



**OSMA and AMA Policies relevant to 2022 Proposed Resolutions
Resolution Committee One
Resolutions 1-15**

Resolution 1-2022: Create Guidelines for Sections, Create an International Medical Graduate Section

OSMA Policy

See OSMA Bylaws:

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

Policy 12 – 2021 – OSMA to Create an IMG (International Medical Graduate) Section

1. The OSMA will create a separate International Medical Graduate (IMG) Section.

Policy 24 – 2015 – Continue OSMA House of Delegates Annual Meeting

1. The OSMA shall continue with an annual meeting including a House of Delegates for policy making with Delegates representing county medical societies and state specialty societies to guide the direction of the organization and establish policy.
2. The OSMA staff shall investigate other venues for the OSMA annual meeting with the goal of decreasing costs.

Policy 14 – 2017 – Maintain Rights of County Medical Societies

1. The OSMA will recognize and respect the independent structure, organization and domain of the actively functioning county medical societies in the state of Ohio. 2. The rights of the county medical societies to appoint their representatives to serve in the OSMA House of Delegates shall be preserved.

Policy 15 – 2017 – Maintain the House of Delegates as the Legislative Body of the OSMA

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

AMA Policy

International Medical Graduates Section. B-7.6

The International Medical Graduates Section is a delineated Section.

7.6.1 Membership. All active physician members of the AMA who are international medical graduates shall be members of the International Medical Graduates Section.

7.6.2 Cessation of Membership. If an officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.6.1 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

7.6.2.1 Cessation of Residency or Fellowship. If the resident/fellow physician Governing Council member ceases to be a resident/fellow physician prior to the expiration of the term for which elected, the term of such resident/fellow physician member on the Governing Council shall thereupon terminate, and the position shall be declared vacant. If the member completes residency or fellowship within 90 days prior to an Annual Meeting, the member shall be permitted to continue to serve on the Governing Council until the completion of the Annual Meeting.

7.6.3 Elections. Membership on the Governing Council shall be determined through election by members of the IMG Section. Designation of specific offices of the Governing Council members shall be determined through election by members of the IMG Section present at the Section's Business Meeting at which the election is held.

7.6.3.1 Election of Governing Council Members. All members of the IMG Section shall be entitled to vote in elections of membership of the Governing Council. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.6.3.2 Designation of Specific Offices. All members of the IMG Section present at the Sections Business Meeting shall be entitled to elect the officers from among those Governing Council members elected by the Section. Only resident/fellow physicians shall be eligible to be elected to the resident/fellow physician member office.

AMA Principles on International Medical Graduates H-255.988

Our AMA supports:

1. Current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.
2. Current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. The AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. Working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.

7. In cooperation with the ACGME and the FSMB, supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
8. The AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. That special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.
10. That accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. That AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.
12. The requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure.
13. Publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. The participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. The AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.
15. Support studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
16. AMA membership outreach to IMGs, to include a) using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians; b) publicizing its many relevant resources to all physicians, especially to nonmember IMGs; c) identifying and publicizing AMA resources to respond to inquiries from IMGs; and d) expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.
17. Recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
18. Its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
19. Institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.
20. Informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient

care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.

21. U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.

22. The Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.

Resolution 2-2022: Change the Ratio of Representation for Medical Specialties in the HOD

OSMA Policy

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3. From 45 days up to the annual meeting of the HOD, underrepresented counties can be assigned active OSMA members who reside or work in that county or district by the district councilor to serve at the HOD. This may require a bylaws change and the OSMA Council is directed to write the appropriate language for voting at the annual meeting in 2018.

AMA Policy

No relevant policy.

Resolution 3-2022: Meeting Code of Conduct

OSMA Policy

Policy 03 – 2020 – Meeting Code of Conduct

1. It is the policy of the Ohio State Medical Association that all attendees of OSMA hosted meetings, events and other activities are expected to exhibit respectful, professional, and collegial behavior during such meetings, events and activities, including but not limited to dinners, receptions and social gatherings held in conjunction with such OSMA hosted meetings, events and other activities. Attendees should exercise consideration and respect in their speech and actions, including while making formal presentations to other attendees, and should be mindful of their surroundings and fellow participants.
2. The OSMA will further define inappropriate conduct and develop policy and procedures regarding this issue so that recommendations can be presented to the House of Delegates.

AMA Policy

[Policy on Conduct at AMA Meetings and Events H-140.837](#)

Resolution 4-2022: Establish an OSMA Women Physicians Section

OSMA Policy

No relevant policy.

AMA Policy

Women Physicians Section B-7.10

The Women Physicians Section is a delineated Section.

7.10.1 Membership. All female physicians and female medical students who are active members of the AMA shall be members of the Women Physicians Section. Other active members of the AMA who express an interest in women's issues may also join the section.

7.10.2 Elections. Membership on the Governing Council shall be determined through election by members of the Women Physicians Section. All members of the Women Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.10.2.1 Election of Officers. The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members.

7.10.3 Cessation of Membership. If an officer or Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

7.10.3.1 Section Representatives on the Governing Council. If a representative of the Medical Student Section, Resident and Fellow Section or Young Physicians Section ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which she or he ceases to meet the membership requirement of the respective section.

Resolution 5-2022: Establish an OSMA Senior Physician Section

OSMA Policy

No relevant policy.

AMA Policy

Senior Physicians Section B-7.9

The Senior Physicians Section is a delineated Section.

7.9.1 Membership. All active physician members of the AMA age 65 and above shall be members of the Senior Physicians Section.

7.9.2 Elections. Membership on the Governing Council shall be determined through election by members of the Senior Physicians Section. All members of the Senior Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.9.2.1 Election of Officers. The Governing Council shall elect the Section Chair-Elect from among the Governing Council members.

7.9.3 Cessation of Membership. If an officer or Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

Resolution 6-2022: OSMA Task Force on Pandemic Preparedness and Response

OSMA Policy

Policy 09 – 2021 – Pandemic Preparedness

1. The OSMA recommends that The State of Ohio establish a standing board to continuously review pandemic preparedness including, but not limited to, stockpiles of personal protective equipment, plans for isolation protocols, mobilization of testing, and immunization procedures, and ensure that physicians (MD/DO) are central to the administration of vaccinations to the citizens of Ohio. This board should include the Ohio State Medical Association, Ohio State Board of Pharmacy, the Ohio Hospital Association, and the Ohio Department of Health, and other interested parties.

AMA Policy

No relevant policy.

Resolution 7-2022: Addressing the Roles of Health Professionals in Preventing Public Health Misinformation

OSMA Policy

AMA Policy

Medical and Public Health Misinformation in the Age of Social Media D-440.915

Our AMA: (1) encourages social media companies and organizations to further strengthen their content moderation policies related to medical and public health misinformation, including, but not limited to enhanced

content monitoring, augmentation of recommendation engines focused on false information, and stronger integration of verified health information; (2) encourages social media companies and organizations to recognize the spread of medical and public health misinformation over dissemination networks and collaborate with relevant stakeholders to address this problem as appropriate, including but not limited to altering underlying network dynamics or redesigning platform algorithms; (3) will continue to support the dissemination of accurate medical and public health information by public health organizations and health policy experts; and (4) will work with public health agencies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical and public health information.

Resolution 8-2022: Supporting Legislation for Researching the Neurological and Psychological Effects of SARS-CoV-2 and the Covid-19 Pandemic

OSMA Policy

AMA Policy

Youth and Young Adult Suicide in the United States H-60.937

Our AMA:

- (1) Recognizes youth and young adult suicide as a serious health concern in the US;
- (2) Encourages the development and dissemination of educational resources and tools for physicians, especially those more likely to encounter youth or young adult patients, addressing effective suicide prevention, including screening tools, methods to identify risk factors and acuity, safety planning, and appropriate follow-up care including treatment and linkages to appropriate counseling resources;
- (3) Supports collaboration with federal agencies, relevant state and specialty medical societies, schools, public health agencies, community organizations, and other stakeholders to enhance awareness of the increase in youth and young adult suicide and to promote protective factors, raise awareness of risk factors, support evidence-based prevention strategies and interventions, encourage awareness of community mental health resources, and improve care for youth and young adults at risk of suicide;
- (4) Encourages efforts to provide youth and young adults better and more equitable access to treatment and care for depression, substance use disorder, and other disorders that contribute to suicide risk;
- (5) Encourages continued research to better understand suicide risk and effective prevention efforts in youth and young adults, especially in higher risk sub-populations such as Black, LGBTQ+, Hispanic/Latinx, Indigenous/Native Alaskan youth and young adult populations, and among youth and young adults with disabilities;
- (6) Supports the development of novel technologies and therapeutics, along with improved utilization of existing medications to address acute suicidality and underlying risk factors in youth and young adults;
- (7) Supports research to identify evidence-based universal and targeted suicide prevention programs for implementation in middle schools and high schools;
- (8) Will publicly call attention to the escalating crisis in children and adolescent mental health in this country in the wake of the COVID-19 pandemic;
- (9) Will advocate at the state and national level for policies to prioritize children's mental, emotional and behavioral health;
- (10) Will advocate for a comprehensive system of care including prevention, management and crisis care to address mental and behavioral health needs for infants, children and adolescents; and

(11) Will advocate for a comprehensive approach to the child and adolescent mental and behavioral health crisis when such initiatives and opportunities are consistent with AMA policy.

Resolution 9-2022: Access to Standard Care for Nonviable Pregnancy

OSMA Policy

Policy 9 – 1986 – Quality Assurance

1. Members of quality assurance mechanisms assure that patient care is consistent with accepted standards of medical practice.

AMA Policy

420.020MSS Access to Standard Care for Nonviable Pregnancy:

AMA-MSS 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 non-viable pregnancy [MSS Res. 212 059, A-21]

Resolution 10-2022: Supporting Expectant Mothers on Medicaid Seeking Tubal Ligations During Cesarean Sections

OSMA Policy

Policy 15 – 2018 – Arbitrary Paperwork and Signature Deadlines for Hospital and Rehabilitation Unit Admission

1. The OSMA work to decrease the paperwork burden including arbitrary signature requirements that do not change the medical necessity of an admission.
2. The OSMA work with our Ohio Congressional Delegation and our American Medical Association to change admission order signature timeframe regulations at the Centers for Medicare and Medicaid Services to be consistent with timeframe regulations for other verbal and telephone orders.

Policy 13 – 1973 – Abortion as a Medical Procedure

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

Statement on Abortion of OSMA Committee on Maternal Health

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

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

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

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

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

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

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

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

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

AMA Policy

Medicaid Sterilization Services Without Time Constraints H-290.977

Our AMA will pursue an action to amend federal Medicaid law and regulations to remove the time restrictions on informed consent, and thereby allow all patients, over the age of 21 and legally competent, to choose sterilization services.

Tubal Ligation and Vasectomy Consents D-75.994

1. Our AMA will work closely with the American College of Obstetricians and Gynecologists, the American Urological Association, and any other interested organizations, to advocate to Congress for the legislative or regulatory elimination of the required 30 day interval between informed consent and a permanent sterilization procedure.
2. Our AMA will work with the Centers for Medicare & Medicaid Services to eliminate the time restrictions on informed consent for permanent sterilization procedures.

Resolution 11-2022: Addressing Weight Stigma Among Healthcare Workers

OSMA Policy

No relevant policy.

AMA Policy

No relevant policy.

Resolution 12-2022: Divestment from Fossil Fuels

OSMA Policy

Policy 09 – 2019 – Impact of Climate Change on Human Health

1. That the Ohio State Medical Association supports efforts at the state level for expansion of renewable sources of energy.

AMA Policy

AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies D-135.969

Our AMA, AMA Foundation, and any affiliated corporations will work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels.

Resolution 13-2022: Curbing Opioid-Related Deaths in Ohio Through Medication-Assisted Treatment and Harm Reduction Services

OSMA Policy

Policy 20 – 2017 – Ohio Physicians and the Opioid Problem

1. That it is the Official Policy of the OSMA that all physicians should have the ability to prescribe all medications, including controlled substances, using the highest standards of care and professionalism, providing the best possible care to each patient. All physicians should work diligently to help find solutions to the problems of abuse of prescription medications, use and overdose of illegal substances, and opioid overdose. Physicians acknowledge that substance abuse has many factors and that physicians have contributed to overuse of opioids. However, other causes of misuse of controlled substances should be the significant focus of remedial action.

AMA Policy

Support the Elimination of Barriers to Medication-Assisted Treatment for Substance Use Disorder D-95.968

1. Our AMA will: (a) advocate for legislation that eliminates barriers to, increases funding for, and requires access to all appropriate FDA-approved medications or therapies used by licensed drug treatment clinics or facilities; and (b) develop a public awareness campaign to increase awareness that

medical treatment of substance use disorder with medication-assisted treatment is a first-line treatment for this chronic medical disease.

2. Our AMA supports further research into how primary care practices can implement medication-assisted treatment (MAT) into their practices and disseminate such research in coordination with primary care specialties.

3. The AMA Opioid Task Force will increase its evidence-based educational resources focused on methadone maintenance therapy (MMT) and publicize those resources to the Federation.

Resolution 14-2022: Eliminating Parking Costs for Patients

OSMA Policy

No relevant policy.

AMA Policy

No relevant policy.

Resolution 15-2022: Opposing the Criminalization of Self-Managed Medication Abortion

OSMA Policy

Policy 13 – 1973 – Abortion as a Medical Procedure

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

AMA Policy

Oppose the Criminalization of Self-Induced Abortion H-5.980

Our AMA:

(1) opposes the criminalization of self-induced abortion as it increases patients' medical risks and deters patients from seeking medically necessary services; and

(2) will advocate against any legislative efforts to criminalize self-induced abortion.