association (OOA) supports the inclusion of a two part  
145 demographic inquiry on patient intake forms, requesting patients indicate their "Sex" (assigned  
146 at birth) and "Gender Identity," separately; and, be it further

147

148 RESOLVED, that the "Gender Identity" question provide the following four options: "Male,"  
149 "Female," "Transgender," and "Additional category (please specify)." (*Original 2016*).

*Explanatory Statement: It is our role as physicians to be inclusive of all gender identities, and to provide patients with the most appropriate care. Transgender and genderqueer individuals currently face significant disparities in mental health and medical health care, linked to social stigma and discrimination they encounter, when compared to heterosexual or LGB cis-gendered individuals. It is our hope that the OOA HOD would encourage physicians to make patient-intake forms more welcoming and inclusive of potential Trans and genderqueer patients, in order to reduce what can be a significant barrier to meeting their healthcare needs.*

### **Addressing Food and Housing Insecurity for Patients**

150

151 RESOLVED, the Ohio Osteopathic Association (OOA) recognizes food and housing insecurity  
152 as a predictor of health outcomes; and, be it further

153

154 RESOLVED, the OOA encourages the use of housing and food insecurity screening tools by  
155 physicians and healthcare staff, similar to the depression screening tools; and, be it further

156

157 RESOLVED, the OOA supports legislation that aims to decrease food and housing insecurity in  
158 Ohio. (*Original 2016*).

### **Human Trafficking Education for Health Care Workers**

159

160 RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for the mandatory training  
161 of health care workers in the recognition and care for victims of human trafficking. (*Original*  
162 *2016*).

*Explanatory Statement: The following AOA policy does not address the gravity of the situation adequately. As HT continues to grow as a problem, it is time that HCW are not just "aware" of the issue, but are trained to recognize the victims. Without hospitals requiring mandatory*

training, it is likely that victims will continue to go unrecognized by HCW and be forced into slavery.

*“AOA policy H401-A/14 Human Trafficking—Awareness as a global health problem The American Osteopathic Association acknowledges human trafficking as a violation of human rights and a global public health problem encourages osteopathic physicians TO be aware of the signs of human trafficking and the resources available to aid them in identifying and addressing the needs of victims of human trafficking, including appropriate medical assessment and reporting to law enforcement. 2014”*

### **Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Protection Laws**

163

164 RESOLVED, that the Ohio Osteopathic Association (OOA) supports the protection of Lesbian,  
165 Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) individuals from discriminating  
166 practices and harassment; be it further

167

168 RESOLVED, that the OOA work with legislators to provide more comprehensive equal rights,  
169 protections, to all patient populations. *(Original 2016)*

### **Eugenic Selection with Preimplantation Genetic Diagnosis**

170

171 RESOLVED, that the Ohio Osteopathic Association (OOA) opposes the use of Preimplantation  
172 Genetic Diagnosis (PGD) to choose a fetus' traits unrelated to disease. *(Original 2016)*.

*Explanatory Statement: Preimplantation Genetic Diagnosis can prevent inheritance of diseases such as Cystic Fibrosis, tumor suppressor genes, diabetes, obesity, depression, hemophilia, some anemias, etc. With technological advancement, parents will have the ability to choose their children's genes for non-disease traits. Selecting genetic traits in children that have no correlation with pathologies unwillingly predetermines a child's fate. For instance, preimplantation sex selection is appropriate to avoid the birth of children with genetic disorders; it is not acceptable when used solely for non-medical reasons. Phenotypes such as hair, eye, and skin color could be selected. The United Kingdom has taken an initiative to stop the selection of non-pathological traits. The OOA needs to advocate for the United States to follow this precedent.*

### **Providing CME Credits for Physicians Pursuing Further Education**

173

174 RESOLVED, that the Ohio Osteopathic Association (OOA) advocate for those individuals  
175 seeking degrees that would further provide those physicians the CME credits issued by the  
176 American Osteopathic Association; and be it further

177

178 RESOLVED, that the OOA petition the **AOA Committee on CME** to revisit this request and  
179 consider recognizing those efforts by current and future physicians who wish to pursue  
180 additional degrees by offering CME credits to those individuals. *(Original 2016)*.

### **TRICARE Health Insurance for our Military**

181

182 RESOLVED, the Ohio Osteopathic Association (OOA) supports the efforts of the TRICARE  
183 health care delivery system by providing information regarding TRICARE on the OOA web site;  
184 and be it further

185

186 RESOLVED, the OOA encourages physicians, physician practices and all medical communities  
187 to join these other Ohio physician providers and help treat the more than 155,500 Ohio service  
188 and family members' beneficiaries who sacrifice so much to protect our freedoms.