

1 OHIO STATE MEDICAL ASSOCIATION 2023 HOUSE OF DELEGATES

2
3 PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1

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5 Presented by Margaret Dunn, MD, Chair, 2nd District

6		
7	Robyn Chatman, MD	1 st District
8	Asheesh Bothra, MD	2 nd District
9	Islam Gomaa, MD	3 rd District
10	Richard Munk, MD	4 th District
11	John Bastulli, MD	5 th District
12	Richard Ellison, MD	6 th District
13	Charles Hickey, MD	7 th District
14	Marla Haller, DO	8 th District
15	Amy Burkett, MD	Specialties Representative
16	Michelle Knopp, MD	Resident & Fellows Section
17	Ms. Nikita Das	Medical Student Section
18		
19		

20 Resolutions Committee One has reviewed the resolutions that have been proposed for
21 consideration at the 2023 Meeting of the OSMA House of Delegates. Committee One will
22 reconvene to consider additional testimony following the HOD Open Hearing on April 15, 2023.

23
24 The Resolutions Committee can recommend the following actions: **Reaffirm; Adopt; Not**
25 **Adopt; Refer; Amend.**

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28
29 **Resolution No. 1 – 2023 - AMEND**

30 **Establish a Women Physicians Section and a Senior Physicians Section**

31 **Preliminary Comments: This resolution is intended to operationalize policy previously**
32 **passed by the HOD by enacting bylaws changes. There were some concerns expressed**
33 **in online testimony about how “senior” physicians would be defined for the purposes of**
34 **the section. The original resolution passed defined “senior” physician as age 65 and**
35 **above, either active or retired. The committee discussed this testimony and decided that**
36 **adding this defining language to the resolution to confirm this would be beneficial for**
37 **clarity.**

38
39 **RESOLVED**, that the OSMA Constitution and Bylaws be amended as follows (showing
40 only affected sections):

41
42 **ARTICLE IV**
43 **HOUSE OF DELEGATES**

44
45 The House of Delegates shall be the legislative body of this Association and shall
46 consist of: (1) Delegates selected by the Active and Retired Members residing or working within

47 designated OSMA districts; (2) Officers of this Association enumerated in Article VI; (3)
48 Delegates and Alternate Delegates to the American Medical Association from Ohio, Past
49 Presidents and Past Councilors of this Association each of whom shall be an ex-officio member
50 without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly
51 elected Delegate or a duly elected officer of this Association; and (4) such representatives of
52 other medical groups as may be determined by the House of Delegates, including the following:
53

54 The Medical Student Section shall have one (1) Delegate and one (1) Alternate
55 Delegate selected from each of the medical or osteopathic colleges in the state of Ohio to the
56 House of Delegates, said Delegates to be selected in accordance with the Bylaws of the
57 Medical Student Section; provided that the Bylaws of the Medical Student Section have been
58 approved by Council. For purposes of representation in the House of Delegates, Student
59 Members shall not be counted at the individual district level, but shall constitute a separate
60 section which shall be treated and seated as if it were an additional district in which the Student
61 Members of each Ohio medical and osteopathic medical school elect their own Delegate.
62

63 The Organized Medical Staff Section shall have one (1) Delegate and one (1) Alternate
64 Delegate to the House of Delegates, said Delegate to be selected in accordance with Bylaws of
65 the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical Staff
66 Section have been approved by Council.
67

68 The Resident and Fellows Section shall have five (5) Delegates and two (2) Alternate
69 Delegates to the House of Delegates who must be Members in Training of this Association,
70 said Delegates to be selected in accordance with the Resident and Fellows Section Bylaws;
71 provided that the Bylaws of the Resident and Fellows Section have been approved by Council.
72 For purposes of representation in the House of Delegates, Members in Training shall not be
73 counted at the individual district level, but shall constitute a separate section which shall be
74 treated and seated as if it were an additional district in which the Members in Training elect
75 their own Delegates.
76

77 The Young Physician Section shall have one (1) Delegate and one (1) Alternate
78 Delegate to the House of Delegates who must be physicians in active practice and under the
79 age of forty or in the first eight years of practice after residency and fellowship training. The
80 Young Physician Section Delegate shall be selected in accordance with the Young Physicians
81 Section bylaws; provided that the bylaws of the Young Physician Section have been approved
82 by Council.
83

84 The International Medical Graduates Section shall have one (1) Delegate and one (1)
85 Alternate Delegate to the House of Delegates. The International Medical Graduate Section
86 Delegates shall be selected in accordance with the International Medical Graduate Section
87 bylaws; provided that the bylaws of the International Medical Graduate Section shall have been
88 approved by the OSMA Council.
89

90 THE WOMEN PHYSICIANS SECTION SHALL HAVE ONE (1) DELEGATE AND ONE
91 (1) ALTERNATE DELEGATE TO THE HOUSE OF DELEGATES. THE WOMEN PHYSICIANS
92 SECTION DELEGATES SHALL BE SELECTED IN ACCORDANCE WITH THE WOMEN
93 PHYSICIANS SECTION BYLAWS; PROVIDED THAT THE BYLAWS OF THE WOMEN
94 PHYSICIANS SECTION SHALL HAVE BEEN APPROVED BY THE OSMA COUNCIL.
95

96 THE OSMA SENIOR PHYSICIANS SECTION SHALL INCLUDE ALL MEMBERS AGE
97 65 AND ABOVE, EITHER ACTIVE OR RETIRED. THE SENIOR PHYSICIANS SECTION

98 SHALL HAVE ONE (1) DELEGATE AND ONE (1) ALTERNATE DELEGATE TO THE HOUSE
99 OF DELEGATES. THE SENIOR PHYSICIANS SECTION DELEGATES SHALL BE
100 SELECTED IN ACCORDANCE WITH THE SENIOR PHYSICIANS SECTION BYLAWS;
101 PROVIDED THAT THE BYLAWS OF THE SENIOR PHYSICIANS SECTION SHALL HAVE
102 BEEN APPROVED BY THE OSMA COUNCIL.
103

104 The medical specialties listed by the American Board of Medical Specialties and
105 approved by Council for representation in the House of Delegates, with final approval by the
106 House of Delegates, are eligible to have one Delegate and one Alternate Delegate for every
107 50 specialty members or portion thereof above 50 members who are also OSMA voting
108 members to be selected in accordance with Chapter 5, Section 4 of the Bylaws of this
109 Association. The Designated Delegate and Alternate Delegate must be certified as OSMA
110 voting members.
111

112
113 **BYLAWS**
114 **CHAPTER 5**
115 **THE HOUSE OF DELEGATES**
116

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118 **SECTION 11. WOMEN PHYSICIANS SECTION.** THE WOMEN PHYSICIANS
119 SECTION SHALL HAVE ONE DELEGATE AND ONE ALTERNATE DELEGATE WHO ARE
120 ALSO OSMA VOTING MEMBERS. THE WOMEN PHYSICIANS SECTION DELEGATE AND
121 ALTERNATE DELEGATE SHALL HAVE ALL THE RIGHTS, PRIVILEGES, AND DUTIES OF
122 OTHER DELEGATES. THE WOMEN PHYSICIANS SECTION DELEGATE AND ALTERNATE
123 DELEGATE WILL BE SEPARATELY SEATED IN THE HOUSE OF DELEGATES WITH
124 OTHER APPROVED SECTIONS.
125

126 **SECTION 12. SENIOR PHYSICIANS SECTION.** THE SENIOR PHYSICIANS
127 SECTION SHALL HAVE ONE DELEGATE AND ONE ALTERNATE DELEGATE WHO ARE
128 ALSO OSMA VOTING MEMBERS. THE SENIOR PHYSICIANS SECTION DELEGATE AND
129 ALTERNATE DELEGATE SHALL HAVE ALL THE RIGHTS, PRIVILEGES, AND DUTIES OF
130 OTHER DELEGATES. THE SENIOR PHYSICIANS SECTION DELEGATE AND ALTERNATE
131 DELEGATE WILL BE SEPARATELY SEATED IN THE HOUSE OF DELEGATES WITH
132 OTHER APPROVED SECTIONS.
133

134
135 **Fiscal Note:** \$5,000 (Sponsor)
136 \$5,000 (Staff)

137
138 **Resolution No. 2 – 2023 - ADOPT**

139 **Establish the OSMA Membership Task Force as an OSMA Standing Committee**

140 **Preliminary Comments: Online testimony was all supportive. The committee decided to**
141 **recommend a preliminary action of adopting the resolution as introduced based on the**
142 **supportive testimony.**

143 **RESOLVED**, that the OSMA Constitution and Bylaws be amended as follows:

144
145 **CHAPTER 10**
146 **COMMITTEES**
147

148 **Section 1. Committees.** The standing committees of this Association shall be the Committee
149 on Auditing and Appropriations AND THE COMMITTEE ON MEMBERSHIP. All other
150 committees and task forces of this Association shall be appointed FORMED by the President.

151
152 **Section 2. Appointment.** The President with approval of Council shall appoint the chair and
153 members of each committee and task force.

154
155 **Section 3. Duties and Responsibilities of Committees and Task Forces.** Each committee
156 and task force shall consider all items referred thereto TO IT by the House of Delegates and the
157 Council. The purpose(s) of each committee and task force shall be prescribed by the Council.

158
159 The actions of all committees and task forces shall be subject to the approval of the Council.
160

161
162 **Fiscal Note:** \$5,000 (Sponsor)
163 \$5,000 (Staff)
164
165

166 **Resolution No. 3 – 2023 – ADOPT**

167 **Physician Assisted Suicide**

168 **Preliminary Comments:** The intent of this resolution was to update outdated terminology
169 in previous policy used to describe these specific patient care situations, not to change
170 OSMA policy stance on the matter. There was mixed online testimony about the
171 resolution as introduced. The Committee noted testimony suggested to drop the first
172 Resolved clause, but discussed how the first Resolved represents a replacement in
173 specific policy language on physician-assisted suicide if the third Resolved clause
174 rescinds previous policy. Therefore, the Committee decided to retain this first Resolved
175 clause and recommend adoption. The Committee noted there will likely be further
176 discussion on the HOD floor about this matter that could lead to further changes to the
177 resolution.

178 **RESOLVED,** the OSMA opposes any bill to legalize physician-assisted suicide or
179 euthanasia, as these practices are fundamentally inconsistent with the physician's role
180 as healer; and be it further,
181

182 **RESOLVED,** the OSMA reaffirms the physician's duty to compassionately
183 respond to the needs of patients at the end of life, and physicians:

- 184 • Must not abandon a patient once it is determined that a cure is impossible;
- 185 • Must respect patient autonomy;
- 186 • Must provide good communication and emotional support; and,
- 187 • Must provide appropriate comfort care and adequate pain control, including
188 referral to hospice medicine and palliative care specialists as appropriate; and

189 **NOW THEREFORE**

190
191 **RESOLVED**, the OSMA supports efforts to educate physicians about advanced
192 palliative management techniques for pain and other symptoms, through the
193 undergraduate, graduate and continuing medical education programs and consistent
194 with the evidence-based medical literature. Physicians should recognize that courts and
195 regulatory bodies readily distinguish between use of narcotic drugs to relieve pain in
196 dying patients and use in other situations; and NOW THEREFORE

197
198 **RESOLVED**, the OSMA rescinds Policy 35-1988 – Oppose Voluntary Active
199 Euthanasia (Mercy Killing).

200
201 **Fiscal Note:** \$ 25,000 (Sponsor)
202 \$ 25,000 (Staff)
203

204

205 **Resolution No. 4 – 2023 - AMEND**

206 **Opposition of State-Expanded General Medicine Conscience Protections for Health**
207 **Insurers and for Pharmacists without Referral Attempt in Ohio**

208
209 **Preliminary Comments:** Online testimony was generally supportive of this resolution,
210 while acknowledging complexity of this issue. There was a suggested amendment to
211 broaden the application of the policy to other topics that may prompt conscience
212 protections, by removing the specific mention of intent for use in medical abortion in the
213 third Resolved clause. This amendment was supported by further testimony, so the
214 Committee agreed to amend the resolution as a preliminary action and strike out that
215 language. Members of the Committee also questioned what the Pharmacy Board’s stance
216 on this matter might be, and wondered whether it would be in line with this resolution – it
217 was noted that OSMA staff may be able to look into this question in advance of the
218 meeting and provide further insight.

219 **RESOLVED**, that our OSMA oppose any efforts by the state legislature to
220 implement conscience protections that extend to health insurers beyond those afforded
221 by federal statutes; and

222
223 **RESOLVED**, that our OSMA support the protection of coverage for medical
224 procedures and treatments under the standard of care from health insurer conscience
225 exemptions; and

226
227 **RESOLVED**, that our OSMA support a professional and legal obligation for
228 attempt of pharmacy referral within 72 hours when pharmacists exercise their
229 conscience rights in denying the dispensement of medications when prescribed by a
230 licensed medical professional under the standard of care. ~~without intent for use in~~
231 ~~medical abortion.~~

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233 **Fiscal Note:** \$ (Sponsor)
234 \$ 25,000 (Staff)

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Resolution No. 5 – 2023 - AMEND

Protection for Physician Administration of Gender-Affirming Care

Preliminary Comments: There was robust online testimony about this resolution. The Committee discussed existing policy adopted by the HOD in 2020 that supports gender-affirming care, on the basis of which OSMA has previously opposed legislative proposals that prohibit administration of gender-affirming care. The Committee discussed how there may be further discussion by the HOD about what “evidence-based” care entails. Ultimately, the Committee decided to amend the resolution and add a third Resolved clause which reaffirms existing policy and to await the further discussion in the HOD in order to guide the Committee in any further actions on the proposed language.

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RESOLVED, that our OSMA oppose any efforts to ban the administration of evidence-based care to patients when determined to be clinically indicated by their physician; be it further

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RESOLVED, that our OSMA oppose legislative or regulatory actions that would penalize physicians, Allied Health professionals, or healthcare entities who administer evidence-based gender-affirming care to patients.

256
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258

RESOLVED, THAT OUR OSMA REAFFIRMS OSMA POLICY 15-2020 – SUPPORTING GENDER-AFFIRMING CARE FOR TRANSGENDER AND GENDER MINORITY PATIENTS.

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Fiscal Note: \$ (Sponsor)
 \$ 25,000 (Staff)

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265

Resolution No. 6 – 2023 - AMEND

Neutralize the OSMA Language Against a Public Option and Single Payer

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Preliminary Comments: The committee discussed the mixed online testimony about this Resolution. The Committee decided to amend the resolution and strike out the third and fourth Resolved clauses since, as pointed out by testimony, the policies in those clauses are proposed to be rescinded in the 2023 Sunset Report. The Committee acknowledged there will be more discussion on the HOD floor regarding the language of the first two Resolved clauses, and awaits further guidance and comments on these proposed items. Specifically, committee members noted that if the HOD deems neutralization of language in existing policies to be appropriate and necessary, as called for in the first Resolved clause, referral to Council might be appropriate procedurally in order for Council to review the existing policies in question and come back to the HOD with neutralized

278 **language for review at the next HOD meeting may be the best course of action.**

279
280 **RESOLVED**, that the Ohio State Medical Association continues to express its
281 support for access to comprehensive, affordable, high-quality health care by neutralizing
282 language in current policies that oppose single- payer systems; and be it further

283
284 **RESOLVED**, that the Ohio State Medical Association (OSMA) rescind current
285 Policy 11 – 2010 – Promoting Free Market-Based Solutions to Health Care Reform to
286 neutralize language opposing a public insurance option and single-payer systems; and
287 be it further

288
289 ~~**RESOLVED**, the Ohio State Medical Association rescind Policy 13 - 1995~~
290 ~~Privatizing Medicare; and be it further~~

291
292 ~~**RESOLVED**, the Ohio State Medical Association rescind Policy 14 – 1995~~
293 ~~Privatizing Medicaid.~~

294
295
296 **Fiscal Note:** \$ (Sponsor)
297 \$ 25,000 (Staff)

298
299 **Resolution No. 7– 2023 - AMEND**

300 **Establishing Support for the Regulation of Endocrine Disrupting Chemicals in**
301 **Food, Agricultural, and Household Products**

302
303 **Preliminary Comments:** The Committee discussed the scope of this resolution and how it
304 applies far beyond Ohio and is more of a federal concern. AMA has existing policy about
305 this issue, so the Committee did not feel that sending this issue to AMA for more
306 discussion would be productive. Therefore, the committee chose to amend the resolution
307 and strike out the second Resolved clause, but retain the first – for OSMA to
308 acknowledge the health issue present and support investigation/regulation, but
309 recognize how this issue is more federal in nature.

310 **RESOLVED**, that OSMA supports the investigation and regulation of the use of
311 endocrine-disrupting chemicals in food, agricultural, and household products; ~~and, be it~~
312 ~~further~~

313
314 ~~**RESOLVED**, That Our OSMA supports legislation to investigate and regulate the~~
315 ~~use of endocrine-disrupting chemicals in products manufactured or sold in the state of~~
316 ~~Ohio.~~

317
318 **Fiscal Note:** \$ (Sponsor)
319 \$ 5,000 (Staff)

320
321

322 **Resolution No. 8 – 2023 - AMEND**

323
324 **Reducing Barriers and Eliminating Disparities Surrounding Use of Medications**
325 **for Opioid Use Disorder in Ohio**
326

327 **Preliminary Comments: The Committee questioned how this resolution would**
328 **specifically add policy language to OSMA policy as introduced. There were procedural**
329 **questions about how to appropriately address this resolution as given to the Committee**
330 **for preliminary recommendation. The Committee decided to make the changes as**
331 **suggested by the Resolved clauses 1 and 2 by inserting existing policy and amending it**
332 **as those Resolved clauses instruct with numbers 4 and 5 in the numbered list, then**
333 **replacing those Resolved clauses with the amended language.**

334 ~~**RESOLVED**, That our Ohio State Medical Association amend existing Policy 13-2022 to~~
335 ~~include advocacy for legislation prohibiting prior authorization requirements and other~~
336 ~~restrictions on use of evidence-based medications for opioid use disorder; and be it further~~
337

338 ~~**RESOLVED**, that Policy 13-2022 be amended to include OSMA support for research,~~
339 ~~policy, and education concerning the impacts of racism and classism on patient awareness of~~
340 ~~and access to substance use disorder treatment.~~
341

342 **RESOLVED**, THAT OSMA POLICY 13-2022 - CURBING OPIOID-RELATED DEATHS
343 IN OHIO THROUGH MEDICATION-ASSISTED TREATMENT AND HARM REDUCTION
344 SERVICES BE AMENDED TO READ AS FOLLOWS:
345

- 346 1. The Ohio State Medical Association (OSMA) advocates for the use of medication-
347 assisted treatment, including but not limited to methadone or buprenorphine, and
348 harm reduction methods without penalty when clinically appropriate.
- 349 2. The OSMA supports public awareness campaigns to increase education of
350 evidence-based services for opioid addiction, including but not limited to medication-
351 assisted treatment, harm reduction, and recovery services.
- 352 3. The OSMA supports existing and pilot programs for the distribution of fentanyl test
353 strips in at-risk communities in Ohio.
- 354 4. THE OSMA SUPPORTS LEGISLATION PROHIBITING PRIOR AUTHORIZATION
355 REQUIREMENTS AND OTHER RESTRICTIONS ON USE OF EVIDENCE-BASED
356 MEDICATIONS FOR OPIOID USE DISORDER.
- 357 5. THE OSMA SUPPORTS RESEARCH, POLICY, AND EDUCATION CONCERNING
358 THE IMPACTS OF RACISM AND CLASSISM ON PATIENT AWARENESS OF AND
359 ACCESS TO SUBSTANCE USE DISORDER TREATMENT.

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Resolution No. 9 – 2023 - ADOPT

Codifying ACA Preventative Care Provisions

Preliminary Comments: The Committee noted that OSMA does not have existing policy about preventative care services. The Committee noted there may be further discussion on the HOD floor about this, but based on the online testimony, chose to make a preliminary recommendation to adopt the Resolution as written.

RESOLVED, that our OSMA will advocate for requiring all fully insured private payers in Ohio to cover, without cost sharing to plan holders or beneficiaries, preventative care services including 1) services with an “A” or “B” rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF); and 2) immunizations recommended by the Advisory Committee on Immunization Practices (ACIP); and 3) preventative care and screenings for infants, children, and adolescents in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and 4) preventative care and screenings for women’s health specified in HRSA guidelines by codifying Section 2713 of the Affordable Care Act (ACA); and be it further

RESOLVED, that our OSMA will advocate for the coverage of preventative healthcare in all private and public health plans, including plans covered by the Employment Retirement Income Security Act of 1974 (ERISA).

Fiscal Note: \$ (Sponsor)
 \$ 25,000 (Staff)

Resolution No. 10 – 2023 - ADOPT

Supporting Increased Access to HIV Prevention Medication

Preliminary Comments: The online testimony about this resolution was generally supportive and concerns about cost were addressed in online testimony as well. Therefore, the Committee chose to recommend adoption of the resolution.

RESOLVED, that our OSMA opposes prior authorization requirements for HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medications; and be it further

RESOLVED, that our OSMA supports requiring state-regulated payers to cover full costs of HIV prevention medications and related services, including screenings, diagnostic procedures, administrative fees, and clinical follow-ups in-person or via telemedicine, without any cost-sharing obligation for the plan holder; and be it further

406 **RESOLVED**, that our OSMA supports legislation requiring all payers in Ohio to add long-
407 acting injectable variations of PrEP to their formularies to ensure that they are accessible to
408 eligible patients.

409
410 **Fiscal Note:** \$ (Sponsor)
411 \$ 25,000 (Staff)
412

413
414 **Resolution No. 11 – 2023 - AMEND**

415 **Lead Poisoning Prevention**

416
417 **Preliminary Comments:** There was significant discussion in online testimony about this
418 resolution, and some suggestions about broadening the Resolved clauses so that the
419 language is not limited just to Medicaid, as well as adding specificity regarding the
420 dissemination of information and data about lead screening and testing. The Committee
421 was in favor of these amendment suggestions based on online testimony and made
422 changes to the resolution in both Resolved clauses in order to reflect them.
423

424 **RESOLVED**, that our OSMA partner with relevant stakeholders to support
425 increasing the identification and testing of blood lead levels in Ohio children in areas for
426 high-risk of lead exposure and AND/OR enrolled in Medicaid, in line with state and
427 federal guidelines and laws; and be it further

428
429 **RESOLVED**, that our OSMA advocates for the transparent dissemination of lead
430 screening and testing data ~~by race and ethnicity~~ TO PHYSICIANS AND THE GENERAL
431 PUBLIC AT LARGE, WITH AN EMPHASIS ON INDIVIDUALS OF LIMITED
432 ECONOMIC MEANS, to allow for future targeted interventions in addressing race-based
433 and socioeconomic disparities.

434
435
436 **Fiscal Note:** \$ (Sponsor)
437 \$ 5,000 (Staff)

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439
440 **Resolution No. 12 – 2023 - AMEND**

441 **Support of Improving SUPPORTING RESEARCH INTO THE INCLUSION OF**
442 **LIPOPROTEIN(A) (LP(A)) INTO Cardiovascular Screenings ~~by Including Lipoprotein(a)~~**
443 **(Lp(a))**

444
445 **Preliminary Comments:** The Committee added the full name of Lipoprotein(a) in the
446 resolution for clarity. The Committee also changed the title to better reflect the content of
447 the resolution.

448
449 **RESOLVED**, that our OSMA supports Research into Lp(a) LIPOPROTEIN(A)
450 (LP(A)) for cardiovascular risk assessment.

451
452 **Fiscal Note:** \$ (Sponsor)
453 \$ 1,000 (Staff)

454
455 **Resolution No. 13 – 2023 - AMEND**

456
457 **Supporting Environmental Sustainability in Hospitals and Physician Offices**

458
459 **Preliminary Comments:** Online testimony was generally supportive. The Committee
460 discussed how the language of the resolution was general, broad and all-encompassing.
461 The Committee amended the resolution and added “and entities” to make it more all-
462 inclusive. Committee members acknowledged and discussed concerns in several online
463 testimonies, but noted that this resolution does not support mandates or requirements
464 for environmental sustainability, but merely offers support for physicians who are
465 voluntarily seeking to adopt these programs and initiatives.

466
467 **RESOLVED**, that our OSMA (1) supports initiatives to promote environmental
468 sustainability by healthcare facilities AND ENTITIES across Ohio, and (2) supports
469 physicians in adopting programs for environmental sustainability in their practices.

470
471 **Fiscal Note:** \$ (Sponsor)
472 \$ 5,000 (Staff)

473
474
475 **Resolution No. 14 – 2023 - AMEND**

476 ~~Creating a Pilot Program to Address Period Poverty in Underserved Ohio Public Schools~~
477 **SUPPORT FOR UNIVERSAL ACCESS TO MENSTRUAL HYGIENE PRODUCTS FOR OHIO**
478 **STUDENTS**

479
480 **Preliminary Comments:** The Committee discussed the suggestions in online testimony
481 for amendments that might broaden and strengthen the resolution, and ultimately made
482 several amendments as a preliminary recommendation. The Committee agreed with
483 online testimony that there is no need to limit access based on economic means, and to
484 make the resolution in support of universal access to menstrual hygiene products.

485
486 **RESOLVED**, our OSMA supports ~~a partnership with stakeholders to create a~~
487 ~~pilot program providing menstrual hygiene products at no cost to students in~~
488 ~~underserved Ohio public schools in an effort to address period poverty; and be it further~~

489
490 **RESOLVED**, Our OSMA supports ~~a partnership with relevant stakeholders to~~
491 ~~increase~~ UNIVERSAL, FREE access to menstrual hygiene products FOR OHIO
492 STUDENTS ~~in an effort to address period poverty.~~

493
494 **Fiscal Note:** \$ (Sponsor)

495 \$ 10,000 (Staff)

496

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498

Resolution No. 15 – 2023 - AMEND

499

Opposition to Indoor Tanning for Minors

500

501 **Preliminary Comments: The Committee noted that AMA already has policy on this topic,**
502 **so the second Resolved clause is not necessary and bringing the issue to AMA would**
503 **not be productive. Therefore, members of the Committee decided to amend the**
504 **resolution and strike out the second Resolved clause.**

505

506 **RESOLVED**, That the OSMA oppose indoor tanning for minors; and, ~~be it further~~

507

508 ~~**RESOLVED**, That this resolution should be taken to the AMA for consideration.~~

509

510

511 **Fiscal Note: \$5,000 (Sponsor)**

512

\$5,000 (Staff)

513

514

515

OSMA Sunset Report– 2023 - ADOPT

516

517 **Preliminary Comments: All testimony was in support of the sunset report as presented.**

518 **The Committee made a preliminary recommendation to adopt the 2023 Sunset Report.**

519

520 **RESOLVED**, That the recommendations of OSMA Council published prior to the Annual

521 Meeting as the 2023 OSMA Policy Sunset Report be adopted by the OSMA House of

522 Delegates.

523

Ohio State Medical Association Policy Compendium Review –

524

2023 OSMA Policy Sunset Report

525

OSMA policy from years 1932 through 2023 Sunset Report

526 *(This is a list of Policy numbers and titles. The full text of policies recommended*

527 **“RETAIN”** as edited and **“NOT RETAIN”** is contained in this report. *All other OSMA*

528 *policies will be retained as they are shown in the OSMA Policy Compendium available on*

529 www.osma.org.)

530

Policies to be Retained as Edited:

531 Policy 16 – 1976 – Official Representative of Organized Medicine

532 Policy 21 – 1979 – Reduction of Dues for Physicians in Their First Year of Practice

533 Policy 52 – 2000 – Tax Relief for Health Insurance

534 Policy 03 – 2020 – Meeting Code of Conduct

535

536 **Policies to be Not Retained:**

537 Policy 76 – 1994 – Status of OMSS Representative of the Organized Medical Staff
 538 Policy 13 – 1995 – Privatizing Medicare
 539 Policy 14 – 1995 – Privatize Medicaid
 540 Policy 01 – 2021 – Constitution and Bylaws – updates and corrections
 541 Policy 02 – 2021 – House of Delegates Ratio of Representation
 542 Policy 03 – 2021 – OSMA elections
 543 Policy 04 – 2021 – Constitution and Bylaws changes – membership category updates
 544 Policy 01 – 2022 – Create Guidelines for Sections and Create an International Medical
 545 Graduate Section
 546 Policy 02-2022 – Change the Ratio of Representation for Medical Specialties in the House of
 547 Delegates
 548

549

550

551 **Full text of policies recommended “RETAIN” as Edited and “NOT RETAIN”**

552

Recommendation	Policy	Comment
RETAIN as Edited	Policy 16 – 1976 – Official Representative of Organized Medicine 1. The OSMA reaffirms its position that the most effective representation of organized medicine, as well as of the individual physician, is through a strong relationship of the AMA, the State Medical Societies and their component LOCAL MEDICAL societies.	Updated to reflect current relationships between branches of organized medicine
RETAIN as Edited	Policy 21 – 1979 – Reduction of Dues for Physicians in Their First Year of Practice 1. OSMA dues for Active Members will be reduced by 50% for one year for physicians in FOR their first year of practice after training is completed MEMBERSHIP.	Updated to reflect current OSMA membership billing policies
RETAIN as Edited	Policy 52 – 2000 – Tax Relief for Health Insurance Retain as edited 1. The OSMA and AMA supportS 100% tax relief for health insurance.	Edit reflects current policy.
RETAIN as Edited	Policy 03 – 2020 – Meeting Code of Conduct	Policy developed and adopted and made part of HOD

Recommendation	Policy	Comment
	<p>1. It is the policy of the Ohio State Medical Association that all attendees of OSMA hosted meetings, events and other activities are expected to exhibit respectful, professional, and collegial behavior during such meetings, events and activities, including but not limited to dinners, receptions and social gatherings held in conjunction with such OSMA hosted meetings, events and other activities.</p> <p>Attendees should exercise consideration and respect in their speech and actions, including while making formal presentations to other attendees, and should be mindful of their surroundings and fellow participants.</p> <p>2. The OSMA will further define inappropriate conduct and develop policy and procedures regarding this issue so that recommendations can be presented to the House of Delegates.</p>	<p>handbook, Council handbook, and otherwise implemented.</p>
NOT RETAIN	<p>Policy 13 – 1995 – Privatizing</p> <p>1. The OSMA supports privatizing Medicare including the use of the medical savings account.</p>	<p>Medicaid in Ohio is now primarily administered by private managed care companies and Medicare advantage in Ohio now enrolls almost 50% of the market. Accomplished</p>
NOT RETAIN	<p>Policy 14 – 1995 – Privatize Medicaid</p> <p>1. The OSMA supports privatizing Medicaid including the use of the medical savings accounts. <i>Reaffirmed in 1996.</i></p>	<p>Medicaid in Ohio is now primarily administered by private managed care companies and Medicare advantage in Ohio now enrolls almost 50% of the market. Accomplished</p>
NOT RETAIN	<p>Policy 01 – 2021 – Constitution and Bylaws – updates and corrections</p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes</p>	<p>Accomplished</p>

Recommendation	Policy	Comment
	<p>adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org.</p>	
NOT RETAIN	<p>Policy 03 – 2021 – OSMA elections</p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org.</p>	Accomplished
NOT RETAIN	<p>Policy 02 – 2021 – House of Delegates Ratio of Representation</p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org.</p>	Accomplished
NOT RETAIN	<p>Policy 04 – 2021 – Constitution and Bylaws changes – membership category updates</p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org.</p>	Accomplished

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554 **Fiscal Note:** \$0 (Sponsor)

555 \$0 (Staff)