2024 OSMA Annual Meeting
Resolution Committee One
Resolutions 1-18, OSMA Policy Sunset Report

#1 - Insurance Coverage for Substance Use Disorder

#2 - OSMA Membership Structure

#3 – Update of OSMA Bylaws to Include Representative Members from the Women Physician Section, Senior Physician Section, and International Medical Graduates Section on OSMA Council

#4 - Amending OSMA Constitution and Bylaws to Require Council to Solicit Section Feedback/Approval on Public Statements on State Ballot Measures

#5 - Improving Institutional Memory/Revising OMSS Bylaws

#6 - AMA Delegation Attendance

#7 - Clarity in Advertising and Marketing

#8 - Cost of Living Payment Increases

#9 - Amending OSMA Resolution 15-2023 to Allow for Broader Abortion Advocacy

#10 - Protecting Access to Abortion for Patients using Teratogenic Medications

#11 - Transparency in Pregnancy Counseling

#12 - Making Ohio an Abortion Care Safe Haven

#13 - Improving Transparency of Parental Leave Policy in Graduate Medical Education

#14 - Ohio Medical School Suicide Education

#15 - Support for Parental Leave

#16 - Declaration of Health and Health Care as Human Rights

#17 - Support for Safe and Equitable Access to Voting

#18 - Reducing AI Bias in Healthcare

OSMA Policy Sunset Report

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 1 – 2024

Introduced by: OSMA Council

Subject: Insurance Coverage for Substance Use Disorder

Referred to: Resolutions Committee No. 1

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WHEREAS, OSMA Policy 79 – 1977 – Insurance Coverage for Alcoholism Treatment supports insurance coverage for alcoholism and continues to recognize alcoholism as an illness and disease requiring medical treatment; and

WHEREAS, since OSMA's adoption of that policy, the medical community has continuously and increasingly recognized all forms of substance use disorder as illness and disease also requiring medical treatment; and

WHEREAS, treatment of all substance use disorders is necessary for fundamental patient health; and

WHEREAS, health insurance companies can and should cover the cost of treatment for all substance use disorders; and therefore

BE IT RESOLVED, that OSMA Policy 79 – 1977 – Insurance Coverage for Alcoholism Treatment be amended as follows:

Policy 79 – 1977 – Insurance Coverage for ~~Alcoholism~~ SUBSTANCE USE DISORDER Treatment

1. The OSMA continues to recognize ~~alcoholism~~ SUBSTANCE USE DISORDER as an illness or disease.

2. The OSMA continues to support treatment of ~~alcoholism~~ SUBSTANCE USE DISORDER.

3. The OSMA supports health insurance coverage for treatment ~~alcoholism~~ SUBSTANCE USE DISORDER in whatever setting is most appropriate and cost effective.

Fiscal Note: $ 0 (Sponsor)
$ 500 (Staff)

References:

OSMA Policy

Policy 79 – 1977 – Insurance Coverage for Alcoholism Treatment

1. The OSMA continues to recognize alcoholism as an illness or disease.

2. The OSMA continues to support treatment of alcoholism.

3. The OSMA supports health insurance coverage for treatment alcoholism in whatever setting is most appropriate and cost effective.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 2 – 2024

Introduced by: OSMA Council

Subject: OSMA Membership Structure

Referred to: Resolutions Committee No. 1

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WHEREAS, our OSMA bylaws (Chapter 1, Section 2) set membership categories; and

WHEREAS, our OSMA bylaws (Chapter 3, Section 1) set determination of dues; and

WHEREAS, our OSMA bylaws (Chapter 5 Section 2) set the district ratio of representation; and

WHEREAS, more than 60 percent of physicians in Ohio now practice in large offices or health systems; and

WHEREAS, OSMA membership has been declining in recent years; and therefore

BE IT RESOLVED, the OSMA amend its bylaws (Chapter 1, Section 2) to create a new group membership category for practices and health systems with 150 or more physicians as follows:

Section 2. Classification of Membership.

(a) Active Members. The Active Members of this Association are those physicians with the OSMA who practice, work or reside in Ohio and who pay the appropriate dues to this association by January 31 of each year. Active Members shall have the right to vote and hold office.

(b) Retired Members. Retired Members of this Association shall be those members of this Association who have retired from the active practice of medicine and who do not receive regular and significant income for their participation in any professional activity related to the practice of medicine. They must have been Members of this Association for ten (10) years prior to retirement. Retired Members shall have the right to vote and hold office.

(c) Members in Training. Members in Training shall comprise all physicians who are pursuing studies and training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the American Medical Association or the American Osteopathic Association and their associated groups. Members in Training shall comprise the Resident and Fellows Section and shall have the right to vote and hold office.

(d) Nonresident Members. Nonresident Members shall include those physicians who reside and practice outside Ohio but who hold a license to practice medicine and surgery in Ohio and who are approved for Nonresident Membership by the Council. Nonresident Members shall not have the right to vote or hold office.

(e) Honorary Members. The House of Delegates may elect as an Honorary Member any person distinguished for services or attainments in medicine or the allied sciences or who has rendered other services of unusual value to medicine. An Honorary Member shall pay no dues or assessments.

(f) Life Active Members. Individuals who currently are Life Active Members having made a single payment for lifetime membership dues will continue as Life Active Members, but no new life memberships will be permitted. Life Active Members will have all of the rights and privileges of an Active Member under these Bylaws for life. Wherever the term "Active Member" is used in these Bylaws it shall include Life Active Members.

(g) Student Members. Student Members of this Association shall comprise those students who are pursuing the diploma of Doctor of Medicine or Doctor of Osteopathy in an approved medical or osteopathic college or institution in the State of Ohio. Student Members shall comprise the medical group known as the Medical Student Section. Said section shall be governed by and operate under separate Bylaws approved by the Council. Student Members of this Association shall have the right to vote and hold office in this Association.

(H) GROUP MEMBERSHIP. GROUP MEMBERSHIP OF THIS ASSOCIATION SHALL COMPRISE THOSE GROUP DUES PAYING PRACTICES AND HEALTH SYSTEMS PURSUANT TO THE TIERS OUTLINED IN CHAPTER 3, SECTION 1 OF THESE BYLAWS. EACH INDIVIDUAL IN A GROUP MEMBERSHIP SHALL HAVE ALL RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER, SUBJECT TO THE DISTRICT MEMBER CALCULATION OUTLINED IN CHAPTER 5, SECTION 2 OF THESE BYLAWS. INDIVIDUALS IN A GROUP MEMBERSHIP HAVE THE RIGHT TO VOTE, SERVE AS A DELEGATE AND HOLD OFFICE.

; and be it further

RESOLVED, the OSMA amend its bylaws (Chapter 3, Section 1) to create dues discounts for group with less than 150 members that have 100% OSMA membership and group memberships tiers for groups with more than 150 members, and to create new a new multi-year dues discount for individuals and groups of 20 or less when a commitment and payment of three years of membership is made, as follows:

Section 1. Determination of Dues. The annual dues and assessments of Active Members of this Association shall be determined by the House of Delegates, and shall be levied per capita on such members. They shall be payable to the OSMA before January 1 of the calendar year for which such dues are levied.

The Council of this Association shall have the authority to promulgate regulations governing the amount of annual dues and assessments of all classifications of members other than Active Members. A physician who is not engaged in active practice because of disability and who was a member of this Association at the time of the disability may be exempt from the payment of dues and assessments in this Association.

A member of this Association for whom payment of the member's regular dues constitutes a financial hardship may submit a request to the Council of this Association for an adjustment of dues. Such request shall be in writing. If the Council finds that payment of dues will constitute a financial hardship, the Council of this Association will make an adjustment of the member's dues to this Association for such period of time, and subject to such conditions, as Council may deem appropriate and advisable.

GROUP MEMBERSHIP DISCOUNTS AND TIERS SHALL BE AS FOLLOWS:

GROUP DISCOUNT STRUCTURE

GROUP SIZE	DISCOUNT
21-99	10% OFF INDIVIDUAL DUES RATE
100-149	15% OFF INDIVIDUAL DUES RATE

NEW GROUP MEMBERSHIP CATEGORY/TIERS

GROUP SIZE	TIER
150-500	$75K
500+	$100K

INDIVIDUALS AND GROUPS OF 20 OR LESS SHALL RECEIVE A 10% MULTI-YEAR DISCOUNT WHEN A COMMITMENT AND PAYMENT OF THREE YEARS OF MEMBERSHIP IS MADE.

; and be it further

RESOLVED, the OSMA amend its bylaws (Chapter 5, Section 2) to specify that for group membership for the purpose of counting the number of active members in a district would be the amount paid by the group divided by the current individual dues rate and apportioned to each district by the percent of physicians that group has practicing in each district, as follows:

> **Section 2**. OSMA District Delegates Ratio of Representation. Each OSMA district shall be entitled to one (1) Delegate and one (1) Alternate Delegate in the House of Delegates for each fifty (50) Active Members and Retired Members working or residing in the district as of December 31st of the preceding year. If the total number of Active Members and Retired Members in the district is not evenly divisible by fifty (50), that district shall be entitled to one (1) additional Delegate in the House of Delegates. The names of such Delegates and Alternate Delegates shall be submitted to the Association prior to the opening of the House of Delegates.
>
> In addition to the district Delegates ratio of representation stated in this section, each OSMA district shall be entitled to one additional designated Delegate and one additional Alternate Delegate who represents a section approved by the House of Delegates, except that members in training and medical students are represented solely by their separately seated sections. These additional designated Delegates shall be selected by the district.
>
> Members in Training and Students are represented through separately seated sections of the House of Delegates and shall not be included in the member count/ratio of representation of OSMA districts for purposes of determining representation in the House of Delegates.

FOR PURPOSES OF COUNTING THE NUMBER OF ACTIVE MEMBERS IN A DISTRICT, AND ACCOUNTING FOR GROUP MEMBERSHIP, THE CALCULATION SHALL BE THE AMOUNT PAID BY THE GROUP (either $75 or $100k) DIVIDED BY THE CURRENT INDIVIDUAL DUES RATE AND APPORTIONED TO EACH DISTRICT BY THE PERCENT OF PHYSICIANS THAT GROUP HAS PRACTICING IN EACH DISTRICT.

Fiscal Note: $ 0 (Sponsor)
$ 25,000 (Staff)

References:

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 3 – 2024

Introduced by: OSMA International Medical Graduate Physician Section

Subject: Update of OSMA Bylaws to Include Representative Members from the Women Physician Section, Senior Physician Section, and International Medical Graduates Section on OSMA Council

Referred to: Resolutions Committee No. 1

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WHEREAS, ARTICLE VII of the OSMA Constitution and Bylaws currently states that "The Board of Trustees (referred to herein as "the Council") shall consist of one (1) Councilor from each geographical councilor district, six (6) At-Large Councilors, one (1) member from the Organized Medical Staff Section, one (1) member from the Young Physician Section, one (1) member from the Resident and Fellows Section, one (1) Student Member from the Medical Student Section and the other elected Officers of this Association."[1]; and

WHEREAS, CHAPTER 8 Section 1 of the OSMA Constitution and Bylaws states that the Council shall be the executive body of this Association. Between meetings of the House of Delegates, the Council shall have and exercise all the powers and authority conferred on the House of Delegates by the Constitution and these Bylaws" and "The Council shall consider all questions involving the rights and standing of members" and "The Council shall have full power and authority to employ a Chief Executive Officer, who need not be a physician or member of this Association."[1]; and

WHEREAS, OSMA Constitution and Bylaws 2019 Revised Strategic Priorities states that the "OSMA will increase physician engagement…" and the "OSMA will be the voice for physicians advocating the role of professionals in the changing health care landscape…" and the "OSMA will support the healthy personal and professional development of physicians as well as lead and support physicians as they address population health improvement and public health needs" and the "OSMA will evaluate its governance structure and relationships with other medical societies and organizations to insure we are providing adequate input for all physicians and becoming a more nimble and responsive organization."[1]; and

WHEREAS, OSMA Women Physicians Section Draft Bylaws Chapter 1 states "The purpose of this section is to 1) provide an additional means for section members to participate in OSMA policy making and other activities, 2) enhance OSMA outreach, communication and interchange with members represented in the section, 3) maintain effective communications between the section and the OSMA, 4) promote OSMA membership growth, 5) promote professional development and education of its

members, and 6) to represent the unique interests of women members of the OSMA."[2]; and

WHEREAS, OSMA Senior Physicians Section Bylaws Chapter 1 states "The purpose of this section is to 1) provide an additional means for section members to participate in OSMA policy making and other activities, 2) enhance OSMA outreach, communication and interchange with members represented in the section, 3) maintain effective communications between the section and the OSMA, 4) promote OSMA membership growth, 5) promote professional development and education of its members, and 6) to represent the unique interests of senior members of the OSMA."[3]; and

WHEREAS, OSMA International Medical Graduates Section Bylaws Chapter 1 states "The purpose of this section is to 1) provide an additional means for section members to participate in OSMA policy making and other activities, 2) enhance OSMA outreach, communication and interchange with membership sections represented in OSMA sections, 3) maintain effective communications between the sections and the OSMA, 4) promote OSMA membership growth, 5) promote professional development and education of its members, and 6) to represent the unique interests of international medical graduate members of the OSMA."[4]; and

WHEREAS, OSMA Women (draft), Senior, and International Graduate Physicians Section Bylaws state that amendment of their own section bylaws is "subject to the approval of the Council of the Ohio State Medical Association prior to implementation."[2, 3, 4]; and

WHEREAS, including member seats from the OSMA demographic sections (e.g. Young Physicians Section, Medical Student Section, etc.) on the Council guarantees an opportunity for representation of these sections' unique interests; and this cannot be ensured through representation from the geographical councilor districts; and

WHEREAS, the Women Physician Section, Senior Physician Section, and International Medical Graduates Section do not have a representative on the OSMA Council; and therefore

BE IT RESOLVED, that the OSMA Bylaws shall be updated so that the Council shall additionally include one (1) member of the Women Physician Section, one (1) member of the Senior Physician Section, and one (1) member of the International Medical Graduates Section. The bylaws of each of these sections shall be updated (according to established procedure) to define the process of electing their representative member to the Council.

Fiscal Note: Less than $500 (Sponsor)
Less than $500 (Staff)

References

1. Ohio State Medical Association Constitution And Bylaws (Amended April 2023) https://osma.org/aws/OSMA/asset_manager/get_file/361482?ver=1189
2. Bylaws of the OSMA Women Physicians Section
3. Bylaws of the OSMA Senior Physicians Section
4. Bylaws the OSMA International Medical Graduate Physician Section

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 4 – 2024

Introduced by: OSMA Medical Students Section

Subject: Amending OSMA Constitution and Bylaws to Require Council to Solicit Section Feedback/Approval on Public Statements on State Ballot Measures

Referred to: Resolutions Committee No. 1

WHEREAS, On September 28, 2023, the OSMA published an official neutral position on Ohio Issue 1, citing policy preventing it from taking any action that may be construed as altering its members' views on abortion[1]; and

WHEREAS, According to the OSMA Constitution and Bylaws, the OSMA Council is responsible for supervising "the issuance of any publications of the Ohio State Medical Association" and therefore it was the Council that made the decision not to take a formal position on Issue 1[2]; and

WHEREAS, The OSMA Constitution and Bylaws also state that the Council "shall take no action contravening any general policy which shall have been adopted by the House of Delegates and which is then in effect"[2]; and

WHEREAS, Notwithstanding the Council's fundamental duty to uphold policy passed by the House of Delegates, the Council unilaterally voted to dilute the OSMA's advocacy on Issue 1 by anchoring on a single clause in a policy passed more than 30 years ago despite the fact that current OSMA policy on abortion is nearly identical to the state constitutional amendment language passed in Issue 1[1,3-4]; and

WHEREAS, The clause on which the Council based its neutral position on Issue 1, clause one of OSMA Policy 15 - 2023, is identical to the first sentence of the American Medical Association (AMA) Policy on Abortion H-5.990 [5]; and

WHEREAS, Despite identical language in policy, the AMA has *not* used its policy to restrict its advocacy on abortion, and instead has filed amicus briefs challenging state abortion laws, submitted testimony to multiple Congressional committee hearings on abortion restrictions, sent joint letters with other medical societies on unrestricted medical abortion access to the White House, and encouraged the White House and Department of Justice to ensure patients can travel freely across state lines to get abortions when they can't access them in their state of residence, among other actions[6]; and

WHEREAS, Generally organizational boards, such as the OSMA Council, are required to obtain shareholder/member approval for actions deemed to be fundamental corporate changes that are so extraordinary the board cannot do them alone, including but not limited to mergers and consolidations, transfers and dissolutions[7-]; and

WHEREAS, Given the fact that the OSMA has rarely published formal stances on statewide ballot measures and that such publications have the ability to drastically change the organization's role in matters of state health policy, official organizational positions on statewide ballot measures should be considered fundamental organizational changes and require member approval; and therefore

BE IT RESOLVED, that the OSMA Constitution and Bylaws be amended as follows:

Chapter 8
THE COUNCIL

Section 1. Powers and Duties of the Council.

The Board of Trustees (referred to herein as "the Council") shall be the executive body of this Association. Between meetings of the House of Delegates, the Council shall have and exercise all the powers and authority conferred on the House of Delegates by the Constitution and these Bylaws. In the exercise of the interim powers thus conferred upon it, the Council shall take no action contravening any general policy which shall have been adopted by the House of Delegates and which is then in effect.

The Council shall have direction of the investment and reinvestment of the funds of this Association.

The Council shall consider all questions involving the rights and standing of members.

The Council shall provide for and superintend the issuance of any publications of the Ohio State Medical Association. It shall have full power and authority to appoint a medical editor or publication board, or both, and make any other provisions for the publication of any publications which in its judgment are feasible including full discretionary power: (1) to promulgate rules and regulations governing ~~any~~ publications, EXCEPT FOR PUBLICATIONS REGARDING THE OFFICIAL ORGANIZATIONAL POSITION ON STATEWIDE BALLOT MEASURES; (2) to enumerate and define the powers and duties of the medical editor or publication board, or both; and (3) to fix the terms and conditions of their appointment. IN THE EVENT THAT A MEMBER OF THE COUNCIL BELIEVES THAT THE OHIO STATE MEDICAL ASSOCIATION HAS SUFFICIENT POLICY TO

TAKE AND PUBLISH AN OFFICIAL POSITION ON A STATEWIDE BALLOT MEASURE, THE ENTIRE COUNCIL MUST SOLICIT WRITTEN INPUT FROM THE GOVERNING COUNCIL OF EACH SECTION BEFORE TAKING A VOTE ON SUCH POSITION.

The Council shall have full power and authority to employ a Chief Executive Officer, who need not be a physician or member of this Association. The Chief Executive Officer may employ such other employees as are deemed necessary or advisable.

The Council shall provide such offices for the headquarters of this Association as may be required properly to conduct its business.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

References:

1. OSMA Statement on Issues 1 and 2. Ohio State Medical Association. September 28, 2023. Accessed November 30, 2023. https://www.osma.org/aws/OSMA/pt/sd/news_article/536993/_PARENT/layout_details-news/false
2. Constitution and Bylaws. Ohio State Medical Association. April 2023. Accessed November 30, 2023. https://osma.org/aws/OSMA/asset_manager/get_file/361482?ver=1189
3. Policy 10 - 1990: Policy on Abortion. Ohio State Medical Association.
4. Policy 15 - 2023: Strengthening the OSMA Stance on Abortion Policy in Ohio.
5. H-5.990: Policy on Abortion. American Medical Association.
6. “Advocacy in Action: Protecting Reproductive Health.” American Medical Association, June 7, 2023. https://www.ama-assn.org/delivering-care/public-health/advocacy-action-protecting-reproductive-health#:~:text=The%20AMA%20supports%20patients%27%20access,and%20contraception%2C%20as%20a%20right. Accessed 30 Nov. 2023.
7. Paredes, T. Speech by SEC Commissioner: Remarks at Conference on "Shareholder Rights, the 2009 Proxy Season, and the Impact of Shareholder Activism”. U.S. Securities and Exchange Commission. June 23, 2009.

OSMA Policy**:**

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The 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~~. Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed ~~OSMA~~ Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education 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

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.

3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.

4. The 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 care services within the medical standard of care.

5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

Policy 10 – 1990 – Policy on Abortion

1. 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. Item 1 notwithstanding, the OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, investigative tests, questioning or education 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.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 5 – 2024

Introduced by: OSMA District 2

Subject: Improving Institutional Memory/Revising OMSS Bylaws

Referred to: Resolutions Committee No. 1

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WHEREAS, OSMA OMSS and AMA OMSS recent meetings have markedly reduced in meeting attendance; and

WHEREAS, the members who have the best INSTITUTIONAL MEMORY are previously Governing Council members; and

WHEREAS, the likely granting of past Governing Council officers membership privileges will encourage further involvement and attendance at OMSS meetings; and therefore

BE IT RESOLVED, that Chapter 1, Section 1(B) of the OSMA OMSS Bylaws be amended as follows:

> **B. PARTICIPATION.** Participation in the section's activities shall be open to all members of organized medical staffs who are licensed to practice medicine or surgery or osteopathic medicine and surgery in the state of Ohio <u>(AND ANY CURRENT OR PAST MEMBER OF THE OMSS GOVERNING COUNCIL)</u>.

; and be it further

RESOLVED, that our OSMA delegation to the AMA take the suggested below changes to the AMA OMSS bylaws to the AMA House of Delegates for their consideration.

> **7.4.1 Membership.** Membership in the OMSS shall be open to all active physician members of the AMA who are members of a medical staff of a hospital or a medical staff of a group of practicing physicians organized to provide healthcare <u>(AND ANY CURRENT OR PAST MEMBER OF THE OMSS GOVERNING COUNCIL)</u>**.** Active Resident and fellow members of the AMA who are certified by their medical staffs as representatives to the Business meeting also shall be considered members of the section.

7.4.2 Representatives to the business meeting. Each medical staff of a hospital and each medical staff of a group of practicing physicians organized to provide healthcare may select up to two active physician AMA member representatives to the Business Meeting. The president or chief of staff of a medical staff may also attend the Business Meeting as a representative if they are an active physician members of the AMA. The representatives must be physician members of the medical staff of a hospital or group of practicing physicians organized to provide health care or residents/fellows affiliated with the medical staff of a hospital or group of practicing physicians organized to provide healthcare (OR CURRENT AND/OR PAST OMSS GOVERNING COUNCIL MEMBER) All representatives to the Business Meeting shall be properly certified in accordance with procedures established by the Governing Council and the Board of Trustees.

7.4.2.1 When a multi-hospital system and its component medical staffs have unified the medical staffs, those medical staff members who hold specific privileges to practice at each separate entity within the unified system may select up to two representatives to the business meeting, so long as they are active physician members of the AMA. The president or chief of staff of a unified medical staff also attend the business meeting as a representative if they are an active physician of the AMA.

7.4.3 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements or ceases to be credentialed as a representative consistent with the bylaws prior to the expiration of the term for which elected, the term of such officer or member shall terminate (AT THE END OF THEIR TERM)

7.4.4 Member Rights and Privileges

7.4.4.1 An OMSS member who is certified as a representative in accordance with 7.4.2 has the right to speak and debate, and has the right to introduce business, make motions, vote, (BUT NOT RUN AGAIN FOR AN OFFICE TO THE OMSS)

7.4.4.2 AN OMSS MEMBER WHO IS NOT CERTIFIED AS A REPRESENTATIVE IN ACCORDANCE WITH 7.4.2 HAS THE RIGHT TO SPEAK AND DEBATE, BUT DOES NOT HAVE THE RIGHT TO INTRODUCE BUSINESS, MAKE MOTIONS, VOTE OR RUN FOR OFFICE TO THE OMSS GOVERNING COUNCIL.

7.4.4.3 A PHYSICIAN WHO IS NOT A AMA MEMBER MAY ATTEND ONE BUSINESS MEETING AS GUEST, WITHOUT THE RIGHT TO SPEAK OR

DEBATE, INTRODUCE BUSINESS, MAKE MOTIONS, VOTE OR RUN FOR OFFICE TO THE OMSS GOVERNING COUNCIL.

7.4.4.4 AT THE DISCRETION OF THE OMSS GOVERNING COUNCIL, A NONPHYSICIAN MAY ATTEND THE BUSINESS MEETING AS A GUEST.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 6 – 2024

Introduced by: OSMA District 3

Subject: AMA Delegation Attendance

Referred to: Resolutions Committee No. 1

WHEREAS, OSMA members who run for Delegate and Alternate positions on the OSMA AMA Delegation commit to represent Ohio physicians at all meetings of the Delegation and the AMA HOD during their term of office; and

WHEREAS, voting Delegates at our OSMA Annual meeting need information/data about the attendance and participation of our OSMA AMA Delegates and Alternates before voting for delegation positions at the OSMA Annual Meeting; and therefore

BE IT RESOLVED, that our Ohio AMA Delegation staff and officers will create an attendance and participation report annually regarding all AMA Delegates and Alternates and distribute the report to voting OSMA Delegates at the OSMA Annual meeting before the AMA Elections.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 7 – 2024

Introduced by: OSMA District 3

Subject: Clarity in Advertising and Marketing

Referred to: Resolutions Committee No. 1

WHEREAS, our media (television, radio, internet, etc.) is being flooded by advertisements from many different businesses and individuals which all claim to improve the health of Ohio citizens; and

WHEREAS, there is limited information in the advertisements and on the websites and other media regarding the training and credentials of the owners and employees of the businesses; and

WHEREAS, some of these businesses/individuals are recommending herbs, supplements, and other treatments which may be detrimental to patients with multiple health care problems; and

WHEREAS, patients should be empowered and feel encouraged to ask about credentials and no patient should ever be shamed for asking for clarity of health care credentials; and

WHEREAS, our only current OSMA policy on this issue is OSMA 05- 2012 which states that "The OSMA shall work to enact state legislation to help provide clarity and transparency for patients when they seek out and go to a health care practitioner and that the legislation includes provisions similar to those in the AMA Truth in Advertising Campaign"; and therefore

BE IT RESOLVED, that our OSMA will work with state legislators to develop legislation or other regulations that would require any business or individual that advertises to the public that the care delivered will improve the health of Ohio citizens be required to clearly and accurately state the level of training, credentials, and board licensure of all individuals who interact with patients, including in advertising and marketing materials and on the business' website

Fiscal Note: $ (Sponsor)
$ 50,000 (Staff)

References:

OSMA Policy:

Policy 05 – 2012 – AMA's Truth in Advertising Campaign

1. The OSMA shall work to enact state legislation to help provide clarity and transparency for patients when they seek out and go to a health care practitioner and that the legislation includes provisions similar to those included in the AMA's Truth in Advertising campaign.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 8 – 2024

Introduced by: District 3

Subject: Cost of Living Payment Increases

Referred to: Resolutions Committee No. 1

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WHEREAS, Ohio physicians have not received cost of living increases in Medicare physician payments for over 20 years; and

WHEREAS, hospitals and nursing homes received yearly cost of living increases in payment; and

WHEREAS, the costs of wages, rent, heating and cooling, supplies, etc., have all increased, making it difficult for physicians to afford to stay in practice; and therefore

BE IT RESOLVED, that our OSMA will appeal to the Ohio congressional delegation for legislation to direct CMS to include a yearly cost of living increase in Medicare payments to physicians.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 9 – 2024

Introduced by: Medical Student Section

Subject: Amending OSMA Resolution 15-2023 to Allow for Broader Abortion Advocacy

Referred to: Resolutions Committee No. 1

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WHEREAS, abortion is the only topic for which the OSMA has a policy concerning the personal views of its members[1]; and

WHEREAS, in a press release concerning the decision process for OSMA's lack of stance on Issue 1, the OSMA General Council cited clause one of Policy 15 - 2023 as a policy restriction in its inability to formally support Issue 1[2]; and

WHEREAS, six Ohio medical professional societies, including the Academy of Medicine of Cleveland & Northern Ohio, Society for Maternal Fetal Medicine, Ohio Chapter of the American College of Physicians, Ohio Chapter of the American Academy of Pediatrics, Ohio Section of the American College of Obstetricians and Gynecologists, and American Society for Reproductive Medicine, released a statement in support of Issue 1[3]; and

WHEREAS, though the second sentence of the American Medical Association (AMA) Policy on Abortion H-5.990 is identical to the clause one of OSMA Policy 15 - 2023, the AMA has *not* used its policy to restrict its advocacy on abortion, and instead has filed amicus briefs challenging state abortion laws, submitted testimony to multiple Congressional committee hearings on abortion restrictions, and sent joint letters with other medical societies on unrestricted medical abortion access to the White House, among other actions[4]; and thererfore

BE IT RESOLVED, that the Ohio State Medical Association amend OSMA Policy 15 – 2023 – Strengthening the OSMA Stance on Abortion Policy in Ohio be amended as follows:

Policy 15 – 2023 – Strengthening the OSMA Stance on Abortion Policy in Ohio

~~1. 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.~~

1~~2~~. T~~Items 1 and 2 notwithstanding, t~~he OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education 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.

23. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.

34. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.

45. The 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 care services within the medical standard of care.

56. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

Fiscal Note: $ (Sponsor)
$ 50,000 (Staff)

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5. AMA Policy: Policy on Abortion H-5.990
6. AMA Policy: Expanding Support for Access to Abortion Care D-5.996

OSMA Policy:

Policy 10 – 1990 – Policy on Abortion

1. 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. Item 1 notwithstanding, the OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:
    - Require or compel Ohio physicians to perform treatment actions, investigative tests, questioning or education 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 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The 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~~Ohio legislation or rule that would:

    - Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education 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

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.
3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.
4. The 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 care services within the medical standard of care.
5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 10 – 2024

Introduced by: Medical Student Section

Subject: Protecting Access to Abortion for Patients using Teratogenic Medications

Referred to: Resolutions Committee No. 1

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WHEREAS, Ohio Issue 1 changed the constitution by popular vote, enshrining that “Every individual has a right to make and carry out one’s own reproductive decisions, including but not limited to decisions on: contraception; fertility treatment; continuing one’s own pregnancy; miscarriage care; and abortion.”; and

WHEREAS, Ohio Issue 1 states that “The State shall not, directly or indirectly, burden, penalize, prohibit, interfere with, or discriminate against either: An individual's voluntary exercise of this right or; A person or entity that assists an individual exercising this right, unless the State demonstrates that it is using the least restrictive means to advance the individual's health in accordance with widely accepted and evidence-based standards of care.”; and

WHEREAS, existing restrictive legislation regarding abortion in Ohio will need to be individually litigated and repealed if not in accordance with the statutes outlined by Issue 1; and

WHEREAS, although Issue 1 grants Ohioans greater reproductive rights in the interim, it is not immune to legal loopholes or nationwide bans; and

WHEREAS, a national abortion ban would supersede the amendments laid out by Issue 1 for the state of Ohio; and

WHEREAS, with an uncertain future regarding the security of reproductive rights on both a state and national level, it has become increasingly important that our OSMA be proactive in outlining clear policy guiding the use of abortion as it relates to necessary-medical treatments; and

WHEREAS, existing OSMA policy (Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio) states that the “OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion”[2]; and

WHEREAS, Although this amendment opposes non-evidence based limitations, it does not provide OSMA with clear directions in the setting of a nationwide or statewide total abortion ban for those utilizing teratogenic medications including, but not limited to, isotretinoin, anti-epileptic medications, renin-angiotensin systemic (RAS)-acting agents, and chemotherapy drugs; and

WHEREAS, These medications pose incredibly high risks of severe abnormalities in the fetus including neural tube defects and renal abnormalities that are often incompatible with life[3-5]; and

WHEREAS, Following the *Dobbs vs. Jackson Women's Health Organization* decision, there were multiple reports of patients being denied access to necessary medications for management of their chronic diseases due to the teratogenic nature of these medications[6-9]; and

WHEREAS, Best medical practice encourages the use of regular pregnancy testing and contraception for sexually active patients using these medications; and

WHEREAS, In the case of isotretinoin, patients are required by the USFDA-sponsored iPledge program to take pregnancy tests at every clinic visit and utilize two forms of birth control (including contraceptive and barrier methods)[10]; these regulations are in place secondary to the highly teratogenic effects these medications pose on a developing embryo; and

WHEREAS, In the event patients become pregnant while using teratogenic medications, having access to abortion allows patients to choose to continue taking teratogenic medications that could be greatly beneficial to their overall health; and thererfore

BE IT RESOLVED, Our OSMA will oppose legislative limitations on the prescription of teratogenic medications that do not align with standard-of-care guidelines; and be it further

RESOLVED, Our OSMA will oppose the penalization of physicians who prescribe teratogenic medications to people with reproductive potential; and be it further

RESOLVED, Our OSMA will advocate for abortion access for patients using teratogenic medications to ensure that they may continue to receive necessary medical treatment in the setting of nationwide or statewide total abortion bans.

Fiscal Note: $ (Sponsor)
$ 50,000 (Staff)

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OSMA Policy:

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The 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~~Ohio legislation or rule that would:

   - Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education 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

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.
3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.
4. The 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 care services within the medical standard of care.
5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 11 – 2024

Introduced by: Medical Student Section

Subject: Transparency in Pregnancy Counseling

Referred to: Resolutions Committee No. 1

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WHEREAS, Crisis Pregnancy Centers (CPCs), sometimes known as "pregnancy resource centers," "pregnancy care centers," "pregnancy support centers," or simply "pregnancy centers," are defined by the American Medical Association (AMA) as organizations that seek to intercept patients with unintended or "crisis" pregnancies who might be considering abortion[1]; and

WHEREAS, CPC's were established in the 1960's by advocates of the anti-abortion movement who wanted to discourage and limit access to abortion[2]; and

WHEREAS, there are 175 CPCs in Ohio[3]; and

WHEREAS, temporary Assistance to Needy Families (TANF) is a federal program which provides states and territories with funds to help low-income families with children achieve economic self-sufficiency through the disbursement of monthly cash assistance payments as well as funding support services[4]; and

WHEREAS, the Parenting and Pregnancy Program is an Ohio government program which disburses state funds to organizations whose services promote childbirth, parenting, and alternatives to abortion, including CPC's, and specifically excludes funding for any institutions which provide abortion care, counseling, or referrals[5]; and

WHEREAS, in 2023, Governor Mike DeWine pulled $1.7 million of TANF funding towards the Parenting and Pregnancy Program, in addition to pre-allocated funds from the state budget[6]; and

WHEREAS, the Parenting and Pregnancy Program, which funds CPCs, received $14 million from the 2024-2025 state budget, a 133% increase from the previous state budget[7]; and

WHEREAS, a study of 607 CPCs operating in the US found that greater than 80% of CPC staff and volunteers are not licensed medical professionals, allowing for unlicensed, untrained individuals to provide "non-diagnostic" ultrasounds that may misidentify a positive pregnancy, incorrectly estimate gestational age, or fail to

recognize any medical anomalies in the location of implantation, placenta, amniotic fluid, and fetus[8]; and

WHEREAS, CPCs provide misinformation about the efficacy of contraception and the failure rates of condoms as well as fail to provide comprehensive sex education, referrals for contraceptives, or pregnancy termination options despite advertisements suggesting otherwise[8,9]; and

WHEREAS, state-funded CPCs promote dangerous, unfounded medication regimens such as “abortion pill reversal” at significantly higher rates and offer prenatal care and referral less often than CPCs without state funding[8]; and

WHEREAS; CPCs assert false risks of abortion such as links between abortion and breast cancer, infertility, mental illness, preterm birth, high rates of complications, and the assertion that abortion is more dangerous than childbirth[8,10]; and

WHEREAS, because many CPCs are unregulated and unlicensed, their disinfection protocols are unknown, predisposing people to exposure to Human Papilloma Virus (HPV) and other infectious diseases during regular use of vaginal probes and other medical equipment[11]; and

WHEREAS, despite giving the impression of medical expertise, the majority of CPCs are not licensed medical clinics and therefore cannot legally be held to the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), and research has found that only 14% of CPCs disclose their non-medical status and only 42% disclose after direct questioning[1, 12]; and

WHEREAS, national, international and regional anti-abortion steering organizations, which are affiliated with nearly half of CPC’s, have been found to develop “digital dossiers” of those seeking counseling at their centers, including identifiable data such as names, addresses, medical history, pregnancy history, and ultrasound photos[13]; and

WHEREAS, CPCs target those who they believe are “abortion-minded”, mainly women of color and those of lower socioeconomic classes, in their messaging and advertising[14]; and

WHEREAS, CPC misinformation and deception often intentionally create delays which leave people unable to access abortion care due to gestational age cutoffs, forcing them to continue their pregnancies or increasing the health risks of those using their services[15]; and

WHEREAS, individuals who seek care at CPCs who plan to continue their desired pregnancies experience delayed entry to prenatal care or delayed recognition of pregnancy complications or medical conditions as a result of visiting a non-licensed clinic[16,17]; and

WHEREAS, by impeding access to health care from real medical facilities, CPCs may propagate racial, ethnic, and socioeconomic inequalities[14,18]; and

WHEREAS, the OSMA supports individuals' rights to information, education and evidence-based reproductive health care services; and

WHEREAS, the OSMA emphasizes the importance of physician oversight of non-physicians who are providing medical services and transparency in credentials of non-physicians who are providing medical services; and

WHEREAS, the OSMA, the AMA, the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), the American College of Obstetricians and Gynecologists (ACOG) emphasize the sanctity of the patient-physician relationship, and that healthcare decisions should be made by patients in consultation with their healthcare providers without interference from outside parties[19,20]; and

WHEREAS, the AMA Code of Medical Ethics indicates patient safety, privacy, autonomy and informed consent as core values of healthcare and that physicians as a collective should strive to advocate for patients in these areas[18]; and

WHEREAS, neighboring state medical groups have policy opposing CPCs[21]; and therefore

BE IT RESOLVED, our OSMA advocates that any entity offering pregnancy counseling services**:**

1. Truthfully describe the services they offer or for which they refer—including prenatal care, family planning, termination, or adoption services—in communications on site and in their advertising, and before any services are provided to an individual; and
2. Disclose and display the credentials of the individuals who are on staff or conducting services on site; and
3. Be transparent with respect to their funding and sponsorship relationships; and be it further

RESOLVED, That our OSMA educate and encourage physicians to NOT recommend crisis pregnancy centers to patients without ensuring the qualifications of individuals on staff, transparency regarding services provided, and credentials of those conducting these services on site; and be it further

RESOLVED, OSMA urges that public funding only support programs that provide complete, non-directive, medically-accurate health information to support patients' informed, voluntary family planning decisions.

Fiscal Note: $ (Sponsor)

$ 50,000 (Staff)

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OSMA Policy:

Policy 37-2021 – Patients' Right to Know

1. OSMA affirms that in the state of Ohio, a physician is an individual who is authorized to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery in Ohio as defined in the Ohio Revised Code.

2. OSMA strongly recommends medical facilities to require medical personnel in direct contact with patients to wear or display notification to patients disclosing their specific professional qualifications, and when possible, to encourage verbal disclosure to patients of the same information before delivery of health care services.

3. OSMA will pursue legislation that will require medical facilities that employ personnel, whom are required by law to engage in a collaboration or supervisory agreement with a physician, to publicly display the name of the collaborating or supervising physician in a common area of the medical facility, such as a waiting room or lobby.

4. OSMA will pursue legislation that will require that, in the event that collaboration or supervision by a physician is no longer required by state law for specific medical personnel, the facility must inform patients that there is not a collaborating physician overseeing or otherwise involved in their care.

Policy 07-2022- Addressing the Roles of licensed Health Professionals in Preventing Public Health Misinformation

1. The OSMA opposes legislation that mandates licensed healthcare professionals provide non-evidence-based healthcare information to patients.

2. The OSMA: 1) Will continue to support the dissemination of accurate medical and public health information by public health organizations and health policy experts; and 2) will work with public health agencies and professional societies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical and public health information and address misinformation that undermines public health initiatives.

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 09-2022 – Access to Standard Care for Nonviable Pregnancy

1. The Ohio State Medical Association (OSMA) supports patients' timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances.

2. The OSMA opposes any hospital directive, policy, or legislation that may hinder patients' timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy.

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The 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~~Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, investigative tests, ~~or~~ questioning ~~and~~ OR education 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

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.

3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.

4. The 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 care services within the medical standard of care.

5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 12 – 2024

Introduced by: Medical Student Section

Subject: Making Ohio an Abortion Care Safe Haven

Referred to: Resolutions Committee No. 1

WHEREAS, Ohio borders three states with restrictive abortion laws, making it a point of access for residents of Kentucky, Indiana, West Virginia, and beyond seeking abortion care[1]; and

WHEREAS, Ohio passed the Issue 1 ballot measure in November 2023 to protect abortion within the state constitution, making Ohio a permanent option for those seeking abortion care both in and out of state[2]; and

WHEREAS, In the first half of 2023, nearly 1 in 5 abortions provided in the US healthcare system were to patients who traveled from out-of-state, up from 1 in 10 in 2020[3]; and

WHEREAS, Healthcare professionals in Ohio provided 1,287 abortions to non-Ohioans in 2022, the highest amount in the last 10 years[4]; and

WHEREAS, In April 2023, Idaho became the first state to pass legislation criminalizing abortions across state lines[5]; and

WHEREAS, Current federal and state laws require states to cooperate to assist in extraditing people who committed a crime in a different state and comply with subpoenas, as well as requiring healthcare professionals to report medical malpractice and have their license suspended in all states where licensed if complicit in a legal act in one state[6]; and

WHEREAS, Abortion “shield laws” are laws aimed to protect physicians, patients, and other parties involved in abortion and reproductive health care from attempts by states with abortion bans to enforce their laws beyond their own borders through legal actions[6]; and

WHEREAS, Abortion shield laws protect healthcare providers from licensing or medical malpractice consequences for providing legal abortion care for an out-of-state patient[6]; and

WHEREAS, Abortion shield laws protect patients by barring shielding states from complying with subpoenas, aiding investigations, or sharing any confidential information, including health information, with abortion-prohibitive states[6,7]; and

WHEREAS, Twenty three states have passed shield laws protecting against out-of-state investigations and legal proceedings for those seeking abortion care, including neighboring states Michigan and Pennsylvania[8,9]; and

WHEREAS, Our OSMA "supports patients' timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances," and "opposes any hospital directive, policy, or legislation that may hinder patients' timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy" (Policy 09 - 2022); and

WHEREAS, 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 care services within the medical standard of care" (Policy 15 - 2023); and

WHEREAS, Our AMA "will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services" (D-5.999); and therefore

BE IT RESOLVED, That our OSMA will advocate for legal protections for patients who cross state lines to receive reproductive health services, including abortion, or who receive medications for abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services.

Fiscal Note: $ (Sponsor)
$ 50,000 (Staff)

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10. AMA Policy: Preserving Access to Reproductive Health Services D-5.999

OSMA Policy:

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The 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~~Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education 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

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.
3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.
4. The 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 care services within the medical standard of care.
5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

Policy 09-2022 – Access to Standard Care for Nonviable Pregnancy

1. The Ohio State Medical Association (OSMA) supports patients' timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances.
2. The OSMA opposes any hospital directive, policy, or legislation that may hinder patients' timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 13 – 2024

Introduced by: Medical Student Section

Subject: Improving Transparency of Parental Leave Policy in Graduate Medical Education

Referred to: Resolutions Committee No. 1

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WHEREAS, compared to their nonphysician counterparts, physicians significantly postponed childbearing, potentially putting themselves and their children at increased risk of age-related adverse pregnancy outcomes[1]; and

WHEREAS, the mean age for first pregnancy for physicians had been reported to be 30.4 years compared to 27.0 years amongst the general population[2]; and

WHEREAS, paid parental leave is associated with decreased infant mortality, improved physical and mental wellbeing, increased parental participation in the labor force, and increased morale for parents[3]; and

WHEREAS, a study of GME programs affiliated with the top 59 medical schools (according to the US News & World Report), including several medical schools in Ohio, revealed that 42% did not provide any paid leave[4]; and

WHEREAS, a 2017 survey of 347 general surgeons who have had at least one pregnancy during residency from across the United States, including Ohio, was conducted; this survey revealed that participants' main concerns included negative stigma associated with pregnancy during medical training, dissatisfaction with maternal leave options and work schedules during pregnancy, and ultimately 39% of these participants seriously considered leaving residency[5]; and

WHEREAS, over two thirds (67%) of recent medical graduates hold a stigmatized view of pregnancy during training[6]; and

WHEREAS, across several surveys of program directors, 61-83% held the position that becoming a parent during residency negatively affects the performance of female physicians[7] [8]; and

WHEREAS, residency applicants may not inquire directly about parental leave policies due to perceived potential consequences; and

WHEREAS, a 2019 survey of 52 medical residency program directors across 3 sites was conducted; 70% of the 19 program directors responded that information on parental leave was not provided to candidates with the most common explanation being that they did not feel the information was relevant[3]; and

WHEREAS, in July 2022 the American Council for Graduate Medical Education (ACGME) instated a parental leave policy mandating that sponsoring institutions must offer a minimum of six paid weeks off for medical, parental, and caregiver leave at least once and at any time during an ACGME-accredited program[9]; and

WHEREAS, only an estimated 36% of medical residency programs in Ohio are ACGME certified based on a 2021-2022 ACGME Databook report noting that 650 residency programs in Ohio were ACGME-certified out of a separately reported total of 1,785 residency programs in Ohio[10 11]; and

WHEREAS, there is currently much inconsistency and ambiguity in terms of the public reporting of parental leave policies amongst Ohio medical residency programs; and

WHEREAS, numerous residency programs in Ohio state that they offer parental leave but do not publicly disclose any further details, such as the duration or rate of pay of the leave period[12 13]; and

WHEREAS, several ACGME-accredited residency programs in Ohio do not state their full parental leave policies publicly, which may disadvantage applicants who are not aware of the ACGME's 6 week parental leave policy[13 14]; and

WHEREAS, some ACGME-accredited and non-ACGME-accredited residency programs in Ohio that offer paid parental leave do not publicly specify state the rate of pay[13 14]; and

WHEREAS, there are residency programs in Ohio that only offer *unpaid* parental leave to residents despite being ACGME-accredited[15]; and

WHEREAS, the stated parental leave policy of at least one residency program in Ohio is less than 6 weeks of paid leave despite being ACGME-accredited[16]; and

WHEREAS, a 2019 survey of 179 medical students revealed that 61% felt that a residency's parental leave policy impacts their program rankings "somewhat" to "very much" [3]; and

WHEREAS, a 2019 survey of 179 medical students revealed that 68% would feel "extremely" or "somewhat uncomfortable" asking about parental leave themselves and 92% wanted parental leave information presented formally[3]; and

therefore

BE IT RESOLVED, that the Ohio State Medical Association encourages graduate medical education programs in Ohio to publicly report their parental leave policies, including duration of leave and rate of pay; and be it further

RESOLVED, that the OSMA supports efforts to ensure that parental leave policies of ACGME-accredited graduate medical education programs in Ohio are in compliance with current ACGME guidelines; and be it further

RESOLVED, that the OSMA advocates for a minimum of 6 weeks of paid parental leave for Ohio medical trainee physicians, in accordance with current ACGME guidelines.

Fiscal Note: $ (Sponsor)
$ 50,000 (Staff)

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        i. Clause E. Adequate compensation and benefits that provide for resident well-being and health.
    d. Women in Organized Medicine H-525.998
    e. Parental Leave and Planning Resources for Medical Students D-295.308
    f. Policies for Parental, Family and Medical Necessity Leave H-405.960

OSMA Policy:

Policy 34 – 2021 – Increasing Transparency of the Resident Physician Application Process

1. The OSMA and interested stakeholders shall study options for improving transparency in the resident application process which works towards holistic review of residency applicants.

2. The Ohio Delegation to the AMA shall forward this resolution to the AMA.

Policy 21 – 2023 – Comprehensive Reproductive Health Care Training

1. The OSMA supports the protection and delivery of evidence-based, comprehensive reproductive health care training including training in abortion and family planning for Ohio medical students, residents, and trainee.

2. The OSMA opposes legislation limiting comprehensive reproductive health care training, which includes abortion and family planning training.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 14 – 2024

Introduced by: Medical Student Section

Subject: Ohio Medical School Suicide Education

Referred to: Resolutions Committee No. 1

WHEREAS, physicians have an increased risk of depression and suicide ideation compared to the general population, with research supporting that the risk and deterioration of mental health develops and begins in medical school[1, 2]; and

WHEREAS, medical students are at risk of depression and suicidal ideation, and research done during COVID-19 revealed that medical students are exposed to several risk factors such as academic stress, loneliness, low physical activity, and low social support over the course of their medical training[1,3]; and

WHEREAS, in 2016, the prevalence of depression or depressive symptoms among medical students was 27.2% and that of suicidal ideation was 11.1%, which are higher than that of the general public and other graduate students in the same age group[4]; and

WHEREAS, depression among medical students is undertreated due to stigmatization and barriers to care, with only 12.9% of medical students seeking care[5,6]; and

WHEREAS, medical students report fear that revealing their mental health status will make them less competitive for residency or will make them be viewed as less adequate or less responsible by their peers and professors[11]; and

WHEREAS, medical students are three times more likely than peers in the same age-group to complete suicide[7]; and

WHEREAS, the stigma around mental health and healthcare limits the student and can exacerbate loneliness and isolation, both of which can lead to increased suicidal ideation[10]; and

WHEREAS, the AMA supports the education of faculty members, residents, and medical students in recognizing signs and symptoms of burnout and depression to combat the occurrence of suicide amongst medical students, physicians, and residents[8]; and

WHEREAS, post-primary school-based prevention reduces suicidal ideation and suicidal attempts by 13-15% and 28-34%, respectively[9]; and

WHEREAS, medical schools implementing suicide prevention education into their curriculum and policy will help contribute to destigmatizing mental health and suicide[15]; and

WHEREAS, Gatekeeper training programs, which are programs that provide education and strategies for individuals to assess and recognize risk for suicide, have been shown to reduce stigma around suicide and reduce a reluctance to intervene[12]; and

WHEREAS, following implementation of an educational module introducing clinical suicide prevention skills to pre-clerkship medical students at the Oregon Health & Science University, 92% of participants found the training helped them develop and learn suicide prevention skills[13]; and

WHEREAS, teaching suicide education in public medical schools will not only benefit medical students in decreasing their risk for depression and suicide ideation, but will also benefit future patients who are at risk for depression and suicidal ideations by identifying symptoms and providing better treatment[16,17]; and

WHEREAS, current OSMA policy, "Policy 35 - 1982 Education Regarding Suicide Recognition, Prevention and Treatment," encourages physicians to continue their education in the prevention of suicide[14]; and therefore

BE IT RESOLVED, that the Ohio State Medical Association encourages Ohio medical schools to develop and implement suicide education programs for medical students.

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

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OSMA Policy:

Policy 35 – 1982 – Education Regarding Suicide Recognition, Prevention and Treatment

1. The OSMA encourages physicians to continue their education in the recognition, treatment, and prevention of potential suicides and the management of survivors of suicide attempts.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 15 – 2024

Introduced by: Medical Student Section

Subject: Support for Parental Leave

Referred to: Resolutions Committee No. 1

WHEREAS, parental leave is defined as an employment policy allowing time off to new parents for the birth, adoption, or foster placement of a new child[1]; and

WHEREAS, pregnancy loss is defined as a pregnancy ending before 20 weeks of gestation, including miscarriage and abortion[2]; and

WHEREAS, the Family and Medical Leave Act (FMLA) allows guaranteed unpaid leave for 12 weeks following the birth of a child and placement of an adoptee or foster care child for eligible employees[3]; and

WHEREAS, in 2022, 47% of Ohioans were ineligible for FMLA[4]; and

WHEREAS, In 2022, only 27-28% of private, civilian, and local and state government workers had access to paid family leave[5]; and

WHEREAS, in 2020, 13.2% of US companies provided unpaid leave after pregnancy loss, and 8.7% provided paid leave after pregnancy loss[6]; and

WHEREAS, Ohio provides eligible state government employees with 12 weeks of paid parental leave to use within one year of the birth, stillbirth, or adoption of a child[7]; and

WHEREAS, Ohio defines stillbirth as loss of pregnancy after 20 weeks of gestation[7]; and

WHEREAS, only 13.8% of Ohio's working population is employed by the government as of November 2023[8]; and

WHEREAS, Ohio has no state legislation providing paid parental leave to non-government employees[9]; and

WHEREAS, paid maternity leave has been associated with decreased rates of infant and maternal hospitalization compared to women without paid maternity leave[10]; and

WHEREAS, paid maternity leave has also been associated with better language outcomes for infants compared to those women without paid maternity leave[11]; and

WHEREAS, the introduction of paid maternity leave in California, Hawaii, New Jersey, New York, and Rhode Island led to a 3% reduction in low birthweight and 7% reduction in preterm births, especially for Black mothers[12]; and

WHEREAS, implementation of California's Paid Family Leave program led to a 10-20% increase in rates of breastfeeding at 3, 6, and 9 months of age[13]; and

WHEREAS, opposite-sex couples where the father took paternity leave were more likely to have higher quality co-parenting and relationships[14]; and

WHEREAS, same-sex couples are 2.5 times more likely to foster a child than opposite-sex couples and over 2 times more likely to adopt a child[15]; and

WHEREAS, only 48% of employers provide LGBTQIA+-inclusive parental leave policies[16]; and

WHEREAS, adoption costs range from $20,000 to $60,000 on average, resulting in a high financial burden on new parents[17]; and

WHEREAS, working families in the United States experience $20.6 billion in lost wages due to not having access to paid family or medical leave[18]; and

WHEREAS, pregnancy loss is associated with a $2,500 loss in annual income[19]; and

WHEREAS, an analysis of California's Paid Family Leave program found that mothers that took paid parental leave were more likely to return to their original employer, with the effect increasing as leave pay increases[20]; and

WHEREAS, after implementation of California's Paid Family Leave program, the average business has seen lower rates of employee turnover than before implementation[21]; and

WHEREAS, as of 2023, 13 states and D.C., not including Ohio, have laws providing state-wide paid parental leave for the birth, adoption, or foster placement of a new child, ranging from 6 to 18 weeks of paid leave[22]; and

WHEREAS, D.C.'s Paid Family and Medical Leave Program covers miscarriage in addition to stillbirth for their government employees, a step beyond what Ohio provides[23]; and

WHEREAS, California mandates that all employees are provided with reproductive loss leave, covering pregnancy loss and failed adoption, although it does not specify whether employers must provide paid reproductive loss leave[24]; and therefore

BE IT RESOLVED, that our OSMA supports paid parental leave following the birth, adoption, or foster placement of a new child and following an abortion, miscarriage, or stillbirth.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

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    a. AMA Statement on Family, Medical, and Safe Leave H-420.979
    b. Residents and Fellows' Bill of Rights H-310.912

OSMA Policy:

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The 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~~Ohio legislation or rule that would:

   • Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education 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

2. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.

3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.
4. The 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 evidencebased reproductive health care services within the medical standard of care.
5. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term “fetal heartbeat” is not used to inaccurately represent physiological electrical activity.

Policy 09-2022 – Access to Standard Care for Nonviable Pregnancy

1. The Ohio State Medical Association (OSMA) supports patients’ timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances.
2. The OSMA opposes any hospital directive, policy, or legislation that may hinder patients’ timely access to the accepted standard of care in both emergent and non-emergent cases of nonviable pregnancy.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 16 – 2024

Introduced by: Medical Student Section

Subject: Declaration of Health and Health Care as Human Rights

Referred to: Resolutions Committee No. 1

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WHEREAS, The Health Policy Institute of Ohio defines access to healthcare as having timely, comprehensive and appropriate care to achieve the best health outcome[1]; and

WHEREAS, Nationally 64% of uninsured adults cited the cost of healthcare coverage being the main reason that they did not have insurance[2]; and

WHEREAS, 14% of Americans overall experienced a delay of care within the prior 12 months, with delay of care more prevalent among the uninsured at 32%[3]; and

WHEREAS, Adults in the United States are significantly more likely to forgo care due to difficulty paying even when insured as compared to adults in 10 Organisation for Economic Co-operation and Development (OECD) nations[4]; and

WHEREAS, 7.1% of Ohioans under 65 lack health insurance, with 12.1% of Ohioans avoiding medical care due to cost[5,6]; and

WHEREAS, 43% of all Ohioans reported cost-related barriers to care[7]; and

WHEREAS, 35% of Ohioans have experienced difficulties in paying their medical bills, including being contacted by a collection agency, using up their savings, and being unable to pay for basic necessities including food, heat, or housing[7]; and

WHEREAS, Rural Americans have higher rates of poverty, less access to healthcare, and are less likely to have health insurance, all of which can lead to poorer health outcomes[8]; and

WHEREAS, Undocumented immigrant adults and children are 4 and 5 times more likely, respectively, to lack healthcare coverage compared to their citizen counterparts[9]; and

WHEREAS, Black and Hispanic Ohioans, Ohioans with disabilities, and Ohioans with less than a high school education have less access to the healthcare system, as

measured by their ability to see a doctor due to cost, insurance status, flu vaccination rates, and prenatal care[6]; and

WHEREAS, Comprehensive, affordable healthcare access is associated with decreased mortality, length of hospital stays, earlier cancer detection and improved cardiovascular and diabetes management[10]; and

WHEREAS, the United Nations Declaration of Human Rights Article 25 recognizes that health and access to medical care are basic human rights[11]; and

WHEREAS, the World Health Organisation Constitution emphasizes the fundamental right to health, and further defines the core components of the right to health to include availability, accessibility, acceptability, and high quality health care[12,13]; and

WHEREAS, the World Health Organization has declared that the right to health must be enjoyed without discrimination on the grounds of age, race, ethnicity or any other factor[13]; and

WHEREAS, the Sustained Development Goals 3.8 developed by the UN General Assembly highlight universal healthcare coverage and protection from catastrophic out of pocket expenses as a necessity to obtain good health[14]; and

WHEREAS, the American Medical Association supports health as a basic human right and recognizes the provision of health care services, in addition to optimizing social determinants of health, as an ethical obligation of society[15]; and therefore

BE IT RESOLVED, that our OSMA acknowledges health and access to health care as fundamental human rights; and be it further

RESOLVED, that our OSMA supports efforts to increase access to universal, timely, and affordable high quality healthcare as a necessary ethical duty to secure the rights to health and access to healthcare.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

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    a. Health, In All Its Dimensions, Is a Basic Right H-65.960
    b. Universal Health Coverage H-165.904

OSMA Policy:

Policy 6 – 2023 -- Increased Access to Health Care

1. The OSMA continues to express its support for increased access to comprehensive, affordable, high-quality health care.
2. The OSMA rescinds current Policy 11 – 2010 – Promoting Free Market-Based Solutions to Health Care Reform.

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 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 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.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 17 – 2024

Introduced by: Medical Student Section

Subject: Support for Safe and Equitable Access to Voting

Referred to: Resolutions Committee No. 1

WHEREAS, Ohio is ranked 34 out of the 50 states in terms of ease of access to voting[1]; and

WHEREAS, voting allows communities' voices to be represented at the legislative level[1]; and

WHEREAS, voting can lead to greater social cohesion, a sense of belonging, and improved community conditions that meet the need of residents[1]; and

WHEREAS, health metrics such as infant mortality, premature death, and overall health have a positive association with voting access policies[1]; and

WHEREAS, states with greater levels of civic participation have better health outcomes[2]; and

WHEREAS, health declines from 2010 to 2017 were more severe in extremely gerrymandered states, where insulated legislative majorities were less likely to adopt equitable health policies like expanding Medicaid or implementing other parts of the Affordable Care Act[3]; and

WHEREAS, increased barriers to voting are associated with a 25% higher probability of being uninsured for individuals with annual income less than $75,000, youth, and racial minorities[4]; and

WHEREAS, increased variety and accessibility of voting options can mitigate the spread of infectious disease, such as COVID-19, during election season, including mail-in ballots, longer polling hours, and early voting days[5-6]; and

WHEREAS, racial and ethnic minorities are historically disenfranchised due to restrictive laws, further exacerbating health disparities and inequity[7]; and

WHEREAS, African Americans are disproportionately incarcerated, leading to higher rates of premature death and disenfranchisement among this population, with

some estimates pointing to 40% of African Americans being disenfranchised in some legislative districts[8]; and

WHEREAS, health inequity is a direct threat to minority voting powers, which has been shown to impact electoral outcomes resulting in further healthcare inequities[9]; and

WHEREAS, many of the barriers to voting are the same barriers to accessing healthcare, implying that those who lack access to vote also lack access to comprehensive, quality healthcare[1]; and

WHEREAS, physicians have a lower reported voter turnout than the general population, citing lack of registration as well as conflicting work schedules as the main barriers[10]; and

WHEREAS, only 3.4% of medical students indicated being provided with time off for voting in the 2016 and/or 2018 elections[11]; and

WHEREAS, the University of Cincinnati College of Medicine began providing time off for voting to medical students in preclinical and clinical years for midterm and presidential elections in 2022 as part of a new student handbook policy[12]; and

WHEREAS, 1 in 5 voters with a disability either needed assistance or had some difficulty in voting in 2022, which was 3 times the rate of voters without disabilities[13]; and

WHEREAS, 42% of voters with disabilities used a mail ballot in 2022, compared to 35 percent of voters without disabilities[14]; and

WHEREAS, lower voting rates are linked to poor self-rated health[9]; and

WHEREAS, Adolescents followed into adulthood were found to have more positive mental health and health behaviors when they voted[14]; and

WHEREAS, a nonpartisan voter registration drive lead by clinicians in a federally qualified hospital setting was able to register 89% of eligible voters and 38% of total patients engaged in the waiting room over a 12 week period, demonstrating how clinic settings can be places of voter engagement[15]; and

WHEREAS, healthcare workers across the country in 2020 were able to help patients submit 27,317 voter registration forms and 17,216 mail-in ballot requests using a voting support tool designed by healthcare workers for healthcare workers[16]; and

WHEREAS, residents' efforts led to 99% of their eligible peers registering to vote over a 6 week period in 2020 at a large Texas internal medicine residency program[17]; and

WHEREAS, current federal law supports nonpartisan voter registration efforts at healthcare facilities, with further support by government agencies like the Health Resources and Services Administration (HRSA) and the Department of Education (DoE)[18]; and

WHEREAS, AMA Policy H-440.805 supports access to voting and removing barriers to voting as a way to promote public health, as it acknowledges voting is a social determinant of health; and

WHEREAS, AMA Policy D-65.982 supports medical students, residents, fellows, and physicians voting; and therefore

BE IT RESOLVED, that our OSMA supports measures to facilitate safe and equitable access to voting as a harm-reduction strategy to safeguard public health and mitigate unnecessary risk of infectious disease transmission by measures including but not limited to: (a) extending polling hours; (b) increasing the number of polling locations; (c) extending early voting periods; (d) mail-in ballot postage that is free or prepaid by the government; (e) improving access to drop off locations for mail-in or early ballots; (f) use of a P.O. box for voter registration; and (g) protecting voting rights of Ohioans who have historically been barred from voting, including those identifying with a minority group or of a felony status; and be it further

RESOLVED, that our OSMA opposes requirements for voters to stipulate a reason in order to receive a ballot by mail and other constraints for eligible voters to vote-by-mail; and be it further

RESOLVED, that our OSMA encourages medical schools and hospitals to share nonpartisan information relating to upcoming elections and supports efforts to provide time off to medical students and employees for voting in elections; and be it further

RESOLVED, that our OSMA supports nonpartisan voter registration efforts in healthcare settings.

Fiscal Note: $ (Sponsor)
$ 500 (Staff)

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19. AMA and AMA-MSS Policy

a. Support for Safe and Equitable Access to Voting H-440.805
b. Mental Illness and the Right to Vote H-65.971
c. Medical Student, Resident/Fellow, and Physician Voting in Federal, State and Local Elections D-65.982
d. MSS I-2023 RESOLUTION OF032 – ENSURING THE RIGHT TO VOTE FOR PEOPLE CONVICTED OF FELONIES

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 18 – 2024

Introduced by: Medical Student Section

Subject: Reducing Artificial Intelligence Bias in Healthcare

Referred to: Resolutions Committee No. 1

WHEREAS, artificial intelligence (AI) is a term that refers to computational technologies that imitate the mechanisms of human intelligence, including thought, deep learning, adaptability, and sensory understanding;[1] and

WHEREAS, AI has a wide variety of potential applications across many fields, including in medicine where it may be utilized to aid in clinical decision-making and diagnosis of diseases;[1] and

WHEREAS, AI has been utilized in medicine since the 1950s, when physicians first attempted to improve their diagnostic abilities through the aid of computerized programs;[1] and

WHEREAS, in recent years, the increased computing power of modern computers and an increasingly large amount of digital data have led to a surge in medical AI research and advancements;[1] and

WHEREAS, as of December 2023, the U.S. Food and Drug Administration (FDA) cleared over 692 healthcare AI algorithms and over half of these algorithms were cleared between 2019 to 2023;[2] and

WHEREAS, in 2021, the global market for AI in healthcare was estimated to be $11 billion, and is expected to grow to $188 billion by 2030;[8] and

WHEREAS, machine-learning algorithms, which is an application or subtype of AI, rely on training data in order to identify patterns and correlations, which are then applied to make predictions or assign scores on target variables of interest;[3] and

WHEREAS, thus, AI has the potential to compound existing inequalities in socioeconomic status, race, ethnicity, religion, gender, disability, and/or sexual orientation;[3] and

WHEREAS, AI can unintentionally lead to the perpetuation of harmful biases in the algorithm or its training data, and there are numerous real-life examples of this in medicine and beyond; and

WHEREAS, bias can be potentially introduced into machine learning algorithms during the process of assigning subjective labels to target variables, such as “good or bad”;[3] and

WHEREAS, bias can be potentially introduced into machine learning algorithms if there is preexisting bias in the chosen dataset used to train the algorithm, furthermore, selection bias may be introduced during the process of selecting a training dataset;[3] and

WHEREAS, for instance, Amazon covertly used a machine-learning algorithm to recruit employees, which led to the preferential recruitment and scoring of male over female candidates because Amazon trained its algorithm using a dataset in which women were significantly underrepresented;[3] and

WHEREAS, a 2020 study found that X-ray training datasets for several computer-aided diagnosis (CAD) systems that were not balanced in gender representation led to the CAD systems possessing decreased accuracy for the underrepresented group;[4] and

WHEREAS, a 2023 Stanford study found that the large language models ChatGPT and Google’s Bard, which are also forms of AI, answered medical questions using racist and disproven theories about Black patients, which have historically led to medical providers downplaying the pain of Black patients, offering them less pain relief, and misdiagnosing them;[5] and

WHEREAS, bias can also be potentially introduced into machine learning algorithms due to feature selection, meaning that AI algorithms may fail to fully capture the complexities of the real world and may miss key information leading to certain outcomes;[3] and

WHEREAS, finally, bias can be potentially introduced into machine learning algorithms since algorithms may identify proxies to approximate certain variables of interest, and these proxies may lead to the unintentional discrimination against groups of certain racial, sexual, or other protected identities;[3] and

WHEREAS, for example, a 2019 study published in Science revealed that a commercial software from Optum used to calculate health risk scores (a measure of overall sickness) for over 200 million Americans per year had inadvertently been discriminating against Black patients;[6] and

WHEREAS, less money is spent on Black patients who have the same level of healthcare need; however, this led to the Optum software underestimating the illness severity for Black patients as it utilized healthcare spending costs as a proxy to estimate healthcare needs;[6] and

WHEREAS, bias in AI systems can be further mitigated by several control methods including data monitoring to ensure appropriate training sets, quantitative analysis to account for feedback loops, a review process that validates input accuracy, maintenance of human verification, and quality checking to ensure that predictors in the model are sensible;[7] and

WHEREAS, current AMA guidelines about AI do not specifically emphasize the importance of limiting bias in healthcare AI; and

WHEREAS, Ohio recently introduced a comprehensive policy, titled "Use of Artificial Intelligence in State of Ohio Solutions", focused on the use of AI in state government, which established protective guardrails and protocols regarding AI training requirements, regulation of data procurement, accountability, a human verification process, and security and privacy concerns (7); and therefore

BE IT RESOLVED, that our OSMA will collaborate with relevant stakeholders, such as the Ohio Department of Health, to encourage health care organizations using AI to:

1. Properly verify bias minimization in artificial intelligence applications *prior* to official adoption in healthcare settings
2. Maintain human verification by physicians and other health care professional of AI programs; and be it further

RESOLVED, that the OSMA supports research on methods to reduce bias from the use of artificial intelligence in medicine; and be it further

RESOLVED, that the OSMA supports ongoing educational efforts for physicians and trainees regarding the use of artificial intelligence in clinical practice.

Fiscal Note: $ (Sponsor)
$ 100,000 (Staff)

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9. AMA Policy: 11.2.1 Professionalism in Health Care Systems
10. AMA Policy: Assessing the Potentially Dangerous Intersection Between AI and Misinformation H-480.935
11. AMA Policy: Augmented Intelligence in Health Care H-480.940
12. AMA Policy: Augmented Intelligence in Medical Education H-295.857

OSMA Policy:

Policy 05 – 2019 – Advancing Gender Equity in Medicine

1. The OSMA adopts the following, which is adapted from American Medical Association policy/directives:
   1) That the OSMA supports gender and pay equity in medicine consistent with the American Medical Association Principles for Advancing Gender Equity in Medicine (see below AMA Policy H-65.961 as adopted at the 2019 AMA Annual Meeting);

   2) That the OSMA:
      (a) Promote institutional, departmental, and practice policies, consistent with federal and Ohio law, that offer transparent criteria for initial and subsequent physician compensation;
      (b) Continue to advocate for pay structures based on objective, gender-neutral criteria;
      (c) Encourages training to identify and mitigate implicit bias in compensation decision making for those in positions to determine physician salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement;

   3) That the OSMA recommends as immediate actions to reduce gender bias to:

(a) Inform physicians about their rights under the Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination;
(b) Promote educational programs to help empower physicians of all genders to negotiate equitable compensation; and
(c) Work with relevant stakeholders to advance women in medicine;

1) That the OSMA collaborate with the American Medical Association initiatives to advance gender and pay equity;

5) That the OSMA commit to the principles of pay equity across the organization and take steps aligned with this commitment.

Principles for Advancing Gender Equity in Medicine H-65.961:

Our AMA:

*1. declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (i.e., **gender**);*

*2. affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of **gender**;*

3. endorses the principle of equal opportunity of employment and practice in the medical field;

4. affirms its commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;

5. acknowledges that mentorship and sponsorship are integral components of one's career advancement, and encourages physicians to engage in such activities;

6. declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics;

7. recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance;

*8. affirms that transparency in pay scale and promotion criteria is necessary to promote **gender equity**, and as such academic medical centers, medical schools, hospitals, group practices and other physician employers should conduct periodic reviews of compensation and promotion rates by **gender** and evaluate protocols for advancement to determine whether the criteria are discriminatory; and*

*9. affirms that medical schools, institutions and professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of **gender** in these skill areas.*

*Our AMA encourages: (1) state and specialty societies, academic medical centers, medical schools, hospitals, group practices and other physician employers to adopt the AMA Principles for Advancing **Gender Equity** in Medicine; and (2) academic medical centers, medical schools, hospitals, group practices and other physician employers to: (a) adopt policies that prohibit harassment, discrimination and*

retaliation; (b) provide anti-harassment training; and (c) prescribe disciplinary and/or corrective action should violation of such policies occur.

Policy Timeline

BOT Rep. 27, A-19

Policy 06 – 2019 – Increase Awareness of Disparities in Medical Access and Treatment in Ohio

1. The OSMA shall work with appropriate stakeholders to increase awareness of Ohio physicians, residents, and medical students of disparities in medical access and treatment in Ohio based on disability, race, ethnicity, geography, and other social and demographic factors through the utilization of existing resources.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

2024 OSMA Policy Sunset Report

Introduced by: OSMA Council

Subject: 2024 OSMA Policy Sunset Report

Referred to: Resolutions Committee 1

WHEREAS, Chapter 5, Section 14 of the Ohio State Medical Association Constitution and Bylaws provides that: any resolution/policy adopted by the House of Delegates four (4) or more years prior to each Annual Meeting will be reviewed by the Council for purposes of recommending whether to retain each policy. The House of Delegates will be notified of those policies subject to review prior to the Annual Meeting at which they will be considered. Any policy not retained by House action on the report submitted by the Council becomes null, void and of no effect; and therefore

BE IT RESOLVED, That the recommendations of OSMA Council published prior to the Annual Meeting as the 2024 OSMA Policy Sunset Report be adopted by the OSMA House of Delegates.

Ohio State Medical Association Policy Compendium Review –

2024 OSMA Policy Sunset Report

OSMA policy from years 1932 through the 2023 Sunset Report

(This is a list of Policy numbers and titles. The full text of policies recommended "RETAIN" as edited and "NOT RETAIN" is contained in this report. All other OSMA policies will be retained as they are shown in the OSMA Policy Compendium available on www.osma.org.)

Policies to be Retained as Edited:

Policy 16 – 1989 – Medicaid Physician Reimbursement
Policy 28 – 1993 – Testing for Treatable Inborn Errors of Metabolism

Policies to be Not Retained:

Policy 19 – 2016 – Weight Loss Medications - Phentermine
Policy 12 – 2021 – OSMA to Create an IMG (International Medical Graduate) Section
Policy 26 – 2021 – Support for the Interstate Medical Licensure Compact
Policy 04-2022 – Establish an Ohio State Medical Association Women Physicians Section
Policy 05-2022 - Establish an Ohio State Medical Association Senior Physician Section

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Full text of policies recommended "RETAIN" as Edited and "NOT RETAIN"

Recommendation	Policy	Comment
RETAIN as Edited	**Policy 16 – 1989 – Medicaid Physician Reimbursement** 1. The OSMA encourages the Ohio Department of ~~Human Services~~Medicaid to develop realistic and appropriate physician reimbursement for Medicaid services and remove the disincentives evident by the burdensome administrative paperwork required. 2. The OSMA will continue to work to obtain adequate Medicaid funding to ensure patient access and physician reimbursement.	Update to Ohio Department of Medicaid.
RETAIN as Edited	**Policy 28 – 1993 – Testing for Treatable Inborn Errors of Metabolism** 1. The OSMA supports the elimination of the religious exemption from testing for treatable inborn errors of metabolism which can result in ~~mental retardation or other disability~~adverse health consequences.	Update to terminology to reflect current lexicon.
NOT RETAIN	**Policy 19 – 2016 – Weight Loss Medications - Phentermine** 1. The OSMA shall request that the State Medical Board of Ohio review Ohio Administrative Code Rule 4731-11-04 in order to update and simplify the process of prescribing weight loss medications. 2. The OSMA advocates that the 12-week limitation for prescriptions of phentermine be modified to allow for prescription by qualified physicians for the time necessary to treat the chronic medical condition of obesity.	Accomplished
NOT RETAIN	**Policy 12 – 2021 – OSMA to Create an IMG (International Medical Graduate) Section**	Accomplished

Recommendation	Policy	Comment
	1. The OSMA will create a separate International Medical Graduate (IMG) Section.	
NOT RETAIN	**Policy 26 – 2021 – Support for the Interstate Medical Licensure Compact** 1. The OSMA advocates at the Ohio Legislature and the State Medical Board of Ohio that Ohio should become a participant in the Interstate Medical Licensure Compact (IMLC).	Accomplished
NOT RETAIN	**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.	Accomplished
NOT RETAIN	**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.	Accomplished

Fiscal Note: $0 (Sponsor)

$0 (Staff)