



**Oklahoma State Medical Association
Policy Compendium
Through April 2021**

OSMA POLICY COMPENDIUM

5.000 ABORTION

5.001 Partial Birth Abortions

The OSMA is opposed to the performance of partial birth abortions. (B. 1999; reaffirmed H. 2019)

10.000 ACCIDENT PREVENTION: UNINTENTIONAL INJURIES

10.001 Horseback riding/headgear

OSMA supports the use of protective headgear for horseback riding. (H. 1983; reaffirmed H. 2019)

15.000 ACCIDENT PREVENTION: MOTOR VEHICLES

15.001 Seatbelts

Seatbelt requirements should be expanded to all ages, including passengers in both the front and back seats. (H. 1993; reaffirmed H. 2019)

20.000 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

20.001 Athletes/HIV

HIV infected athletes should be allowed to compete in competitive sports at all levels of contest when proper preventive and precautionary guidelines are followed. (H. 1993; reaffirmed H. 2019)

20.005 Reducing HIV/STD Transmission

The OSMA supports programs that emphasize condom usage for people at risk of contracting HIV and other sexually transmitted diseases. (H. 1997; reaffirmed H. 2019)

20.006 OSHA

OSMA supports adoption of the United States Preventive Services Task Force guidelines for universal HIV testing. (H. 2019)

20.007 Patient Care

HIV and HBV patients should be treated the same as any other contagious disease or patient with a contagious disease and that physicians be allowed to use their best medical judgment in the care and treatment of (AIDS/HIV/HBV) and any medical problems related thereto. (H. 1993; reaffirmed H. 2019)

20.008 Recommended HIV Testing

There should be mandatory HIV testing of all pregnant women and newborns with counseling and recommendations for appropriate treatment. (H. 1996; reaffirmed H. 2019)

25.000 AGING

30.000 ALCOHOL AND ALCOHOLISM

30.001 Alcohol History

OSMA supports and encourages physicians to take an alcohol history from their teenage and adult patients and to warn them of the serious consequences of alcohol consumption. (H. 1992; reaffirmed H. 2019)

30.002 Underage Drinking

Oklahoma State Medical Association support the recommendations from the Surgeon General's Call to Action and from the Governor's Task Force to reduce underage drinking. (H. 2008; reaffirmed H. 2019)

35.000 ALLIED HEALTH PROFESSIONALS

40.000 ARMED FORCES

45.000 AVIATION MEDICINE

50.000 BLOOD

50.001 Availability of Blood Products

The Oklahoma State Medical Association supports increased reimbursement to blood centers through third parties to ensure the quality, safety and availability of blood products for the people of the state of Oklahoma. Further, OSMA physician members should encourage blood donations and the assistance of community organizations providing grants/endowments to help support the continuing mission of community blood centers. (H. 2000; reaffirmed H. 2019)

55.000 CANCER

60.000 CHILDREN & YOUTH

60.001 Hepatitis B Vaccine for Children

The Oklahoma State Medical Association endorses the recommendation of the Advisory Committee on Immunization Practices, (ACIP) for the vaccination of all 11-12 year old children who have not previously received hepatitis B vaccine. (H. 1996; reaffirmed H. 2019)

60.002 Immunizations/Health Department

OSMA supports all efforts to increase vaccination of Oklahoma children. (H. 1992; reaffirmed H. 2019)

60.003 Lead Screening

All physicians and public health departments are encouraged to regularly screen all children under the age of six for lead poisoning through a combination of history taking and by blood lead testing. All children with elevated blood lead levels should be reported to the appropriate health department in their community. (H. 1995; reaffirmed H. 2017)

60.005 Preventive Vaccines Support

The Oklahoma State Medical Association supports and endorses the OK By One Immunization Campaign, and urges the implementation of this immunization schedule by all vaccine providers in Oklahoma with appropriate compensation. (H. 2004; reaffirmed H. 2019)

60.006 Right to Care

OSMA supports the principle that that Medicaid-eligible children have an enforceable right to receive EPSDT services and a right to enforce the equal access provision. (H. 2007; reaffirmed H. 2019)

60.007 Tanning

OSMA supports policy prohibiting minors from being allowed to use indoor tanning bed equipment because indoor tanning devices emit UVA and UVB radiation and overexposure to UV radiation can lead to the development of skin cancer. (H. 2012; reaffirmed H. 2019)

60.008 Special Needs

OSMA encourages the Oklahoma State Legislature to appropriate the requested funding for Sooner SUCCESS program now and supports its expansion statewide in the future. (H. 2007; reaffirmed H. 2019)

60.009 Two-Year-Old Immunization Levels

The Oklahoma State Medical Association encourages physicians serving children to reduce barriers to vaccination, to participate in the Oklahoma state-wide immunization information system, encourage tracking and recalling children who are under-vaccinated, and to implement actions for reducing missed opportunities for vaccination. (H. 1999; reaffirmed H. 2019)

60.010 Immunizations

The OSMA endorses requiring day care centers and homes to use the recommendations of the advisory committee on immunization practices as the rules and regulations governing the specific number of vaccine doses required and frequency of their administration to attend day care. (H. 1998; reaffirmed H. 2019)

60.011 Immunization Guidelines

OSMA Supports the immunization recommendations of the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) for all individuals without medical contraindications. (H. 2019)

65.000 CIVIL AND HUMAN RIGHTS

70.000 CODING AND NOMENCLATURE

70.001 “Medically Necessary” Defined

The OSMA recommends that the term “medical necessity” or “medically necessary” when used in reference to the evaluation and/or treatment of a patient by a medical doctor or doctor of osteopathy shall mean any evaluation provided by or at the direction of an M.D. or D.O., or treatment, which in the professional opinion of the M.D. or D.O. in consultation with and concurrent of the patient or his/her legal representative will provide functional, psychological or health benefits to the patient. (H. 1998; reaffirmed H. 2019)

70.002 “Screening” Defined

It is the recommendation of the Oklahoma State Medical Association that “screening”, which is a term referring solely to the examination of asymptomatic, apparently healthy individuals with no signs or symptoms of disease, typically undertaken to provide the individual examined with reassurance of his/her good health, shall not be considered the examination of symptomatic individual with signs or symptoms of disease for which a process of diagnosis or treatment is being undertaken by his/her physician. (H. 1998; reaffirmed H. 2019)

70.003 Third Party Payors

OSMA urges all physicians not to be identified as “health care provider” and to insist on being identified as “physicians.” (H. 1991; reaffirmed H. 2019)

75.000 CONTRACEPTION

75.001 Birth Control

OSMA supports the use of an implantable birth control method for Medicaid patients deemed eligible for this method. (H. 1991; reaffirmed H. 2019)

80.000 CRIME

85.000 DEATH AND VITAL RECORDS

90.000 DISABLED

95.000 DRUG ABUSE

100.00 DRUGS

100.001 DEA Numbers

The Oklahoma State Medical Association discourages the use of DEA numbers by pharmaceutical companies for marketing purposes. (H. 1999; reaffirmed H. 2019)

100.002 Marijuana Reclassification

The Oklahoma State Medical Association supports the re-classification of “medical marijuana” as a Schedule 2 controlled substance with the goal of facilitating further study of potential “medical marijuana” uses. OSMA supports research to determine the consequences of long-term medical marijuana use, especially among youth, adolescents, pregnant women, and women who are breastfeeding. (H. 2018)

105.000 DRUGS: ADVERTISING

110.000 DRUGS: COST

115.000 DRUGS: LABELING AND PACKAGING

120.000 DRUGS: PRESCRIBING AND DISPENSING

120.002 Suspicious Prescriptions

OSMA believes states should be incentivized, with federal assistance, to locally investigate, in collaboration with the Oklahoma State Medical Licensing Board, the Drug Enforcement Administration, the Oklahoma Bureau of Narcotics and Dangerous Drugs, and the Oklahoma State Board of Pharmacy, all unusual or suspicious prescriptions written for narcotics and reported to the Prescription Monitoring Program. Appropriate actions by the appropriate governing bodies should be undertaken to stop such activity. (H. 2018)

125.000 DRUGS: SUBSTITUTION

130.000 EMERGENCY MEDICAL SERVICES

130.002 Trauma Center System

OSMA supports and promotes the development of a regional Trauma Center System for the State of Oklahoma. (H. 1995; reaffirmed H. 2019)

133.000 END-OF-LIFE

135.000 ENVIRONMENTAL HEALTH

135.001 Plastics and Styrofoam

OSMA supports elimination of plastics and Styrofoam in shipping samples and other materials to physicians and replaced with recyclable, biodegradable material. (H. 1991; reaffirmed H. 2019)

135.002 Safe Drinking Water Act

OSMA supports full aggressive enforcement of all the provisions of the Safe Drinking Water Act in Oklahoma. (H. 1991; reaffirmed H. 2019)

135.003 Safe Drinking Water Act Time Frames

OSMA encourages the EPA to adjust its regulatory adjustment of compliance time frames to a more reasonable time in the Safe Drinking Water Act. (H. 2016)

135.004 Lead Testing at Schools

OSMA strongly advocates that both the Oklahoma State Department of Education and private school entities (including early childhood care centers) test all school sites for lead, especially ones built before 1978. Additionally, OSMA calls on the Oklahoma State Department of Health to collect information about schools with lead-based paint so the children in these schools do not go untested for lead exposure. (H. 2017)

140.000 ETHICS

140.001 Fee Splitting

It is the policy of the Oklahoma State Medical Association that the payment of a “finder fee” for the referral of patients shall constitute “fee-splitting” and, as such, is unethical conduct and should be reported to the Oklahoma State Medical Association committee on medical ethics and competency, and to the Oklahoma State Board of Medical Licensure and Supervision for appropriate disciplinary action (B. 1997; reaffirmed H. 2019)

140.002 Self-Referral

Physicians with investments in or ownership of facilities to which they refer patients are required to make full disclosure of involvement to avoid any real or perceived exploitation of patients. (H. 1993; reaffirmed H. 2019)

145.000 FIREARMS: SAFETY AND REGULATION

150.000 FOODS & NUTRITION

150.001 Hospital Cafeterias

OSMA supports the posting of the ingredients in the food served in hospital cafeterias to promote health awareness. (H. 1991; reaffirmed H. 2019)

150.003 WIC Program

OSMA supports expansion of the Women, Infants, and Children (WIC) Program for eligible women and children through the Oklahoma State Department of Health. (H. 1991; reaffirmed H. 2019)

155.000 HEALTH CARE COSTS

160.000 HEALTH CARE DELIVERY

160.003 Service Location

OSMA supports the practice of high-quality, cost-effective medicine by physicians regardless of the location in which they choose to practice. (H. 2006; reaffirmed H. 2019)

165.000 HEALTH SYSTEMS REFORM

165.001 Access to Care

Oklahoma State Medical Association supports the development and implementation of comprehensive health system reform that provides for universally available and affordable health insurance policy choices to our citizens, encouraging a healthier nation through the application of preventive medicine practices access by patients to care, by reimbursing physicians appropriately for their services. (H. 2008; reaffirmed H. 2019)

165.002 Health Care Reform Principles

OSMA believes that any health care reform legislation should ensure continued improvement in patient access to care and patient health insurance coverage by maintaining:

- 1) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting, or use of lifetime benefits as a reason for exclusion of patient medical services,
- 2) Income-dependent tax credits to subsidize private health insurance for eligible patients,
- 3) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion,
- 4) Maintaining dependents on family insurance plans until the age of 26,
- 5) Coverage for preventive health services,
- 6) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs. (H. 2017)

OSMA believes that any health care reform legislation should meet these goals:

- 1) Allow patients a broad choice of physicians, plans and coverage through Health Savings Accounts, private insurers, government programs, and Medicare private contracting, enhance programs to ensure insurance portability,
- 2) Stabilize and strengthen individual insurance market,
- 3) Provide access to affordable prescription drugs,
- 4) Ensure that Medicaid, CHIP and other safety net programs are maintained and adequately funded,
- 5) Reduce regulatory burdens that detract from patient care and increase cost,
- 6) Provide greater transparency throughout the healthcare system,
- 7) Incorporate common sense liability reforms,

- 8) Continue the advancement of delivery reforms in new physician-led payment models to achieve better outcomes, higher quality and lower spending trends, such as Comprehensive Primary Care Initiative,
- 9) Repeal of the independent payment advisory board. (H. 2017)

165.003 Tax Credits for Insurance

OSMA supports the idea of both tax deductions and tax credits being used to encourage the individual ownership of health insurance. (H. 2007; reaffirmed H. 2019)

170.000 HEALTH EDUCATION

170.001 Education/AIDS

OSMA supports education of the public in general and members, concerning AIDS (H. 1987; reaffirmed H. 2019)

170.002 Health Hazards/Tobacco

OSMA encourages all physicians to explain the health hazards of smoking to their patients. (H. 1984; reaffirmed H. 2019)

170.003 Planning for Childbearing

OSMA supports age-appropriate education in esteem building, decision making and family life in an effort to introduce the concept of planning for childbearing in the educational process. (H. 1991; reaffirmed H. 2019)

170.004 Prevention of Health Care Problems

OSMA supports programs aimed at the prevention of health care problems through education. (H. 1990; reaffirmed H. 2019)

175.000 HEALTH FRAUDS

180.000 HEALTH INSURANCE

180.001 Hold Harmless and Indemnification Clauses

OSMA opposes all hold harmless and indemnification clauses proposed by any health provider organization or insurance company and will timely notify its physician members of such agreements and the risk implications. (H. 1990; reaffirmed H. 2019)

180.002 Medical Catastrophic Insurance

OSMA supports the concept of medical catastrophic insurance. (H. 1986; reaffirmed H. 2019)

180.003 Pre-admission

OSMA opposes pre-admission requirement for hospitals by government, industry and private health insurance carriers. (H. 1985; reaffirmed H. 2019)

180.004 Quality Rating Programs

Oklahoma State Medical Association opposes any plans proposed by insurers implementing so called quality rating programs within our state that are more concerned about money than quality. (H. 2008; reaffirmed H. 2019)

180.005 OSEEGIB/Single Zone System

OSMA supports a single-zone payment system in the Oklahoma State Education Employees Group Insurance plan. (H. 1991; reaffirmed H. 2019)

180.006 Geographic Area Calculation

OSMA supports elimination of the use of geographic areas in calculating physician reimbursement by third party payors. (H. 1981; reaffirmed H. 2019)

185.000 HEALTH INSURANCE: BENEFITS AND COVERAGE

185.001 Immunization Insurance Coverage

The OSMA endorses a requirement for insurance companies in Oklahoma to provide full coverage for immunizations without co-payments or deductibles and the same coverage should be offered by the State Employee Group Insurance program. (H. 1996; reaffirmed H. 2019)

185.002 Fibrocystic Discrimination

OSMA opposes insurance companies discriminating against women with “fibrocystic changes” regarding future insurance claims or coverage for all subsequent diagnostic tests known or unknown to be cancerous or benign. (H. 1992; reaffirmed H. 2019)

185.003 Mental Illness/Chemical Dependence

OSMA supports requiring insurance companies and other delivery payment systems to provide coverage for mental illness/chemical dependence. (H. 1991; amended and reaffirmed H. 2019)

190.000 HEALTH INSURANCE: CLAIMS FORMS AND CLAIMS PROCESSING

190.001 Prompt Payment

OSMA supports legislation that would ensure that principles of transparency and accountability are applied to the insurance industry and to ensure that physicians and other providers receive payment from insurance companies in a timely fashion. (H. 2009; reaffirmed H. 2019)

195.000 HEALTH MAINTENANCE ORGANIZATIONS

200.000 HEALTH WORKFORCE

200.001 Medical Assistants

OSMA supports the American Association of Medical Assistants and encourages members' staff to join and offer financial assistance to that end. (H. 1981; reaffirmed H. 2019)

205.000 HEALTH PLANNING

210.000 HOME HEALTH SERVICES

215.000 HOSPITALS

220.000 HOSPITALS: ACCREDITATION STANDARDS

225.000 HOSPITALS: MEDICAL STAFF

225.001 Economic Criteria

OSMA opposes use of economic criteria not related to quality of care in the granting of hospital medical staff privileges. (H. 1993; reaffirmed H. 2019)

230.000 HOSPITALS: MEDICAL STAFF, CREDENTIALING AND PRIVILEGES

235.000 HOSPITALS: MEDICAL STAFF – ORGANIZATION

240.000 HOSPITALS: REIMBURSEMENT

245.000 INFANT HEALTH

245.001 Breast Feeding

The OSMA supports parent education for all potential expectant and current parents on optimal infant nutrition emphasizing the positive aspects of breast feeding and the proper choice and utilization of breast milk substitutes. (H. 1997; reaffirmed H. 2019)

245.002 Rotavirus Vaccine

The Oklahoma State Medical Association endorses the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics' recommendation to routinely vaccinate all full-term infants with Rotavirus vaccine. (H. 1999; reaffirmed H. 2019)

245.003 Universal Newborn Hearing Screening

The OSMA recommends that universal newborn hearing screening be provided to all infants prior to discharge from hospitals or birthing facilities. (H. 1998; amended and reaffirmed H. 2019)

250.000 INTERNATIONAL HEALTH

255.000 INTERNATIONAL MEDICAL GRADUATES

260.000 LABORATORIES

260.001 Laboratories

OSMA endorses the accreditation program for office laboratories of the Commission on Office Laboratory Accreditation (COLA). (H. 1992; reaffirmed H. 2019)

265.000 LEGAL MEDICINE

270.000 LEGISLATION & REGULATION

270.001 Air Quality

OSMA supports Clean Air Act and opposes any efforts to weaken Act. (H. 1982; reaffirmed H. 2019)

270.002 Commissioner of Health

OSMA policy provides that only a fully licensed physician should serve as Commissioner of Health. (H. 1991; reaffirmed H. 2019)

270.004 Health Departments/Leadership

OSMA supports that the Oklahoma State Department of Health, City-County Health Departments, and other local Health Departments of the State be headed by medical health officers. (H. 1986; reaffirmed H. 2019)

270.005 OSMA Interaction

It is the policy of the OSMA to constantly seek interaction with the Oklahoma State Department of Health, Department of Mental Health, the O.U. College of Public Health, the O.U. College of Medicine, the Physician Manpower Training Commission, and the Oklahoma Health Care Authority. (H. 1995; reaffirmed H. 2019)

270.007 Overdose Prevention

OSMA supports legislation stating that bystanders who call for emergency assistance in a suspected overdose situation are exempt from arrest or prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence of drugs or alcohol. (H. 2016).

275.000 LICENSURE AND DISCIPLINE

275.002 Maintenance of Certification

OSMA opposes discrimination by hospitals and any employer, the Oklahoma State Board of Medical Licensure and Supervision, insurers, Medicare, Medicaid, and other entities, which might restrict a physician's right to practice medicine without interference (including economic discrimination by varying fee schedules) due to lack of certification, lack of participation in FSMB/ABMS

prescribed corporate programs including Maintenance of Licensure or expiration of time-limited Board Certification. (H. 2013; Reaffirmed H. 2015)

275.003 Alternative Pathways for Board Re-Certification

OSMA supports alternative pathways for board re-certification (e.g. NBPAS) and maintenance of certification. (H. 2016)

275.004 Physician Recovery

OSMA opposes discrimination or punitive actions against physicians that have been or are in a recognized recovery program by third parties and/or licensing boards. (H. 1993; reaffirmed H. 2019)

275.005 Interstate Medical Licensure Compact

OSMA supports enacting the Interstate Medical Licensure Compact for allopathic and osteopathic physicians in Oklahoma. (H. 2019)

280.000 LONG-TERM CARE

285.000 MANAGED CARE

290.000 MEDICAID AND STATE CHILDREN’S HEALTH INSURANCE PROGRAMS

290.001 Medicaid Reform

OSMA supports Medicaid reform efforts that provide adequate reimbursement for physicians and hospitals, promote the concept of a “medical home” for all patients to coordinate and manage care, enhance and promote preventative care and avoid creating a “two-tiered” health system. OSMA encourages the state Medicaid system to expand the O-EPIC program or incorporate elements of it into the Medicaid system, to implement pilot programs to explore ways to integrate public and private health insurance initiatives, and to pursue and/or expand “smart card” technologies that integrate eligibility, claims submission and health and human service programs under one platform. (H. 2006; reaffirmed H. 2019)

290.002 Retribution for Cancellation

OSMA requests that officials of the Federal government and the Oklahoma state government refrain from imposing penalties or retribution on a provider that finds it necessary to discontinue serving Medicaid patients. (H. 2016)

295.000 MEDICAL EDUCATION

300.000 MEDICAL EDUCATION: CONTINUING

300.001 AMA Physician’s Recognition Award

OSMA endorses the concept of continuing medical education and recommends and encourages all association members to attain the “AMA Physician’s

Recognition Award” or its equivalent. (H. 1989; reaffirmed H. 1995; reaffirmed H. 2019)

305.000 MEDICAL EDUCATION: FINANCING AND SUPPORT

305.001 Tax/Tobacco

OSMA supports tax on tobacco dedicated to funding of medical education. (H. 1989; reaffirmed H. 2019)

310.000 MEDICAL EDUCATION: GRADUATE

310.001 Residency Funding

OSMA urges the Centers for Medicare and Medicaid Services and the U.S. Congress to create a supplemental private funding opportunity in addition to current funding sources to help develop additional residency training positions with private donations to cope with the critical shortage of primary care physicians in our country. (H. 2012; reaffirmed H. 2019)

315.000 MEDICAL RECORDS AND PATIENT PRIVACY

315.001 Medical Records

The medical record is a confidential physician tool used to chronicle the medical history and physical and mental status of a patient and was not designed nor was it ever intended to be used to determine physician reimbursement. (H. 1998; reaffirmed H. 2019)

315.003 Electronic Medical Records: Vendors

OSMA supports legislative or regulatory efforts to place responsibility for the efficacy and effectiveness of EHR and CPOE systems and their implementation on healthcare vendors. Penalties currently focused on the provider community should be passed onto the vendors who are most responsible for delays and increased risk to patient safety that result from use of their systems. (H. 2011; reaffirmed H. 2016)

320.000 MEDICAL REVIEW

325.000 MEDICAL SOCIETIES

330.000 MEDICARE

330.001 Admission Attestation

OSMA opposes the admission attestation statement required by CMS, as it is redundant and provides no relevant data in rendering care to a patient. (H. 2014; reaffirmed H. 2021)

330.002 Claims Data

OSMA opposes the release of CMS Medicare claims data to the general public without an explanation as to the distribution of those dollars. (H. 2014; reaffirmed H. 2021)

330.005 Meaningful Use

OSMA opposes meaningful use requirements. (H. 2015)

330.006 Merit Based Incentive Payment System

OSMA encourages Centers for Medicare and Medicaid Services, Congress and the White House to revise the Merit Based Incentive Payment System (MIPS) to a simplified quality and payment system, with significant input from practicing physicians, that focuses on easing regulatory burden on physicians, allowing physicians to focus on quality patient care. (H. 2017)

330.008 Single State Area/Medicare

OSMA supports a single state reimbursement area in Oklahoma. (H. 1982; reaffirmed H. 1990; reaffirmed H. 2019)

335.000 MEDICARE: CARRIER REVIEW

340.000 MEDICARE: PRO

345.000 MENTAL HEALTH

350.000 MINORITIES

355.000 NATIONAL PRACTITIONER DATA BANK

360.000 NURSES AND NURSING

365.000 OCCUPATIONAL HEALTH

370.000 ORGAN DONATION AND TRANSPLANTATION

370.001 Organ Donor Participation

The OSMA encourages organ donor participation. (H. 1996; reaffirmed H. 2019)

375.000 PEER REVIEW

380.000 PHYSICIAN FEES

380.001 Direct Billing

OSMA endorses the concept of direct billing for physicians' services (B. 1979; reaffirmed H. 2019)

380.002 Fee Disclosure

OSMA opposes fee disclosure rule requirement for emergency/non-elective situations. (H. 1990; reaffirmed H. 2019)

383.000 PHYSICIAN NEGOTIATION

385.000 PHYSICIAN PAYMENT

385.001 Inability to Pay

OSMA supports the continuation of care of Medicaid patients regardless of their ability to pay or the uncertainty of reimbursement rates. (H. 1992; reaffirmed H. 2019)

385.002 Inability to Pay

OSMA members pledge to treat all patients in accordance with their medical needs and shall not withhold services based on inability to pay for such services. (H. 1983; reaffirmed H. 2019)

385.004 Pay For Performance

The OSMA opposes any Pay For Performance program that does not meet all of the criteria as set forth by the American Medical Association. Any such program should be totally voluntary, with the costs of any reporting system being covered by the carrier requesting such information. Any physician who declines to participate in such program should not be punished or denied payment for his/her services based on the non-participation in program. (H. 2006; reaffirmed H. 2014; reaffirmed H. 2021)

390.000 PHYSICIAN PAYMENT: MEDICARE

390.001 Physician Reimbursement/Medicare

OSMA opposes the publication of lists naming physicians and the amounts they receive as Medicare-Medicaid reimbursement. (B. 1977; reaffirmed H. 2019)

390.002 Physician Reimbursement/Limits on Charges

OSMA supports legislation to remove limits on charges for physician services under Medicare. (H. 2008; reaffirmed H. 2019)

395.000 PHYSICIAN PAYMENT: MEDICARE – EXPENDITURES

400.000 PHYSICIAN PAYMENT: MEDICARE – RBRVS

405.000 PHYSICIANS

405.001 Leadership Oklahoma

Leadership Oklahoma, a not-for-profit organization providing training in all aspects of industry throughout the state, including education, oil and gas, leadership, medicine, criminal justice, government, etc., is endorsed by the Oklahoma State Medical Association and all of the OSMA's officers and/or

potential leaders are encouraged to participate, if possible. (H. 1996; reaffirmed H. 2019)

410.000 PRACTICE PARAMETERS

410.001 Diabetic Patient Eye-Care

The OSMA encourages primary physicians to refer patients with diabetes mellitus to an ophthalmologist for an annual retinopathy screening. (H. 1996; reaffirmed H. 2019)

410.002 Treatment by Licensed Physician Only

The Oklahoma State Medical Association affirms the concept that decision-making and implantation functions involved with the medical diagnosis or treatment of patients be carried out only by allopathic or osteopathic physicians licensed by and in the state of Oklahoma. (H. 1997; amended and reaffirmed H. 2019)

410.003 Speech and Hearing

OSMA adopted a policy statement reaffirming the traditional role of the physician in the diagnosis and treatment of hearing, speech, and equilibratory disorders and opposing the referral of patients to a speech and hearing center not medically supervised. (H. 1979; reaffirmed H. 2019)

410.004 Laser Surgery

It is OSMA policy that the use of lasers for surgery should only be performed by a fully trained and licensed allopathic or osteopathic physician. (H. 1992; amended and reaffirmed H. 2019)

410.005 Initial Diagnosis

OSMA supports policies that recommend an allopathic or osteopathic specialty physician be involved in the establishment of the initial diagnosis and treatment plan in the new evaluation of all patients. (B. 2019)

415.000 PREFERRED PROVIDER ARRANGEMENTS

420.000 PREGNANCY

420.001 Folic Acid for Preventions of Neural-Tube Defects

The OSMA supports all efforts to educate and inform Oklahoma women of child-bearing age the importance of obtaining adequate levels of folic acid to prevent neural-tube defects. (H. 1996; reaffirmed H. 2019)

420.002 Planning for Pregnancy

OSMA urges health care professionals providing care for women of reproductive age to assist them in planning for pregnancy. OSMA further supports age-appropriate education in esteem building, decision making and family life in an

effort to introduce the concept of planning for childbearing in the education process. (H. 1991; reaffirmed H. 2019)

420.003 Reducing Unintended Pregnancy

The OSMA urges health care professionals providing care to women of reproductive age, to assist them in planning for pregnancy, and supports age-appropriate education in esteem building, decision making, and family life in an effort to introduce the concept of planning for childbearing in the educational process. (H. 1997; reaffirmed H. 2019)

425.000 PREVENTATIVE MEDICINE

425.001 Aspirin

OSMA supports the creation of a statewide educational campaign urging Oklahomans at risk for cardiovascular diseases to talk to their physician immediately about whether Aspirin is appropriate for them. (H. 2008; reaffirmed H. 2019)

425.002 Reporting Immunizations

The OSMA encourages all health care professionals who administer immunizations to enter this information into the Oklahoma State Immunization Information System. (OSIIS) (H. 1997; amended and reaffirmed H. 2019)

430.000 PRISONS

435.000 PROFESSIONAL LIABILITY

440.000 PUBLIC HEALTH

440.001 Obesity: Physical Activity and Nutrition

Oklahoma State Medical Association endorses the mission of Oklahoma’s public health approach to reducing obesity and other chronic diseases through improved nutrition and physical activity programs of the Oklahoma State Department of Health. OSMA will advocate for funding for evidence-based initiatives to increase physical activity and nutrition and for the development of systems change in worksites, schools and communities to decrease obesity. OSMA will work to educate physicians on the importance of using Body Mass Index (BMI) with all patients as a “vital sign” of health status. (H. 2005; reaffirmed H. 2019)

440.002 E-cigarettes

OSMA and its membership strongly advise their patients and the general public not to use e-cigarettes Electronic Nicotine Delivery Systems (ENDS) due to the unknown consequences of prolonged use and also possible addiction to nicotine. OSMA supports efforts to discourage the use of e-cigarettes (ENDS) by young adults with a public awareness campaign similar to anti-tobacco campaign. (H. 2015)

440.003 Fluoridation

OSMA supports fluoridation of community water supplies. (H. 1981; reaffirmed H. 2019)

440.004 Sexually Transmitted Disease

OSMA supports screening and treatment for sexually transmitted diseases (STD) in sexually active individuals by primary care physicians in accordance with the most recent Centers for Disease Control and Prevention STD Treatment Guidelines. (H. 2019)

440.005 Hand Hygiene

OSMA supports the Centers for Disease Control and Prevention and the Oklahoma State Department of Health standards for hand hygiene, including for food handlers and healthcare providers. (H. 2019)

445.000 PUBLIC RELATIONS

450.000 QUALITY OF CARE

455.000 RADIATION AND RADIOLOGY

460.000 RESEARCH

465.000 RURAL HEALTH

470.000 SPORTS AND PHYSICAL FITNESS

475.000 SURGERY

475.001 Outpatient Surgery

OSMA supports utilization of outpatient surgical care for patients on appropriate procedures under the care of attending allopathic or osteopathic physicians. (H. 1981; amended and reaffirmed H. 2019)

478.000 TECHNOLOGY: COMPUTER

480.000 TECHNOLOGY

485.000 TELEVISION

490.000 TOBACCO USE, PREVENTION AND CESSATION

490.001 Environmental Tobacco Smoke

OSMA declares that environmental tobacco smoke is a major health problem. (H. 1993; reaffirmed H. 2019)

490.002 Tax/Tobacco

OSMA supports increasing the tax on cigarettes. (H. 2016; amended and reaffirmed H. 2019)

490.003 User Fees/Tobacco

OSMA supports user fees on tobacco products for the purposes of treating smoking induced illnesses. (H. 1985; reaffirmed H. 2019)

495.000 TOBACCO: LABELING AND WARNINGS

500.000 TOBACCO: MARKETING AND PROMOTION

500.002 Federal Subsidies/Tobacco

OSMA opposes federal subsidies to the tobacco industry. (H. 1985; reaffirmed H. 2019)

505.000 TOBACCO: PROHIBITIONS ON SALE AND USE

505.001 Ban/Tobacco/Hospitals

OSMA supports a ban on the use of tobacco products or electronic nicotine delivery systems in all patient areas in hospitals. (H. 1981; amended and reaffirmed H. 2019)

505.002 Tobacco/Use

OSMA encourages the Oklahoma State Department of Health to develop and implement a statewide policy to eliminate the use of tobacco and electronic nicotine delivery systems in all public places. (H. 2001; amended and reaffirmed H. 2019)

505.003 Tobacco/Prohibition

OSMA supports prohibition of the use of tobacco products and electronic nicotine delivery systems by students, faculty, and coaches. (H. 1986; amended and reaffirmed H. 2019)

505.004 Tobacco/Sale to Minors

OSMA supports scrupulous enforcement law prohibiting sale of tobacco and electronic nicotine delivery systems to minors. (H. 1993; amended and reaffirmed H. 2019)

505.005 Tobacco-Free Schools

OSMA supports the adoption of tobacco-free school laws or policies that incorporate the guidelines developed by the Centers for Disease Control and Prevention for school-based health programs to prevent tobacco use and addiction. (H. 2010; reaffirmed H. 2019)

505.006 Sales/Tobacco

OSMA supports legislation to ban the sale of tobacco products, electronic nicotine delivery systems and/or tobacco by-products in retail outlets housing store-based health clinics. (H. 2008; amended and reaffirmed H. 2019)

505.007 Recognition Program

OSMA urges the AMA to develop a recognition program for pharmacies that voluntarily agree to eliminate the sale of tobacco and electronic nicotine delivery systems. (H. 2012; amended and reaffirmed H. 2019)

510.000 VETERANS: MEDICAL CARE

510.001 Prescription Monitoring Programs

The OSMA supports the health care providers in the Department of Veterans Affairs being permitted to utilize the prescription monitoring program to allow for more effective monitoring of controlled medications that include narcotics and benzodiazepines. The OSMA urges increased collaboration between the Department of Veterans Affairs and veterans service organizations to encourage community-based efforts between VA and non-VA based physicians and state-operated prescription monitoring programs. (H. 2012; reaffirmed H. 2019)

515.000 VIOLENCE AND ABUSE

520.000 WAR

520.001 Nuclear War

OSMA supports education of physicians and public on the medical consequences of nuclear war. (H. 1983; reaffirmed H. 2019)

525.000 WOMEN

600.000 GOVERNANCE

600.001 OSMA Dues

OSMA waives annual dues for any member elected to Congress, the Legislative Branch or service in the Executive Branch of the Federal or State Governments until such term of office expires. (H. 1987; reaffirmed H. 2019)

600.002 Sunset Clause

All OSMA policies shall have a mandatory sunset clause at seven (7) years.

1. As the House of Delegates adopts policies, a maximum seven-year time horizon shall exist. A policy will typically sunset after seven years unless action is taken by the House of Delegates to retain it. Any action of our House of Delegates that reaffirms or amends an existing policy position shall reset

the sunset "clock," making the reaffirmed or amended policy viable for another seven (7) years.

2. In the implementation and ongoing operation of our policy sunset mechanism, the following procedures shall be followed: (a) Each year, the Speakers/Executive Committee shall provide a list of policies that are subject to review under the policy sunset mechanism; (b) Such policies shall be assigned to the appropriate Council/Committee for review; (c) Each Council/Committee that has been asked to review policies shall develop and submit a report to the Executive Committee/Board of Trustees identifying policies that are scheduled to sunset; (d) For each policy under review, the reviewing body can recommend one of the following actions: (i) Retain the policy; (ii) Sunset the policy; (iii) Retain part of the policy; or (iv) Reconcile the policy with more recent and like policy; (e) For each recommendation that it makes to retain a policy in any fashion, the reviewing body shall provide a succinct, but cogent justification; (f) The Speakers shall determine the best way for the House of Delegates to handle the sunset reports. (H. 2018)

600.003 Resolutions with Legal or Ethical Concerns

All resolutions submitted for our OSMA to be considered as business of the House of Delegates be evaluated by legal counsel for legal or ethical problems before being accepted as official business. When a resolution presents a legal or ethical problem, a due process of appeal shall be established. This process shall be as follows:

1. The Speaker, legal counsel or other OSMA staff will contact the author/sponsor to discuss and remedy the points of ethical or legal concern. Subsequently, the author/sponsor will have the opportunity to revise the resolution if indicated. If the author/sponsor is able to resolve the legal or ethical problem, then the resolution will be distributed in a routine manner to the House of Delegates. However, if for whatever reason it is not possible to resolve the legal or ethical problem, the Speaker will designate the resolution as "deferred," and will refer the resolution to a balanced unbiased committee, appointed by the Speaker, for evaluation. This committee will make recommendation of the resolution to the Board of Trustees. No "deferred" resolution will be distributed to the House of Delegates in advance.
2. The committee will consider deferred resolutions prior to the Board of Trustees before the opening of the House of Delegates. A representative of OSMA Legal Counsel and the author/sponsor will be invited to the meeting to discuss the resolution. The committee will recommend that the Board of Trustees to accept or not accept the resolution. A majority vote of the Board of Trustees is required for acceptance of a deferred resolution. If resolution is accepted, it will be referred to the House of Delegates as official business for consideration. (H. 2021)