MAOPS Positions and Policies Compendium

2018

Last updated: August 2018

Missouri Association of Osteopathic Physicians and Surgeons

Policy Compendium

The House of Delegates is the policy making body of the Missouri Association of Osteopathic Physicians and Surgeons. Annually, the House of Delegates meets to consider policy statements (resolutions) submitted by districts, committees, and Board of Trustees. As the House of Delegates meets only once annually, the Board of Trustees is entrusted to act in between meetings of the House. Policies adopted by the Board will be in effect until final affirmation or disapproval by the House at its annual meeting.

The document is formatted to show when resolutions were first affirmed by the House of Delegates (if that information is available) and its reaffirmation history.

Some resolutions are forwarded to the American Osteopathic Association for consideration at the national level. Many of Missouri's resolutions have been adopted as national policy. When applicable, the AOA resolution identification number is noted (example: AOA H329-A/11). This code refers the reader to similar AOA resolutions that can be found in the AOA Policy Compendium available on the AOA's website. The AOA resolution may not be stated exactly as the state resolution as the reference committees and House of Delegates at the AOA review and alter content during debate. In some instances, you will find that the AOA policy differs from MAOPS policy. State affiliates act independently and often a policy that is nationally accepted does not fit for our state.

Access to High Quality, Affordable Health Care in Missouri #2015-1

The purpose of this position paper is not to rehash and debate the plethora of conflicting data on both sides of the access to health care issue. Rather it is to focus on the patient and the physician's responsibility to that patient and human health in general.

As physicians, we do not need hard data to recognize that there are a significant number of Missourians without health care coverage and without access to quality, affordable care. We see these patients every day in our offices and in the emergency rooms. The Missouri Foundation for Health reported that nearly 800,000 Missourians (about 15 percent) under age 65 did not have health insurance in 2013. The majority of these uninsured are from low-income working families, and coverage is simply unaffordable.

And yes, there are those who are unemployed who take advantage of the system and of us. The fact remains, whoever they are, they need health care as well, and will eventually become a drain on the system because they didn't receive timely healthcare interventions (especially mental health).

We are bound by the osteopathic oath which states in part, "*I will be mindful always of my great responsibility to preserve the health and the life of my patient…" W*e have special obligations to society due to our special gift, the ability to heal. We have the capability to improve the health and well-being of our patients and community, one person at a time. We have the obligation to put political opinions aside and do what we were trained to do - heal and keep people healthy. Currently we do this within the confines of a restrictive system. Now is the time to tear down political walls in the best interests of our patients.

The ethical and moral dilemmas of this issue are immense. Who will pay for expanded coverage for the poor? Are we sometimes enabling dysfunctional people when we keep providing for these individuals? Are we simply allowing those without means to suffer and die if those of us with the means don't step up and help? Should we let those who abuse the system negatively impact those who don't? Regardless of these dilemmas, as physicians, our charge is simple: take care of people.

For this reason, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports improved access to affordable high quality physician-led health care for all Missourians. The following tenets will forward this goal:

1) Medicaid eligibility must be increased to those with incomes up to 133 percent of the federal poverty level, so that working low income Missourians (who have not been getting care but are trying to make a living) are not locked out. Reimbursement must be at least equivalent to the Medicare reimbursement level.

2) The current Medicaid system must be investigated for abuse by patients and loopholes, and poor practices must be changed.

3) Low-income working Missourians must have better access to affordable care. These individuals should be incentivized, rather than discouraged from continuing to work.

4) Low income patients, both men and women, must have better access and coverage (including preventive care) for:
    a. Mental health care, including early identification and treatment;
    b. Oral health;
    c. Physical therapy;
    d. Non-narcotic pain management;
    e. Substance abuse treatment;
    f. More flexible and timely transport services; and
    g. Obesity prevention and treatment, especially nutrition counseling.

5) Case management services must be available through the office of the primary care physician who knows the patient best.

6) Increased use of technology to enhance access to care for all patients, including low income Missourians, with appropriate reimbursement for services. Services should include pilot programs for use of social media, which have been shown effective in obstetrical care.

7) Enrollment must be streamlined for Medicaid and other assistance programs. Additionally, support in enrollment needs to be provided to those who are educationally and psychiatrically disadvantaged.

8) Physicians and health systems must be rewarded, rather than penalized, for caring for low-income working families and individuals, especially in health care shortage areas.

9) Programs need to be developed and maintained to encourage future physicians not only to train in Missouri, but to stay in Missouri upon completion of training.

10) Pilot programs must be established, at the community level, to test and evaluate new models of comprehensive, efficient care that aid those Missourians who are currently priced out of the insurance market.

Approved by the MAOPS Board of Trustees, January 2015.

Administrative – Review of Association Policies #2016-20

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons Board of Trustees shall review resolutions on the fifth anniversary of their passage to determine whether it continues to reflect the current position of the Association.

Approved by the MAOPS House of Delegates, 2006
Reaffirmed with amendments by the MAOPS House of Delegates, 2011
Reaffirmed with amendments, MAOPS Board of Trustees, 2016

Administrative – MAOPS Resolutions Policy #2017-4

RESOLVED, that all "whereas" statements on Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) resolutions are considered explanatory and only the "RESOLVED" statements will be published as official MAOPS policy, and further be it

RESOLVED, that only the "RESOLVED" statements will be considered when MAOPS policies are subject to review.

Approved by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Administrative – MAOPS District Development Program #2013-22

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) House of Delegates authorizes the development and implementation of a three-year District Development Program to be implemented no later than 2014 that includes an annual District Development Seminar and MAOPS staff support to districts throughout the year with the intent of supporting districts in their development over time, and further be it

RESOLVED, that the District Development Program be fully evaluated at the end of the three year time period (2017 House of Delegates) to determine effectiveness and continuation, and further be it

RESOLVED, that a line item be included in the annual budget that adequately funds the program including necessary support such as additional staff and outside labor (legal counsel, accountant, etc.) if deemed necessary for success, and finally be it

RESOLVED, that all Districts must fully participate in the program in order to maintain district voting privileges at the annual House of Delegates meeting.

Approved by the MAOPS House of Delegates, 2013

Advanced Practice Registered Nurses - Independent Practice of #2016-23

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons adopts the following position paper.

A Position Statement on the Independent Practice of Advanced Practice Registered Nurses

MAOPS supports the continued collaborative practice between physicians and advanced practiced registered nurses (APRNs). MAOPS believes the current collaborative rules, jointly agreed upon by the Missouri Board of Registration for the Healing Arts (BoHA) and the Board of Nursing, best serve the health care community and protect the health of Missourians. While APRNs are an integral part of the health care team, only physicians are fully trained to provide medical care. Physician training not only incudes four years of medical school, but additional clinical training during a minimum of three years of post-graduate training. Typically, this amounts to 12,000 – 16,000 hours of patient care hours during training alone. This is training APRNs do not normally have upon entering the work force[1]. We believe that this extensive education and training best situates physicians to be the leaders of health care teams.

However, Missouri legislators are under significant pressure from APRNs to reduce perceived "barriers" to their independent practice. MAOPS opposes such measures as the organization feels current collaborative rules allow a level of cooperation between physicians and APRNs that utilizes the unique skills and educational backgrounds of both professions in the best interest of patients. However, should legislators choose to pursue independent practice of APRNs in Missouri through the legislative process, the following statutory requirements should be considered:

1. A new license should be created for APRNs desiring independent practice and it should be issued and regulated by the BoHA with the following stipulations:
    a. The licensee should be called an "independent advanced practice registered nurse (iAPRN)" and must clearly display identifying credentials in his/her office where patients are being seen, and on his/her person via a name badge.
    b. iAPRNs must be licensed by the BoHA with oversight via an advisory commission made up of APRNs and physician members of the BoHA that reports directly to the BoHA. The BoHA should have sole rulemaking authority for iAPRN licenses.
    c. The APRN must have a doctorate in nursing from an accredited program recognized by the BoHA and APRN recognition from the Board of Nursing.
    d. The iAPRN must practice in a Health Professional Shortage Area in a primary care specialty.
    e. The iAPRN must maintain medical malpractice insurance.
    f. The iAPRN must meet the same BoHA regulations for physician continuing medical education (50 hours of continuing medical education every two years accredited by the AOA as Category 1-A or 2-A, by the American Medical Association as Category 1, or by the American Academy of Family Physicians as Prescribed Credit).
    g. The iAPRN must not be allowed to enter into a collaborative agreement with an APRN, physician, physician assistant, physical therapist or assistant physician as this defeats the purpose of the desired independent practice.
    h. The iAPRN must not be allowed carry dual licensure under the Board of Nursing and the BoHA, but can easily switch license type year-to-year.
    i. An applicant for iAPRN licensure must have practiced in a collaborative agreement with a licensed Missouri physician in the same specialty area for which they intend to practice for a period of twelve months prior to being eligible for an iAPRN license.
    j. An iAPRN must not be allowed to prescribe Schedule II medications other than those already allowed by current state statute.
2. MAOPS supports the maintenance of the current collaborative agreement statute and regulations for those APRNs not seeking independent practice and wishing to be licensed by the Board of Nursing. Additionally,
    a. Physicians should be restricted from formal collaboration agreements with iAPRNs as this defeats the purpose of independent practice of APRNs, and

b. Hospitals and employers must be restricted from mandating an APRN to obtain a specific type of license (ie. either an APRN or iAPRN license).

[1] American Medical Association. "Know Your Doctor." 2010

Approved by the MAOPS Board of Trustees on January 10, 2016

Assistant Physicians #2017-1

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports postgraduate training for all graduates of medical school in order that they are able to receive full independent licensure as a physician in the State of Missouri, and further be it

RESOLVED, that MAOPS supports a limit on the Assistant Physician license of a maximum of one year plus a maximum of two one-year renewals of the license in order to find acceptance into a residency program and therefore obtain full independent licensure to practice medicine, and to increase patient access to fully trained physicians.

Approved by the MAOPS Board of Trustees, August 28, 2016

Certificate of Need – Elimination of #2018-16

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons will urge the State of Missouri to discontinue the Certificate of Need program.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

CMS –Burdensome Requirements #2018-15

RESOLVED, that CMS develop a less burdensome procedure for physicians to provide documentation of medical necessity for diabetic supplies and other covered CMS services that protects patient confidentiality and does not result in duplication of documentation.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Collaborative Practice Arrangement Compliance #2017-3

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) considers it inappropriate for a physician to enter into a Collaborative Practice Arrangement without assuming the responsibility for carrying out the mandates of the statute, rule and regulation, and further be it

RESOLVED, MAOPS considers it unprofessional and unethical for a physician to jeopardize a patient's well-being by delegating medical responsibilities to an individual not trained in medicine without a willingness to supervise and closely review care, and further be it

RESOLVED, that MAOPS considers it unethical for a physician to sign an employment contract which requires the physician to enter into a Collaborative Practice Arrangement, when the physician will not be fulfilling the Collaborative Practice Agreement by physician supervision and patient encounters at the site where the extender is seeing patients, and finally be it.

RESOLVED, that MAOPS strongly encourages its members entering into a Collaborative Practice Arrangement to comply with state law and their responsibilities to the patient, as a collaborating physician.

Approved by the MAOPS House of Delegates, 2000
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegate's, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Confined Animal Feeding Operations Moratorium #2017-5

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports a moratorium on the construction of any new Confined Animal Feeding Operations in the state of Missouri until these hazards to the health and welfare of our citizens can be resolved and citizen safety be reasonably assured, and finally be it

RESOLVED, that MAOPS engage in discussions with the Missouri Department of Health and Senior Services to ensure they are properly monitoring this problem and holding accountable those involved.

Approved by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012
R*eaffirmed by the MAOPS Board of Trustees, August 28, 2016*

Credentialing - Medical Staff Autonomy #2016-25

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons will support legislation to eliminate economic credentialing and grant medical staffs autonomy on decisions relating to medical staff privileges, physician competency, and quality of care issues.

Approved by the MAOPS House of Delegates, 2006
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed by the MOAPS Board of Trustees, 2016

Department of Health and Human Services – Director of #2017-3

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons recommend that the Governor of Missouri appoint a Missouri licensed physician with education, training and experience in public health, as the Director of Missouri Department of Health and Human Services.

Approved by the MAOPS House of Delegates, 1997
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Direct-to-Consumer Screening and Testing #2014-8

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons is opposed to unnecessary exams marketed directly to consumers and encourages its members to educate their patients and follow evidence based guidelines.

Approved by the MAOPS House of Delegates, 2009
Reaffirmed with by the MAOPS House of Delegates, 2014

Disclosure-Transparency #2018-14

RESOLVED, that the collaborating physician request the advanced practice nurse, physician assistant or assistant physician with whom they are collaborating at a remote location to post the collaborating physician's name and contact information in the clinic; and further be it

RESOLVED, that the collaborating physician be strongly encouraged to terminate his/her collaborating agreement with an advanced practice nurse, physician assistant or assistant physician unwilling to post the physician contact information at the practice site.

Approved by the MAOPS House of Delegates, 2008
Reaffirmed with amendments by the MAOPS House of Delegates, 2013
Amended and reaffirmed by the MAOPS Board of Trustees, 2018

Discrimination Against Osteopathic Physicians #2013-17

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons encourage the AOA to continue to ensure that legislation and regulatory policy specifies that any reference at the national level in an executive order, an administrative regulation, or in the federal revised statutes to "medical doctor", "MD", "physician", "allopathic physician", an allopathic medical specialty board, or reference to any medical student, or postgraduate, shall be deemed to include and pertain to a "doctor of osteopathic medicine", "DO", AOA specialty board, and osteopathic medical students and postgraduates.

Approved by the MAOPS House of Delegates, 2013

Drug Diversion - MO HealthNet Recipients #2011-26

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) support legislation that defines the role of MO HealthNet and other government entities in curtailing drug diversion by MO HealthNet recipients, and finally be it

RESOLVED, that MAOPS take the necessary steps to ensure appropriate legislation is filed.

Approved by the MAOPS House of Delegates, 2011

Early Elective Deliveries #2018-5

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports efforts by physicians and hospitals to ensure that inductions of labor and cesarean deliveries do not occur before 39 weeks of gestation without a medical or obstetric indication.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Eating Disorders #2017-6

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) support legislation that encourages the education of Missouri school healthcare professionals, counselors, and coaches, and, be it further

RESOLVED, that MAOPS support legislation that encourages expanded insurance coverage of eating disorders, and be it finally

RESOLVED, that MAOPS support legislation encouraging expansion of treatment for patients with eating disorders by adding them to its future legislative agendas.

Approved by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Electronic Cigarettes #2014-12

RESOLVED, MAOPS work with the American Osteopathic Association to advocate that the Food and Drug Administration regulate ingredients of all electronic cigarette cartridges and require ingredient labels including consideration of elimination of flavors, and further be it

RESOLVED**,** MAOPS and the American Osteopathic Association propose to the Food and Drug Administration the prohibition of promotion and sales of electronic cigarettes to persons under the age of 18, and recommend further exploration of regulatory and behavioral interventions in order to prevent gateway use of electronic cigarettes by adolescent nonsmokers, and further be it

RESOLVED, that MAOPS propose state legislation to prohibit the sale of electronic cigarettes to anyone under the age of 18.

Approved by the MAOPS House of Delegates, 2014

Executions – Physician Participation Requirements #2018-6

RESOLVED, that no osteopathic physician shall be required to deliver a lethal injection for the purpose of execution in capital crimes that violates his or her conscience including his or her religious, moral or ethical principles.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Executions – Unethical Act #2018-7

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons considers it an unethical act for any osteopathic physician to participate in an execution for a capital crimes case.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Expert Witnesses #2014-6

RESOLVED, that a mechanism should be in place to report to their specialty boards for investigation and/or disciplinary action those expert witnesses who give inaccurate and/or misleading testimony; and further be it

RESOLVED, that if the physician is found to have provided inaccurate and/or misleading testimony that the certifying Board should consider revocation of said certification.

Approved by the MAOPS House of Delegates, 2009
Reaffirmed by the MAOPS House of Delegates, 2014

Immunizations – Increasing Compliance Rate #2017-11

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) take the opportunity to work with local, state, private, and professional organizations to implement immunization programs for Missouri children; and further be it

RESOLVED, that established programs include the distribution of vaccine to the private sector physician offices, encourage safe vaccine use, and educate the public as to vaccine safety; and finally be it

RESOLVED, that MAOPS continue to support improved statewide pediatric immunization programs and assist in implementing the programs and strongly encourage member participation.

Approved by the MAOPS House of Delegates, 1996
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Immunizations – Increasing Compliance Rate #2018-1

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports the Centers for Disease Control and Prevention in its efforts to achieve a high immunization compliance rate among infants, children and adults; and be it further

RESOLVED, the MAOPS encourages osteopathic physicians to immunize patients according to Centers for Disease Control (CDC) guidelines; and be it finally

RESOLVED, that MAOPS encourages third party payers to reimburse for vaccines and their administration.

Approved by MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Immunizations – Mandatory (Support for) #2016-7

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons (MAOPS) supports immunizations for children and adults; and further be it

RESOLVED, that MAOPS encourages physician members to educate their patients on the benefits of immunizations for themselves and their families; and finally, be it

RESOLVED, that MAOPS supports the Centers for Disease Control and Prevention's current mandatory immunization recommendations with exemptions for religious and/or medical contraindications only.

Approved by the MAOPS House of Delegates, 2004
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2015

Laser Use by Extenders #2017-15

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports the use of laser therapy when provided by a physician or an extender immediately supervised on site by a physician licensed under Chapter RSMo 334.

Approved by the MAOPS House of Delegates, 2000
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Lay Midwifery – Opposition to #2016-1

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons opposes the licensing of lay midwives.

Affirmed by the MAOPS Board of Trustees, August 2015

Licensure – Changes to Criteria in Missouri #2014-3

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) opposes any efforts by the Missouri Board of Registration for the Healing Arts to increase postgraduate training requirements; and further be it

RESOLVED, that the MAOPS House of Delegates approve the attached position paper on this issue and submit it in its entirety for inclusion with this policy in the MAOPS Policy and Position Compendium.

Missouri Association of Osteopathic Physicians and Surgeons
Position Statement
A Response to the Missouri State Board of Registration for the Healing Arts Discussions on Changing Postgraduate Training Requirements for Permanent Licensure of Physicians

Background:

In recent meetings (2013) of the Missouri State Board of Registration for the Healing Arts (BoHA) board members have discussed the possibility of changing statute to increase the training requirements for permanent physician licensure in the state of Missouri. Currently, a permanent license can be granted to physicians after one year of postgraduate training. The Board is researching the implications of increasing training requirements to three years. The Missouri Association of Osteopathic Physicians and Surgeons would like to formally inform the Board of its position of opposition on this issue.

Position and Reasoning:

MAOPS opposes any changes to current statute that would increase postgraduate training requirements (20 CSR 2150-2.004) for permanent licensure in the state of Missouri. We base this opposition on several factors described below:

1) Increasing training requirements for permanent licensure will restrict "moonlighting" in the state of Missouri and could quite possibly lead to an exodus of residents seeking training opportunities in other states with less stringent requirements. This will be an especially prevalent phenomenon for the bulk of residents who are located in the Kansas City and St. Louis areas, as there are many opportunities in neighboring states like Kansas, Iowa, Oklahoma, Arkansas, Tennessee, and Nebraska that require only one year of training before permanent licensure. Only the border states of Illinois and Kentucky require two years of postgraduate training (AOA, 2013). In fact, according the American Osteopathic Association's 2013 U.S. Osteopathic Licensure Summary (attached for your convenience), a large majority of states currently require only one year of postgraduate training before permanent licensure. Additionally, the ability to moonlight can be used as a recruitment tool for the state. A 2005 article in the American College of Physicians ACP Observer alludes to this phenomenon in a program at the University of New Mexico (Gesensway D, 2005).

2) The postgraduate physicians who do "moonlighting" often do so in underserved areas, which not only provide them with exposure to the medically underserved, but also make it more likely that they will pursue a career within that undeserved area. This experience is also beneficial to the undeserved clinic/hospital, as it provides an opportunity to reach out and recruit new young physicians who they otherwise would not have accessed. Increasing licensure requirements will reduce the number of available physicians, which

will decrease patient access to physician care in already underserved areas. It could also lead to an increase in healthcare costs, as additional staff will be needed to replace moonlighting residents. A study published in the Southern Medical Journal found that patients in Health Professional Shortage Areas (HPSA's) saw resident physicians 3.4% of the time as compared to 1.4% in urban areas. The study concluded that patient populations in HPSA's "may be placed at risk for reduced access to healthcare services if limitations on resident physician moonlighting impair the ability of rural hospitals to staff emergency departments." (Bennett KJ, Baxley E, Probst JC, 2003)

3) Many teaching hospitals rely on "in-house moonlighting"- that is having their residents cover slower or non-critical shifts at their own hospital on weekends and evenings to cover shortages. Increasing training requirements will eliminate that much needed work force devastating many of our teaching hospitals who rely on this "in-house moonlighting" to function and give adequate time off to their staff physicians. This ability has already been somewhat restricted by the ACGME's duty hour rules (ACGME, 2011).

4) DO's and MD's, after completing one year of residency on top of four years of medical school and four years of college (a total of 9 years of training), have more medical education and practical experience than nurse practitioners and physician assistants who typically undergo 6-8 years of school/training or less after high school (AMA Scope of Practice Data Series, 2009). Increasing requirements for physician permanent licensure will further reduce the physician work force making it more likely that lesser trained providers will fill those niches.

Conclusion

With the current shortage of physicians (which is expected to grow dramatically in the future) in many areas of the state, and the legislature annually contemplating independent practice for lesser trained health care providers to solve access to care issues, increasing licensure requirements for physicians is not in the best interests of providing patients access to high quality health care. As an advocate for our members and patient safety we face the battle on one hand of being told by certain special interest groups that our physician members are over trained to provide primary care and on the other hand the licensing and specialty boards increasing requirements to ensure physicians are properly trained. While we support measures to ensure physician competency, we do not support measures that have not been shown to improve patient safety or access to health care.

While non-physician healthcare providers are seeking less restrictive environments so that they can expand their scope of practice to provide care due to the shortage of physicians, it simply does not make sense to increase requirements on physicians who are more extensively trained, especially when there is no evidence to support the need for a change. Without substantial data to support the need to increase Missouri's postgraduate training requirements for permanent licensure further initiative by the BoHA on this action would not be prudent. If data collected over time shows a need for increased licensure requirements, then the Board should take up this issue at that time.

Approved by the MAOPS House of Delegates, 2014

Licensure – Opposition to Interstate Licensure Compact #2015-5

Resolved, that in light of the fact that the Missouri Board of Registration of Healing Arts already has expedited licensing processes in place, the Missouri Association of Osteopathic Physicians and Surgeons opposes legislation to establish an Interstate License Compact in the state of Missouri as currently proposed (2015) by the Federation of State Medical Boards due to potential loss of due process and increased costs for Missouri licensees, unknown impacts on the state, licensees and patients, and the fact that in its current form there is little benefit to the patients and physicians of Missouri

Approved by the MAOPS Board of Trustees, April 2015

Maintenance of Licensure #2016-2

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes Maintenance of Licensure as a requirement for medical licensure.

Affirmed by the MAOPS Board of Trustees, 2015

Mandates-Unfunded #2018-17

RESOLVED, Missouri Association of Osteopathic Physicians and Surgeons does not support unfunded healthcare mandates, unless supported with evidence-based research to have a positive impact on public health.

Approved by the MAOPS House of Delegates, 2013
Amended and reaffirmed by the MAOPS Board of Trustees, 2018

Mandatory Reporting/Disclosing of Information Concerning Firearms Ownership #2018-9

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) opposes any mandatory reporting by physicians or healthcare providers regarding firearm possession or firearm issues unrelated to direct patient care and, be it further

RESOLVED, that MAOPS opposes the mandatory maintenance of, or documentation within, a patient's medical records whether such patient owns a firearm if such firearm is unrelated to direct patient care.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

MAOPS – Opposition to TCOM M.D. Option #2012-19

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) declare its opposition to the development of an MD degree program at the University of North Texas Health Science Center (UNTHSC) and its opposition to any change in the state statute prohibiting the University of North Texas (UNT) Board of Regents from awarding an MD degree; and be it further

RESOLVED, that MAOPS states its strongest opposition to any effort that would or could undermine the integrity, strength, and proven success of the Texas College of Osteopathic Medicine and its proven track record in producing highly qualified primary care physicians for the entire State of Texas; and be it further

RESOLVED, that MAOPS calls upon all osteopathic physicians, supporters, patients, and the public to join in this effort to oppose this proposal by every legitimate means possible; and be it further

RESOLVED, that MAOPS goes on record with a vote of "No Confidence" in the current president of the University of North Texas Health Science Center and his efforts that threaten the mission of the Texas College of Osteopathic Medicine and the contributions it makes to the osteopathic profession in the State of Texas, and finally be it

RESOLVED, that MAOPS support the Texas Osteopathic Medical Association in its efforts to keep the Texas College of Osteopathic Medicine an osteopathic school.

Approved by the MAOPS House of Delegates, 2012

MAOPS – Wilbur T. Hill, DO, FACOFP Distinguished Service Award #2012-16

RESOLVED, that from this date forward, the MAOPS Distinguished Service Award, given annually to a physician who has given life-long commitment and dedication to the osteopathic profession and the Missouri Association of Osteopathic Physicians and Surgeons, will be named the Wilbur T. Hill, DO, FACOFP, dist., Distinguished Service Award.

Approved by the MAOPS House of Delegates, 2012

Marijuana – Medical Use of #2018-4

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons does not support the use of marijuana for treatment of any medical condition until the United States Food and Drug Administration extensively studies, approves and regulates both the production and administration of the said treatment.

Approved by the MAOPS House of Delegates, 2013
Amended and reaffirmed by the MAOPS Board of Trustees, 2018

Medicare - Balance Billing #2015-3

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons support legislation to allow physicians to balance bill Medicare patients in order to assure they have access to medical care by a physician.

Approved by the MAOPS House of Delegates, 2008
Reaffirmed by the MAOPS House of Delegates, 2010
Reaffirmed by the MAOPS Board of Trustees, January, 2015

Needle Exchange Programs #2014-9

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes needle exchange programs for intravenous drug users.
Reaffirmed by the MAOPS House of Delegates, 2004
Reaffirmed by the MAOPS House of Delegates, 2014

Obesity - A Health Problem #2016-8

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons encourages the osteopathic physician community to aggressively educate their patients, parents, and children on the importance of healthy eating habits and daily exercise; and finally be it

RESOLVED, that osteopathic physicians take an active role in their community to encourage education on healthy diets and physical exercise for our children.

Approved by the MAOPS House of Delegates, 2001
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2015

Office Procedures - Guidelines for Physician Office Practices #2016-26

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports physicians performing procedures in their offices; and finally be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports evidence-based guidelines for physicians performing office-based procedures to ensure public safety without unnecessarily burdening physicians, and encourages physician office-based procedures.

Approved by the MAOPS House of Delegates, 2001
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed with amendments, MAOPS Board of Trustees, 2016

Opioids and Prescription Drug Monitoring #2017-19

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) Board of Trustees adopts the recommendations and positon proposed by the Fast Action Team on Opioids and Prescription Drug Monitoring in the following report, and further be it

RESOLVED, that the report be published in its entirety in the official MAOPS Policy Compendium.

A Position Statement on the Opioid Crisis
Recommendations from the MAOPS Fast Action Team on Opioids and Prescription Drug Monitoring

Members:
Kevin Hubbard, D.O., Chair
Steven Brushwood, D.O.
Jeff Davis, D.O.
Jeff Ehmke, D.O.
Jeffery Kerr, D.O.
Larry Segars, PharmD
David Tannehill, D.O.

Background:

The Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) recognizes the reality of the current opioid health crisis facing the United States. As the Surgeon General of the United States Vivek Murthy, M.D., addresses in his letter to the nation's physicians, opioid overdose deaths have quadrupled since 1999 and the number of opioid prescriptions has increased 300%. The United States makes up 4.6% of the world's population, yet consumes 81% of the world supply of oxycodone1. According to the National Safety Council (2016), Missouri is failing dismally in its efforts to strengthen laws and regulations to help solve the opioid epidemic, including being the only state without legislation establishing prescription drug monitoring program.

MAOPS feel strongly that the opioid crisis is a problem only solved with collaboration from all parties including physicians, hospitals, law enforcement (National Safety Council, 2016) and numerous other entities, including the public. Physicians must prescribe opioids responsibly, without impacting their ability to treat their patients who are in pain. While physicians play a part in the solution, they cannot do it alone.

MAOPS Position:

Physicians are ideally situated to assist in the development of a solution to the current opioid crisis. MAOPS present the following recommendations and actions:

1.) Voluntary increased prescriber education
- Not all physicians prescribe opioids, thus mandatory provider education is not a reasonable action, nor does MAOPS believe mandatory continuing medical education will solve the opioid crisis. However, MAOPS does believe physicians who prescribe opioids owe it to themselves and their patients to stay abreast of the current evidence and guidelines for their use. Physicians are encouraged to expand their knowledge regarding opioids, their prescribing, and alternative forms of treatment for pain.

- Physicians should visit the Surgeon General's website turnthetiderx.org and take the pledge to solve the opioid crisis and review the valuable resources provided.
- MAOPS will provide prescriber education opportunities at its educational events and encourages physicians to take advantage of these opportunities. In addition, MAOPS will monitor other opioid educational programs in Missouri and promote them to members.
- MAOPS will maintain an "opioid library" on its website and encourages physicians to review the materials, including prescribing guidelines from a variety of resources. Physicians are encouraged to be aware of the variety of guidelines and recommendations available and to make educated decisions based on them and their patients' specific needs.

2.) Enhanced patient education

- Physicians should educate their patients about opioid use and the opioid crisis and encourage them to visit tunrthetiderx.com to learn more about managing their pain, taking opioids and safe storage and disposal of opioids.
- Physicians are encouraged to look for opportunities in their communities to educate citizens on opioids and the dangers of misuse.

3.) Increased Access to Treatment for Opioid Abuse Disorder

- MAOPS believes that opioid abuse disorder is a legitimate disease and should be treated as a chronic disease.
- As a chronic disease, MAOPS believes payers should pay for the treatment of opioid abuse disorder. MAOPS supports expanded access to treatment, including state and federal mandates for both public and private payer coverage of opioid abuse disorder.
- MAOPS supports increased access to naloxone as an overdose antidote, and coverage by both public and private payers.

4.) Pain Clinic Regulation

- MAOPS recognizes the need for physicians to be able to make evidence-based decisions regarding their patients' pain without fear of reprisal, and supports their ability to be able to do so.
- MAOPS recognizes that pain clinics are positioned to make a difference in curbing the opioid epidemic and supports reasonable regulation of pain clinics that does not over-burden the physician or restrict access to pain management services for patients in need.
- MAOPS supports harsh penalties for prescribers who are consistently not meeting the appropriate standard of care when prescribing opioids.

5.) Prescription Drug Monitoring Program

- MAOPS strongly supports the statutory establishment of a prescription drug monitoring program that:
    - Is fiscally responsible,
    - Requires pharmacist data input with reasonable reimbursement,
    - Providers real-time to 24-hour data,
    - Allows physician access, and
    - Protects patient data
- MAOPS supports voluntary physician use of a prescription drug monitoring program, with guidelines and recommendations for use of the program clearly developed and promoted.
- MAOPS supports strict protections on the data in a prescription drug monitoring program, and strongly opposes its use by drug enforcement authorities as a method to identify potential prescriber or patient opioid abusers. The program should be used only as a tool for prescribers and dispensers to make educated decisions regarding patients.
- MAOPS supports a public referendum on the establishment of a prescription drug monitoring program, if necessary to create one.

- MAOPS supports local efforts to curb the opioid epidemic, including county and regional prescription drug monitoring programs.
- MAOPS supports harsh penalties for individuals and organizations that intentionally or unintentionally allow and or cause data breaches in prescription drug monitoring programs and/or use the data in any way other than its intended purpose.

References
Murthy, Vivek, M.D. (2016). turnthetiderx.com. The Surgeon General's Call to End the Opioid Crisis.
National Safety Council. (2016). Prescription Nation 2016: Addressing America's Drug Epidemic.

Affirmed by the MAOPS Board of Trustees, February 2017

Opioid Prescribing Guidelines – A Joint Position Paper #2016-24

WHEREAS, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS), the Missouri State Medical Association, and the Missouri Hospital Association agree that abuse of prescription opioids is currently at epidemic proportions; and

WHEREAS, the above named organizations agree each has a membership with the ability to make a positive difference in rectifying this problem; and

WHEREAS, each organization assisted in the development of the positon paper below which received widespread positive publicity upon its December 1, 2015 release to the public; and

WHEREAS, the MAOPS Board asked the Legislative Committee to develop a policy to support the use of abuse-deterrent opioids when possible; there

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons adopt the position below as official association policy.

Opioid Use in Missouri: A Strategy for Reduced Misuse and Abuse

A Joint Positon Paper from MAOPS, MSMA and MHA

The fastest growing drug problem across the United States and Missouri is the misuse and abuse of opioid-based pain relievers. Throughout the past two decades the rise in prescriptions, use and abuse of prescription-based opioids has increased at an alarming rate. The United States Department of Justice Drug Enforcement Agency recently announced that deaths from drug overdose are the leading cause of death from injury, ahead of motor vehicle accidents.[i] Of the 46,000 drug overdose deaths in 2013, approximately one-half are from prescription opioids and heroin.[i]

In Missouri, the absence of a prescription drug monitoring program through a registry system impedes the ability of physicians, pharmacists and hospitals to evaluate patients' complete prescription and utilization profile. The use of a prescription drug monitoring program may be one effective strategy to help identify patients who may be seeking multiple providers and would benefit from opioid diversion.[ii] [iii] The absence of such a registry limits efficacious solutions.

The National Opioid Use Profile

Across the United States consumption of opioid analgesics increased by 300 percent between 1999 and 2010.[ivv] [vi] [vii] This rate of use was paralleled by chronic nonmedical use of opioids resulting in death. Since 2002, deaths from prescription drugs have surpassed those of cocaine and heroin combined. The rate of overdose deaths increased by 19 percent per year from 2000 to 2006 noting an age-adjusted rate of 5.4 deaths per 100,000 then tapering to a rate of 5.1 per 100,000 in 2013.iv vi [viii] [ix]Among the patient populations, non-Hispanic white men, ages 35-54 and

people in rural settings have the highest rate of opioid-related mortality although inpatient stays do not indicate such a gender discrepancy. [x] [xi]

Opioid-Related Hospitalizations

The rate of inpatient hospitalizations across the U.S. averaged a five percent increase each year from 1993-2012 and a cumulative 153 percent increase.[xii] Among payors, in 2012, Medicaid and Medicare each billed approximately 33 percent of all opioid-related hospitalizations.xii

Missouri's trend in opioid-related hospitalizations demonstrates the same alarming trend. Between 2005 and 2014, hospitalization utilization for opioid overuse increased by 137 percent.[xiii] (Figure 1). Hospitalizations for opioid overuse in Missouri are: nearly equal among male and females; are increasing more in the under 30 years of age cohort; are similar to the state race profile with 79 percent of opioid hospitalizations occurring among the white population; and, are increasing fastest in the Northeast, Southeast and St. Louis geographic areas.xiii The complete analysis of opioid-related hospital utilization in Missouri is available in the October issue of HIDI *HealthStats* – Opioid Overuse in Missouri. (Table 1).

Recommended Approach

A comprehensive policy-approach is needed to address the full impact of the opioid issue. Missouri hospitals and physicians are recommending more targeted steps to reduce misuse and abuse focused on emergency department prescribing practices while providing appropriate clinical care. The balance between managing patient expectations related to pain management and satisfaction with clinical evaluation based on evidence must be carefully evaluated for each patient.[xiv] Established emergency department prescribing policies, along with assessment for risk behavior and treatment referral and coordination with primary care, are elements of a comprehensive clinical strategy to reduce opioid misuse and abuse. [xv] [xvi] [xvii] [xviii]

The Missouri Academy of Family Physicians, the Missouri Association of Osteopathic Physicians and Surgeons, the Missouri College of Emergency Physicians, the Missouri Dental Association, the Missouri Hospital Association and the Missouri State Medical Association promote the following guidelines for care provided in Emergency Departments throughout Missouri.

Across the United States and Missouri, some hospitals and emergency departments already have taken action to reduce the incidence and risk of opioid misuse and abuse among patients. [xvi] [xvii] [xvii] [xix] While not intended to be comprehensive, the following guidelines, based on national guidelines and evidence, provide a foundation from which to manage the morbidity and mortality associated with the misuse and abuse of opioids in Missouri.

- A focused pain assessment prior to determination of treatment plan; if the patient's pain prohibits a comprehensive assessment, then judicious use of opioids to alleviate pain is suggested. While the pain assessment should include risk factors for addiction and the incorporation of non-narcotic analgesics, a specific written, comprehensive assessment is not required. [ii] [xv] [xvii]

- Diagnoses based on evidence-based guidelines and appropriate diagnostics whenever possible. [xv]

- Non-narcotic treatment of symptomatic, non-traumatic tooth pain should be utilized when possible. [xv]

- Treatment of patients with acute exacerbation of existing chronic pain should begin with an attempt to contact the primary opioid prescriber or primary care provider, if circumstances are conducive. [ii] [xv] [xvi]

- Opioid analgesic prescriptions for chronic conditions, including acute exacerbation of existing chronic pain, management should be limited to no more than 72 hours, if clinically appropriate and assessing the feasibility of timely access for follow-up care. [ii] [xv] [xvi]

- For new conditions requiring narcotics, the length of the opioid prescription should be at the provider's discretion. The provider should limit the prescription to the shortest duration needed that effectively

controls the patient's pain. Outpatient access to follow-up care should be taken into consideration regarding the length of the prescription.xv xvii

- Emergency department physicians and providers should not provide prescriptions for controlled substances that are claimed to be lost or destroyed. xv xvi
- Unless otherwise clinically indicated, emergency department physicians and providers should not prescribe long-acting or controlled release opioids. If indicated, prescribers should provide tamper-resistant, or abuse deterrent, forms of opioids. ii xv xvi xvii

- When narcotics are prescribed, emergency department staff should counsel patients on proper use, storage, and disposal of narcotic medications. xvi xvii

- Beyond the emergency department, health care providers should encourage policies that allow providers to prescribe and dispense naloxone to public health, law enforcement and family as an antidote for opioid overdoses. ii xvi [xx]

Approved by the MAOPS Board of Trustees, 2016

Osteopathic Medical Schools – MAOPS Endorsement of #2016-9

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons will not endorse new osteopathic medical schools proposed in Missouri and surrounding states until quality osteopathic training programs have been established to ensure all osteopathic medical school graduates can train in an osteopathic program.

Approved by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2015

Osteopathic Physician Appointments to Boards #2018-12

RESOLVED, that osteopathic physicians should be included in full membership on regulatory and healthcare bodies and their action committees in the same manner as are other knowledgeable and effective individuals, and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons ensures, to the best of its ability, that osteopathic physicians are provided the opportunity to serve on state boards, committees, advisory panels, and related entities.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Osteopathic Unity and Identity #2017-17

RESOLVED, that the osteopathic colleges and osteopathic professional organizations clearly identify themselves as osteopathic entities; and further, be it

RESOLVED, that all osteopathic colleges and professional organizations utilize the word "osteopathic" on all their signage, letterhead, marketing and public relations material.

Approved by the MAOPS House of Delegates, 2000
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Palliative Care #2012-5

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) support Palliative Care Guidelines which may be utilized as a resource to guide the family and physician providing palliative care, realizing a flexible care plan must be developed by the attending physician to meet the needs of the specific patient and their family, and finally be it

RESOLVED, that MAOPS consider educational programs for the physician community on appropriate palliative care, to include the terminally ill child and urge members to participate in palliative care education in order to be prepared to support their patients and their families.

Approved by the MAOPS House of Delegates, 2000
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012

Paraprofessionals/Physician Extenders #2017-14

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) ethically and professionally cannot endorse any rule, regulation or statute that allows, non-physicians to diagnose and initiate treatment without physician supervision to patients for illness, disease, injury or the maintenance of health; and further be it

RESOLVED, that MAOPS will continue to advocate for Missourians, opposing non-physicians attempting to diagnose and initiate treatment for injury, illness, disease or to determine wellness without physician supervision and support; and will endorse statutes and rules which hold accountable individuals and or entities responsible for non-physicians diagnosing and treating without a license to practice medicine without physician supervision or collaboration; and further be it

RESOLVED, that MAOPS will continue to urge physicians working with healthcare extenders to diagnose and initiate the patient's treatment prior to members of the healthcare team delivering and managing the patient's care; and finally be it

RESOLVED, that osteopathic physicians will continue to support collaborative practice arrangements where extenders are practicing in collaboration with a licensed physician under RSMo 334.00.

Approved by the MAOPS House of Delegates, 1996
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Partner Therapy #2018-3

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) considers it to be the better practice of Medicine to initiate treatment to a patient only after a complete history and physical examination, and further be it

RESOLVED, the physician practice act requires a physician patient relationship prior to treatment of a patient. To implement and exemption to this regulation for a segment of a population would be poor public policy, and further be it

RESOLVED, in the case of the patient seeking treatment for a sexually transmitted disease, a better alternative for the partner would be to seek medical attention from his/her personal physician at a free STD clinic, or at a local health department, and finally be it

RESOLVED, that MAOPS considers changing statute to eliminate a physician patient encounter is not only poor public policy but holds a risk for the patient which may require care for other significant health problems which will only be found during a physical examination.

Approved by the MAOPS House of Delegates, 2008
Reaffirmed by MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Patients - Access in Rural Areas #2018-17

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports legislation at the state and federal levels that would require all managed care health plans, including Managed Medicaid, to allow a non-network physician to provide services for patients located in a designated Health Professional Shortage Area, should no physician in the necessary specialty be available in the network, and the plans should compensate the physician as if they were an in-network provider at no additional cost to the patient.

Reaffirmed by the MAOPS House of Delegates, 2013
Amended and reaffirmed by the MAOPS Board of Trustees, January 2018

Patients - Co-Management of Care #2011-15

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons position on co-management of a patient, requires the patient to have an examination by the physician who will be performing the procedure; and further be it

RESOLVED, that the physician providing the procedure be available for the follow-up care of the patient; and further be it

RESOLVED, that if for any reason the physician providing the procedure cannot provide the pre-procedural and post-procedural care to the patient, that he/she arrange for an osteopathic or allopathic physician to provide the pre-procedural and post-procedural care.

Approved by the MAOPS House of Delegates, 2003
Reaffirmed by the House of Delegates, 2011

Patient Interpreters – CMS Requirements #2017-17

RESOLVED, MAOPS supports efforts to remove from Section 1557 of the Affordable Care Act the unfunded mandate on physicians to provide interpreters for those patients with Limited English Proficiency (LEP) by revising the current federal policy to include adequate reimbursement for physicians for this service, and further be it

RESOLVED, that the American Osteopathic Association increase advocacy efforts and make this a high priority issue in the AOA's annual Legislative Agenda in order to hasten policy change, and finally be it

RESOLVED, that the AOA report efforts and results on this issue to the AOA House of Delegates on an annual basis until desired policy change is enacted.

Affirmed by the MAOPS Board of Trustees, February 2017

Payment Parity – Mo HealthNet #2015-6

Resolved, the Missouri Association for Osteopathic Physicians (MAOPS) strongly supports payment parity for both primary care and specialty care at least equal to the reimbursement rate from Medicare for treating MoHealthNet patients, and further be it
Resolved, MAOPS work both with the state legislature and with the American Osteopathic Association in their efforts to gain payment parity for all specialties at the federal level.
Approved by the MAOPS Board of Trustees, April 2015

Pharmacist Medication Therapy #2011-3

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons discourages physician members from entering agreements with pharmacists for medication therapy management.

Approved by the MAOPS House of Delegates, 2011

Pharmacists' Scope of Practice #2014-11

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes efforts by pharmacies and pharmacists to diagnose and treat patients, and further be it

RESOLVED, that legislation be considered to oppose further duplication of medical services by non-physicians which potentially compromise patient safety and cost effectiveness, which interfere with the physician-patient relationship, and result in further fragmentation of healthcare.
Approved by the MAOPS House of Delegates, 2006
Reaffirmed by the MAOPS House of Delegates, 2014

Physical Therapist – Physician Ownership #2017-20

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports giving patients access to physical therapy services within a physician's office.

Affirmed by the MAOPS Board of Trustees, February 2017

Physician Assisted Suicide #2017-10

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS), the professional state association for osteopathic physicians, as their spokesman, provide information on the care of the terminally ill to physicians and the public; and further be it

RESOLVED, that the William L. Wetzel Osteopathic Educational and Research Foundation provide osteopathic physicians with continuing medical education on palliative and drug therapy utilized to provide patients with an improved quality of life; and further be it

RESOLVED, that the osteopathic medical colleges consider including in their curriculum, a specific course of study on pain management and palliative treatment of the terminally and chronically ill, specifically addressing the goals, objectives and value of hospice care; and further be it

RESOLVED, that continuing medical education programs include information and resources for physicians on supportive care valuable to their patients, including but not limited to hospice care and further be it

RESOLVED, that the osteopathic profession take a leadership role in providing the public information on the alternatives to physician assisted suicide and the potential abuse of this kind of public policy both morally and economically; and further be it

RESOLVED, that MAOPS opposes legislation to legalize or mandate physician assisted suicide; and finally be it
RESOLVED, that MAOPS encourages the American Osteopathic Association to oppose to legislation to legalize physician assisted suicide.

Approved by the MAOPS House of Delegates, 1997
Reaffirmed by the MAOPS House of Delegates, 2007
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Physician Negotiations #2017-8

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports a mechanism for physicians to come together as a group, to develop an agenda to present to third party payers, agencies, or organizations, on policies which control or limit medical care and other professional issues; and finally be it

RESOLVED, that MAOPS support physicians' ability to negotiate as a group on professional and ethical issues.

Approved by the MAOPS House of Delegates, 2000
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Physician Oversight of Local Health Departments #2017-2

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports the Missouri Primary Health Care Center; and further be it

RESOLVED, the Association supports the Center's efforts to establish criteria for local health department's designation based on their function and the credentialing of personnel employed by the local departments; and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons welcomes the opportunity to work with local health departments and the Missouri Department of Health to involve more physicians in local health departments and encourage their active involvement; and finally be it

RESOLVED, that the Association supports the need for physician quality oversight of local health departments and strongly urges the Missouri Department of Health to implement this oversight when developing the Missouri Primary Health Care Center.

Reaffirmed by the MAOPS House of Delegates April, 2007
Reaffirmed by the MAOPS House of Delegates, May 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Physician Payment Sunshine Act – Open Payments #2014-1

RESOLVED, that all physicians are encouraged to track applicable Open Payments using the CMS mobile app or another adequate method in order to insure the validity of the information submitted by applicable manufacturers, and may it further be

RESOLVED, that all physicians are encouraged to register for the CMS Open Payments listserv in order to stay informed regarding the Open Payments process and future changes, and finally be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons make available via the website a link to the CMS Open Payments website to provide physicians information on the program, listserv registration, and dispute and resolution.
Approved by the MAOPS House of Delegates, 2014

Physician Reimbursement in Designated Health Professional Shortage Areas #2016-5

RESOLVED, that in order to encourage physicians to establish and maintain practices in health professional shortage areas, that the Medicaid and Medicare reimbursement rates and reimbursed services be the same for all physicians in the health professional shortage areas regardless of whether they practice in a private practice, rural health clinic, or federally qualified health center; and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons work with the American Osteopathic Association (AOA) to determine the current status of this payment issue and insure that it is a priority component of the AOA's legislative agenda.

Approved by the MAOPS House of Delegates, 2005
Reaffirmed by the MAOPS House of Delegates, April 2011
Amended and reaffirmed by the MAOPS Board of Trustees, August 2015

Physicians Selling Products/Services #2017-12

RESOLVED, that physicians selling products and/or equipment in their offices, limit the items to medical products, and further be it

RESOLVED, that the physician has a responsibility to advise the patient on any financial benefits he/she receives from selling or promoting a product(s), and provides the patient options for obtaining the product and/or equipment, and further be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons considers the use of the physician/patient relationship to influence patients to purchase products and/or equipment, solely for the financial gain of the physician, to be inappropriate, and finally be it

RESOLVED, that the physician maintain a professional demeanor with patients and avoid any undue pressure or influence on the patient to purchase items from the physician's practice.

Approved by the MAOPS House of Delegates, 2000
Reaffirmed by the MAOPS House of Delegates, 2012
Reaffirmed by the MAOPS Board of Trustees, August 28, 2016

Physicians - Unrestricted Practice by #2016-21

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons oppose any legislation and/or rules which limit physicians licensed under Chapter 334.00 from providing an unlimited scope of practice.

Approved by the MAOPS House of Delegates, 2005
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed, MAOPS Board of Trustees, 2016

Physician Wellness – Safe Haven Non-Reporting Protections #2018-18

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) supports the ability of physicians to seek care through state physician health programs recognized by the Federation of State Physicians Health Programs for mental, emotional, behavioral and chemical dependency issues they have self-identified without fear of repercussions from state licensing boards that would negatively impact their ability to practice medicine, and further be it

RESOLVED, MAOPS supports so-called "Safe Haven" provisions in physician licensure and licensure renewal applications that would allow physicians who have sought help, assessment and evaluation by a state physician health program recognized by the Federation of State Physician Health Programs for any medical, psychiatric or substance abuse disorder and who remains in compliance with the physician health program's requirements for evaluation, treatment and/or monitoring to answer negatively to interrogatories regarding such conditions by the state physician licensing authority, and further be it

RESOLVED, that MAOPS encourage the American Osteopathic Association (AOA) to improve upon their current "Physician Wellness Strategy," by adding language to support voluntary physician participation in state physician health programs without fear of reprisal, and finally be it

RESOLVED, that MAOPS encourage the AOA to pursue Safe Haven legislation in states that currently do not have it, by providing resources, including draft statute language, for affiliates to use in efforts to establish Safe Haven legislation in their states.

Affirmed by the MAOPS Board of Trustees, April 2018

Preparation of Inpatients for Discharge #2016-4

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons collaborate with the Missouri State Medical Association and Missouri Hospital Association on a medication reconciliation quality initiative project related to patient discharge.

Affirmed by the MAOPS Board of Trustees, August 2015

Prescription Drug Program for Seniors #2011-28

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) would support a unified pharmaceutical prescription program to ensure medication costs do not financially devastate the seniors in need of medications; and further be it

RESOLVED, that MAOPS will only support a prescription program which allows the physicians to effectively and safely prescribe the medication which benefits his/her patients the most; and finally be it

RESOLVED, that MAOPS will support a program which will enhance the research and development of new pharmaceutical agents.

Reaffirmed by the MAOPS House of Delegates, 2011

Prior Authorization – A Standard Form #2014-2

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) will pursue legislation that ensures the criterion required for approval of the prior authorizations are made available to providers in a transparent manner by the insurer to ensure appropriate utilization of services, and further be it

RESOLVED, that the legislation creates a standard form that all insurers accept to request prior authorization, easing the burdens to patients and physicians associated with the current prior authorization system, considerations

include limiting the length of the form to two pages, requiring insurers to make prior authorization requirements available to providers in a transparent and easily accessible format, and further be it
RESOLVED, that the aforementioned standard form include the ability for the physician to designate the request for expedited review in the event that a patient's health could be seriously jeopardized, and that said expedited review be responded to by the payer within 48 hours, and may it finally be it
RESOLVED, that the standard prior authorization form be made available for electronic retrieval and submission via electronic medical records.

Approved by the MAOPS House of Delegates, 2014

Private Practice of Medicine – MAOPS Support of #2018-13

RESOLVED that the Missouri Association of Osteopathic Physicians and Surgeons supports the continuing private practice of medicine and the right of physicians to provide medical care to patients without having to enroll as providers or participants in either private or government funded health care plans.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Quarantines for Infectious Disease #2016-6

RESOLVED, the Missouri Association of Osteopathic Physicians & Surgeons (MAOPS) supports mandatory quarantine when necessary to protect the public from the spread of disease; and finally be it

RESOLVED, MAOPS is committed to providing members with information on a disease outbreak/epidemic if and when quarantines become necessary.

Approved by the MAOPS House of Delegates, 2004
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2015

Referrals #2018-10

RESOLVED, that a patient referred to a physician specialist should be seen and evaluated by a physician specialist; and further be it

RESOLVED, that this be considered the appropriate standard of care for the practice of medicine; and further be it

RESOLVED, that any care by a non-physician in a specialist's office/clinic be disclosed to the patient before the care is provided.

Approved by the MAOPS House of Delegates, 2008
Reaffirmed by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Resident and Young Physician AOA House of Delegates Participation #2018-11

RESOLVED, that each year during selection of credentialed delegates to the American Osteopathic Association House of Delegates, consideration be given to selecting a young physician.

Approved by the MAOPS House of Delegates, 2013
Amended and reaffirmed by the MAOPS Board of Trustees, 2018

Retail-based Health Clinics and Urgent Care Centers #2016-3

The Missouri Association of Osteopathic Physicians and Surgeons recommends that retail-based health clinics and urgent care clinics adhere to the following principles and standards to guide their establishment and operation:

1. Retail based health clinics and urgent care centers must establish arrangements by which their healthcare practitioners have direct access to and supervision by physicians at levels that meet or exceed respective state laws.

2. Retail-based health clinics and urgent care centers must encourage patients to establish care with a primary care physician to ensure continuity of care. If a patient's conditions or symptoms are beyond the scope of services provided by the clinic, that patient must immediately be referred to an appropriate physician or emergency facility. Also, retail-based health clinics and urgent care centers should be encouraged to use electronic health records as a means of communicating information with the patient's primary provider physician and facilitating continuity of care.

3. Whether by electronic communication, or some other acceptable means, retail based health clinics and urgent care centers must send detailed information on services provided to the patient's primary care physician in a timely manner to ensure continuity of care.

4. The clinic must have a well-defined and limited scope of clinical services. These services must not exceed the on-site health provider's scope of practice, as determined by state law.

5. Retail-based health clinics and urgent care centers must use standardized medical protocols developed from evidence-based practice guidelines FOR NON-PHYSICIAN PRACTITIONERS.

6. Retail-based healthcare clinics and urgent care centers must comply with all applicable standards of state and federal regulations expected of physician offices.
7. Retail-based healthcare clinics and urgent care centers must not expand into programs offering patient care for the management of chronic and complex conditions.

Affirmed by the MAOPS Board of Trustees, August 2015

Right to Die #2018-8

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons believes that the decision to withhold or withdraw treatment from a patient whose prognosis is terminal, or when death is imminent, shall be based upon the wishes of the patient or his/her family or legal representative if the patient lacks capacity to act on his/her own behalf as mandated by applicable law.

Reaffirmed by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Right to Try – Experimental Drugs #2017-18

RESOLVED, the Missouri Association of Osteopathic Physicians and Surgeons supports the ability of terminally ill patients to access investigational treatments that have passed Phase 1 clinical trials of the Food and Drug Administration approval process for their disease if the patient has exhausted approved treatments and gives informed consent, and further be it

RESOLVED, that since such experimental therapies in terminally ill patients are highly unlikely to fundamentally alter the course of their disease, physicians and drug manufacturers should be protected from legal action by patients who choose to try an investigative treatment but experience adverse effects or no noticeable improvements in their condition, and further be it

RESOLVED, physicians be protected from legal liability for not informing patients of potential experimental therapies as experimental/investigational therapies have not yet been accepted as meeting the appropriate standard of care, and further be it

RESOLVED, that the American Osteopathic Association (AOA) support "Right to Try" legislation at the federal level that protects the patient, physician and drug manufacturer, and finally be it

RESOLVED, that the AOA work with the United States Food and Drug Administration to simplify and expedite the application and approval process of terminally ill patients seeking a compassionate use exception for investigational treatments.

Affirmed by the MAOPS Board of Trustees, February 2017

Sample Medications #2011-23

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes any effort by any entity to curtail the distribution of sample medications to physicians for patient disbursement; and further be it

RESOLVED, that such action to curtail distribution of samples to physicians for patient use is seen by physicians as yet another effort to infringe unnecessarily on the physician/patient relationship; and finally be it

RESOLVED, that efforts to curtail or discourage distribution of sample medications to physicians is in conflict with efforts underway to provide prescription medications to patients without resources or insurance, to assure patients have access to necessary medications for the treatment of their illness/disease, without undue hardship on the patient.

Approved by the MAOPS House of Delegates, 2001
Reaffirmed by the MAOPS House of Delegates, 2011

Secondhand Smoke #2011-19

RESOLVED, that the health and welfare of Missourians be protected from secondhand smoke to reduce healthcare costs and illnesses related to secondhand smoke; and finally be it

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports legislation to stop smoking in all public places.

Approved by the MAOPS House of Delegates, 2002
Reaffirmed by the MAOPS House of Delegates, 2011

Statewide Immunization Directory #2014-16

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) opposes any legislation requiring mandatory reporting of immunizations to a statewide registry and any financial penalties assessed to those physicians who do not participate.

Approved by the MAOPS House of Delegates, 2014

Student Delegates to the American Osteopathic Association's House of Delegates #2016-10

RESOLVED, that the Missouri Association of Osteopathic Physicians & Surgeons supports continued student involvement in the American Osteopathic Association's (AOA) House of Delegates as is currently done under AOA bylaws; and further be it

RESOLVED, that the slots delegated for physicians be occupied by licensed osteopathic physicians and not students, except as official representatives of their student government association or the Student Osteopathic Medical Association delegation.

Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed by the MAOPS Board of Trustees, 2015

Tanning Devices #2018-2

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports appropriate governmental action to impose safety precautions and development of educational materials which are needed regarding the use of tanning devices, especially for minors.

Approved by the MAOPS House of Delegates, 2013
Reaffirmed by the MAOPS Board of Trustees, 2018

Testing for Relicensure #2016-22

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons opposes any effort by the Federation of State Medical Boards or a State Licensing Board to require testing for re-licensure.

Approved by the MAOPS House of Delegates, 2005
Reaffirmed by the MAOPS House of Delegates, 2011
Reaffirmed with amendments, MAOPS Board of Trustees, 2016

Unified Graduate Medical Education System (Osteopathic Emphasis Track) 2014-17

RESOLVED, that the AOA develop a prototype curriculum for the osteopathic emphasis track which can be made available to any allopathic program wishing to hire a DO and offer the track to their residents. The AOA should insure that the curriculum is easily implemented by one osteopathic faculty member, if necessary, and that the costs and administrative burden of implementing and maintaining the curriculum will be reasonable.

**Note: The 2014 AOA House of Delegates voted to disapprove this resolution due to the fact that in the new accreditation system a committee already existed to address osteopathic principles and procedures.*

Approved by the MAOPS House of Delegates, 2014

Vaccination Notification to Parents #2015-7

RESOLVED that the Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) support legislation that requires daycare facilities to notify parents that their facility has in its care unvaccinated children who may pose a health risk to high risk populations.

**Note: MAOPS successfully advocated and passed a Missouri statute in 2015 to address this issue.*

Approved by the MAOPS Board of Trustees, April 2015

Vaccine - Distribution Guidelines **#2011-20**

RESOLVED, that the Missouri Association of Osteopathic Physicians and Surgeons supports legislation which will give the Centers for Disease Control and Prevention the authority to control the distribution of vaccine in those years when a shortage or delay in vaccine is anticipated; and finally be it

RESOLVED, that the Centers for Disease Control and Prevention develop guidelines for vaccine distribution in times of shortages and include language to assure physicians who are directly responsible for patients and administering the vaccine to their patients, be considered first in the distribution of vaccine.

Approved by the MAOPS House of Delegates, 2002
Reaffirmed by the MAOPS House of Delegates, 2011