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:

B-1 AMENDED CHARGE FOR THE COUNCIL ON OSTEOPATHIC UNDERGRADUATE MEDICAL EDUCATION

B-3 BUREAU OF HEALTHCARE FACILITIES ACCREDITATION (BHFA AND BHFA APPEALS COMMITTEE)

B-4 AOA BOARD OF TRUSTEES ADVISORS; REAUTHORIZATION OF

H-300 TRAINING – EXTENDED RELEASE-LONG ACTING (ER/LA) OPIOID RISK EVALUATION AND MITIGATION STRATEGY (REMS) (H300-A/14)

H-301 MEDICAL WEBSITES AND SMARTPHONES/TABLET COMPUTER APPS TO DIAGNOSE ILLNESS – USE OF (H301-A/14)

H-302 FLU PANDEMIC – OSTEOPATHIC TREATMENT OF (H305-A14)

H-304 NEW BORN HIV TESTING (H307-A/14)

H-305 CDC – HIV PROPOSED RULE CHANGE (H313-A/14)

H-306 INFLUENZA IMMUNIZATION FOR HEALTH CARE WORKERS AND EDUCATORS (H314-A/14)

H-307 DUE PROCESS FOR ALLEGED IMPAIRED PHYSICIANS (H316-A/14)

H-308 DRUG FORMULARIES (H317-A/14)

H-309 HOME-BASED CARE FOR FRAIL ELDERLY (H318-A/14)
H-310 HEALTH CARE COSTS IN LONG TERM SERVICES AND SUPPORT (H319-A/2014)

H-311 IMMUNIZATION REGISTRIES (H320-A/14)

H-312 NATIONAL PRACTITIONER DATA BANK – MEMBERSHIP ACTION (H321-A/14)

H-313 IMPORTATION OF MEDICATIONS (H322-A/14)

H-314 ANY WILLING PROVIDER LEGISLATION (H323-A/14)

H-315 USE OF THE TERM “PHYSICIAN” “DOCTOR” AND “PROVIDER” (H324-A/14)

H-316 PHYSICALLY ACTIVE VIDEO GAMES – (EXERGAMING HEALTH) BENEFITS (H325-A/14)

H-317 MEDICARE – PRESCRIPTION ASSISTANCE FOR MEDICARE PATIENTS (H326-A/14)

H-318 ELECTRONIC PRESCRIBING (H327-A/14) (Editorial Line 22…INTEGRATION: Systems and should integrate with existing healthcare technology…)

H-319 CARDIOVASCULAR DISEASE AND WOMEN (H328-A/14)

H-320 HEALTHY WEIGHT FOR FAMILIES (H329-A/14)

H-321 ADMINISTRATIVE FEES (H330-A/14)

H-322 END-OF-LIFE CARE – USE OF PLACEBOS IN (H331-A/14)

H-323 MINORITIES IN THE OSTEOPATHIC PROFESSION – COLLECTING DATA (H332-A/14)

H-324 OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) OF THE CERVICAL SPINE (H332-A/14)

H-325 RIGHT TO PRIVATELY CONTRACT (H334-A/14) (Editorial Line 5-6…and regardless of payor, AND supports changes in statutes and…)

H-326 PROMOTING DIVERSITY IN AOA MEMBERSHIP AND LEADERSHIP (H334-A/14) (Editorial Lines 6-7…and integration of underrepresented GROUPS into the osteopathic profession; …)

H-327 ABUSE OF PERFORMANCE ENHANCING SUBSTANCES AND PROCEDURES (H337-A/14)
H-328 DIVERSITY IN LEADERSHIP POSITIONS (H338-A/14)

H-329 TOBACCO USE STATUS – REPORTING IN THE MEDICAL RECORD (H339-A/14)

H-330 MEDICAL COSTS INCURRED BY PATIENTS FOR SERVICES NOT COVERED BY THEIR INSURANCE (H344-A/14) (Editorial Line 3… SURPRISED)

H-331 ELECTRONIC MEDICAL RECORD (EMR) – STUDENT ACCESS AND USE (H345-A/14)

H-332 TESTOSTERONE THERAPY: LONG TERM EFFECT ON HEALTH (H346-A/14)

H-333 COMPENSATION TIED TO PATIENT SATISFACTION SURVEYS – OSTEOPATHIC PHYSICIAN (H348-A/14)

H-335 MATERNAL MORTALITY

H-337 NEW PHYSICIAN IN PRACTICE DEFINITION

H-338 HOSPITAL CONSOLIDATION – OPPOSITION TO (Editorial Explanatory Statement: Policy to allow AOA to join an Amicus Brief.)

H-339 PHARMACY BENEFIT MANAGERS-INCREASED REGULATION OF

H-340 BACKGROUND CHECKS AND FIREARMS SAFETY TRAINING AS A CONDITION OF FIREARMS PURCHASE


H-343 WHITE PAPERS - UPDATING

H-349 SUPPORT FOR OMT PRIVILEGES

H-356 PHYSICIAN PSYCHOLOGICAL TRAUMA AND MENTAL HEALTH

H-358 REFERRED RESOLUTION - H305-A/18 INTERFERENCE LAWS

H-360 REFERRED RESOLUTION H426-A/18 – OFFICE BASED SURGERY

H-361 REFERRED RESOLUTION H340-A/13 – UNIFORM PATHWAY OF LICENSING OF OSTEOPATHIC PHYSICIANS

H-500 AMENDMENT TO THE AOA CONSTITUTION & BYLAWS – BUREAU OF EMERGING LEADERS AND NEW PHYSICIAN IN PRACTICE
Mr. President, I present for consideration Resolution No. H-303, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Lines 5-8  The American Osteopathic Association is against DIRECT-TO-CONSUMER MARKETING OF MEDICAL TESTS AND EXAMS THAT MAY BE unnecessary, exams HEALTH SCREENING EXAMS AND TESTING marketed directly to consumers and encourages its members to educate their patients ABOUT WHICH SERVICES ARE APPROPRIATE BASED ON and follow the US Preventive Services Task Force RECOMMENDATIONS AND OTHER NATIONALLY RECOGNIZED CLINICAL PRACTICE Guidelines WHEN APPROPRIATE. 2009; reaffirmed 2014

Explanatory Statement:
The BOT agrees with the Bureau of Socioeconomic Affairs’ recommendation to expand the policy and base the need for tests and exams on USPSTF guidelines and other nationally recognized clinical practice guidelines as outlined below:

1) USPSTF recommendations are applicable to primary care. The USPSTF is a Congressionally mandated, independent panel of medical experts in primary care and prevention composed of primary care providers-internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and other behavior specialists who are charged with making “recommendations to primary care providers about clinical preventive services.”

2) Medicare pays for preventive screening and tests assigned a grade “D” or “I” by the USPSTF. These grade assignments indicate a service is unnecessary. Someone unfamiliar with USPSTF grade assignments may misinterpret a low grade as a non-covered service when it may not be. Prostate screening is a prime example.

3) CMS, Medicare Administrative Contractors (MACs) and private payers base their coverage determinations on nationally recognized clinical practice guidelines (which usually are developed by specialty medical societies) more so than USPSTF guidelines.

And I so move. APPROVED
Mr. President, I present for consideration Resolution No. H-334, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Lines 14-23 RESOLVED, that the American Osteopathic Association (AOA) supports policies that strengthen the biosimilar market while preserving THE physician-PATIENT RELATIONSHIP authority over patient care and protecting patient safety, be it further

RESOLVED, that FDA APPROVED DRUGS SHOULD BE ACCESSIBLE TO PATIENTS, AND BE IT FURTHER

RESOLVED, THAT THE DECISION ON WHICH BIOLOGIC OR BIOSIMILAR SHOULD BE USED REST WITH THE PATIENT AND THE PHYSICIAN, AND BE IT FURTHER

RESOLVED, THAT THE AOA SUPPORTS PAYOR COVERAGE OF ALL FDA-APPROVED BIOLOGICS AND BIOSIMILARS TO ENHANCE PATIENT ACCESS AND CHOICE. the AOA will advocate for policies relating to the granting of “interchangeable” status to drugs that (1) requires manufacturers to study and demonstrate to the FDA that alternating between a reference product and proposed interchangeable biosimilar has no meaningful impact on patient safety or drug efficacy; (2) that physicians maintain autonomy to designate which biologic or biosimilar product is dispensed to patients; and (3) only permit drug substitutions upon approval of the physician ordering the drug.

And I so move. APPROVED

H-336 EXTENDING MEDICAID TO 12 MONTHS POSTPARTUM

Mr. President, I present for consideration Resolution No. H-336, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

SUBJECT: EXTENDING MEDICAID COVERAGE TO 12 MONTHS POSTPARTUM

Lines 18-19 RESOLVED, that the American Osteopathic Association support and actively work toward enactment of state legislation, Section 1115 waiver applications, and federal legislation to extend Medicaid coverage to 12-months postpartum.

Explanatory Statement:
See references from H-335 – A/2019 which show that a majority of pregnancy-related preventable deaths occur during the postpartum period.

And I so move. APPROVED

H-342 MISALIGNED INCENTIVES IN MEDICARE PLANS

Mr. President, I present for consideration Resolution No. H-342, and the Committee recommends that it be APPROVED with the following AMENDMENTS:
RESOLVED, that the American Osteopathic Association (AOA) is opposed to incentives that do not support efforts to align patient’s behaviors with cost-effective, reportable high quality care; and, be it further

RESOLVED, that the AOA will work to identify these misaligned incentives, and advocate for changes to the Medicare program that support physicians in delivering high-value care and discourage plans from preventing patients from seeking lower cost-effective treatment options; and, be it further

RESOLVED, that the AOA will seek to influence third party payers and Pharmacy Benefit Managers to align patient and physician incentives, and, be it further

RESOLVED, that the AOA will advocate against the prohibition of misaligned payment and quality incentives in Federal Healthcare programs that do not promote improved health outcomes. Through legislation and other regulations designed to prevent competing incentives.

And I so move. **APPROVED**

**H-348**

EXPANSION OF MEDICAID IN ALL STATES

Mr. President, I present for consideration Resolution No. H-348, and the Committee recommends that it be **APPROVED** with the following AMENDMENTS:

RESOLVED, that the American Osteopathic Association (AOA) incorporate Medicaid expansion as a top priority to improve patient access to care and to improve health outcomes, and be it further

And I so move. **APPROVED**

**H-351**

ADVOCATING FOR WOMEN’S RIGHT TO REPRODUCTIVE HEALTHCARE ACCESS AND SUPPORT OF ROE V. WADE

Mr. President, I present for consideration Resolution No. H-351, and the Committee recommends that the SUBSTITUTE RESOLUTION be **APPROVED**:

SUBJECT: ADVOCATING FOR WOMEN’S RIGHT TO REPRODUCTIVE HEALTHCARE ACCESS AND SUPPORT OF ROE V. WADE

1 WHEREAS, the Supreme Court ruled in favor Jane Roe and the pursuit of safe, legal abortion rights for women in the United States in 1973 in response to the unconstitutionality of states’ imposition of laws and statutes that interfere with an individual’s right to autonomy and privacy regarding the creation of a family; and

2 WHEREAS, in 1967, 17% of pregnancy-induced maternal demise was due to illegal abortion
complications performed without medical personnel and resources; and
WHEREAS, according the CDC Abortion Surveillance Systems, “652,639 legal induced abortions were reported,” which indicate 652,639 women chose abortion as their choice of medical care in 2014, elucidating the enormity of need of such resources and patient autonomy; and
WHEREAS, “abortion in the United States is an extremely safe procedure. Restrictions imposed in some states are not based on medical evidence and will do nothing to improve women’s health and safety. In fact, these requirements put women at risk by standing in the way of safe reproductive care.”; and
WHEREAS, women of low socioeconomic status and minorities will suffer the brunt of the repercussions of overturning Roe v. Wade due to the loss of funding protections for Title X subsidiaries, like Planned Parenthood, that provide affordable reproductive healthcare that includes annual mammograms, preventative gynecological healthcare and screenings, access to birth control, sexual education, and safe abortion procedures, leading to increased incidences of malignancies, unplanned and unwanted pregnancies, and unsafe abortion practices; and
WHEREAS, “the evidence suggests that unintended pregnancy is one of the most critical challenges facing the public health system and imposes significant financial and social costs on society. Long-term studies confirm that reducing unintended pregnancy incidences would increase labor force participation rates, improve academic achievement, have better economic efficiency, increase the level of health and reduce crime rates among vulnerable groups.”; and
WHEREAS, the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) opposes any legislative restrictions that fundamentally interfere with the patient-provider relationship and decrease access to abortion for all women; and
WHEREAS, the decision to safely terminate pregnancy should be solely at the discretion of the patient and their healthcare team; now, therefore, be it
RESOLVED, that the American Osteopathic Association supports patient access to comprehensive reproductive healthcare resources and opposes the reversal of Roe v. Wade.

Explanatory Statement
The reversal of Roe v. Wade will undoubtedly increase the rate of illegal abortions performed in the United States, vastly increasing infertility and mortality risks due to patients’ lack of knowledge on how and when to best perform these procedures via chemical methods. Abortions will occur regardless of its legality. At the forefront of our oath and practice is the patient’s right to safety, autonomy and dignity. Therefore, depriving women of the right to safe, legal access to reproductive health, family planning, and abortion services is not only unconstitutional but directly infringes on their right to autonomy over their bodies and lives.

Moreover, women of low socioeconomic background are at highest risk due to the inevitable reduction of funding allocated to Title X programs liked Planned Parenthood. As a result, we stand in strong opposition to the reversal of Roe v. Wade, the subsequent legal repercussions for female patients who seek autonomy, and the danger to life that is illegal abortion.

References


And I so move. **APPROVED (substitute resolution)**

**H-353 DECRIMINALIZATION OF SELF-INDUCED ABORTION**

Mr. President, I present for consideration Resolution No. H-353, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

**Lines 21-23** WHEREAS, the American Medical Association (AMA) policy H-5.980 opposes the criminalization of self-induced abortion, as does the American College of Obstetricians and Gynecologists (ACOG) in the position statement on the matter; and

**Lines 25-29** RESOLVED, that the American Osteopathic Association SUPPORTS stand in support of the decriminalization of self-induced abortions along with legislative efforts to support that goal, and oppose legislation that criminalizes self-induced abortion on the basis that these criminalization efforts may increase our PATIENTS’ medical risk and threaten their well-being.

And I so move. **DISAPPROVED**

**H-355 OPPOSING TARGETED REGULATION OF ABORTION PROVIDERS (TRAP LAWS)**

Mr. President, I present for consideration Resolution No. H-355, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

**Lines 25-27** WHEREAS, it is the recommendation of the American College of Obstetricians and Gynecologists to end legislation, including TRAP laws, that impedes access to
abortion services and interferes with the patient-provider relationship.

And I so move. **APPROVED**

**H-359** REFERRED RESOLUTION H306-A/18 - STATE GRADUATE MEDICAL EDUCATION FUNDING ALTERNATIVES

Mr. President, I present for consideration Resolution No. H-359, and the Committee recommends that it be **APPROVED** with the following **AMENDMENTS**:

Page 3 Line 20 …budget shortfalls, **AND ALABAMA, MICHIGAN AND TENNESSEE**…

Page 9 Line 24 …efforts to provide adequate **TO INCREASE** GME funding.

And I so move. **APPROVED**

**B-2** COUNCIL ON OSTEOPATHIC CONTINUING MEDICAL EDUCATION, NAME CHANGE

Mr. President, I present for consideration Resolution No. B-2, and the Committee recommends that it be **DISAPPROVED**. To begin discussion, I move that it be approved.

**Explanatory Statement:**
The Committee believes that there is not sufficient ground to make the change in all existing publication and bylaws.

And I so move. **DISAPPROVED**

**H-344** DEVELOPMENT OF A NATIONAL IMMUNIZATION INFORMATION REGISTRY

Mr. President, I present for consideration Resolution No. H-344, and the Committee recommends that it be **DISAPPROVED**. To begin discussion, I move that it be approved.

**Explanatory Statement:**
A new resolution was developed - H-629 - A/2019 CLINICAL DATA REGISTRIES AND QUALIFIED CLINICAL DATA REGISTRIES - for presentation to the HOD to encompass other public and private clinical data registries in addition to immunization registries.

And I so move. **DISAPPROVED**

**H-345** CONSULTANT REPORTS ACCESSIBILITY/AVAILABILITY-AMERICAN OSTEOPATHIC ASSOCIATION

Mr. President, I present for consideration Resolution No. H-345, and the Committee recommends that it be **DISAPPROVED**. To begin discussion, I move that it be approved.

**Explanatory Statement:**
Consultants are engaged from time-to-time by AOA to address business operational issues to enhance and improve the AOA’s operation. The consultant reports and recommendations are intended for review by AOA Trustees and management who have the responsibility under the AOA’s bylaws to be the administrative and executive body of the AOA and are empowered to implement or not implement recommendations. Required disclosure to all AOA members, divisional society executive directors, and health policy fellows is likely to lead to a breach of confidentiality and is not necessary to provide delegates with information needed to perform the “delegated power of the divisional societies.”

And I so move. **DISAPPROVED**

H-346  WHISTLEBLOWER POLICY – AMERICAN OSTEOPATHIC ASSOCIATION

Mr. President, I present for consideration Resolution No. H-346, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
AOA’s employee handbook contains a Whistleblower Policy which aligns with Illinois law and covers the tenets of this resolution.

And I so move. **DISAPPROVED**

H-347  AMERICAN OSTEOPATHIC ASSOCIATION – ORGANIZATIONAL HEALTH, VIABILITY & TRANSPARENCY

Mr. President, I present for consideration Resolution No. H-347, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
The resolution calls for the AOA to provide detailed confidential business information and reports to affiliated organizations that owe no fiduciary responsibilities to the AOA, creating a risk of public release of confidential information. Moreover, the proposed disclosures are unnecessary and excessive. The AOA already makes contact information available for its Trustees (FirstNameInitialLastNameDO@osteopathic.org), makes tax and financial information available to members on request, its 990 tax returns are available on-line, and it provides detailed budget and expenditure information to existing appropriate oversight bodies (Finance Committee oversight of audit process, Joint Board-House Budget Review Committee).

And I so move. **DISAPPROVED**
H-350  ANTI-INTIMIDATION STANDARDS AMONG PHYSICIANS

Mr. President, I present for consideration Resolution No. H-350, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
Existing policy, H-505 – A/19 (H-506 – A/14), among other things, covers the intent of the proposed resolution, and was supported and reported out of BOT.

And I so move. **DISAPPROVED**

H-352  ADVOCATING FOR MORE DO REPRESENTATION WITHIN MEDICAL TV SHOWS AND MOVIES

Mr. President, I present for consideration Resolution No. H-352, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
Due to organizational resource limitations, existing branding campaign, and high-profile osteopathic physicians on social media BOT feels that this resolution is appropriately addressed through existing channels.

And I so move. **DISAPPROVED**

H-354  DE-STIGMATIZATION OF MENTAL ILLNESS IN PHYSICIANS

Mr. President, I present for consideration Resolution No. H-354, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
With the expected acceptance by the Rules & Order of Business Reference Committee of Resolution H-362 – A/19 policy paper, which, among other things, includes the Resolves of this Resolution, BOT recommends the approval of H-362 in lieu of this resolution.

And I so move. **DISAPPROVED**

H-357  NUTRITION AND LEADING BY EXAMPLE

Mr. President, I present for consideration Resolution No. H-357, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
Overly prescriptive and AOA adopted resolution H-365 – A/18 Nutrition at AOA Events

And I so move. **DISAPPROVED**
Mr. President, I present for consideration Resolution No. H-501, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement:
BOT feels that this is not enough time for proper maturation of board members. Additional time is needed to develop the breadth of expertise and leadership competency.

And I so move. **DISAPPROVED**

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

**Committee Members:**
Ernest R. Gelb, DO, **Chair**
Geraldine T. O’Shea, DO, **Vice chair**
James M. Lally, DO
Richard R. Thacker, DO
Barbara W. Walker, DO
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