

## **Reports of 2021 Final Floor Actions on Resolutions**

### **Report of Resolutions Committee 1 Final Floor Actions**

Presented by Tyler Campbell, MD, Chair, 1<sup>st</sup> District

#### **Resolution 00-2021 – 2021 OSMA Policy Sunset Report**

**RESOLVED**, That the recommendations of OSMA Council published prior to the Annual Meeting as the 2021 OSMA Policy Sunset Report be adopted by the OSMA House of Delegates.

**By official action, the House of Delegates adopted Resolution 00-2021.**

#### **Resolution 01 – 2021 - Constitution and Bylaws – updates and corrections**

### **ARTICLE II**

#### **OSMA DISTRICTS**

The House of Delegates shall establish the number and size of OSMA districts within the state taking into account geographic boundaries and number of physicians residing or practicing within each district. The OSMA council shall evaluate the number and size of districts every five years and recommend changes, if any, to the House of Delegates.

Within each OSMA district, physicians in each county may form self-governing county societies or multi county societies. Members of the county or multi county societies are not required to be members of OSMA but only OSMA members will be counted for purposes of determining delegate counts for each district to the House of Delegates.

### **ARTICLE V**

#### **MEETINGS**

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

**Section 2. Time and Place of Annual Meeting.** The time and place for holding each Annual Meeting shall be fixed by the Council of this Association and Delegates shall be physically present except when the OSMA Council determines that extraordinary circumstances exist that make it impossible or inadvisable for delegates to be physically present.

**Section 3. Special Meetings.** Special meetings of the House of Delegates shall be called by the President or other officer upon a two-thirds (2/3) vote of the Council or upon filing,

with the Chief Executive Officer of this Association, a petition duly authorized and signed by at least fifty active members residing or practicing in at least two OSMA districts. Within ten (10) days after such action of the Council, or the filing of such petition, the Chief Executive Officer shall give written notice to the members of the House of Delegates setting forth the purpose or purposes of such meeting and specifying the time and place thereof, in no event shall the meeting be less than twenty (20) days nor more than sixty (60) days after the mailing of such written notice.

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

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

### REFERENDUM

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.

SECTION 2. Upon a petition duly authorized and signed by 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.

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 13 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.

## ARTICLE X

### AMENDMENTS

**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.

**Section 2.** 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.

## **BYLAWS**

### **CHAPTER 1 MEMBERSHIP**

**Section 6. Disciplinary Procedure.** The Council shall consider all questions involving the rights and standing of members, whether in relation to other members or to this association. All questions of an ethical nature brought before the House of Delegates and/or Council involving the professional relations of individual physicians or groups of physicians shall be referred to 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 members of this association. Its decisions in all cases, including questions regarding the right of membership in this association, shall be final.

**Section 7. Limitation of Liability.** No member, agent or employee serving on a utilization committee, a peer review or professional standards review committee, including any 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.

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.** The Delegates and Alternate Delegates to the American Medical Association shall meet annually to nominate and elect a Chair and Vice-Chair of the delegation. The President of this Association 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.

## **CHAPTER 9 COMMITTEES**

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

## CHAPTER 12

### REFERENDUM

Within sixty (60) days after a general referendum has been ordered either by the (1) House of Delegates, or 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 communication setting forth the following:

(a) 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 referendum communication;

(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 resolution, motion or action.

All responses shall be returned or referred to the House of Delegates Committee on Elections.

To be counted by the committee a ballot shall meet the following requirements:

(a) Either "yes" or "no" must be clearly indicated;

(b) The ballot must be received by the committee in the sealed official reply envelope by first-class postage or by means of authorized communications equipment or electronic balloting on or before the day set for closing the polls; and

(c) The ballot must be an official ballot mailed or sent by means of authorized communications equipment or electronic balloting to each Active Member.

Within ten (10) days following the time set for closing the polls, the Committee on Elections shall meet at the headquarters office of this Association or by means of authorized

communications equipment to open the envelopes containing the ballots and poll the votes in the presence of each other, or consistent with the procedures and guidelines adopted by Council for use of authorized communications equipment or electronic balloting for voting and conduct of meetings, keeping in mind that the referendum is not valid unless participated in by not less than one-half (1/2) of the Active Members of this Association.

The results of the referendum shall be transmitted in writing by the committee to the President immediately after the count has been completed. The President shall announce such results to the members of the Council and publication thereof shall be made to the Active Members.

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

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

## **CHAPTER 16 AMENDMENTS**

**Section 1. Method of Amending.** These Bylaws may be amended at any Annual Meeting of the House of Delegates by a two-thirds (2/3) vote of the Delegates present at that 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.** 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.

**By official action, the House of Delegates adopted Resolution 01-2021.**

### **Resolution 02-2021 –House of Delegates Ratio of Representation**

**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 fifty (50) Active Members and Retired Members working or residing in the district as of

December 31st of the preceding year. If the total number of Active members and Retired members in the district is not evenly divisible by fifty (50), that district shall be entitled to one (1) additional delegate 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.

**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.

If there is an active medical society within the county, that society shall submit the name of the delegate and alternate delegate to the association prior to the opening of the House of Delegates.

If no medical society exists within the county, the corresponding OSMA district councilor in which the county is listed shall solicit volunteers from active or retired members who live or work within the county. The district councilor shall submit the names of these delegates and alternate delegates to the association prior to the opening of the House of Delegates.

**By official action, the House of Delegates adopted Resolution 02-2021.**

#### **Resolution 03-2021 – OSMA elections**

**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.

#### **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.

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

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

OSMA district councilors shall be elected by voting members in district-wide direct elections.

The President-Elect, Secretary-Treasurer, and delegates and alternate delegates to the American Medical Association shall be elected by the House of Delegates.

**Section 2. Committee on Elections.** The Committee on Elections shall consist of a chair and vice-chair who shall serve two-year terms and be selected from among the delegates to the OSMA House of Delegates. The OSMA President shall annually appoint the vice-chair who shall automatically become chair after the first year of the two year term; except that for the initial year of the committee (2021-2022), the president shall appoint the chair who shall serve a one year term. The committee on elections shall serve year round and supervise all aspects of OSMA elections. The committee shall conduct elections, including House of Delegates elections and statewide or district-wide electronic elections, and certify the final vote counts. The committee shall appoint tellers as needed from among the delegates or alternate delegates at the annual House of Delegates to assist with counting votes at the meeting.

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

Proceedings for the removal from office of an officer of this Association or any Delegate

or Alternate Delegate to the American Medical Association shall be commenced by the filing with the Chief Executive Officer of this Association a written complaint signed by not less than sixty (60) Delegates to the House of Delegates of this Association from at least two districts. Such complaint shall name the person sought to be removed, shall state the cause for removal, and shall demand that a meeting of the House of Delegates be held for the purpose of conducting a hearing on the charges set forth in the 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.

**By official action, the House adopted Resolution 03-2021.**

**Resolution 04-2021 - Constitution and Bylaws changes – membership category updates**

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

**ARTICLE III  
COMPOSITION OF THIS ASSOCIATION**

**Classes of Members.** There are two classes of membership: general and affiliate. These classes, in addition to their associated membership rights and privileges, are further defined in Chapters 1 and 2 of the Bylaws. The voting members of this Association shall consist of members in the following classes of general membership who have paid the appropriate dues amounts, if any, to the association by January 31 of each year.

1. Active Members
2. Retired Members
3. Members in Training
4. Student Members

**BYLAWS  
CHAPTER 1  
GENERAL MEMBERSHIP**

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

**Section 2. Classification of Membership.**

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

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

**(c) Members in Training.** Members in Training shall comprise all physicians who are

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

**(d) Nonresident Members.** Nonresident Members shall include those physicians who reside and practice outside Ohio but who hold a license to practice medicine and surgery in Ohio and who are approved for Nonresident Membership by the Council. Nonresident members shall not have the right to vote or hold office.

**(e) Honorary Members.** The House of Delegates may elect as an Honorary Member any person distinguished for services or attainments in medicine or the allied sciences or who has rendered other services of unusual value to medicine. An Honorary Member shall pay no dues or assessments. Honorary members shall not have the right to vote or hold office.

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

**(g) Student Members.** Student Members of this Association shall comprise those students who are pursuing the diploma of Doctor of Medicine or Doctor of Osteopathy in an approved medical or osteopathic college or institution in the State of Ohio. 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. Student Members of this Association shall have the right to vote and hold office in this Association.

### **Section 3. Eligibility for General Membership.**

To be eligible for any class of general membership other than honorary, 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 delineated below.

### **Section 2. Classification of Affiliate Membership**

**(a) Affiliate Executive Members.** Non-physician 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, hold office, attend meetings, or represent the Ohio State Medical Association to outside entities.

**By official action, the House adopted Resolution 04-2021.**

#### **Resolution 05-2021 - Ohio Telehealth (video/audio or audio-only)**

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

**RESOLVED,** Our OSMA will support equitable access to telehealth (video/audio or audio-only) 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 support telehealth parity laws that require public and private insurers to cover AND REIMBURSE telehealth-provided services (video/audio or audio-only) equivalent 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.

**By official action, the House adopted amended Resolution 05-2021.**

### **Resolution 06-2021 – Improving Patient Care through Better Communication of Availability of Physician Specialists at Hospitals**

**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 another hospital in the same region, arrangements should be made for transfer to the closest and/or 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 hospital systems with employed physicians.

**By official action, the House adopted Resolution 06-2021.**

### **Resolution 07-2021 – Protection of Informed Consent and Patient Autonomy with Administration of COVID-19 Vaccinations**

**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.

**By official action, the House referred Resolution 07-2021.**

### **Resolution 08-2021 – COVID-19 Vaccine Distribution**

**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.

**By official action, the House did not adopt Resolution 08-2021.**

### **Resolution 09-2021 – Pandemic Preparedness**

**RESOLVED**, The OSMA recommends that The State of Ohio establish a standing board to 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 ensure that physicians (MD/DO) are central to the administration of vaccinations to the citizens of Ohio. This board should include the Ohio State Medical Association, Ohio State Board of Pharmacy, the Ohio Hospital Association, and the Ohio Department of Health, and other interested parties.

**By official action, the House adopted Resolution 09-2021.**

### **Resolution 10-2021 - Physician Communications in the Media**

**RESOLVED**, That the OSMA adopt the following AMA Code of Medical Ethics Opinion 8.1.2:

PHYSICIANS WHO PARTICIPATE IN THE MEDIA CAN OFFER EFFECTIVE AND ACCESSIBLE MEDICAL PERSPECTIVES LEADING TO A HEALTHIER AND BETTER INFORMED SOCIETY. HOWEVER, ETHICAL CHALLENGES PRESENT THEMSELVES WHEN THE WORLDS OF MEDICINE, JOURNALISM, AND ENTERTAINMENT INTERSECT. IN THE CONTEXT OF THE MEDIA MARKETPLACE, UNDERSTANDING THE ROLE AS A PHYSICIAN BEING DISTINCT FROM A JOURNALIST, COMMENTATOR, OR MEDIA PERSONALITY IS IMPERATIVE.

PHYSICIANS INVOLVED IN THE MEDIA ENVIRONMENT SHOULD BE AWARE OF THEIR ETHICAL OBLIGATIONS TO PATIENTS, THE PUBLIC, AND THE MEDICAL PROFESSION; AND THAT THEIR CONDUCT CAN AFFECT THEIR MEDICAL COLLEAGUES, OTHER HEALTH CARE PROFESSIONALS, AS WELL AS INSTITUTIONS WITH WHICH THEY ARE AFFILIATED. THEY SHOULD ALSO RECOGNIZE THAT MEMBERS OF THE AUDIENCE MIGHT NOT UNDERSTAND THE UNIDIRECTIONAL NATURE OF THE RELATIONSHIP AND MIGHT THINK OF THEMSELVES AS PATIENTS. PHYSICIANS SHOULD:

1. A) ALWAYS REMEMBER THAT THEY ARE PHYSICIANS FIRST AND FOREMOST, AND MUST UPHOLD THE VALUES, NORMS, AND INTEGRITY OF THE MEDICAL PROFESSION.

2. B) ENCOURAGE AUDIENCE MEMBERS TO SEEK OUT QUALIFIED PHYSICIANS TO ADDRESS THE UNIQUE QUESTIONS AND CONCERNS THEY

HAVE ABOUT THEIR RESPECTIVE CARE WHEN PROVIDING GENERAL MEDICAL ADVICE.

3. C) BE AWARE OF HOW THEIR MEDICAL TRAINING, QUALIFICATIONS, EXPERIENCE, AND ADVICE ARE BEING USED BY MEDIA FORUMS AND HOW THIS INFORMATION IS BEING COMMUNICATED TO THE VIEWING PUBLIC.

4. D) UNDERSTAND THAT AS PHYSICIANS, THEY WILL BE TAKEN AS AUTHORITIES WHEN THEY ENGAGE WITH THE MEDIA AND THEREFORE SHOULD ENSURE THAT THE MEDICAL INFORMATION THEY PROVIDE IS:

1. I) ACCURATE

2. II) INCLUSIVE OF KNOWN RISKS AND BENEFITS

3. III) COMMENSURATE WITH THEIR MEDICAL EXPERTISE

4. IV) BASED ON VALID SCIENTIFIC EVIDENCE AND INSIGHT GAINED FROM PROFESSIONAL EXPERIENCE

5. E) CONFINE THEIR MEDICAL ADVICE TO THEIR AREA(S) OF EXPERTISE, AND SHOULD CLEARLY DISTINGUISH THE LIMITS OF THEIR MEDICAL KNOWLEDGE WHERE APPROPRIATE.

6. F) REFRAIN FROM MAKING CLINICAL DIAGNOSES ABOUT INDIVIDUALS (E.G., PUBLIC OFFICIALS, CELEBRITIES, PERSONS IN THE NEWS) THEY HAVE NOT HAD THE OPPORTUNITY TO PERSONALLY EXAMINE.

7. G) PROTECT PATIENT PRIVACY AND CONFIDENTIALITY BY REFRAINING FROM THE DISCUSSION OF IDENTIFIABLE INFORMATION, UNLESS GIVEN SPECIFIC PERMISSION BY THE PATIENT TO DO SO.

8. H) FULLY DISCLOSE ANY CONFLICTS OF INTEREST AND AVOID SITUATIONS THAT MAY LEAD TO POTENTIAL CONFLICTS.

**By official action, the House adopted amended Resolution 10-2021.**

**Resolution 11-2021 – Creating OSMA Resources/Programming to Address Physicians' Role in Medical Misinformation**

**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.

**By official action, the House did not adopt Resolution 11-2021.**

#### **Resolution 12-2021 – OSMA to Create an IMG (International Medical Graduate) Section**

**RESOLVED**, That the Ohio State Medical Association will create a separate International Medical Graduate (IMG) Section.

**By official action, the House adopted Resolution 12-2021.**

#### **Resolution 13 – 2021 –Advocate for the Creation of Scholarships, Reducing of Tuition and Waiving of Application Fees to Underrepresented Students in Medicine**

**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.

**By official action, the House referred Resolution 13-2021.**

#### **Report of Resolutions Committee 2 Final Floor Actions**

Presented by Alisha Reiss, MD, Chair, YPS Councilor

#### **Resolution 14 – 2021 – Network Adequacy**

**RESOLVED**, That the OSMA advocate for legislation to require health insurers to submit and make publicly available, at least quarterly, reports to state regulators that provide regional data on several measures of network adequacy, including the number and type of providers that have joined or left the network; the number and type of specialists and subspecialists that have left or joined the network; the number of physicians by specialty and subspecialty that are

accepting new office-based patients, efforts made to provide an in-network panel of all specialists that reduce disparities of utilization, if present, among specialties providing out-of-network service; the number and types of providers who have filed an in network claim within the calendar year; total number of claims by provider type made on an out-of-network basis; data that indicate the provision of Essential Health Benefits; and consumer complaints received; and, **be it further**

**RESOLVED**, That the OSMA advocate for legislation that develops a mechanism by which health insurance enrollees are able to file formal complaints about network adequacy with appropriate regulatory authorities; and, **be it further**

**RESOLVED**, That the OSMA advocate for legislation that prohibits health insurers from falsely advertising that enrollees in their plans have access to physicians of their choosing if the health insurer's network is limited; and, **be it further**

**RESOLVED**, That the OSMA advocate for legislation that requires health plans to document to regulators that they have met requisite standards of network adequacy including hospital-based physician specialties (i.e. radiology, pathology, emergency medicine, anesthesiologists and hospitalists) at in-network facilities, and ensure in-network adequacy is both timely and geographically accessible; and, **be it further**

**RESOLVED**, That the OSMA advocate for legislation requiring that health insurers that terminate in-network providers for reasons other than immediate loss of licensure: (a) notify providers of pending termination at least 90 days prior to removal from network; (b) give to providers, at least 60 days prior to distribution, a copy of the health insurer's letter notifying patients of the provider's change in network status; and (c) allow the provider 30 days to respond to and contest if necessary the letter prior to its distribution.

**By official action, the House adopted Resolution 14-2021.**

#### **Resolution 15-2021 - OSMA Lobbying for Revision on Payment for Out-of-Network Services**

**Resolved**, That our OSMA reaffirm policy 19-2020 out-of-network billing; and, **be it further**,

**Resolved**, That our OSMA work through the regulatory bodies on both the state and federal levels on implementation of out-of-network policies, AND WHEN APPROPRIATE ADVOCATE to align the policies to the extent possible WITH OSMA POLICY 19-2020; and, **be it further**,

**Resolved**, that our OSMA actively address MONITOR IMPLEMENTATION OF out-of-network policies and BY THE OHIO DEPARTMENT OF INSURANCE AND OTHER REGULATORY BODIES FOR their impact on physicians in Ohio, WITH PARTICULAR FOCUS ON POTENTIAL DELETERIOUS EFFECTS, THEY MAY HAVE ON OHIO PHYSICIANS by creating a working group comprised of OSMA STAFF AND PHYSICIAN members from different impacted APPROPRIATE specialties that will do quarterly PERFROM NO LESS THAN SEMI-ANNUAL reviews and analysis of the

EFFECTS OF THE outcomes of the Ohio out-of-network law and assess RECOMMEND TO OSMA COUNCIL if any ~~changes~~ LEGISLATIVE ADVOCACY needs to be ~~made~~ UNDERTAKEN. IN ADDITION, THE WORKING GROUP WILL EVALUATE THE TEXT OF EXISTING FEDERAL AND STATE LAWS AND MAKE RECOMMENDATIONS FOR FURTHER LEGISLATIVE ADVOCACY.

**By official action, the House adopted amended Resolution 15-2021.**

#### **Resolution 16-2021 - Amend Policy 05—2011: Universal Health Insurance Access**

**RESOLVED**, That the OSMA amend Policy 05—2011 to read:

POLICY 05-2011 – Universal Health Insurance access

1. The OSMA reaffirms support for universal health insurance access through market and public based initiatives to create incentives for the purchase of coverage.
2. OSMA will continue to support legislative and regulatory reform to achieve universal health insurance access.

**By official action, the House adopted Resolution 16-2021.**

#### **Resolution 17-2021 - Ban Enforcement of Restrictive Covenants When Physicians are not Rehired or are Terminated for Nonclinical or “No Cause” Reasons**

**RESOLVED**, That our OSMA reaffirm policy 27-2017 Ban Restrictive Covenants for Physicians Employed by Hospitals in Ohio. “The OSMA shall lobby for state legislation to ban restrictive covenants in contracts between hospitals or hospital systems and their employed physicians in Ohio”; and, **be it further**

**RESOLVED**, That restrictive covenants should not be able to be enforced if a hospital or hospital system terminates a physician’s contract or does not renew a physician’s contract for “no cause”; and, **be it further**

**RESOLVED**, That our OSMA work with our AMA to educate residents in training and physicians about review of proposed contracts for unfair language including restrictive covenants with unreasonable mileage and time restrictions and “no cause” clauses.

**By official action, the House adopted Resolution 17-2021.**

#### **Resolution 18-2021 – Differential Payment**

**RESOLVED**, That the OSMA reaffirm existing policies 18-2016, site of service charges, and 18-2019, practice overhead expense and the site-of-service differential.

**By official action, the House adopted Resolution 18-2021.**

### **Resolution 19-2021 – Notification of Insurance Company Takeback Payments**

**RESOLVED**, That the OSMA advocate that insurance companies including Medicaid/Medicare products notify any provider, practice, or healthcare entity in writing prior to takeback payments, when the takeback will occur, reasons for the takeback, and options for appeal with contact information.

**By official action, the House adopted 19-2021.**

### **Resolution 20-2021 – Minimum Requirements for Endorsement of Civil Servants**

**RESOLVED**, The OSMA and OSMAPAC must provide members with a minimum 250 word summary of the basis for endorsement for every endorsed candidate as well as a certification statement confirming qualification for endorsement based on satisfaction of the minimum requirements for endorsement (defined below). This information will be provided via publication on the OSMA website no later than 60 days before any election in which endorsements are issued.

- The confidential interview and questionnaire process already in use by the OSMA and OSMAPAC can continue with the addition of evaluation of the following minimum requirements for endorsement that establish grounds to disqualify an individual from endorsement. Evaluations for qualification of endorsement will rely on public statements and conduct beginning in the year 2020:
  - o Any candidate who does not adhere to the Centers for Disease Control and Protection masking recommendations cannot be endorsed.
  - o Any candidate that has introduced resolutions, legislation, voted, or publicly holds the position to reduce the legal ability of the Governor of Ohio, Ohio Department of Health, or the Director of the Ohio Department of Health or any other public health agency in the state to enact measures recommended by medical experts or institutions such as the Centers for Disease Control and Protection cannot receive endorsement. Examples include but are not limited to; Senate Bill 22, which seeks to establish a government panel that can overrule the actions of the governor in a public health emergency, also to limit the duration of emergency declarations; and Senate Bill 311, which attempted to limit the authority of the Director of Health to impose quarantine or isolation.
  - o Any candidate for Judge who has issued rulings or publicly voiced legal analysis that seeks to limit the legal ability of the Governor of Ohio, Ohio Department of Health or the Director of the Ohio Department of Health or any other public health agency in the state to enact measures recommended by medical experts or institutions such as the Centers for Disease Control and Protection cannot be endorsed.
  - o Any candidate that has espoused anti-vaccination views cannot be endorsed. Anti-vaccination views are defined as scientifically unsupported claims that vaccinations lead to injury of individuals or unsupported claims that vaccination scientists/industry falsify data. Vaccination hesitancy or a personal decision not to become vaccinated is not prohibitive of endorsement.

- Qualification for endorsement must be assessed via independent research by the committee involved in awarding endorsements and which shall include review of statements in the public sphere since the year 2020 and cannot be limited to candidates' own disclosures during the interview/questionnaire process, although the candidates' responses are of great importance but insufficient in isolation. Any endorsements that are errantly awarded or found to be inappropriately awarded must be rescinded publicly as corrected information is revealed, effective upon passage of this resolution.
- Lawmakers/candidates/judges found to be disqualified may issue a public statement within 14 days of notification of their disqualification in correction of their previous stance. If such a statement is made endorsement status can be reconsidered.

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**By official action, the House did not adopt Resolution 20-2021.**

### **Resolution 21-2021 – System Wide Prior and Post-Authorization Delays and Effects on Patient Care Access**

**RESOLVED**, That the OSMA encourage and advocate Health Care Insurers and Medicare/Medicaid Products to ensure that the Systems of Communication for prior authorization include: live personnel access, simplification of website navigation, immediate response with confirmation number of submission and an expedient decision for authorizations; and, **be it further**

**RESOLVED**, That these changes be taken to the AMA to advocate on behalf of all physicians.

**By official action, the House adopted Resolution 21-2021.**

### **Resolution 22-2021 – Prescription Drug Dispensing Policies**

**RESOLVED**, That the OSMA educate physicians regarding current Ohio law regarding need to write DAW on prescriptions that they do not desire to be filled beyond the number doses written; and, **be it further**

**RESOLVED**, That the OSMA work with Pharmacy Benefit Managers to eliminate financial incentives for patients to receive a supply of medication greater than prescribed; and, **be it further**

**RESOLVED**, That our OSMA support any component of legislation that would restrict dispensing medication quantities greater than prescribed; and, **be it further**

**RESOLVED**, That our OSMA supports any legislation that would remove financial barriers favoring dispensing quantities of medication greater than prescribed; and, **be it further**

**RESOLVED**, That the OSMA ask the AMA to support dispensing medications as prescribed including the quantity as written.

**By official action, the House referred Resolution 22-2021.**

## **Resolution 23-2021 – OSMA Letter of Support for Full Resident Access to OARRS**

**RESOLVED**, The OSMA write a letter of intent to the Ohio Board of Pharmacy recommending that MD/DO Physicians in Training be granted direct access to OARRS; and, **be it further**

**RESOLVED**, The OSMA recommend that, as a matter of public safety and in the name of waste reduction, any prescriber in Ohio, regardless of DEA-registration status, be eligible to register with OARRS.

**By official action, the House adopted Resolution 23-2021.**

## **Resolution 24-2021 – Acknowledging Death in Custody in the State of Ohio as a Public Health Crisis**

**RESOLVED**, Our OSMA supports actions that enable accurate reporting and data acquisition to target efforts to address the issue of arrest- and custody-related deaths.

**By official action, the House adopted Resolution 24-2021.**

## **Resolution 25-2021 – Recognizing Durable Mobility Equipment in Ohio State Medical Association (OSMA) Advocacy**

**RESOLVED**, OSMA formally recognizes durable mobility equipment (DMoE) as an essential part of patient care and includes DMoE in its existing policies including but not limited to those which pertain to medical necessity, cost reduction, increasing coverage and disability.

**By official action, the House adopted Resolution 25-2021.**

## **Report of Resolutions Committee 3 Final Floor Actions**

Presented by Denise Bobovnyik, MD, Chair, 6<sup>th</sup> District

## **Resolution 26 – 2021 - Support for the Interstate Medical Licensure Compact**

**RESOLVED**, That our Ohio State Medical Association (OSMA) advocate at the Ohio Legislature and the State Medical Board of Ohio that Ohio should become a participant in the Interstate Medical Licensure Compact (IMLC).

**By official action, the House adopted Resolution 26-2021.**

**Resolution 27-2021 – Recognition of Substance Use Disorder (SUD) as a Disease, Advocate for Expansion of Safe Treatment**

**RESOLVED**, That our OSMA recognizes Substance Use Disorder as a medical condition, and recognizes that those suffering from this disease should be treated like any other patient with a serious illness and should thus have appropriate access to treatment; and, **be it further**

**RESOLVED**, That our OSMA support affordable and accessible evidence-based prevention and treatment of Substance Use Disorder.

**By official action, the House adopted Resolution 27-2021.**

**Resolution 28-2021 - Acknowledging and Supporting Research Involving Schedule I Drugs**

**RESOLVED**, That our OSMA supports efforts enabling clinical research on schedule I drugs to help elicit possible medical benefit.

**By official action, the House adopted Resolution 28-2021.**

**Resolution 29-2021 - Cash for Diabetic Test Strips**

**RESOLVED**, The OSMA continue to support efforts banning the resale of diabetic testing supplies provided by Medicare and Medicaid; and, **be it further**

**RESOLVED**, OSMA, in a continued effort to reduce healthcare costs, waste and overprescribing recommend complete banning of the resale of diabetic testing supplies from both government and private insurance plans.

**By official action, the House adopted Resolution 29-2021.**

**Resolution 30-2021 - Condemning Forced Sterilization**

**RESOLVED**, The OSMA condemns and opposes the practice of forced sterilization as defined by the World Health Organization; or comparable practices such as the forced use of birth control, and, **be it further**

**RESOLVED**, The OSMA supports the education of physicians on the history and current practice of forced sterilization, particularly against marginalized communities, and the implications these practices have had on the persistent distrust of reproductive health services among marginalized patient populations.

**By official action, the House adopted Resolution 30-2021.**

**Resolution 31-2021 - Dietary Supplements and Herbal Remedies**

**RESOLVED**, That the OSMA rescind policy 12-2018 Dietary Supplements; and, **be it further**

**RESOLVED**, That the OSMA adopt new policy regarding dietary supplements and herbal remedies to read as follows:

(1) The OSMA supports AMA efforts to enhance U.S. Food and Drug Administration (FDA) resources, particularly to the Office of Dietary Supplement Programs, to appropriately oversee the growing dietary supplement sector and adequately increase inspections of dietary supplement manufacturing facilities.

(2) The OSMA supports the FDA having appropriate enforcement tools and policies related to dietary supplements, which may include mandatory recall and related authorities over products that are marketed as dietary supplements but contain drugs or drug analogues, the utilization of risk-based inspections for dietary supplement manufacturing facilities, and the strengthening of adverse event reporting systems.

(3) The OSMA supports continued research related to the efficacy, safety, and long-term effects of dietary supplement products.

(4) The OSMA encourages the AMA to work with the FDA to educate physicians and the public about FDA's Safety Reporting Portal (SRP) and to strongly encourage physicians and the public to report potential adverse events associated with dietary supplements and herbal remedies to help support FDA's efforts to create a database of adverse event information on these forms of alternative/complementary therapies.

(5) The OSMA strongly urges physicians to inquire about patients' use of dietary supplements and engage in risk-based conversations with them about dietary supplement product use.

(6) The OSMA encourages that the AMA continue to strongly urge Congress to modify and modernize the Dietary Supplement Health and Education Act to require that:

(a) dietary supplements and herbal remedies including the products already in the marketplace undergo FDA approval for evidence of safety and efficacy;

(b) dietary supplements meet standards established by the United States Pharmacopeia for identity, strength, quality, purity, packaging, and labeling;

(c) FDA establish a mandatory product listing regime that includes a unique identifier for each product (such as a QR code), the ability to identify and track all products produced by manufacturers who have received warning letters from the FDA, and FDA authorities to decline to add labels to the database if the label lists a prohibited ingredient or new dietary ingredient for which no evidence of safety exists or for products which have reports of undisclosed ingredients; and

(d) regulations related to new dietary ingredients (NDI) are clarified to foster the timely submission of NDI notifications and compliance regarding NDIs by manufacturers; and

(7) The OSMA encourages the AMA to support FDA postmarketing requirements for manufacturers to report adverse events, including drug interactions; and legislation that declares metabolites and precursors of anabolic steroids to be drug substances that may not be used in a dietary supplement



(8) The OSMA encourages the AMA to work with the Federal Trade Commission (FTC) to support enforcement efforts based on the FTC Act and current FTC policy on expert endorsements and supports adequate funding and resources for FTC enforcement of violations of the FTC Act.

(9) The OSMA strongly urges that criteria for the rigor of scientific evidence needed to support a structure/function claim on a dietary supplement be established by the FDA and minimally include requirements for robust human studies supporting the claim.

(10) The OSMA encourages the AMA to strongly urge dietary supplement manufacturers and distributors to clearly label all products with truthful and not misleading information and for supports that the product labeling of dietary supplements and herbal remedies to: (a) not include structure/function claims that are not supported by evidence from robust human studies; (b) not contain prohibited disease claims.; (c) eliminate “proprietary blends” and list and accurately quantify all ingredients contained in the product; (d) require advisory statements regarding potential supplement-drug and supplement-laboratory interactions and risks associated with overuse and special populations; and (e) include accurate and useful disclosure of ingredient measurement.

(11) The OSMA encourages the AMA to support the FDA's regulation and enforcement of labeling violations and FTC's regulation and enforcement of advertisement violations of prohibited disease claims made on dietary supplements and herbal remedies.

(12) The OSMA urges that in order to protect the public, manufacturers be required to investigate and obtain data under conditions of normal use on adverse effects, contraindications, and possible drug interactions, and that such information be included on the label.

(13) The OSMA will continue its efforts to educate patients and physicians about the risks associated with the use of dietary supplements and herbal remedies. and supports efforts to increase patient, healthcare practitioner, and retailer awareness of resources to help patients select quality supplements, including educational efforts to build label literacy.

**By official action, the House adopted Resolution 31-2021.**

#### **Resolution 32-2021 - Implementing Free and Routine Infectious Disease Testing at Homeless Shelters Across Ohio**

**RESOLVED**, That our OSMA supports efforts for access to prevention, testing and treatment of infectious diseases to patients residing in homeless shelters.

**By official action, the House adopted Resolution 32-2021.**

#### **Resolution 33-2021 – Improving Supplemental Nutrition Programs for Ohio Patients**

**RESOLVED**, The OSMA supports supplemental nutrition programs and initiatives to (a) incentivize healthful foods and (b) increase allowances available for the purchase of healthful foods; and, **be it further**

**RESOLVED**, The OSMA supports strategies and programs which would combat food insecurity and improve access to healthful foods.

**By official action, the House adopted Resolution 33-2021.**

**Resolution 34-2021 - Increasing Transparency of the Resident Physician Application Process**

**RESOLVED**, That the OSMA and interested stakeholders study options for improving transparency in the resident application process which works towards holistic review of residency applicants; and **be it further**

**RESOLVED**, That the Ohio Delegation to the AMA forward this resolution to the AMA.

**By official action, the House adopted Resolution 34-2021.**

**Resolution 35-2021 - Integrating Anti-Racism Training in Medical School AND GRADUATE MEDICAL EDUCATION CURRICULUMS CURRICULA and Admissions**

**RESOLVED**, That our OSMA recognizes the benefit of anti-racism training in medical school curriculums and GRADUATE MEDICAL EDUCATION PROGRAM CURRICULA AND admissions processes in increasing diversity of the medical field; and, **be it further**

**RESOLVED**, That our OSMA recommends all Ohio medical schools AND GRADUATE MEDICAL EDUCATION PROGRAMS utilize credible resources to implement recurrent, interactive (in-person or virtual) anti-racism trainings including but not limited to implicit bias training in both the FOR medical students AND GRADUATE MEDICAL TRAINEES curriculum and for all admission/SELECTION committee members.

**By official action, the House adopted Resolution 35-2021.**

**Resolution 36-2021 - LGBTQ Health and Medical Education in Ohio**

**RESOLVED**, Our OSMA recognizes the unique health care needs of our LGBTQ patients, and encourages LGBTQ-specific health education in both medical school and graduate medical education curricula.

**By official action, the House adopted Resolution 36-2021.**

**Resolution 37-2021 – Patients’ Right To Know**

**RESOLVED**, OSMA will pursue legislation to prohibit non-physicians from referring to themselves as “doctor” in a clinical context whether in person or in any promotion or advertising; and, **be it further**

**RESOLVED**, OSMA will pursue legislation that requires medical facilities such as urgent care facilities to post a notification that the patient has a right to see a physician; and, **be it further**

**RESOLVED**, OSMA will pursue legislation requiring all medical personnel be required to disclose their professional qualifications to patients as a component of informed consent for treatment; and, **be it further**

**RESOLVED**, OSMA will pursue legislation requiring medical facilities to notify patients that there is or is not a physician physically in the facility.

**By official action, the House referred Resolution 37-2021.**

### **Resolution 38-2021 – Advocating for the Adoption of Statewide Sexual Education Standards**

**RESOLVED**, That our OSMA supports age-appropriate, evidence based, comprehensive health education in schools beginning in early childhood; and, **be it further**

**RESOLVED**, That our OSMA defines comprehensive sexual education as including, but not limited to, the following subjects: normal reproductive development, human sexuality (including intimate relationships), healthy sexual and nonsexual relationships, gender identity and sexual orientation, abstinence, contraception, prevention of sexually transmitted infections, communication, consent, decision making, recognizing and preventing sexual violence, and reproductive rights and responsibilities; and, **be it further**

**RESOLVED**, That our OSMA will advocate for the adoption of required, state-wide sexual health education standards for K-12 schools that are in accordance with this resolution and the policies of The OSMA.

**By official action, the House adopted Resolution 38-2021.**

### **Resolution 39-2021 – Strengthen the Minority Health Strike Force as the Groundwork for a Sustainable Entity**

**RESOLVED**, That the OSMA support preserving and broadening the recommendations of the Ohio Minority Health Strike Force 2020 report.

**By official action, the House adopted Resolution 39-2021.**