2020 OSMA Resolutions

Resolutions Committee 1

Res. No.	Subject	Introduced by
01	OSMA Elections - Corrections	Council
02	District Representation in the House of Delegates	District Two
03	Meeting Code of Conduct	The Academy of Medicine of Lima and Allen County Council
04	Parity for International Medical Graduates with US Medical Graduates in Years of GME Requirement for Licensure	Resident Fellow Section
05	Helping Retired Physicians Stay Involved	Hancock County Medical Society
06	Improve Communications among Physicians	The Academy of Medicine of Lima and Allen County Council
07	Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio	Council
08	Mental Health First Aid Training	Medical Student Section
09	Pain, Addiction and Mental Health	Huron County Medical Society
10	Firearm Injury Prevention	District Two
11	Palliative Care – Awareness and Education	Medical Student Section
12	Improving Preventive Medicine through the Decriminalization of HIV Status	Medical Student Section
13	Combating the Vaping Epidemic and Vaping-Associated Lung Injuries	Medical Student Section

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 01 – 2020

Introduced by: OSMA Council

Subject: OSMA Elections - Corrections

Referred to: Resolutions Committee No. 1

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WHEREAS, the House of Delegates approved at the 2019 meeting a hybrid election approach that has all OSMA voting members elect At-Large Councilors at a statewide election; and has District members select District Councilors and determine how Delegates/ Alternates to the House of Delegates will be selected; and Delegates to elect OSMA executive officers and the AMA Delegation at the OSMA Annual Meeting; and

WHEREAS, some language in the Constitution and Bylaws was overlooked when making the elections changes approved at the 2019 meeting; **therefore be it**

RESOLVED, that the OSMA Constitution and Bylaws be amended as follows to correct the overlooked language related to OSMA elections and use of the term “Officers” and to correct inconsistencies concerning the Nominating Committee nominations and report (**showing only affected sections**):

ARTICLE VI
HOUSE OF DELEGATES

Commented [NG1]: Section 1 of Article VI defines Officers as President, President-elect, Past President, Secretary-Treasurer and Councilors

Section 2. Election and Eligibility. The ~~Officers~~ PRESIDENT-ELECT AND SECRETARY-TREASURER of this Association shall be elected by the House of Delegates. GEOGRAPHIC DISTRICT COUNCILORS SHALL BE ELECTED BY THE VOTING MEMBERS IN COUNCILOR DISTRICTS. AT-LARGE COUNCILORS SHALL BE ELECTED BY ALL VOTING MEMBERS IN A STATEWIDE ELECTION. COUNCILORS REPRESENTING SECTIONS AUTHORIZED IN ARTICLE IV SHALL BE ELECTED BY THE SECTION. No person shall be eligible for an elective office who has not been a voting member of this Association during the entire preceding two (2) years. The terms of the Officers of this Association shall be as prescribed by Chapter 6 of the Bylaws of this Association.

ARTICLE VII
THE COUNCIL

The Board of Trustees (referred to herein as "the Council") shall consist of one (1) Councilor from each geographical councilor district, six (6) AT-LARGE Councilors ~~elected at large by the House of Delegates,~~ one (1) member from the Organized Medical Staff Section, one (1) member from the Young Physician Section, one (1) member from the Resident and Fellows Section, one (1) Student Member from the Medical Student Section and the other elected Officers of this Association. The Council shall be the executive body of this Association and shall have the complete custody and control of all funds and property of this Association and shall have and

exercise full power and authority of the House of Delegates between meetings of the House of Delegates.

BYLAWS

Chapter 5
Nomination and Election of Officers

Section 1. Committee on Nominations. The Committee on Nominations shall consist of eight members including the OSMA President, the OSMA President-Elect and six additional members appointed by the OSMA President and approved by the Council. The President shall appoint the chair of the Committee. The President and President-Elect serve on the Committee on Nominations during his or her term of office. Other committee members shall serve not more than one, three-year term with two new members rotating on each year.

The Committee on Nominations shall SUBMIT A report to the House of Delegates ~~a ticket~~ containing the name of one (1) or more members for each of the offices to be filled at that Annual Meeting~~, except that of President-Elect~~. FOR THOSE ELECTIONS WHICH REQUIRE A NOMINATION BY THE COMMITTEE, each nominee must have a majority vote of the Committee in order to be placed on the ~~ticket~~ REPORT for presentation to the House of Delegates except ~~that the Committee shall accept~~ the nominees FOR PRESIDENT-ELECT AND THOSE from the Organized Medical Staff Section, the Resident and Fellows Section, the Medical Student Section and the Young Physician Section~~, except that in 2019 the Committee on Nominations shall name the initial Young Physician nominee for a seat on the OSMA Council, and the Committee shall not alter or add to these section nominations~~.

~~The six at-large council seats shall be elected at-large in annual statewide direct elections. Each year the Committee on Nominations shall recommend nominees for three at-large seats. The Committee on Nominations may recommend more than three candidates for the at-large seats to be filled; however, not more than two at-Large Delegates can reside or practice in the same Councilor geographic district.~~

Commented [NG2]: This paragraph and the next are reordered below with amendments

~~OSMA Officers and Delegates and Alternate Delegates to the American Medical Association shall be elected by the House of Delegates.~~

All nominees shall meet qualifications set forth in the OSMA bylaws. Additionally, the Committee on Nominations shall determine candidate selection criteria for at-large Council positions that may include, but are not limited to, diversity, experience, engagement with organized medicine, experience with strategic planning, physician practice demographics, physician practice settings, current organizational needs, House of Delegates input, OSMA staff input and individual physician self-selection. The precise selection criteria may vary year to year to reflect the current needs of the OSMA. The Committee on Nominations makes the final determination about the selection criteria it will use in any given year and shall inform the membership of the selection criteria used. The Committee on Nominations shall also determine how best to solicit candidates.

The six at-large council seats shall be elected in annual statewide direct elections. Each year the committee on nominations shall ~~recommend nominees for three of the six at-large council seats. The committee on nominations may recommend more than~~ NOMINATE AT LEAST three candidates for the at-large seats to be filled; however, not more than two at-large ~~Delegates~~

Commented [NG3]: paragraph reordered and amended

COUNCILORS can reside or practice in the same councilor geographic district. THE NOMINATING COMMITTEE SHALL REPORT TO ALL OSMA VOTING MEMBERS THE SLATE OF CANDIDATES FOR AT-LARGE COUNCILOR ELECTIONS.

~~OSMA Officers~~ THE PRESIDENT-ELECT, SECRETARY-TREASURER, and delegates and alternate delegates to the American Medical Association shall be elected by the House of Delegates.

Commented [NG4]: paragraph reordered and amended

Section 4. Nomination and Elections at the House of Delegates. ~~Nominations~~ A NOMINATING COMMITTEE REPORT for THE ELECTION OF THE ~~Officers, Section Councilors~~ PRESIDENT-ELECT, SECRETARY-TREASURER and AMA Delegates and Alternate Delegates shall be made by the Committee on Nominations at the first session of the House of Delegates. Only those candidates may be nominated whose names have been filed with the Committee on Nominations through the office of the Chief Executive Officer. Compliance with the foregoing filing requirement may be waived or dispensed with by a vote of at least two-thirds (2/3) of the Delegates present at the opening session of such meeting.

Section 5. Nomination of ~~Officers~~ PRESIDENT-ELECT AND SECRETARY-TREASURER and of Delegates and Alternate Delegates to the American Medical Association. The report of the Committee on Nominations with respect to all ~~offices, except that of President-Elect, and with respect to all Delegates and Alternate Delegates to the American Medical Association, except for the Alternate Delegates representing the Resident and Fellows Section and the Medical Student Section,~~ ELECTIONS BY THE HOUSE OF DELEGATES shall be posted or distributed prior to the election. Nominations for the office of President-Elect may be made from the floor at the final session of the House of Delegates. Each nominating speech for any office shall be limited to three (3) minutes. Not more than one (1) speech shall be made in seconding a given nomination and such seconding speech shall be limited to one (1) minute.

Section 6. Nominations from the Floor. Nothing in this chapter shall be construed to prevent additional nominations from the floor by Delegates FOR THE OFFICE OF PRESIDENT-ELECT, SECRETARY-TREASURER AND DELEGATES AND ALTERNATE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Section 7. Election of ~~Officers~~ PRESIDENT-ELECT AND SECRETARY-TREASURER and of Delegates and Alternate Delegates to the American Medical Association. If there is more than one (1) nominee for an office, the election of ~~Officers~~ PRESIDENT-ELECT AND SECRETARY-TREASURER of this Association and of Delegates and Alternate Delegates to the American Medical Association shall be by ballot during the House of Delegates. The Alternate Delegates from the Resident and Fellows Section and the Medical Student Section shall be selected in accordance with the Bylaws of their respective sections.

In the event there is only one (1) position to be filled, the nominee receiving the majority of all votes cast shall be declared elected. In case no nominee receives a majority on the first (1st) ballot, the two (2) nominees receiving the lowest number of votes shall be dropped and a new ballot taken; this procedure shall be continued until there are two (2) nominees remaining. The nominee receiving a majority of all votes cast shall be declared elected.

In the event there is more than one (1) position to be filled from among any number of nominees, a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon any ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees

(not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes shall be declared elected. If upon any ballot some, but not all of such positions are filled, a new ballot shall be taken from among all of the remaining nominees; except that the two (2) nominees receiving the lowest number of votes on the previous ballot shall be dropped on each new ballot until there are two (2) more nominees than positions available, after which the nominee receiving the lowest number of votes shall be dropped. On every ballot a nominee, in order to be declared elected, must receive the votes of a majority of those voting, provided, however, that if upon such new ballot the number of nominees receiving a majority vote is greater than the number of positions to be filled on such ballot, those nominees (not to exceed the number of positions to be filled on such ballot) receiving the greatest number of votes cast shall be declared elected. If upon any ballot no nominee receives the votes of a majority of those voting, the two (2) nominees receiving the lower number of votes shall be dropped and a new ballot will be taken; this procedure shall be continued until there are two (2) more nominees than positions available, after which the nominee receiving the lowest number of votes shall be dropped; and this procedure shall be continued until all positions have been filled. No ballot shall be counted if it contains fewer or more votes than the number of positions to be filled or if the ballot purports to cast more than one (1) vote for any nominee. (For example: if upon any ballot the number of positions to be filled is four (4), then each Delegate voting must vote for four (4) of the nominees for such positions.)

CHAPTER 7
THE COUNCIL

Section 6. Salaries and Expenses of ~~Officers~~ PRESIDENT, PRESIDENT-ELECT, PAST PRESIDENT, SECRETARY-TREASURER and the Budget. The stipends of ~~Officers~~ PRESIDENT, PRESIDENT-ELECT, PAST PRESIDENT, SECRETARY-TREASURER and the budget of this Association shall be fixed by the Council. The Auditing and Appropriations Committee may allow the payment of necessary traveling and other expenses incurred by ~~Officers~~ PRESIDENT, PRESIDENT-ELECT, PAST PRESIDENT, SECRETARY-TREASURER and Councilors in the discharge of their duties to this Association.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 02 – 2020

Introduced by: OSMA District Two

Subject: District Representation in the House of Delegates

Referred to: Resolutions Committee No. 1

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WHEREAS, The current Bylaws of the Ohio State Medical Association (OSMA) have recently been modified to provide for an equitable, membership-based representation from each OSMA district; and

WHEREAS, A ratio of one (1) Delegate and (1) Alternate Delegate per 100 OSMA Active and Retired members was chosen so that each district would have a membership-based delegation; and

WHEREAS, The additional verbiage requiring that each county within the district be represented by one (1) Delegate and one (1) Alternate does not clarify what should happen if the total number of delegates based on one (1) per county exceeds the total number of delegates based on district membership; **therefore be it**

RESOLVED, That Chapter 4, Section 2 of the OSMA Bylaws be amended to read as follows:

BYLAWS
CHAPTER 4

Section 2. 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 one hundred (100) Active Members and Retired Members working or residing in the district as of December 31st of the preceding year~~. ; provided, however~~, IF THE TOTAL NUMBER OF ACTIVE MEMBERS AND RETIRED MEMBERS IN THE DISTRICT IS NOT EVENLY DIVISIBLE BY ONE HUNDRED (100), THAT DISTRICT SHALL BE ENTITTLED TO ONE (1) ADDITIONAL DELEGATE AND ONE (1 ADDITIONAL ALTERNATE IN THE HOUSE OF DELEGATES. PRIORITY SHALL BE GIVEN that each county within a district ~~shall~~ be entitled to at least one (1) Delegate and one (1) Alternate Delegate who works or resides in the county PROVIDED THAT THE TOTAL NUMBER OF DELEGATES AND ALTERNATES FOR THE DISTRICT DOES NOT EXCEED THE NUMBER FOR THE DISTRICT AS DELINEATED BY THE DISTRICT MEMBERSHIP. IF THERE IS NO ELIGIBLE CANDIDATE FROM A GIVEN COUNTY AT THE TIME OF THE OSMA DISTRICT DELEGATION SELECTION PROCESS, THAT SLOT SHALL BE FILLED BY ANY ELIGIBLE CANDIDATE WITHIN THE DISTRICT. ~~If the total number of Active Members and Retired Members in the district is not evenly divisible by one hundred (100), 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.

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.

From forty-five (45) days up to the opening of the Annual Meeting of the House of Delegates, in case a district Delegate or Alternate Delegate is unable to serve, the District Councilor representing that district may at any time certify to the Chair of the Committee on Credentials the name of an Active OSMA Member who resides or works within the district to serve in the place of such 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.

Fiscal Note: $ 0 (Sponsor)
$ 100 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 03 – 2020

Introduced by: The Academy of Medicine of Lima and Allen County

Subject: Meeting Code of Conduct

Referred to: Resolutions Committee No. 1

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WHEREAS, Our American Medical Association has recently adopted a code of conduct for meetings; and

WHEREAS, The OSMA has many meetings and encounters every year; **therefore be it**

RESOLVED, That it is the policy of the Ohio State Medical Association that all attendees of OSMA hosted meetings, events and other activities are expected to exhibit respectful, professional, and collegial behavior during such meetings, events and activities, including but not limited to dinners, receptions and social gatherings held in conjunction with such OSMA hosted meetings, events and other activities. Attendees should exercise consideration and respect in their speech and actions, including while making formal presentations to other attendees, and should be mindful of their surroundings and fellow participants; and, **be it further**

RESOLVED, Any type of harassment of any attendee of an OSMA hosted meeting, event and 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 for harassing conduct at all locations where OSMA business is conducted. This zero tolerance policy also applies to meetings of all OSMA sections, committees, task forces, and other leadership entities, as well as other OSMA-sponsored events. The purpose of the policy is to protect participants in OSMA-sponsored events from harm.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 04 – 2020

Introduced by: OSMA Resident Fellow Section

Subject: Parity for International Medical Graduates with US Medical Graduates in Years of GME Requirement for Licensure

Referred to: Resolutions Committee No. 1

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WHEREAS, The State Medical Board of Ohio requires IMGs (International Medical Graduates) to complete 2 years of GME (Graduate Medical Education) training to be eligible for licensure while requiring only 1 year of GME training for USMGs (LCME accredited US Medical School Graduates); and

WHEREAS, Before being admitted into GME training, IMGs must complete a rigorous credentialing and testing process by the ECFMG (Educational Council for Foreign Medical Graduates); and

WHEREAS, The qualifying examinations used by the ECFMG for testing IMGs assess basic science and clinical knowledge, problem solving and clinical encounter skills and match or exceed the standards used for USMGs; and

WHEREAS, IMGs undergo the same GME training as USMGs at the same ACGME accredited training programs; satisfying all the same educational and performance standards; and

WHEREAS, The performance of the public assurance and protection goals and duties of our State Medical Board are therefore adequately satisfied without imposing additional requirements on IMGs more than those required for USMGs; and

WHEREAS, The imposition of additional GME training requirement for IMGs poses gratuitous hardship on IMGs in planning and starting a career after GME training, such as waiting one whole academic year; and

WHEREAS, This unnecessary delay does not serve our patient population well and exacerbates patient access problems in the continuing physician workforce shortage in our country; **therefore be it**

RESOLVED, That the Ohio State Medical Association adopt a policy supporting parity in the number of years of GME training required for IMGs and USMGs to obtain state medical licensure; and, **be it further**

RESOLVED, That the Ohio State Medical Association aggressively pursue, including by legislative means, parity in the number of years of GME training requirement for IMGs and USMGs for licensure, and report back on the progress in two years.

Fiscal Note: $ None Provided (Sponsor)
$ 50,000 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 05 – 2020

Introduced by: Hancock County Medical Society

Subject: Helping Retired Physicians Stay Involved

Referred to: Resolutions Committee No. 1

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WHEREAS, Retired physicians have a wealth of knowledge to share; and

WHEREAS, When physicians retire from their full time practice of medicine, they must obtain tail coverage for claims made medical liability insurance; and

WHEREAS, The insurance carrier will not charge the physician for the cost of tail insurance, if the physician retires; and

WHEREAS, Physicians may want to volunteer their time to free clinics and other health care settings, but have no liability insurance; **therefore be it**

RESOLVED, That the OSMA work to develop a roadmap/handbook for retired physicians who want to contribute to their community by volunteering their services at low income clinics and other healthcare settings and need accurate information about volunteering as a physician including medical liability coverage.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 06 – 2020

Introduced by: The Academy of Medicine of Lima and Allen County

Subject: Improve Communication among Physicians

Referred to: Resolutions Committee No. 1

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WHEREAS, More and more hospitals are hiring physicians and limiting the physicians from practicing medicine in other hospital systems; and

WHEREAS, There is limited to no communication among physicians at competing hospitals; and

WHEREAS, Patient care suffers when one hospital system has a specific specialist with expertise in treating the patient's condition, and the patient is at another hospital without that specialist, and no referral is made due to attempts to keep the patient within the treating hospital system, thus leading to a lack of knowledge of the care available at the other hospital; **therefore be it**

RESOLVED, That the OSMA work with county medical societies towards better communication among physicians, especially in communities with 2 or more competing hospital systems with employed physicians; and, **be it further**

RESOLVED, That the OSMA's Delegation to our AMA take this resolution on "Improving Communication Among Physicians" to the AMA Annual Meeting for further discussion and action.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 07 – 2020

Introduced by: OSMA Council

Subject: Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio

Referred to: Resolutions Committee No. 1

WHEREAS, the Legislature of the State of Ohio has recently proposed laws that would be in direct conflict with the practice of evidence based medicine within the State of Ohio and, if enacted, would compel Ohio physicians to perform unnecessary and potentially life-threatening procedures on patients which are not within the standard of care; and

WHEREAS, there have also been recent proposed laws which would prohibit a duly licensed Ohio physician from discussing all appropriate, evidence-based treatment options with his/her patient; **therefore be it**

RESOLVED, that the OSMA actively work to ensure that the sanctity of the physician-patient relationship is protected in all legislative and regulatory matters; and, **be it further**

RESOLVED, That the 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; and, **be it further**

RESOLVED, 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 WHICH ARE NOT CONSISTENT WITH THE 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.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 08 – 2020

Introduced by: OSMA Medical Student Section

Subject: Mental Health First Aid Training

Referred to: Resolutions Committee No. 1

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WHEREAS, AMA endorses that all licensed physicians should become proficient in cardiopulmonary resuscitation (CPR) for medical emergencies, yet there is no such equivalent policy for mental health crisis or substance use emergencies[1]; and

WHEREAS, Mental Health First Aid is a course that teaches the identification, understanding, and appropriate response to signs of mental illnesses and substance use disorders, providing the skills needed to reach out and provide initial help and support to persons who may be developing a mental health or substance use problem or experiencing a crisis,; and

WHEREAS, there are an estimated 46.6 million adults (about 1 in 5 Americans aged 18 or older) with a mental illness, and more than 20% (about 1 in 5) of children have had a seriously debilitating mental disorder,[3]; and

WHEREAS, suicide is the 10th leading cause of death and the 2nd leading cause of death among people aged 15-34 in the US, and mood disorders are the 3rd most common cause of hospitalization in the US for both youth and adults aged 18-44,[4]; and

WHEREAS, there are 65.9 million physician office visits with mental disorders as the primary diagnosis annually[5]; and

WHEREAS, in a Mental Health First Aid (MHFA) pre-survey, health care providers reported the same level of confidence when dealing with mental health as compared to the general public,[6]; and

WHEREAS, United Kingdom (UK) medical students who underwent the eLearning course of MHFA showcased the potential to improve students' mental health first aid skills and confidence in helping others,[7]; and

WHEREAS, both online and face-to-face versions of MHFA have shown to improve outcomes for medical and nursing students with mental health problems such as preventing high failure rates and discontinuation of study, and the knowledge from the training was shown to potentially help them with their future careers,[8]; and

WHEREAS, MHFA training programs in the U.S. have been shown to increase knowledge of prevalence rates, cardinal signs & symptoms of common mental health diagnoses, and confidence in being able to apply interventional skills,[9,10,11]; and

WHEREAS, psychiatry enrichment activities in medical school are shown to increase both student interest in and understanding of the specialty[12]; and

WHEREAS, MHFA has shown to decrease negative attitudes and stigma, and increase supportive behaviors towards people struggling with mental health[13]; and

WHEREAS, mental health education programs for health professionals: general practitioners, psychiatrists, junior medical staff, psychologists, nurses, and social workers, led to an increase in perceived knowledge of mental illness and improvements in attitude toward mental illness,[14]; and

WHEREAS, a meta-analysis of randomized controlled trials concerning the incorporation of mental health interventions into higher education showed evidence of long-term sustainability,[15]; and

WHEREAS, the 114th US Congress HR 1877/S711 bill proposes authorization of $20 million for Mental Health First Aid Training programs to primary care professionals, students, emergency services personnel, police officers, and others with the goal of improving Americans' mental health, reducing stigma around mental illness, and helping people who may be at risk for suicide or self-harm and referring them to appropriate treatment[16]; and

WHEREAS, The OSMA Strategic Plan encourages identifying other organizations with whom OSMA might have a relationship, identifying macro level issues that provide opportunities for partners with other entities, and focusing on young physicians to assist with their personal and professional development; **therefore be it**

RESOLVED, The OSMA encourages physicians, physician practices, allied healthcare professionals, and medical communities to support access to learning evidence based mental health programs, such as Mental Health First Aid, for all interested members of the care team; and; and, **be it further**

RESOLVED, The OSMA supports the use of public funds to facilitate evidence based mental health programs, such as Mental Health First Aid, for all interested members of medical care teams.

Fiscal Note: $ 5,000 (Sponsor)
$ 5,000 (Staff)

References:

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3. Mental Health Information: Statistics. National Institute of Mental Health, National Institutes of Health. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml. Updated February 2019. Accessed December 8, 2019.

4. Mental Health: Learn About Mental Health. Centers for Disease Control. https://www.cdc.gov/mentalhealth/learn/index.htm. Updated January 2018. Accessed December 8, 2019.
5. Rui P, Hing E, Okeyode T. National Ambulatory Medical Care Survey: 2014 State and National Summary Tables. National Centers for Health Statistics, Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2014_namcs_web_tables.pdf. Published 2014. Accessed December 8, 2019.
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9. Banh MK, Chaikind J, Robertson HA, et al. (2018). Evaluation of Mental Health First Aid USA using the Mental Health Beliefs and Literacy Scale. *Am J Health Promot*. 2018;*33*(2):237–247. doi: 10.1177/0890117118784234. Accessed December 8, 2019.
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15. Winzer R, Lindberg L, Guldbrandsson K, Sidorchuk A. Effects of mental health interventions for students in higher education are sustainable over time: a systematic review and meta-analysis of randomized controlled trials. *PeerJ*. 2018;6. doi:10.7717/peerj.4598. Accessed December 8, 2019.
16. Mental Health First Aid Act of 2016, H.R.1877/S.711, 114th Congress (2016).

Relevant OSMA Policy:

Policy 35 – 1982 – Education Regarding Suicide Recognition, Prevention and Treatment
1. The OSMA encourages physicians to continue their education in the recognition, treatment, and prevention of potential suicides and the management of survivors of suicide attempts.

Policy 62 – 1989 – Care of the Chronically, Mentally Ill
1. The OSMA encourages improvement of Ohio's mental health system.
2. The Ohio mental health system should provide up-to-date psychiatric treatment to patients with acute and intermittent psychiatric conditions, as well as planning, evaluation and treatment for those with chronic psychiatric conditions.
3. Decisions concerning access to and treatment in the Ohio mental health system should be made by physicians.

Policy 57 – 1990 – Health Promotion and Disease Prevention Education
1. The OSMA supports the implementation of effective health promotion/disease prevention curricula in medical schools, residency programs and CME programs.

Relevant AMA Policy:

1. **Increasing Detection of Mental Illness and Encouraging Education (D-345.994)**
    - Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.
    - Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.
2. **Awareness, Diagnosis, and Treatment of Depression and other Mental Illnesses (H-345.984)**
    - Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve

patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings.

- Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.
- Our AMA: (a) will advocate for the incorporation of integrated services for general medical care, mental health care, and substance use disorder care into existing psychiatry, addiction medicine and primary care training programs' clinical settings; (b) encourages graduate medical education programs in primary care, psychiatry, and addiction medicine to create and expand opportunities for residents and fellows to obtain clinical experience working in an integrated behavioral health and primary care model, such as the collaborative care model; and (c) will advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings.
- Our AMA recognizes the impact of violence and social determinants on women's mental health.

3. **Statement of Principles on Mental Health (H-345.999)**
    - Tremendous strides have already been made in improving the care and treatment of patients with psychiatric illness, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat psychiatric illness and promote mental health must, by the nature of the problems to be solved, be both ambitious and comprehensive.
    - The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs.
    - The AMA will be more active in encouraging physicians to become leaders in community planning for mental health.

The AMA has a deep interest in fostering a general attitude within the profession and among the lay public more conducive to solving the many problems existing in the mental health field.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 09 – 2020

Introduced by: Huron County Medical Society

Subject: Pain, Addiction and Mental Health

Referred to: Resolutions Committee No. 1

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WHEREAS, As a result of the "War on Drugs", and the governmental and state restriction of opioid manufacture, distribution and restricted pharmacy chain prescriptions, there has been a serious detrimental effect on pain[1] [2]; and

WHEREAS, These restrictions have also affected the treatment of chronic pain of cancer and noncancer origin, according to evidence-based pain medicine and the WHO pain ladder[1] [2] [4]; and

WHEREAS, these restrictions including prescription drug monitoring programs (PDMP), have not reduced prescription overdose mortality rates, and in fact from 1999 to 2017 there has been an alarming increase in opioid drug overdose mortality rates[1] [2]; and

WHEREAS, we are now seeing under treatment of pain, under treatment of addiction and under treatment of mental disease[1] [2]; **therefore be it**

RESOLVED, That the OSMA and organized medicine support the treatment of acute and chronic pain with humane, evidence-based medicine using the WHO pain ladder[1] [2] [4]; **be it further**

RESOLVED, That the OSMA support evolving clinics and programs that accept all insurance and improve access to **treat all forms of addiction, pain and mental** health[1] [2]; **be it further**

RESOLVED, That the OSMA support Ohio legislation to amend current statutes like the Rhode Island Bill for chronic pain[3]; and, **be it further**

RESOLVED, That the OSMA's Delegation to the AMA take this resolution for Pain, Addiction and Mental Health to the AMA[1] [2] [3] [4].

Fiscal Note: $ 75,000 (Sponsor)
$ 75,000 (Staff)

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[1] STAT **Overzealous use of the CDC's prescribing guideline is harming patients** by Kate M. Nicholson, Diane E. Hoffman, and Chad D. Kollas December 6, 2018

[2] **With Opioids, Government Is the Problem, Not the Solution** by Jeffrey A. Singer CATO Institute. Article in USA Today July 31, 2017

[3] **2019—H—5434 SUBSTITUTE A, STATE OF RHODE ISLAND** in General Assembly January Session, A.D. 2019 LC001373/SIB A

[4] **The WHO Pain Treatment 3-Step Ladder**; *Still the Gold Standard for Pain Management* by Forest Tennant, MD, DrPH Practical Pain Management Volume 15, Issue #3 Last updated April 15, 2015.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 10 – 2020

Introduced by: OSMA District Two

Subject: Firearm Injury Prevention

Referred to: Resolutions Committee No. 1

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WHEREAS, Our AMA and the OSMA have declared that firearm violence represents a public health crisis which requires a comprehensive public health response and solution; and

WHEREAS, Following our Dayton community's 2019 mass shooting there are current Ohio legislative proposals aimed at reducing Ohio firearm injuries and death; **therefore be it**

RESOLVED, That the OSMA will furthermore monitor all proposed Ohio firearm injury legislation as part of the OSMA advocacy effort; and, **be it further**

RESOLVED, That OSMA will advocate for the passage of legislation in Ohio supporting firearm injury prevention including:

(1) Requiring domestic violence restraining orders and gun violence restraining orders to be entered into the National Instant Criminal Background Check System;

(2) Revised procedures allowing family members, intimate partners, household members, and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence;

(3) Prohibiting persons who are under domestic violence restraining orders, convicted of misdemeanor domestic violence crimes or stalking, from possessing or purchasing firearms;

(4) Expanding domestic violence restraining orders to include dating partners;

(5) Enhancement of Ohio background check mechanisms to include private sales; increased penalties for illegal firearms sales and other firearm offenses; and

(6) Efforts to ensure the public is aware of the existence of laws that allow for the removal of firearms from high-risk individuals.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 11 – 2020

Introduced by: OSMA Medical Student Section

Subject: Palliative Care – Awareness and Education

Referred to: Resolutions Committee No. 1

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WHEREAS, Palliative care is an approach to patient care that improves the quality of life of patients and their families facing the problems associated with life-threatening illness[1]; and

WHEREAS, Palliative care services can be implemented at the time of diagnosis and still involves actively treating a disease, while hospice care involves symptomatic care for patients with a life expectancy at six months or less who do not wish to continue life-extending care; and

WHEREAS, Although palliative and hospice care are distinct divisions of health care with different objectives the two are often seen as synonymous by both physicians and patients; and

WHEREAS, Palliative care has been a model of the physician-led medical team, with improved outcomes for quality of life and overall well being[5]; and

WHEREAS, There is evidence to suggest that early palliative care may increase patient lifespan[6]; and

WHEREAS, Palliative care services have been shown to be cost neutral at a minimum, with a cost benefit in most studies reported,[7]; and

WHEREAS, A lack of patient education, physician reluctance to refer, and a shortage of palliative care physicians continues to hinder the use of Palliative care services across the United States[3]; and

WHEREAS, In a 2018 survey of internal medicine program directors, only 75.9% of respondents offered palliative care rotations in their residency program[4]; and

WHEREAS, Over the next 40 years, the number of Americans over the age of 65 will double, and social security/Medicare spending during that time frame is projected to rise from 8.7% of the GDP to almost 12%[2]; and

WHEREAS, Despite the rising prevalence of chronic, serious health conditions, there is no mention of “palliative care” in the OSMA compendium; and

WHEREAS, The OSMA strategic plan involves the personal and professional development of members; **therefore be it**

RESOLVED, That the current OSMA Policy 14 – 1994 – Hospice Care be amended to read as follows:

"The OSMA recognizes the benefits of hospice CARE AND PALLIATIVE CARE for ~~persons with life-limiting illnesses~~ PATIENTS AND THEIR FAMILIES and encourages physicians to recommend hospice care AND/OR PALLIATIVE CARE when appropriate"; and, **be it further**

RESOLVED, That the OSMA support education and awareness for physicians, medical students, and patients on the benefits and appropriateness of palliative care and/or hospice care; and, **be it further**

RESOLVED, That the OSMA support increased exposure to palliative care and hospice care within residency programs.

Fiscal Note: $ 500 (Sponsor)
$ 1,000 (Staff)

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2. *Aging in the United States.* PRB organization, July 2019. Accessed November 2019. https://www.prb.org/aging-unitedstates-fact-sheet/
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7. Smith S, Brick A, O'Hara S, et al. *Evidence on the cost and cost-effectiveness of palliative care: a literature review*. Palliat Med*2014*;*28*:*130–50*.doi:10.1177/0269216313493466

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 12 – 2020

Introduced by: OSMA Medical Student Section

Subject: Improving Preventive Medicine through the Decriminalization of HIV Status

Referred to: Resolutions Committee No. 1

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WHEREAS In 2018, 24,130 people live with Human Immunodeficiency Virus (HIV) in Ohio, 989 of whom were newly diagnosed[1]; and

WHEREAS The state of Ohio prioritizes reducing opioid drug abuse and dependency in the 2017-2019 State Health Improvement Plan[2], which has been an increasing cause of HIV infection since 2014[1]; and

WHEREAS On a national scale, 40% of new HIV diagnoses are due to transmission from people unaware of their HIV status[3]; and

WHEREAS The cost of care for a person with uncontrolled HIV is $4,700 a month versus someone with controlled HIV is $2,000[6]; and

WHEREAS The Ohio Revised Code Section 2093.11 Division (B)(1)) designates sexual conduct with someone without disclosing HIV-positive status as a felonious assault[7]; and

WHEREAS Section 2093.11 Division (B)(1) makes no exception for the use of protection, which when used consistently, prevents HIV transmission in 90-95% of instances[8]; and

WHEREAS, Section 2093.11 Division (B)(1) was written before the development of antiretroviral medications that allow undetectable levels of the HIV virus to be untransmittable[4,12]; and

WHEREAS The criminal justice system in Ohio is the 4th largest prosecutor of HIV-specific crimes across the United States, convicting 59 people over 2003 to 2013 with failure to disclose HIV status[9]; and

WHEREAS There is little evidence to suggest HIV-specific criminal laws decrease transmission of HIV and may even deter individuals from getting tested for HIV, posing a serious threat to public health initiatives and preventive medicine in the state of Ohio[10,12]; and

WHEREAS Individuals who learn of their HIV diagnosis and start antiretroviral therapy early are most likely to lower their viral load and reduce their chance of transmitting HIV[5]; and

WHEREAS After passing a bill in 2014 that decriminalizes HIV status[13], the state of Iowa had a record low number of "late testers" (people who receive their AIDS diagnosis within 3 months of their HIV diagnosis) in 2018[14]; and

WHEREAS In June 2019, the American Medical Association adopted policy H-20.914 that advocates for the "repeal of legislation that criminalizes non-disclosure of Human Immunodeficiency Virus (HIV) status for people living with HIV"[11]; **therefore be it**

RESOLVED, That the OSMA reaffirm Policy 41 – 1996 (More Routine HIV Testing) which recommends more routine HIV testing; and, **be it further**

RESOLVED, The OSMA advocates for repeal of Ohio state legislation that criminalizes non-disclosure of HIV status; and, **be it further**

RESOLVED, The OSMA opposes any Ohio state legislation that discriminates based on an individual's HIV status.

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

Sources:

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OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 13 – 2020

Introduced by: OSMA Medical Student Section

Subject: Combating the Vaping Epidemic and Vaping-Associated Lung Injuries

Referred to: Resolutions Committee No. 1

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WHEREAS, As of January 14, 2020, the Centers for Disease Control and Prevention (CDC) has reported 2,668 instances of e-cigarette, or vaping, product use-associated lung injury (EVALI) from all 50 states, with 60 deaths in 27 states and the District of Columbia[1]; and

WHEREAS, The CDC determined that the additive vitamin E acetate was present in all submitted bronchoalveolar lavage samples in 29 patients hospitalized for EVALI, and counterfeit or black-market THC cartridges were involved in up to 82% of injuries[1,2]; and

WHEREAS, There have been 95 cases of e-cigarette, or vaping, product use-associated lung injury in Ohio, with a median age of 25 years and a lower age limit of 15 years[3]; and

WHEREAS, Vaping incidents in Ohio schools have increased by approximately 700% since 2016[4]; and

WHEREAS, Citing flavoring as a reason for E-cigarette use is more prevalent among the 18-24 years age demographic than among older adults[5]; and

WHEREAS, Flavored E-cigarette use more strongly predicts cigarette smoking susceptibility than plain E-cigarette use among youth non-cigarette smoking users[6]; and

WHEREAS, State spending on tobacco prevention and cessation programs in Ohio was 11.2% of the CDC-recommended level as of FY2019[7]; and

WHEREAS, The OSMA supports restrictions on the purchase and use of E-cigarettes by minors and promotes research into health risks of these devices; and

WHEREAS, The OSMA currently supports American Medical Association (AMA) policy H-495.973 regarding E-cigarette advertising targeting minors and expansion of FDA authority over E-cigarettes and associated products; and

WHEREAS, Recent AMA policies H-495.972 and H-495.986 support further clinical and epidemiological research on E-cigarettes and education of the public on health effects, and supports coordination with the Surgeon General and FDA to stop E-cigarettes from reaching youth; **therefore be it**

RESOLVED, That the OSMA supports AMA policies H-495.972 and H-495.986; and, **be it further**

RESOLVED, That the OSMA advocates for stricter regulation of substances linked to vaping-associated lung injury; and, **be it further**

RESOLVED, That the OSMA advocates for a restriction of sale of E-cigarette flavors that appeal particularly to minors; and, **be it further**

RESOLVED, That the OSMA supports expanding the warning label on e-cigarettes to include health safety information regarding non-commercial cartridges and association of non-nicotine containing e-cigarette use with if the literature indicates the compounds in the product are associated with lung injury.

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

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Relevant OSMA Policy

Policy 02 – 2015 – Standardizing Physicians 'Stance toward Electronic Cigarettes

1. The OSMA supports both a ban on sales of e-cigarettes to minors and a prohibition on the consumption of e-cigarettes by minors.
2. The OSMA supports AMA Policy H-495.973.
3. The OSMA encourages more research into the potential health risks associated with e-cigarettes.