

RESOLUTION 2019 A

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Northern Michigan Osteopathic Association

RECOMMENDATION: Approve as Amended

SUBJECT: Expansion of Medicaid in All States

1 **Whereas**, The Patient Protection and Affordable Care Act (PPACA) allows states to expand
2 Medicaid coverage to persons whose income is below 138% of the federal poverty level
3 (\$16,753 for an individual or \$34,638 for a family of four in 2019), with the federal government
4 paying 93% of the expansion cost for new enrollees in 2019 and 90% in 2020 and beyond; and

5 **Whereas**, the PPACA has resulted in a reduction in the healthcare uninsured rate in the United
6 States from 16% in 2010 to 8.8% in Q1 2018ⁱ; and

7 **Whereas**, states that have enacted Medicaid expansion have experienced a reduction in
8 uninsured patients to 8.7% and states that did not expand Medicaid still have 18.4% uninsured;
9 and

10 **Whereas**, the Michigan Osteopathic Association supported the Medicaid Expansion with
11 targeted lobbying efforts in the State of Michigan; and

12 **Whereas**, Michigan's Medicaid expansion enrollment exceeded 600,000 individuals by March
13 2015, and serves as an effective model for states that have not as yet enacted Medicaid
14 expansionⁱⁱ; and

15 **Whereas**, as of January 2019, 14 states (Alabama, Florida, Georgia, Kansas, Mississippi, Missouri,
16 North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Wisconsin,
17 Wyoming) have failed to enact legislation to expand Medicaid eligibility; and

18 **Whereas**, research shows that Medicaid expansion has helped to reduce disparities in coverage
19 by income and age, has had positive economic outcomes in expansion states, and infant
20 mortality rates have declined in Medicaid expansion states and risen in states that have not
21 enacted Medicaid expansionⁱⁱⁱ; and

22 **Whereas**, studies provide evidence that Medicaid expansion reduces mortality from drug
23 overdoses and increases access to treatment^{iv}; therefore be it

24 **Resolved**, the Michigan Osteopathic Association (MOA) reaffirms its support of Medicaid
25 expansion; and be it further

26 **RESOLVED**, that the MOA requests that the AOA incorporate Medicaid expansion as a top
27 priority to improve patient access to care and to improve health outcomes; and be it further

1 **RESOLVED**, that the MOA forward this resolution to the AOA to support Medicaid expansion in
2 the 14 states that have not as yet enacted relevant legislation to expand Medicaid eligibility to
3 uninsured individuals who meet the definitions to qualify based on the 138% of federal poverty
4 level as provided in the Patient Protection and Affordable Care Act.

ⁱ <https://www.healthaffairs.org/d0/10.1377/hblog20180913.896261/full/>

ⁱⁱ <http://www.detroitnews.com/story/news/politics/2015/03/31/snyder-medicaid-expansion-reaches-residents/70731872/>

ⁱⁱⁱ <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/>

^{iv} <https://ldi.upenn.edu/healthpolicySense/medicaid-expansion-and-opioid-epidemic>

Explanatory Statement:

This resolution has been revised since passing in the Michigan Osteopathic Association (MOA) 2018 House of Delegates (HOD). It is being re-introduced in its updated form in an effort to again propose it at the American Osteopathic Association (AOA) HOD. The attempt to previously pass this resolution failed due to opposition from states such as Florida and Texas, however, the need to seriously promote the affordable care act and Medicaid expansion still exists on a national level.

RESOLUTION 2019 B

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Ryan Christensen DO & M. Shane Patterson DO, MCOMA
Delegates

RECOMMENDATION: Approve as Amended

SUBJECT: Prior Authorization and Utilization Management Reform

1 **Whereas**, according to an American Medical Association (AMA) survey, more than 90%
2 of physicians said prior authorizations including, but not limited to, prescriptions,
3 procedures and durable medical equipment, had a significant negative clinical impact,
4 with 28 percent reporting that prior authorizations had led to a serious adverse event such
5 as a death, hospitalization, disability, permanent bodily damage, or another life-
6 threatening event for a patient in their care;ⁱ and

7 **Whereas**, the vast majority of physicians (86 percent) described the administrative
8 burden associated with prior authorization as “high or extremely high,” and 88 percent
9 said the burden has gone up in the last five years; and

10 **Whereas**, 66% of prescriptions that get rejected at the pharmacy require a prior
11 authorization, only 29% of patients end up with the original prescribed medication and
12 40% of patients end up abandoning the treatment altogether; and

13 **Whereas**, formulary changes are made indiscriminately and capriciously without
14 notification to prescribers or patients and insurance enrollment periods are limited but
15 policy and formulary changes by insurers can be made at any time; and

16 **Whereas**, nonmedical switching, when patients are switched to an alternative drug
17 because the drug was removed from the formulary, worsened outcomes for 95% of
18 chronic disease patients; be it,

19 **Resolved**, The Michigan Osteopathic Association adopt the following policy statement
20 and affirm its tenets as a priority for advocacy:

21 The Michigan Osteopathic Association (MOA) asserts physicians using appropriate
22 clinical knowledge, training, and experience should be able to prescribe and/or order
23 without being subjected to need to obtain prior authorizations. The MOA further
24 maintains that a physician's attestation of clinical diagnosis or order should be sufficient
25 documentation of medical necessity for durable medical equipment. In rare circumstances
26 when prior authorizations are clinically relevant, the MOA upholds they should be
27 evidenced-based, transparent, and efficient to ensure timely access and ideal patient
28 outcomes. Additionally, physicians that contract with health plans to participate in a
29 financial risk-sharing agreement should be exempt from prior authorizations.

30 The MOA affirms that prior authorizations should be standardized and universally
31 electronic throughout the industry to promote uniformity and reduce administrative

32 burdens. Prior authorizations create significant barriers for physicians to deliver timely
33 and evidenced-based care to patients by delaying the start or continuation of necessary
34 treatment. The manual, time-consuming and varied processes used in prior authorization
35 programs burden physicians, divert valuable resources away from direct patient care, and
36 lead to negative patient outcomes.

37 The MOA believes that generic medications should not require prior authorization. The
38 MOA further affirms step therapy protocols used in prior authorization programs delay
39 access to treatments and hinder adherence. Therefore, the MOA maintains that step
40 therapy should not be mandatory for patients already on a course of treatment. Ongoing
41 care should continue while prior authorization approvals or step therapy overrides are
42 obtained. Patients should not be required to repeat or retry step therapy protocols failed
43 under previous benefit plans. Additionally, the MOA asserts that health plans should
44 restrict utilization management programs to “outlier” physicians whose prescribing or
45 ordering patterns differ significantly from their peers after adjusting for patient mix and
46 other relevant factors.

47 And, be it further

48 **Resolved**, that the Michigan Osteopathic Association assert and advocate to legislators,
49 insurance companies, and insurance regulatory bodies that formulary changes should not
50 occur more than 1 time per year and that any change require a 90 day written notice to the
51 patient and prescribing physician that includes rationale for the change, and where the
52 prescribed device or medication can be obtained; and, be it further

53 **Resolved**, that the Michigan Osteopathic Association formally join the AOA and other
54 stakeholders in publicly supporting & affirming the “Prior Authorization and Utilization
55 Management Reform Principles” (<https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsc.pdf>) in
56 addition to the aforementioned policy statement; and, be it further

58 **Resolved**, that the MOA forward this resolution to the AOA in 2019 for consideration
59 and adoption in addition to the AOA’s existing policy on prior authorization (H640-A/16
60 PRIOR AUTHORIZATION, etc.).

ⁱ “1 in 4 doctors say prior authorization has led to a serious adverse event” in AMA News, <https://www.ama-assn.org/practice-management/sustainability/1-4-doctors-say-prior-authorization-has-led-serious-adverse> February 5, 2019. Accessed March 15, 2019.

RESOLUTION 2019 C

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Ryan Christensen, DO & M. Shane Patterson, DO, MCOMA Delegates

RECOMMENDATION: Approve as Amended

SUBJECT: Obesity Treatment Reimbursement in Primary Care

1 **Whereas**, obesity is a public health crisis which costs the US over \$147 billion annually
2 as of 2008 in lost productivity, medical care, morbidity and disability; and

3 **Whereas**, the prevalence of obesity was 39.8% and affected about 93.3 million of US
4 adults in 2015~2016ⁱ; and

5 **Whereas**, Obesity-related conditions include heart disease, stroke, type 2 diabetes and
6 certain types of cancer that are some of the leading causes of preventable, premature
7 death; and

8 **Whereas**, ensuring physician reimbursement for obesity treatment be a priority to reduce
9 morbidity and mortality of the population; and

10 **Whereas**, it is well within the scope of practice of ALL primary care physicians to treat
11 this condition and obesity is not currently a payable diagnosis for primary care; be it

12 **Resolved**, that the Michigan Osteopathic Association (MOA) publicly affirms and
13 advocates that all diagnosis codes for obesity and morbid obesity be a billable and
14 reimbursable diagnostic code for any and all practicing primary care physicians; and, be
15 it further

16 **Resolved**, that the MOA work with insurers, payors, legislators, and other stakeholders to
17 ensure access to treatment for obesity to address this public health epidemic; and, be it
18 further

19 **Resolved**, the MOA forward this resolution to the AOA for national consideration and
20 adoption.

ⁱ Centers for Disease Control Overweight and Obesity,
<https://www.cdc.gov/obesity/data/adult.html>; Accessed March 15, 2019.

RESOLUTION 2019 D

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Ryan Christensen, DO & M. Shane Patterson, DO, MCOMA Delegates
RECOMMENDATION: Approve as Amended
SUBJECT: Resolution to Recognize Health Care As A Human Right

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- 1 **Whereas**, the World Health Organization recognizes “the highest attainable standard of
2 health as a fundamental right of every human being,” and “the right to health includes
3 access to timely, acceptable, and affordable health care of appropriate quality,”ⁱ and
4 **Whereas**, the United States ranks 33th out of 34 countries in the Organization for
5 Economic Co-operation and Development (OECD) in percentage of insured population
6 (with 88.5%), with nearly every other country at > 98%ⁱⁱ , and
7 **Whereas**, 25-30 million Americans are still uninsured after implementation of the
8 Affordable Care Act (ACA), and the non-partisan Congressional Budget Office estimates
9 that this number would increase to 48 million, and continue to increase annually, with an
10 ACA repealⁱⁱⁱ , and
11 **Resolved**, that the Michigan Osteopathic Association recognizes that health care is a
12 human right for every person¹, not a privilege; and, be it further
13 **Resolved** that the Michigan Osteopathic Association forward this resolution to the AOA
14 House of Delegates with the appropriate changes for a unified voice of adoption.

ⁱ World Health Organization Media Center. “Health and Human Rights.” Fact Sheet N°232, Dec 2015. Accessed Feb 2017. <http://www.who.int/mediacentre/factsheets/fs323/en/>

ⁱⁱ OECD (2015), Health at a Glance 2015: OECD Indicators, OECD Publishing, Paris.
http://dx.doi.org/10.1787/health_glance-2015-en

ⁱⁱⁱ Congressional Budget Office. “How Repealing Portions of the Affordable Care Act Would Affect Health Insurance Coverage and Premiums.” Jan 2017.
<https://www.cbo.gov/publication/52371>

^{iv} Bauchner, H. “Health Care in the United States: A Right or a Privilege.” JAMA. 2017; 317(1):29. <http://jamanetwork.com/journals/jama/fullarticle/2595503>

¹ Journal of the American Medical Association (JAMA), the editor-in-chief of JAMA voiced a hope that all physicians and professional societies will “speak with a single voice and say that health care is a basic right for every person, and not a privilege to be available and affordable only for a majority^{iv}.”

RESOLUTION 2019 E

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Algirdas A. Juocys, OCOMA Delegate

RECOMMENDATION: Approved upon addition of appendix of references

SUBJECT: EHR Interoperability and Its Impact on Prior Authorizations

1 **Whereas**, the vast majority of healthcare professionals believes that EHR interoperability and
2 fluid health information exchange is critical for delivering high quality patient care-and
3 improving the experience of frustrated and weary clinical staff; and

4 **Whereas**, prior authorization for health care services has been the subject of intense debate and
5 industry attention over the years, with stake-holders across the industry calling for action to
6 simplify the process; and

7 **Whereas**, greater adoption of interoperability features would likely occur if they were more
8 readily available in current health IT systems; and

9 **Whereas**, adoption of electronic prior authorization transactions continues to significantly lag
10 behind other transactions such as billing and e-Prescribing in the administrative workflow; and

11 **Whereas**, manual prior authorization transactions require substantially more provider staff time
12 over electronic prior authorization transactions; and

13 **Whereas**, the healthcare industry could significantly decrease costs by transitioning to electronic
14 prior authorization transactions; therefore, be it

15 **Resolved**, that the Michigan Osteopathic Association advocate for state legislation and/or
16 regulation to encourage the Office of the National Coordinator for Health Information
17 Technology to establish regulations that require universal and standard interoperability protocols
18 for the sharing of electronic health record (EHR) including the adoption of a standard for prior
19 authorization attachments; and be it further

20 **Resolved**, that the MOA forward this resolution onto the American Osteopathic Association
21 (AOA) for national adoption.

22 References

23 <https://www.himss.org/library/interoperability-standards/what-is-interoperability>

24 <https://www.healthit.gov/isa/sites/isa/files/2018%20ISA%20Reference%20Edition.pdf>

25 Sources for Security Standards/Security Patterns, and Educational/Informational Resources -
26 www.healthit.gov/isa.

- 27 https://www.cms.gov/newsroom/fact-sheets/cms-advances-interoperability-patient-access-health-
28 data-through-new-proposals
- 29 CMS's interoperability efforts -
30 https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12443
- 31 Proposed rule (CMS-9115-P) issued on February 11, 2019 -
32 <https://www.federalregister.gov/public-inspection>

RESOLUTION 2019 F

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Ryan Christensen, DO & M. Shane Patterson, DO, MCOMA Delegates
RECOMMENDATION: Approve as Amended
SUBJECT: Delegate access to Michigan MAPS via EHR integration

1 **Whereas**, while Electronic Health Record (EHR) workflow adds to physician workload
2 and increased administrative burden and the use of non-licensed office staff often
3 provides assistance in reducing this burden; and

4 **Whereas**, Michigan enacted law which requires an inquiry be made to the MI LARA
5 MAPS (www.michigan.pmpaware.net) prior to any prescription for a controlled
6 substance; and

7 **Whereas**, the web enabled Apriss Health MAPS program allows a physician to delegate
8 a staff member to inquire into MAPS on their behalf; and

9 **Whereas**, because maps functionality does not include EHR integration at this time,
10 physicians must take steps to facilitate patient flow, including but not limited to the
11 following:

- 12 - Delegate access to conduct MAPS searches
13 - Partial name search
14 - Searches that return multiple records
15 - MyRx
16 - Search history (including delegate search history)
17 - Bulk patient search
18 - Delegate management
19 - User profile
20 - All interstate data sharing options
21 - Announcements
22 - Password reset (every 90 days)
23 - Patient alerts
24 - Prescriber trend notificationsⁱ; therefore, be it

25 **Resolved**, the MOA contact legislators and LARA to enumerate these issues that make
26 the current law burdensome to physicians; and be it further

27 **Resolved**, the Michigan Osteopathic Association advocate for improving the current
28 limitations on MAPS EHR integration especially by allowing delegation of access to
29 conduct MAPS searches within EHR programs and thus improving user functionality.

ⁱ https://www.michigan.gov/documents/lara/Maps_Welcome_Packet_604249_7.pdf

RESOLUTION 2019 G

SUBMITTED TO: Michigan Osteopathic Association House of Delegates
SUBMITTED BY: Algirdas A. Juocys, OCOMA Delegate
RECOMMENDATION: Approve as Amended
SUBJECT: Reimbursement for Physician Supervised Care Management/Care Coordination Activities

- 1 **Whereas**, the patient centered medical home model endorses team care supervised by a physician; and
- 2
- 3 **Whereas**, various federal innovation grants such as MiPCT (Michigan Primary Care Transformation), SIM (State Innovation Model) and Comprehensive Primary Care (CPC+) support care management/care coordination activities; and
- 4
- 5
- 6 **Whereas**, RNs, MSWs, LMSWs, PharmDs, dietitians and health educators have undergone focused training to deliver care management/care coordination activities in various settings; and
- 7
- 8 **Whereas**, the care team members observe patient activities through real-time ADT (admission, discharge and transfer) feeds to monitor primary care sensitive emergency department use rates and inpatient admissions for ambulatory care sensitive conditions to contain costs; and
- 9
- 10
- 11 **Whereas**, certain state and national payers reimburse for care management/care coordination activities; and
- 12
- 13 **Whereas**, Blue Cross and Blue Shield of Michigan through the Value Partnership Program has reimbursed for care management/care coordination activities for over one decade; therefore, be it
- 14
- 15 **Resolved**, that the Michigan Osteopathic Association (MOA) encourage physicians to support care management/care coordination services by engaging in oversight activities of the care teams; and be it further
- 16
- 17
- 18 **Resolved**, that the MOA encourage state and national third party payers reimburse for care management/care coordination services.
- 19

RESOLUTION 2019 H

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Algirdas A. Juocys, OCOMA Delegate

RECOMMENDATION: Approved as Amended

SUBJECT: HPV immunization for Primary Prevention of Cancer

- 1 **Whereas**, Human Papillomavirus (HPV) causes cervical, vulvar, vaginal, penile, anal, and oropharyngeal cancer; and
- 2
- 3 **Whereas**, an estimated 79 million Americans are actively infected with HPV and 14 million
- 4 Americans are newly infected each year through sexual transmission; and
- 5
- 6 **Whereas**, there are an estimated more than 33,000 cancer diagnoses each year in the United States caused by strains of HPV; and
- 7
- 8 **Whereas**, HPV vaccines have repeatedly been shown to be safe and effective for primary prevention of cancer; and
- 9
- 10 **Whereas**, bivalent, quadrivalent and 9-valent HPV vaccinations have been shown to prevent the contraction and spread of viruses that cause cancer; and
- 11
- 12 **Whereas**, various Immunization Task Forces recommend routine vaccination in adolescence; and
- 13
- 14 **Whereas**, vaccination against HPV reduces the financial burden on the healthcare system by reducing costs of screening and treatment for HPV-caused diseases; and
- 15
- 16 **Whereas**, due to misconceptions and unfounded opposition, HPV vaccination rates are lower than rates for other vaccine-preventable disease with only 16% of the eligible population fully immunized; and
- 17
- 18 **Whereas**, unvaccinated individuals pose a risk to the population due to the communicable nature of the cancer-causing virus and therefore should be approached as a public health issue; and
- 19
- 20 **Whereas**, State-level mandatory vaccination policies increase vaccination rates; and
- 21
- 22 **Whereas**, Rhode Island, Virginia, and the District of Columbia currently require HPV vaccination for school attendance and there is pending legislation in multiple states relating to
- 23 HPV vaccination practices; therefore, be it
- 24
- 25 **Resolved**, that the Michigan Osteopathic Association advocate for HPV immunization for all adolescents.

RESOLUTION 2019 J

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Algirdas A. Juocys, OCOMA Delegate

RECOMMENDATION: Approved as Amended

SUBJECT: Behavioral Health Integration and Primary Care

-
- 1 **Whereas**, the majority of individuals with mental health conditions are treated within primary
2 healthcare services, often with limited access to or support from mental health and addiction
3 service; and
- 4 **Whereas**, the inclusion of psychological and behavioral health services in primary care settings
5 is associated with a range of improved patient and health system outcomes; and
- 6 **Whereas**, integrated behavioral health services reduce health care costs and disability; and
- 7 **Whereas**, behavioral health specialists located in pediatric, adult, and geriatric primary and
8 specialty health settings have documented competencies necessary to provide evidence-based
9 clinical and professional services, interprofessional education and research, and leadership; and
- 10 **Whereas**, guidelines for interprofessional health provider education have been disseminated for
11 several years by both federal agencies and health professions groups; and
- 12 **Whereas**, specific CPT codes are available for integrated behavioral health activities; and
- 13 **Whereas**, specific Collaborative Care Agreements are utilized in the integrated behavioral health
14 setting; therefore, be it
- 15 **Resolved**, that the Michigan Osteopathic Association (MOA) promote the inclusion of
16 appropriately credentialed behavioral healthcare providers in integrated primary and specialty
17 health care to improve patient, family, and population health through collaborations with state
18 and federal agencies, and consumer groups; and be it further
- 19 **Resolved**, that the MOA advocate for physicians, when serving as the sole medical mental health
20 provider, to be able to bill for mental health codes independent of other diagnostic codes; and be
21 it further
- 22 **Resolved**, that the MOA advocate third party payers reimburse medical care and psychological
23 services on the same day of service and removing the mandate for two co-payments when
24 integrated services are provided in a primary care setting in order to improve access to mental
25 health treatment and improve outcomes.

RESOLUTION 2019 L

SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Emily Hurst, DO, OCOMA Delegate

RECOMMENDATION: Approve as Amended

SUBJECT: Addressing Fears and Barriers to Telemedicine Implementation and Alignment

- 1 **Whereas**, telemedicine is becoming a growing entity and option for healthcare services in
- 2 Michigan; and
- 3 **Whereas**, the potential convenience and lower costs of telemedicine may be highly attractive to
- 4 patients; and
- 5 **Whereas**, many physicians have expressed concern that telemedicine could adversely affect the
- 6 patient/physician relationship, quality of care and/or patient safety; and
- 7 **Whereas**, appropriate oversight and regulations for telemedicine services are lacking; and
- 8 **Whereas**, inferior technology and network coverage can affect consistent services; and
- 9 **Whereas**, empowering a physician's ability to engage and implement telemedicine could
- 10 increase revenue, practice marketing options and increased enhance relationships with
- 11 physician's existing patients; therefore, be it
- 12 **Resolved**, that the Michigan Osteopathic Association (MOA) engage partner organizations to
- 13 support understanding, training and implementation of telemedicine in physician offices; and be
- 14 it further
- 15 **Resolved**, that the MOA engage in evaluating processes that help our physicians implement
- 16 telemedicine in practices; and be it further
- 17 **Resolved**, that this resolution be forwarded to the American Osteopathic Association (AOA) this
- 18 year for consideration as national policy.