



Reports of 2022 Final Floor Actions on Resolutions

Report of Resolutions Committee 1

Final Floor Actions

Presented by Tyler Campbell, MD, Chair, 1st District

OSMA Policy Sunset Report

RESOLVED, that the recommendations of OSMA Council published prior to the Annual Meeting as the 2022 OSMA Policy Sunset Report be adopted by the OSMA House of Delegates.

By official action, the House of Delegates adopted the OSMA Policy Sunset Report.

Resolution 01 – 2022 - Create Guidelines for Sections and Create an International Medical Graduate Section

RESOLVED, that the OSMA Constitution and Bylaws be amended as follows (showing only affected sections):

ARTICLE IV

HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of this Association and shall consist of: (1) Delegates selected by the Active and Retired Members residing or working within designated OSMA districts; (2) Officers of this Association enumerated in Article VI; (3) Delegates and Alternate Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of this Association each of whom shall be an ex-officio member without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer of this Association; and (4) such representatives of other medical groups as may be determined by the House of Delegates, including the following:

The Medical Student Section shall have one (1) Delegate and one (1) Alternate Delegate selected from each of the medical or osteopathic colleges in the state of Ohio to the House of Delegates, said Delegates to be selected in accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical Student Section have been approved by Council. For purposes of representation in the House of Delegates, Student Members shall not be counted at the individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

The Organized Medical Staff Section shall have one (1) Delegate and one (1) Alternate Delegate to the House of Delegates, said Delegate to be selected in accordance with Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical Staff Section have been approved by Council.

The Resident and Fellows Section shall have five (5) Delegates and two (2) Alternate Delegates to the House of Delegates who must be Members in Training of this Association, said Delegates to be selected in accordance with the Resident and Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been approved by Council. For purposes of representation in the House of Delegates, Members in Training shall not be counted at the individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Members in Training elect their own Delegates.

The Young Physician Section shall have one (1) Delegate and one (1) Alternate Delegate to the House of Delegates who must be physicians in active practice and under the age of forty or in the first eight years of practice after residency and fellowship training. The Young Physician Section Delegates shall be selected in accordance with the Young Physicians Section Bylaws; provided that the bylaws of the Young Physician Section have been approved by Council.

The International Medical Graduates Section shall have one (1) Delegate and one (1) Alternate Delegate to the House of Delegates. The International Medical Graduate Section Delegates shall be selected in accordance with the International Medical Graduate Section Bylaws; provided that the Bylaws of the International Medical Graduate Section shall have been approved by the OSMA Council.

The primary medical specialties and subspecialties listed by the American Board of Medical Specialties are eligible to have one Delegate and one Alternate Delegate for every 100 specialty or subspecialty members who are also OSMA voting members to be selected in accordance with Chapter 5, Section 4 of the Bylaws of this Association.

The medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate

Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

BYLAWS
CHAPTER 5
THE HOUSE OF DELEGATES

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

In addition to the District Delegates ratio of representation stated in this section, each OSMA district shall be entitled to one additional designated Delegate and one additional Alternate Delegate who represents a section approved by the House of Delegates, except that Members in Training and Medical Students are represented solely by their separately seated sections. These additional designated Delegates shall be selected by the district.

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

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Section 5. Sections.

(A) Mission of the Sections. A section is a formal group of physicians or medical students directly involved in policymaking through a section Delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

- (1) Involvement. To provide a direct means for membership segments represented in the sections to participate in the activities, including policy-making, of the OSMA.
- (2) Outreach. To enhance OSMA outreach, communication, and interchange with the membership segments represented in the sections.
- (3) Communication. To maintain effective communications and working relationships between the OSMA and organizational entities that are relevant to the activities of each section.
- (4) Membership. To promote OSMA membership growth.

(5) Representation. To enhance the ability of membership segments represented in the sections to provide their perspective to the OSMA and the House of Delegates.

(6) Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the sections.

(B) Informational Reports. Each section may submit to the House of Delegates at the Annual Meeting an informational report detailing the activities and programs of the section during the previous year. The report(s) shall be submitted to the House of Delegates through the Council. The Council may also submit written recommendations regarding the report(s) to the House of Delegates.

(C) Governing Council. There shall be a Governing Council for each section to direct the programs and the activities of the section. The programs and activities shall be subject to the approval of the Council. Each section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.

(D) Qualifications. Members of each section Governing Council must be members of the OSMA and of the section. Each section shall define the qualifications for membership in the section. Any OSMA member meeting the qualifications shall be a member of the section unless the member opts out of section membership.

(E) Voting. Members of each section Governing Council shall be elected by the voting members of the section present at the business meeting of the section, unless otherwise provided in the section bylaws.

(F) Officers. Each section shall select a chair and vice chair or chair-elect and other necessary and appropriate officers. Each section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.

(1) Qualifications. Officers of each section must be members of the OSMA and of the section.

(2) Voting. Officers of each section shall be elected by the voting members of the section, unless otherwise provided in the section bylaws.

(G) Delegate and Alternate Delegate. Each section, except for the Resident and Fellows Section and the Medical Student Section, shall elect one (1) Delegate and one (1) Alternate Delegate to represent the section in the House of Delegates.

(H) Business Meeting. There shall be a business meeting of members of each section. The business meeting shall be held prior to each annual meeting of the House of Delegates.

(1) Purpose. The purposes of the business meeting shall be to: hear such reports as may be appropriate; consider other business and vote upon such matters as may properly come before the meeting; adopt resolutions for submission by the section to the House of Delegates; hold elections.

(2) The business meeting shall be open to all members of the OSMA. Only duly selected representatives who are OSMA members shall have the right to vote at the business meeting. The business meeting shall be conducted pursuant to Rules of Procedure adopted by the governing Council. The Rules of Procedure may specify the rights and privileges of section members, including any limitations on participation or vote.

(I) Rules. All rules, regulations, and procedures adopted by each section shall be subject to the approval of the Council.

(J) Establishment of New Sections. An OSMA member component group seeking section status shall submit a proposal to the OSMA Council. Upon approval of the OSMA Council, the Council shall submit a resolution seeking such new section status to the House of Delegates.

(K) Section Status Review. Each section shall reconfirm its qualifications for continued existence and representation in the House of Delegates by demonstrating at least every 5 years that it continues to meet the requirements in this section and the Bylaws adopted by the section. The House of Delegates may establish, by adoption of a resolution, additional criteria for continued existence of sections.

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Section 7. Organized Medical Staff Section. The Organized Medical Staff Section shall have one (1) Delegate and one (1) Alternate Delegate who must be voting members of this Association. In case a Delegate or Alternate Delegate is unable to serve, the Chair of the Section may at any time certify to the Chair of the Committee on Credentials the name of a voting member of this Association to serve in place of the absent Delegate or absent Alternate Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. The Organized Medical Staff Section Delegate shall have all rights, privileges and duties of other Delegates. The Delegate and Alternate Delegate will be separately seated in the House of Delegates with other approved sections.

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Section 9. Young Physician Section. The Young Physician Section shall have one (1) Delegate and one (1) Alternate Delegate who must be physicians in active practice and under the age of forty or in the first eight years of practice after residency and fellowship training and who are also OSMA voting members. The Young Physician Section Delegates and Alternate Delegate shall have all the rights, privileges, and duties of other Delegates. The Young Physician Section Delegates and Alternate Delegate will be separately seated in the House of Delegates with other approved sections.

SECTION 10. INTERNATIONAL MEDICAL GRADUATE SECTION. The International Medical Graduate Section shall have one Delegate and one Alternate Delegate who are also OSMA voting members. The International Medical Graduate Section Delegate and Alternate Delegate shall have all the rights, privileges, and duties of other Delegates. The International Medical Graduate Section Delegate and Alternate Delegate will be separately seated in the House of Delegates with other approved sections.

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Section 16. Resolutions. Except as otherwise provided, every resolution to be presented to the House of Delegates for action shall be filed with the Chief Executive Officer of this Association at least forty-five (45) days prior to the first (1st) day of the meeting at which action on such resolution is proposed to be taken; and promptly upon the filing of any such resolution the Chief Executive Officer shall prepare and transmit a copy thereof to each member of the House of Delegates. Each resolution which, if adopted, would require expenditure of funds by this Association, shall have attached a statement of the amount of the estimated annual expenditure. The Chief Executive Officer shall cause to be published in advance of such meeting of the House of Delegates such resolutions as the President or the Council may designate.

No resolution may be presented or introduced at any meeting of the House of Delegates, unless the foregoing requirements for filing and transmittal shall have been complied with, or unless such compliance shall have been waived by a Special Committee on Emergency Resolutions named to decide whether late submission was justified. Late submission is only justified when events giving rise to the resolution occur after the filing deadline for resolutions. This special committee shall consist of the chairs of the several resolution committees. If a majority of the members of the Special Committee on Emergency Resolutions vote favorably for waiving the filing and transmittal requirement, then such resolution shall be presented to the House of Delegates at its opening session. All resolutions presented subsequent to the forty-five (45) day filing date prior to the opening session of the House of Delegates shall be submitted by their sponsors to the committee no less than twelve (12) hours prior to the opening session of the House of Delegates. If the committee votes unfavorably, the House may override the committee's recommendation by an affirmative vote of four-fifths (4/5) of the Delegates voting.

No consideration may be given, or any action taken, by the Committee on Resolutions or by the House of Delegates, with respect to any resolution unless such resolution is presented or introduced at the opening session of the meeting of the House of Delegates. However, a resolution dealing with an event or development occurring too late to permit the introduction of any such resolution at the opening session may be introduced at a later session with the consent of at least four-fifths (4/5) of the Delegates present. Upon its introduction, such resolution shall be referred to the Committee on Resolutions for consideration and report. The Committee on Resolutions shall have the right to amend any such resolution presented or introduced, or to draft a composite or substitute resolution embracing the same subject matter as the resolution or resolutions introduced, and to submit such amended, composite or substitute resolution for adoption by the House of Delegates. The House of Delegates shall have the right to adopt any such amended, composite or substitute resolution.

Any resolution adopted by the House of Delegates four (4) or more years prior to each Annual Meeting will be reviewed by the Council for purposes of recommending whether to retain each policy. The House of Delegates will be notified of those resolutions subject to review

prior to the Annual Meeting at which they will be considered. Any resolution not retained by House action on the report submitted by the Council becomes null, void and of no effect.

By official action, the House of Delegates adopted Resolution 01-2022

Resolution 02-2022 – Change the Ratio of Representation for Medical Specialties in the House of Delegates

RESOLVED, that the OSMA Constitution and Bylaws be amended as follows (showing only affected sections):

ARTICLE IV
HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of this Association and shall consist of: (1) Delegates selected by the Active and Retired Members residing or working within designated OSMA districts; (2) Officers of this Association enumerated in Article VI; (3) Delegates and Alternate Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of this Association each of whom shall be an ex-officio member without the right to vote unless such Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer of this Association; and (4) such representatives of other medical groups as may be determined by the House of Delegates, including the following:

The Medical Student Section shall have seven (7) representatives to the House of Delegates, said Delegates to be selected in accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical Student Section have been approved by Council. For purposes of representation in the House of Delegates, Student Members shall not be counted at the individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

The Organized Medical Staff Section shall have one (1) representative to the House of Delegates, said Delegate to be selected in accordance with Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical Staff Section have been approved by Council.

The Resident and Fellows Section shall have five (5) representatives to the House of Delegates who must be Members in Training of this Association, said representatives to be selected in accordance with the Resident and Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been approved by Council. For purposes of representation in the House of Delegates, Members in Training shall not be counted at the

individual district level, but shall constitute a separate section which shall be treated and seated as if it were an additional district in which the Members in Training elect their own Delegates.

The Young Physician Section shall have five (5) representatives to the House of Delegates who must be physicians in active practice and under the age of forty or in the first eight years of practice after residency and fellowship training. The Young Physician Section Delegates shall be selected in accordance with the Young Physicians Section bylaws; provided that the bylaws of the Young Physician Section have been approved by Council.

The ~~primary~~ medical specialties listed by the American Board of Medical Specialties and approved by Council for representation in the House of Delegates with final approval by the House of Delegates are eligible to have one Delegate and one Alternate Delegate for every 50 specialty members portion thereof above 50 members who are also OSMA voting members to be selected in accordance with Chapter 5, Section 4 of the Bylaws of this Association. The designated Delegate and Alternate must be certified as OSMA voting members.

BYLAWS
CHAPTER 5
THE HOUSE OF DELEGATES

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Section 4. Representation of Medical Specialties. All medical specialties listed by the American Board of Medical Specialties are eligible for representation in the House of Delegates.

A medical specialty society not previously represented in the OSMA HOD which is seeking representation shall apply to the Council. The Council shall consider whether the specialty society qualifies for representation and approve appropriate applicants.

Each medical specialty society shall have one (1) Delegate and one (1) Alternate Delegate for every 50 specialty members or portion thereof who are also voting members of this Association. Each specialty society with more than 50 members who are also OSMA members who wish to have additional Delegates and Alternate Delegates must submit to this Association at least sixty (60) days prior to the Annual Meeting the names of its members who are also voting members of the OSMA. The OSMA will verify OSMA membership of the names submitted. The specialty society shall submit the names of its Delegate(s) and Alternate Delegate(s) at least sixty (60) days prior to the annual meeting. In case a Delegate or Alternate Delegate is unable to serve, the President or current physician leader of the recognized medical specialty society may at any time certify to the Chair of the Committee on Credentials the name of a voting member of this Association to serve in place of the absent Delegate(S) or absent Alternate Delegate(S). The Committee on Credentials shall rule on the eligibility of such certified individual or individuals to act in the place of such absent Delegate or Alternate Delegate. A medical specialty society Delegate shall have all rights, privileges and duties as other Delegates. The medical specialty society Delegates will be seated in the House of Delegates as a separate section of medical specialties.

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By official action, the House adopted Resolution 02-2022.

Resolution 03-2022 – Meeting Code of Conduct

RESOLVED, that the OSMA adopts the following Meeting Code of Conduct:

Policy 03-2020 of the Ohio State Medical Association (OSMA) directs all attendees of OSMA hosted or sponsored meetings, events and other activities 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 or sponsored 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 and should disclose any conflicts of interest related to an issue under consideration.

Any type of harassment of any attendee of an OSMA hosted sponsored meeting, event or other activity, including but not limited to dinners, receptions and social gatherings held in conjunction with an OSMA hosted meeting, event or activity, is prohibited conduct and is not tolerated. The OSMA is committed to a zero tolerance policy for harassing conduct at all locations where OSMA business is conducted. This zero tolerance policy also applies to meetings of all OSMA sections, committees, and task forces. The purpose of the policy is to protect participants from harm.

Harassment

Harassment consists of unwelcome conduct whether verbal, written, physical or visual that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or otherwise, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive environment; (2) has the purpose or effect of interfering with an individual's participation in meetings or proceedings of the HOD or any OSMA hosted or sponsored event; or (3) otherwise adversely affects an individual's participation in such meetings or proceedings.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed at the site of any OSMA meeting or circulated in connection with any OSMA meeting.

Sexual Harassment

Sexual harassment also constitutes discrimination, and is unlawful and is absolutely prohibited. For the purposes of this policy, sexual harassment includes: 1. making unwelcome sexual advances or requests for sexual favors or other verbal, written, physical, or visual conduct of a sexual nature; and 2. creating an intimidating, hostile or offensive environment or

otherwise interfering with an individual's participation in meetings or proceedings of the HOD or any OSMA hosted or sponsored meeting.

Sexual harassment may include, but is not limited to, such conduct as explicit sexual propositions, sexual innuendo, suggestive comments or gestures, descriptive comments about an individual's physical appearance, electronic stalking or lewd messages, displays of foul or obscene printed or visual material, and any unwelcome physical contact.

Complaint process

Any attendee or participant in an OSMA hosted or sponsored event who believes they have experienced or witnessed a violation of this policy may file a complaint with the OSMA Council, the OSMA President, President-Elect, or Past President or the OSMA Chief Executive Officer who shall inform the Council. All complaints brought under this policy will be promptly and thoroughly investigated. To the fullest extent possible, the OSMA will keep complaints and the terms of their resolution confidential.

The Council may investigate, conduct a hearing and decide the matter, or refer the matter to an internal committee appointed by the President or to an external entity qualified to investigate and recommend to the OSMA Council a resolution of the matter. If the complaint implicates a member of the OSMA Council, the complaint shall be referred to a committee of Past Presidents assigned by the OSMA President on an ad hoc basis or to an external entity qualified to investigate and recommend to the Council a resolution of the matter.

Retaliation against anyone who has reported harassment, submits a complaint, reports an incident witnessed, or participates in any way in the investigation of a harassment claim is forbidden and shall be investigated in the same manner as outlined for complaints.

Related documents:

OSMA Council Conflict of Interest Policy (requires annual signed disclosure statements)
OSMA AMA Delegation Conflicts of Interest Policy
OSMA's Human Resources Policies:
Conflict of Interest Policy (requires annual signed disclosure statements)
Harassment Prevention Policy
Social Media Policy.

By official action, the House adopted Resolution 03-2022.

Resolution 04-2022 – Establish an Ohio State Medical Association Women Physicians Section

RESOLVED, that our OSMA form a section of the OSMA known as the OSMA Women Physicians Section; and, **be it further**

RESOLVED, that appropriate Bylaws changes be accomplished to establish the OSMA Women Physicians Section.

By official action, the House adopted Resolution 04-2022.

Resolution 05-2022 - Establish an Ohio State Medical Association Senior Physician Section

RESOLVED, that our OSMA 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; and, **be it further**

RESOLVED, that appropriate Bylaws changes to establish the Senior Physicians Section be accomplished.

By official action, the House adopted Resolution 05-2022.

Resolution 06-2022 – OSMA Focused Task Force on Pandemic Preparedness and Response

RESOLVED, that the OSMA will create the Focused Task Force (FTF) on Pandemic Preparedness and Response to ensure that the organization is prepared to collaborate with other public and private bodies on the preparedness for and response to potential future pandemics; and, **be it further**

RESOLVED, that the Focused Task Force (FTF) on Pandemic Preparedness and Response shall, be appointed by the OSMA President to include OSMA members from a variety of specialties and geographic areas of the state, but with a majority of the FTF members being those with special expertise in immunology/infectious diseases, public health, emergency medicine, critical care, primary care, those caring for vulnerable populations (as defined by federal regulations), emergency preparedness, public policy and other areas of emphasis critical to the assessment and implementation of pandemic preparedness and response initiatives; and, **be it further**

RESOLVED, that the Focused Task Force (FTF) on Pandemic Preparedness and Response may invite non-OSMA member physicians and non-physicians with special expertise in pandemic preparedness and response to attend as non-voting participants in FTF meetings at the discretion of the FTF Chair; and, **be it further**

RESOLVED, that the Focused Task Force (FTF) on Pandemic Preparedness and Response may provide recommendations to the OSMA Council and the OSMA House of Delegates regarding the following issues:

1. Changes to local, state and federal public health measures to effectively prevent or reduce the impact of potential future pandemics
2. Changes to state or federal laws, regulations, administrative rules, and accreditation/certification standards to improve local, state or federal preparedness for and response to potential future pandemics
3. Changes to state or federal laws, regulations, administrative rules, and accreditation/certification standards to improve the ability of physicians, hospitals, and

other healthcare entities to prepare for and maintain safe, high-quality, patient-centered, accessible, and equitable clinical practice/clinical operations during potential future pandemics

4. Local, regional and statewide efforts to improve the collaboration and coordination of clinical care in ambulatory, outpatient, inpatient, post-acute and other congregate care settings with regard to hospital capacity, nursing facility capacity, vaccination, prevention, and treatment of pandemic-related illnesses
5. Local, regional and statewide efforts to coordinate public and private entities to maintain the effective and equitable distribution of medical supplies, medications, and other scarce medical resources during potential future pandemics
6. Creation of effective networks and systems for the dissemination of accurate, evidence-based information related to preparedness for and response to potential future pandemics for physician practices, medical staffs, hospitals, nursing facilities, medical schools and GME training programs as well as the general public
7. Enhancements to CME programs related to pandemic preparedness and response
8. Programs to effectively provide professional and behavioral health support for physicians and other frontline healthcare personnel during potential future pandemics
9. Changes in the OSMA constitution, bylaws, policies and procedures to effectively maintain the operations of the organization during potential future pandemics

By official action, the House adopted Resolution 06-2022.

Resolution 07-2022- Addressing the Roles of LICENSED Health Professionals in Preventing Public Health Misinformation

RESOLVED, that our OSMA oppose legislation that mandates LICENSED healthcare professionals provide non-evidence-based healthcare information to patients; and, **be it further**

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

By official action, the House adopted amended Resolution 07-2022.

Resolution 08-2022 - Supporting Research Into the Neurological and Psychological Effects of SARS-CoV-2 and the Covid-19 Pandemic

RESOLVED, our Ohio State Medical Association supports efforts to address the need for research into the neurological and psychological effects of SARS-CoV-2 infection and the Covid-19 pandemic overall.

By official action, the House adopted Resolution 08-2022.

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

RESOLVED, the Ohio State Medical Association (OSMA) supports patients' timely access to standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy, and ectopic pregnancy, in both emergent and non-emergent circumstances; and, **be it further**

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

By official action, the House adopted Resolution 09-2022.

Resolution 10-2022 - Enhancing Education and Eliminating Inequitable Time Constraints for Contraceptive Sterilization Procedures

RESOLVED, our OSMA supports the sufficient education of physicians involved in prenatal care, obstetrics, and family planning on current Medicaid policy; and, **be it further**

RESOLVED, our OSMA encourages physicians to spend sufficient time educating and counseling patients on the Consent to Sterilization form, necessary steps for its completion, and the implications of contraceptive sterilization procedures; and, **be it further**

RESOLVED, our OSMA supports the elimination of inequitable time constraints for consent for contraceptive sterilization procedures.

By official action, the House adopted Resolution 10-2022.

Resolution 11-2022 – Addressing Weight Stigma Among Healthcare Workers

RESOLVED, our Ohio State Medical Association (OSMA) supports health promotion techniques that center around healthy behavior and lifestyle modifications rather than weight reduction alone; and, **be it further**

RESOLVED, Our OSMA supports educational training to further educate healthcare practitioners and trainees about the multifactorial nature of body weight, the impact of weight stigma, and strategies to reduce the detrimental health effects of weight stigma on Ohioans.

By official action, the House adopted Resolution 11-2022.

Resolution 12-2022 – Divestment from Fossil Fuels

RESOLVED, that our OSMA adopts the following, partially adapted from AMA policy (D-135.969, AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies): The OSMA and "any affiliated corporations or

subsidiaries should 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”; and, **be it further**

RESOLVED, that our OSMA includes environmental sustainability as an objective within its investment policy; and, **be it further**

RESOLVED, that our OSMA should choose for its commercial relationships, when fiscally responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption; and, **be it further**

RESOLVED, that our OSMA will encourage efforts of physicians and other health professional associations to proceed with divestment; and, **be it further**

RESOLVED, that our OSMA shall report every five years to the Council and the House of Delegates, for a period of ten years, on progress toward divestment of fossil fuel investments.

By official action, the House referred Resolution 12-2022.

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

RESOLVED, that our 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; and, **be it further**

RESOLVED, that our OSMA support 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; and, **be it further**

RESOLVED, that our OSMA support existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.

By official action, the House adopted Resolution 13-2022.

Resolution 14 – 2022 – Eliminating Parking Costs for Patients

RESOLVED, that Ohio State Medical Association work with relevant stakeholders to recognize parking fees as a burden of care for patients and to implement mechanisms for eliminating parking costs.

By official action, the House adopted Resolution 14-2022.

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

RESOLVED, that the OSMA amend Policy 07-2020, Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio, by addition as follows:

Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio, OSMA Policy 07 – 2020

1. The OSMA actively works to ensure that the sanctity of the physician-patient relationship is protected in all legislative and regulatory matters.
2. Current OSMA Policy 18 - 2012 (Criminalization of Medical Care) be amended to read as follows:

The OSMA opposes any portion of proposed legislation or rule that criminalizes clinical practice that is the standard of care.

1. That current OSMA Policy 10 – 1990 (Policy on Abortion) be amended as follows:

1. It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs.
2. The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.
3. Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:
 - Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning of a patient which are not consistent with the medical standard of care; or,
 - Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care.

By official action, the House adopted Resolution 15-2022.

Report of Resolutions Committee 2

Final Floor Actions

Presented by Amy Burkett, MD, Chair, 6th District

Resolution No. 16 – 2022 – Allowing Mature Minors to Consent for Vaccination

RESOLVED, that the OSMA supports allowing the mature minor, as defined in Ohio statute or legal precedent, the ability to self-consent for vaccination.

By official action, the House adopted Resolution 16-2022.

Resolution No. 17 – 2022 – Supporting Vaccination in Ohio

RESOLVED, the OSMA supports the right of public and private entities in Ohio to require vaccines for employees, staff, and students for highly communicable diseases while allowing for medical exemptions.

By official action, the House adopted Resolution 17-2022

Resolution No. 18 – 2022 – Establish Collaborations with the American Medical Association, ~~Association of American Medical Colleges~~ LIAISON COMMITTEE ON MEDICAL EDUCATION, and Ohio Medical Schools, to Create Formal Training in Telemedicine

RESOLVED, the Ohio State Medical Association encourages Ohio medical schools to integrate telemedical education into medical school curricula.

By official action, the House adopted amended Resolution 18-2022.

Resolution No. 19 – 2022 – Advocating Creation of a State-Level All-Payer Claims Database

RESOLVED, our Ohio State Medical Association advocates for the creation of a centralized, comprehensive state-level, all-payer claims database that requires health insurance issuers, including but not limiting to group health plans (self-insured and fully-insured), and non-federal governmental plans to submit claims data.

By official action, the House referred Resolution 19-2022.

Resolution No. 20 – 2022 – Appropriate Physician Reimbursement to Cover Rising Expenses of Office Practice

RESOLVED, that our Ohio State Medical Association (OSMA) advocate that physician reimbursement for all activities be increased to cover the expenses of running an office practice; and, **be it further**

RESOLVED, that our OSMA work with our Ohio State Legislature and Ohio Congressional delegation to improve physician reimbursement; and, **be it further**

RESOLVED, that the OSMA Delegation to the American Medical Association (AMA) take this resolution regarding improved physician reimbursement to the AMA House of Delegates for action.

By official action, the House adopted Resolution 20-2022.

Resolution No. 21 – 2022 – Health Plan Transparency

RESOLVED, Ohio State Medical Association seek Ohio legislation that allows physicians and patients to abide by the transparency requirements by:

1. Banning Health Plans from arbitrarily and fraudulently altering CPT codes
2. Banning Health Plans from arbitrarily deleting and refusing payment for legitimate and medically necessary CPT codes
3. Requiring Health Plans to pay for Prior Authorization, a medical procedure for which the AMA has provided a CPT code, and which is costly to physician offices
4. Requiring Health Plans to follow the AMA's CPT provisions and all its guidelines, without picking and choosing which ones to follow and which ones to disregard
5. Banning the practice of Health Plans simultaneously providing commercial medical insurance and Medicaid health coverage for the same person. This is a needless waste of Ohio's resources and offers Health Plans the corrupted opportunity to shift payment responsibilities onto the Ohio taxpayer rather than the entity collecting commercial insurance premiums. This practices simply enriches Health Plans.
6. Requiring Health Plans to pay for services that are authorized, and to issue appropriate fines to Health Plans which authorize medical care but subsequently refuse payment for it. This is standard practice for all other businesses and health care should be no exception. Failure to follow through with payment will corrupt and confuse Surprise Medical Billing legislation
7. Requiring all Health Plans operating in Ohio to be under the jurisdiction of the Ohio State Dept. of Insurance, whether it be an ERISA plan or not. The U.S. Constitution does not allow for the Federal Government to control medical care nor to control insurance matters. Failure to allow for state jurisdiction of Health Plans will cause adherence to the transparency requirements of Surprise Medical Billing legislation to be difficult, if not impossible
8. Banning the distinction between "in-network" and "out-of-network" providers, as such is no longer necessary with the advent of Surprise Medical Billing legislation. Health Plans are simply to post its reimbursement rates for ALL of our AMA's CPT codes that apply to ALL patients and ALL physicians regardless of network status. Such transparency will make it possible for physicians and patients to comply with Surprise Medical Billing laws, and know in advance what the financial responsibilities are. Full transparency should be required by ALL entities in the health arena—hospitals and facilities, insurers, physicians, and patients. This will also eliminate the unfair burdens patients routinely experience in being forced to "in-network" facilities.

By official action, the House referred Resolution 21-2022.

Resolution No. 22 – 2022 – Medicare and Medicaid Reimbursement

RESOLVED, that Ohio State Medical Association seek to introduce legislation which will bring Ohio Medicaid reimbursement up to parity with Medicare reimbursements; and, **be it further**

RESOLVED, that the Ohio delegation to our American Medical Association carry a resolution which calls for education of beneficiaries particularly in regard to the scope of benefit coverage within Medicare Advantage Plans; and, **be it further**

RESOLVED, that the Ohio Delegation bring to the AMA a resolution seeking an increase in Medicare reimbursement.

By official action, the House adopted Resolution 22-2022.

Resolution No. 23 – 2022 – Prohibit Reversal of Prior Authorization

RESOLVED, that our Ohio State Medical Association (OSMA) support legislation to prohibit retroactive denial of a previously approved medication, procedure, or test unless the patient is no longer insured by that company at the time of service.; and, **be it further**

RESOLVED, that our OSMA delegation to the AMA take this topic regarding reversal of prior authorization to the AMA House of Delegates to advocate for this change as a part of their greater effort to eliminate prior authorization all together.

By official action, the House adopted Resolution 23-2022.

Resolution No. 24 – 2022 – Review of Health Insurance Companies and Their Subsidiaries' Business Practices

RESOLVED, that Ohio State Medical Association request that our AMA delegation carry a request for AMA review of health insurance companies' business practices for potential fraudulent and unfair activities.

By official action, the House adopted Resolution 24-2022.

Resolution No. 25 – 2022 –Support for Expansion of Anti-discrimination Definition to Include Sexual Orientation and Gender Identity or Expression

RESOLVED, our OSMA support legislative actions to extend the definition of discrimination on the basis of sex to include sexual orientation and gender identity or expression; and, **be it further**

RESOLVED, THE OSMA REAFFIRM OSMA POLICY 10-2016.

By official action, the House adopted amended Resolution 25-2022.

Resolution No. 26 – 2022 – Quality Child Care to Improve Pediatric Population Health

RESOLVED, that our Ohio State Medical Association (OSMA) support the expansion of Publicly-Funded Child Care to increase the stability of child care arrangements, bolster healthy development of Ohio children and improve pediatric population health in the state of Ohio; and, **be it further**

RESOLVED, that our OSMA support improved funding for the evidence-based integration of Child Health Care Consultation services within Publicly Funded Child Care to teach and encourage long-term healthy behaviors; and, **be it further**

RESOLVED, that our OSMA support the implementation of state licensing requirements that are more adherent to the health promoting standards of the Ohio quality rating system, Step Up To Quality, to increase access to high-quality Child Care.

By official action, the House referred Resolution 26-2022.

Resolution No. 27 – 2022 – Recognition of Climate Change as a Threat to Ohio’s Health

RESOLVED, that our OSMA encourages the development of policy to combat climate change and its health effects in Ohio and to mitigate the undesirable environmental conditions that damage Ohioans’ health; **and, be it further**

RESOLVED, that our OSMA encourages education of the broader Ohio medical community to the serious adverse health effects of climate change and local conditions of climate variation.

By official action, the House adopted Resolution 27-2022.

Resolution No. 28 – 2022 – Substance Use Disorder in Pregnant People

RESOLVED, our OSMA oppose any efforts to assert that a diagnosis of substance use disorder in a pregnant person alone constitutes child abuse or inherent parental unfitness; and, **be it further**

RESOLVED, our OSMA support prioritizing funding for the expansion of integrative mental health and substance use treatment programs explicitly for pregnant persons; and, **be it further**

RESOLVED, our OSMA oppose the removal of a child based solely on a prenatal drug screen or positive newborn toxicology screening without a full safety evaluation of newborn care upon disposition.

By official action, the House adopted Resolution 28-2022

Resolution No. 29 – 2022 - Supporting Housing Initiatives to Improve Health of Homeless Individuals

RESOLVED, that our OSMA supports the development of state and local policies that protect the health of low-income and homeless individuals by promoting and funding housing initiatives.

By official action, the House adopted Resolution 29-2022.

Resolution No. 30 – 2022 – Patient-Centered and Evidence-Based Visitation Policies

RESOLVED, that our Ohio State Medical Association (OSMA) support clear and easily accessible visitation policies that are patient-centered and evidence-based IN ALL OHIO HEALTHCARE FACILITIES; and, **be it further**

RESOLVED, that our OSMA support the Ohio Hospital Association and other healthcare facility associations' adoption of policies to allow visitors for all patients, including but not limited to children, persons with disabilities, end-of-life care, and labor and delivery units; and, **be it further**

RESOLVED, that our OSMA support collaboration between hospitals and other healthcare facilities within the state of Ohio to create consistent policies.

By official action, the House adopted amended Resolution 30-2022.

Resolution No. 31 – 2022 – Support For Increased Education and Availability of Supplies For Bleeding Control

RESOLVED, that our OSMA promote the education of both lay public and professional responders on proper bleeding control techniques within the state of Ohio; **and be it further**

RESOLVED, that our OSMA support the increased availability of hemorrhage control supplies (including pressure bandages, hemostatic dressings, tourniquets and gloves) in schools, places of employment, and public buildings.

By official action, the House adopted Resolution 31-2022.