

1 OHIO STATE MEDICAL ASSOCIATION 2023 HOUSE OF DELEGATES

2
3 PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 2

4
5 Presented by Brian L. Bachelder, MD, Chair, 7th District

6		
7	Christopher M. Paprzycki, MD	1 st District
8	Laura Sinda Chambers-Kersh, MD	2 nd District
9	Jigna Narendra Janani, MD	3 rd District
10	Robert E. Kose, MD	4 th District
11	Andrew C. Rudawsky, MD	5 th District
12	Charles E. Smith, MD	6 th District
13	Anita P. Somani, MD	7 th District
14	Christopher G. Brown, MD	8 th District
15	William C. Sternfeld, MD	Specialties Representative
16	Brandon Z. Francis, MD	Resident & Fellows Section
17	Ms. Ellena M. Privitera	Medical Student Section
18		

19
20 Resolutions Committee Two has reviewed the resolutions that have been proposed for
21 consideration at the 2023 Meeting of the OSMA House of Delegates. Committee Two 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.**

26
27
28 **Resolution No. 16 – 2023 - AMEND**

29 **Strengthening the OSMA Stance on Abortion Policy in Ohio**

30 **Preliminary Comments: The predominance of testimony was in support of this**
31 **resolution. The committee discussed referral to Council, but it was felt that Council**
32 **needed the input from the House of Delegates as to the current direction of Ohio**
33 **physicians. The American Medical Association and American College of Obstetrics and**
34 **Gynecologists (ACOG) have already moved toward this position. The committee**
35 **understands that this is a controversial topic for the membership, but the online**
36 **testimony supports a possible change in direction for OSMA policy. The committee**
37 **agreed with the suggested change to the second Resolved as suggested online. The**
38 **committee wanted to emphasize the distinction between the fetal electrical contractions**
39 **of cells and the actual pumping action of a fetal heart. ACOG reports that the electronic**
40 **impulses of cardiac activity, which occur around 6 weeks of gestation, cannot be**
41 **considered a “heartbeat”, thus making “fetal heartbeat” bills and related discourse**
42 **scientifically inaccurate.**

43
44 **RESOLVED**, that our OSMA amend OSMA Policy 10-1990- Policy on Abortion
45 by addition and deletion as follows:

46
47 **Policy 10 – 1990 – Policy on Abortion**

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

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

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

- 56 • Require or compel Ohio physicians to perform treatment actions,
57 investigative tests, or questioning and OR education of a patient which are
58 not consistent with the medical standard of care; or,
- 59 • Require or compel Ohio physicians to discuss treatment options that are
60 not within the standard of care and/or omit discussion of treatment options
61 that are within the standard of care

62
63 ; and be it further resolved

64
65 ~~**RESOLVED** that our OSMA supports an individual's right to have an abortion up~~
66 ~~until the moment of viability or other nationally accepted medical standard; and be it~~
67 ~~further~~

68
69 **RESOLVED**, THAT OUR OSMA SUPPORTS AN INDIVIDUAL'S RIGHT TO DECIDE
70 WHETHER TO HAVE CHILDREN, THE NUMBER AND SPACING OF CHILDREN, AND TO
71 HAVE THE INFORMATION, EDUCATION, AND ACCESS TO HEALTH SERVICES TO MAKE
72 THESE DECISIONS, INCLUDING THE RIGHT TO ACCESS AND RECEIVE EVIDENCE-
73 BASED ABORTION CARE.

74
75 **RESOLVED**, that our OSMA opposes limitations on access to evidence-based
76 reproductive health services, including fertility treatments, contraception, and abortion;
77 and be it further

78
79 **RESOLVED**, that our OSMA opposes the imposition of criminal and civil
80 penalties or other retaliatory efforts against patients, patient advocates, physicians,
81 other healthcare workers, and health systems for receiving, assisting in, referring
82 patients to, or providing evidence based reproductive health services within the medical
83 standard of care; and be it further

84
85 **RESOLVED**, That our OSMA collaborates with relevant stakeholders to
86 encourage amendments to existing state laws so that a "fetal heartbeat" is not
87 inaccurately stated as synonymous with the first evidence of embryonic cardiac activity.

88
89
90 **Fiscal Note:** \$ (Sponsor)
91 \$ 25,000 (Staff)

94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132

Resolution No. 17 – 2023 - ADOPT

Opposition to Criminalization of Pregnancy Loss

Preliminary Comments: Online testimony was unanimously supportive of the resolution and the committee agreed. Advocate implies public support but not necessarily legislation action; that will be left to Council.

RESOLVED, that our OSMA will advocate (1) that pregnancy loss shall not be criminalized for physicians or patients, and (2) that physicians and patients should not be held civilly and/or criminally liable for pregnancy loss as a result of medical care.

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

Resolution No. 18 – 2023 – ADOPT

Rescind Abortion Policy 13-1973

Preliminary Comments: OSMA policy 13-1973 contains outdated information and thus should be eliminated as policy. Online comments were unanimously supportive.

RESOLVED, the OSMA rescinds Policy 13-1973 – Abortion as a Medical Procedure.

Fiscal Note: \$ (Sponsor)
 \$ 1,000 (Staff)

Resolution No. 19 – 2023 - AMEND

Support for Access to Emergency Contraception

Preliminary Comments: OSMA Policy 22-2001 - Neutrality Regarding Emergency Contraceptive Pill, needs to be rescinded since emergency contraception has become an accepted medical intervention. The committee felt that the education should not be limited to only patient encounters, but any potential educational opportunity.

RESOLVED, That our Ohio State Medical Association rescind Policy 22 - 2001; and be it further

133 **RESOLVED**, That our Ohio State Medical Association supports patient access to
134 all EVIDENCE BASED methods of emergency contraception ~~that are nationally~~
135 ~~accepted as part of the standard of care~~; and be it further

136
137 **RESOLVED**, That our Ohio State Medical Association acknowledges emergency
138 contraception as a necessary component of ~~patient~~ education on contraception.

139
140
141 Fiscal Note: \$ (Sponsor)
142 \$ 5,000 (Staff)
143

144
145 **Resolution No. 20 – 2023 - AMEND**

146 **Moratorium on Utility Discontinuation in Pregnancy and 12 Months Postpartum**

147 **Preliminary Comments: Online testimony was supportive. Presently pregnancy has been**
148 **utilized for deferment of utility payments but has not addressed the limitation of 90 days**
149 **per year, nor has the limitation of deferment for children during the first year of life.**

150
151 **RESOLVED**, That Ohio State Medical Association work with relevant
152 stakeholders to establish a moratorium, SUCH AS A MEDICAL CERTIFICATE, on utility
153 discontinuation during pregnancy and in the first year of the infant's life in order to
154 ensure optimal health for both individuals; and be it further ~~(Directive to Take Action)~~;
155 and be it further

156
157 **RESOLVED**, That Ohio State Medical Association support increasing education
158 about utilities payment plans available to at-need Ohioans that may be used to pay off
159 charges accrued while the medical certificate was in effect. ~~(Directive to Take Action)~~.

160
161
162 Fiscal Note: \$ (Sponsor)
163 \$ 10,000 (Staff)
164

165
166 **Resolution No. 21 – 2023 - AMEND**

167 **Utilizing Principles of Collective Impact to Address Pregnancy-Related**
168 **Mortality in Ohio**

169
170 **Preliminary Comments: Online testimony was supportive and the committee agreed. The**
171 **committee did not wish to specify the Principles of Collective Impact since these may**
172 **change in the future and the committee did not wish to limit the OSMA in its approach.**
173 **The committee was hesitant to commit the OSMA to develop resources as stated in the**
174 **third Resolved.**
175

176 **RESOLVED**, That our OSMA supports legislation and government action that
177 works to foster research and/or directly affect maternal mortality rates in the state of
178 Ohio; and be it further resolved

179
180 **RESOLVED**, That our OSMA ~~utilize principles of Collective Impact through~~
181 ~~collaboration~~ COLLABORATE with Ohio Pregnancy Associated Mortality Review and
182 Ohio Council to Advance Maternal Health to address pregnancy related morbidity and
183 mortality in Ohio.; and be it further

184
185 **RESOLVED**, That our OSMA collaborate with healthcare facilities and other
186 relevant stakeholders to support the development of resources to train healthcare
187 providers in identification and referral of patients for participation in community health
188 pregnancy-related morbidity and mortality programs.

189
190 Fiscal Note: \$ (Sponsor)
191 \$ 25,000 (Staff)

192
193
194 **Resolution No. 22– 2023 - ADOPT**

195 **Comprehensive Reproductive Healthcare Training in Medical Schools**

196 **Preliminary Comments: Training is not mandatory but should be available to any student**
197 **who desires the education.**

198
199 **RESOLVED**, That our OSMA supports the protection and delivery of evidence-
200 based, comprehensive reproductive healthcare training including training in abortion
201 and family planning for Ohio medical students, residents, and trainees; and be it further

202
203 **RESOLVED**, That our OSMA opposes legislation limiting comprehensive
204 reproductive healthcare training, which includes abortion and family planning training, in
205 Ohio medical schools.

206
207 Fiscal Note: \$ (Sponsor)
208 \$ 10,000 (Staff)

209
210
211 **Resolution No. 23 – 2023 - REFER**

212 **Allow Unmatched Medical School Graduates to Practice as Dependent Physicians**
213 **Under Physician Supervision**

214
215 **Preliminary Comments: This is a complex issue with multiple facets that need to be**
216 **considered, thus the committee felt that referral to Council was appropriate. Online**

217 **testimony was split. The committee feels that this is a significant issue and thus**
218 **supported Resolution 24-2023 as a solution to eliminate the problem. The committee**
219 **would strongly encourage Council to study this dilemma and develop solutions for**
220 **unmatched students.**

221

222 **RESOLVED**, that our OSMA work with state specialty societies to support these
223 unmatched graduate medical students through their legislators and regulators to allow
224 these physicians to work in underserved areas, in primary care, only in collaboration
225 with a licensed physician until the unmatched graduate medical student begins their
226 post-graduate medical education; and be it further

227

228 **RESOLVED**, that our OSMA will advocate for and support changes to state laws
229 and regulations to allow for unmatched medical school graduates to practice as
230 Dependent Physicians, subject to meeting the specific criteria and requirements
231 established by the state medical board; and be it further

232

233 **RESOLVED**, that our OSMA should work with state medical boards and other
234 relevant organizations to establish and promote the use of unmatched medical school
235 graduates, as a way to address the shortage of physicians; and be it further

236

237 **RESOLVED**, that our OSMA will work with commercial insurers, state entities
238 and the Centers for Medicare and Medicaid Services to reimburse for services rendered
239 by these unmatched medical school graduates working in their collaborative practices;
240 and be it further

241

242 **RESOLVED**, that our OSMA continue to advocate for expansion of residency
243 slots through increased GME funding to limit the number of unmatched graduate
244 medical students; and be it further

245

246 **RESOLVED**, that our OSMA oppose any effort by these unmatched graduating
247 physicians working in collaboration with licensed physicians, to become independent
248 licensed physicians without satisfactorily completing formal residency training.

249

250 Fiscal Note: \$ (Sponsor)
251 \$ 10,000 (Staff)

252

253 **Resolution No. 24 – 2023 - ADOPT**

254 **Support for Expanding Graduate Medical Education Funding**

255

256 **Preliminary Comments: AMA has broad policy on this topic (D305.967 - Support for**
257 **Expanding Graduate Medical Education Funding). Online testimony was unanimously**
258 **supportive for this resolution. The OSMA should support Ohio solutions to expand**
259 **graduate medical education, in addition to federal changes.**

260

261
262 **RESOLVED**, that our OSMA supports and encourages states to incentivize
263 private investments in GME programs by offering tax credits or other incentives to
264 foundations, corporations and individuals who provide support; and be it further

265
266 **RESOLVED**, that our OSMA advocate for increasing federal funding for GME
267 programs, and at every opportunity, support the repeal of the cap on GME funded
268 positions by the 1997 Balanced Budget Act; and be it further

269
270 **RESOLVED**, that our OSMA work with relevant stakeholders, including THE
271 Ohio Hospital Association and the Association of American Medical Colleges, to
272 develop and implement strategies for increasing GME funding and improving the quality
273 of medical education in Ohio.

274
275
276 Fiscal Note: \$ (Sponsor)
277 \$ 25,000 (Staff)

278

279

280 **Resolution No. 25 – 2023 - ADOPT**

281 **Coverage of Restorative Care for Survivors of Domestic Abuse**
282 **or Intimate Partner Violence**

283

284 **Preliminary Comments: Online testimony, along with the committee, was supportive of**
285 **this resolution. Presently, payers consider this cosmetic surgery and therefore not a**
286 **covered service. The committee discussed psychological services and these appear to**
287 **be covered.**

288

289 **RESOLVED**, that our OSMA urge all payers to consider any reconstructive
290 medical and dental treatments for physical injury sustained from or directly related to
291 domestic and intimate partner violence as restorative treatments; and be it further

292
293 **RESOLVED**, that our OSMA work with relevant stakeholders such as the
294 American Medical Association and the Centers for Medicare and Medicaid Service to
295 encourage payers to cover costs associated with reconstructive treatments for physical
296 injury sustained from abuse for survivors of domestic and/or intimate partner violence or
297 abuse; and be it further

298

299 **RESOLVED**, that our OSMA support legislation by the Ohio General Assembly
300 to require all third-party payers, including Medicaid MCOs, to reimburse reconstructive
301 services provided for treatment of physical injury in addition to the medically-necessary
302 restorative care provided to victims of domestic and intimate partner abuse.

303

304 Fiscal Note: \$ (Sponsor)
305 \$ 25,000 (Staff)

306
307
308
309
310
311
312
313
314

Resolution No. 26 – 2023 - ADOPT

Codifying Efforts for Legislative Action on Prior Authorization

Preliminary Comments: Online testimony was supportive and the committee agreed with this resolution. Ohio Gold Card legislation was introduced in 2022 but similar legislation in other states have had problems.

RESOLVED, that our OSMA will seek legislative solutions to reduce the burden of prior authorization requirements; and be it further

RESOLVED, that our OSMA advocacy team will report back annually to the House of Delegates on the status of prior authorization advocacy efforts unless deemed unnecessary by Council.

321
322
323
324
325

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

326
327

Resolution No. 27 – 2023 - AMEND

Reimbursement for Medical Interpreter Services

Preliminary Comments: Online testimony was supportive of the resolution and the committee agreed.

332

RESOLVED, that our OSMA will prioritize physician reimbursement for interpreter services, including American Sign Language, and advocate for legislative and/or regulatory changes to state health care programs such as Medicaid and other managed care plans, for payment for such services; and be it further

337

RESOLVED, that our OSMA will continue to work with interested state and specialty societies to advocate for physician reimbursement for interpreter services, including American Sign Language, BY commercial health plans and workers' compensation plans, ~~for payment for such services~~; and be it further

342

RESOLVED, that our OSMA work with the Ohio Department of Medicaid to eliminate all unfunded mandates related to patient care.

345

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

348

349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390

Resolution No. 28 – 2023 - ADOPT

Decrease Costs for Ohio Patients with Diabetes with Commercial Insurance

Preliminary Comments: Online testimony was supportive of the resolution and the committee agreed. SB 61 - Cap Cost Sharing for Prescription Insulin Drugs, was introduced this year.

RESOLVED, that our OSMA will: (1) encourage the Ohio Department of Insurance to investigate insulin pricing and market competition and take enforcement actions as appropriate; (2) support initiatives that provide physician education regarding the cost-effectiveness of insulin therapies; and (3) support state efforts to limit the ultimate expenses incurred by commercially insured patients for prescribed insulin and diabetic equipment and supplies.

Fiscal Note: \$ (Sponsor)
 \$ 5,000 (Staff)

Resolution No. 29 – 2023 - AMEND

Law Enforcement Escorting Incapacitated Patients to the Emergency Department

Preliminary Comments: The majority of online testimony was supportive of the resolution. Concerns about limited law enforcement resources, especially in small communities, were acknowledged. However, the safety of the emergency room staff needs to be ensured.

RESOLVED, That our OSMA advocate that law enforcement remain with any patient they bring to the emergency department who are intoxicated, altered, agitated, or otherwise pose a risk to the safety of themselves or others until a disposition has been determined, or at which time they mutually agree with the treating physician that their assistance is no longer needed.

Fiscal Note: \$ (Sponsor)
 \$ 10,000 (Staff)

Resolution No. 30 – 2023 - ADOPT

Support for 988 Response System

Preliminary Comments: The online testimony was unanimously in support of this resolution and the committee agreed.

391 **RESOLVED**, that our OSMA encourage the Ohio Legislature and the Ohio
392 Department of Mental Health and Addiction Services (OhioMHAS) to establish an
393 appropriate, sustainable funding plan to ensure the long-term success of 988 in Ohio.

394
395 Fiscal Note: \$ (Sponsor)
396 \$ 5,000 (Staff)

397
398
399 **Resolution No. 31 – 2023 – ADOPT**

400 **Clarification of Prescription Abbreviations (QD, BID, TID, QID)**

401
402 **Preliminary Comments: The online testimony was supportive of this resolution. However,**
403 **the committee had reservations based on several issues. Handwriting should not be an**
404 **issue since almost all prescriptions are submitted electronically. Another problem**
405 **discussed was patients skipping doses if they missed a specific timeframe. The issue**
406 **revolves around pharmacokinetics and some variation in dosing can be tolerated by a**
407 **more liberal schedule. Physicians should always communicate clearly with patients**
408 **about dosing schedules.**

409
410
411 **RESOLVED**, that our Ohio State Medical Association be part of the effort to
412 remove the old and dangerous Latin medical abbreviations QD, BID, TID, and QID and
413 replace them with more accurate medical instructions such as: every 24 hours, every 12
414 hours, every 8 hours, and every 6 hours.

415
416 Fiscal Note: \$ (Sponsor)
417 \$ 5,000 (Staff)