

Action by the 2010 House of Delegates

DOs from across Ohio convened April 30-May 1, 2010, at the Hilton at Easton Town Center in Columbus for the Ohio Osteopathic Association House of Delegates where they elected officers, debated 20 resolutions, and adopted policy positions that affect Ohio's healthcare 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.

New Policy Statements Adopted

Delegates adopted ten new positions regarding OOA redistricting feasibility, Medical Homes, EHRs, leadership development, long-term care facilities, gratis medications, tanning parlors, osteopathic identity, e-scribing opioids, and regulation of non-medical caregivers. The full text of 10 new policy statements is printed here.

Feasibility Regarding Possible OOA Redistricting

WHEREAS, it is the primary purpose of the OOA to represent, support and advocate on behalf of all osteopathic physicians of the state of Ohio; and

WHEREAS, significant changes have taken place over the past few decades with respect to how osteopathic physicians are employed and how osteopathic physicians communicate and associate with local, state and national medical societies; and

WHEREAS, the dynamics of physician representation have changed over the course of the past decades particularly with respect to the loss of uniquely osteopathic hospitals which served as places where osteopathic physicians were engaged both politically and socially; and

WHEREAS, there is a need to revitalize areas of the state by engaging both politically and socially physicians who currently have no local osteopathic organization and possibly little or no voice in the state osteopathic organization (OOA); and

WHEREAS, the current structure of the OOA with respect to the district academies may be obsolete and no longer effective as a means of allowing all OOA members/osteopathic physicians in the state of Ohio to have political voice and impact; now, therefore, be it

RESOLVED, that the OOA House of Delegates direct the Executive Committee to investigate redistricting of the local osteopathic medical societies in an attempt to better represent and engage all the constituents of the OOA, invigorate the membership and allow for representation of potential new members, particularly in outlying areas; and, be it further

RESOLVED, that if redistricting is found to be prudent, it should be the task of the OOA Board of Trustees and Academy executive directors to formulate such a plan and submit it to the 2011 OOA House of Delegates for approval.

Transformation of Ohio DO Primary Care Practices into Medical Homes

WHEREAS, the American Osteopathic Association, American Academy of Family Physicians, American Academy of Pediatrics, and American College of

Physicians in 2007 released the *Joint Principles of the Patient-Centered Medical Home*, and

WHEREAS, the patient centered medical home (PCMH) is an approach to providing comprehensive primary care to adults, youth and children in order to broaden access to primary care, while enhancing care coordination; and

WHEREAS, the Medicare Physician Payment Commission, in its June 2008 report to Congress called on CMS to initiate a Medicare medical home pilot project, which must meet stringent criteria, including at least the following capabilities:

- Furnish primary care (including coordinating appropriate preventive, maintenance, and acute health services),
- Conduct care management,
- Use health information technology for active clinical decision support,
- Have a formal quality improvement program,
- Maintain 24-hour patient communication and rapid access,
- Keep up-to-date records of beneficiaries' advance directives, and
- Maintain a written understanding with each beneficiary designating the provider as a medical home; and

WHEREAS, the Patient Centered Primary Care Collaborative (PCPCC), with more than 600 members is a coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, clinicians and many others who have joined together to develop and advance the patient centered medical home (PCMH); and

WHEREAS, on January 2, 2008, the National Committee for Quality Assurance (NCQA) released standards for Physician Practice Connections®-Patient-Centered Medical Home (PPC-PCMH™); and

WHEREAS, the PPC-PCMH program builds upon NCQA's current Physician Practice Connections program to identify primary care practices that function as patient-centered medical homes, where care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner; and

WHEREAS, the PPC-PCMH program has nine PPC standards, including 10 must pass elements, which can result in one of three levels of recognition for physician practices; and

WHEREAS, in July 2009, the Ohio General Assembly created the Ohio Health Care Coverage and Quality Council (HCCQC) following its initial creation by an Executive Order from Governor Ted Strickland, as a public-private partnership designed to improve the coverage, cost, and quality of Ohio's health insurance and health care system; and

WHEREAS, the Council builds on Ohio's participation in two national programs, the State Coverage Initiative (SCI) and the State Quality Improvement Institute (SQII), and resulted in the creation of four task forces focused on Payment Reform, Medical Homes, Consumer Engagement and Health Information Technology; and

WHEREAS, Richard J. Snow, DO, represents the Ohio Osteopathic Association on the HCCQC and has been appointed chair of the Council's

Medical Home Task Force; and

WHEREAS, the Medical Home Task Force has focused on developing a medical home definition for use in Ohio by identifying the characteristics of a medical home by reviewing existing definitions used in other states and developed by national professional organizations; and

WHEREAS, the Council has now formed a Multi-Payer Enhanced Primary Care Home Initiative to develop a medical home funding model in the state of Ohio; and

WHEREAS, Representatives Peggy Lehner (R-Dayton) and Peter Ujvagi (D-Toledo) have cosponsored HB 198 with the ongoing support of the OOA, which creates the Ohio Patient Centered Medical Home Education Pilot Project and establishes a Patient Centered Medical Home Education Advisory Group that includes a representative of the Ohio University College of Osteopathic Medicine and one individual appointed by the Ohio Osteopathic Association; and

WHEREAS, HB 198 passed the Ohio House of Representatives by a vote of 96-0 after 11 different versions of the bill were drafted and discussed; and

WHEREAS, HB 198, which is currently on fast track in the Senate Health Committee, requires the Advisory Committee to select up to ten practices affiliated with the Centers for Osteopathic Research and Education of the Ohio University College of Osteopathic Medicine to participate in the Medical Home Education Pilot Project; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association encourage its members to study the medical home model and assist its primary care physician members in transforming their practices into medical homes; and, be it further,

RESOLVED, that the OOA work with primary care physicians through the Ohio Health Information Partnership, to assist practices in purchasing and implementing electronic medical records, which is an important part of obtaining medical home certification under the National Committee on Quality Assurance; and, be it further,

RESOLVED, that the OOA encourage members to achieve “meaningful use” of EHRs, and to participate in the American Osteopathic Association’s Clinical Assessment Program (CAP) or other recognized quality reporting programs, in order to submit patient data to the Centers of Medicare & Medicaid Services (CMS); and, be it further

RESOLVED, that the OOA encourage the Ohio University College of Osteopathic Medicine and CORE Residency Programs to become leaders in the development and implementation of medical home models in the state of Ohio.

Helping the Osteopathic Profession in Ohio Achieve Meaningful Use of Electronic Medical Records

WHEREAS, the State of Ohio’s 2010-11 biennial budget allocates \$8 million in non-general revenue funds to the Ohio Department of Insurance to support activities related to health information technology; and

WHEREAS, Governor Ted Strickland, in September 2009, designated the Ohio Health Information Partnership (OHIP) to lead the implementation and support of health information technology throughout Ohio as a public-private collaboration; and

WHEREAS, Governor Strickland asked the Ohio Osteopathic Association, Ohio State Medical Association, Ohio Hospital Association, BioOhio, and the

Ohio Department of Insurance to be the original incorporating members of OHIP and to apply for federal stimulus money allocated under the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH); and

WHEREAS, OHIP -- with endorsements of most of the state's physician associations, hospital systems and the major third party payers, applied for and received a \$14.9 million HITECH grant to create a statewide Health Information Exchange (HIE) and a \$28.5 million grant to create a statewide Regional Extension Center (REC) using the \$8 million allocated to the Ohio Department of Insurance as match money; and

WHEREAS, the goal of REC grant is to assist 6,000 priority primary care providers (PPCPs) in Ohio to achieve meaningful use of electronic health records by 2011; and

WHEREAS, OHIP has designated seven regional RECs composed of a broad-based coalition of stakeholders, that will provide direct assistance support to PPCPs for:

1. Vendor selection and group purchasing
2. Implementation and project management
3. Practice and workflow redesign
4. Functional interoperability and health information exchange
5. Privacy and security best practice
6. Progress towards meaningful use; and

WHEREAS, OHIP will also be coordinating efforts with HealthBridge, of Cincinnati, which received a separate REC grant from the federal government, covering 11 counties in Southwest Ohio; and

WHEREAS, federal funds will be disbursed to OHIP and its regional partners based on helping these providers reach three milestones, which include (1) signing provider contracts with the next 12 months; (2) going live with Electronic Health Records (EHR) with at least e-prescribing and public reporting use; and (3) achieving "meaningful use" (MU) of EHRs which is currently being defined by federal rule; and

WHEREAS, physicians, regardless of specialty, who achieve meaningful use can receive up to \$63,750 in incentive money from Medicaid or \$44,000 in incentive money from Medicare if they achieve meaningful use of EHRs by 2012; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association urge its districts and affiliated organizations to promote OHIP as a mechanism to help all DOs in the state of Ohio to implement electronic medical records and achieve meaningful use by 2012; and, be it further

RESOLVED, that the OOA strongly encourage its members to take advantage of Medicare or Medicaid incentive payments for implementing EHR in their practices; and, be it further

RESOLVED, that the OOA urge all priority primary care physicians to sign OHIP agreements and take advantage of educational opportunities and implementation assistance that will be provided by the OHIP and its Regional Extension Centers.

Leadership Development

WHEREAS, it is important to develop a sustaining source of osteopathic physicians to provide leadership for the osteopathic profession; and

WHEREAS, our national osteopathic leaders rise from the ranks of our state osteopathic associations; and

WHEREAS, our state leaders rise from the ranks of our local academies; and

WHEREAS, the membership of our local academies determine by democratic process the members of their executive committee; and

WHEREAS, moving through the chairs of the executive committee serves as training experience; and

WHEREAS, moving through local chairs should provide a pathway to state leadership; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) develop a statewide program for the active inclusion of executive members of all academies in Ohio directly into the affairs of the OOA; and, be it further

RESOLVED, that all academy presidents and presidents-elect be encouraged to participate in training and leadership development programs by the OOA; and, be it further

RESOLVED, that the OOA present a copy of this resolution to the American Osteopathic Association along with a request for similar programs at the national level, and for a resolution to this effect to be submitted to the 2010 House of Delegates.

Electronic Prescribing of Controlled Substances

WHEREAS, electronic prescribing (e-prescribing) of controlled substances has previously been prohibited by the US Drug Enforcement Administration (DEA); and

WHEREAS, the DEA published its interim final rule on electronic prescribing of controlled substances on March 31, 2010; and

WHEREAS, the rule will revise DEA regulations to provide an option for practitioners to write prescriptions electronically for controlled substances by registering as e-prescribers, but does not replace existing requirements for written and oral prescriptions for controlled substances; and

WHEREAS, the adoption of e-prescribing by physicians has been impeded because uncertainties about the procedures necessary to digitally sign and authenticate the person submitting the e-prescription via electronic medical record systems; and

WHEREAS, the Centers for Medicare & Medicaid Services (CMS) is requiring providers to electronically prescribe greater than 70 percent of prescriptions in order to qualify for reimbursement for the meaningful use of electronic health records (EHR); and

WHEREAS, studies have shown that most providers will not be able to achieve the minimum 70 percent requirement set by CMS without changes to the interim DEA rules; now therefore, be it

RESOLVED, that the Ohio Osteopathic Association petition the American Osteopathic Association to encourage the US Drug Enforcement Administration to modify rules to reduce any potential administrative barriers to electronic prescribing of controlled substances; and, be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for consideration at the 2010 House of Delegates.

Gratis Medications

WHEREAS, there is an increase in the need for medical care; and

WHEREAS, this has resulted in an associated need for gratis medications; and

WHEREAS, a significant amount of expired medications are disposed of and unavailable for patients; and

WHEREAS, a recent review in *The Medical Letter* (Vol. 51, Issue 1327/1328, p. 100) indicates that most medications are good for clinical use far beyond the manufacturer's date of expiration; and

WHEREAS, the US Food and Drug Administration (FDA) regulations currently prohibit the clinical use of adulterated medications, including adulteration by means of expiration; and

WHEREAS, a significant increase in the availability of gratis medications would be provided if FDA regulations would allow reasonable and prudent use of expired medications; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association (OOA) petition the FDA for changes in the regulations regarding shelf life extensions on medications deemed appropriate by the FDA for patients, with patient consent; and, be it further

RESOLVED, that a copy of this resolution be submitted to the American Osteopathic Association for consideration at the 2010 House of Delegates.

Prohibit the Sale of Tanning Parlor Ultraviolet Rays to those Under 18 Years of Age

WHEREAS, the hazardous effects of ultraviolet radiation include skin cancer formation, premature aging of the skin, cataract formation, impairment of the immune system, photosensitizing reaction with various drugs, initiation and/or aggravation of certain systemic diseases; and

WHEREAS, tanning parlor rays penetrate deeper and do more harm than natural sunlight; and

WHEREAS, there are more than 1,000,000 new cases of skin cancer diagnosed each year and most of these skin cancers were preventable, representing almost 50 percent of the more than 2,000,000 total overall cancers diagnosed each year; and

WHEREAS, melanoma rates have increased by 60 percent since the mid-1970s; and

WHEREAS, people receive 80 percent of their dangerous lifetime exposure to ultraviolet radiation (tanning rays) before the age of 20 and numerous studies have established that skin cancer is closely associated with excessive ultraviolet (UV) light exposure before the age of 18; and

WHEREAS, the US Food and Drug Administration has ruled that tanning rays are carcinogenic agents and the World Health Organization recently recommended that no one under the age of 18 use tanning beds and sunlamps; and

WHEREAS, 28 states currently regulate the practice of indoor tanning by children under the age of 18, and 21 of those 28 states restrict youth access to indoor tanning facilities in some way; and

WHEREAS, current AMA policy (H-440.959 and H-440.980) which recognizes the harmful effects of UV light and the correlation between the use of indoor tanning equipment and the incidence of skin cancer has resulted in AMA policy

(Directive D-440.969) to take federal action limiting the availability of indoor tanning equipment to anyone under age 18; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association support state legislation to prohibit the sale of tanning parlor ultraviolet rays to those under 18 years of age except as prescribed by a physician and that OOA widely disseminate this legislation to its component societies.

Long-Term Care Facilities

WHEREAS, patients in long term care facilities (LTCF) are suffering in pain without CII opioids; and

WHEREAS, this is due to the Drug Enforcement Administration's (DEA) new policy that doesn't recognize nurses from extended care facilities as agents of the physicians in these facilities; and

WHEREAS, the DEA interpretation of the policy requires physicians to call in these meds or fax a prescription which creates an administrative burden due to multiple phone calls and results in a delay in delivery and administration of pain meds; and

WHEREAS, pain has become the fifth vital sign, and due to the DEA interpretation of the policy, the patient is the one who suffers due to the delay of delivery medications which could ease suffering even in times of the dying process; and

WHEREAS, when patients are admitted to a LTCF and when emergent changes arise, an immediate action is required to address the pain need of the patient to alleviate pain and suffering which dictates the need for the facility nurse to take a verbal order when appropriate for CII medications from the attending physician; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association petition the American Osteopathic Association (AOA) lobby the Drug Enforcement Administration (DEA) to amend its policy to allow pharmacists to accept verbal orders from nurses at long-term care facilities as agents of the attending physicians in order to rapidly treat patient pain.

Osteopathic Identity

WHEREAS, there are two types of complete physicians in the United States who are fully qualified and licensed to prescribe medication and perform surgery; and

WHEREAS, DOs represent 11 percent of the total physicians practicing in Ohio and 26 percent of the state's family physicians; and

WHEREAS, nationwide, approximately 65 percent of practicing osteopathic physicians specialize in primary care areas, such as pediatrics, family practice, obstetrics and gynecology, and internal medicine; and

WHEREAS, a mission of the OOA and its district academies is to advance the public awareness of the philosophy and practice of osteopathic medicine; and

WHEREAS, the 2009 OOA House of Delegates approved a resolution to petition the American Osteopathic Association to work with medical equipment manufacturers that have pre-programmed text such as "Ordering MD" changed to "Ordering Medical Professional;" and

WHEREAS, the term “MD” is often erroneously used as a synonym for “physician” or “doctor” in many circumstances (i.e. media, physician correspondence, conversation); now, therefore, be it

RESOLVED that the Ohio Osteopathic Association encourage members to take action on a grassroots level to educate those who misuse “MD” when they mean “physician;” and, be it further

RESOLVED that the Ohio Osteopathic Association develop a sample educational letter and/or other item(s) (example of such items: “This form is discriminatory in its current format. Please change it to read “MD/DO signature” or “physician signature” and I will be happy to sign it. Thank you.) for the purpose of presenting a unified message to promote osteopathic identity; and, be it further

RESOLVED that this educational information be available on the OOA website for members and OOA staff to easily obtain and distribute in appropriate circumstances.

Regulation of Non-Medical Caregivers and Licensure of Home Health Agencies

WHEREAS, the population of Ohio and the United States is aging; and
WHEREAS, our elderly and disabled population and the families of this population frequently require both medical and non medical assistance to remain living in their homes rather than in an institutional facility; and

WHEREAS, home health agencies and other companies which provide caregiver services are not licensed many states and are therefore not required by law or regulations to do background checks on their employees; and

WHEREAS, our elderly and disabled populations who require these services are particularly at risk to be abused by workers in their homes; and

WHEREAS, many members of this population require in home care not covered or reimbursed by Medicare or Medicaid and these services are paid for “out of pocket” by the recipient and so do not fall under regulation; now be it

RESOLVED that the Ohio Osteopathic Association support legislation to require background checks for all medical and non-medical workers providing assistance to the elderly and disabled population.

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.

Advance Directives

RESOLVED, that the Ohio Osteopathic Association continues to urge its members to educate their patients about the importance of advance directives, including living wills, health care powers of attorney, do not resuscitate orders, medical orders for life sustaining treatment (MOLST), and organ donation options; and, be it further,

RESOLVED, that OOA continues to urge its members to encourage their patients to download copies of the latest edition of “Choices: Living Well at the End of Life” and “Conversations that Light the Way” from the OOA website at www.oosanet.org, complete the newly revised advance directive documents, and make copies of the documents available to their attending physician and family members.

Universal Credentialing

RESOLVED, that the Ohio Osteopathic Association supports universal credentialing by healthcare facilities and health insurance plans.

Medical Error Reporting System in Ohio

RESOLVED, that the Ohio Osteopathic Association supports the creation of an Ohio “patient safety center” which would be a cooperative venture of the Ohio Osteopathic Association, Ohio Hospital Association, Ohio State Medical Association, Ohio Department of Health, Ohio State Medical Board, and other appropriate public and private agencies that would include the development of a protocol for medical error disclosure to patients and a statewide uniform medical error reporting system; and, be it further,

RESOLVED, that the OOA supports legislation that would mandate and fund an “Ohio patient safety center,” to (1) coordinate patient safety efforts at institutions across the state; (2) identify best practices in patient safety; (3) educate health care providers about best practices; (4) identify funding sources for the implementation of best practice strategies; (5) develop data collection systems and protocols for error reporting; and (6) make appropriate recommendations to the Legislature concerning the funding of such activities; and, be it further;

RESOLVED, that any medical error reporting system in Ohio maintain strict confidentiality of all patient, physician and hospital data and only report data in the aggregate to encourage the full reporting of medical errors to the center.

Automobile Passive Restraints

RESOLVED that the Ohio Osteopathic Association continues to support state laws requiring mandatory seat belt usage and passive restraints in automobiles, including, but not restricted to appropriate safety bags. (amended and affirmed 2000, 1995, original resolution 1990)

Centers for Osteopathic Research and Education

RESOLVED that the Ohio Osteopathic Association supports the Ohio University College of Osteopathic Medicine/Ohio Osteopathic Hospital Association CORE structure that encompasses traditional osteopathic medical school curriculum, continuum curriculum, internship, residency and continuing medical education programs through its Osteopathic Postdoctoral Training Institution (OPTI) consortium. (amended and affirmed 2000, 1995, original resolution 1990)

Home Health Care

RESOLVED that the Ohio Osteopathic Association (OOA) continue to monitor home health services to ensure physician involvement in quality monitoring and utilization of services; and be it further

RESOLVED that the OOA continue to be actively involved with the Ohio Department of Health in the development of proposed legislation or regulations pertaining to home health care. (amended and affirmed 2000, original resolution passed 1995)

Health Savings Accounts

RESOLVED that the Ohio Osteopathic Association continues to advocate and lobby for Health Savings Account programs as an alternative form of health insurance. (amended and reaffirmed 2000, original resolution passed 1995)

OOA Professional Medical Liability Program

RESOLVED that the Ohio Osteopathic Association (1) maintain a centralized information source for competent expert opinion and advice within our profession; (2) reaffirm lobbying efforts for legislative malpractice reform; and (3) sponsor and promote postgraduate programs on medical/legal aspects of osteopathic practice. (amended and affirmed 2000, 1995, 1990, original resolution 1985)

Third Party Reimbursement for Physician Services

RESOLVED that the Ohio Osteopathic Association work with all third party payers and the Ohio Department of Insurance to ensure appropriate reimbursement to physicians for services they are qualified to render irrespective of their specialty designation. (amended and affirmed 2000, 1995, original resolution 1990)

Zimmerman Osteopathic Dream Foundation

RESOLVED that the Ohio Osteopathic Association continues to encourage its members, district academies and affiliated groups to support the Zimmerman Osteopathic Dream Foundation by making financial contributions and providing additional assistance and referrals as appropriate. (amended and affirmed 2000, 1995, original resolution 1990)

Insurance Identification Card for Patients

RESOLVED, that the Ohio Osteopathic Association (OOA) supports the development of universal insurance identification cards for patients utilizing advanced technology information systems. (original 2000)

Antitrust Laws and Insurance Companies

RESOLVED that the Ohio Osteopathic Association work with the Ohio Department of Insurance to identify insurance companies that buy/sell physician contracts with reduced fees to PPOs and HMOs without the physician's legal authorization; and be it further

RESOLVED that the Ohio Osteopathic Association disclose the names of any insurance companies which appear to breach provider contracts; and be it further

RESOLVED, that the OOA continues to encourage the American Osteopathic Association (AOA) to seek revisions in antitrust laws that exempt the insurance industry from antitrust statutes under the McCarran-Ferguson Act and are detrimental to physicians and other healthcare providers. (original 2000)

Managed Care, Automatic E/M Down Coding

RESOLVED, that the Ohio Osteopathic Association (OOA) opposes the practice of automatic down-coding by health insuring corporations; and, be it further

RESOLVED, that the OOA continues to consider the practice of automatic down-coding by health insuring corporations inappropriate, misrepresentative and potentially fraudulent; and, be it further

RESOLVED, that the OOA continues to seek policy changes and/or regulatory and legislative mandates to prohibit automatic down coding by health insuring corporations. (original 2000)

Online Managed Care Formulary Directory

RESOLVED, that the Ohio Osteopathic Association work with the Ohio Coalition of Primary Care Physicians, the Ohio Association of Health Plans and the Ohio Pharmacists Association to develop an on-line, centralized directory containing up to date formulary information for Health Insuring Corporations in Ohio. (original 2000)

Non-Formulary Medications

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to work with the Ohio Association of Health Plans, health insuring corporations, the Ohio Osteopathic Hospital Association, the Ohio Hospital Association and state governmental agencies to ensure that patients and physicians have access to non-formulary drugs, when deemed necessary by the physician to improve medical outcomes. (original 2000)

AOA Health Policy Fellowship

RESOLVED, that the Ohio Osteopathic Association (OOA) continues to endorse the American Osteopathic Association Health Policy Fellowship Program and encourage Ohio's health policy fellows to participate in the formulation of state and national health policy; and, be it further

RESOLVED, that the OOA encourages interested members to apply for the program. (original 2000)

Nursing Homes, Staffing

RESOLVED, that the Ohio Osteopathic Association supports the efforts of the Ohio Department of Health to improve nursing home care by increasing the availability of appropriate nursing home staff to provide quality care; and, be it further

RESOLVED, that the Ohio Osteopathic Association encourages efforts to train more certified nurse assistants in the state of Ohio, so that a serious shortfall between regulated staffing and availability of that staffing does not further limit the quality of care available to Ohio's nursing home residents. (original 2000)

Prompt Pay Statutes

RESOLVED, that the Ohio Osteopathic Association (OOA) continue to investigate and assist physicians in resolving problems associated with statutory prompt pay requirements in Ohio; and be it further,

RESOLVED, that the OOA encourages its members to file documented prompt pay complaints with the Ohio Department of Insurance (ODI) by completing a health insurance complaint form, which can be downloaded from the ODI website; and be it further;

RESOLVED, that the OOA supports revisions in the prompt pay statute to close any loopholes which allow licensed health insurance companies or government agencies to circumvent current prompt pay provisions of the Ohio Revised Code. (original 2000)

Multiple Procedures During Single Patient Session

RESOLVED, that the Ohio Osteopathic Association strongly urges all third party payers in Ohio to provide appropriate and adequate compensatory payment for each distinct medical procedure performed during a single patient session as identified by modifiers as outlined in the current CPT manual. (original 2000)

Support for Family Caregivers

RESOLVED, that the Ohio Osteopathic Association (OOA) encourages all osteopathic physicians to acknowledge the needs of family caregivers and to whatever extent possible provide resources to assist those caregivers; and, be it further

RESOLVED, that the OOA encourages its members to utilize resources from the National Association of Area Agencies on Aging and the National Family Caregivers Association to provide information about caregiving and caregiver support services to their patients; and, be it further

RESOLVED, that the OOA partner with the Ohio Association of Area Agencies on Aging to increase statewide awareness of the health implications of caregiving.

Specialty Hospitals and Economics and Exclusionary Credentialing

The resolution was updated to reflect recent federal legislation that affects the issue.

Existing Position Statement Substituted

Preventing Childhood Obesity

WHEREAS, the Ohio Osteopathic Association's House of Delegates in June 2009, voted to support the *Ohio Obesity Prevention Plan*, which was released in March 2009 by the Office of Healthy Ohio; and

WHEREAS, the Ohio Business Roundtable (OBRT) released an extensive report in 2009 outlining the alarming increase in obesity rates, unhealthy eating habits and physical inactivity, pointing out that "today's children could be the first generation of Ohioans to have shorter lives than their parents"; and

WHEREAS, the Partnership to Fight Chronic Disease, in November 2009,

released an obesity study commissioned by United Health Foundation, Partnership for Prevention, and American Public Health Association to supplement the 2009 America's Health Rankings report; and

WHEREAS, the supplemental report, written by Kenneth Thorpe, MD, is the first document to estimate obesity prevalence and costs at the state and national level 10 years from now, projecting that Ohio's obesity rate (now 34 percent) will exceed 50 percent in 2018, with healthcare costs exceeding \$16 billion for the entire state, or \$1,800 per person; and

WHEREAS, the OBRT worked closely with a team of pediatricians and medical professionals from the state's leading healthcare institutions, child advocacy organizations, and community leaders to develop solutions to the obesity epidemic; and

WHEREAS, as a first step the OBRT decided to focus on Ohio schools, where children spend the bulk of their time outside the home and where policymakers can have an immediate impact; and

WHEREAS, the Healthy Choices for Healthy Children Coalition, which includes the Ohio Osteopathic Association, was formed to support bipartisan companion legislation consisting of HB 373, sponsored by Representatives John Patrick Carney (D) and Lynn Watchman (R) in the House and SB 210, introduced by Senators Kevin Coughlin (R) and Eric Kearney (D) in the Senate; and

WHEREAS, the *Healthy Choices for Healthy Children* legislation would: (1) set standards for the food and beverages offered in vending machines and ala carte offerings in schools; (2) increase the time dedicated to physical activity and quality physical education; and (3) measure the progress of these interventions through periodic, confidential body mass index (BMI) assessments in kindergarten, third, fifth, and ninth grades; now, therefore, be it

RESOLVED, that the Ohio Osteopathic Association continue to support legislation that encourages Ohio's schools, parents, and the healthcare community to work together to eliminate childhood obesity by encouraging physical activity and good nutrition standards at home and in the schools.

Existing Policy Statements Deleted

As part of the five-year review, the OOA Resolutions Committee recommended the following position statement be deleted as it is no longer pertinent. The OOA House of Delegates approved the recommendation.

Ohio Medical Malpractice Commission 2005 Report

The resolution is no longer pertinent since the commissions' recommendations have been implemented and the commission is no longer in existence.

Bylaws Amendment

A provision was approved to allow new delegates to the American Osteopathic Association House of Delegates to be elected in the year they will serve. Previously, when the Ohio House met in June, delegates had to be elected more than a year in advance since the AOA meets in annually in July.

Resolutions Defeated, Referred, or Withdrawn

The Columbus Osteopathic Association withdrew Resolution 2010-09:
Osteopathic Medical Education Competencies – Maintaining the Osteopathic
Difference.