

1 OHIO STATE MEDICAL ASSOCIATION 2024 HOUSE OF DELEGATES

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3 PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 2

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5 Presented by Colette Willins, MD, Chair, 5<sup>th</sup> District

6		
7	Wagih Mossad Shehata, MD	1 <sup>st</sup> District
8	Alisha Reiss, MD	2 <sup>nd</sup> District
9	Jigna Janani, MD	3 <sup>rd</sup> District
10	Johnathon Ross, MD	4 <sup>th</sup> District
11	John Bastulli, MD	5 <sup>th</sup> District
12	Joseph R. Hellmann, Jr., MD	6 <sup>th</sup> District
13	Laurel Barr, MD	7 <sup>th</sup> District
14	Marla Haller, DO	8 <sup>th</sup> District
15	Paul Wing-Cheun Wong, MD	Specialties Representative
16	Brandon Francis, MD	Resident & Fellows Section
17	Lauren Beene, MD	Young Physician Section
18	Ms. Harsimran Makkad	Medical Student Section
19		
20		

21 Resolutions Committee Two has reviewed the resolutions that have been proposed for  
22 consideration at the 2024 Meeting of the OSMA House of Delegates. Committee Two will  
23 reconvene to consider additional testimony following the HOD Open Hearing on April 6, 2024.

24  
25 The Resolutions Committee can recommend the following actions: Adopt; Adopt in Lieu of;  
26 Amend; Not Adopt; Refer.

27  
28  
29 Resolution No. 19 – 2024 - ADOPT

30  
31 Support for Physician Orders for Life Sustaining Treatment  
32 (POLST)

33  
34 Preliminary Comments: Online testimony was in support of this resolution. Testimony  
35 explained that with recent Ohio administrative rulings, no changes may be made on the  
36 DNR form. If any writings are on the DNR form, it is null and void and patient is a full  
37 code. Current DNR forms lack clarity and flexibility. The POLST document would give  
38 patients the option of having a legal document that would allow them to state their  
39 wishes and desires at end of life. The POLST document would follow them throughout  
40 the state.

41  
42 **RESOLVED**, the OSMA support existing efforts to enact Physician Orders for  
43 Life Sustaining Treatments (POLST) to enable the Citizens of Ohio to document their  
44 end of life healthcare decisions.

45  
46 **Fiscal Note:** \$ (Sponsor)  
47 \$ 1,000 (Staff)  
48

49  
50  
51 **Resolution No. 20 – 2024 - ADOPT**

52  
53 **Adult Immunization Registry**

54  
55 **Preliminary Comments:** Online testimony was in support of this resolution. The goal is  
56 that no matter where a patient receives an immunization, the information should be  
57 available in the state's central database. A concern was raised that when implementing  
58 such a system, there may need to be allowances made for people who are vaccinating  
59 populations that are not easily documented or tracked.  
60

61 **RESOLVED**, that the Ohio State Medical Association make every effort to  
62 encourage the Ohio Legislature to require that all vaccine providers participate in  
63 IMPACT SIIS; and be it further  
64

65 **RESOLVED**, that vaccine providers in the United States be required to report all  
66 immunizations to their respective state immunization registry for both adults and  
67 children; and be it further  
68

69 **RESOLVED**, that the OSMA delegation to the AMA take this resolution to the AMA  
70 House of Delegates for their consideration.  
71

72 **Fiscal Note:** \$ (Sponsor)  
73 \$ 5,000 (Staff)  
74  
75

76 **Resolution No. 21 – 2024 - AMEND**

77  
78 **“Guarantee Issue” Protections for Traditional Medicare**

79  
80 **Preliminary Comments:** Online testimony was in support of this resolution. The age  
81 specification in the second Resolved was eliminated because there are people who  
82 qualify for Medicare under the age of 65.  
83

84 **RESOLVED** that the Ohio State Medical Association (OSMA) will take all  
85 necessary steps to require guaranteed issue protections allowing access to Medigap  
86 Insurance coverage for beneficiaries switching from Medicare Advantage to traditional  
87 Medicare during the annual open enrollment period; and be it further  
88

89 **RESOLVED**, that the OSMA delegation to AMA will take this resolution to AMA  
90 seeking all necessary actions (legislative or administrative) to allow Medicare  
91 beneficiaries ~~age 65 and older~~ the freedom to change back to Traditional Medicare with  
92 federal guaranteed issue protection to obtain Medigap insurance once they have  
93 disenrolled from Medicare Advantage Plans.  
94

95 **Fiscal Note:** \$ (Sponsor)  
96 \$ 50,000 (Staff)

97  
98  
99 **Resolution No. 22 – 2024 - AMEND**

100  
101 **Insurer Accountability When Prior Authorization Harms Patients**

102  
103 **Preliminary Comments:** Online testimony was in support of this resolution. When prior  
104 authorization is required, it is the resulting delay or denial of the service that is most  
105 likely to lead to patient harm. Therefore, this language was added to the Resolved for  
106 clarity.  
107

108 **RESOLVED**, that our OSMA advocate for increased legal accountability of  
109 insurers and other payers when DELAY OR DENIAL OF prior authorization leads to  
110 patient harm, including but not limited to the prohibition of mandatory pre-dispute  
111 arbitration and limitation on class action clauses in beneficiary contracts.  
112

113 **Fiscal Note:** \$ (Sponsor)  
114 \$ 500 (Staff)  
115  
116

117 **Resolution No. 23 – 2024 - ADOPT**

118  
119 **Eliminate Unnecessary Prior Authorization**

120  
121 **Preliminary Comments:** Online testimony was in support of this resolution. The patient's  
122 physician is the best trained and best positioned person to determine the medical  
123 necessity for a procedure, test or medication.  
124

125 **RESOLVED**, that it is the position of our OSMA that a signed physician's order or  
126 prescription should be all that is necessary to validate medical necessity for a  
127 procedure, test, or medication.  
128

129 **Fiscal Note:** \$ (Sponsor)  
130 \$ 500 (Staff)  
131  
132

133 **Resolution No. 24 – 2024 - AMEND**

134  
135 **Oversight of Health Insurance Companies**

136  
137 **Preliminary Comments:** Online testimony was in support of this resolution. There was  
138 support for an amendment put forth online, which the resolution committee agreed  
139 should be adopted. This amendment added education regarding the process for  
140 reporting inappropriate and unfair practices by health insurance carriers.  
141

142 **RESOLVED**, that our OSMA support proactive oversight of health insurance  
143 carrier policies and practices by the ODI by encouraging the ODI to develop a panel,  
144 with physician participation, to provide oversight of health insurance carrier policies and  
145 practices; and be it further

**RESOLVED**, that our OSMA actively encourages, EDUCATES and supports physicians, patients, and hospitals REGARDING THE PROCESS FOR reporting inappropriate and unfair practices by health insurance carriers directly to the Department of Insurance; and be it further

**RESOLVED**, that our OSMA create a structure to which physicians can report concerns and submit gathered information, regarding inappropriate, unsafe, or unfair health insurance carrier policies to be compiled, evaluated for merit, and, if validated, reported to the ODI, with appropriate supporting information from the OSMA.

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

#### **Resolution No. 25 – 2024 - AMEND**

#### **Opposing Take Back Payments**

**Preliminary Comments:** Online testimony supported the concept of this resolution with a variety of changes recommended. There was mixed testimony regarding potential amendments. It was felt that by deleting Resolved 3, we would send a strong message that any take backs by insurance companies after payment has been made is unacceptable. It was discussed that at times there may be physicians with inappropriate claims submissions. However, this approach still seemed fair because insurance companies have the ability to ask for supporting documentation before making a payment. Furthermore, OSMA policy 42-1979 already addresses supporting an appeal mechanism.

**RESOLVED**, that our OSMA oppose any take back by insurance companies for payments made to physicians; and be it further

**RESOLVED**, that our OSMA explore options to address the problem of health insurance take back policies with the Ohio Department of insurance.; and be it further

~~**RESOLVED**, that our OSMA support an appeal process for any take back payment by a health insurance payers.~~

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

#### **Resolution No. 26 – 2024 - ADOPT**

**Advocating for 12-Month Continuous Medicaid Enrollment Periods to Improve Adult Health Outcomes in Ohio**

**Preliminary Comments:** Most of the online testimony was in support of this resolution. It is important to recognize that there are people that are disenrolled for procedural reasons, not because they no longer meet eligibility criteria. Having a longer continuous eligibility period would allow for optimizing our ability to providing care to those in need.

**RESOLVED**, that our OSMA supports the adoption of 12-month continuous eligibility across Ohio Medicaid programs.

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

## **Resolution No. 27 – 2024 - AMEND**

### **~~Opposing Involuntary Surgeries on Intersex Youth and Infants~~**

#### **PROPOSED TITLE CHANGE: TREATMENT AND SUPPORT FOR INFANTS AND YOUTH WITH DIFFERENCES OF SEX DEVELOPMENT (DSD)**

**Preliminary Comments:** Online testimony was in support of this resolution. There was testimony that the OSMA is not the appropriate body to create and distribute educational resources and instead we should support the availability of those resources. Furthermore, the availability of educational resources and strengthening support would accommodate informed decision-making regarding treatment options, including the option for delayed care. The committee agreed with including the amendment that was offered regarding this.

There was mixed testimony regarding the inclusion of the second Resolved clause. Those in favor of keeping the Resolved clause felt it was important to emphasize support for informed decision making and the option for delayed intervention. Those who favored deleting the third Resolved felt that the first Resolved already addressed these issues. The committee's vote was split. However, the majority were in favor of deletion.

The committee considered if "intersex" was the best current term to use. We are sensitive to the fact that there are different groups that do not agree regarding which term is the most appropriate. The Societies for Pediatric Urology and American Urological Association Joint Position Statement regarding Pediatric Decision Making and Differences of Sex Development recognizes that "intersex, differences of sex development (DSD), and other similar medical terms are broad in scope. They are reflective of many diagnoses and as such, the use of such terms in many situations is an over-simplification..." They explained that in the absence of a better term, they used DSD in their statement, so we did the same. The title was changed to match the resolution.

**RESOLVED**, that our OSMA supports the ~~creation and distribution~~ AVAILABILITY of educational resources and strengthened family support for parents of ~~intersex~~ infants and youth WITH DIFFERENCES OF SEX DEVELOPMENT (DSD) TO ACCOMMODATE INFORMED DECISION MAKING regarding surgical and medical options for treatment, including the option for delayed care.; ~~and be it further~~

243 **RESOLVED**, that our OSMA supports informed decision-making and delayed  
244 intervention in the surgical treatment of intersex infants and youth.  
245

246 **Fiscal Note:** \$ (Sponsor)  
247 \$ 100,000 (Staff)  
248

249  
250 **Resolution No. 28 – 2024 - AMEND**  
251

252 **Opposition to Requirements for Gender-Based Treatment for Athletes**  
253

254 **Preliminary Comments:** The online testimony was mixed. The initial placement of the  
255 word “opposes” made it unclear how it applied to other portions of the paragraph.  
256 Specifically, how it applied to the words “affirm that these athletes be permitted to  
257 compete in alignment with their identity”. Therefore, the paragraph was restructured to  
258 make this clear. The item with the most disagreement was item 4 - “affirms that these  
259 athletes be permitted to compete in alignment with their identity”. The committee  
260 discussed deleting item 4 and the majority vote chose to keep it in place.  
261

262 **RESOLVED**, that Ohio State Medical Association opposes (1) mandatory testing,  
263 medical treatment or surgery for transgender athletes and athletes with Differences of  
264 Sex Development (DSD), and affirm that these athletes be permitted to compete in  
265 alignment with their identity; (2) the use of specific hormonal guidelines to determine  
266 gender classification for athletic competitions; and (3) satisfying third-party requirements  
267 to certify or confirm an athlete’s gender through physician participation.  
268

269 **RESOLVED**, THAT THE OHIO STATE MEDICAL ASSOCIATION (1) OPPOSES  
270 MANDATORY TESTING, MEDICAL TREATMENT OR SURGERY FOR  
271 TRANSGENDER ATHLETES AND ATHLETES WITH DIFFERENCES OF SEX  
272 DEVELOPMENT (DSD); (2) OPPOSES THE USE OF SPECIFIC HORMONAL  
273 GUIDELINES TO DETERMINE GENDER CLASSIFICATION FOR ATHLETIC  
274 COMPETITIONS; (3) OPPOSES SATISFYING THIRD-PARTY REQUIREMENTS TO  
275 CERTIFY OR CONFIRM AN ATHLETE’S GENDER THROUGH PHYSICIAN  
276 PARTICIPATION; AND (4) AFFIRMS THAT THESE ATHLETES BE PERMITTED TO  
277 COMPETE IN ALIGNMENT WITH THEIR IDENTITY.  
278

279 **Fiscal Note:** \$ (Sponsor)  
280 \$ 500 (Staff)  
281

282  
283 **Resolution No. 29 – 2024 - AMEND**  
284

285 **Firearm Safety for Civilians and Law Enforcement**  
286

287 **Preliminary Comments:** Online testimony was in support of the overall resolution.  
288 However, there was disagreement regarding Resolved 5. The majority of the committee  
289 felt that it was reasonable to allow a trained security person hired by the school to  
290 possess a firearm in addition to law enforcement officers. However, they did not feel that

anyone trained in security work should be allowed to have a firearm in schools.  
Therefore, the word “hired” was added to the fifth Resolved to be specific about this difference.

**RESOLVED**, that the Ohio State Medical Association supports a required background check for the purchase of all firearms; and be it further

**RESOLVED**, that the Ohio State Medical Association supports extreme risk protection orders, also known as “red flag laws”, for individuals who have demonstrated significant signs of potential harm to self or others; and be it further

**RESOLVED**, that the Ohio State Medical Association reaffirms OSMA policy 54-1989 “Waiting Period before Gun Purchase”; and be it further

**RESOLVED**, that the Ohio State Medical Association supports safety training requirements and a permit to carry a concealed firearm; and be it further

**RESOLVED**, that the Ohio State Medical Association opposes possessing a firearm in schools with the exception of HIRED trained security or law enforcement officers.

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

#### **Resolution No. 30 – 2024 - AMEND**

##### **Obesity as a Public Health Emergency**

**Preliminary Comments:** Online testimony was in support of this resolution. The word weight was felt to be a typo and was meant to be waist-to-height ratio, so this amendment was made.

**RESOLVED**, that our OSMA support the utilization of other evidenced-based anthropometric measures, including but not limited to ~~weight~~ WAIST-to-height ratio, in health screenings that better reflect comorbid health risks than BMI; and be it further

**RESOLVED**, the OSMA supports training to further educate healthcare practitioners and trainees about healthy diet, the multifactorial nature of body weight, the impact of obesity, and strategies to reduce the detrimental health effects of obesity on Ohioans, including avoidance of obesity in the pediatric population and the integration of developing weight-loss medical interventions.

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

#### **Resolution No. 31 – 2024 - AMEND**

339  
340 **Supporting Programs and Policies to Address Disparities in Maternal and Infant**  
341 **Morbidity and Mortality in Ohio**  
342

343 **Preliminary Comments:** Online testimony was in support of this resolution. Consistent  
344 with that testimony, Resolved 1 was amended to collaborate with appropriate  
345 stakeholders instead of just one specific program. Resolved 2 was amended to use the  
346 term health literacy instead of educational attainment.  
347

348 **RESOLVED**, that our OSMA supports legislation and government action that  
349 promotes academic and community-based research to monitor infant mortality rates,  
350 associated disparities, and the social factors which cause them; and be it further  
351

352 **RESOLVED**, that our OSMA collaborates with the ~~Maternal Infant and Wellness~~  
353 ~~Program~~ APPROPRIATE STAKEHOLDERS to improve birth outcomes with a focus on  
354 health disparities; and be it further  
355

356 **RESOLVED**, that our OSMA support legislation and government action that  
357 reduces barriers to healthcare access and educational attainment HEALTH LITERACY  
358 in communities of underrepresented persons; and be it further  
359

360 **RESOLVED**, that our OSMA promote the utilization of and individualized care by  
361 member physicians before and after pregnancy, leading to more equitable health  
362 outcomes for infants and parents.  
363

364 **Fiscal Note:** \$ (Sponsor)  
365 \$ 50,000 (Staff)  
366

367  
368 **Resolution No. 32 – 2024 - ADOPT**  
369

370 **Supporting Expanded Naloxone Availability and Training and Encouraging Mandated**  
371 **Access in Public Institutions**  
372

373 **Preliminary Comments:** Online testimony was mixed on this resolution. Concerns were  
374 expressed about the cost of implementation. The majority felt that we should support  
375 safe and effective overdose reversal medications being easily accessible and that cost  
376 effective mechanisms could be determined when implementing this. It is important to  
377 note that although medications like Naloxone may be available without a prescription,  
378 that does not mean that they are accessible to people when they are needed. There were  
379 also concerns about having legal protections if out of date medications are used, but the  
380 committee felt this issue could be addressed as part of an implementation process.  
381

382 **RESOLVED**, that our OSMA supports the widespread implementation of easily  
383 accessible naloxone and other safe and effective overdose reversal medications rescue  
384 stations (public availability of naloxone and other safe and effective overdose reversal  
385 medications through wall-mounted display/storage units that also include instructions)



throughout the state following distribution and legislative edicts similar to those for Automated External Defibrillators.

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

**Resolution No. 33 – 2024 – ADOPT W/TITLE CHANGE**

**Expanding Access to Opioid Agonist Therapies with Associated Trained Medical Personnel in ~~Rehabilitation~~ RESIDENTIAL ADDICTION TREATMENT Facilities**

**PROPOSED TITLE CHANGE: EXPANDING ACCESS TO OPIOID AGONIST THERAPIES WITH ASSOCIATED TRAINED MEDICAL PERSONNEL IN RESIDENTIAL ADDICTION TREATMENT FACILITIES**

**Preliminary Comments:** Online testimony was in support of this resolution. The committee agreed with the need to change the title to be clear that the proposed additional language referred to residential addiction treatment facilities. It is important to point out that the current policy 13-2022 only includes items 1-5. Item 6 is the language that is proposed to be added.

**RESOLVED**, that our OSMA amend Policy 13 - 2022 as follows:

**Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio through Medication-Assisted Treatment and Harm Reduction Services**

1. The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate.
2. The OSMA supports public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services.
3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.
4. The OSMA supports legislation prohibiting prior authorization requirements and other restrictions on use of evidence-based medications for opioid use disorder.
5. The OSMA supports research, policy, and education concerning the impacts of racism and classism on patient awareness of and access to substance use disorder treatment.

**If adopted, the new language would be point 6.**

**RESOLVED**, that our OSMA amend Policy 13 - 2022 with the addition of the following language:

THE OSMA SUPPORTS LEGISLATION DIRECTING  
RESIDENTIAL TREATMENT PROVIDERS TO OFFER OPIOID  
AGONIST OR PARTIAL AGONIST THERAPIES, WITH  
ASSOCIATED TRAINED MEDICAL PERSONNEL, ON-SITE, OR  
TO FACILITATE ACCESS OFF-SITE.

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

**Resolution No. 34 – 2024 - AMEND**

**Encourage ~~Marijuana~~ CANNABIS Counseling and Harm Reduction**

**PROPOSED TITLE CHANGE: ENCOURAGE CANNABIS COUNSELING AND HARM  
REDUCTION**

**Preliminary Comments:** Online testimony was in support of this resolution. It was  
recommended that the term ~~marijuana~~ be changed to cannabis to be consistent with the  
state's Division of Cannabis Control.

**RESOLVED**, that the OSMA encourages physicians to be informed regarding  
risks, benefits, and harm reduction techniques related to ~~marijuana~~ CANNABIS use,  
both medical and recreational.

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

**Resolution No. 35 – 2024 - AMEND**

**Increasing Awareness of Harmful Algal Bloom Toxicity**

**Preliminary Comments:** Online testimony was mostly in support of this resolution.  
**Resolved 3** was amended to delete the words "Lake Erie and other" so that it would  
address all waterways without specifying one.

**RESOLVED**, that our OSMA supports ongoing research into the human  
health effects of harmful algal contaminated water; and be it further

**RESOLVED**, that our OSMA supports initiatives to promote awareness of the  
harmful effects of algal blooms and be it further

**RESOLVED**, that our OSMA supports legislation to reduce nutrient runoff from  
factory farms and other commercial practices negatively impacting ~~Lake Erie and other~~  
waterways.

481 **Fiscal Note:** \$ (Sponsor)  
482 \$ 50,000 (Staff)  
483

484  
485 **Resolution No. 36 – 2024 - ADOPT**  
486

487 **Support for Environmental Justice Initiatives**  
488

489 **Preliminary Comments:** There was mixed online testimony. The committee was divided  
490 on the issue, but the majority recommended adoption. Policy 27-2022 is specific to  
491 climate change and this resolution addresses wider environmental conditions.  
492

493 **RESOLVED,** that the OSMA encourages state action to address and remediate  
494 environmental injustice and other environmental conditions adversely impacting health  
495 in marginalized communities.  
496

497 **Fiscal Note:** \$ (Sponsor)  
498 \$ 50,000 (Staff)  
499