

1 OHIO STATE MEDICAL ASSOCIATION 2024 HOUSE OF DELEGATES

2
3 PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1

4
5 Presented by Andrew Rudawsky, MD, Chair, District 5

6 Suzanne Sampang, MD	1 st District
7 Margaret Dunn, MD	2 nd District
8 Carl Wehri, MD	3 rd District
9 Joan Duggan, MD	4 th District
10 Ricardo Correa, MD	5 th District
11 David Mungo, MD	6 th District
12 Brian Bachelder, MD	7 th District
13 Christopher Brown, MD	8 th District
14 William Sternfeld, MD	Specialties Representative
15 Michelle Knopp, MD	Resident & Fellows Section
16 Tani Malhotra, MD	Young Physician Section
17 Saaleha Shamsi	Medical Student Section

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19
20
21 Resolutions Committee One has reviewed the resolutions that have been proposed for
22 consideration at the 2024 Meeting of the OSMA House of Delegates. Committee One 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.**

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30 **Resolution No. 1 – 2024 - AMEND**

31
32 **Insurance Coverage for Substance Use Disorder**

33
34 **Preliminary Comments: The Committee noted unanimous support in the online testimony**
35 **for this resolution. There was a recommendation in online testimony to correct a typo in**
36 **the third Resolve, which the Committee incorporated into the resolution (adding the word**
37 **“of” before “substance use disorder”). Based on the positive consensus online, the**
38 **Committee’s preliminary recommendation is to Adopt as Amended.**

39
40 **RESOLVED**, that OSMA Policy 79 – 1977 – Insurance Coverage for Alcoholism
41 Treatment be amended as follows:

42
43 Policy 79 – 1977 – Insurance Coverage for ~~Alcoholism~~ SUBSTANCE USE
44 DISORDER Treatment

45
46 1. The OSMA continues to recognize ~~alcoholism~~ SUBSTANCE USE DISORDER
47 as an illness or disease.

48
49 2. The OSMA continues to support treatment of ~~alcoholism~~ SUBSTANCE USE
50 DISORDER.
51

52 3. The OSMA supports health insurance coverage for treatment ~~alcoholism~~ OF
53 SUBSTANCE USE DISORDER in whatever setting is most appropriate and cost
54 effective.
55

56 **Fiscal Note:** \$ 0 (Sponsor)
57 \$ 500 (Staff)
58

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60 **Resolution No. 2 – 2024 - AMEND**

61 **OSMA Membership Structure**

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64 **Preliminary Comments: The Committee acknowledges the online testimony regarding the**
65 **need to reassess the Group Membership category to ensure its efficacy and value to the**
66 **OSMA. The Committee also considered the testimony regarding appropriate timing for**
67 **such an evaluation. In order to allow for sufficient time to generate the necessary data to**
68 **meaningfully evaluate the impact of Group Membership, the Committee suggests that a**
69 **review should occur no later than five years from now.**
70

71 **In response to the discussions, the Committee has introduced an additional Resolved**
72 **Clause. This clause mandates Council to provide a report back to the House of Delegates**
73 **(HOD) following a comprehensive evaluation of the Group Membership's trial period. The**
74 **preliminary recommendation of the Committee is to Adopt as Amended.**
75

76 **RESOLVED**, the OSMA amend its bylaws (Chapter 1, Section 2) to create a new group
77 membership category for practices and health systems with 150 or more physicians as follows:
78

79 Section 2. Classification of Membership.

80
81 (a) Active Members. The Active Members of this Association are
82 those physicians with the OSMA who practice, work or reside in Ohio and who
83 pay the appropriate dues to this association by January 31 of each year. Active
84 Members shall have the right to vote and hold office.
85

86 (b) Retired Members. Retired Members of this Association shall be
87 those members of this Association who have retired from the active practice of
88 medicine and who do not receive regular and significant income for their
89 participation in any professional activity related to the practice of medicine. They
90 must have been Members of this Association for ten (10) years prior to
91 retirement. Retired Members shall have the right to vote and hold office.
92

93 (c) Members in Training. Members in Training shall comprise all
94 physicians who are pursuing studies and training in a program accredited by the
95 Accreditation Council for Graduate Medical Education (ACGME), the American
96 Medical Association or the American Osteopathic Association and their
97 associated groups. Members in Training shall comprise the Resident and Fellows
98 Section and shall have the right to vote and hold office.
99

100 (d) Nonresident Members. Nonresident Members shall include those
101 physicians who reside and practice outside Ohio but who hold a license to
102 practice medicine and surgery in Ohio and who are approved for Nonresident

103 Membership by the Council. Nonresident Members shall not have the right to
104 vote or hold office.

105
106 (e) Honorary Members. The House of Delegates may elect as an
107 Honorary Member any person distinguished for services or attainments in
108 medicine or the allied sciences or who has rendered other services of unusual
109 value to medicine. An Honorary Member shall pay no dues or assessments.

110
111 (f) Life Active Members. Individuals who currently are Life Active
112 Members having made a single payment for lifetime membership dues will
113 continue as Life Active Members, but no new life memberships will be permitted.
114 Life Active Members will have all of the rights and privileges of an Active Member
115 under these Bylaws for life. Wherever the term "Active Member" is used in these
116 Bylaws it shall include Life Active Members.

117
118 (g) Student Members. Student Members of this Association shall
119 comprise those students who are pursuing the diploma of Doctor of Medicine or
120 Doctor of Osteopathy in an approved medical or osteopathic college or institution
121 in the State of Ohio. Student Members shall comprise the medical group known
122 as the Medical Student Section. Said section shall be governed by and operate
123 under separate Bylaws approved by the Council. Student Members of this
124 Association shall have the right to vote and hold office in this Association.

125
126 (H) GROUP MEMBERSHIP. GROUP MEMBERSHIP OF THIS
127 ASSOCIATION SHALL COMPRISE THOSE GROUP DUES PAYING PRACTICES AND
128 HEALTH SYSTEMS PURSUANT TO THE TIERS OUTLINED IN CHAPTER 3,
129 SECTION 1 OF THESE BYLAWS. EACH INDIVIDUAL IN A GROUP MEMBERSHIP
130 SHALL HAVE ALL RIGHTS AND PRIVILEGES OF AN ACTIVE MEMBER, SUBJECT
131 TO THE DISTRICT MEMBER CALCULATION OUTLINED IN CHAPTER 5, SECTION 2
132 OF THESE BYLAWS. INDIVIDUALS IN A GROUP MEMBERSHIP HAVE THE RIGHT
133 TO VOTE, SERVE AS A DELEGATE AND HOLD OFFICE.

134
135
136 ; and be it further

137
138 **RESOLVED**, the OSMA amend its bylaws (Chapter 3, Section 1) to create dues
139 discounts for group with less than 150 members that have 100% OSMA membership and group
140 memberships tiers for groups with more than 150 members, and to create new a new multi-year
141 dues discount for individuals and groups of 20 or less when a commitment and payment of three
142 years of membership is made, as follows:

143
144 **Section 1. Determination of Dues.** The annual dues and assessments of
145 Active Members of this Association shall be determined by the House of
146 Delegates, and shall be levied per capita on such members. They shall be
147 payable to the OSMA before January 1 of the calendar year for which such dues
148 are levied.

149
150 The Council of this Association shall have the authority to promulgate
151 regulations governing the amount of annual dues and assessments of all
152 classifications of members other than Active Members. A physician who is not
153 engaged in active practice because of disability and who was a member of this

154 Association at the time of the disability may be exempt from the payment of dues
155 and assessments in this Association.

156
157 A member of this Association for whom payment of the member's regular
158 dues constitutes a financial hardship may submit a request to the Council of this
159 Association for an adjustment of dues. Such request shall be in writing. If the
160 Council finds that payment of dues will constitute a financial hardship, the
161 Council of this Association will make an adjustment of the member's dues to this
162 Association for such period of time, and subject to such conditions, as Council
163 may deem appropriate and advisable.

164
165 GROUP MEMBERSHIP DISCOUNTS AND TIERS SHALL BE AS FOLLOWS:

166
167 GROUP DISCOUNT STRUCTURE

168 GROUP SIZE	DISCOUNT
169 21-99	10% OFF INDIVIDUAL DUES RATE
170 100-149	15% OFF INDIVIDUAL DUES RATE

171
172 NEW GROUP MEMBERSHIP CATEGORY/TIERS

173 GROUP SIZE	TIER
174 150-500	\$75K
175 500+	\$100K

176
177 INDIVIDUALS AND GROUPS OF 20 OR LESS SHALL RECEIVE A 10% MULTI-YEAR
178 DISCOUNT WHEN A COMMITMENT AND PAYMENT OF THREE YEARS OF
179 MEMBERSHIP IS MADE.

180
181 ; and be it further

182
183 **RESOLVED**, the OSMA amend its bylaws (Chapter 5, Section 2) to specify that for
184 group membership for the purpose of counting the number of active members in a district would
185 be the amount paid by the group divided by the current individual dues rate and apportioned to
186 each district by the percent of physicians that group has practicing in each district, as follows:

187
188 **Section 2.** OSMA District Delegates Ratio of Representation. Each
189 OSMA district shall be entitled to one (1) Delegate and one (1) Alternate
190 Delegate in the House of Delegates for each fifty (50) Active Members and
191 Retired Members working or residing in the district as of December 31st of the
192 preceding year. If the total number of Active Members and Retired Members in
193 the district is not evenly divisible by fifty (50), that district shall be entitled to one
194 (1) additional Delegate in the House of Delegates. The names of such Delegates
195 and Alternate Delegates shall be submitted to the Association prior to the
196 opening of the House of Delegates.

197
198 In addition to the district Delegates ratio of representation stated in this
199 section, each OSMA district shall be entitled to one additional designated
200 Delegate and one additional Alternate Delegate who represents a section
201 approved by the House of Delegates, except that members in training and
202 medical students are represented solely by their separately seated sections.
203 These additional designated Delegates shall be selected by the district.
204

205 Members in Training and Students are represented through separately
206 seated sections of the House of Delegates and shall not be included in the
207 member count/ratio of representation of OSMA districts for purposes of
208 determining representation in the House of Delegates.
209

210 FOR PURPOSES OF COUNTING THE NUMBER OF ACTIVE MEMBERS IN A DISTRICT,
211 AND ACCOUNTING FOR GROUP MEMBERSHIP, THE CALCULATION SHALL BE THE
212 AMOUNT PAID BY THE GROUP (either \$75 or \$100k) DIVIDED BY THE CURRENT
213 INDIVIDUAL DUES RATE AND APPORTIONED TO EACH DISTRICT BY THE PERCENT OF
214 PHYSICIANS THAT GROUP HAS PRACTICING IN EACH DISTRICT.
215

216 AND BE IT FURTHER;

217
218 RESOLVED: THAT THE GROUP MEMBERSHIP COST AND OTHER CRITERIA TO
219 DETERMINE EFFECTIVENESS, AS PRE-DEFINED BY THE OSMA COUNCIL, BE
220 EVALUATED BY THE COUNCIL AFTER NO LATER THAN 5 YEARS, AND THAT THE OSMA
221 COUNCIL REPORT THESE FINDINGS BACK TO THE HOUSE OF DELEGATES.
222

223 **Fiscal Note:** \$ 0 (Sponsor)
224 \$ 25,000 (Staff)
225
226

227 **Resolution No. 3 – 2024 - REFER**
228

229 **Update of OSMA Bylaws to Include Representative Members from the Women Physician**
230 **Section, Senior Physician Section, and International Medical Graduates Section on**
231 **OSMA Council**
232

233 **Preliminary Comments: The Committee thoroughly examined the wide array of**
234 **perspectives provided through the online testimonies on this resolution. The**
235 **discussions highlighted several key concerns, including the size of the Council, the**
236 **function of At-Large Councilors, recent challenges in recruiting members for Council**
237 **positions, and the overarching goal to ensure equitable representation for all members.**
238

239 **A significant part of the Committee's deliberation focused on the need to investigate the**
240 **historical composition of the Council, specifically looking at the representation from**
241 **members eligible for the International Medical Graduates (IMG), Senior Physicians**
242 **Section (SPS), and Women Physicians Section (WPS) to determine if there is current or**
243 **historical underrepresentation.**
244

245 **In light of these considerations, the Committee recommends that this resolution be**
246 **Referred.**
247

248 **This referral is intended for the Council to thoroughly evaluate the necessity of**
249 **designated positions for these sections based on the data from the last 10 years and to**
250 **consider the implications of expanding the Council's makeup. Furthermore, the**
251 **Committee requests that the Council share its findings and recommendations with the**
252 **House of Delegates (HOD) at the 2025 Annual Meeting.**
253

254 **RESOLVED**, that the OSMA Bylaws shall be updated so that the Council shall
255 additionally include one (1) member of the Women Physician Section, one (1) member of the

256 Senior Physician Section, and one (1) member of the International Medical Graduates Section.
257 The bylaws of each of these sections shall be updated (according to established procedure) to
258 define the process of electing their representative member to the Council.
259

260 **Fiscal Note:** Less than \$500 (Sponsor)
261 Less than \$500 (Staff)
262

263 **Resolution No. 4 – 2024 – NOT ADOPT**

264 **Amending OSMA Constitution and Bylaws to Require Council to Solicit Section**
265 **Feedback/Approval on Public Statements on State Ballot Measures**

266 **Preliminary Comments: This resolution is in response to the position taken by the OSMA**
267 **on Issue 1 in the November 2023 election. The majority of online testimony was opposed**
268 **to this resolution. Concerns were raised regarding the challenges of polling membership**
269 **and the implications for the autonomy of our elected Council representatives. The**
270 **Committee concurred with numerous comments that suggested a bylaws amendment is**
271 **not the most effective solution for the concerns raised. Based on these deliberations, the**
272 **Committee’s preliminary recommendation is to Not Adopt.**
273
274
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276

277 **RESOLVED**, that the OSMA Constitution and Bylaws be amended as follows:
278

279 **Chapter 8**
280 **THE COUNCIL**

281 **Section 1. Powers and Duties of the Council.**

282 The Board of Trustees (referred to herein as "the Council") shall be the executive
283 body of this Association. Between meetings of the House of Delegates, the
284 Council shall have and exercise all the powers and authority conferred on the
285 House of Delegates by the Constitution and these Bylaws. In the exercise of the
286 interim powers thus conferred upon it, the Council shall take no action
287 contravening any general policy which shall have been adopted by the House of
288 Delegates and which is then in effect.
289
290

291 The Council shall have direction of the investment and reinvestment of the funds
292 of this Association.
293

294 The Council shall consider all questions involving the rights and standing of
295 members.
296

297 The Council shall provide for and superintend the issuance of any publications of
298 the Ohio State Medical Association. It shall have full power and authority to
299 appoint a medical editor or publication board, or both, and make any other
300 provisions for the publication of any publications which in its judgment are
301 feasible including full discretionary power: (1) to promulgate rules and regulations
302 governing any publications, EXCEPT FOR PUBLICATIONS REGARDING THE
303 OFFICIAL ORGANIZATIONAL POSITION ON STATEWIDE BALLOT
304 MEASURES; (2) to enumerate and define the powers and duties of the medical
305 editor or publication board, or both; and (3) to fix the terms and conditions of their
306

307 appointment. IN THE EVENT THAT A MEMBER OF THE COUNCIL BELIEVES
308 THAT THE OHIO STATE MEDICAL ASSOCIATION HAS SUFFICIENT POLICY
309 TO TAKE AND PUBLISH AN OFFICIAL POSITION ON A STATEWIDE BALLOT
310 MEASURE, THE ENTIRE COUNCIL MUST SOLICIT WRITTEN INPUT FROM
311 THE GOVERNING COUNCIL OF EACH SECTION BEFORE TAKING A VOTE
312 ON SUCH POSITION.

313
314 The Council shall have full power and authority to employ a Chief Executive
315 Officer, who need not be a physician or member of this Association. The Chief
316 Executive Officer may employ such other employees as are deemed necessary
317 or advisable.

318
319 The Council shall provide such offices for the headquarters of this Association as
320 may be required properly to conduct its business.

321
322 **Fiscal Note:** \$ (Sponsor)
323 \$ 500 (Staff)

324
325
326 **Resolution No. 5 – 2024 – NOT ADOPT**

327
328 **Improving Institutional Memory/Revising OMSS Bylaws**

329
330 **Preliminary Comments: Online testimony was in support of this resolution. Nonetheless,**
331 **the Committee observed that the OSMA Organized Medical Staff Section (OSMA-OMSS)**
332 **operates as an internal section within the OSMA framework, endowed with the autonomy**
333 **to amend its bylaws, pending approval from the OSMA Council. Furthermore, it was**
334 **noted that the American Medical Association (AMA) Delegation represents the OSMA in**
335 **the AMA HOD, and therefore lacks the ability to forward resolutions directly to this**
336 **specific internal section of the AMA as proposed by the resolution.**

337
338 **Given these constraints, the Committee concluded that the issues raised by this**
339 **resolution, while important, are best resolved within the confines of the OMSS itself.**
340 **Consequently, the Committee’s preliminary recommendation is to Not Adopt.**

341
342 **RESOLVED**, that Chapter 1, Section 1(B) of the OSMA OMSS Bylaws be amended as
343 follows:

344
345 **B. PARTICIPATION.** Participation in the section’s activities shall be open to all members
346 of organized medical staffs who are licensed to practice medicine or surgery or
347 osteopathic medicine and surgery in the state of Ohio (AND ANY CURRENT OR PAST
348 MEMBER OF THE OMSS GOVERNING COUNCIL).

349
350 ; and be it further

351
352 **RESOLVED**, that our OSMA delegation to the AMA take the suggested below changes
353 to the AMA OMSS bylaws to the AMA House of Delegates for their consideration.

354
355 **7.4.1 Membership.** Membership in the OMSS shall be open to all active
356 physician members of the AMA who are members of a medical staff of a hospital
357 or a medical staff of a group of practicing physicians organized to provide

358 healthcare (AND ANY CURRENT OR PAST MEMBER OF THE OMSS
359 GOVERNING COUNCIL). Active Resident and fellow members of the AMA who
360 are certified by their medical staffs as representatives to the Business meeting
361 also shall be considered members of the section.

362 **7.4.2 Representatives to the business meeting.** Each medical staff of a
363 hospital and each medical staff of a group of practicing physicians organized to
364 provide healthcare may select up to two active physician AMA member
365 representatives to the Business Meeting. The president or chief of staff of a
366 medical staff may also attend the Business Meeting as a representative if they
367 are an active physician members of the AMA. The representatives must be
368 physician members of the medical staff of a hospital or group of practicing
369 physicians organized to provide health care or residents/fellows affiliated with the
370 medical staff of a hospital or group of practicing physicians organized to provide
371 healthcare (OR CURRENT AND/OR PAST OMSS GOVERNING COUNCIL
372 MEMBER) All representatives to the Business Meeting shall be properly certified
373 in accordance with procedures established by the Governing Council and the
374 Board of Trustees.

375 **7.4.2.1** When a multi-hospital system and its component medical staffs have
376 unified the medical staffs, those medical staff members who hold specific
377 privileges to practice at each separate entity within the unified system may select
378 up to two representatives to the business meeting, so long as they are active
379 physician members of the AMA. The president or chief of staff of a unified
380 medical staff also attend the business meeting as a representative if they are an
381 active physician of the AMA.

382 **7.4.3 Cessation of Eligibility.** If any officer or Governing Council member
383 ceases to meet the membership requirements or ceases to be credentialed as a
384 representative consistent with the bylaws prior to the expiration of the term for
385 which elected, the term of such officer or member shall terminate (AT THE END
386 OF THEIR TERM)

387 **7.4.4 Member Rights and Privileges**

388 **7.4.4.1** An OMSS member who is certified as a representative in accordance
389 with 7.4.2 has the right to speak and debate, and has the right to introduce
390 business, make motions, vote, (BUT NOT RUN AGAIN FOR AN OFFICE TO
391 THE OMSS)

392 7.4.4.2 AN OMSS MEMBER WHO IS NOT CERTIFIED AS A REPRESENTATIVE
393 IN ACCORDANCE WITH 7.4.2 HAS THE RIGHT TO SPEAK AND DEBATE, BUT
394 DOES NOT HAVE THE RIGHT TO INTRODUCE BUSINESS, MAKE MOTIONS,
395 VOTE OR RUN FOR OFFICE TO THE OMSS GOVERNING COUNCIL.

396 7.4.4.3 A PHYSICIAN WHO IS NOT A AMA MEMBER MAY ATTEND ONE
397 BUSINESS MEETING AS GUEST, WITHOUT THE RIGHT TO SPEAK OR
398 DEBATE, INTRODUCE BUSINESS, MAKE MOTIONS, VOTE OR RUN FOR
399 OFFICE TO THE OMSS GOVERNING COUNCIL.

400 7.4.4.4 AT THE DISCRETION OF THE OMSS GOVERNING COUNCIL, A
401 NONPHYSICIAN MAY ATTEND THE BUSINESS MEETING AS A GUEST.

402
403

404 **Fiscal Note:** \$ (Sponsor)
405 \$ 500 (Staff)

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AMA Delegation Attendance

Preliminary Comments: Online testimony was universally supportive of this resolution. However, concerns were raised about the lack of a clear definition for "participation" and the absence of objective criteria in the proposed report. The Committee also noted that out-of-pocket cost to Delegates and Alternates may be a factor impacting their attendance/participation in meetings.

To alleviate these concerns while maintaining the spirit and goal of this resolution, the Committee proposes amended language to add clarity and specificity to the resolution. Consequently, the Committee's preliminary recommendation is to Adopt as Amended.

RESOLVED, that our Ohio AMA Delegation staff and officers will create an attendance and participation report annually regarding all AMA Delegates and Alternates and A REPORT DETAILING THE CONTRIBUTIONS OF DELEGATION MEMBERS TO THE RESOLUTION REVIEW PROCESS, THEIR PARTICIATION IN ONLINE PRE-CAUCUS MEETINGS, ATTENDANCE AT AMA MEETINGS, AND ROLES HELD WITHIN THE AMA. THIS REPORT WILL BE DISTRIBUTED ~~distribute the report~~ to voting OSMA Delegates at the OSMA Annual meeting ~~before the~~ PRIOR TO AMA DELEGATION Elections.

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

Resolution No. 7– 2024 – ADOPT IN LIEU OF

Clarity in Advertising and Marketing

Preliminary Comments: Online testimony was generally supportive of this resolution, with some amendments suggested. Echoing the sentiments from these testimonies, the Committee agrees that transparency about the education, training level, and licensure of healthcare providers is crucial for ensuring patient safety. However, concerns were raised about the practicality of implementing this initiative and the associated costs, especially for larger systems.

It was also recognized that the OSMA currently has existing policy which endorses the American Medical Association's "Truth in Advertising" campaign, which aligns with the objectives of this resolution. Given this alignment and in consideration of the concerns noted, the Committee recommends adopting by reaffirming OSMA Policy 05-2012 in lieu of Resolution 7.

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.

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

463
464 **Fiscal Note:** \$ (Sponsor)
465 \$ 50,000 (Staff)
466

467
468 **Resolution No. 8 – 2024 - AMEND**

469 **Cost of Living Payment Increases**

470
471
472 **Preliminary Comments:** The Committee noted generally supportive online testimony with
473 several members noting concerns about the feasibility of the OSMA lending a significant
474 voice to a federal issue. Nevertheless, the Committee felt that it was important to have
475 robust policy on this important issue. The committee reviewed several existing OSMA
476 and AMA policies regarding this issue, ultimately deciding to incorporate the more
477 comprehensive language from AMA policy H-330.932, to strengthen this resolution. The
478 Committee's preliminary recommendation is to Adopt as Amended.

479
480 **RESOLVED**, that our OSMA: ~~will appeal to the Ohio congressional delegation for~~
481 ~~legislation to direct CMS to include a yearly cost of living increase in Medicare payments to~~
482 ~~physicians.~~

- 483 1. CONTINUES TO OPPOSE PAYMENT CUTS IN THE MEDICARE AND MEDICAID
484 BUDGETS THAT MAY REDUCE PATIENT ACCESS TO CARE AND UNDERMINE
485 THE QUALITY OF CARE PROVIDED TO PATIENTS;
486 2. SUPPORTS THE CONCEPT THAT THE MEDICARE AND MEDICAID BUDGETS
487 NEED TO EXPAND ADEQUATELY TO ADJUST FOR FACTORS SUCH AS COST
488 OF LIVING, THE GROWING SIZE OF THE MEDICARE POPULATION, AND THE
489 COST OF NEW TECHNOLOGY;
490 3. AFFIRMS THE RIGHT OF PATIENTS AND PHYSICIANS TO PRIVATELY
491 CONTRACT FOR MEDICAL SERVICES;
492 4. SUPPORTS A MANDATORY ANNUAL "COST-OF-LIVING" OR COLA INCREASE
493 IN MEDICAID, MEDICARE, AND OTHER APPROPRIATE HEALTH CARE
494 REIMBURSEMENT PROGRAMS, IN ADDITION TO OTHER NEEDED PAYMENT
495 INCREASES.

496
497 **Fiscal Note:** \$ (Sponsor)
498 \$ 500 (Staff)
499

500
501 **Resolution No. 9 – 2024 - ADOPT**

502
503 **Amending OSMA Resolution 15-2023 to Allow for Broader Abortion**
504 **Advocacy**

505
506 **Preliminary Comments:** The Committee carefully reviewed the diverse testimonies
507 related to this resolution, noting a slight predominance of opposition over support. This
508 reflects the deeply personal nature of the issue at hand. The Committee also considered

509 the relevant American Medical Association Policy H-5.990, which aligns with the section
510 this resolution seeks to eliminate from the OSMA policy, but has not limited AMA
511 advocacy.

512
513 The Committee itself was divided on the best course of action, acknowledging that this
514 resolution is likely to spur further debate in the House of Delegates, irrespective of the
515 preliminary recommendation. After extensive discussion, it was determined that should
516 the contested clause be removed, OSMA policy would naturally defer to the broader AMA
517 CEJA 1.1.7, Physician Exercise of Conscience, which provides a comprehensive
518 framework for addressing these concerns.

519
520 Given these considerations, the Committee's preliminary recommendation is to Adopt.

521
522 **RESOLVED**, that the Ohio State Medical Association amend OSMA Policy 15 – 2023 –
523 Strengthening the OSMA Stance on Abortion Policy in Ohio be amended as follows:

524
525 **Policy 15 – 2023 – Strengthening the OSMA Stance on Abortion Policy in Ohio**

526 ~~1. The OSMA shall take no action which may be construed as an attempt to alter or~~
527 ~~influence the personal views of individual physicians regarding abortion procedures.~~

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

- 530 • Require or compel Ohio physicians to perform treatment actions, investigative
531 tests, or questioning and OR education of a patient which are not consistent with
532 the medical standard of care; or,
- 533 • Require or compel Ohio physicians to discuss treatment options that are not
534 within the standard of care and/or omit discussion of treatment options that are
535 within the standard of care.

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

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

543 ~~45. The OSMA opposes the imposition of criminal and civil penalties or other retaliatory~~
544 ~~efforts against patients, patient advocates, physicians, other healthcare workers, and~~
545 ~~health systems for receiving, assisting in, referring patients to, or providing evidence-~~
546 ~~based reproductive health care services within the medical standard of care.~~

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

550

551 **Fiscal Note:** \$ (Sponsor)
552 \$ 50,000 (Staff)

553

554

555 **Resolution No. 10 – 2024 – ADOPT IN LIEU OF**

556

557 **Protecting Access to Abortion for Patients using Teratogenic Medications**

558

559 **Preliminary Comments: Upon reviewing the testimonies related to this resolution, the**
560 **Committee noted a diversity of viewpoints. Although teratogenic medications are not**
561 **specifically mentioned in existing OSMA policy, there are multiple policies that already**
562 **support advocacy in this area. Taking into consideration the breadth of existing policies**
563 **that can address the concerns raised by Resolution 10, the Committee recommends**
564 **adopting by reaffirming OSMA Policies 14-2018, 4-2024, 15-2023, and 16-2023 in lieu of**
565 **Resolution 10.**

566
567 **Policy 14 – 2018 – Protection of the Patient-Physician Relationship in**
568 **Controversial Legislation**

569 1. The OSMA actively oppose any legislation or rule that would negatively impact the
570 sanctity of the physician/patient relationship.

571
572 **Policy 4 – 2023 -- Opposition of State-Expanded General Medicine Conscience**
573 **Protections for Health Insurers and for Pharmacists without Referral Attempt in**
574 **Ohio**

575 1. The OSMA opposes any efforts by the state legislature to implement conscience
576 protections that extend to health insurers beyond those afforded by federal statutes.

577
578 2. The OSMA supports the protection of coverage for medical procedures and
579 treatments under the standard of care from health insurer conscience exemptions.

580
581 3. The OSMA recognizes a professional and legal obligation that when pharmacists
582 exercise their conscience rights in refusing to dispense medications that are prescribed
583 by a licensed medical professional under the standard of care, they must immediately
584 notify the prescribing physician and refer the patient to a nearby pharmacist or
585 pharmacies that will fill the prescription.

586
587 **Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio**

588 1. The OSMA shall take no action which may be construed as an attempt to alter or
589 influence the personal views of individual physicians regarding abortion procedures.

590
591 2. Item 1 notwithstanding, the OSMA shall take a position of opposition to any proposed
592 Ohio legislation or rule that would:

593 • Require or compel Ohio physicians to perform treatment actions, investigative
594 tests, questioning or education of a patient which are not consistent with the
595 medical standard of care; or,

596 • Require or compel Ohio physicians to discuss treatment options that are not
597 within the standard of care and/or omit discussion of treatment options that are
598 within the standard of care; and be it further

599
600 3. The OSMA supports an individual's right to decide whether to have children, the
601 number and spacing of children, as well as the right to have the information, education,
602 and access to evidence-based reproductive health care services to make these
603 decisions.

604
605 4. The OSMA opposes non-evidence based limitations on access to evidence-based
606 reproductive health care services, including fertility treatments, contraception, and
607 abortion.

608

609 5. The OSMA opposes the imposition of criminal and civil penalties or other retaliatory
610 efforts against patients, patient advocates, physicians, other healthcare workers, and
611 health systems for receiving, assisting in, referring patients to, or providing evidence-
612 based reproductive health care services within the medical standard of care.

613
614 6. The OSMA collaborates with relevant stakeholders to educate legislators and amend
615 existing state laws so that the term “fetal heartbeat” is not used to inaccurately represent
616 physiological electrical activity.

617
618 **Policy 16 – 2023 -- Opposition to Criminalization of Pregnancy Loss**

619 1. The OSMA will advocate (1) that pregnancy loss shall not be criminalized for
620 physicians or patients, and (2) that physicians and patients should not be held civilly
621 and/or criminally liable for pregnancy loss as a result of medical care.

622
623
624 **RESOLVED**, Our OSMA will oppose legislative limitations on the prescription of
625 teratogenic medications that do not align with standard-of-care guidelines; and be it further

626
627 **RESOLVED**, Our OSMA will oppose the penalization of physicians who prescribe
628 teratogenic medications to people with reproductive potential; and be it further

629
630 **RESOLVED**, Our OSMA will advocate for abortion access for patients using teratogenic
631 medications to ensure that they may continue to receive necessary medical treatment in the
632 setting of nationwide or statewide total abortion bans.

633
634

635 **Fiscal Note:** \$ (Sponsor)
636 \$ 50,000 (Staff)

637
638

639 **Resolution No. 11 – 2024 - AMEND**

640
641

642 **Transparency in Pregnancy Counseling**

643 **Preliminary Comments:** There was mixed online testimony on this resolution. Several
644 members suggested removal of clauses R2 and R3. Committee members agreed with
645 online testimony suggesting removal of R2, but rather than strike out the originally
646 proposed version of R3 entirely, the Committee suggested an amendment to improve
647 clarity. Additionally, Committee members were concerned about the large fiscal note of
648 the resolution as proposed and suggested an amendment to R1 in order to lessen the
649 estimated cost of this policy pursuit. Consequently, the Committee’s preliminary
650 recommendation is to Adopt as Amended.

651
652

653 **RESOLVED**, our OSMA ~~advocates~~ SUPPORTS that any entity offering pregnancy
counseling services:

- 654 1. Truthfully describe the services they offer or for which they refer—including
655 prenatal care, family planning, termination, or adoption services—in
656 communications on site and in their advertising, and before any services are
657 provided to an individual; and
658 2. Disclose and display the credentials of the individuals who are on staff or
659 conducting services on site; and

660 3. Be transparent with respect to their funding and sponsorship relationships; and
661 be it further
662

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

667
668 **RESOLVED**, OSMA urges that public funding only support programs that provide
669 complete, non-directive, medically accurate EVIDENCE-BASED health information to support
670 patients' informed, voluntary family planning decisions.
671

672
673 **Fiscal Note:** \$ (Sponsor)
674 \$ 50,000 (Staff)
675

676
677 **Resolution No. 12 – 2024 - ADOPT IN LIEU OF**
678
679 **Making Ohio an Abortion Care Safe Haven**
680

681 **Preliminary Comments: There was mixed testimony on this resolution. The Committee**
682 **discussed these testimonies at length and reviewed existing policy. It was identified that**
683 **the objectives of this resolution are already encompassed by OSMA Policy 15-2023.**
684 **Specifically, the fourth item of this policy states: “The OSMA opposes the imposition of**
685 **criminal and civil penalties or other retaliatory efforts against patients, patient advocates,**
686 **physicians, other healthcare workers, and health systems for receiving, assisting in,**
687 **referring patients to, or providing evidence-based reproductive health care services**
688 **within the medical standard of care.” Given this overlap, the Committee concluded that**
689 **reaffirming the existing policy would be more effective than introducing new policy.**
690 **Therefore, the Committee recommends adopting by reaffirming OSMA Policy 15-2023 in**
691 **lieu of Resolution 12.**
692

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

694 1. The OSMA shall take no action which may be construed as an attempt to alter or
695 influence the personal views of individual physicians regarding abortion procedures.
696

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

- 699 • Require or compel Ohio physicians to perform treatment actions, investigative
700 tests, questioning or education of a patient which are not consistent with the
701 medical standard of care; or,
- 702 • Require or compel Ohio physicians to discuss treatment options that are not
703 within the standard of care and/or omit discussion of treatment options that are
704 within the standard of care; and be it further
705

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

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AMEND - Resolution No. 14 – 2024 - AMEND

Ohio Medical School Suicide Education

Preliminary Comments: The Committee notes overall positive testimony on the resolution, with some members offering amended language. After reviewing online testimony regarding this resolution. In response to these insights, amendments were made to expand the resolution's reach and effectiveness. Consequently, the Committee's preliminary recommendation is to Adopt as Amended.

RESOLVED, that the Ohio State Medical Association encourages ~~Ohio medical schools to develop and implement suicide education programs for medical students.~~ SUPPORTS THE EDUCATION OF FACULTY MEMBERS, FELLOWS/RESIDENTS, AND MEDICAL STUDENTS IN RECOGNIZING SIGNS AND SYMPTOMS OF BURNOUT AND DEPRESSION, AS WELL AS TREATMENT OF AND PREVENTION, IN ORDER TO COMBAT THE OCCURRENCE OF SUICIDE AMONGST MEDICAL STUDENTS, PHYSICIANS, AND RESIDENTS.

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

Resolution No. 15 – 2024 – AMEND

Support for Parental Leave

Preliminary Comments: Most online testimony regarding this resolution was supportive. The Committee agreed with an amendment suggested by the online testimony. The Committee's preliminary recommendation is to Adopt as Amended.

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.~~ LOSS OF PREGNANCY.

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

Resolution No. 16 – 2024 - AMEND

Declaration of Health and Health Care as Human Rights

Preliminary Comments: The Committee reviewed mixed online testimonies regarding this resolution. A significant point of discussion was the differentiation between "health" and "access to health care" as rights. The World Health Organization's policy from 1948, recognizing health and healthcare as fundamental human rights, was referenced. According to this policy, "Countries have a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services." This emphasizes the societal duty to create a healthcare system that ensures not only

810 patients' access to care but also the capability of physicians to deliver that care
811 effectively.

812
813 In light of this context and the issues highlighted in the testimonies, the Committee
814 decided to preserve the original wording of R1 and to modify part of R2. This approach
815 aims to tackle the concerns raised, while aligning with the broader understanding of
816 healthcare rights. Therefore, the Committee's preliminary recommendation is to Adopt as
817 Amended.

818
819 **RESOLVED**, that our OSMA acknowledges health and access to health care as
820 fundamental human rights; and be it further

821
822 **RESOLVED**, that our OSMA supports efforts to increase access to universal, timely, and
823 affordable high quality healthcare. ~~as a necessary ethical duty to secure the rights to health and~~
824 ~~access to healthcare.~~

825
826 **Fiscal Note:** \$ (Sponsor)
827 \$ 500 (Staff)

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831 Resolution No. 17 – 2024 - AMEND

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835 Support for Safe and Equitable Access to Voting

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835 **Preliminary Comments:** Online testimony regarding this resolution was mixed and the
836 Committee discussed these testimonies at length. Ultimately, Committee members felt
837 that the topics addressed in R1, R2, and R3, are outside of the purview of the OSMA.
838 These specific points were also where member testimonies showed significant division.
839 Furthermore, the Committee agreed that an amendment to R4, as proposed in an online
840 comment, was appropriate. Taking into account these considerations, the Committee's
841 preliminary recommendation is to Adopt as Amended.

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

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

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

860 **RESOLVED**, that our OSMA supports nonpartisan voter registration efforts in healthcare
861 settings AND ENCOURAGES MEDICAL SCHOOLS AND HOSPITALS TO PROVIDE
862 APPROPRIATE ACCOMMODATIONS TO STUDENTS AND EMPLOYEES FOR THE
863 PURPOSE OF VOTING IN LOCAL, STATE AND NATIONAL ELECTIONS.

864
865 **Fiscal Note:** \$ (Sponsor)
866 \$ 500 (Staff)
867

868
869 **Resolution No. 18 – 2024 - AMEND**

870
871 **Reducing Artificial Intelligence Bias in Healthcare**

872
873 **The Committee reviewed online testimonies, which voiced concerns about R1 and R2. A**
874 **particular point of concern was the feasibility of R1 for the OSMA, especially given the**
875 **notable fiscal implications outlined in this resolution’s analysis. Additionally, doubts**
876 **were raised about the Ohio Department of Health (ODH) being the ideal entity to carry out**
877 **the tasks proposed in R1. During our discussions, we examined existing AMA Policy H-**
878 **480.939 and found its provisions to be both robust and relevant to our needs**
879 **Consequently, an amendment was introduced to replace R1 with language derived from**
880 **this AMA policy. With the introduction of this amendment, the Committee concluded that**
881 **R2 and R3 are practical and aligned with our objectives. Therefore, the Committee’s**
882 **preliminary recommendation is to Adopt as Amended.**

883
884 ~~**RESOLVED**, that our OSMA will collaborate with relevant stakeholders, such as the Ohio~~
885 ~~Department of Health, to encourage health care organizations using AI to:~~

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

890
891 **RESOLVED**, THAT THE OSMA AFFIRMS THAT OVERSIGHT AND REGULATION OF
892 HEALTH CARE AI SYSTEMS MUST BE BASED ON RISK OF HARM AND BENEFIT
893 ACCOUNTING FOR A HOST OF FACTORS, INCLUDING BUT NOT LIMITED TO: INTENDED
894 AND REASONABLY EXPECTED USE(S); EVIDENCE OF SAFETY, EFFICACY, AND EQUITY
895 INCLUDING ADDRESSING BIAS; AI SYSTEM METHODS; LEVEL OF AUTOMATION;
896 TRANSPARENCY; AND, CONDITIONS OF DEPLOYMENT; AND BE IT FURTHER
897

898 **RESOLVED**, that the OSMA supports research on methods to reduce bias from the use of
899 artificial intelligence in medicine; and be it further
900

901 **RESOLVED**, that the OSMA supports ongoing educational efforts for physicians and
902 trainees regarding the use of artificial intelligence in clinical practice.
903

904 **Fiscal Note:** \$ (Sponsor)
905 \$ 100,000 (Staff)
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908

909 **ADOPT - 2024 OSMA Policy Sunset Report**
910

911 Preliminary Comments: Only one online comment was posted, and it was in support of
 912 the Sunset Report as written. Committee members had no additional concerns regarding
 913 the Sunset Report, and their preliminary recommendation is to Adopt.

914
 915 **RESOLVED**, That the recommendations of OSMA Council published prior to the Annual
 916 Meeting as the 2024 OSMA Policy Sunset Report be adopted by the OSMA House of
 917 Delegates.

918
 919
 920 *(This is a list of Policy numbers and titles. The full text of policies recommended*
 921 *“RETAIN” as edited and “NOT RETAIN” is contained in this report. All other OSMA*
 922 *policies will be retained as they are shown in the OSMA Policy Compendium available on*
 923 *www.osma.org.)*

924 **Policies to be Retained as Edited:**

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

927
 928 **Policies to be Not Retained:**

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

934
 935
 936 **Full text of policies recommended “RETAIN” as Edited and “NOT RETAIN”**

937

Recommendation	Policy	Comment
RETAIN as Edited	Policy 16 – 1989 – Medicaid Physician Reimbursement 1. The OSMA encourages the Ohio Department of 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	Update to terminology to reflect current lexicon.

Recommendation	Policy	Comment
	<ol style="list-style-type: none"> 1. The OSMA supports the elimination of the religious exemption from testing for treatable inborn errors of metabolism which can result in adverse health consequences. 	
NOT RETAIN	<p>Policy 19 – 2016 – Weight Loss Medications - Phentermine</p> <ol style="list-style-type: none"> 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	<p>Policy 12 – 2021 – OSMA to Create an IMG (International Medical Graduate) Section</p> <ol style="list-style-type: none"> 1. The OSMA will create a separate International Medical Graduate (IMG) Section. 	Accomplished
NOT RETAIN	<p>Policy 26 – 2021 – Support for the Interstate Medical Licensure Compact</p> <ol style="list-style-type: none"> 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	<p>Policy 04-2022 – Establish an Ohio State Medical Association Women Physicians Section</p> <ol style="list-style-type: none"> 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

Recommendation	Policy	Comment
NOT RETAIN	<p data-bbox="451 277 1003 373">Policy 05-2022 - Establish an Ohio State Medical Association Senior Physician Section</p> <ol data-bbox="451 411 1062 676" style="list-style-type: none"> <li data-bbox="451 411 1062 541">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. <li data-bbox="451 579 1062 676">2. That appropriate Bylaws changes to establish the Senior Physicians Section be accomplished. 	Accomplished

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