2023 OSMA Annual Meeting
Resolution Committee Two
Resolutions 16-31

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 16– 2023

Introduced by: Medical Student Section

Subject: Strengthening the OSMA Stance on Abortion Policy in Ohio

Referred to: Resolutions Committee No. 2

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WHEREAS, on June 24, 2022, the Supreme Court of the United States reversed nearly fifty (50) years of precedent when it held in *Dobbs* v. *Jackson Women's Health Organization* that the U.S. Constitution does not confer a right to abortion but rather that the authority to regulation abortion should be "return[ed]... to the people and their elected representatives"[1]; and

WHEREAS, immediately following the *Dobbs* decision, Ohio implemented a bill passed in July 2019 that banned abortion at the time there is a "detectable" fetal heartbeat, and by August of 2022, abortion in Ohio had dropped 65% compared to a national average drop of just 6%[2,3]; and

WHEREAS, approximately 2.2 million reproductive-aged people reside in Ohio and need access to abortion services, as demonstrated by the 20,990 abortions performed in 2020[4]; and

WHEREAS, there are a declining number of locations for reproductive-aged people to safely access abortion services in Ohio with 14 abortion facilities in 2017, of which 9 are abortion clinics, leaving 93% of counties without a facility and 55% of reproductive-aged people in counties with no facility, which disproportionately impacts people of color, immigrants, and rural populations[4,5]; and

WHEREAS, a study surveying reproductive-aged people at 7 abortion clinics in Ohio from 2020-2021 found that 89% of respondents obtained an abortion after 6 weeks and 25% discovered their pregnancy after 6 weeks, with discovery of pregnancy after 6 weeks significantly correlated with lower income and educational attainment[6]; and

WHEREAS, compilation of national statistics by the Guttmacher Institute highlighted 4,460 pregnancies for individuals under 15 years of age in 2017, with 44% resulting in abortion, and 52 girls under 15 years of age in Ohio receiving an abortion in 2020[7]; and

WHEREAS, maternal mortality rates are higher in states with abortion restrictions compared to states where abortion is protected, with greater differences and higher burden for Black and Native American pregnant individuals[8]; and

WHEREAS, the National Center for Health Statistics reported an 18.4% increase in United States maternal mortality between the 2019-2020, before and during the COVID-19 pandemic, with a 44.4% increase among Hispanic and 25.7% increase among non-Hispanic Black pregnant people[9]; and

WHEREAS, since *Roe v. Wade* was decided in 1973, over 1,700 instances of pregnancy criminalization have occurred in which people have been detained, arrested, prosecuted, convicted, or required to undergo medical interventions due to their pregnancy status or outcome[10]; and

WHEREAS, 61 individuals from 2000-2020 were prosecuted for self-managed abortions during the *Roe v. Wade* era, with higher rates of homicide consideration for people of color[11]; and

WHEREAS, the similar presentations of spontaneous miscarriages and self-managed abortions pose a risk in delaying life-saving care while legal actions are considered[12-13]; and

WHEREAS, federal guidance on justifying the use of Emergency Medical Treatment and Labor Act (EMTALA) for providing abortions in states with restrictions is complicated by vague definitions of what an emergency situation is for pregnant patients and whether ectopic pregnancies are inherently included in these definitions[14,15]; and

WHEREAS, restricted access to safe abortion does not lead to a decrease in abortions, rather an increase in unsafe abortions[12, 17]; and

WHEREAS, current OSMA Policy 10 - 1990 encapsulates its position of engaged neutrality on subsequent abortion-related policies, specifically by allowing OSMA members to support or oppose abortion at the discretion of their personal values and beliefs, juxtaposed with OSMA opposition of discussion and performance of treatments that are outside the standard of care or omission of treatments that are within the standard of care[18]; and

WHEREAS, the OSMA's current stance on abortion legislation has diluted its advocacy against anti-abortion bills in Ohio, with the OSMA conditioning testimony on H.B. 598, 2021-2022 (total abortion trigger ban) by saying "it is the policy of the [OSMA] to neither promote nor oppose legislative proposals related to the legality of abortion procedures," and the OSMA failing to testify in opposition to H.B. 378, 2021-2022 (forces providers to spread misinformation by telling patients that medication abortions are interruptible) and S.B. 157, 2021-2022 (prohibits physicians who provide abortion from teaching at or being employed or compensated by any state university-affiliated medical college, effectively stopping abortion in most of Ohio; and furthers misinformation relating to "born-alive" abortions)[19-21]; and

WHEREAS, the OSMA does not explicitly renounce open support for any type of healthcare except abortion[18]; and

WHEREAS, at the Annual 2022 Meeting of the American Medical Association (AMA) House of Delegates (HoD), the AMA adopted policy in support of reproductive health services, in which it recognized that healthcare, including reproductive health services like contraception and abortion, is a human right; opposed limitations on access to evidence-based reproductive health services; and opposed the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; among other things[22]; and

WHEREAS, The American College of Obstetricians and Gynecologists reports that the electronic impulses of cardiac activity, which occur around 6 weeks of gestation, cannot be considered a "heartbeat", thus making "fetal heartbeat" bills and related discourse scientifically inaccurate[23]; and

WHEREAS, ectopic pregnancies can develop cardiac activity, further complicating emergency treatments in states with "fetal heartbeat" bills and leading to patients' lives being placed at risk while healthcare providers wait for a clear emergency situation, such as a ruptured fallopian tube[24-25]; and

WHEREAS, many healthcare providers in Ohio that provide abortion services are booked multiple weeks out, preventing patients who were able to learn of their pregnancy before the "fetal heartbeat" cut off from accessing care, forcing them to spend resources and time on travel to available providers in or out of state while putting those with low resource and time access at a disadvantage[26]; and NOW THEREFORE

BE IT RESOLVED, that our OSMA amend OSMA Policy 10-1990- Policy on Abortion by addition and deletion as follows:

Policy 10 – 1990 – Policy on Abortion

~~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.~~

1~~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.

2~~3~~. Item~~s~~ 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 <u>and education</u> 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

; and be it further resolved

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

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

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

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

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

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 17– 2023

Introduced by: Young Physicians Section

Subject: Opposition to Criminalization of Pregnancy Loss

Referred to: Resolutions Committee No. 2

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WHEREAS, The Supreme Court ruling in *Dobbs vs. Jackson* overruled *Roe vs. Wade*, returning an individual's right to access abortion to state law ; and

WHEREAS, a growing number of current and pending laws insert government into the patient physician relationships by dictating limits or bans on reproductive health services while also aiming to criminally punish physicians who provide services that result in the loss of a pregnancy; and

WHEREAS, the AMA adopted policy D-160.911 stating that "Our AMA 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 medically necessary care."; and

WHEREAS, many laws governing the practice of medicine are state statutes, and NOW THEREFORE

BE IT 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)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 18 – 2023

Introduced by: American College Of OBGYN

Subject: Rescind Abortion Policy 13-1973

Referred to: Resolutions Committee No. 2

WHEREAS, the OSMA policy entitled "Policy 13-1973- Abortion as a medical procedure" is no longer consider the standard of care based on current evidence-based medicine; and

WHEREAS, the OSMA Committee on Maternal Health is no longer an active committee; and NOW THEREFORE

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

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

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OSMA Policy:

Policy 13 – 1973 – Abortion as a Medical Procedure

1. The House of Delegates of the OSMA adopts as its policy the statement of abortion issued by the OSMA's Committee on Maternal Health, with the exception that abortion upon request, like any other medical procedure, should be performed only in the maternal patient's best interests, and the standards of sound clinical judgment, which together with informed maternal patient consent, should be determinative according to the merits of each individual case.

Statement on Abortion of OSMA Committee on Maternal Health

In view of the recent decision of the United States Supreme Court on abortion the following statement is issued by the OSMA's Committee on Maternal Health.

Abortion shall mean an operation to intentionally terminate a pregnancy with a live or stillborn fetus weighing 500 grams or less, or under 20 completed weeks of gestation. For its performance, adequate facilities, equipment and personnel are required to assure the highest standards of patient care.

First trimester abortions (up to 12 weeks since conception) should be performed in a hospital or in a facility that offers the basic safeguards provided by hospital admission and has immediate hospital back-up. Such a facility should be accredited by the Joint Commission on Accreditation of Hospitals or licensed by the State of Ohio.

Abortions beyond the first trimester should be performed in a hospital.

Facilities for the performance of first trimester abortions should include appropriate surgical, anesthetic and resuscitation equipment. In addition, the following should be provided:

1. *Verification of the diagnosis and duration of pregnancy.*
2. *Pre-operative instructions and counseling.*
3. *Recorded pre-operative history and physical examination, particularly directed to identification of pre-existing or concurrent illnesses or drug sensitivities that may have a bearing on the operative procedures or the anesthesia.*
4. *Laboratory procedures as usually required for a hospital admission, including blood type and Rh factor.*
5. *Prevention of Rh sensitization.*
6. *A receiving facility where the patient may be prepared and receive necessary pre-operative medication and observation prior to the procedure.*
7. *A recovery facility in which the patient can be observed until she has sufficiently recovered from the procedure and the anesthesia and can be safely discharged by the physician.*
8. *Post-operative instructions and arrangements for follow-up including family planning advice.*
9. *Adequate permanent records.*

It is recognized that abortion may be performed at a patient's request or upon a physician's recommendation. No physician should be required to perform, nor should any patient be forced to accept, an abortion.

The usual informed consent, including operative permit, should be obtained. The same indications for consultation should apply to abortions as to other medical-surgical procedures.

Abortions should be performed only by licensed physicians who are qualified to identify and manage those complications that may arise from the procedure.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 19 – 2023

Introduced by: OSMA Medical Student Section

Subject: Support for Access to Emergency Contraception

Referred to: Resolutions Committee No. 2

WHEREAS, Emergency contraception (EC) helps prevent pregnancies in cases of contraception failure, sexual assault, and other unprotected sexual intercourse[1]; and

WHEREAS, 3 oral EC methods are available in the United States - levonogestrel (Plan B, progestin-only), ulipristal acetate (selective progestin receptor modulator), and Yuzpe (Preven, high-dose estrogen/progestin)[1]; and

WHEREAS, Taking EC within 5 days of unprotected sexual intercourse can prevent up to 95% of pregnancies[2]; and

WHEREAS, The World Health Organization and the U.S. Food and Drug Administration consider EC to be safe and effective and does not cause harm to fertility for possible future pregnancies[2]; and

WHEREAS, The use of oral ECs has increased in women aged 15-44 from 4% in 2002, to 28% between 2017 and 2019[3]; and

WHEREAS, Without insurance, the cost of oral emergency contraception can range from $10 to $50 while the cost of an abortion in the first trimester is can range from $568 to $625[4,5]; and

WHEREAS, While abortion is currently permitted up to 22 weeks of pregnancy because of a preliminary injunction on the implementation of the Human Rights and Heartbeat Protection Act, successful passage of current litigation could re-implement the Act and render abortions illegal at 6 weeks of pregnancy[6]; and

WHEREAS, The American College of Obstetricians and Gynecologists (ACOG) supports the use of EC by recommending physicians give counsel and provide education about EC, or alternatively providing timely referral if barriers are present[2]; and

WHEREAS, Recent evidence indicates that ECs levonorgestrel and ulipristal acetate may be less effective for women who are overweight or obese, and that the American College of Obstetricians and Gynecologists recommend that these patients

be advised of this decrease in efficacy, not refused or discouraged from EC use due to their weight[2, 7]; and

WHEREAS, A study found the pregnancy rate for patients taking levonorgestrel increased from 1.4% for patients weighing 65-75kg to 6.4% and 5.7% for patients weighing 75-85kg and >85kg, respectively[8]; and

WHEREAS, There is insufficient data on the number of women currently being educated about the decreased effectiveness for of EC for overweight and obese patients, indicating a potential gap in patient education[9]; and

WHEREAS, Misconceptions about the use of ECs act as a barrier to access, including but not limited to: confusion with medication-induced abortion, the use of ECs promoting "risky sexual behaviour"[2]; and

WHEREAS, Access to ECs remains particularly difficult for historically medically marginalized populations such as adolescents, immigrants, non-English speaking patients, survivors of sexual assault, those living in areas with few pharmacies, and poor women, with common barriers including confidentiality concerns, embarrassment, lack of transportation, and language barriers[2]; and NOW THEREFORE

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

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

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

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

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OSMA Policy:

Policy 22 – 2001 – Neutrality Regarding Emergency Contraceptive Pill

1. The OSMA is neutral in regard to emergency contraception pills.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 20 – 2023

Introduced by: OSMA Young Physicians Section

Subject: Moratorium on Utility Discontinuation in Pregnancy and 12 Months Postpartum

Referred to: Resolutions Committee No. 2

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WHEREAS, Nearly 400,000 Ohioans had one or more utilities discontinued between June 2021 and June 2022[1]; and

WHEREAS, Programs such as Home Energy Assistance Program (HEAP) provides a once-per-season emergency payment for low-income people who are behind on utility bills2; and

WHEREAS, Programs such as percent of income payment plan (PIPP) helps eligible Ohioans manage their energy bills based on a percentage of household income and are consistent year-round [3]; and

WHEREAS, The Ohio administrative code allows for medical waivers to prevent utility discontinuation in cases of nonpayment of utility bills when utilities are obtained through Public Utilities Commission (PUCO) regulated company [4]; and

WHEREAS, Medical certifications for utility discontinuation can only be signed by a physician three times in a rolling 12-month period to avoid utility discontinuation for up to 30 days[4]; and

WHEREAS, Medical certifications can postpone a disconnection, but customers are still required to pay for the utilities, even for the period the medical certification is in effect[4]; and

WHEREAS, In a survey of underserved patients at an Ohio institution, greater than 50% faced difficulty paying their utility bills despite available services; and

WHEREAS, young children whose families struggle to pay their utility bills (‘energy insecure’ families) are more likely to suffer a host of problems including food insecurity, poor health, hospitalizations and development delays[5]; and

WHEREAS, the association between social determinants of health (SDOH) and adverse outcomes in pregnancies has been well-established[6]; and

WHEREAS, loss of power may result in an increase in co-sleeping which has been associated with an increased risk for sudden infant death syndrome; and NOW THEREFORE

BE IT RESOLVED, That Ohio State Medical Association work with relevant stakeholders to establish a moratorium on utility discontinuation during pregnancy and in the first year of the infant's life in order to ensure optimal health for both individuals; and be it further (Directive to Take Action); and be it further

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

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

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 21 – 2023

Introduced by: OSMA Medical Student Section

Subject: Utilizing Principles of Collective Impact to Address Pregnancy-Related Mortality in Ohio

Referred to: Resolutions Committee No. 2

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WHEREAS, Data from Maternal Mortality Review Committees in 36 U.S. States for 2017-2019 showed that over 80% of pregnancy related deaths were due to preventable causes[1]; and

WHEREAS, data from Maternal Mortality Review Committees in 36 U.S. States for 2017-2019 showed that causes of pregnancy related death varied by race and ethnicity, as the leading causes were cardiac and coronary related in non-Hispanic Black patients, mental health related in non-Black Hispanic and White populations, and related to hemorrhage in Asian populations[1]; and

WHEREAS, data shows that the high infant mortality in the United States when compared to similar countries is likely due to disproportionately worse outcomes for those with lower socioeconomic status[2]; and

WHEREAS, the CDC reported that in 2020, Ohio had the 10th highest infant mortality rate in the United States at 6.5 infant deaths per 1,000 live births[3]; and

WHEREAS, between 2008 and 2016, Black women in Ohio were 2.5 times more likely to experience pregnancy-related mortality than white women and Black infants mortality rate was reported to be almost 3 times as high as White infants[3-4]; and

WHEREAS, in 2022, 97,000 women in Ohio were impacted by reduced access to pregnancy-related care, which was the highest reduction in access to care of any state in the US and presumed to be due to maternity care deserts[5]; and

WHEREAS, Collective Impact describes a more effective approach to social change which opposes the typical approach in which nonprofits compete for grant funding and operate independently within the system, and emphasizes a model in which community leaders from multiple sectors (corporate, government, schools, nonprofits, healthcare) work together with the 5 core principles of “common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations” to reach a common goal[8]; and

WHEREAS, Cradle Cincinnati was formed in 2013 to reduce Hamilton County's infant mortality rate[6-7]; and

WHEREAS, the Hamilton County Social Determinants of Health (SDOH) team, which was formed in collaboration with Cradle Cincinnati utilizing the Collective Impact model, consists of healthcare professionals, nonprofit agency leaders, a school board members, an Ohio state legislator, and a city councilmember chief[8]; and

WHEREAS, the Hamilton County SDOH has been incredibly successful in implementing data informed policies to improve pregnancy related outcomes, including policy that allows pregnant women to be prioritized in the waiting list for housing vouchers, hiring a full time coordinator to specifically address racism, creating the Health Equity Leadership Program, and adopting policy on Paid Family Leave[8]; and

WHEREAS, Hamilton County Ohio Equity Institute Annual Report (2021) reports that recruitment of pregnant women for connection to community health workers occurred predominantly (45%) via presenting to the University of Cincinnati health system for care which implicates the importance of healthcare system recruitment for community health programs[8]; and NOW THEREFORE

BE IT RESOLVED, That our OSMA supports Legislation and government action that works to foster research and/or directly affect maternal mortality rates in the state of Ohio; and be it further resolved

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

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

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

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 22 – 2023

Introduced by: OSMA Medical Student Section

Subject: Comprehensive Reproductive Healthcare Training in Medical Schools

Referred to: Resolutions Committee No. 2

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WHEREAS, on June 24, 2022, the Supreme Court of the United States' ruling in *Dobbs v. Jackson* revoked the federal right to abortion established in *Roe v. Wade* and affirmed in *Planned Parenthood v. Casey*[1]; and

WHEREAS, in Ohio, a six-week abortion ban (S.B. 23) with an exception for life endangerment went into effect, which would have impaired access to an estimated 89% of Ohio patients, was temporarily blocked by a state court judge in September 2022 for violation of Ohio's Equal Protection Clause[2,3], and

WHEREAS, most states saw decreases in the number of abortion providers between 2014-2017 and 89% of counties in the United States lacked an abortion provider in 2017[4,5]; and

WHEREAS, following the *Dobbs v. Jackson Women's Health Organization*, multiple states have enacted policies restricting education on family planning and abortion training for medical students and residents with a projected 70.77% of the 129,295 US medical students expected to have their training restricted by state laws under Dobbs[6,7]; and

WHEREAS, reproductive health includes informing, educating and counseling on sex, sexual responsibility, and sexually transmitted infections; provision of family planning services; appropriate prevention and treatment of the complications of abortion; appropriate prevention and treatment of infertility; and provision of prenatal care, safe delivery and postpartum care[8]; and

WHEREAS, the Association of Professors of Gynecology and Obstetrics define abortion training as a core educational topic area for medical students, and states, "regardless of personal views about abortion, students should be knowledgeable about its public health importance, techniques, and potential complications"[9]; and

WHEREAS, according to AAMC data, 80% of medical schools have incorporated a component of abortion training in their curriculum, including didactic lectures and clinical clerkships in family planning and abortion clinics[10]; and

WHEREAS, medical student training in abortion care varies significantly, with half of all medical schools including no abortion training or only a single lecture[11]; and

WHEREAS, increasing reports are emerging that highlight the difficulty of Ohio medical students to receive adequate abortion training following state-level abortion restrictions[12]; and

WHEREAS, regional differences in medical education will emerge as legislation limits abortion-related education in medical schools or as abortion and family planning clinics close in states with restrictive abortion laws[13]; and

WHEREAS, in September 2022, the University of Idaho issued a memorandum counseling staff to "avoid language that could be seen as promoting abortion," citing the "No Public Funds for Abortion Act" which bans the use of public funds for any abortion-related teaching or clinics[14,15]; and

WHEREAS, abortion and family planning training addresses abortion stigma in the medical community, normalizes abortion care, ensures that future physicians will be able to meet the reproductive needs of their patients, and helps students consider the quality of abortion training in residency programs[16]; and

WHEREAS, access to abortion training in OB/GYN residencies is expected to drop to only about 52% of all US residencies, limiting medical students from pursuing clinical training in states that outlaw or greatly restrict abortions, in favor of settings that offer a more comprehensive education[6,7,17]; and

WHEREAS, students and residents, especially those seeking a career in reproductive healthcare may be discouraged from pursuing medical education, residency training, or practicing in restrictive states, limiting opportunities for students and further exacerbating regional inequities in healthcare[6,7]; and

WHEREAS, current OSMA policy pertaining to sexual education in Ohio is limited to the adoption of statewide standards in K-12 schools (Policy 38 - 2021), pregnancy prevention and sexually transmissible disease education (Policy 29 - 2000), and "effective health promotion" in medical schools (Policy 57 - 1990) - but lacks guidance and directive on adequate comprehensive reproductive healthcare training; and NOW THEREFORE

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

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

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

References:

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 23 – 2023

Introduced by: OSMA Resident Physician Section

Subject: Allow Unmatched Medical School Graduates to Practice as Dependent Physicians Under Physician Supervision

Referred to: Resolutions Committee No. 2

- -

WHEREAS, the healthcare industry is facing a shortage of physicians; and

WHEREAS, Medical school graduates have received extensive training in multiple medical disciplines; and

WHEREAS, According to NRMP, in Match year 2022, 8470 Medical School Graduates went unmatched; and

WHEREAS, graduate medical education residency programs are not accessible for all medical school graduates because of limited Graduate Medical Education funding limiting the available residency positions; and

WHEREAS, Ohio law requires 1 year of Post Graduate Training (Internship or Residency) in order to be licensed as a physician in the state; and

WHEREAS, there is a growing trend towards the use of mid-level providers as a solution to the shortage of physicians; and NOW THEREFORE

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

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

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

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

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

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

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 24 – 2023

Introduced by: OSMA Resident Physician Section

Subject: Support for Expanding Graduate Medical Education Funding

Referred to: Resolutions Committee No. 2

- -

WHEREAS, the shortage of physicians in Ohio is projected to reach 1200 by 2025, according to our Ohio Hospital Association; and

WHEREAS, Graduate Medical Education (GME) plays a critical role in alleviating this shortage by training medical residents and preparing them to serve as licensed healthcare physicians; and

WHEREAS, the limited funding for GME in Ohio restricts the number of residency positions available and the quality of training provided; and

WHEREAS, the 1997 Balanced Budget Act capped the number of GME funded positions at the 1996 level with the exception of the 5 year exemption provision for new hospitals; and

WHEREAS, other states, are already implementing state wide measures of increasing their GME funding; and

WHEREAS, Our OSMA currently supports legislative efforts to study GME funding and alternatives means of supplementing federal funding; and

WHEREAS, private payers currently are not charged for most unsupervised procedures performed by residents and fellows, resulting in significant cost savings to the private payers; and NOW THEREFORE

BE IT RESOLVED, that our OSMA supports the expansion of GME funding through the allocation of additional state and federal resources to meet the growing demand for healthcare services in Ohio; and be it further

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

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

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

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

References:

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 25 – 2023

Introduced by: OSMA Medical Student Section

Subject: Coverage of Restorative Care for Survivors of Domestic Abuse or Intimate Partner Violence

Referred to: Resolutions Committee No. 2

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WHEREAS, Among adults, approximately 1 in 3 women and 1 in 10 men experience domestic or intimate partner violence or abuse in their lifetime, with such violence or abuse responsible for over 1500 deaths in the United States annually[1,2]; and

WHEREAS, 62,262 incidents of domestic violence were reported in the state of Ohio in 2021, with 28,691incidents resulting in a 'Domestic Violence Incident' criminal charge[3]; and

WHEREAS, Costs of intimate partner violence exceed 12 billion dollars annually, of which 8 billion goes to medical care and mental health care services for victims and their families[4]; and

WHEREAS, Third-party payers typically cover care for victims of domestic abuse and intimate partner violence, provided it is deemed medically-necessary care [5]; and

WHEREAS, Third-party payers typically deny coverage for restorative care, which aims to correct reminders of physical injuries endured by patients, when deemed "cosmetic," [5]; and

WHEREAS, Many non-profit physician-led organizations are dedicated to providing pro-bono reconstructive services to survivors of domestic and intimate partner violence, but have encountered a need for these services that greatly outweighs available resources,[6]; and

WHEREAS, Advocates in Ohio have been successful in closing the healthcare gap for other uninsured and underinsured healthcare needs of survivors of intimate partner violence, such as occupational therapy for brain-injury rehabilitation,[7]; and

WHEREAS, the Illinois State Medical Society was successful in introducing legislation to the Illinois General Assembly in 2021 after passing a resolution supporting coverage of restorative care related to injuries of domestic and intimate partner violence[8]; and

WHEREAS, OSMA has passed policy supporting access to breast reconstruction, stating that insurance carrier coverage should not discriminate against reconstruction of the female breast sustained after surgical removal of breast, including operations on the opposite breast to improve symmetry[9]; and NOW THEREFORE

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

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

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

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

References:

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 26 – 2023

Introduced by: OSMA Young Physicians Section

Subject: Codifying Efforts for Legislative Action on Prior Authorization

Referred to: Resolutions Committee No. 2

- -

WHEREAS, unnecessary prior authorization requirements can lead to delayed treatment; and

WHEREAS, existing OSMA policy 23-2022 targets stopping reversals of prior authorizations "as a part of their greater effort to eliminate prior authorization all together,"; and

WHEREAS, in Texas, a new so-called "Gold Card" law exempts physicians from prior authorization requirements for services if a physician has a 90% prior authorization approval rate over six months for that service[1]; and

WHEREAS, in Michigan, prior authorization reforms have been signed into law requiring transparency and time limits on turnaround time for both urgent and non-urgent requests[2,3]; and

WHEREAS, current OSMA policies 23-2022 and 14-2019 seek legislative solutions for a specific, narrow set of requests (prohibition of reversal of prior authorizations and development a mechanism of reimbursement for time spent completing the prior authorization process) rather than seeking legislative action on prior authorization in general; and

WHEREAS, although the OSMA has made some advocacy efforts addressing prior authorization, since addressing the burden of prior authorization is a major priority for physicians it should be codified into the OSMA policy compendium; and NOW THEREFORE

BE IT 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.

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

References:

1. https://www.beckershospitalreview.com/finance/texas-physician-gold-card-rules-take-effect-oct-1.html

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 26 – 2023

Introduced by: OSMA Young Physicians Section

Subject: Codifying Efforts for Legislative Action on Prior Authorization

Referred to: Resolutions Committee No. 2

- -

WHEREAS, unnecessary prior authorization requirements can lead to delayed treatment; and

WHEREAS, existing OSMA policy 23-2022 targets stopping reversals of prior authorizations "as a part of their greater effort to eliminate prior authorization all together,"; and

WHEREAS, in Texas, a new so-called "Gold Card" law exempts physicians from prior authorization requirements for services if a physician has a 90% prior authorization approval rate over six months for that service[1]; and

WHEREAS, in Michigan, prior authorization reforms have been signed into law requiring transparency and time limits on turnaround time for both urgent and non-urgent requests[2,3]; and

WHEREAS, current OSMA policies 23-2022 and 14-2019 seek legislative solutions for a specific, narrow set of requests (prohibition of reversal of prior authorizations and development a mechanism of reimbursement for time spent completing the prior authorization process) rather than seeking legislative action on prior authorization in general; and

WHEREAS, although the OSMA has made some advocacy efforts addressing prior authorization, since addressing the burden of prior authorization is a major priority for physicians it should be codified into the OSMA policy compendium; and NOW THEREFORE

BE IT 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.

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

References:

1. https://www.beckershospitalreview.com/finance/texas-physician-gold-card-rules-take-effect-oct-1.html

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 27 – 2023

Introduced by: OSMA Young Physicians Section

Subject: Reimbursement for Medical Interpreter Services

Referred to: Resolutions Committee No. 2

- -

WHEREAS, meaningful communication is essential to the patient-physician relationship for mutual understanding to diagnose and treat; and

WHEREAS, a major healthcare disparity is the fact that many patients are considered to have limited English proficiency (LEP) and require an interpreter; and

WHEREAS, Title VI of the Civil Rights Act mandates that interpreter services be provided for patients with limited English proficiency who need this service; and

WHEREAS, Section 1557 of the Affordable Care Act (ACA) states that any healthcare provider receiving federal assistance must provide limited English proficiency (LEP) patients with a qualified interpreter; and

WHEREAS the cost of these interpreter services is expensive, currently not reimbursed by government or commercial insurance plans, and places a significant financial burden on physicians and members of physician-led teams; and NOW THEREFORE

BE IT 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

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, commercial health plans and workers' compensation plans, for payment for such services; and be it further

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

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

References:

1. Policy 23 – 2020 – Government Pay for Government Mandates

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 28 – 2023

Introduced by: OSMA District 3

Subject: Decrease Costs for Ohio Patients with Diabetes with Commercial Insurance

Referred to: Resolutions Committee No. 2

- -

WHEREAS, the costs of treatment for patients with diabetes are increasing; and

WHEREAS, untreated diabetes results in complications and worsening of many other health conditions; and

WHEREAS, the costs of new technology such as blood glucose monitors, insulin pumps, and monthly supplies are difficult for patients to pay, especially with high deductible insurance policies; and

WHEREAS, there is new Federal legislation limiting copays for insulin for Medicare recipients; and

WHEREAS, there are no limits on commercial insurances in Ohio on copays for insulin; and

WHEREAS, lack of insulin or trying to decrease use of insulin because of cost is detrimental to the health of patients with diabetes; and NOW THEREFORE

BE IT 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)

References:

1. Policy 23 – 2020 – Government Pay for Government Mandates

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 29 – 2023

Introduced by: OSMA Young Physician Section

Subject: Law Enforcement Escorting Incapacitated Patients to the Emergency Department

Referred to: Resolutions Committee No. 2

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WHEREAS, Workplace violence is a preventable and significant public health problem, and optimal patient care can be achieved only when patients, health care workers, and all other persons in the emergency department (ED) are protected against violent acts occurring within the department; and

WHEREAS, Patients in police custody have been involved in 29% of shootings in emergency departments, with 11% occurring during escape attempts; and

WHEREAS, Half of emergency physicians report that >50% of assaults against healthcare workers in the ED are committed by patients intoxicated from drugs and/or alcohol; and

WHEREAS, Substance intoxication is a leading characteristic among perpetrators of workplace violence presenting with an altered mental state; and

WHEREAS, >75% of emergency physicians report that violence in the emergency department has impacted patient care, including loss of productivity of staff, emotional trauma to staff, increased wait times as staff are otherwise occupied, less focus of staff after an incident, and other mechanisms; and

WHEREAS, Incapacitated patients escorted to the Emergency Department by law enforcement are often left in the ED for hours after medical clearance when law enforcement decides that they no longer have a legal interest in the patient, wasting critical ED bed space and resources when these patients could be left to sober safely in jail or at home; and

WHEREAS, Family members or friends escorting otherwise incapacitated patients to the Emergency Department are required to either remain with the patient or provide reliable contact information, so that they can assist with disposition after medical clearance; and

WHEREAS, Patients in custody have rights to informed consent and refusal of medical interventions and rights to privacy and confidentiality that are similar to those of other patients; and NOW THEREFORE

BE IT RESOLVED, That our OSMA advocate that law enforcement remain with any patient they bring to the ED 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)

References:

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 30 – 2023

Introduced by: OSMA District 3

Subject: Support for 988 Response System

Referred to: Resolutions Committee No. 2

- -

WHEREAS, the nationwide 988 Suicide and Crisis Lifeline went live on Saturday July 16, 2022; and

WHEREAS, the first year of the Lifeline is fully funded by the federal government but subsequent funding must come from the State of Ohio; and

WHEREAS, no method of funding has been established yet by our Ohio Legislature; and

WHEREAS, the 988 Lifeline is an essential part of care for individuals with thoughts of suicide or mental health and addiction crisis; and

WHEREAS, mental health issues are better handled by calling 988 rather than 911; and NOW THEREFORE

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

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 31 – 2023

Introduced by: OSMA District 3

Subject: Clarification of Prescription Abbreviations (QD, BID, TID, QID)

Referred to: Resolutions Committee No. 2

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WHEREAS, the Latin abbreviations QD, BID, TID, and QID are old and outdated; and

WHEREAS, not many people speak or are taught Latin in America anymore; and

WHEREAS, these old abbreviations leave interpretation of the physician's instructions up to the patient and/or nursing staff; and

WHEREAS, this may lead to inappropriate dosing intervals of critical medications; and

WHEREAS, this may lead to confusion in treatment, poorly treated disease, increased hospital admissions, prolonged length of hospital stay, and increase in overall health care costs, and NOW THEREFORE

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

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