

46 **WHEREAS**, Although this amendment opposes non-evidence based limitations,
47 it does not provide OSMA with clear directions in the setting of a nationwide or
48 statewide total abortion ban for those utilizing teratogenic medications including, but not
49 limited to, isotretinoin, anti-epileptic medications, renin-angiotensin systemic (RAS)-
50 acting agents, and chemotherapy drugs; and

51
52 **WHEREAS**, These medications pose incredibly high risks of severe
53 abnormalities in the fetus including neural tube defects and renal abnormalities that are
54 often incompatible with life³⁻⁵; and

55
56 **WHEREAS**, Following the *Dobbs vs. Jackson Women’s Health Organization*
57 decision, there were multiple reports of patients being denied access to necessary
58 medications for management of their chronic diseases due to the teratogenic nature of
59 these medications⁶⁻⁹; and

60
61 **WHEREAS**, Best medical practice encourages the use of regular pregnancy
62 testing and contraception for sexually active patients using these medications; and

63
64 **WHEREAS**, In the case of isotretinoin, patients are required by the USFDA-
65 sponsored iPledge program to take pregnancy tests at every clinic visit and utilize two
66 forms of birth control (including contraceptive and barrier methods)¹⁰; these regulations
67 are in place secondary to the highly teratogenic effects these medications pose on a
68 developing embryo; and

69
70 **WHEREAS**, In the event patients become pregnant while using teratogenic
71 medications, having access to abortion allows patients to choose to continue taking
72 teratogenic medications that could be greatly beneficial to their overall health;
73 and therefore

74
75 **BE IT RESOLVED**, Our OSMA will oppose legislative limitations on the
76 prescription of teratogenic medications that do not align with standard-of-care
77 guidelines; and be it further

78
79 **RESOLVED**, Our OSMA will oppose the penalization of physicians who
80 prescribe teratogenic medications to people with reproductive potential; and be it further

81
82 **RESOLVED**, Our OSMA will advocate for abortion access for patients using
83 teratogenic medications to ensure that they may continue to receive necessary medical
84 treatment in the setting of nationwide or statewide total abortion bans.

85
86 **Fiscal Note:** \$ (Sponsor)
87 \$ 50,000 (Staff)

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137 OSMA Policy:

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139 **Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio**

140

141 1. The OSMA amend OSMA Policy 10-1990- Policy on Abortion by addition and
142 deletion as follows:

143 Policy 10 – 1990 – Policy on Abortion

144 ~~1. It is the position of the OSMA that the issue of support of or opposition~~
145 ~~to abortion is a matter for members of the OSMA to decide individually,~~
146 ~~based on personal values or beliefs.~~

147 12. The OSMA shall take no action which may be construed as an attempt
148 to alter or influence the personal views of individual physicians regarding
149 abortion procedures.

150 23. Items 1 and 2 notwithstanding, the OSMA shall take a position of
151 opposition to any proposed OSMA Ohio legislation or rule that would:

- 152 • Require or compel Ohio physicians to perform treatment actions,
153 investigative tests, or questioning and OR education of a patient
154 which are not consistent with the medical standard of care; or,
- 155 • Require or compel Ohio physicians to discuss treatment options
156 that are not within the standard of care and/or omit discussion of
157 treatment options that are within the standard of care; and be it
158 further

159 2. The OSMA supports an individual’s right to decide whether to have children, the
160 number and spacing of children, as well as the right to have the information,
161 education, and access to evidence-based reproductive health care services to
162 make these decisions.

163 3. The OSMA opposes non-evidence based limitations on access to evidence-
164 based reproductive health care services, including fertility treatments,
165 contraception, and abortion.

166 4. The OSMA opposes the imposition of criminal and civil penalties or other
167 retaliatory efforts against patients, patient advocates, physicians, other
168 healthcare workers, and health systems for receiving, assisting in, referring
169 patients to, or providing evidence-based reproductive health care services within
170 the medical standard of care.

171 5. The OSMA collaborates with relevant stakeholders to educate legislators and
172 amend existing state laws so that the term “fetal heartbeat” is not used to
173 inaccurately represent physiological electrical activity.