CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE FULL BOARD OF TRUSTEES

Mr. President, I present the following Consent Agenda, and the Committee recommends that it be APPROVED:

H-601  PALLIATIVE CARE – FEDERAL FUNDING FOR SUPPORT SERVICES
       (Editorial Line 5  …social work...)

H-602  MEDICARE TRANSITION CARE CODES (H602-A/14)

H-603  REGULATION OF HEALTH INFORMATION TECHNOLOGY SOFTWARE
       (Editorial Line 13  …IT INFORMATION TECHNOLOGY)

H-604  EMERGING STATES – ASSISTANCE BY OTHER STATES AND THE AOA
       (H606-A/14)

H-605  OSTEOPATHIC TERMINOLOGY - GLOSSARY OF (H607-A/12)

H-606  GOVERNMENT INTERVENTION IN PRIVATE PRACTICE (H607-A/14)

H-607  DRUG THERAPY SURVEYOR GUIDELINES FOR NURSING HOMES
       (H608-A/14)

H-608  CENTERS FOR MEDICARE AND MEDICAID COMMUNICATIONS WITH
       PHYSICIANS (H609-A/14)

H-609  MANDATED PATIENT CARE – ASSIGNMENT OF (H610-A/14)

H-610  INVESTMENT TAX (H611-A/14)

H-611  OMT – OSTEOPATHIC MANIPULATIVE TREATMENT (H613-A/14)

H-612  THIRD-PARTY PAYERS AND UTILIZATION REVIEW FIRMS –
       ACCOUNTABILITY (H614-A/14)
H-614  MEDICARE PHYSICIAN PAYMENT (H617-A/14)
H-615  MERGERS AND BUY-OUTS OF THIRD PARTY PAYERS (H618-A/14)
H-616  FEDERAL HEALTH INFORMATION TECHNOLOGY INCENTIVES – AOA SUPPORT (H619-A/14)
H-617  LOCAL COVERAGE DETERMINATION (H622-A/14)
H-618  LATEX ALLERGY (H623-A/14)
H-619  MANAGED CARE PLANS – SERVICE, ACCESS AND COSTS IN (H624-A/14)
H-620  FAMILY MEDICAL LEAVE ACT EMPLOYEE RELATIONSHIP MODIFICATION (H625-A/14)
H-621  PHARMACEUTICAL PACKAGING/ENVIRONMENTAL RESPONSIBILITY (H626-A/14)
H-623  ELECTRONIC HEALTH RECORDS SOFTWARE – REPORTING ERRORS TO PHYSICIANS
      (Editorial Lines 6-7 NOTIFICATION BY ELECTRONIC...)
H-624  ELECTRONIC MEDICAL RECORD/PROFESSIONAL CREDENTIALS – SIGNATURE FOR (H631-A/14)
H-628  REFERRED RES. NO. H-636 - A/2018 STANDING AGAINST RESTRICTIVE HOUSING AND
      SOLITARY CONFINEMENT FOR JUVENILE INMATES OF PRISON SYSTEMS IN THE US
H-629  CLINICAL DATA REGISTRIES AND QUALIFIED CLINICAL DATA REGISTRIES
      (Editorial Lines 10-11 clinical data registries for MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) reporting...)
H-630  COMMUNICATION TECHNOLOGY-BASED AND REMOTE EVALUATION SERVICES
H-631  INCIDENT TO BILLING BY PHYSICIAN ASSISTANTS AND ADVANCE PRACTICE REGISTERED NURSES
H-632  PATIENT MATCHING OF ELECTRONIC HEALTH RECORD DATA
H-633  POST-PARTUM DEPRESSION

And I so move. APPROVED
H-600  HOSPICE – FEDERAL REIMBURSEMENT FOR REQUIRED FACE-TO-FACE VISITS

Mr. President, I present for consideration Resolution No. H-600, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

SUBJECT: HOSPICE – FEDERAL REIMBURSEMENT PAYMENT FOR REQUIRED FACE-TO-FACE VISITS
Line 5-6 ...reimbursement PAYMENT...

And so I move. APPROVED

H-613  MAIL ORDER PHARMACY

Mr. President, I present for consideration Resolution No. H-613, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 6-7 ...patient; and that maintenance medication prescriptions may SHOULD be obtainable BY THE MEANS PREFERRED BY THE PATIENT at a pharmacy at the patient’s discretion.

And so I move. APPROVED

H-622  INDUSTRY TRANSPARENCY STANDARDS

Mr. President, I present for consideration Resolution No. H-622, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Lines 6-7 ...patients cared for by osteopathic physicians AS DISTINGUISHED IN H-346-A/16 AND AS OUTLINED IN H-623-A/18...
Lines 13-14 ...by creating a public web site that discloses DISCLOSING...

And I so move. APPROVED

H-625  BEER'S CRITERIA FOR POTENTIALLY INAPPROPRIATE MEDICATION USE IN OLDER ADULTS-USE OF

Mr. President, I present for consideration Resolution No. H-625, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 6 published by the American Geriatrics Society; due to the limitations and intent of the criteria as...

And so I move. APPROVED
Mr. President, I present for consideration Resolution No. H-626, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 7 National Board of Medical Examiners maintains and preserves the integrity of the testing.

And so I move. APPROVED

H-627 MAINTENANCE OF LICENSURE

Mr. President, I present for consideration Resolution No. H-627, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 1-8 The American Osteopathic Association (AOA) (1) supports the development of state level maintenance of licensure (MOL) programs to demonstrate that osteopathic all physicians are competent to and provide quality care that incorporates relevant technological and scientific advancements over the course of their practice.

Line 11 physicians or state licensing boards. (2) The AOA will continue to address and promote maintenance of licensure (MOL) policies.

Line 14-15 Certification (OCC) and the AOA Clinical Assessment Program (CAP) or its equivalent. (3) The AOA will continue to work with State Osteopathic Affiliates, the American Association of Osteopathic Examiners and other stakeholders to establish, AND implement MOL policies.

Line 17-37 that promote patient safety and the delivery of high quality of care. (4) The AOA, THROUGH ITS BUREAUS, COUNCILS AND COMMITTEES, WILL CONTINUE TO ENSURE THAT OCC IS COMPARABLE TO OTHER MAINTENANCE OF CERTIFICATION PROGRAMS SO IN TERMS OF QUALITY AND CONTENT THAT OCC CAN BE recognized by the federal government, state governments and other regulatory agencies and credentialing bodies as equivalent to other national certifying bodies’ “maintenance” or “continuous” certification programs. (5) while the AOA supports the use of board certification as a mark of quality and excellence, signifying the highest physician achievement in a particular specialty; the AOA opposes any efforts to require OCC as a condition of medical licensure. (6) the AOA collaborates with DEFERS entities properly qualified for and tasked with decision-making regarding insurance reimbursement, hospital privileges, network participation, malpractice insurance coverage, physician employment, to determine the role of physician board certification and OCC or other “maintenance” of certification” programs in such decisions. (7) the AOA through the Bureau of Osteopathic
Specialists will continue to innovate and improve the OCC process. So as to make it more manageable and economically feasible.

And so I move. APPROVED

H-634 COOPERATION OF THE VETERANS ADMINISTRATION AND NON-VA CLINICIANS

Mr. President, I present for consideration Resolution No. H-634, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Lines 12-15 ...that the leadership of the American Osteopathic Association coordinate with the leadership of the VA to expedite the development and implementation of methodology for the easy AND SECURE sharing of the data in patient records between all VA and Non-VA clinicians; and, be it further...

Lines 16-18 RESOLVED, that both organizations work to ensure that the data be available to ALL interested third parties (CMS, ACOs, Insurance Companies, etc.) in an acceptable fashion for accurate data reporting regarding individual patients.

And I so move. APPROVED

H-638 ADDRESSING THE GENDER PAY GAP IN THE MEDICAL PROFESSION

Mr. President, I present for consideration Resolution No. H-638, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 2 ...with...

Lines 3-6 ...title and job description, and with equivalent or comparable credentials and qualifications, requiring the same responsibility, effort, and skill, and under similar working circumstances in the academic, clinical, and support programs that are promoted by, accredited by, endorsed by, or otherwise funded by the AOA. ...

And I so move. APPROVED

H-636 OBESITY TREATMENT REIMBURSEMENT IN PRIMARY CARE

Mr. President, I present for consideration Resolution No. H-636, and the Committee recommends that it be REFERRED to the Bureau on Socioeconomic Affairs (BSA) for review and comment.

Explanatory Statement:
The BSA should review the feasibility of obtaining payment for treatment of obesity and whether new CPT and diagnosis codes need to be created for payment purposes.

And I so move. APPROVED (for referral to BSA)
Mr. President, I present for consideration Resolution No. H-637, and the Committee recommends that it be REFERRED to the Bureau on Socioeconomic Affairs for review and comment.

Explanatory Statement:
The AOA policy compendium contains multiple policies relating to prior authorization, including H640-A/17 and H632-A/17 which overlap significantly, but not entirely, with the proposed policy. The BSA should report to the House on how existing policy could be enhanced by incorporating elements of the proposed policy not already covered.

And I so move. APPROVED (for referral to BSA)

Mr. President, I present for consideration Resolution No. H-635, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
The Committee believes the content of this resolution is already captured within AOA policy H640-A/16 which states that “Prior authorization should be as minimally intrusive on the physician, medical staff, and patient as possible” and provides principles for prior authorization use.

And I so move. DISAPPROVED

Mr. Speaker, this concludes the Committee’s report. I would like to thank the members of the Committee.

Committee Members:
Ira P. Monka, DO, Chair
Mark S. Cantieri, DO, Vice chair
Robert S. Dolansky, DO
Thomas L. Ely, DO
Joseph A. Giaimo, DO
Seger S. Morris, DO
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