

2011 Index of resolutions

- Resolution 2011 A** Medical Marijuana Use and Patient Counseling - **Approved**
- Resolution 2011 B** Change of Marijuana from DEA Schedule I to Schedule III - **Approved**
- Resolution 2011 C** Electronic Health Records or Prescribing Systems: Prior Authorization Appropriateness – **Approved**
- Resolution 2011 D** Disposal of Medications - **Approved**
- ~~**Resolution 2011 E** Addition of MOPAC Contributions to Membership Dues Billing Statement - **Withdrawn**~~
- Resolution 2011 F** Uniform Appearance of Branded and Generic Versions of Medications - **Approved**
- Resolution 2011 G** Registry of Physicians Available for Interim Practice Coverage - **Approved**
- Resolution 2011 H** Restoring CME for Component Society Meeting Attendance - **Approved**
- Resolution 2011 I** Availability of Vaccines for all Individuals without Out-of-Pocket Expense - **Approved**
- Resolution 2011 J** Baby Friendly Hospital Initiative (BFHI) - **Approved**
- Resolution 2011 K** Maintaining the Osteopathic Principles and Practice Core Competency - **Approved**
- Resolution 2011 L** Academic Osteopathic Educators, Researchers or Administrators Educational Program Development – **Approved**
- Resolution 2011 M** Postpartum Depression - **Approved**
- Resolution 2011 N** Pharmacy Initiated Therapeutic Substitutions - **Approved**
- Resolution 2011 O** Professional Photo Identification Display - **Approved**
- Resolution 2011 P** Osteopathic Physicians in Public Office - **Approved**
- Resolution 2011 Q** K2 - **Approved**
- Resolution 2011 R** Payment Denial Due to Failure to Obtain Prior Authorization - **Approved**
- Resolution 2011 S** Limited Practice Clinical Specialty Certification Exception - **Approved**
- Resolution 2011 T** Adoption of Internet-Based Electronic Medical Records (EMR) and Personal Health Records (PHR) - **Approved**
- Resolution 2011 U** MOA Bylaws Amendment to Retired Member Dues - **Approved**
- Resolution 2011 V** MOA Bylaws Amendment to Out-of-State Member Dues - **Approved**

RESOLUTION 2011 - A

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Oakland County Osteopathic Medical Association

RECOMMENDATION: Approved - *Public Affairs Committee*

SUBJECT: Medical Marijuana Use and Patient Counseling

1 **Whereas**, the Michigan Department of Community Health has identified the need for
2 improving management of chronic pain; and

3 **Whereas**, Michigan law permits personal use of “medical marijuana” as a means to
4 manage pain related to chronic diseases certified by a physician licensed to practice in
5 the state; and

6 **Whereas**, the Michigan Department of Community Health (MDCH) has not published
7 guidelines nor promulgated rules for physicians related to marijuana use counseling for
8 patients suffering from chronic pain; and

9 **Whereas**, the Fishman reference book “Responsible Opioid Prescribing”, distributed to
10 all Michigan licensed physicians lacks discussion regarding effective pain management
11 using cannabinoid substances;

12 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association (MOA)
13 encourage the Michigan Department of Community Health (MDCH) to develop and
14 disseminate guidelines to assist physicians in prudent patient counseling concerning use
15 of marijuana products that is based on scientific evidence.

RESOLUTION 2011 - B

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Oakland County Osteopathic Medical Association
RECOMMENDATION: Approved - *Public Affairs Committee*
SUBJECT: Change of Marijuana from DEA Schedule I to Schedule II

1 **Whereas**, the United States' Food and Drug Administration (FDA) has validated through
2 its extensive vetting process, the safety and benefit of delta-9-tetrahydrocannabinol
3 (Dronabinol), hereafter known as Marinol®, a naturally occurring component of Cannabis
4 Sativa (marijuana); and

5 **Whereas**, the FDA and the federal Drug Enforcement Administration (DEA) has
6 permitted the manufacturing of synthetic Marinol®, for prescription use and have
7 classified the product as a Schedule II substance;

8 **Therefore, Be it Resolved**, that Michigan Osteopathic Association (MOA) Department
9 of Public Affairs representatives discuss with officials in the Michigan Department of
10 Community Health (MDCH) the need to engage in dialog with the Food and Drug
11 Administration and the Drug Enforcement Agency (DEA) to resolve the regulatory
12 inconsistencies between prohibiting personal medical marijuana use and the approved
13 use of dronabinol (Marinol®), with the discussion to include advocating for the transfer
14 of medical marijuana from Schedule I to Schedule II DEA status; and

15 **Be it Further Resolved**, that the MOA encourage the MDCH to update current
16 guidelines regarding the education of physicians in appropriate prescribing guidelines for
17 pain management to include cannabinoid products.

RESOLUTION 2011 - C

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Oakland County Osteopathic Medical Association

RECOMMENDATION: Approve as Amended
Public Affairs Committee

SUBJECT: Electronic Health Records or Prescribing System Vetting

1 **Whereas**, the federal government, the State of Michigan, many health plans and other
2 third party payers have established strong initiatives for physicians to adopt electronic
3 health record systems to enhance quality of care outcomes and efficiency; and

4 **Whereas**, physicians have significant concerns related to third party payer prior
5 authorization requirements and timely adjudication for procedures or prescription
6 medications; and

7 **Whereas**, federal mandates require “meaningful use “of electronic health record
8 systems with payment incentives for use or penalties for failure to use electronic
9 prescribing; and

10 **Whereas**, electronic health record systems increasingly offer physicians access to a
11 medical plan’s coverage policies for procedures or approved medication formulary yet
12 many third party payers still require submission of paper format prior authorization
13 requests; and

14 **Whereas**, electronic health record systems should strengthen the patient-physician
15 relationship, improve the ability of physicians to coordinate patient care, improve the
16 management of chronic diseases, and enhance the ability of physicians to monitor
17 patient compliance with recommended treatment; therefore,

18 **Be it Resolved**, that the Michigan Osteopathic Association (MOA) as part of its vetting
19 process ~~limit support for legislative initiatives or regulatory policies~~ to advance adoption
20 of electronic health records and prescribing that adhere ~~to~~ the principles below.

21 **Enactment:**

- 22 ▪ Results in improved quality of health care beneficiaries
- 23 ▪ Reduces administrative burden to physicians and related health care providers
- 24 ▪ Enhances ,without disrupting, the patient-physician relationship in medical
25 decision-making
- 26 ▪ Provides availability of appropriate information for making medical-decisions at
27 the point of care through an open and neutral platform free from commercial
28 interference

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- 29 ▪ Facilitates care coordination across the continuum, including but not limited to
30 hospitals, extended or other residential care facilities, physicians, payers,
31 ancillary service providers, and pharmacies or pharmacy benefit managers,
32 through a secure, effective infrastructure that ensures patient privacy and
33 protection, and
34 | ▪ Limits access to data only for valid research purposes; and

35 | **Be it Further Resolved**, that MOA ~~limit endorsement or support to~~ only those
36 | ~~transparent~~ prior authorization systems that are transparent and ~~that~~ make approval
37 | criteria readily available to ~~a patient's~~ the treating physician or other health care provider.

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RESOLUTION 2011 - D

SUBMITTED TO: American Osteopathic Association House of Delegates
SUBMITTED BY: Michigan Osteopathic Association
SUBJECT: Disposal of Medications

1 **Whereas**, the Environmental Protection Agency (EPA) defines medical waste as "any
2 solid waste that is generated in the diagnosis, treatment, or immunization of human
3 beings or animals, in research pertaining thereto, or in the production or testing of
4 biologicals," and,

5 **Whereas**, appropriate management of materials has been regulated through the EPA
6 and endorsed by major medical associations; and

7 **Whereas**, the EPA does not include medicines (both over-the-counter [OTC] and
8 prescribed) in the EPA medical waste definition; and

9 **Whereas**, inappropriate medication disposal enters local sewage systems rather than
10 being delivered to appropriate medical waste disposal facilities;

11 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association (MOA)
12 encourage the development of policies appropriate for the safe disposal of over-the-
13 counter (OTC) and prescribed medication, by working with appropriate state agencies in
14 the endeavor; and

15 **Be it Further Resolved**, that the American Osteopathic Association (AOA) to work with
16 federal regulatory agencies to promote safe disposal and destruction of medications in
17 appropriate medical waste disposal facilities.

RESOLUTION 2011 – F

SUBMITTED TO: American Osteopathic Association House of Delegates
SUBMITTED BY: Michigan Osteopathic Association
SUBJECT: Uniform Appearance of Branded and Generic Versions of Medications

- 1 **Whereas**, functional and medical illiteracy affects a significant portion of the United
2 States population; and
- 3 **Whereas**, medication errors contribute substantively to potentially avoidable morbidity
4 and mortality; and
- 5 **Whereas**, the Federal Food and Drug Administration has not established a national
6 standard to require all generic medications to appear visibly similar to the brand-
7 equivalent product;
- 8 **Whereas**, the Michigan Osteopathic Association (MOA) has adopted a policy that
9 supports encouraging manufacturers of generic medications to produce products with
10 visual similarity to the brand-equivalent in size, shape, color and dose and;
- 11 **Therefore Be it Further Resolved**, that the American Osteopathic Association (AOA)
12 recommend to the Pharmaceutical Manufacturers Association (PMA), the adoption of a
13 similar policy that all generic drugs manufactured be the same size, shape and color as
the medication and doses they are replicating.

RESOLUTION 2011 - G

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Macomb County Osteopathic Medical Association

RECOMMENDATION: Approved - *Professional Affairs Committee*

SUBJECT: Registry of Physicians Available for Interim Practice Coverage

1 **Whereas**, practicing physicians may require interim physician coverage (locum tenens)
2 | to provide care for their patients when they are physically not able to attend to their
3 | patients; and

4 **Whereas**, physicians operating small, independent practices frequently experience
5 | difficulty obtaining such coverage; and

6 | **Whereas**, the Michigan Osteopathic Association (MOA) serves as a professional
7 | organization to meet the needs of its members,

8 **Therefore, Be it Resolved**, that the MOA canvass its members to identify current
9 Michigan licensed osteopathic physicians available to provide interim physician services
10 to other osteopathic physicians in need of such coverage; and

11 | **Be it Further Resolved**, that the MOA maintain a registry of ~~potential~~ osteopathic
12 | physicians, listed by specialty, who may be available to provide interim (locum tenens)
13 | coverage.

It was unanimously moved, supported and passed to accept the resolution as amended.

RESOLUTION 2011 - H

SUBMITTED TO: American Osteopathic Association House of Delegates
SUBMITTED BY: Michigan Osteopathic Association
SUBJECT: Restoring Continuing Medical Education (CME) for
Component Society Meeting Attendance

1 **Whereas**, many Michigan Osteopathic Association (MOA) component societies have
2 experienced a significant multi-year decline in member participation; and

3 **Whereas**, the ability to achieve goals established by the osteopathic profession in
4 Michigan requires effective communication between Michigan Osteopathic Association
5 (MOA) and its component societies; and

6 **Whereas**, the component societies have scheduled membership meetings throughout
7 the year which have characteristically been poorly attended; and

8 **Whereas**, American Osteopathic Association (AOA) policy only allows earning category
9 1A continuing medical education credit (CME) in face to face medical education lecture,
10 coordinated with the approved governing organization.

11 **Therefore, Be it Resolved**, that the American Osteopathic Association (AOA) consider
12 modifying its policy to permit granting category 1A continuing medical education credit
13 for a component society general membership meeting which has an appropriate face to
14 face speaker educational program.

RESOLUTION 2011 - I

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Macomb County Osteopathic Medical Association
RECOMMENDATION: Approve as Amended
Public Affairs Committee
SUBJECT: Availability of Vaccines for all Individuals without Out-of-Pocket Expense

1 **Whereas**, the proven benefit of vaccinations in preventing or mitigating certain diseases
2 is well documented; and

3 **Whereas**, the Centers for Disease Control's Vaccines for Children (VFC) program
4 makes many vaccines available to eligible children¹, especially those who are financially
5 challenged;

6 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association encourage the
7 Michigan Department of Community Health (MDCH) and Centers for Disease Control's
8 Vaccine for Children (VFC) program, to seek additional funding to obtain sufficient
9 quantities of vaccines to allow providers to administer vaccines to any individual
10 requesting vaccinations provided in the VFC program without incurring an out-of-pocket
11 expense, regardless of insurance coverage; and

12 | **Be it Further Resolved**, that the MOA encourage Michigan public health departments to
13 allow individuals requesting vaccinations covered by the VFC program to receive
14 immunizations without out-of-pocket expense to reduce risk of developing potentially
15 preventable serious illness, regardless of their ability to pay.

¹Children under age 18 years are eligible if they meet one of the following: (a) Medicaid eligible; (b) uninsured; (c) Native American (Indian or Alaska native; or (d) underinsured with commercial insurance that does not pay for vaccines, has coverage for only selected VFC covered vaccines, or has a financial cap for coverage [Note; underinsured children are only able to receive VFCs in Federally or Rurally Qualified Health Care Centers]

RESOLUTION 2011 - J

SUBMITTED TO: American Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association

SUBJECT: Baby Friendly Hospital Initiative (BFHI)

1 **Whereas**, the Baby Friendly Hospital Initiative (BFHI) is a global program sponsored by
2 the World Health Organization (WHO) and UNICEF to encourage and recognize those
3 hospitals and birth centers that offer optimal level of care for lactation; and

4 **Whereas**, there are currently no BFHI hospitals or birth centers in Michigan; and

5 **Whereas**, the process of receiving this award involves the following:

- 6 a. Apply for a certificate
- 7 b. Implement and achieve the BFHI requirements for each of the Ten Steps to
8 Successful Breastfeeding¹
- 9 c. Site Visit and Assessment
- 10 d. Designation Awarded

11 **Whereas**, every facility providing maternity services and care for the newborn should
12 implement the following Ten Steps to Successful Breastfeeding:

- 13 a. Have a written policy that is routinely communicated to all health care staff.
- 14 b. Train all health care staff in skills necessary to implement this policy.
- 15 c. Inform all pregnant women about the benefits and management of breastfeeding.
- 16 d. Help mothers initiate breastfeeding within an hour of birth.
- 17 e. Show mothers how to breastfeed, and how to maintain lactation even if they
18 should be separated from their infants.
- 19 f. Give newborn infants no food or drink other than breast milk, unless medically
20 indicated.
- 21 g. Practice "rooming-in" by allowing mothers and infants to remain together-24
22 hours a day.
- 23 h. Encourage breast feeding on demand.
- 24 i. Give no artificial teats, pacifiers, dummies or soothers to breastfeeding infants.
- 25 j. Foster the establishment of breastfeeding support groups and refer mothers to
them on discharge from the hospital or clinic.

Therefore, Be it Further Resolved, that the American Osteopathic Association (AOA)
encourage all hospitals and birth centers to educate new mothers in the techniques and
benefits of breastfeeding their newborn infants, and

Be it Further Resolved, that the AOA promote and give special recognition to hospitals
and birth centers who receive the BFHI award.

RESOLUTION 2011 – K

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Macomb County Osteopathic Medical Association
RECOMMENDATION: Approved - *Professional Affairs Committee*
SUBJECT: Maintaining the Osteopathic Principles and Practice Core Competency

1 **Whereas**, the American Osteopathic Association (AOA) board of trustees approved the *Seven Core*
2 *Competencies* as the necessary guidelines involved in training of osteopathic physicians; and

3 **Whereas**, The Core Competency Task Force was established by action of the AOA Board of Trustees in
4 February 2002 to: (1) define the elements of each of the previously-approved seven core competencies
5 that osteopathic trainees must demonstrate; (2) define methodologies and processes for the integration of
6 the core competencies into each specialty and subspecialty training program, and (3) develop a list of
7 potential outcome measures for the evaluation of each trainee's competence, which is established and
8 incorporated in the development of skills for future practice and development into life-long learning.; and

9 **Whereas**, the AOA Board of Trustees adopted the task force recommendations in July 2003; and

10 **Whereas**, these recommendations are what became the subsequently adopted and current Council On
11 Post-Graduate Training (COPT) core competence requirements and compliance program; and

12 **Whereas**, in 2010 the COPT attempted to eliminate the Osteopathic Philosophy and Osteopathic
13 Manipulative Treatment (OP & OMT) competency as a distinct competency by asserting that it should be
14 incorporated into the other competencies and removed from the list of core competencies; and

15 **Whereas**, a resolution for elimination of the OP & OMT core competency was not approved at the July
16 2010 AOA Board of Trustees meeting; and

17 **Whereas**, osteopathic medical trainees acquire this competency through sequential skill acquisition
18 beginning in a college of osteopathic medicine and continuing throughout residency; and

19 **Whereas**, this competency helps define the uniqueness of the osteopathic profession.

20 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association (MOA) support the decision and
21 directive of the AOA Board of Trustees to maintain as a separate and distinct competency Osteopathic
22 Philosophy and Osteopathic Manipulative Treatment; and

23 **Be it Further Resolved**, that the Council on Postgraduate Training (COPT) continue to ensure
24 compliance with this competency as it does all the other Core Competencies of the AOA.

RESOLUTION 2011 – L

SUBMITTED TO: American Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association

SUBJECT: Academic Osteopathic Educators, Researchers or Administrators
Educational Program Development

1 **Whereas**, the rapid proliferation and expansion of osteopathic medical schools has
2 occurred without an adequate increase in appropriately trained non-clinical and/or
3 academic osteopathic educators, researchers or administrators; and

4 **Whereas**, osteopathic physicians who may choose to pursue a role in non-clinical
5 medical academia must maintain clinical licensure and certification.

6 **Therefore, Be it Resolved** that the American Osteopathic Association (AOA) encourage
7 each College of Osteopathic Medicine to develop a masters level medical education
8 program that is available during or after the completion of a osteopathic residency
9 training program that will appropriately prepare practicing osteopathic physicians for
10 future academic careers as educators, researchers and administrators.

RESOLUTION 2011 - M

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Wayne County Osteopathic Medical Association
RECOMMENDATION: Approved - *Professional Affairs Committee*
SUBJECT: Postpartum Depression

1 **Whereas**, postpartum depression represents a significant problem affecting a large
2 number of women, and which may go undiagnosed; and

3 **Whereas**, postpartum follow-up with an osteopathic physician may be limited.

4 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association (MOA)
5 encourage third party payers to include reimbursement for the evaluation for the
6 postpartum depression as a healthcare benefit and provide incentives for physicians
7 who perform this service.

RESOLUTION 2011 - N

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Wayne County Osteopathic Medical Association
RECOMMENDATION: Approve as Amended
Public Affairs Committee
SUBJECT: Pharmacy Initiated Therapeutic Substitutions

- 1 **Whereas**, pharmacies may dispense a medication different from a patient's prescription
2 | in order to substitute a medication for which they ~~pharmacy~~ may qualify for a financial
3 incentive; and
- 4 **Whereas**, pharmacies may fail to perform adequate therapeutic considerations in such
5 actions; and
- 6 **Whereas**, pharmacies may switch medications without providing full informed consent,
7 ensuring understanding by the patient of all aspects impacting that change as it relates
8 to both pharmacological and treatment concerns.
- 9 **Therefore, Be it Resolved** that the Michigan Osteopathic Association (MOA) support a
10 legislative initiative to preclude any change in a prescription without the explicit consent
11 of the prescribing physician.

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RESOLUTION 2011 - O

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Wayne County Osteopathic Medical Association
RECOMMENDATION: Approved - *Professional Affairs Committee*
SUBJECT: Professional Photo Identification Display

- 1 **Whereas**, patients are entitled to know both the name and the professional credentials
2 of the health care worker providing their care; and
- 3 **Whereas**, patients often may not know the professional credentials of the person
4 providing their care; and
- 5 **Whereas**, some non-physicians providing care have earned doctorate degrees; and
- 6 **Whereas**, patients often see multiple care providers during a healthcare encounter;
- 7 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association (MOA)
8 encourage all healthcare providers to wear photo identification (ID), at a position higher
9 than the waist, that can be clearly read at conversational distances; and
- 10 **Be it Further Resolved**, that this ID completely spell out an individual's credentials such
11 as professional title and degree(s) (i.e. D.O. Physician) as appropriate and include job
12 designation¹ in large block letters; ~~and~~
- 13 ~~**Be It Further Resolved**, that the MOA requests the Michigan State Legislature to~~
14 ~~consider enactment of legislation requiring such identification; and~~
- 15 ~~**Be It Further Resolved**, that the appropriate State of Michigan regulatory agency~~
16 ~~develop and implement rules for health care provider identification.~~

¹ For example: "D.O.", "Physician", RN "Registered Nurse," C-PA "Physician Assistant", MA " Medical Assistant", " or for non-professionals 'Clerk" et cetera

RESOLUTION 2011 - P

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Wayne County Osteopathic Medical Association
RECOMMENDATION: Approved - *Professional Affairs Committee*
SUBJECT: Osteopathic Physicians in Public Office

- 1 **Whereas**, there is an increasing number of osteopathic physicians who are willing to
2 further their commitment to providing service to their community by running for public
3 office; and
- 4 **Whereas**, up to the present time there has been limited efforts within osteopathic circles
5 to encourage such endeavors; and
- 6 **Whereas**, there have been limited organized efforts to financially support those
7 osteopathic physicians who are running for public office; and
- 8 **Whereas**, the osteopathic profession and its interests would be significantly advanced
9 should an osteopathic physician attain public office.
- 10 **Therefore, Be It Resolved**, that the Michigan Osteopathic Association (MOA) educate
11 and promote to its membership various opportunities to run for elective public office; and
- 12 **Be It Further Resolved** that the MOA will offer to make available to those osteopathic
13 physicians interested in running for elective public office the counsel of politically
14 experienced individuals within the MOA; and
- 15 **Be It Further Resolved** that the MOA will assist in increasing awareness of the
16 physician candidate to the MOA membership by publishing their names and candidacy
17 in MOA publications and communications where appropriate including Michigan
18 Osteopathic Political Action Committee (MOPAC) communications; and
- 19 **Be It Further Resolved** that the MOA will encourage MOPAC to consider providing
20 financial support to osteopathic physicians running for elective public office, as long as
21 the candidate does not hold positions contrary to that endorsed or adopted by MOA or
22 MOPAC.

RESOLUTION 2011 - Q

SUBMITTED TO: American Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association

SUBJECT: K2

1 **Whereas**, K2 is defined as a brand of an herbal mixture which has been treated with
2 synthetic canniboids; and

3 **Whereas**, K2 is marketed as incense, and lacks classification and regulation as a
4 supplement or drug; and

5 **Whereas**, K2 can be legally obtained at retailers such as smoke shops, gas stations, or
6 online; and

7 **Whereas**, effects of K2 have included panic attacks, palpitations, hallucinations,
8 delusions, agitation, and dilated pupils.

9 **Whereas**, the Drug Enforcement Agency (DEA) has classified K2, as well as other
10 synthetic cannabinoids as “a drug or chemical of concern” and has put a ban on the drug
11 for the next year while the DEA and Department of Human and Health Services (DHHS)
12 further study whether the ban should be permanent

13 **Therefore, Be it Resolved**, that the American Osteopathic Association (AOA) support
14 the DEA and DHHS current position, and

15 **Be It Further Resolved**, that the American Osteopathic Association (AOA) lobby that
16 these substances be withdrawn from the national market permanently.

RESOLUTION 2011 - r

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Oakland County Osteopathic Medical Association
RECOMMENDATION: Approved - *Professional Affairs Committee*
SUBJECT: Payment Denial Due to Failure to Obtain Prior Authorization

- 1 **Whereas**, third party payers have increasingly denied payment retrospectively for
2 healthcare services provided to patients under the guise of “failure to obtain prior
3 authorization”; and
- 4 **Whereas**, the need for medical services frequently arises urgently while prior
5 authorizations often requires two to fourteen days for approval; and
- 6 **Whereas**, these services are medically necessary regardless of authorization status;
7 and
- 8 **Whereas**, Health Plans may use this strategy to deny services regardless of medical
9 necessity; and
- 10 **Whereas**, Health Plans may use this strategy as a means to manage access to
11 medically necessary services and to deny legitimate health care benefit claims.
- 12 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association (MOA) support
13 legislation and regulatory reform that prohibit benefit denial solely on the basis of “failure
14 to obtain prior authorization” for care provided in good faith by a physician. Medical
15 necessity and urgency of the services provided must be included in the decision making
16 process.

RESOLUTION 2011 - S

SUBMITTED TO: American Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association

RECOMMENDATION: Approve as Amended
Professional Affairs Committee

SUBJECT: Limited Practice Clinical Specialty Certification Exception

- 1 **Whereas**, osteopathic board certification is often required for hospital privileges, insurance
2 reimbursement, and state licensure; and
- 3 **Whereas**, all osteopathic board-certified physicians with time-limited certificates are required to
4 participate in the Osteopathic Continuous Certification (OCC) process to maintain their board
5 certification; and
- 6 **Whereas**, an increasing number of osteopathic board-certified physicians are moving to a non-
7 clinical (academic, administrative, research) role; and
- 8 **Whereas**, part of the OCC process requires physicians to participate in practice performance
9 assessment; and
- 10 **Whereas**, a change in clinical practice status to non-clinical roles can have an adverse affect on
11 the certification status of osteopathic board-certified physicians.
- 12 **Therefore, Be it Resolved**, that, when recertifying or documenting OCC compliance, an
13 osteopathic physician who practices is practicing less than 50% clinically, shall have an
14 opportunity to apply for an exception from the practice performance assessment component
15 based on criteria, policy and procedures established by each specialty certifying Board; and
- 16 **Be it Further Resolved**, that each Specialty Certifying Board consider developing exception
17 criteria; and
- 18 **Be it Further Resolved**, that once exception is granted, the osteopathic physician must
19 maintain an unrestricted state license for the practice of osteopathic medicine, American
20 Osteopathic Association (AOA) membership, and conform to the continuing medical education
21 (CME) requirements of the respective osteopathic specialty certifying board; and
- 22 **Be it Further Resolved**, that in order to re-instate full clinical practice status, the osteopathic
23 physician must comply with all requirements of the re-entry process as established by the
24 appropriate osteopathic specialty certifying board.

RESOLUTION 2011 - T

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Oakland County Osteopathic Medical Association
RECOMMENDATION: Approved - *Public Affairs Committee*
SUBJECT: Adoption of Internet-Based Electronic Medical Records (EMR) and Personal Health Records (PHR)

1 **Whereas**, internet-based patient-maintained personal health records (PHR) are valuable
2 tools that can help patients track and manage their health while providing them the
3 ability to collect and share important health information with their physician(s); and

4 **Whereas**, a personal health record (PHR) may contain relevant medical information not
5 contained in their Electronic Medical Record (EMR); and

6 **Whereas**, integration of a patient's PHR with their EMR may provide a more complete
7 and updated medical history.

8 **Therefore, Be it Resolved**, that the Michigan Osteopathic Association advocate for the
9 integration of a personal health record into a patient's electronic medical record.

RESOLUTION 2011 - U

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: MOA Board of Trustees
SUBJECT: MOA Bylaws Amendment to Retired Member Dues
(Article IV, Section 3)

1 **Whereas**, the Michigan Osteopathic Association (MOA) has recognized the value and
2 contributions to the profession provided by retired osteopathic physicians through their
3 years of service to patients and support of their professional organizations; and

4 **Whereas**, in recognition of their service, the MOA Bylaws have provided a category of
5 membership with no required dues or assessments for retired osteopathic physician
6 members; and

7 **Whereas**, the administrative costs associated with providing services to all MOA
8 members have risen substantially despite improved efficiencies implemented throughout
9 the organization;

10 **Therefore, Be it Resolved**, that the MOA Bylaws be amended as follows:

11 **Article IV**

12 Membership

13 Section 3. Retired Membership

14 All Active Members who have been Active Members for at least five (5) years and who
15 are not practicing more than ten hours per week shall be eligible for Retired
16 Membership, subject to approval by the Board of Trustees. Retired members shall be
17 required to pay dues at a reduced rate as established by the Board of Trustees each
18 year to cover the Association's Administrative Cost of Maintaining their Membership.
19 Retired Members will pay 50% of the annual convention fee in order to receive CME
20 credit. Retired Members may vote and hold office and may be seated in the House of
21 Delegates.

22

RESOLUTION 2011 - V

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: MOA Board of Trustees
SUBJECT: MOA Bylaws Amendment to Out-of-State Member Dues
(Article IV, Section 7)

1 **Whereas**, the Michigan Osteopathic Association (MOA) has made available Out-of-State
2 membership in appreciation of their support and contributions to the profession; and

3 **Whereas**, in recognition of their service, the MOA has provided this category of
4 membership with reduced membership dues currently set at forty dollars (\$40) per
5 annum; and

6 **Whereas**, the administrative costs associated with providing services to all MOA
7 members have risen substantially despite improved efficiencies implemented throughout
8 the organization;

9 **Therefore, Be it Resolved**, that the MOA increase the membership dues for Out-of-
10 State members to seventy five dollars (\$75) per annum effective with the 2012 dues
11 cycle; and

12 **Be it Further Resolved**, that thereafter the Board of Trustees shall review and establish
13 the Out-of-State members dues rate annually at the Board's next meeting following the
14 association's annual convention; and

15 **Be it Further Resolved**, that the MOA Bylaws be amended as follows:

16 **Article IV**

17 **Membership**

18 **Section 7. Associate Membership**

19 The Board of Trustees may extend Associate Membership upon any osteopathic
20 physician who is a nonresident of the State of Michigan and is licensed to practice
21 osteopathic medicine and surgery in the state in which such physician resides and who
22 presents a written application on such form and containing such further information and
23 qualifications the Board shall prescribe. Associate Members be required to pay dues at a
24 reduced rate as established by the Board of Trustees each year and may attend the
25 annual convention at the same rate as applicable to Active Members. Associate
26 Members may not vote or hold office and may not be seated in the House of Delegates.
27