

## OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced By: First District Delegation

Subject: Addressing Safety & Regulation in Medical Spas

Referred To:

WHEREAS, Medical spas, which are facilities that offer cosmetic procedures such as laser hair removal, dermal fillers, and botulinum toxin injections in a traditional spa setting, are a \$10 billion industry in the United States; and

WHEREAS, Cosmetic procedures at medical spas are often performed by untrained personnel, as there are no federal laws and an insufficient number of state laws regulating the industry; and

WHEREAS, A 2008 American Society of Dermatologic Surgery survey of member dermatologists found that 45% of reporting dermatologists had seen non-physician induced complications from cosmetic procedures; and

WHEREAS, A 2006 report in the Journal of the American Medical Association detailed four near-fatal cases of patients that received botulism doses of 2,857 times the estimated human lethal dose by injection from a clinic worker that did not possess an active medical license; therefore, be it

RESOLVED, That the Ohio State Medical Association advocate for state regulation to ensure that cosmetic medical procedures, whether performed in medical spas or in more traditional medical settings, have the same safeguards as “medically necessary” procedures, including those which require appropriate training, supervision and oversight (Directive to Take Action); and, be it further

RESOLVED, That OSMA advocate that cosmetic medical procedures, such as botulinum toxin injections, dermal filler injections, and laser and intense pulsed light procedures be considered the practice of medicine (Directive to Take Action); and, be it further

RESOLVED, That OSMA take steps to increase the public awareness about the dangers of medical spas which do not adhere to patient safety standards by encouraging the creation of formal complaint procedures and accountability measures in order to increase transparency (Directive to Take Action); and, be it further

RESOLVED, That OSMA continue to evaluate the evolving issues related to medical spas, in conjunction with the interested medical specialty societies.

Fiscal Note: \$5,000

References: <http://jama.ama-assn.org/content/296/20/2476.short>

**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

Introduced By: First District Delegation

Subject: Anthem Cuts Evaluation and Management Payments 50%

Referred To:

WHEREAS, Anthem health insurance is proposing to cut reimbursement for evaluation and management payments by 50% when a -25 modifier is appended on the same day as an extensive list of procedure CPT codes (attached); and

WHEREAS, These cuts will adversely affect many Ohio physicians, including dermatologists, family practitioners, internists, general practitioners, general surgeons, urologists, otolaryngologists, ophthalmologists, ob/gyns, allergists, colorectal surgeons, and plastic surgeons; and

WHEREAS, This policy, if unchallenged, could be applied nationwide (it has already been implemented in Massachusetts and Kentucky) and adopted by other carriers; and

WHEREAS, Such payment modifications are contrary to CPT coding convention; and

WHEREAS, The American Medical Association supports correct use of their CPT coding system; and

WHEREAS, This will disrupt care for patients, and waste their and physicians' time, as they reschedule patients for procedures on separate days; therefore be it

RESOLVED, That the Ohio State Medical Association protest Anthem's proposal to cut reimbursements for evaluation and management payments when the -25 modifier is appended on the same day, and be it

RESOLVED, that OSMA take this issue to the Ohio Insurance Commissioner and to health care purchasing groups\*; and, be it

RESOLVED, That the OSMA monitor such actions by insurers in Ohio and keep OSMA members notified of such actions; and, be it further

RESOLVED, That the OSMA's American Medical Association Delegation reaffirm the AMA's opposition to such activities.

Fiscal Note: \$5,000

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## OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced By: First District Delegation

Subject: Charitable Care

Referred To:

WHEREAS, A growing portion of the United States population is either uninsured or underinsured; and

WHEREAS, Medicaid does not compensate healthcare providers well, leading to fewer providers being available for patients to access; and

WHEREAS, Balance billing has been effectively banned; and

WHEREAS, Medical care cannot be simply defined by supply costs; and

WHEREAS, Healthcare providers do deserve just compensation for the care they provide; and

WHEREAS, Healthcare providers do track billings, accounts receivable, collections, and write-offs due to bad debt; and

WHEREAS, Access to healthcare providers improves the quality of patient care delivered, as well as minimizing their burden to the system; and

WHEREAS, Healthcare providers typically do not receive full payment from uninsured patients; therefore, be it

RESOLVED, That the Ohio State Medical Association advocate that Ohio healthcare providers, as small business owners, be allowed to define an alternative manner or method to receive due consideration for the difference between Medicare and Medicaid rates or between Medicare and the uninsured reimbursement that is never realized.

Fiscal Note: \$5,000

**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

Introduced by: First District Delegation

Subject: Healthcare Barter System

Referred To:

WHEREAS, Healthcare continues to be an expensive privilege; and

WHEREAS, Medicaid does not cover a physician's fixed costs; and,

WHEREAS, Healthcare reform admits that it will not provide 100% coverage for all Americans; and

WHEREAS, Many Americans are willing to provide some compensation to acknowledge that they did indeed receive a service; therefore, be it

WHEREAS, That several states have developed a barter bank system as a mechanism to compensate providers; and, therefore be it

RESOLVED, That a barter bank system be developed in which a patient or their designee can bank services or products that can be used as payment of their medical debt; and, be it further

RESOLVED, That a mechanism be developed so that this barter bank could be used anonymously; and, therefore be it further

RESOLVED, That the Ohio State Medical Association recommend the creation of a barter bank administered as a non-profit organization to service the uninsured and under-insured populations.

Fiscal Note: \$10,000

## OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced By: First District Delegation

Subject: Limiting Malpractice Hedge Funds

Referred To:

WHEREAS, A “Medical Malpractice Hedge Fund” is an investment instrument that finances medical malpractice lawsuits by providing third-party funding for commercial litigation, with the payouts of the litigation then distributed as “earnings” to its investors; and

WHEREAS, Medical malpractice costs an estimated \$84-\$151 billion dollars a year according to the AMA, or 5-10% of the total medical costs in the US; and

WHEREAS, There is a lack of true medical liability reform in the Affordable Care Act; and

WHEREAS, There is an increase in the number of “outside financing” of medical malpractice claims; and

WHEREAS, There was over \$1 billion invested into these so called “Medical Malpractice Hedge Funds” in 2010 alone; and

WHEREAS, Several states already have laws allowing these types of funds to exist; and

WHEREAS, Australia, which was the first place to see this kind of investment, saw a 16.5% rise in malpractice cases as a result of this practice; therefore, be it

RESOLVED, That the Ohio State Medical Association help to establish and support legislation that would make medical malpractice hedge funds illegal in Ohio (Directive to Take Action); and, be it further

RESOLVED, That the OSMA notify the Governor, members of Ohio General Assembly, and the Centers for Medicare and Medicaid Services that the legislation proposed by the OSMA to make medical malpractice hedge funds illegal is being introduced in order to help curb the rising costs of health care in the United States (Directive to Take Action); and, be it further

RESOLVED, That the OSMA forward this issue to the American Medical Association to raise national awareness of medical malpractice hedge funds and other attempts at third-party financing of medical malpractice lawsuits, as medical liability reform is a top priority of our AMA.

Fiscal Note: \$50,000

References: <http://www.forbes.com/2011/06/23/medical-malpractice-hedge-funds.html>

**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

Introduced By: First District Delegation

Subject: Personal Healthcare Record

Referred To:

WHEREAS, Healthcare reform continues to be a widely discussed issue whose solution incurs substantial financial burden to the United States of America; and

WHEREAS, Patients travel between healthcare providers and systems; and

WHEREAS, patients' participation in and coverage by Regional Health Care Data Systems may be inconsistent; and

WHEREAS, A large portion of the burdens on the healthcare system represent redundant care; therefore, be it

RESOLVED, That any proposed solution for healthcare includes a system to transfer data seamlessly between providers; and, be it further

RESOLVED, That this card have the ability to store secured digital data to minimize unnecessary testing and improve timely and quality care that prevents tampering; and, be it further

RESOLVED, That the Ohio State Medical Association support personal control of one's medical record for American citizens.

Fiscal Note: \$5,000

## OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced By: First District Delegation

Subject: Pharmacy Scope of Practice

Referred To:

WHEREAS, Pharmacists are exercising increasing authority in making clinical decisions with patients regarding their medication choices; and

WHEREAS, Drug substitutions, generic or otherwise, are often made by pharmacists, and done so without the knowledge of the patient or the prescribing physician; and

WHEREAS, Patients in an outpatient setting may have been on a less desirable medication or medication different from what the prescribing physician intended for months prior to any meaningful medication review by the prescribing physician when pharmacists can make these decisions unbeknownst to the prescribing physician; and

WHEREAS, Generic substitution is required by many health insurance plans, even though it may not represent quality and appropriate medical care as set forth by the prescribing physician; and

WHEREAS, Pharmacists may have an incentive to substitute generic medications; therefore, be it

RESOLVED, That the Ohio State Medical Association work with the Ohio State Board of Pharmacy to require that a disclosure be made to the prescribing physician and to the patient if a medication is changed from what is ordered by the physician and how it differs, if it is not bioequivalent; and, be it further

RESOLVED, That the OSMA work with the Ohio State Board of Pharmacy to require that the pharmacist be required to disclose to the patient and the physician if the number of pills dispensed differs from the amount prescribed.

Fiscal Note: \$10,000

**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

Introduced By: First District Delegation

Subject: Timely Meetings with Health Insurance Providers

Referred To:

WHEREAS, Many physicians belong to numerous health insurance plans and often do not have the time and/or appropriate staff to review new and renewal contracts; and

WHEREAS, It would be helpful for physicians to be able to meet with plan representatives, prior to signing new and renewal contracts, to discuss terms and conditions and have the opportunity to have questions answered; and

WHEREAS, Physicians realize that even if given an opportunity to meet, the outcome may not change the terms of the contracts being offered; therefore be it

RESOLVED, That the Ohio State Medical Association, along with the Ohio Department of Insurance and the Ohio Department of Health, work to require health insurers to be available to meet with requesting physicians at least 90 days prior to signing new and/or renewal contracts; and, be it further

RESOLVED, That the OSMA work with the Ohio Department of Insurance and the Ohio Department of Health on enforcement of the meeting schedule.

Fiscal Note: \$5,000