OSMA and AMA Policies Relevant to 2023 Proposed Resolutions
Resolution Committee One
Resolutions 1-15 and Policy Sunset Report

Resolution 1-2023: Establish Senior and Women Physicians Sections

OSMA Policy

See OSMA Bylaws:

https://osma.org/aws/OSMA/asset_manager/get_file/334466?ver=485

Policy 44 – 1991 – Women in Medicine
1. The House of Delegates recognizes and supports women members of this association in their efforts to participate at the operational levels in the formulation of policy for all OSMA programs and projects.

Policy 01 – 2022 – Create Guidelines for Sections and Create an International Medical Graduate Section
The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2022 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org.

Policy 04-2022 – Establish an Ohio State Medical Association Women Physicians Section
1. The OSMA will form a section of the OSMA known as the OSMA Women Physicians Section.
2. That appropriate Bylaws changes be accomplished to establish the OSMA Women Physicians Section.

Policy 05-2022 - Establish an Ohio State Medical Association Senior Physician Section
1. The OSMA will form a Section of the OSMA known as the OSMA Senior Physicians Section, to include all members age 65 and above, either active or retired.
2. That appropriate Bylaws changes to establish the Senior Physicians Section be accomplished.

Policy 15 – 2017 – Maintain the House of Delegates as the Legislative Body of the OSMA
1. The OSMA House of Delegates shall remain in place as the legislative body of the OSMA, retaining all rights, privileges and authority as are now set forth in the OSMA Constitution and Bylaws.
2. The quorum of the HOD will be satisfied with the presence of the majority of the registered delegates. This will require a bylaws change and the OSMA Council is directed to write the appropriate language for voting at the annual meeting in 2018.
3. From 45 days up to the annual meeting of the HOD, underrepresented counties can be assigned active OSMA members who reside or work in that county or district by the district councilor to serve at the HOD. This may require a bylaws change and the OSMA Council is directed to write the appropriate language for voting at the annual meeting in 2018.

AMA Policy

No relevant policy.

Resolution 2-2023: Standing Committee on Membership

OSMA Policy

See OSMA Bylaws:

https://osma.org/aws/OSMA/asset_manager/get_file/334466?ver=485

AMA Policy

No relevant policy.

Resolution 3-2023: Physician Assisted Suicide

OSMA Policy

Policy 35 – 1988 – Oppose Voluntary Active Euthanasia (Mercy Killing)
1. The OSMA opposes Voluntary Active Euthanasia (mercy killing) as unethical.
2. The OSMA opposes any legislation which would legalize voluntary active euthanasia (mercy killing) and/or legislation requiring a physician to directly or indirectly participate in such action(s).

AMA Policy

AMA Policy - Physician-Assisted Suicide H-270.965
Our AMA strongly opposes any bill to legalize physician-assisted suicide or euthanasia, as these practices are fundamentally inconsistent with the physician's role as healer.

AMA Policy - Physician Assisted Suicide H-140.952
It is the policy of the AMA that: (1) Physician assisted suicide is fundamentally inconsistent with the physician's professional role.

(2) It is critical that the medical profession redouble its efforts to ensure that dying patients are provided optimal treatment for their pain and other discomfort. The use of more aggressive comfort care measures, including greater reliance on hospice care, can alleviate the physical and emotional suffering that dying patients experience. Evaluation and treatment by a health professional with expertise in the psychiatric aspects of terminal illness can often alleviate the suffering that leads a patient to desire assisted suicide.

(3) Physicians must resist the natural tendency to withdraw physically and emotionally from their terminally ill patients. When the treatment goals for a patient in the end stages of a terminal illness shift from curative efforts to comfort care, the level of physician involvement in the patient's care should in no way decrease.

(4) Requests for physician assisted suicide should be a signal to the physician that the patient's needs are unmet and further evaluation to identify the elements contributing to the patient's suffering is necessary. Multidisciplinary intervention, including specialty consultation, pastoral care, family counseling and other modalities, should be sought as clinically indicated.

(5) Further efforts to educate physicians about advanced pain management techniques, both at the undergraduate and graduate levels, are necessary to overcome any shortcomings in this area. Physicians should recognize that courts and regulatory bodies readily distinguish between use of narcotic drugs to relieve pain in dying patients and use in other situations.

AMA Policy - Decisions Near the End of Life H-140.966
Our AMA believes that: (1) The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life-sustaining

treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.

(2) There is no ethical distinction between withdrawing and withholding life-sustaining treatment.

(3) Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.

(4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.

(5) Our AMA supports continued research into and education concerning pain management.

AMA Code of Medical Ethics - 5.7 Physician-Assisted Suicide
Thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide. Nonetheless, at the core of public and professional debate about physician-assisted suicide is the aspiration that every patient come to the end of life as free as possible from suffering that does not serve the patient's deepest self-defining beliefs. Supporters and opponents share a fundamental commitment to values of care, compassion, respect, and dignity; they diverge in drawing different moral conclusions from those underlying values in equally good faith.
Guidance in the AMA Code of Medical Ethics encompasses the irreducible moral tension at stake for physicians with respect to participating in assisted suicide. Opinion E-5.7 powerfully expresses the perspective of those who oppose physician-assisted suicide. Opinion 1.1.7 articulates the thoughtful moral basis for those who support assisted suicide.

Code of Medical Ethics Opinion 5.7 Physician-Assisted Suicide

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, permitting physicians to engage in assisted suicide would ultimately cause more harm than good.

Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

(a) Should not abandon a patient once it is determined that cure is impossible.

(b) Must respect patient autonomy.

(c) Must provide good communication and emotional support.

(d) Must provide appropriate comfort care and adequate pain control.

AMA Principles of Medical Ethics: I,IV

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

Code of Medical Ethics Opinion 1.1.7 Physician Exercise of Conscience

Physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination. Yet physicians are not defined solely by their profession. They are moral agents in their own right and, like their patients, are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. For some physicians, their professional calling is imbued with their foundational beliefs as persons, and at times the expectation that physicians will put patients' needs and preferences first may be in tension with the need to sustain moral integrity and continuity across both personal and professional life.

Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of conscience in their professional practice is important for preserving the integrity of the medical profession as well as the integrity of the individual physician, on which patients and the public rely. Thus physicians should have considerable latitude to practice in accord with well-considered, deeply held beliefs that are central to their self-identities.

Physicians' freedom to act according to conscience is not unlimited, however. Physicians are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, and respect basic civil liberties and not discriminate against individuals in deciding whether to enter into a professional relationship with a new patient.

In other circumstances, physicians may be able to act (or refrain from acting) in accordance with the dictates of their conscience without violating their professional obligations. Several factors impinge on the decision to act according to conscience. Physicians have stronger obligations to patients with whom they have a patient-physician relationship, especially one of long standing; when there is imminent risk of foreseeable harm to the patient or delay in access to treatment would significantly adversely affect the patient's physical or emotional well-being; and when the patient is not reasonably able to access needed treatment from another qualified physician.

In following conscience, physicians should

(a) Thoughtfully consider whether and how significantly an action (or declining to act) will undermine the physician's personal integrity, create emotional or moral distress for the physician, or compromise the physician's ability to provide care for the individual and other patients.

(b) Before entering into a patient-physician relationship, make clear any specific interventions or services the physician cannot in good conscience provide because they are contrary to the physician's deeply held personal beliefs, focusing on interventions or services a patient might otherwise reasonably expect the practice to offer.

(c) Take care that their actions do not discriminate against or unduly burden individual patients or populations of patients and do not adversely affect patient or public trust.

(d) Be mindful of the burden their actions may place on fellow professionals.

(e) Uphold standards of informed consent and inform the patient about all relevant options for treatment, including options to which the physician morally objects.

(f) In general, physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer. When a deeply held, well-considered personal belief leads a physician also to decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to desired services.

(g) Continue to provide other ongoing care for the patient or formally terminate the patient-physician relationship in keeping with ethics guidance.

Resolution 4-2023: Opposition of State-Expanded General Medicine Conscience Protections for Health Insurers and for Pharmacists without Referral Attempt in Ohio

OSMA Policy

Policy 07 – 2020 – Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio
1. The OSMA actively works to ensure that the sanctity of the physician-patient relationship is protected in all legislative and regulatory matters.
2. Current OSMA Policy 18 - 2012 (Criminalization of Medical Care) be amended to read as follows:
The OSMA opposes any portion of proposed legislation or rule that criminalizes clinical practice that is the standard of care.

1. That current OSMA Policy 10 – 1990 (Policy on Abortion) be amended as follows:

    1. It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs.
    2. The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.
    3. Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed OSMA legislation or rule that would:
        - Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning of a patient which are not consistent with the medical standard of care; or,
        - Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care.

Policy 25 – 2022 –Support for Expansion of Anti-discrimination Definition to Include Sexual Orientation and Gender Identity or Expression
1. The OSMA supports legislative actions to extend the definition of discrimination on the basis of sex to include sexual orientation and gender identity or expression.
2. The OSMA reaffirms OSMA Policy 10-2016.

Policy 22 – 2016 – Lesbian Gay Bisexual Transgender Queer (LGBTQ) Protection Laws
1. The OSMA supports the protection of Lesbian Gay Bisexual Transgender Queer (LGBTQ) individuals from discriminating practices and harassment.
2. The OSMA advocates for equal rights protections to all patient populations.

Policy 15 – 2020 – Supporting Gender-Affirming Care for Transgender and Gender Minority Patients
1. The OSMA reaffirms existing Policy 23-2016 - Expanding Gender Identity Options on Physician Intake Forms.
2. The OSMA supports individualized, gender-affirming, evidence-based treatment and clinical practices in caring for transgender and gender minority patients.
3. The OSMA supports educational training to further educate healthcare providers on how to provide competent, respectful, evidence-based care to transgender and gender minority patients.

AMA Policy

AMA Policy - Coverage of Contraceptives by Insurance H-180.958
1. Our AMA supports federal and state efforts to require that every prescription drug benefit plan include coverage of prescription contraceptives.
2. Our AMA supports full coverage, without patient cost-sharing, of all contraception without regard to prescription or over-the-counter utilization because all contraception is essential preventive health care.

AMA Policy – Opposition to HHS Regulations on Contraceptive Services for Minors H-75.998

(1) Our AMA continues to oppose regulations that require parental notification when prescription contraceptives are provided to minors through federally funded programs, since they create a breach of confidentiality in the physician-patient relationship. (2) The Association encourages physicians to provide comparable services on a confidential basis where legally permissible.

AMA Policy - Expanding Support for Access to Abortion Care D-5.996
1. Our AMA will advocate for: (a) broad and equitable access to abortion services, public and private coverage of abortion services, and funding of abortion services in public programs; (b) explicit codification of legal protections to ensure broad, equitable access to abortion services; and (c) equitable participation by physicians who provide abortion care in insurance plans and public programs.
2. Our AMA opposes the use of false or inaccurate terminology and disinformation in policymaking to impose restrictions and bans on evidence-based health care, including reproductive health care.

Resolution 5-2023: Protection for Physician Administration of Gender-Affirming Care

OSMA Policy

Policy 15 – 2020 – Supporting Gender-Affirming Care for Transgender and Gender Minority Patients
1. The OSMA reaffirms existing Policy 23-2016 - Expanding Gender Identity Options on Physician Intake Forms.
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1. The OSMA supports legislative actions to extend the definition of discrimination on the basis of sex to include sexual orientation and gender identity or expression.
2. The OSMA reaffirms OSMA Policy 10-2016.

Policy 22 – 2017 – Opposition to the Practice of LGBTQ "Conversion Therapy" or "Reparative Therapy"
1. The OSMA affirms that individuals who identify as homosexual, bisexual, transgender, or are otherwise not heteronormative are not inherently suffering from a mental disorder.
2. The OSMA strongly opposes the practice of "Conversion Therapy," "Reparative Therapy" or other techniques aimed at changing a person's sexual orientation or gender identity.

AMA Policy

AMA Policy - Clarification of Medical Necessity for Treatment of Gender Dysphoria H-185.927
Our AMA: (1) recognizes that medical and surgical treatments for gender dysphoria, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice; (2) will advocate for federal, state, and local policies to provide medically necessary care for gender dysphoria; and (3) opposes the criminalization and otherwise undue restriction of evidence-based gender-affirming care.

AMA Policy - Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population H-140.824

Our AMA supports: (1) shared decision making between gender diverse individuals, their health care team, and, where applicable, their families and caregivers; and (2) treatment models for gender diverse people that promotes informed consent, personal autonomy, increased access for gender affirming treatments and eliminates unnecessary third party involvement outside of the physician-patient relationship in the decision making process.

AMA Policy – Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted G-605.009

1. Our AMA will convene a task force of appropriate AMA councils and interested state and medical specialty societies, in conjunction with the AMA Center for Health Equity, and in consultation with relevant organizations, practices, government bodies, and impacted communities for the purpose of preserving the patient-physician relationship.
2. This task force, which will serve at the direction of our AMA Board of Trustees, will inform the Board to help guide organized medicine's response to bans and restrictions on abortion, prepare for widespread criminalization of other evidence-based care, implement relevant AMA policies, and identify and create implementation-focused practice and advocacy resources on issues including but not limited to:
a. Health equity impact, including monitoring and evaluating the consequences of abortion bans and restrictions for public health and the physician workforce and including making actionable recommendations to mitigate harm, with a focus on the disproportionate impact on under-resourced, marginalized, and minoritized communities;
b. Practice management, including developing recommendations and educational materials for addressing reimbursement, uncompensated care, interstate licensure, and provision of care, including telehealth and care provided across state lines;
c. Training, including collaborating with interested medical schools, residency and fellowship programs, academic centers, and clinicians to mitigate radically diminished training opportunities;
d. Privacy protections, including best practice support for maintaining medical records privacy and confidentiality, including under HIPAA, for strengthening physician, patient, and clinic security measures, and countering law enforcement reporting requirements;
e. Patient triage and care coordination, including identifying and publicizing resources for physicians and patients to connect with referrals, practical support, and legal assistance;
f. Coordinating implementation of pertinent AMA policies, including any actions to protect against civil, criminal, and professional liability and retaliation, including criminalizing and penalizing physicians for referring patients to the care they need; and
g. Anticipation and preparation, including assessing information and resource gaps and creating a blueprint for preventing or mitigating bans on other appropriate health care, such as gender affirming care, contraceptive care, sterilization, infertility care, and management of ectopic pregnancy and spontaneous pregnancy loss and pregnancy complications.

Resolution 6-2023: Resolution to Neutralize the OSMA Language Against a Public Option and Single Payer

OSMA Policy

Policy 05 – 2011 – Universal Health Insurance Coverage

1. The OSMA reaffirms support for universal health insurance access for all Americans through market based initiatives to create incentives for the purchase of coverage.

2. OSMA and AMA will pursue legislative and regulatory reform to achieve universal health insurance access through free market solutions.

Policy 21 – 2019 – 2019 Congressional Health Care Proposals

1. The OSMA supports provisions in Federal and State legislation that:
    1) Do not limit the choices available for Americans for health care coverage.
    2) Support improving existing health plans.
    3) Make any new plan voluntary.
    4) Do not eliminate the private insurance market.

2. The OSMA reaffirms our basic principles for health care (Policy 63 - 1994 and Policy 01 - 2017).
2. The OSMA AMA Delegation take this policy to the AMA Annual meeting in Chicago for further discussion and action.

Policy 16 – 2021 – Amend Policy 05—2011: Universal Health Insurance Access
1. The OSMA amends Policy 05—2011 to read:
    POLICY 05-2011 – Universal Health Insurance access
        1. The OSMA reaffirms support for universal health insurance access through market and public based initiatives to create incentives for the purchase of coverage.
        2. OSMA will continue to support legislative and regulatory reform to achieve universal health insurance access.

Policy 01 – 2017 – Supporting Changes in Health Care Policy that Increase Coverage and Expand Benefits
1. The OSMA supports the elimination of pre-existing condition exclusions from health insurance contracts and supports providing all Ohio citizens with high quality health care.
2. The OSMA opposes changes to healthcare policy that would decrease access to health care coverage for the citizens of Ohio.
3. The OSMA supports the inclusion of young adults up to age 26 on their parents'/guardians' health care plans.
4. The OSMA supports health care policies that allow states and institutions the right to explore and develop individualized models for covering the uninsured.

Policy 01 – 2017 was reaffirmed at the 2019 OSMA House of Delegates.

Policy 63 – 1994 – Health-System Reform
1. The OSMA supports only those proposed changes in our health-care system that are in the best interest of patients and which assure that all Americans continue to receive high quality medical care.
2. The OSMA supports the following principles: (1) All Americans shall have access to health insurance; (2) The right of patients to choose their physician freely; (3) The right of patients and their physicians to make medical decisions.
3. The OSMA supports the elimination of underwriting requirements which interfere with the establishment of small business pools.
4. The OSMA supports the elimination of pre-existing condition exclusions from health insurance contracts.
5. The OSMA supports guaranteed portability of health insurance.
6. The OSMA supports, for the medically indigent, the adoption of health insurance vouchers and/or tax credits as one of the mechanisms of providing them health-care coverage.
7. The OSMA supports both Medical Savings Accounts and Medical IRAs as acceptable methods to fund health care.
8. The OSMA supports legislative health-care plans which include fee-for-service as a method of payment for physician services.
9. The OSMA supports the position that free competition and meaningful medical professional liability reform are the more effective ways to contain health-care costs rather than global budgets and spending caps.

Policy 63 – 1994 was reaffirmed at the 2019 OSMA House of Delegates.

Policy 5 – 2008 – Health Insurance Coverage for All Ohioans
1. The OSMA supports guaranteed access to individually owned, affordable and sustainable health care insurance for all Ohio citizens.

AMA Policy

AMA Policy - Evaluating Health System Reform Proposals H-165.888

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:
    A. Physicians maintain primary ethical responsibility to advocate for their patients' interests and needs.
    B. Unfair concentration of market power of payers is detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems clearly fall within such a definition and, consequently, should continue to be opposed by the AMA. Reform proposals should balance fairly the market power between payers and physicians or be opposed.
    C. All health system reform proposals should include a valid estimate of implementation cost, based on all health care expenditures to be included in the reform; and supports the concept that all health system reform proposals should identify specifically what means of funding (including employer-mandated funding, general taxation, payroll or value-added taxation) will be used to pay for the reform proposal and what the impact will be.
    D. All physicians participating in managed care plans and medical delivery systems must be able without threat of punitive action to comment on and present their positions on the plan's policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan.
    E. Any national legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations and other essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care.
    F. Health system reform proposals and ultimate legislation should result in adequate resources to enable medical schools and residency programs to produce an adequate supply and appropriate generalist/specialist mix of physicians to deliver patient care in a reformed health care system.
    G. All civilian federal government employees, including Congress and the Administration, should be covered by any health care delivery system passed by Congress and signed by the President.
    H. True health reform is impossible without true tort reform.
2. Our AMA supports health care reform that meets the needs of all Americans including people with injuries, congenital or acquired disabilities, and chronic conditions, and as such values function and its improvement as key outcomes to be specifically included in national health care reform legislation.
3. Our AMA supports health care reform that meets the needs of all Americans including people with mental illness and substance use / addiction disorders and will advocate for the inclusion of full parity for the treatment of mental illness and substance use / addiction disorders in all national health care reform legislation.
4. Our AMA supports health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

AMA Policy - Health System Reform Legislation H-165.838

1. Our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:
    a. Health insurance coverage for all Americans
    b. Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions or due to arbitrary caps
    c. Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials
    d. Investments and incentives for quality improvement and prevention and wellness initiatives
    e. Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors' access to care
    f. Implementation of medical liability reforms to reduce the cost of defensive medicine
    g. Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens.

2. Our American Medical Association advocates that elimination of denials due to pre-existing conditions is understood to include rescission of insurance coverage for reasons not related to fraudulent representation.
3. Our American Medical Association House of Delegates supports AMA leadership in their unwavering and bold efforts to promote AMA policies for health system reform in the United States.
4. Our American Medical Association supports health system reform alternatives that are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients.
5. AMA policy is that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians.
6. Our AMA will actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician.
7. Our AMA will actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals.
8. Our AMA will actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:

a. Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services

b. Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system

c. Medicare payments cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted

d. Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate

e. Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another

f. Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest

9. Our AMA will continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA's position based on AMA policy.
10. Our AMA will use the most effective media event or campaign to outline what physicians and patients need from health system reform.
11. AMA policy is that national health system reform must include replacing the sustainable growth rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice and is backed by a fair, stable funding formula, and that the AMA initiate a "call to action" with the Federation to advance this goal.
12. AMA policy is that creation of a new single payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform.
13. AMA policy is that effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform.

AMA Policy - Universal Health Coverage H-165.904

Our AMA: (1) seeks to ensure that federal health system reform include payment for the urgent and emergent treatment of illnesses and injuries of indigent, non-U.S. citizens in the U.S. or its territories; (2) seeks federal legislation that would require the federal government to provide financial support to any individuals, organizations, and institutions providing legally-mandated health care services to foreign nationals and other persons not covered under health system reform; and (3) continues to assign a high priority to the problem of the medically uninsured and underinsured and continues to work toward national consensus on providing access to adequate health care coverage for all Americans.

Resolution 7-2023: Establishing Support for the Regulation of Endocrine Disrupting Chemicals in Food, Agricultural, and Household Products

OSMA Policy

No relevant policy.

AMA Policy

AMA Policy - Regulation of Endocrine Disrupting Chemicals H-135.920
Our American Medical Association will work with the federal government to pursue the following tenets:
(1) Regulatory oversight of endocrine disrupting chemicals should be centralized such that regulations pass through a single office to ensure coordination among agencies, with the exception of pharmaceutical agents that are regulated by the Food and Drug Administration and are used for medical purposes
(2) Policy should be based on comprehensive data covering both low-level and high-level exposures
(3) Policy should be developed and revised under the direction of a collaborative group comprising endocrinologists, toxicologists, occupational/environmental medicine specialists, epidemiologists, and policymakers.

AMA Policy - Bisphenol A H-135.933
Our AMA: (1) supports robust, science-based, and transparent federal regulatory framework for oversight of bisphenol A (BPA); and (2) recognizes BPA as an endocrine-disrupting agent and urges that BPA-containing products with the potential to increase human exposure to BPA be clearly identified.

Resolution 8-2023: Reducing Barriers and Eliminating Disparities Surrounding Use of Medications for Opioid Use Disorder in Ohio

OSMA Policy

Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio Through Medication-Assisted Treatment and Harm Reduction Services
1. The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate.
2. The OSMA supports public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services.
3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.

AMA Policy

AMA Policy – Support the Elimination of Barriers to Medication-Assisted Treatment for Substance Use Disorder D-95.968
1. Our AMA will: (a) advocate for legislation that eliminates barriers to, increases funding for, and requires access to all appropriate FDA-approved medications or therapies used by licensed drug treatment clinics or facilities; and (b) develop a public awareness campaign to increase awareness that medical treatment of substance use disorder with medication-assisted treatment is a first-line treatment for this chronic medical disease.
2. Our AMA supports further research into how primary care practices can implement medication-assisted treatment (MAT) into their practices and disseminate such research in coordination with primary care specialties.
3. The AMA Opioid Task Force will increase its evidence-based educational resources focused on methadone maintenance therapy (MMT) and publicize those resources to the Federation.

Resolution 9-2023: Codifying ACA Preventative Care Provisions

OSMA Policy

No relevant policy.

AMA Policy

AMA Policy - Preventive Medical Care Coverage for All H-165.840
Our AMA advocates for (1) health care reform that includes evidence-based prevention insurance coverage for all; (2) evidence-based prevention in all appropriate venues, such as primary care practices, specialty practices, workplaces and the community.

AMA Policy - Clinical Preventive Services H-410.967
The AMA: (1) recommends the USPSTF guidelines to clinicians and medical educators as one resource for guiding the delivery of clinical preventive services. USPSTF recommendations should not be construed as AMA policy on screening procedures and should not take the place of clinical judgment and the need for individualizing care with patients; physicians should weigh the utility of individual recommendations within the context of their scope of practice and the situation presented by each clinical encounter; (2) will continue to encourage the adoption of practice guidelines as they are developed based on the best scientific evidence and methodology available; and (3) will continue to promote discussion, collaboration, and consensus among expert groups and medical specialty societies involved in preparation of practice guidelines.

AMA Policy - Preventive Services H-425.997
1. Our AMA encourages the development of policies and mechanisms to assure the continuity, coordination and continuous availability of patient care, including professional preventive care and early-detection screening services, provided the services are cost effective.
2. It is the policy of the AMA that any preventive service that is being considered for inclusion in public or private sector insurance products have evidence-based data to demonstrate improved outcomes or quality of life and the cost effectiveness of the service.
3. Our AMA believes that preventive care should ideally be coordinated by a patient's physician.

AMA Policy - Coverage for Certain Types of Well Care Examinations by Health Insurers H-185.954
Our AMA: (1) will continue to facilitate the education of the American public and physicians as to the benefits of clinical preventive services, such as mammography screening and periodic physical examinations; (2) will continue to evaluate on a regular basis the benefits and cost-effectiveness of clinical preventive services guidelines; and (3) urges all health insurers to make available for purchase a wide variety of group and individual health insurance policies that provide coverage for a range of clinical preventive services.

AMA Policy - Coverage for Preventive Care and Immunizations H-185.924
Our AMA will advocate that all public and private payers be required to provide first dollar coverage of routine preventive pediatric care, as recommended by the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP), and immunizations, as recommended by the Centers for Disease Control and Prevention, AAP and AAFP.

Resolution 10-2023: Supporting Increased Access to HIV Prevention Medication

OSMA Policy

Policy 12 – 2020 – Improving Preventive Medicine through the Decriminalization of HIV Status

1. The OSMA reaffirms Policy 41 – 1996 (More Routine HIV Testing) which recommends more routine HIV testing.
2. The OSMA supports modernizing Ohio's laws regarding criminalization of non-disclosure of HIV status to better reflect advances in science and medicine and to remove stigmatization associated with diagnosis of HIV.
3. The OSMA opposes any Ohio state legislation that discriminates based on an individual's HIV status.

AMA Policy

AMA Policy - Pre-Exposure Prophylaxis (PrEP) for HIV H-20.895
1. Our AMA will educate physicians, physicians-in-training, and the public about the effective use of pre-exposure prophylaxis for HIV and the US PrEP Clinical Practice Guidelines.
2. Our AMA supports the coverage of all approved PrEP regimens in all clinically appropriate circumstances.
3. Our AMA supports the removal of insurance barriers for all approved PrEP regimens, such as prior authorization, mandatory consultation with an infectious disease specialist, and other barriers that are not clinically relevant.
4. Our AMA advocates that individuals not be denied any insurance on the basis of PrEP use.
5. Our AMA encourages the discussion of and education about PrEP during routine sexual health counseling.

AMA Policy - PrEP is an Essential Health Benefit H-165.821
1. Our AMA supports the continued inclusion of Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) as a Preventive Essential Health Benefit under the Patient Protection and Affordable Care Act.
2. Our AMA will support and join legal efforts to overturn the judgment rendered in Braidwood v. Becerra in the U.S. District Court for the Northern District of Texas.

Resolution 11-2023: Lead Poisoning Prevention

OSMA Policy

No relevant policy.

AMA Policy

AMA Policy - Reducing Lead Poisoning H-60.924
1. Our AMA: (a) supports regulations and policies designed to protect young children from exposure to lead; (b) urges the Centers for Disease Control and Prevention to give priority to examining the current weight of scientific evidence regarding the range of adverse health effects associated with blood lead concentrations below the current "level of concern" in order to provide appropriate guidance for physicians and public health policy, and encourage the identification of exposure pathways for children who have low blood lead concentrations, as well as effective and innovative strategies to reduce overall childhood lead exposure; (c) encourages physicians and public health departments to screen children based on current recommendations and guidelines and to report all children with elevated blood levels to the appropriate health department in their state or community in order to fully assess the burden of lead exposure in children. In some cases this will be done by the physician, and in other communities by the laboratories; (d) promotes community awareness of the hazard of lead-based paints; and (e) urges paint removal product manufacturers to print precautions about the removal of lead paint to be included with their products where and when sold.
2. Our AMA will call on the United States government to establish national goals to: (a) ensure that no child has a blood lead level >5 µg/dL (>50 ppb) by 2021, and (b) eliminate lead exposures to pregnant women and children, so that by 2030, no child would have a blood lead level >1 µg/dL (10 ppb).
3. Our AMA will call on the United States government in all its agencies to pursue the following strategies to achieve these goals: (a) adopt health-based standards and action levels for lead that rely on the most up-to-date scientific knowledge to prevent and reduce human exposure to lead, and assure prompt implementation of the strongest available measures to protect pregnant women and children from lead toxicity and neurodevelopmental impairment; (b) identify and remediate current and potential new sources of lead exposure (in dust, air, soil, water and consumer products) to protect children before they are exposed; (c)

continue targeted screening of children to identify those who already have elevated blood lead levels for case management, as well as educational and other services; (d) eliminate new sources of lead introduced or released into the environment, which may entail banning or phasing out all remaining uses of lead in products (aviation gas, cosmetics, wheel weights, industrial paints, batteries, lubricants, and other sources), and the export of products containing lead, and setting more protective limits on emissions from battery recyclers and other sources of lead emissions; (e) provide a dedicated funding stream to enhance the resources available to identify and eliminate sources of lead exposure, and provide educational, social and clinical services to mitigate the harms of lead toxicity, particularly to protect and improve the lives of children in communities that are disproportionately exposed to lead; and (f) establish an independent expert advisory committee to develop a long-term national strategy, including recommendations for funding and implementation, to achieve the national goal of eliminating lead toxicity in pregnant women and children, defined as blood lead levels above 1 µg/dL (10 ppb).
4. Our AMA supports requiring an environmental assessment of dwellings, residential buildings, or child care facilities following the notification that a child occupant or frequent inhabitant has a confirmed elevated blood lead level, to determine the potential source of lead poisoning, including testing the water supply.

Resolution 12-2023: Support of Improving Cardiovascular Screenings by Including Lipoprotein(a) (Lp(a))

OSMA Policy

No relevant policy.

AMA Policy

No relevant policy.

Resolution 13-2023: Supporting Environmental Sustainability in Hospitals and Physician Offices

OSMA Policy

Policy 27 – 2022 – Recognition of Climate Change as a Threat to Ohio's Health
1. The OSMA encourages the development of policy to combat climate change and its health effects in Ohio and to mitigate the undesirable environmental conditions that damage Ohioans' health.
2. The OSMA encourages education of the broader Ohio medical community to the serious adverse health effects of climate change and local conditions of climate variation.

Policy 09 – 2019 – Impact of Climate Change on Human Health
1. That the Ohio State Medical Association supports efforts at the state level for expansion of renewable sources of energy.

AMA Policy

AMA Policy - Stewardship of the Environment H-135.973
The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the
National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting
from environmental degradation; (8) encourages and helps support physicians who participate actively in

international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation.(12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues;
(15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support.

AMA Policy - Environmental Preservation H-135.972
It is the policy of the AMA to support state society environmental activities by:
(1) identifying areas of concern and encouraging productive research designed to provide authoritative data regarding health risks of environmental pollutants;
(2) encouraging continued efforts by the CSAPH to prepare focused environmental studies, where these studies can be decisive in the public consideration of such problems;
(3) maintaining a global perspective on environmental problems;
(4) considering preparation of public service announcements or other materials appropriate for public/patient education; and,
(5) encouraging state and component societies that have not already done so to create environmental committees.

AMA Policy - AMA Advocacy for Environmental Sustainability and Climate H-135.923
Our AMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change; (2) will incorporate principles of environmental sustainability within its business operations; and (3) supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities.

AMA Policy - Environmental Protection and Safety in Federal Facilities H-135.985
The AMA urges physicians to contribute to the solution of environmental problems by serving as knowledgeable and concerned consultants to environmental, radiation, and public health protection agencies of state and local governments.

AMA Policy - Global Climate Change and Human Health H-135.938
Our AMA: 1. Supports scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes have adversely affected the physical and mental health of people. We recognize that minoritized and marginalized populations, children, pregnant people, the elderly, rural communities, and those who are economically disadvantaged will suffer disproportionate harm from climate change.
2. Supports educating the medical community on the adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.
3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.
4. Encourages physicians to assist in educating patients and the public on the physical and mental health effects of climate change and on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.
5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to

more efficiently, and that adaptation interventions are equitable and prioritize the needs of the populations most at risk.
6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.
7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training.

AMA Policy - Declaring Climate Change a Public Health Crisis D-135.966
1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals.
2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens.
3. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting.

AMA Policy - Green Initiatives and the Health Care Community H-135.939
Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; (5) the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and clean-energy public transportation; and (6) community-wide adoption of 'green' initiatives and activities by organizations, businesses, homes, schools, and government and health care entities.

AMA Policy - AMA Advocacy for Environmental Sustainability and Climate H-135.923
Our AMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change; (2) will incorporate principles of environmental sustainability within its business operations; and (3) supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities.

Resolution 14-2023: Creating a Pilot Program to Address Period Poverty in Underserved Ohio Public Schools

OSMA Policy

No relevant policy.

AMA Policy

AMA Policy - Increasing Access to Hygiene and Menstrual Products H-525.973
Our AMA: (1) recognizes the adverse physical and mental health consequences of limited access to menstrual products for school-aged individuals; (2) supports the inclusion of medically necessary hygiene products, including, but not limited to, menstrual hygiene products and diapers, within the benefits covered by appropriate public assistance programs; (3) will advocate for federal legislation and work with state medical societies to increase access to menstrual hygiene products, especially for recipients of public assistance; and (4) encourages public and private institutions as well as places of work and education to provide free, readily available menstrual care products to workers, patrons, and students.

AMA Policy - Considering Feminine Hygiene Products as Medical Necessities H-525.974

Our AMA: (1) encourages the Internal Revenue Service to classify feminine hygiene products as medical necessities; (2) will work with federal, state, and specialty medical societies to advocate for the removal of barriers to feminine hygiene products in state and local prisons and correctional institutions to ensure incarcerated women be provided free of charge, the appropriate type and quantity of feminine hygiene products including tampons for their needs; and (3) encourages the American National Standards Institute, the Occupational Safety and Health Administration, and other relevant stakeholders to establish and enforce a standard of practice for providing free, readily available menstrual care products to meet the needs of workers.

Resolution 15-2023: Opposition to Indoor Tanning for Minors

OSMA Policy

Policy 68 – 1988 – Public Education on Hazards of Tanning Parlors
1. The OSMA endorses the findings released by the FDA warning Americans that the use of UVA tanning booths and sun beds pose potentially significant health risks to users and should be discouraged.

Policy 6 – 1990 – Tanning Parlors
1. The OSMA continues to support an educational campaign on the hazards of tanning parlors, as well as the development of local tanning parlor ordinances to protect our patients and the general public from improper and dangerous exposure to ultraviolet radiation.
2. The OSMA supports legislation to strengthen state laws to make the consumer as informed and safe as possible.

Policy 59 – 1993 – Tanning Parlor Education and Regulation Initiative
1. The OSMA shall develop a model public health regulation governing tanning parlors.
2. The OSMA encourages county medical societies to support adoption of a public health regulation governing tanning parlors by the board of health in their county.
3. Local boards of education should be encouraged to include the hazards of exposure to UV light in this comprehensive health education curriculum.

Policy 34 – 1998 – Educating Students about the Hazards of Tanning
1. The OSMA urges that each county medical society pass a policy to work with the individual school districts and other schools in their county to educate students about the hazards of tanning and how to prevent skin cancer.

Policy 30 – 1999 – Educating Students about the Hazards of Tanning
1. The OSMA urges the AMA to develop a nationwide program urging that county medical societies pass policy/policies to work with the various schools in their county to include information in their health curriculum about the hazards of exposure to tanning rays.

AMA Policy

AMA Policy - Protecting the Public from Dangers of Ultraviolet Radiation H-440.839

1. Our AMA encourages physicians to counsel their patients on sun-protective behavior.

TANNING PARLORS: Our AMA supports: (a) educational campaigns on the hazards of tanning parlors, as well as the development of local tanning parlor ordinances to protect our patients and the general public from improper and dangerous exposure to ultraviolet radiation; (b) legislation to strengthen state laws to make the consumer as informed and safe as possible; (c) dissemination of information to physicians and the public about the dangers of ultraviolet light from sun exposure and the possible harmful effects of the ultraviolet light used in commercial tanning centers; (d) collaboration between medical societies and schools to achieve the inclusion of information in the health curricula on the hazards of exposure to tanning rays; (e) the enactment of federal legislation to: (i) prohibit access to the use of indoor tanning equipment (as defined in 21 CFR 1040.20 [a][9]) by anyone under the age of 18; and (ii) require a United States Surgeon General warning be prominently

posted, detailing the positive correlation between ultraviolet radiation, the use of indoor tanning equipment, and the incidence of skin cancer; (f) warning the public of the risks of ultraviolet A radiation (UVA) exposure by skin tanning units, particularly the FDA's findings warning Americans that the use of UVA tanning booths and sun beds pose potentially significant health risks to users and should be discouraged; (g) working with the FDA to ensure that state and local authorities implement legislation, rules, and regulations regarding UVA exposure, including posted warnings in commercial tanning salons and spas; (h) an educational campaign in conjunction with various concerned national specialty societies to secure appropriate state regulatory and oversight activities for tanning parlor facilities, to reduce improper and dangerous exposure to ultraviolet light by patients and general public consumers; and (i) intensified efforts to enforce current regulations.

SUNSCREENS. Our AMA supports: (a) the development of sunscreens that will protect the skin from a broad spectrum of ultraviolet radiation, including both UVA and UVB; and (b) the labeling of sunscreen products with a standardized ultraviolet (UV) logo, inclusive of ratings for UVA and UVB, so that consumers will know whether these products protect against both types of UV radiation. Terms such as low, medium, high and very high protection should be defined depending on standardized sun protection factor level.
2. Our AMA supports sun shade structures (such as trees, awnings, gazebos and other structures providing shade) in the planning of public and private spaces, as well as in zoning matters and variances in recognition of the critical important of sun protection as a public health measure.
3. Our AMA, as part of a successful skin cancer prevention strategy, supports free public sunscreen programs that: (a) provide sunscreen that is SPF 15 or higher and broad spectrum; (b) supply the sunscreen in public spaces where the population would have a high risk of sun exposure; and (c) protect the product from excessive heat and direct sun.

OSMA Policy Sunset Report

OSMA Policy

No relevant policy.

AMA Policy

No relevant policy.