

1 OHIO STATE MEDICAL ASSOCIATION 2020 HOUSE OF DELEGATES

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3 REPORT OF RESOLUTIONS COMMITTEE 1

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5 Presented by Colette Willins, MD Chair, 5th District Present

6
7 Suzanne Sampang, MD* 1st District
8 John Corker, MD* 2nd District
9 John Naveau, MD 3rd District
10 Gregor Emmert, Jr., MD 4th District
11 Julia Heng, MD 5th District
12 Charles Smith, MD 6th District
13 Anne Taylor, MD 7th District
14 James Moore, MD 8th District
15 William Sternfeld, MD Specialty Society
16 David Savage, MD Resident & Fellows Section
17 Haidn Foster Medical Student Section

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20 All recommendations of the committee are provided on the Consent Calendar to be considered
21 by the House of Delegates as one action to approve the Consent Calendar. A delegate may
22 ask that a resolution be extracted. For 2020, extracted resolutions will be referred to Council for
23 consideration, disposition and report to the 2021 House of Delegates. A request to extract a
24 resolution must include recommended alternative action or amendment language with sufficient
25 explanation of the reason for the extraction request.

26 *The AIA Standard Code of Parliamentary Procedure permits Resolutions 01-2020 to be placed*
27 *on the consent calendar even though it requires a 2/3 vote for passage. Since the consent*
28 *calendar is adopted by general consent, without objection, it is presumed that the House of*
29 *Delegates has acted with the necessary 2/3 vote.*

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31 The Resolutions Committee can recommend the following actions: Reaffirm; Adopt; Not Adopt;
32 Refer; Refer for Report Back; Refer for Decision; Amend; or Adopt In Lieu Of.

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34 Printed at the end of this report are the resolutions in the form as recommended by the
35 committee. If the committee recommends amending the original statement, the amendments
36 are shown by striking through the original language and capitalizing the new language
37 (example: ~~one~~ TWO). An Adopt In Lieu Of resolution will be identified in the title as Adopt In
38 Lieu Of Resolution xx-yyyy and the new text will be in bold type. Resolutions that have been
39 replaced by an Adopt In Lieu Of will be printed after the Adopt In Lieu Of with the original
40 language stricken since the originals are no longer pending before the House.

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42 Resolutions Committee 1, after giving careful consideration to the several items referred to it,
43 moves that the Consent Calendar be adopted as presented.

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45 * These physicians were not able to fully participate in the committee deliberations due to
46 intervening call or other scheduling issues.

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CONSENT CALENDAR

The Consent Calendar includes the committee’s recommendations for reaffirmation, adoption, referral, or non-adoption of those resolutions referred to the committee for consideration. A request may be made to remove any item from the Consent Calendar for referral to Council. Extractions must include recommended alternative action or amendment language with sufficient explanation of the reason for the extraction request.

RECOMMENDED FOR REAFFIRMATION:

RECOMMENDED FOR ADOPTION:

- Resolution 01-2020 - OSMA Elections – Corrections
- Resolution 07-2020 - Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio
- Resolution 11-2020 - Palliative Care – Awareness and Education
- Resolution 13A-2020 - Combating the Vaping Epidemic and Vaping-Associated Lung Injuries (Resolved 1)

RECOMMENDED FOR ADOPTION AS AMENDED OR ADOPT IN LIEU OF:

- Amended Resolution 03-2020 - Meeting Code of Conduct
- Amended Resolution 04-2020 - Parity for International Medical Graduates with US Medical Graduates in Years of GME Requirement for Licensure
- Amended Resolution 05-2020 - Helping Retired Physicians Stay Involved
- Amended Resolution 08-2020 - Mental Health First Aid Training
- Amended Resolution 10A-2020 - Firearm Injury Prevention (Resolved 1)
- Amended Resolution 10B-2020 - Firearm Injury Prevention (Resolved 2)
- Amended Resolution 13B-2020 - Combating the Vaping Epidemic and Vaping-Associated Lung Injuries (Resolved 2)
- Amended Resolution 13C-2020 - Combating the Vaping Epidemic and Vaping-Associated Lung Injuries (Resolved 3)
- Amended Resolution 13D-2020 - Combating the Vaping Epidemic and Vaping-Associated Lung Injuries (Resolved 4)

RECOMMENDED FOR REFERRAL TO COUNCIL:

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Resolution 02-2020 - District Representation in the House of Delegates

RECOMMENDED FOR REFERRAL TO COUNCIL FOR REPORT BACK:

Resolution 06-2020 - Improve Communication among Physicians

RECOMMENDED FOR REFERRAL TO COUNCIL FOR DECISION:

Resolution 12-2020 - Improving Preventive Medicine through the Decriminalization of HIV Status

RECOMMENDED FOR NON-ADOPTION:

Resolution 09-2020 - Pain, Addiction and Mental Health

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**Resolution 01 – 2020 - ADOPT
OSMA Elections - Corrections**

122 **Comments:** The Committee discussed the ramifications of the proposed changes and
123 noted that the OSMA will convene a bylaws committee to review the current bylaws for
124 inconsistencies and any items that require clarification. The Committee recognized that
125 the purpose of the changes presented in this resolution were to clarify language
126 regarding bylaws changes that were previously adopted. While there was discussion of
127 additional changes that could be beneficial, they were not within the purview of this
128 resolution.

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

133

ARTICLE VI

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HOUSE OF DELEGATES

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

144 **ARTICLE VII**
145 **THE COUNCIL**

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

156
157 **BYLAWS**
158 **Chapter 5**
159 **Nomination and Election of Officers**

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

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

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

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

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

193 The six at-large council seats shall be elected in annual statewide direct elections. Each year the
194 committee on nominations shall ~~recommend nominees for three of the six at-large council seats.~~
195 ~~The committee on nominations may recommend more than~~ NOMINATE AT LEAST three
196 candidates for the at-large seats to be filled; however, not more than two at-large ~~Delegates~~
197 COUNCILORS can reside or practice in the same councilor geographic district. THE
198 NOMINATING COMMITTEE SHALL REPORT TO ALL OSMA VOTING MEMBERS THE SLATE
199 OF CANDIDATES FOR AT-LARGE COUNCILOR ELECTIONS.

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

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

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

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

271 **Resolution 02-2020 - REFER**
272 **District Representation in the House of Delegates**
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274 **Comments: The Committee discussed the resolution and had questions regarding the**
275 **delegate counts and whether everyone would be receiving fair representation. Many of**
276 **the comments in the open hearing reflected the need to refer this resolution to Council.**
277 **The Committee unanimously agreed to refer to Council. No action can be taken by the**
278 **Council on this resolution as any change to the Constitution and Bylaws requires a 2/3**
279 **vote of House of Delegates.**
280

281 **RESOLVED**, That Chapter 4, Section 2 of the OSMA Bylaws be amended to read as follows:
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283 **BYLAWS**
284 **CHAPTER 4**
285

286 **Section 2. Ratio of Representation.** Each OSMA district shall be entitled to one (1) Delegate
287 and one (1) Alternate Delegate in the House of Delegates for each one hundred (100) Active
288 Members and Retired Members working or residing in the district as of December 31st of the
289 preceding year. ~~;~~ ~~provided, however,~~ IF THE TOTAL NUMBER OF ACTIVE MEMBERS AND
290 RETIRED MEMBERS IN THE DISTRICT IS NOT EVENLY DIVISIBLE BY ONE HUNDRED
291 (100), THAT DISTRICT SHALL BE ENTITLED TO ONE (1) ADDITIONAL DELEGATE AND
292 ONE (1) ADDITIONAL ALTERNATE IN THE HOUSE OF DELEGATES. PRIORITY SHALL BE
293 GIVEN that each county within a district shall be entitled to at least one (1) Delegate and one
294 (1) Alternate Delegate who works or resides in the county PROVIDED THAT THE TOTAL
295 NUMBER OF DELEGATES AND ALTERNATES FOR THE DISTRICT DOES NOT EXCEED
296 THE NUMBER FOR THE DISTRICT AS DELINEATED BY THE DISTRICT MEMBERSHIP. IF
297 THERE IS NO ELIGIBLE CANDIDATE FROM A GIVEN COUNTY AT THE TIME OF THE OSMA
298 DISTRICT DELEGATION SELECTION PROCESS, THAT SLOT SHALL BE FILLED BY ANY
299 ELIGIBLE CANDIDATE WITHIN THE DISTRICT. ~~If the total number of Active Members and~~
300 ~~Retired Members in the district is not evenly divisible by one hundred (100), that district shall be~~
301 ~~entitled to one (1) additional Delegate in the House of Delegates.~~ The names of such Delegates
302 and Alternate Delegates shall be submitted to the Association prior to the opening of the House
303 of Delegates.
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305 Members in Training and Students are represented through separately seated sections of the
306 House of Delegates and shall not be included in the member count/ratio of representation of
307 OSMA districts for purposes of determining representation in the House of Delegates.

308 From forty-five (45) days up to the opening of the Annual Meeting of the House of Delegates, in
309 case a district Delegate or Alternate Delegate is unable to serve, the District Councilor
310 representing that district may at any time certify to the Chair of the Committee on Credentials
311 the name of an Active OSMA Member who resides or works within the district to serve in the
312 place of such absent Delegate or absent Alternate Delegate. The Committee on Credentials
313 shall rule on the eligibility of such certified individual or individuals to act in the place of such
314 absent Delegate or Alternate Delegate.

315 **Fiscal Note:** \$ 0 (Sponsor)
316 \$ 100 (Staff)

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**Resolution 03-2020 - AMEND
Meeting Code of Conduct**

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Comments: The Committee agreed that we need a code of conduct based on the principles discussed in Resolved one.

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Additionally, The Committee discussed the intent of the resolution and noted that the resolution did not contain any explanation of how this policy would be enforced. It also lacked a definition of harassment or inappropriate conduct. This is an issue that the AMA has addressed through comprehensive policy. Therefore, the committee recommended adopting the first resolved as written and felt the 2nd resolved should be replaced with the suggested language that directs the OSMA to bring a report with recommendations regarding this issue back to the House of Delegates.

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The Committee commended the author for bringing this issue forward.

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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**

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~~**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.~~

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THAT OSMA WILL FURTHER DEFINE INAPPROPRIATE CONDUCT AND DEVELOP POLICY AND PROCEDURES REGARDING THIS ISSUE SO THAT RECOMMENDATIONS CAN BE PRESENTED TO THE HOUSE OF DELEGATES.

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Fiscal Note: \$ 100 (Sponsor)

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 \$ 100 (Staff)

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Resolution 04-2020-AMEND

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

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Comments: The Committee discussed the resolution and it was noted in testimony that Ohio is one of the few states that does not have parity between American medical graduates and IMG physicians regarding licensure requirements. The committee felt that

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364 **the 2nd resolved was too aggressive and therefore recommended that the resolution**
365 **should be passed as amended.**

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

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

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375 **Fiscal Note:** \$ None Provided (Sponsor)
376 \$ 50,000 (Staff)

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379 **Resolution 05-2020-AMEND**
380 **Helping Retired Physicians Stay Involved**

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382 **Comments: Testimony was in support of the resolution. The committee felt that**
383 **alternative language which was proffered in online testimony was more comprehensive.**
384 **They also felt that to accomplish the goal of helping retired physicians to stay involved it**
385 **would be beneficial to help connect retired physicians with clinics in need of physicians.**
386 **Therefore, the 2nd resolved asking the OSMA to develop a section of the website aimed**
387 **at assisting retirees was added to facilitate these connections.**

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

392 **RESOLVED**, THAT THE OSMA DEVELOP A GUIDE FOR RETIRED PHYSICIANS WHO
393 WISH TO VOLUNTEER THEIR SERVICES TO LOW INCOME CLINICS AND OTHER
394 HEALTHCARE SETTINGS. SUCH MATERIAL SHOULD INCLUDE INFORMATION ABOUT
395 THE VARIED IMPLICATIONS OF PHYSICIAN VOLUNTEERING, AND ACCURATE
396 INFORMATION IN REGARDS TO NEEDED MEDICAL LIABILITY COVERAGE.

397 **RESOLVED**, THAT THE OSMA DEVELOP A SECTION OF THE OSMA WEBSITE THAT
398 WOULD FACILITATE CONNECTING RETIRED PHYSICIANS TO CLINICS THAT ARE IN
399 NEED OF PHYSICIANS.

400 **Fiscal Note:** \$ 1,000 (Sponsor)
401 \$ 1,000 (Staff)

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404 **Resolution 06-2020-REFER FOR REPORT BACK**
405 **Improve Communication among Physicians**

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407 **Comments: The Committee felt that the issues raised in the Whereas clauses in the**
408 **resolution were important. The online discussion shed further light on the negative**
409 **impact on patient care when patients are transferred outside of the community for care**

410 **when a competing system in the same community could have provided the care that was**
411 **needed in a more timely fashion.**

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413 **However, it was felt that the Resolveds did not adequately address the issues in its**
414 **current form. The Committee felt the resolution should be referred to Council for a report**
415 **back.**

416
417 **RESOLVED,** That the OSMA work with county medical societies towards better communication
418 among physicians, especially in communities with 2 or more competing hospital systems with
419 employed physicians; and, **be it further**

420
421 **RESOLVED,** That the OSMA's Delegation to our AMA take this resolution on "Improving
422 Communication Among Physicians" to the AMA Annual Meeting for further discussion and
423 action.

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425 **Fiscal Note:** \$ 1,000 (Sponsor)
426 \$ 1,000 (Staff)

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429 **Resolution 07-2020 - ADOPT**
430 **Legislative or Regulatory Interference in the Practice of Medicine in the State of Ohio**

431
432 **Comments: The Committee discussed that most of the comments provided during the**
433 **open hearing process were in support of the resolution. It was noted that the language**
434 **added to existing OSMA policy applies to all aspects of the practice of medicine.**

435
436 **RESOLVED,** that the OSMA actively work to ensure that the sanctity of the physician-patient
437 relationship is protected in all legislative and regulatory matters; and, **be it further**

438
439 **RESOLVED,** That the current OSMA Policy 18 - 2012 (Criminalization of Medical Care) be
440 amended to read as follows:

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442 The OSMA opposes any portion of proposed legislation OR RULE that criminalizes
443 clinical practice that is the standard of care; and, **be it further**

444
445 **RESOLVED,** That current OSMA Policy 10 – 1990 (Policy on Abortion) be amended as follows:

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447 1. It is the position of the OSMA that the issue of support of or opposition to
448 abortion is a matter for members of the OSMA to decide individually, based on personal
449 values or beliefs.

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

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454 3. ITEMS 1 AND 2 NOTWITHSTANDING, THE OSMA SHALL TAKE A POSITION
455 OF OPPOSITION TO ANY PROPOSED OHIO LEGISLATION OR RULE THAT
456 WOULD:

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458 • REQUIRE OR COMPEL OHIO PHYSICIANS TO PERFORM
459 TREATMENT ACTIONS WHICH ARE NOT CONSISTENT WITH THE
460 STANDARD OF CARE; OR,

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462 • REQUIRE OR COMPEL OHIO PHYSICIANS TO DISCUSS
463 TREATMENT OPTIONS THAT ARE NOT WITHIN THE STANDARD OF CARE
464 AND/OR OMIT DISCUSSION OF TREATMENT OPTIONS THAT ARE WITHIN
465 THE STANDARD OF CARE.
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467 **Fiscal Note:** \$50,000 (Sponsor)
468 \$50,000 (Staff)
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471 **Resolution 08-2020 - AMEND**
472 **Mental Health First Aid Training**

473 **Comments: The committee agreed with the resolution and felt that the resolution should**
474 **not reference a specific program and the authors agreed with removing this reference.**

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

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

482 **Fiscal Note:** \$ 5,000 (Sponsor)
483 \$ 5,000 (Staff)
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486 **Resolution 09-2020 - NOT ADOPTED**
487 **Pain, Addiction and Mental Health**
488

489 **Comments: The Committee unanimously agreed to not adopt the resolution. It is difficult**
490 **to sign on to bills from other states or guidelines from other organizations that may**
491 **change at any point.**
492

493 **RESOLVED,** That the OSMA and organized medicine support the treatment of acute and
494 chronic pain with humane, evidence-based medicine using the WHO pain ladder; and, **be it**
495 **further**

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497 **RESOLVED,** That the OSMA support evolving clinics and programs that accept all insurance
498 and improve access to treat all forms of addiction, pain and mental health; and **be it further**
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500 **RESOLVED,** That the OSMA support Ohio legislation to amend current statutes like the Rhode
501 Island Bill for chronic pain; and, **be it further**

502
503 **RESOLVED,** That the OSMA's Delegation to the AMA take this resolution for Pain, Addiction
504 and Mental Health to the AMA.
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506 **Fiscal Note:** \$ 75,000 (Sponsor)
507 \$ 75,000 (Staff)

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NOTE THAT RESOLUTION 10-2020 – FIREARM INJURY PREVENTION HAS BEEN DIVIDED INTO TWO SEPARATE ITEMS OF BUSINESS.

Comments: The committee members noted that historically the OSMA House of Delegates has been divided on firearm issues and that this resolution would likely be removed from the consent calendar and referred to Council. The Committee members felt that separating the issue would allow the HOD to vote separately on the resolved clauses. The Committee overwhelmingly supported the first Resolved. The committee felt that OSMA should study the remaining issues in the 2nd resolved and report back to the HOD with its findings.

**Resolution 10A-2020 - AMEND
Firearm Injury Prevention**

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

**Resolution 10B-2020 - AMEND
Firearm Injury Prevention**

RESOLVED, That OSMA STUDY THE POSSIBILITIES OF THE OSMA ADVOCATING FOR LEGISLATION REGARDING THE FOLLOWING ISSUES AND REPORT BACK TO THE OSMA 2021 HOUSE OF DELEGATES WITH ITS FINDINGS ~~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)

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**Resolution 11-2020 - ADOPT
Palliative Care – Awareness and Education**

Comments: All comments submitted during the open hearing were in support of the resolution. The committee unanimously supported adopting the resolution and thought that the resolution was well written and commended the author for bringing this issue forward.

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)

**Resolution 12-2020 - REFER FOR DECISION
Improving Preventive Medicine through the Decriminalization of HIV Status**

Comments: The Committee noted that there were several comments made during the open hearing process. Members of the committee had a variety of concerns.

The committee discussed the importance of disclosing any contagious sexually transmitted diseases. It was pointed out that HIV has been singled out for criminalization. HIV status even more so than other STIs has been stigmatized. Concerns were voiced that part of the result of that stigmatization has been non-disclosure of HIV status.

It was also discussed that potential partners could demand antibody testing and if lied to could possibly pursue actions in civil court even if this was decriminalized.

Another member suggested that perhaps non-disclosure of any STD should be criminalized.

Ultimately, the majority of the Committee members voted to refer the resolution to Council.

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

595
596 **RESOLVED**, The OSMA advocates for repeal of Ohio state legislation that criminalizes non-
597 disclosure of HIV status; and, **be it further**

598
599 **RESOLVED**, The OSMA opposes any Ohio state legislation that discriminates based on an
600 individual's HIV status.

601
602 **Fiscal Note:** \$ 50,000+ (Sponsor)
603 \$ 50,000 (Staff)

604
605
606 **PLEASE NOTE THAT RESOLUTION 13-2020 - COMBATING THE VAPING EPIDEMIC AND**
607 **VAPING-ASSOCIATED LUNG INJURIES HAS BEEN DIVIDED INTO FOUR SEPARATE**
608 **ITEMS OF BUSINESS.**

609
610 **Comments:** The Committee supported the intent of the resolution and made amendments
611 to clarify that the OSMA would support the efforts of others who are seeking stricter
612 regulation of vaping products. Since each of the resolved clauses dealt with separate
613 issues, the committee wanted to divide the resolution into four separate items to be
614 considered independently. This way, concerns about one resolved clause would not stop
615 others from being adopted.

616
617 **Resolution 13A - 2020 - ADOPT**
618 **Combating the Vaping Epidemic and Vaping-Associated Lung Injuries**

619
620 **RESOLVED**, That the OSMA supports AMA policies H-495.972 and H-495.986; and, **be it**
621 **further**

622 **Resolution 13B - 2020 - AMEND**
623 **Combating the Vaping Epidemic and Vaping-Associated Lung Injuries**

624
625 **RESOLVED**, That the OSMA ~~advocates for~~ SUPPORTS stricter regulation of substances linked
626 to vaping-associated lung injury; and, **be it further**

627
628 **Resolution 13C - 2020 - AMEND**
629 **Combating the Vaping Epidemic and Vaping-Associated Lung Injuries**

630
631 **RESOLVED**, That the OSMA ~~advocates for a~~ SUPPORTS restriction of sale of E-cigarette
632 flavors that appeal particularly to minors; and, **be it further**

633
634 **Resolution 13D - 2020 - AMEND**
635 **Combating the Vaping Epidemic and Vaping-Associated Lung Injuries**

636
637 **RESOLVED**, That the OSMA supports EDUCATING THE PUBLIC REGARDING THE HEALTH
638 IMPACTS OF ~~expanding the warning label on e-cigarettes to include health safety information~~
639 ~~regarding non-commercial cartridges and association of non-nicotine containing e-cigaretteS.~~
640 ~~use with if the literature indicates the compounds in the product are associated with lung injury.~~

641
642 **Fiscal Note:** \$ 50,000+ (Sponsor)
643 \$ 50,000 (Staff)

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Members of the House, this concludes the report of Resolutions Committee 1. I would like to thank all the members of Resolutions Committee 1 for their excellent cooperation and help they have given me. On behalf of the Committee I would like to thank all who offered testimony. I would also like to thank Jennifer Hayhurst and Nicolle Loris for their excellent staff assistance, and to Nancy Gillette for legal review.

Respectfully submitted,
Colette Willins, MD, Chair