| OHIO S | TATE MEDICAL ASSOCIATION HOUSE OF DELEGATES |
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| | Resolution No. 17 – 2024 |
| Introduced by: | Medical Student Section |
| Subject: | Support for Safe and Equitable Access to Voting |
| Referred to: | Resolutions Committee No. 1 |
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| WHEREAS voting ¹ ; and | , Ohio is ranked 34 out of the 50 states in terms of ease of access to |
| WHEREAS legislative level ¹ ; a | , voting allows communities' voices to be represented at the ind |
| | , voting can lead to greater social cohesion, a sense of belonging, munity conditions that meet the need of residents ¹ ; and |
| | , health metrics such as infant mortality, premature death, and overall tive association with voting access policies ¹ ; and |
| WHEREAS outcomes ² ; and | , states with greater levels of civic participation have better health |
| gerrymandered sta | , health declines from 2010 to 2017 were more severe in extremely ates, where insulated legislative majorities were less likely to adopt plicies like expanding Medicaid or implementing other parts of the ct ³ ; and |
| | , increased barriers to voting are associated with a 25% higher g uninsured for individuals with annual income less than \$75,000, ninorities ⁴ ; and |
| spread of infectiou | , increased variety and accessibility of voting options can mitigate the s disease, such as COVID-19, during election season, including mail-olling hours, and early voting days ⁵⁻⁶ ; and |
| | , racial and ethnic minorities are historically disenfranchised due to rther exacerbating health disparities and inequity ⁷ ; and |
| | , African Americans are disproportionately incarcerated, leading to mature death and disenfranchisement among this population, with |

some estimates pointing to 40% of African Americans being disenfranchised in some 46 legislative districts⁸; and 47 48 49 WHEREAS, health inequity is a direct threat to minority voting powers, which has been shown to impact electoral outcomes resulting in further healthcare inequities⁹; and 50 51 **WHEREAS**, many of the barriers to voting are the same barriers to accessing 52 healthcare, implying that those who lack access to vote also lack access to 53 comprehensive, quality healthcare¹; and 54 55 56 WHEREAS, physicians have a lower reported voter turnout than the general population, citing lack of registration as well as conflicting work schedules as the main 57 barriers¹⁰; and 58 59 WHEREAS, only 3.4% of medical students indicated being provided with time off 60 for voting in the 2016 and/or 2018 elections¹¹; and 61 62 WHEREAS, the University of Cincinnati College of Medicine began providing 63 time off for voting to medical students in preclinical and clinical years for midterm and 64 presidential elections in 2022 as part of a new student handbook policy¹²; and 65 66 WHEREAS, 1 in 5 voters with a disability either needed assistance or had some 67 difficulty in voting in 2022, which was 3 times the rate of voters without disabilities¹³; and 68 69 WHEREAS, 42% of voters with disabilities used a mail ballot in 2022, compared 70 to 35 percent of voters without disabilities¹⁴; and 71 72 WHEREAS, lower voting rates are linked to poor self-rated health⁹; and 73 74 WHEREAS, Adolescents followed into adulthood were found to have more 75 positive mental health and health behaviors when they voted¹⁴; and 76 77 **WHEREAS**, a nonpartisan voter registration drive lead by clinicians in a federally 78 qualified hospital setting was able to register 89% of eligible voters and 38% of total 79 patients engaged in the waiting room over a 12 week period, demonstrating how clinic 80 settings can be places of voter engagement¹⁵; and 81 82 **WHEREAS**, healthcare workers across the country in 2020 were able to help 83 patients submit 27,317 voter registration forms and 17,216 mail-in ballot requests using 84 a voting support tool designed by healthcare workers for healthcare workers¹⁶; and 85 86 87 WHEREAS, residents' efforts led to 99% of their eligible peers registering to vote over a 6 week period in 2020 at a large Texas internal medicine residency program¹⁷; 88 and 89 90

| 91 | WHEREAS, current federal law supports nonpartisan voter registration efforts at | | | |
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| 92 | healthcare facilities, with further support by government agencies like the Health | | | |
| 93 | Resources and Services Administration (HRSA) and the Department of Education | | | |
| 94 | (DoE) ¹⁸ ; and | | | |
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| 96 | WHEREAS, AMA Policy H-440.805 supports access to voting and removing | | | |
| 97 | barriers to voting as a way to promote public health, as it acknowledges voting is a | | | |
| 98 | social determinant of health; and | | | |
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| 100 | WHEREAS, AMA Policy D-65.982 supports medical students, residents, fellows, | | | |
| 101 | and physicians voting; and therefore | | | |
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| 103 | BE IT RESOLVED, that our OSMA supports measures to facilitate safe and | | | |
| 104 | equitable access to voting as a harm-reduction strategy to safeguard public health and | | | |
| 105 | mitigate unnecessary risk of infectious disease transmission by measures including but | | | |
| 106 | not limited to: (a) extending polling hours; (b) increasing the number of polling locations; | | | |
| 107 | (c) extending early voting periods; (d) mail-in ballot postage that is free or prepaid by the | | | |
| 108 | government; (e) improving access to drop off locations for mail-in or early ballots; (f) use | | | |
| 109 | a P.O. box for voter registration; and (g) protecting voting rights of Ohioans who have | | | |
| 110 | historically been barred from voting, including those identifying with a minority group or | | | |
| 111 | of a felony status; and be it further | | | |
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| 113 | RESOLVED , that our OSMA opposes requirements for voters to stipulate a | | | |
| 114 | reason in order to receive a ballot by mail and other constraints for eligible voters to | | | |
| 115 | vote-by-mail; and be it further | | | |
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| 117 | RESOLVED , that our OSMA encourages medical schools and hospitals to share | | | |
| 118 | nonpartisan information relating to upcoming elections and supports efforts to provide | | | |
| 119 | time off to medical students and employees for voting in elections; and be it further | | | |
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| 121 | RESOLVED , that our OSMA supports nonpartisan voter registration efforts in | | | |
| 122 | healthcare settings. | | | |
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| 124 | Fiscal Note: \$ (Sponsor) | | | |
| 125 | \$ 500 (Staff) | | | |
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| 127 | References: | | | |
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| 133 | Health Law. Published August 25, 2022. Accessed November 30, 2023. | | | |
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| 135 | participation/ | | | |

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| 180 | a. | Support for Safe and Equitable Access to Voting H-440.805 |
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| 181 | b. | Mental Illness and the Right to Vote H-65.971 |
| 182 | C. | Medical Student, Resident/Fellow, and Physician Voting in Federal, State and |
| 183 | | Local Elections D-65.982 |
| 184 | d. | MSS I-2023 RESOLUTION OF032 – ENSURING THE RIGHT TO VOTE FOR |
| 185 | | PEOPLE CONVICTED OF FELONIES |
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