OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 48 – 2025

Introduced by: Medical Student Section

Subject: Support for Proactive and Strategic Stockpiling of Health Care Supplies in Times of Crises

Referred to: Resolutions Committee No. 2

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WHEREAS, the AMA recognizes medical supply shortages as public health crises[1]**;** and

WHEREAS, the Ohio Department of Health (ODH) utilized the Strategic National Stockpile to receive PPE for medical professionals, including gowns, gloves, goggles, and masks during the COVID-19 pandemic[2]; and

WHEREAS, in the first few months of the COVID-19 pandemic, Ohio spent $98 million to acquire emergency PPE and disposed of $29 million of surplus expired PPE supplies in 2023[3-4]; and

WHEREAS, during March of 2020, the United States Department of Health and Human Services had 12 million N95 masks, and 30 million surgical masks, comprising 1% of the masks required to combat the COVID-19 pandemic[5]; and

WHEREAS, the National Pharmaceutical Stockpile delivered over 1.32 billion doses of vaccines and epinephrine, during the COVID-19 pandemic[6]; and

WHEREAS, ODH Director, Dr. Amy Acton, stated that the stockpile did not provide enough materials for Ohio healthcare providers, and the shortage led to conservation of PPE by medical professionals[2]; and

WHEREAS, during the COVID-19 pandemic, states had to bid against each other to purchase ventilators, driving per unit cost from $20,000 to $50,000[7]; and

WHEREAS, during hurricanes Katrina and Rita, the National Pharmaceutical Stockpile delivered over 130,000 vaccines and 30,000 vials of insulin to those affected by these natural disasters[6]; and

WHEREAS, hurricane Helene compromised Baxter International Manufacturing, which produces approximately 60% of the United States' IV Saline[1]; and

WHEREAS, one-time large purchases of PPE are often not sufficient to address demand in future times of crisis, due to short expiration windows of millions of units[7]; and

WHEREAS, a survey conducted by Premier Inc. showed that 86% of providers experienced shortages with approximately 54% of respondents having less than a 10 day supply[8]; and

WHEREAS, a Premier Inc. survey confirmed that Center for Strategic National Stockpile does not stock the IV fluids that Baxter produced[8]; and

WHEREAS, approximately 24% of healthcare workers acknowledge that drug shortages contributed to dosing errors and also reported that healthcare workers were concerned about additional shortages[8, 9]; and

WHEREAS, supply rotation strategies have been devised at national and regional levels to facilitate coordination between hospitals, manufacturers, and storage warehouses to increase crisis preparedness, reduce waste, and lower material costs[10]; and

WHEREAS, supply shortages cause delays in treatments leading to decreased quality of care due to lack of access to medications or having to resort to less-effective treatments[9]; and

WHEREAS, AMA Policy H-440.847 supports adequate resourcing, funding, protocols, and collaboration to ensure pandemic preparedness[11]; and therefore be it

RESOLVED, that our OSMA amend Policy 09-2021 as follows:

Policy 09-2021 – ~~Pandemic~~ DISASTER Preparedness

The OSMA recommends that The State of Ohio establish a standing board to continuously review ~~pandemic~~ DISASTER preparedness including, but not limited to, stockpiles of personal protective equipment, plans for isolation protocols, mobilization of testing, and immunization procedures, and ensure that physicians (MD/DO) are central to the administration of vaccinations to the citizens of Ohio. This board should include the Ohio State Medical Association, Ohio State Board of Pharmacy, the Ohio Hospital Association, and the Ohio Department of Health, and other interested parties; and be it further

RESOLVED, that our OSMA select a strategic stockpiling board for all disasters, including, but not limited to, pandemics, wildfires, hurricanes, tsunamis, tornados, earthquakes, landslides, snow storms, drought, flood, migration, mass shootings, terrorist attacks, nuclear events, and wars, which includes physicians, healthcare product manufacturers, health officials, emergency management specialists, and hospital administration.

Fiscal Note: $ (Sponsor)

$ 500+(Staff)

References:

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3. Smyth JC. Ohio spent $55m in early 2020 on gowns, 3 million from China. AP News. December 2, 2023. https://apnews.com/ohio-spent-55m-in-early-2020-on-gowns-3-million-from-china-7b38c47fb3159655cc5e3fc7632965a4#.
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7. Khouja M, Hammami R. Building viable stockpiles of personnel protective equipment. *European Journal of Operational Research*. 2023;307(3):1206-1224. doi:10.1016/j.ejor.2022.10.004
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9. Jaklevic MC. Why it's time to spotlight the harms of supply shortages. Association of Health Care Journalists. Published November 29, 2023. https://healthjournalism.org/blog/2023/11/spotlight-the-harms-of-supply-shortages
10. Huo J, Zhang J, Werwatz A, Huang G. Emergency Medical Supplies Stockpile Policy and Rotation Strategy Study. In: *Advances in Planning and Operation of Relief Supply Chain in Major Public Health Emergency*. Springer; 2024:81-119.
11. Pandemic Preparedness H-440.847. Ama-assn.org. Published 2025. Accessed January 17, 2025. https://policysearch.ama-assn.org/policyfinder/detail/pandemic%20preparedness?uri=%2FAMADoc%2FHOD.xml-0-3863.xml

12. Pandemic Preparedness 09-2021. Osma.org. Published 2021. Accessed January 17, 2025. https://osma.org/aws/OSMA/pt/sp/policy-compendium

Relevant OSMA Policy:

Policy 09-2021 – Pandemic Preparedness

The OSMA recommends that The State of Ohio establish a standing board to continuously review pandemic preparedness including, but not limited to, stockpiles of personal protective equipment, plans for isolation protocols, mobilization of testing, and immunization procedures, and ensure that physicians (MD/DO) are central to the administration of vaccinations to the citizens of Ohio. This board should include the Ohio State Medical Association, Ohio State Board of Pharmacy, the Ohio Hospital Association, and the Ohio Department of Health, and other interested parties.

Relevant AMA and AMA-MSS Policy:

H-440.847- Pandemic Preparedness

In order to prepare for a pandemic, our American Medical Association:

1. urges the Department of Health and Human Services Emergency Care Coordination Center, in collaboration with the leadership of the Centers for Disease Control and Prevention (CDC), state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, supplies, vaccine, drug, and data management capacity to prepare for and respond to a pandemic or other serious public health emergency.
2. urges Congress and the Administration to work to ensure adequate funding and other resources: (a) for the CDC, the National Institutes of Health (NIH), the Strategic National Stockpile and other appropriate federal agencies, to support the maintenance of and the implementation of an expanded capacity to produce the necessary vaccines, anti- microbial drugs, medical supplies, and personal protective equipment, and to continue development of the nation's capacity to rapidly manufacture the necessary supplies needed to protect, treat, test and vaccinate the entire population and care for large numbers of seriously ill people, without overreliance on unreliable international sources of production; and (b) to bolster the infrastructure and capacity of state and local health departments to effectively prepare for and respond to a pandemic or other serious public health emergency.
3. encourages states to maintain medical and personal protective equipment stockpiles sufficient for effective preparedness and to respond to a pandemic or other major public health emergency.
4. urges the federal government to meet treaty and trust obligations by adequately sourcing medical and personal protective equipment directly to tribal communities and the Indian Health Service for effective preparedness and to respond to a pandemic or other major public emergency.

5. urges the CDC to develop and disseminate electronic instructional resources on procedures to follow in an epidemic, pandemic, or other serious public health emergency, which are tailored to the needs of health care personnel in direct patient care settings;
6. supports the position that:
    a. relevant national and state agencies (such as the CDC, NIH, and the state departments of health) continue to plan and test distribution activities in advance of a public health emergency, to assure that physicians, nurses, other health care personnel, and first responders having direct patient contact, receive any appropriate vaccination or medical countermeasure in a timely and efficient manner, in order to reassure them that they will have first priority in the event of such a pandemic.
    b. such agencies should publicize now, in advance of any such pandemic, what the plan will be to provide immunization to health care provider.
7. will monitor progress in developing a contingency plan that addresses future vaccine production or distribution problems and in developing a plan to respond to a pandemic in the United States.
8. will encourage state and federal efforts to locate the manufacturing of goods used in healthcare and healthcare facilities in the United States.
9. will support federal efforts to encourage the purchase of domestically produced personal protective equipment.

D-120.961- Personal Medication and Medical Supplies in Times of Disaster
Our AMA urges continued dialogue with appropriate federal agencies, medical societies, health care organizations, and other appropriate stakeholders to: (a) ensure timely distribution of and access to medications for acute and chronic medical conditions in a disaster; (b) issue guidance to health professionals and the public on the appropriate stockpiling of medications for acute and chronic medical conditions in a disaster or other serious emergency; and (c) deliberate the design, feasibility, and utility of a universal mechanism, that provides the essential health and medical supplies and information that can assist emergency medical responders and other health care personnel with the provision of medical care and assistance in a disaster or other serious emergency.

H-440.810- Availability of Personal Protective Equipment (PPE)
Our American Medical Association affirms that the medical staff of each health care institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises.

Our AMA supports evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions**.**

Our AMA will advocate that it is the responsibility of health care facilities to provide sufficient personal protective equipment (PPE) for all employees and staff, as well as

trainees and contractors working in such facilities, in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need.

Our AMA supports physicians and health care professionals and other workers in health care facilities in being permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided personal protective equipment (PPE) without penalty.

Our AMA supports the rights of physicians and trainees to participate in public commentary addressing the adequacy of clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of patients and physicians during a pandemic or natural disaster.

Our AMA will work with the HHS Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the PPE supply chain and ensure the adequacy of the Strategic National Stockpile for public health emergencies.

Our AMA encourages the diversification of personal protective equipment design to better fit all body types, cultural expressions and practices among healthcare personnel.