

1 OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

2
3 Resolution No. 01 – 2021

4
5 Introduced by: OSMA Council

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7 Subject: Constitution and Bylaws changes – updates and corrections

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9 Referred to: Resolutions Committee No. # 1

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13 WHEREAS, the OSMA and County Medical Societies are no longer linked for purposes
14 of membership or governance; and

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16 WHEREAS, the OSMA Constitution and Bylaws need to be updated to reflect the above
17 reality; and

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19 WHEREAS, additional administrative or corrective changes to the OSMA Constitution
20 and Bylaws are appropriate; therefore be it

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22 RESOLVED, That the OSMA Constitution be amended to read as follows (showing only
23 sections affected):

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25 ARTICLE II
26 COMPONENT SOCIETIES
27 OSMA DISTRICTS

28 ~~Section 1. Definition. Component Societies shall consist of those county medical~~
29 ~~societies which now hold, or may hereafter receive, charters from this Association.~~

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31 ~~Section 2. Geographical Scope. Not more than one (1) Component Society shall be~~
32 ~~chartered in any one (1) county; provided, however, that a charter may be granted to a society~~
33 ~~comprising two or more counties, or parts thereof, when, in the judgment of the House of~~
34 ~~Delegates, the chartering of a multi-county society is in the best interests of this Association;~~
35 ~~and provided further, that whenever two~~
36 ~~(2) or more Component Societies holding charters from this Association shall request in writing~~
37 ~~that they be organized into a single multi-county society, the House of Delegates may grant a~~
38 ~~charter to such society.~~

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40 ~~Section 3. Membership in Adjoining Society. If there is an insufficient number of~~
41 ~~physicians in any county to form a Component Society, such physicians may become members~~
42 ~~of the Component Society of an adjoining county, if they are otherwise eligible under the~~
43 ~~constitution and bylaws of such adjoining Component Society.~~

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45 THE HOUSE OF DELEGATES SHALL ESTABLISH THE NUMBER AND SIZE OF OSMA
46 DISTRICTS WITHIN THE STATE TAKING INTO ACCOUNT GEOGRAPHIC
47 BOUNDARIES AND NUMBER OF PHYSICIANS RESIDING OR PRACTICING WITHIN
48 EACH DISTRICT. THE OSMA COUNCIL SHALL EVALUATE THE NUMBER AND SIZE

49 OF DISTRICTS EVERY FIVE YEARS AND RECOMMEND CHANGES, IF ANY, TO THE
50 HOUSE OF DELEGATES.

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52 WITHIN EACH OSMA DISTRICT, PHYSICIANS IN EACH COUNTY MAY FORM SELF-
53 GOVERNING COUNTY SOCIETIES OR MULTI COUNTY SOCIETIES. MEMBERS OF THE
54 COUNTY OR MULTI COUNTY SOCIETIES ARE NOT REQUIRED TO BE MEMBERS OF
55 OSMA BUT ONLY OSMA MEMBERS WILL BE COUNTED FOR PURPOSES OF
56 DETERMINING DELEGATE COUNTS FOR EACH DISTRICT TO THE HOUSE OF
57 DELEGATES.

60 ARTICLE V 61 MEETINGS

62 **Section 1. Annual Meeting.** This Association shall hold an Annual Meeting at which
63 there shall be a meeting of the House of Delegates.

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65 **Section 2. Time and Place of Annual Meeting.** The time and place for holding each
66 Annual Meeting shall be fixed by the Council of this Association and Delegates shall be
67 physically present EXCEPT WHEN THE OSMA COUNCIL DETERMINES THAT
68 EXTRAORDINARY CIRCUMSTANCES EXIST THAT MAKE IT IMPOSSIBLE OR
69 INADVISABLE FOR DELEGATES TO BE PHYSICALLY PRESENT.

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71 **Section 3. Special Meetings.** Special meetings of the House of Delegates shall be
72 called by the President or other officer upon a two-thirds (2/3) vote of the Council or upon filing,
73 with the Chief Executive Officer of this Association, a petition duly authorized and signed by
74 ~~the presidents of at least twenty three (23) Component Societies and that a president who signs~~
75 ~~a petition to call a special session of the House of Delegates must act as a representative of~~
76 ~~his/her society, such that he/she expresses the will of the society established by a majority vote~~
77 ~~on the issue concerning the need for the meeting, conducted during a meeting of the society~~
78 ~~or its executive committee, if any exists, at which a quorum is present according to the county~~
79 ~~society's bylaws, and that verification of this meeting and the results of the voting must be~~
80 ~~forwarded to OSMA headquarters to validate the President's signature on the petition AT~~
81 ~~LEAST FIFTY ACTIVE MEMBERS RESIDING OR PRACTICING IN AT LEAST TWO OSMA~~
82 ~~DISTRICTS. Within ten (10) days after such action of the Council, or the filing of such petition,~~
83 ~~the Chief Executive Officer shall give written notice to the members of the House of Delegates~~
84 ~~setting forth the purpose or purposes of such meeting and specifying the time and place thereof,~~
85 ~~in no event shall the meeting be less than twenty (20) days nor more than sixty (60) days after~~
86 ~~the mailing of such written notice.~~

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88 **Section 4.** At least ten (10) days advance notice of meetings of members shall be
89 published in print or shall be given by use of authorized communications equipment as defined
90 in Section 5.

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92 **Section 5.** Members and Councilors may attend and participate in all meetings of this
93 Association, including participation by casting any vote that the member or Councilor is qualified
94 to cast, in person or via the use of authorized communication equipment if use of such
95 equipment is approved by the Council. Any member participating in a meeting via authorized
96 communications equipment shall be considered "present" at that meeting for all relevant
97 purposes. Any recorded transmission by authorized communications equipment shall be

considered "written" or a "writing" for all relevant purposes stated in the Constitution and Bylaws. The Council shall establish procedures and guidelines for the use of authorized communications equipment in order to permit the Council to verify that a person is a voting member and to maintain a record of the person's presence and any relevant vote that person casts by use of the authorized communications equipment.

As used in this section and these Constitution and Bylaws, "authorized communications equipment" means any communications equipment that provides a transmission, including, but not limited to, by telephone, telecopy, or any electronic means, from which it can be determined that the transmission was authorized by, and accurately reflects the intention of, the member or Councilor involved and, with respect to meetings, allows all persons participating in the meeting to contemporaneously communicate with each other.

Section 6. Conduct of Meetings. Meetings of the Association may be held in person or by means of authorized communications equipment as defined in this Article if use of such equipment is approved by the Council except as stated in Section 2 of this Article. Voting members who are not physically present at a meeting of voting members may attend the meeting by the use of authorized communications equipment that enables the voting members an opportunity to participate in the meeting and to vote on matters submitted to the voting members, including an opportunity to read or hear the proceedings of the meeting, participate in the proceedings, and contemporaneously communicate with the persons who are physically present at the meeting. Any voting member who uses authorized communications equipment is deemed to be present in person at the meeting whether the meeting is held at a designated place or solely by means of authorized communications equipment. The Council may adopt procedures and guidelines for the use of authorized communications equipment in connection with a meeting of voting members to permit the Association to verify that a person is a voting member and to maintain a record of any vote or other action taken at the meeting.

ARTICLE VI OFFICERS

Section 1. General. The Officers of this Association shall be a President who shall act as Speaker of the House of Delegates, President-Elect who shall act as Vice-Speaker of the House of Delegates, the Immediate Past President, a Secretary-Treasurer, and Councilors.

Section 2. Election and Eligibility. The 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 OSMA 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 IX ~~SEAL~~

~~This Association shall have an official seal bearing the legend "Ohio State Medical Association — 1846." The power to change or renew the seal shall rest with the House of Delegates in conformity with the laws of the State of Ohio.~~

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ARTICLE X REFERENDUM

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SECTION 1. By a two-thirds (2/3) vote of the Delegates present at a meeting of the House of Delegates, a general referendum shall be held upon any question then pending before it.

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SECTION 2. Upon a petition duly authorized and signed by ~~the governing bodies of at least one half (1/2) of the Component Societies~~ AT LEAST FIFTY ACTIVE MEMBERS RESIDING OR PRACTICING IN AT LEAST TWO OSMA DISTRICTS and filed with the Chief Executive Officer on or before the thirtieth (30th) day following the adjournment of a meeting of the House of Delegates, a general referendum shall be held upon any action taken at such meeting.

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The procedure to be followed in connection with the submission to a referendum of any referred question or action shall be as set forth in Chapter 14 of the Bylaws of this Association. If the referred question is in respect to a proposed amendment to this Constitution, an affirmative vote of two-thirds (2/3) of those voting in such referendum shall be required to determine the referred question. Furthermore, if the referred action of the House of Delegates is in respect to the adoption by the House of Delegates of an amendment to this Constitution, a vote of two-thirds (2/3) of those voting in such referendum shall be required to reject and nullify the action of the House of Delegates in adopting such amendment.

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ARTICLE XI AMENDMENTS

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Section 1. Method of Amending. The House of Delegates may amend any Article of this Constitution by a two-thirds (2/3) vote of the Delegates and Officers registered at the Annual Meeting or at any special meeting called for that purpose provided, however, that such proposed amendment shall have been published by this Association, or sent to all voting members of this Association, at least thirty days before such meeting ~~and that a true and correct copy thereof shall have been sent to the secretary of each Component Society at least thirty (30) days before such meeting.~~

~~**Section 2. Conformity by Component Societies.** When an amendment to this Constitution has been duly adopted, the secretary of each Component Society shall be notified in writing by the Chief Executive Officer within sixty (60) days after such amendment has become effective. It shall become incumbent upon each Component Society to make such change in its constitution and bylaws or its articles of incorporation and code of regulations or other fundamental body of rules for the government of the corporation, as will bring about conformity to the change in the Constitution of this Association. The secretary of such Component Society shall file with this Association a copy of such changes in the Component Society's constitution and bylaws together with written notice of compliance with the provisions of this Section within one hundred and eighty (180) days after it receives notice.~~

~~**Section 3.** At no time may a proposal to amend the OSMA Constitution include an attempt to nullify and void the effect of the OSMA Bylaws. The OSMA Constitution and the OSMA Bylaws documents shall each require a separate action to be rendered null and void.~~

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BYLAWS

CHAPTER 1 MEMBERSHIP

Section 6. Disciplinary Procedure. ~~Disciplinary action may be taken by this Association against a member of this Association only upon written charges signed by three (3) or more members of this Association and filed with the Chief Executive Officer.~~

~~(a) Council, upon receiving a written charge as set forth above, shall refer the request to a standing or ad hoc Grievance Committee. If the Grievance Committee, after reviewing the charges, concludes that an investigation is warranted, it shall conduct an investigation. The Grievance Committee shall proceed with the investigation in a prompt manner. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the Grievance Committee deems appropriate. The Grievance Committee may, but is not obligated to, conduct interviews with persons involved. Such investigation shall not constitute a "hearing" as that term is used in these Bylaws. The Grievance Committee shall consider the findings of the investigation and determine whether disciplinary action is advisable. The Grievance Committee may, in its discretion, proceed forward with the disciplinary action, dismiss the charges, or refer the charges to another appropriate entity for handling.~~

~~(b) If the Grievance Committee determines that disciplinary action is advisable, it shall direct the Chief Executive Officer to provide notice to the member. The notice shall state the action proposed to be taken against the member, the reasons for the action, the right of the member to request a hearing within thirty (30) days of the date of the notice, and a summary of the rights and procedures to be followed during the hearing. The member shall have thirty (30) days following the date of the notice of such action to request a hearing. The request shall be in writing addressed to the Chief Executive Officer.~~

~~If the member does not request a hearing in the time and manner described, the member shall be deemed to have waived any right to a hearing and to have accepted the recommendation involved. The written investigation report shall be forwarded to the standing or ad hoc Committee on Judicial and Professional Relations which shall determine the action to be taken. The member under this section shall have no further rights to hearing or appeal unless the action taken differs from the recommendation of the Grievance Committee.~~

~~(c) Upon receipt of a request for hearing, the matter shall be referred to a standing or ad hoc Committee on Judicial and Professional Relations or a standing or an ad hoc Committee on Peer Review which shall appoint a hearing officer or panel of individuals to conduct the hearing who may be one (1) or more of its members of the standing or ad hoc committee provided such hearing officer or panel members may not be in direct economic competition with the member. A hearing shall be scheduled to commence not less than thirty (30) days nor more than ninety (90) days from the date of receipt of the request for hearing. The Chief Executive Officer shall send the member a notice stating the place, time, and date of the hearing and a list of the witnesses, if any expected to testify at the hearing on behalf of the Grievance Committee.~~

~~The hearing officer or panel shall endeavor to ensure that all participants in the hearing~~

246 have a reasonable opportunity to be heard and to present relevant oral and documentary
247 evidence in an efficient and expeditious manner, and that proper decorum is maintained. The
248 hearing officer or panel shall be entitled to determine the order of, or procedure for, presenting
249 evidence and arguments during the hearing and shall have the authority and discretion to make
250 all rulings on questions which pertain to matters of law, procedure or the admissibility of
251 evidence. If the hearing officer or panel determines that either side in a hearing is not
252 proceeding in an efficient and expeditious manner, the hearing officer or panel may take such
253 discretionary action as seems warranted by the circumstances.

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255 The hearing officer or panel may, but shall not be required to, order that oral evidence
256 be taken only on oath administered by any person lawfully authorized to administer such oaths.
257 Judicial rules of evidence and procedure relating to the conduct of the hearing, the examination
258 of witnesses, and the presentation of evidence shall not apply to a hearing conducted under
259 these Bylaws. Any relevant evidence, including hearsay, shall be admitted if it is the sort of
260 evidence upon which reasonable people are accustomed to rely in the conduct of serious affairs
261 regardless of the admissibility of such evidence in the court of law. The hearing officer or panel
262 may interrogate the witnesses or call additional witnesses, if the hearing officer or panel deems
263 such action appropriate.

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265 (d) Both the member and the Grievance Committee have the right to be represented in
266 any phase of the hearing or preliminary procedures by an attorney at law or by any other person
267 of that party's choice; to have a record made of the proceedings, copies of which may be
268 obtained by the member upon payment of any reasonable charges associated with the
269 preparation thereof; the Grievance Committee, the accused, legal counsel for the accused or
270 the Grievance Committee or any other person of either party's choice shall have the right to
271 call, examine, cross-examine, and impeach witnesses; to present

272 evidence determined to be relevant by the hearing officer or panel, regardless of its
273 admissibility in a court of law; and to submit a written statement at the close of the hearing.

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275 Unless otherwise determined for good cause, the Grievance Committee shall have the
276 initial duty to present evidence for each case or issue in support of the proposed action or
277 recommendation. The member shall be obligated to present evidence in response. Throughout
278 the hearing, the Grievance Committee shall bear the burden of persuading the hearing officer
279 or panel, by a preponderance of the evidence, that the action or recommendation is reasonable
280 and warranted.

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282 Failure without good cause of the member to personally attend the hearing shall be
283 deemed to constitute acceptance of the disciplinary action involved, and a waiver of the right
284 to a hearing. Postponements and extensions of the time beyond the time for hearing permitted
285 in these Bylaws may be permitted by the hearing officer or panel, within his/her/their discretion
286 on a showing of good cause.

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288 (e) The recommendation of the hearing officer or panel shall be based on the evidence
289 introduced at the hearing, including all logical and reasonable inferences from the evidence
290 and the testimony. Within thirty (30) days after the final adjournment of the hearing, the hearing
291 officer or panel shall render a recommendation which shall be accompanied by a report in
292 writing stating the reasons for the recommendation. The report and recommendation shall be
293 delivered to the Committee on Judicial and Professional Relations and to the member. At its
294 next regular meeting after receipt of the report and recommendation, or as soon thereafter as
295 is practicable, the Committee on Judicial and Professional Relations shall consider the report,

296 recommendation, and any other relevant information. It shall then make a final decision
297 regarding the proposed disciplinary action, and notify Council of its decision. Following the
298 decision, the Chief Executive Officer shall forward to the member the written decision of the
299 committee, including a statement of the basis for the decision.
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301 (f) Any member against whom disciplinary action has been taken pursuant to these
302 Bylaws shall have the right of appeal to Council. Such appeal must be commenced by a written
303 notice directed to the Chief Executive Officer within thirty (30) days after the date on which the
304 notice of final decision was mailed to the member. The member asserting a right to appeal shall
305 bear all expenses associated with providing a copy of the record from the disciplinary
306 proceeding and for production of any record associated with the appeal.
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308 Upon receipt of notice of appeal, Council shall serve as the appellate panel. The
309 member appealing shall submit a written statement discussing the relevant facts and issues.
310 Within twenty (20) days following this submission of the member's written statement, the
311 Grievance Committee may submit a written response to that statement. The member may
312 submit a written reply within ten (10) days following the submission of the Grievance
313 Committee's response.
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315 The Council may, upon its own motion or request by the member or Grievance
316 Committee, schedule oral arguments upon the issues raised in the appeal. The oral arguments,
317 if scheduled, shall be held within twenty (20) days following the submission of the final written
318 brief.
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320 The Council shall, within twenty (20) days after the oral arguments or the final written
321 submission if oral arguments are not conducted, render a written opinion setting forth its
322 decision whether to accept, reject or modify the decision of the Committee on Judicial and
323 Professional Relations stating the basis for its decision. The Chief Executive Officer shall
324 forward a copy of the decision to the member, the Grievance Committee and the Committee
325 on Judicial and Professional Relations.
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327 (g) The accused member may appeal the decision of the Council on questions of law
328 and procedure, but not of fact, to the Council on Ethical and Judicial Affairs of the American
329 Medical Association (the "Judicial Council") by filing a notice of appeal with the Judicial Council
330 within thirty (30) days of the decision of Council, such appeal to be governed by the rules and
331 regulations of the Judicial Council.
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333 (h) After final action has been taken pursuant to subdivision (b) or (e) of this section,
334 and the member has either waived or exhausted the right to appeal to Council and the right to
335 appeal to the Judicial Council, the Chief Executive Officer shall report the action to state and
336 federal authorities as required by Ohio Revised Code 4731.224, and the Health Care Quality
337 Improvement Act of 1986 (Public Law 99-660, Title IV and 45 CFR Part 60) and other applicable
338 federal and state laws.
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340 (i) Once a complaint under Section 6 of this Chapter has been made against a
341 member, this Association may complete the proceedings under these Bylaws even if the
342 member has resigned.
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344 **Section 7. Limitation of Liability.** No member, agent or employee serving on a
345 utilization committee, a peer review or professional standards review committee, including any
346 person participating in the context of the process set forth in the disciplinary Chapter of these

Bylaws shall be deemed liable in damages to any person for any action taken or recommendation made within the scope of the functions of said committee, if such committee member, agent or employee acts without malice and in the reasonable belief that such action or recommendation is warranted by the facts known to the person after reasonable effort to obtain the facts of the matter as to which such action is taken or recommendation is made. No person against whom disciplinary action is instituted pursuant to the disciplinary Chapter of these Bylaws shall have any claim or cause of action against this Association, or against any officer, Councilor, member, agent or employee of this Association, by reason of the institution, prosecution, or disposition of such charges or the hearing or consideration thereof.

CHAPTER 7 THE COUNCIL

Section 1. Powers and Duties of the Council. The Board of Trustees (referred to herein as "the Council") shall be the executive body of this Association. Between meetings of the House of Delegates, the Council shall have and exercise all the powers and authority conferred on the House of Delegates by the Constitution and these Bylaws. In the exercise of the interim powers thus conferred upon it, the Council shall take no action contravening any general policy which shall have been adopted by the House of Delegates and which is then in effect.

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

The Council shall consider all questions involving the rights and standing of members, whether in relation to other members, to the Component Societies, or to this Association. All questions of an ethical nature brought before the House of Delegates involving the professional relations of individual physicians or groups of physicians shall be referred to the Council without discussion. The Council shall have full power and authority to refer to a committee or task force or hear and decide all questions of discipline affecting the conduct of the members of this Association or the conduct of a Component Society. Its decisions in all cases, including questions regarding the right of membership in this Association, shall be final.

The Council shall provide for and superintend the issuance of any publications of the Ohio State Medical Association. It shall have full power and authority to appoint a medical editor or publication board, or both, and make any other provisions for the publication of any publications which in its judgment are feasible including full discretionary power: (1) to promulgate rules and regulations governing any publications; (2) to enumerate and define the powers and duties of the medical editor or publication board, or both; and (3) to fix the terms and conditions of their appointment.

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

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

CHAPTER 8 DELEGATES AND ALTERNATE DELEGATES TO THE AMERICAN MEDICAL

ASSOCIATION (AMA)

Section 1. Organization. ~~As soon as practicable after their election and installation, The Delegates and Alternate Delegates to the American Medical Association shall nominate from their membership candidates for THE MEET ANNUALLY TO NOMINATE AND ELECT A Chair and Vice-Chair of the delegation and the Council of this Association shall elect one(1) of such nominees as Chair and one(1) as Vice Chair. The President of this Association will be SHALL SERVE AS ex-officio Co-Chair of the delegation.~~

Section 2. Duties of the Chair. The Chair shall act as Co-Chair with the President of this Association at meetings of the delegation. The Chair shall appoint such committees as may be necessary to assist with the work of the delegation. The Chair shall report periodically for the delegation to the Council of this Association. THE CHAIR SHALL REVIEW THE DELEGATION HANDBOOK ANNUALLY AND SHALL REPORT ANY CHANGES TO THE COUNCIL.

Section 3. Duties of the Vice-Chair. The Vice-Chair shall perform the duties of the Chair when the Chair is absent or otherwise unable to function.

Section 4. Duties of American Medical Association Delegation Members. DELEGATION MEMBER DUTIES SHALL BE OUTLINED IN A DELEGATION HANDBOOK AND UPDATED ANNUALLY. Members of the Ohio delegation to the American Medical Association are expected to attend all sessions of the AMA House of Delegates and all Ohio AMA delegation functions. Members of the Ohio delegation to the AMA must prepare for each AMA House of Delegates meeting by reviewing materials sent to them and participate in the deliberations of various committees to which they may be assigned. ~~Members of the Ohio delegation to the AMA shall participate in membership promotion activities in their local societies and districts for both the OSMA and the AMA.~~

CHAPTER 9 COMMITTEES

Section 1. Committees. The standing committees of this Association shall be the ~~Committee on Auditing and Appropriations and the Committee on Judicial and Professional Relations.~~ All other committees and task forces of this Association shall be appointed by the President.

CHAPTER 10 COMPONENT SOCIETIES

Section 1. Organization and Charter of Societies. ~~To be eligible to receive a charter as a Component Society of this Association from the House of Delegates, an application must first be submitted to Council for approval. In addition to the applicant society's submission of a constitution and bylaws or articles of incorporation, codes of regulations, bylaws or other fundamental bodies of rules of the society's government, the Council will consider an application for approval which provides evidence that the applicant society: 1) has adopted principles of organization in conformity with the Constitution and Bylaws of this Association; 2) has adopted and takes actions which are consistent with the Principles of Medical Ethics, and 3) whose actions and governing rules are in substantial compliance with the laws of the state~~

of Ohio and/or the United States of America. Charters issued by this Association shall be signed by the President and the Secretary-Treasurer of this Association.

Section 2. Suspension or Revocation of Charters of Societies. The House of Delegates shall have authority and power to suspend or revoke a charter issued to any component society of this Association. Between meetings of the House of Delegates the Council, pursuant to Chapter 7 of these Bylaws, shall have final authority and power to suspend or revoke a charter issued to any component society. The charter of any component society may be suspended or revoked when a component society's actions are: 1) in conflict with the Constitution or Bylaws of this Association; 2) disparaging to the OSMA; 3) in conflict with the Principles of Medical Ethics, or 4) not in substantial compliance with the laws of the state of Ohio and/or the United States of America.

Council shall adopt and cause to be published to the component societies, procedures to govern suspension or revocation of the charter of a component society. Such procedures shall require that the component society receive written notice stating the reason for the proposed suspension or revocation and an opportunity to respond in person or in writing.

Section 3. Title of a Component Society. The name and title of each Component Society shall read exactly as found in its charter. No change in such name shall be made without the approval of the Council of this Association.

Section 4. Custody of Charter. The charter of each Component Society, as issued by this Association, shall be preserved and shall be kept in the custody of the secretary of such Component Society at all times.

Section 5. Constitutions of Component Societies. Each unincorporated Component Society shall have a constitution and bylaws. Each incorporated Component Society shall have, in addition to articles of incorporation as required by law, a constitution, a code of regulations, a code of bylaws, or other fundamental body of rules for its government similar in content and form to the bylaws of unincorporated Component Societies. All such constitutions, bylaws, articles of incorporation, codes of regulations and other fundamental bodies of rules and all other rules and regulations adopted by a Component Society shall not be in conflict with the Constitution and bylaws of this Association, and a copy thereof shall be transmitted to the headquarters of this Association for approval and recording. The bylaws of each unincorporated Component Society, and the code of regulations, code of bylaws, or other fundamental body of rules of each incorporated society shall set forth specifically the duties of the several officers and of its executive body (Council or trustees).

Section 6. Rules, Regulations and Changes in Constitution and Bylaws of Component Societies. Whenever a Component Society makes a change or amendment in its constitution, bylaws, articles of incorporation, code of regulations, or other fundamental body of rules for its government, or adopts any rules or regulations, which affect the relationship of the Component Society with this Association or the rights of any Association member, such change, amendment, rule or regulation shall be submitted to the Council of this Association for written approval, and shall not become effective until such approval has been given.

Section 7. Functions and Duties of Component Societies. Each Component Society shall have general direction of the business and affairs of the profession in the county, and it shall exert its influence to promote the science and art of medicine, the moral condition of the membership, and the betterment of public health.

Section 8. Official Records of Component Societies. The official copy of the constitution and bylaws of each unincorporated Component Society, and the official copy of the articles of incorporation, code of regulations, code of bylaws or other fundamental body of rules of each incorporated Component Society, shall be kept by such Component Society in a special book provided for that purpose. All amendments which have been approved by the Council of this Association shall be entered in a special book.

Section 9. Combined Component Societies. The House of Delegates shall have authority to organize the physicians of two (2) or more counties, or parts thereof, into a multi-county society to be designated by hyphenating the names of such counties so as to distinguish them from a district or single county society. Such multi-county societies, when organized and chartered, shall be entitled to all the privileges and representatives provided herein for Component Societies.

CHAPTER 11

MEMBERSHIP IN COMPONENT SOCIETIES

Section 1. Qualifications for Membership in a Component Society. Each Component Society shall be the sole judge of the qualifications necessary for any and all classes of membership in such society.

CHAPTER 14

REFERENDUM

Within sixty (60) days after a general referendum has been ordered either by the (1) House of Delegates, or (2) upon the petition of the presidents of at least twenty-three (23) Component Societies AT LEAST FIFTY ACTIVE MEMBERS RESIDING OR PRACTICING IN AT LEAST TWO OSMA DISTRICTS as prescribed in Article X of the Constitution, the Chief Executive Officer shall prepare and have printed and mailed by first-class mail or sent by means of authorized communications equipment to each Active Member of this Association an official circular COMMUNICATION setting forth the following:

(a) A resume of the provisions in this Constitution and Bylaws applying to a general referendum;

(b) An announcement by the President as to the time set for closing the polls which shall be not less than fifteen (15) days or more than thirty (30) days after the mailing REFERENDUM COMMUNICATION of circulars and ballots;

(c) The resolution, motion or action submitted to referendum;

(d) A statement of not more than two hundred (200) words prepared by the proposer or proposers of the resolution, motion or action giving arguments in its favor;

(e) A statement of not more than two hundred (200) words giving arguments in opposition prepared by one or more members appointed by the President from among those opposed to the resolution, motion or action;

(f) INSTRUCTIONS FOR REPLYING AND/OR COMPLETING VOTING ON THE

549 RESOLUTION, MOTION OR ACTION.

550
551 ~~Enclosed with the circular shall be an official reply envelope and a ballot labeled with~~
552 ~~the official seal of this Association, or instructions for replying by means of authorized~~
553 ~~communications equipment. On the ballot the resolution, motion or action shall be printed and~~
554 ~~below it shall be spaces for the indication of "yes" or "no" by making a cross mark. The reply~~
555 ~~envelope or authorized communications equipment ALL responses shall be~~
556 ~~ADDRESSEDRETURNED OR REFERRED TO a special THE HOUSE OF DELEGATES~~
557 ~~committee of three (3) tellers appointed by the President and it shall carry return first class~~
558 ~~postage or the equivalent thereof under the postal regulations if applicable ON ELECTIONS.~~

559 To be counted by the tellers COMMITTEE a ballot shall meet the following requirements:

560
561 (a) Either "yes" or "no" must be clearly indicated ~~with a cross mark;~~

562
563 (b) The ballot must be received by the committee of tellers in the sealed official reply
564 envelope by first-class postage or by means of authorized communications equipment or
565 ELECTRONIC BALLOTING on or before the day set for closing the polls; and

566
567 (c) The ballot must be an official ballot mailed or sent by means of authorized
568 communications equipment OR ELECTRONIC BALLOTING to each Active Member, ~~duly~~
569 ~~labeled with the seal of this Association.~~

570
571 Within ten (10) days following the time set for closing the polls, the ~~tellers~~ COMMITTEE
572 ON ELECTIONS shall meet at the headquarters office of this Association or by means of
573 authorized communications equipment to open the envelopes containing the ballots and poll
574 the votes in the presence of each other, or consistent with the procedures and guidelines
575 adopted by Council for use of authorized communications equipment OR ELECTRONIC
576 BALLOTING for voting and conduct of meetings, keeping in mind that the referendum is not
577 valid unless participated in by not less than one-half (1/2) of the Active Members of this
578 Association.

579
580 The results of the referendum shall be transmitted in writing by the ~~tellers~~ COMMITTEE
581 to the President immediately after the count has been completed. The President shall announce
582 such results to the members of the Council and publication thereof shall be made to the Active
583 Members.

584
585 Except as otherwise provided in Article X of the Constitution of this Association, a
586 resolution, motion or action receiving a majority of the votes cast in a valid referendum, shall
587 be declared adopted, carried or ratified, as the case may be, and the same shall become
588 effective fifteen (15) days after the results of the referendum have been published.

589
590 As used in this section, "authorized communications equipment" shall have the same
591 meaning as defined in Article V of the OSMA Constitution.

592 593 **CHAPTER 16** 594 **AMENDMENTS**

595
596 **Section 1. Method of Amending.** These Bylaws may be amended at any Annual
597 Meeting of the House of Delegates by a two-thirds (2/3) vote of the Delegates present at that
598 session, provided that the proposed amendment shall have been published to the Active

Members or mailed to Active Members of this Association at least thirty (30) days prior to the Annual Meeting.

Section 2. Conformity by Component Societies. ~~When an amendment of these Bylaws has been adopted as provided in Section 1 hereof, it shall be the duty of the Chief Executive Officer to notify the secretary of each Component Society within sixty (60) days after such amendment has become effective. It shall become incumbent upon each Component Society to make such changes in its constitution and bylaws, or, if the society be a corporation, in its articles of incorporation, code of regulations, code of bylaws, or other fundamental body of rules for the government of the corporation, as will bring about conformity to the change in the Bylaws of this Association.~~

~~Within one hundred and eighty (180) days after such notification to each Component Society, written notice of compliance by such Component Society with provision, together with copies of the changes made to effect such compliance, shall be sent by the secretary of such Component Society to the Council for its review and approval.~~

Section 3. At no time may a proposal to amend these OSMA Bylaws include an attempt to nullify and void the effect of the OSMA Constitution. The OSMA Constitution and the OSMA Bylaws documents shall each require a separate action to be rendered null and void.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 02 – 2021

Introduced by: OSMA Council

Subject: House of Delegates Ratio of Representation

Referred to: Resolutions Committee No. # 1

WHEREAS, Resolution 02-2020 was referred to the OSMA COUNCIL; and

WHEREAS, the OSMA COUNCIL finds the best approach is to balance district representation and county representation; **therefore be it**

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

BYLAWS

CHAPTER 4

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 one hundred (100) FIFTY (50) Active Members and Retired Members working or residing in the district as of December 31st of the preceding year. ~~provided however, 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.~~ If the total number of Active members and Retired members in the district is not evenly divisible by one hundred (100) FIFTY (50), that district shall be entitled to one (1) additional delegate and one (1) additional alternate 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 OR RETIRED 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.~~

SECTION 3. OHIO COUNTY DELEGATES. EACH OHIO COUNTY WILL BE ENTITLED TO ONE (1) DELEGATE AND ONE (1) ALTERNATE DELEGATE IN THE HOUSE OF DELEGATES PROVIDED THAT COUNTY HAS ACTIVE OR RETIRED MEMBERS OF THE ASSOCIATION WORKING OR RESIDING WITHIN IT.

51
52 IF THERE IS AN ACTIVE MEDICAL SOCIETY WITHIN THE COUNTY, THAT
53 SOCIETY SHALL SUBMIT THE NAME OF THE DELEGATE AND ALTERNATE
54 DELEGATE TO THE ASSOCIATION PRIOR TO THE OPENING OF THE HOUSE OF
55 DELEGATES.

56
57 IF NO MEDICAL SOCIETY EXISTS WITHIN THE COUNTY, THE CORRESPONDING
58 OSMA DISTRICT COUNCILOR IN WHICH THE COUNTY IS LISTED SHALL SOLICIT
59 VOLUNTEERS FROM ACTIVE OR RETIRED MEMBERS WHO LIVE OR WORK
60 WITHIN THE COUNTY. THE DISTRICT COUNCILOR SHALL SUBMIT THE NAMES
61 OF THESE DELEGATES AND ALTERNATE DELEGATES TO THE ASSOCIATION
62 PRIOR TO THE OPENING OF THE HOUSE OF DELEGATES.

63
64 **Fiscal note:** \$500 (Sponsor)
65 \$500 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 03 – 2021

Introduced by: OSMA Council

Subject: OSMA elections

Referred to: Resolutions Committee No. # 1

WHEREAS, Changes to the Bylaws are necessary to clarify the manner of electing OSMA HOD delegates, officers and the AMA Delegation; and

WHEREAS, a new Committee on Elections is proposed to clarify the procedures used to conduct OSMA/HOD elections; **therefore be it**

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

BYLAWS

CHAPTER 4

THE HOUSE OF DELEGATES

Section 9. Committees of the House of Delegates. For the purpose of expediting proceedings, the President shall appoint from the roster of Delegates the following committees: Committees on Resolutions, to which shall be referred all resolutions; Committee on Credentials; and other committees considered necessary by the President. ~~The President shall appoint a Committee on Tellers and Judges of Election from those members present at the Annual Meeting~~

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 containing the name of one (1) or more members for each of the offices to be filled at that Annual Meeting. 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 report for presentation to the House of Delegates except 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.

51
52 All nominees shall meet qualifications set forth in the OSMA bylaws. Additionally, the
53 Committee on Nominations shall determine candidate selection criteria for at-large Council
54 positions that may include, but are not limited to, diversity, experience, engagement with
55 organized medicine, experience with strategic planning, physician practice demographics,
56 physician practice settings, current organizational needs, House of Delegates input, OSMA
57 staff input and individual physician self-selection. The precise selection criteria may vary year
58 to year to reflect the current needs of the OSMA. The Committee on Nominations makes the
59 final determination about the selection criteria it will use in any given year and shall inform the
60 membership of the selection criteria used. The Committee on Nominations shall also determine
61 how best to solicit candidates.

62
63 The six at-large council seats shall be elected BY VOTING MEMBERS in annual statewide direct
64 elections. Each year the committee on nominations shall nominate at least three candidates for
65 the at-large seats to be filled; however, not more than two at-large councilors can reside or
66 practice in the same councilor geographic district. The nominating committee shall report to all
67 OSMA voting members the slate of candidates for at-large councilor elections.

68 OSMA DISTRICT COUNCILORS SHALL BE ELECTED BY VOTING MEMBERS IN DISTRICT-
69 WIDE DIRECT ELECTIONS. 

70
71 THE President-Elect, Secretary-Treasurer, and delegates and alternate delegates to the
72 American Medical Association shall be elected by the House of Delegates.
73

74 **Section 2. COMMITTEE ON ELECTIONS.** THE COMMITTEE ON ELECTIONS SHALL
75 CONSIST OF A CHAIR AND VICE-CHAIR WHO SHALL SERVE TWO-YEAR TERMS AND BE
76 SELECTED FROM AMONG THE DELEGATES TO THE OSMA HOUSE OF DELEGATES.
77 THE OSMA PRESIDENT SHALL ANNUALLY APPOINT THE VICE-CHAIR WHO SHALL
78 AUTOMATICALLY BECOME CHAIR AFTER THE FIRST YEAR OF THE TWO YEAR TERM;
79 EXCEPT THAT FOR THE INITIAL YEAR OF THE COMMITTEE (2021-2022), THE
80 PRESIDENT SHALL APPOINT THE CHAIR WHO SHALL SERVE A ONE YEAR TERM. THE
81 COMMITTEE ON ELECTIONS SHALL SERVE YEAR ROUND AND SUPERVISE ALL
82 ASPECTS OF OSMA ELECTIONS. THE COMMITTEE SHALL CONDUCT ELECTIONS,
83 INCLUDING HOUSE OF DELEGATES ELECTIONS AND STATEWIDE OR DISTRICT-WIDE
84 ELECTRONIC ELECTIONS, AND CERTIFY THE FINAL VOTE COUNTS. THE COMMITTEE
85 SHALL APPOINT TELLERS AS NEEDED FROM AMONG THE DELEGATES OR ALTERNATE
86 DELEGATES AT THE ANNUAL HOUSE OF DELEGATES TO ASSIST WITH COUNTING
87 VOTES AT THE MEETING.

88
89 **Section 8. Removal from Office.** Any officer of this Association, or any Delegate to
90 the American Medical Association, or any Alternate Delegate to the American Medical
91 Association, may be removed from office, for cause, at any time.
92

93 Proceedings for the removal from office of an officer of this Association or any Delegate
94 or Alternate Delegate to the American Medical Association shall be commenced by the filing
95 with the Chief Executive Officer of this Association a written complaint signed by not less than
96 sixty (60) Delegates to the House of Delegates of this Association from at least ~~thirty (30)~~
97 ~~Component Societies~~ TWO DISTRICTS. Such complaint shall name the person sought to be
98 removed, shall state the cause for removal, and shall demand that a meeting of the House of
99 Delegates be held for the purpose of conducting a hearing on the charges set forth in the
100 complaint, and for the purpose of selecting an individual to fill the office which may be vacated

by reason of the removal from office of the person sought to be removed.

Within ten (10) days after the filing of such complaint, the Chief Executive Officer shall serve upon the person named in the complaint a true and correct copy of it, together with a written notice specifying the time and place of hearing the charges set forth in the complaint. The Chief Executive Officer shall also mail a copy of the complaint and notice to each Delegate to the House of Delegates of this Association. Service upon the person named in the complaint of a copy of the complaint together with such written notice shall be made by delivering the same personally to the person or by sending the same by certified mail addressed to the person at his/her usual place of residence.

At the hearing upon such charges the person named in the complaint shall be afforded full opportunity to be heard in his/her own defense, to be represented by legal counsel or any other person of his/her own choosing, to cross-examine the witnesses who testify against him/her, and to examine witnesses and offer evidence in his/her own behalf. The House of Delegates shall convene for the purposes of hearing the charges in such complaint, and electing a successor if need be:

(a) on any date during the Annual Meeting of the House of Delegates, provided the date of such Annual Meeting is more than thirty (30) and less than sixty (60) days subsequent to the date of the service of such written notice upon the person sought to be removed; or

(b) at a special meeting called for the purpose of hearing the charges set forth in such complaint. Such special meeting shall be held on a date more than thirty (30) and less than sixty (60) days subsequent to the date of the service of the written notice upon such person sought to be removed.

A quorum for the purposes of this section shall consist of two-thirds (2/3) of the elected Delegates.

If two-thirds (2/3) of the Delegates of the House of Delegates present and voting by secret ballot vote affirmatively to remove such person from office, such person shall be declared removed from office.

A successor to an office in which a vacancy has been created as a result of the removal from office of any such officer, Delegate or Alternate Delegate shall be elected to serve the balance of the term of such office. All nominations for the office shall be made from the floor. The election of a successor officer, Delegate or Alternate Delegate shall be by a majority of the Delegates present and voting and shall be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association, and with respect to a successor Delegate or Alternate Delegate to the American Medical Association such election shall also be in accordance with Section 5 of Chapter 5 of the Bylaws of this Association.

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

1 **OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

2
3 **Resolution No. 04 – 2021**

4
5 **Introduced by:** OSMA Council

6
7 **Subject:** Constitution and Bylaws changes – membership category updates

8
9 **Referred to:** Resolutions Committee No. # 1

10 -----
11
12
13 **WHEREAS**, several of the OSMA membership categories are no longer functional; and

14
15 **WHEREAS**, additional clarification is needed for certain remaining membership
16 categories; **therefore be it**

17
18 **RESOLVED**, That the OSMA Constitution and Bylaws be amended to read as follows
19 (showing only sections affected):

20
21 **ARTICLE III**
22 **COMPOSITION OF THIS ASSOCIATION**

23
24 **Classes of Members.** THERE ARE TWO CLASSES OF MEMBERSHIP: GENERAL
25 AND AFFILIATE. THESE CLASSES, IN ADDITION TO THEIR ASSOCIATED MEMBERSHIP
26 RIGHTS AND PRIVILEGES, ARE FURTHER DEFINED IN CHAPTERS 1 AND 2 OF THE
27 BYLAWS. The voting members of this Association shall consist of ~~the following classes of~~
28 members IN THE FOLLOWING CLASSES OF GENERAL MEMBERSHIP who have paid the
29 appropriate dues amounts, if any, to the association by January 31 of each year.

- 30
31 1. Active Members
32 2. Retired Members
33 3. Members in Training
34 4. ~~Military Members~~
35 4. Student Members
36

37 ~~Non-voting members of this association shall consist of the following classes of~~
38 ~~members who have paid the appropriate dues amounts, if any, to the association by January 31~~
39 ~~of each year: non-resident members; honorary members; affiliate members; associate~~
40 ~~members.~~

41
42
43 **BYLAWS**

44
45 **CHAPTER 1**
46 **GENERAL MEMBERSHIP**

47 **Section 1. Rights of GENERAL Members.** All GENERAL members of this
48 Association shall have the right to attend all meetings of this Association.

49
50 **Section 2. Classification of Membership.**

51
52 **(a) Active Members.** The Active Members of this Association are those physicians with
53 the OSMA who practice, work or reside in Ohio and who pay the appropriate dues to this
54 association by January 31 of each year. Active Members shall have the right to vote and hold
55 office.

56
57 **(b) Retired Members.** Retired Members of this Association shall be those members of
58 this Association who have retired from the active practice of medicine and who do not receive
59 regular and significant income for their participation in any professional activity related to the
60 practice of medicine. They must have been Members of this Association for ten (10) years prior
61 to retirement. Retired Members shall have the right to vote and hold office.

62
63 **(c) Members in Training.** Members in Training shall comprise all physicians who are
64 pursuing studies and training in a program accredited by the Accreditation Council for Graduate
65 Medical Education (ACGME), the American Medical Association or the American Osteopathic
66 Association and their associated groups ~~and who are approved for membership by the Council.~~
67 Members in Training shall comprise the Resident and Fellows Section and shall have the right
68 to vote and hold office.

69
70 **(d) Nonresident Members.** Nonresident Members shall include those physicians who
71 reside and practice outside Ohio but who hold a license to practice medicine and surgery in
72 Ohio ~~or any other state~~ and who are approved for Nonresident Membership by the Council.
73 NONRESIDENT MEMBERS SHALL NOT HAVE THE RIGHT TO VOTE OR HOLD OFFICE.

74
75 **(e) Honorary Members.** The House of Delegates may elect as an Honorary Member
76 any person distinguished for services or attainments in medicine or the allied sciences or who
77 has rendered other services of unusual value to medicine. An Honorary Member shall pay no
78 dues or assessments. HONORARY MEMBERS SHALL NOT HAVE THE RIGHT TO VOTE OR
79 HOLD OFFICE.

80
81 ~~**(f) Military Members.** Military Members comprise all those Active Members of this~~
82 ~~Association who are serving a limited tour of active duty with the Armed Services of the United~~
83 ~~States.~~

84
85 **(g) Life Active Members.** Individuals who currently are Life Active Members having
86 made a single payment for lifetime membership dues will continue as Life Active Members, but
87 no new life memberships will be permitted. Life Active Members will have all of the rights and
88 privileges of an Active Member under these Bylaws for life. Wherever the term "Active Member"
89 is used in these Bylaws it shall include Life Active Members.

90
91 ~~**(h) Affiliate Members.** Executives of the Ohio State Medical Association, county~~
92 ~~medical societies in Ohio, and other medical organizations in Ohio and specialty societies in~~
93 ~~Ohio with three (3) years or more experience in the sponsoring organization or individuals~~
94 ~~recommended by a county medical society in Ohio, medical specialty society in Ohio, or~~
95 ~~physician representative organization in Ohio, are eligible for Affiliate Membership in the Ohio~~
96 ~~State Medical Association. Such Affiliate Membership shall be at the discretion of the Council.~~

97
98 **(i) Student Members.** Student Members of this Association shall comprise those
99 students who are pursuing the diploma of Doctor of Medicine or Doctor of Osteopathy in an
100 approved medical or osteopathic college or institution in the State of Ohio ~~and are approved for~~
101 ~~Student Membership by the Council.~~ Student Members shall comprise the medical group

known as the Medical Student Section. Said section shall be governed by and operate under separate Bylaws approved by the Council. ~~Except as otherwise provided in Article VII of the Constitution,~~ Student Members of this Association shall have the right to vote and hold office in this Association.

~~(j) **Associate Members.** Non-physician administrators and managers of medical practices are eligible for Associate Membership. Associate Members of the Ohio State Medical Association may attend all meetings of the Association, but shall not have the right to make a motion, vote or hold office in this Association.~~

Section 3. Eligibility FOR GENERAL MEMBERSHIP.

To be eligible for any class of GENERAL membership other than honorary, ~~affiliate, associate,~~ retired, or student in this Association, a person must hold a limited, temporary, or unlimited certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued by the licensing authority of the State of Ohio, which license must be in full force and effect.

CHAPTER 2 AFFILIATE MEMBERSHIP

SECTION 1. RIGHTS OF AFFILIATE MEMBERSHIP. THE RIGHTS OF AFFILIATE MEMBERS ARE DELINEATED BY CLASS OF AFFILIATE MEMBERSHIP AS LISTED BELOW.

SECTION 2. CLASSIFICATION OF AFFILIATE MEMBERSHIP

(a) AFFILIATE EXECUTIVE MEMBERS. NONPHYSICIAN EXECUTIVES OF THE OHIO STATE MEDICAL ASSOCIATION, COUNTY MEDICAL SOCIETIES IN OHIO, AND OTHER MEDICAL ORGANIZATIONS IN OHIO AND SPECIALTY SOCIETIES IN OHIO ARE ELIGIBLE TO BE AFFILIATE EXECUTIVE MEMBERS OF THE OHIO STATE MEDICAL ASSOCIATION WITH APPROVAL BY THE COUNCIL. SUCH AFFILIATE EXECUTIVE MEMBERS MAY ATTEND THE MEETINGS OF THE ASSOCIATION BUT SHALL NOT HAVE THE RIGHT TO MAKE A MOTION, VOTE OR HOLD OFFICE IN THE ASSOCIATION.

(b) AFFILIATE ADMINISTRATIVE MEMBERS. NON-PHYSICIAN ADMINISTRATORS AND MANAGERS OF MEDICAL PRACTICES OF PHYSICIANS WHO ARE CURRENT ACTIVE MEMBERS OF THE ORGANIZATION ARE ELIGIBLE TO BE AFFILIATE ADMINISTRATIVE MEMBERS OF THE OHIO STATE MEDICAL ASSOCIATION. AFFILIATE ADMINISTRATIVE MEMBERS OF THE OHIO STATE MEDICAL ASSOCIATION MAY ATTEND ALL MEETINGS OF THE ASSOCIATION, BUT SHALL NOT HAVE THE RIGHT TO MAKE A MOTION, VOTE OR HOLD OFFICE IN THE ASSOCIATION.

(c) AFFILIATE ORGANIZATION MEMBERS: MEMBERS OF OHIO ORGANIZATIONS MAY BECOME AFFILIATE ORGANIZATION MEMBERS OF THE OHIO STATE MEDICAL ASSOCIATION WITH APPROVAL BY THE COUNCIL, WITH A SIGNED AFFILIATE AGREEMENT AND AFTER PAYMENT OF APPROPRIATE FEES. AFFILIATE ORGANIZATION MEMBERS MAY PARTICIPATE IN PRODUCTS AND SERVICES OF THE ASSOCIATION AS DELINEATED IN THE AFFILIATE AGREEMENT. AFFILIATE ORGANIZATION MEMBERS SHALL NOT HAVE THE RIGHT TO MAKE A MOTION, VOTE,

Commented [NG1]: Subsections will be appropriately renumbered

Commented [NG2]: Subsequent chapters will be renumbered

148 HOLD OFFICE, ATTEND MEETINGS, OR REPRESENT THE OHIO STATE MEDICAL
149 ASSOCIATION TO OUTSIDE ENTITIES.

150

151 **Fiscal Note:** \$500 (Sponsor)
152 \$500 (Staff)

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Introduced by: Young Physician' Section, Resident Fellow Section and the Medical Student Section

Subject: Ohio Telehealth

Referred to: Resolutions Committee #1

WHEREAS, During the coronavirus disease 2019 (COVID-19) pandemic, Telehealth rapidly became a great tool to access patients²; and

WHEREAS, Telehealth with video consultation has been found to be cost-effective and does not result in serious adverse events in selected patients³; and

WHEREAS, Whereas, Patients find telehealth visits convenient, leading to higher patient satisfaction scores⁴; and

WHEREAS, Population health management in cost-containment models will be more effective with Telehealth. Guidelines already exist for proper management^{5 6}; and

WHEREAS, Prior to COVID-19, 13% of AAFP members were using telehealth. Following government intervention regarding COVID-19, an additional 81% of AAFP members have responded by using⁷; and

¹ https://osma.org/aws/OSMA/pt/sd/news_article/342865/PARENT/layout_details-news/false

² U.S. Centers for Medicare and Medicaid Services. Telehealth services. March 2020. Accessed July 7, 2020. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>

³ Buvik A, Bergmo TS, Bugge E, et al. Cost-effectiveness of telehealth in remote orthopedic consultations: randomized controlled trial. *J Med Internet Res*. 2019;21(2):e11330.

⁴ Beaton, Thomas. Primary Care Telemedicine Produces High Patient Satisfaction. mHealth Intelligence. June 9, 2017. <https://mhealthintelligence.com/news/primary-care-telehealth-produces-high-patient-satisfaction>

⁵ Bhuyan, Natasha. Telemedicine Advances Outpace Common Sense Regulations. Family Practice Management. Sep 19,2017.
<https://www.aafp.org/news/blogs/freshperspectives/entry/20170919fp-telehealth.htm>

⁶ American Telemedicine Association: Practice Guidelines for Live, On Demand Primary and Urgent Care, December 2014

⁷ Cullen, John Telemedicine is Worthy of Payers' Long-term Investment. Family Practice Management. July 9, 2020

WHEREAS, Patients, depending on their location, age, and/or socioeconomic status, may face barriers to accessing telehealth services due to inadequate access to technology, unreliable broadband coverage, and/or lack of familiarity with technology⁸; **therefore be it**

RESOLVED, Our OSMA will continue to advocate for the widespread adoption of telehealth services in the practice of medicine for physicians and physician-led teams post SARS-COV-2; and, **be it further**

RESOLVED, Our OSMA will advocate for equitable access to telehealth services, especially for at-risk and under-resourced patient populations and communities, including but not limited to supporting increased funding and planning for telehealth infrastructure such as broadband and internet-connected devices for both physician practices and patients; and, **be it further**

RESOLVED, Our OSMA will advocate for telehealth parity laws that require public and private insurers to cover telehealth-provided services comparable to that of in-person services, and not limit coverage only to services provided by select corporate telehealth providers; and, **be it further**

RESOLVED, Our OSMA will encourage appropriate stakeholders to study the most effective methods for the instruction of medical students, residents, fellows and practicing physicians in the use of telehealth and its capabilities and limitations; and, **be it further**

RESOLVED, Our OSMA will consider model legislation provided by the AMA's Advocacy Resource Center in its ongoing legislative advocacy efforts regarding Telehealth in Ohio.

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

RELEVANT OSMA POLICY

None

RELEVANT AMA POLICY

COVID-19 Emergency and Expanded Telemedicine Regulations D-480.963

Our AMA: (1) will continue to advocate for the widespread adoption of telehealth services in the practice of medicine for physicians and physician-led teams post SARS-COV-2; (2) will advocate that the Federal government, including the Centers for Medicare & Medicaid Services (CMS) and other agencies, state governments and state agencies, and the health insurance industry, adopt clear and uniform laws, rules, regulations, and policies relating to telehealth services that: (a) provide equitable coverage that allows patients to access telehealth services wherever they are located, and (b) provide for the use of accessible devices and technologies, with appropriate privacy and security protections, for connecting physicians and patients; (3) will advocate for equitable access to telehealth services, especially for at-risk and under-resourced patient populations and communities, including but not limited to supporting increased funding and planning for telehealth infrastructure such as broadband and internet-connected devices for

76 both physician practices and patients; and (4) supports the use of telehealth to reduce health
77 disparities and promote access to health care.

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 06 – 2021

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

Subject: Improving Patient Care Through Better Communication of Availability of Physician Specialists at Hospitals

Referred to: Resolutions Committee #1

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; and

WHEREAS, Resolution 06-2020 addressing this subject matter was referred to Council for report back, and

WHEREAS, the Council deliberated and agreed upon the language in this Resolution,
therefore be it

RESOLVED, that information about what physician specialists are available at each hospital in a community should be readily available through communication between hospital systems, and **be it further**

RESOLVED, that in patient care situations which require a specialist that is not available at the hospital where the patient is initially seen but is available at a competing hospital in the same region, arrangements should be made for transfer to the closest and most appropriate specialist, per the treating physician's judgment, so that the patient receives timely care, and **be it further**

RESOLVED, That our OSMA work with the Ohio Hospital Association, county medical societies and member physicians to improve communication among physicians and between hospitals, especially in communities with 2 or more competing hospital systems with employed physicians; and, **be it further**

RESOLVED, That our OSMA's Delegation to our AMA take this resolution on improving patient care through better communication of availability of physician specialists 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 - 2021

Introduced by: OSMA District One

Subject: Protection of Informed Consent and Patient Autonomy with Administration of COVID-19 Vaccinations

Referred to: Resolutions Committee #1

WHEREAS, the COVID-19 vaccines are pivotal tools for mitigating the ongoing COVID-19 pandemic and minimizing person to person spread, thereby promoting herd immunity; and

WHEREAS, physicians should encourage and recommend COVID-19 vaccination whenever appropriate for their patients' protection and health; and

WHEREAS, medical ethics mandates respect for patient autonomy, acknowledging that patients with decision making capacity have the right to make decisions regarding their health care, even if their decisions contradict clinicians' or governmental recommendations, no matter their individual reasons, culture, beliefs, religion, etc.; and

WHEREAS, informed consent of COVID-19 vaccinations is an important aspect of all health care decisions, with freedom from coercion, constraint, or duress, and a fundamental right in healthcare, and

WHEREAS, presence or absence of COVID-19 vaccination may be used to mandate restrictions for future travel; organized activities such as weddings, concerts, sporting events, in-person work meetings; and even hospital visitation, to name a few potential scenarios;
therefore be it

RESOLVED, That the Ohio State Medical Association (OSMA) strongly encourage protection of patient autonomy and informed consent with respect to COVID-19 vaccinations, and advocate that patients should not be discriminated against if they elect not to receive the COVID-19 vaccine for any reason; and, **be it further**

RESOLVED, That the OSMA advocate through governmental lobbying efforts that the COVID-19 vaccine should be NOT be mandated by governmental order or law to restrict travel or participation in organized events, and or discriminate the patient from exercising their rights as a citizen; and, **be it further**

RESOLVED, That OSMA AMA Delegation take this resolution to the AMA for consideration.

Fiscal Note: \$ 25,000 (Sponsor)
\$ 25,000 (Staff)

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

Subject: COVID-19 Vaccine Distribution

Referred to: Resolutions Committee #1

WHEREAS, Several pharmaceutical companies, at the direction of the US government, have managed to produce highly effective vaccines that have been shown to significantly reduce the incidence of infection of said virus: and

WHEREAS, Vaccine distribution has been left in the hands of the several states, and in Ohio has been distributed by the Ohio Department of Health (ODH) to hospitals and hospital systems, local county health departments, retail pharmacies, and some federally qualified health centers, but to date, no independent Primary Care Medical Practices in Ohio have received any vaccine, purportedly because of vaccine shortages, even though over 300 such medical practices have duly registered with the ODH; and

WHEREAS, Given the vaccine shortage situation, it is paramount that the most vulnerable patients should be among the first to be vaccinated, and that current vaccine recipients, given vaccine based on age alone, or occupation, are frequently not part of the most vulnerable population group, because of the lack of specific patient knowledge by those administering the vaccines, or overly prescriptive directives by distribution officials; and

WHEREAS, Extremely vulnerable patients (including but not limited to patients with acute and chronic pulmonary disease, acute and chronic heart failure, controlled and uncontrolled diabetes, immunodeficiency states, and morbid obesity) are seen every day by their Primary Care Doctors, who know well how life-threatening a viral infection would be to their patient, regardless of their patient's age; and

WHEREAS, Many of these vulnerable patients refuse to go to a hospital, county health department, or a retail pharmacy for any reason, because of fear of viral contagion, and thus are not receiving the vaccine so urgently needed, but would consent to vaccination by their trusted Primary Care Doctor, should a vaccine be recommended and deliverable at the site and time of medical service; **therefore be it**

RESOLVED, That our OSMA urgently lobby the Ohio Department of Health, the Governor of Ohio, and our State Legislature, to direct the Ohio Department of Health to include those Primary Care Physicians' offices, who wish to deliver vaccines to their patients, the opportunity of Covid19 vaccine distribution from the state's weekly allotment, so as to immediately vaccinate a larger portion of our most vulnerable population, who have, thus far, been denied the opportunity to be vaccinated; and, **be it further**

RESOLVED, That in the plans of Ohio for future pandemics, that our OSMA work to include Primary Care Physicians' offices as initial sites of vaccine distribution to help insure better delivery of vaccines to those most in need.

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 09 - 2021

Introduced by: Stark County Medical Society

Subject: COVID-19 Vaccination Protocol

Referred to: Resolutions Committee #1

WHEREAS, The State of Ohio is currently experiencing a major pandemic secondary to SARS-CoV-2 with unprecedented implications in population health; and

WHEREAS, Multiple vaccines have been developed to provide passive immunity and protect the citizens of Ohio from SARS-CoV-2; and

WHEREAS, Physician offices and primary care offices have historically been the cornerstone of vaccine distribution yet is marginalized behind other commercial entities in distribution of these novel vaccines; and

WHEREAS, Physicians are responsible for ensuring up-to-date vaccinations for their patient population; **therefore be it**

RESOLVED, The State of Ohio will establish a standing board headed by the Ohio State Medical Association and including the Ohio State Board of Pharmacy, the Ohio Hospital Association, and the Ohio Department of Health; and, **be it further**

RESOLVED, This board would continuously review pandemic preparedness including, but not limited to, stockpiles of personal protective equipment, plans for isolation protocols, mobilization of testing, and immunization procedures; and, **be it further**

RESOLVED, This board would ensure that primary care physicians are central to the distribution of vaccinations to the citizens of Ohio.

Fiscal Note: \$ 25,000 – 500,000 (Sponsor)
\$ 75,000 (Staff)

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Introduced by: Mercer County Medical Society

Subject: Physician Communications in the Media

Referred to: Resolutions Committee #1

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

1 OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

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3 Resolution No. 11 – 2021

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5 Introduced by: Medical Student Section

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7 Subject: Creating OSMA Resources/Programming to Address Physicians' Role in
8 Medical Misinformation

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10 Referred to: Resolutions Committee #1

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14 WHEREAS, Weak to no control measures exist to regulate information on social media,
15 leading to dissemination of potentially misleading medical information ¹; and

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17 WHEREAS, The prevalence of this health misinformation is increasing ²; and

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19 WHEREAS, Detrimental effects of misinformation include decreased confidence in the
20 patient-physician relationship ³; and

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22 WHEREAS, Individuals and organizations are often motivated by biases and competing
23 interests when sharing healthcare information on social media ⁴; and

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25 WHEREAS, Social media can create echo chambers where health misinformation is not
26 challenged ⁴; and

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28 WHEREAS, A majority of physicians use some form of social media but only a minority
29 of healthcare institutions have a social media policy ⁵; and

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31 WHEREAS, A majority of current physician social media policies only discuss boundary
32 crossings with patients, and do not address the topic of responsibly addressing misinformation ⁶;
33 and

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35 WHEREAS, A majority of U.S. citizens on both sides of the political aisle have a positive
36 view of physicians ⁷; and

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38 WHEREAS, Most sources discussing physician roles in misinformation only address
39 management rather than prevention of spread ⁸; and

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41 WHEREAS, The COVID-19 pandemic has united physicians to hold their colleagues
42 accountable for spreading medical misinformation on social media ⁹; and

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44 WHEREAS, Continuing Medical Education (CME) has been shown to be effective in
45 improving physician learning and performance ¹⁰; and

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47 WHEREAS, In Policy 57—1990, our OSMA “supports the implementation of effective
48 health promotion/disease prevention curricula in medical schools, residency programs, and
49 CME programs; ¹¹; and

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WHEREAS, In the 2020-2023 Strategic Plan's Issue Area of Advocacy, our OSMA strives to "...continue to improve grassroots involvement on specific issues," including via social media usage"¹²; **therefore be it**

RESOLVED, That the OSMA create resources for Ohio physicians centered on avoiding spread of medical misinformation on social media, and addressing medical misinformation; and, **be it further**

RESOLVED, That the OSMA disseminate the aforementioned resources to Ohio hospitals, its members, and its website.

Fiscal Note: \$ (Sponsor)
 \$ 10,000 (Staff)

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Relevant OSMA Policy

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

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Introduced by: OSMA District Two

Subject: OSMA to Create an IMG (International Medical Graduate) Section

Referred to: Resolutions Committee #1

WHEREAS, International Medical Graduates (IMG) makeup about 27% of all physicians in the USA and Ohio; and

WHEREAS, IMGs have their unique issues and concerns; and

WHEREAS, About 17 states in the country have a separate IMG section within their state to address the unique issues faced by IMGs; and

WHEREAS, The AMA has an IMG section which has been in existence for at least 15 years and has provided valuable service to AMA and the House of Medicine. This section has about 40,000 members and that number has increased every year; and

WHEREAS, The states that have an IMG section have seen a steady increase in their membership; and

WHEREAS, The OSMA currently has a designated IMG physician seat on the OSMAPAC Board; **therefore be it**

RESOLVED, That the Ohio State Medical Association will create a separate International Medical Graduate (IMG) Section with the following guidelines:

1. The IMG section will create its own Independent Operating Plan and Bylaws to be approved by OSMA Council;
2. The OSMA Council will evaluate the existence of the OSMA IMG section every 5 years;
3. The OSMA IMG section will be eligible to have one Delegate and One Alternate Delegate for every 100 IMG members who are also OSMA voting members, to be selected in accordance with the Bylaws of the IMG Section approved by the OSMA Council; and
- 4) The OSMA shall maintain the designated IMG representative seat on the OSMAPAC Board.

Fiscal Note: \$ 10,000 (Sponsor)
\$ 10,000 (Staff)

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 13 – 2021

Introduced by: Medical Student Section

Subject: Advocate for the Creation of Scholarships, Reducing of Tuition and Waiving of Application Fees to Underrepresented Students in Medicine

Referred to: Resolutions Committee #1

WHEREAS, The American Medical Association (AMA) recognizes that a “racially and ethnically diverse educational experience results in better educational outcomes,” supports increasing diversity within all medical specialties, and “encourages healthcare institutions, including medical schools, to articulate the value and importance of diversity as a goal; and (H-200.951); and

WHEREAS, The AMA Code of Medical Ethics regarding Disparities in Medical Ethics asks physicians to strive to “increase the diversity of the physician workforce as a step toward reducing health care disparities”; and

WHEREAS, The AMA also supports the development of financial aid programs for students belonging to under-represented minorities in medicine (D200.985); and

WHEREAS, Our OSMA encourages Ohio medical education institutions to engage in evidence-based dialogue in cultural competency and the physician's role in eliminating cultural health care disparities in medical treatment (Policy 25 - Longitudinal Approach to Cultural Competency Dialogue on Eliminating Health Care Disparities); and

WHEREAS, Our Ohio Minority Health Strike Force stated that to improve outcomes in the future we need to “(1) prioritiz(e) equitable outcomes in policy agendas for communities of color, (2) conduct impact assessments of proposed policy to ensure equitable outcomes for communities of color, (3) tailor policies to meet the needs of communities of color, and (4) strategically allocat(e) resources and funds to advance equity.”¹; and

WHEREAS, Cost is a prohibitive feature of medical school for underrepresented medical students (URMs)²; and

WHEREAS, Costs throughout educational careers and unforeseen costs can cause extreme stress on URM individuals thus affecting their learning and career³; and

¹ Aly R, et. al. COVID-19 Ohio Minority Health Strike Force Blueprint. August 2020. <https://coronavirus.ohio.gov/static/MHSF/MHSF-Blueprint.pdf>

2 Toretzky C, Mutha S, Coffman J. Breaking Barriers for Underrepresented Minorities in the Health Professions. Healthforce Center at UCSF. July 2018. <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/Breaking%20Barriers%20for%20Underrepresented%20Minorities%20in%20the%20Health%20Professions%20.pdf>

³ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice. *An American Crisis: The Growing Absence of Black Men in Medicine and*

WHEREAS, Debt is consistently lower for non-URMs and the average cost of medical education is continuing to increase^{4,5}; and

WHEREAS, 77.3% of Black medical students have an anticipated debt of greater than \$150,000, compared to 65.1% of White medical students and 50.2% of Asian medical students⁵; and

WHEREAS, The enrollment of Black male students in Allopathic and Osteopathic medical schools decreased between 1978-2014 from 542 to 515⁶; and

WHEREAS, The OSMA strategic plan emphasizes the importance of physician well-being and plans to give physicians an opportunity to discuss work stressors. Debt burden is often a source of great stress for medical students and young physicians; therefore, addressing debt could help to improve physician well-being over the course of the next few years; **therefore be it**

RESOLVED, That our OSMA recognize Black, Indigenous and Hispanic medical students as underrepresented minorities in medicine, understanding that moving forward other groups than those previously listed can be underrepresented, while also recognizing that race and ethnicity are only two aspects of providers that are considered to be underrepresented in the medical field; and, **be it further**

RESOLVED, That Our OSMA support reduced application fees for medical school and medical school pipeline programs to foster an increase in students from underrepresented backgrounds, racial and ethnic groups entering the medical field; and, **be it further**

RESOLVED, That Our OSMA advocate for the creation of state-funded scholarships specifically meant for medical students from traditionally underrepresented groups in medicine; and, **be it further**

RESOLVED, That our OSMA aim to create a scholarship fund for Ohio medical students from underrepresented groups in medicine.

Fiscal Note: \$ (Sponsor)
 \$ 25,000 (Staff)

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⁶ Altering the Course: Black Males in Medicine. *AAMC*. 2015.

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