

1 OHIO STATE MEDICAL ASSOCIATION 2022 HOUSE OF DELEGATES

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3 **PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1**

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

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7	Jeffrey Leipzig, MD	1 st District
8	Kenneth D. Christman, MD	2 nd District
9	Jigna Janani, MD	3 rd District
10	Robert Kose, MD	4 th District
11	Susan Arceneaux, MD	5 th District
12	Charles Smith, MD	6 th District
13	Brian L Bachelder, MD, FAAFP	7 th District
14	Marla Haller, DO	8 th District
15	William Sternfeld, MD	Specialty - Ohio Chapter of the American College of Surgeons
16		Resident & Fellows Section
17	Alexandra Willauer, MD	Young Physicians Section
18	Tani Malhotra, MD	Student Section
19	Rommel Morales	
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22 Resolutions Committee One has reviewed the resolutions that have been proposed for consideration
23 at the 2022 Meeting of the OSMA House of Delegates. Committee One will reconvene to consider
24 additional testimony following the HOD Open Hearing on April 9, 2022.

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26 The Resolutions Committee can recommend the following actions: **Reaffirm; Adopt; Not Adopt;**
27 **Refer; Amend.**

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30 **Resolution 01 – 2022 – ADOPT**

31 **Create Guidelines for Sections and create an International Medical Graduate Section**

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34 **Preliminary comments: The online testimony regarding this resolution was overwhelmingly**
35 **supportive and no concerns were expressed about the resolution as formatted. Additionally,**
36 **the committee discussed how this resolution creates a process for development of future**
37 **sections of the HOD.**

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

41 **ARTICLE IV**

42 **HOUSE OF DELEGATES**

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

50 of this Association; and (4) such representatives of other medical groups as may be determined by
51 the House of Delegates, including the following:
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53 The Medical Student Section shall have ~~seven (7) representatives~~ ONE (1) DELEGATE AND
54 ONE (1) ALTERNATE DELEGATE SELECTED FROM EACH OF THE MEDICAL OR OSTEOPATHIC
55 COLLEGES IN THE STATE OF OHIO to the House of Delegates, said Delegates to be selected in
56 accordance with the Bylaws of the Medical Student Section; provided that the Bylaws of the Medical
57 Student Section have been approved by Council. For purposes of representation in the House of
58 Delegates, Student Members shall not be counted at the individual district level, but shall constitute a
59 separate section which shall be treated and seated as if it were an additional district in which the
60 Student Members of each Ohio medical and osteopathic medical school elect their own Delegate.

61 The Organized Medical Staff Section shall have one (1) ~~representative~~ DELEGATE AND ONE (1)
62 ALTERNATE DELEGATE to the House of Delegates, said Delegate to be selected in accordance with
63 Bylaws of the Organized Medical Staff Section; provided that the Bylaws of the Organized Medical
64 Staff Section have been approved by Council.
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66 The Resident and Fellows Section shall have five (5) ~~representatives~~ DELEGATES AND TWO
67 (2) ALTERNATE DELEGATES to the House of Delegates who must be Members in Training of this
68 Association, said ~~representatives~~ DELEGATES to be selected in accordance with the Resident and
69 Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section have been
70 approved by Council. For purposes of representation in the House of Delegates, Members in Training
71 shall not be counted at the individual district level, but shall constitute a separate section which shall
72 be treated and seated as if it were an additional district in which the Members in Training elect their
73 own Delegates.
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75 The Young Physician Section shall have ~~five (5)~~ ONE (1) ~~representatives~~ DELEGATE AND
76 ONE (1) ALTERNATE DELEGATE to the House of Delegates who must be physicians in active
77 practice and under the age of forty or in the first eight years of practice after residency and fellowship
78 training. The Young Physician Section Delegates shall be selected in accordance with the Young
79 Physicians Section bylaws; provided that the bylaws of the Young Physician Section have been
80 approved by Council.
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82 THE INTERNATIONAL MEDICAL GRADUATES SECTION SHALL HAVE ONE (1) DELEGATE
83 AND ONE (1) ALTERNATE DELEGATE TO THE HOUSE OF DELEGATES. THE INTERNATIONAL
84 MEDICAL GRADUATE SECTION DELEGATES SHALL BE SELECTED IN ACCORDANCE WITH
85 THE INTERNATIONAL MEDICAL GRADUATE SECTION BYLAWS; PROVIDED THAT THE BYLAWS
86 OF THE INTERNATIONAL MEDICAL GRADUATE SECTION SHALL HAVE BEEN APPROVED BY
87 THE OSMA COUNCIL.
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90 The primary medical specialties and subspecialties listed by the American Board of Medical
91 Specialties are eligible to have one Delegate and one Alternate Delegate for every 100 specialty or
92 subspecialty members who are also OSMA voting members to be selected in accordance with
93 Chapter 5, Section 4 of the Bylaws of this Association.

Commented [NG1]: Changes "representative" to delegate and makes the terminology consistent between Article IV and Bylaws Chapter 5

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The medical subspecialty societies whose members hold such subspecialty certificates approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate Delegate to be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.

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BYLAWS
CHAPTER 5
THE HOUSE OF DELEGATES

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

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IN ADDITION TO THE DISTRICT DELEGATES RATIO OF REPRESENTATION STATED IN THIS SECTION, EACH OSMA DISTRICT SHALL BE ENTITLED TO ONE ADDITIONAL DESIGNATED DELEGATE AND ONE ADDITIONAL ALTERNATE DELEGATE WHO REPRESENTS A SECTION APPROVED BY THE HOUSE OF DELEGATES, EXCEPT THAT MEMBERS IN TRAINING AND MEDICAL STUDENTS ARE REPRESENTED SOLELY BY THEIR SEPARATELY SEATED SECTIONS. THESE ADDITIONAL DESIGNATED DELEGATES SHALL BE SELECTED BY THE DISTRICT.

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

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Section 5. SECTIONS

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(A) MISSION OF THE SECTIONS. A SECTION IS A FORMAL GROUP OF PHYSICIANS OR MEDICAL STUDENTS DIRECTLY INVOLVED IN POLICYMAKING THROUGH A SECTION DELEGATE AND REPRESENTING UNIQUE INTERESTS RELATED TO PROFESSIONAL

130 LIFECYCLE, PRACTICE SETTING, OR DEMOGRAPHICS. SECTIONS SHALL BE ESTABLISHED
131 BY THE HOUSE OF DELEGATES FOR THE FOLLOWING PURPOSES:

132 (1) INVOLVEMENT. TO PROVIDE A DIRECT MEANS FOR MEMBERSHIP SEGMENTS
133 REPRESENTED IN THE SECTIONS TO PARTICIPATE IN THE ACTIVITIES, INCLUDING
134 POLICY-MAKING, OF THE OSMA.

135 (2) OUTREACH. TO ENHANCE OSMA OUTREACH, COMMUNICATION, AND
136 INTERCHANGE WITH THE MEMBERSHIP SEGMENTS REPRESENTED IN THE
137 SECTIONS.

138 (3) COMMUNICATION. TO MAINTAIN EFFECTIVE COMMUNICATIONS AND WORKING
139 RELATIONSHIPS BETWEEN THE OSMA AND ORGANIZATIONAL ENTITIES THAT ARE
140 RELEVANT TO THE ACTIVITIES OF EACH SECTION.

141 (4) MEMBERSHIP. TO PROMOTE OSMA MEMBERSHIP GROWTH.

142 (5) REPRESENTATION. TO ENHANCE THE ABILITY OF MEMBERSHIP SEGMENTS
143 REPRESENTED IN THE SECTIONS TO PROVIDE THEIR PERSPECTIVE TO THE OSMA
144 AND THE HOUSE OF DELEGATES.

145 (6) EDUCATION. TO FACILITATE THE DEVELOPMENT OF INFORMATION AND
146 EDUCATIONAL ACTIVITIES ON TOPICS OF INTEREST TO THE MEMBERSHIP
147 SEGMENTS REPRESENTED IN THE SECTIONS.

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149 **(B) INFORMATIONAL REPORTS.** EACH SECTION MAY SUBMIT TO THE HOUSE OF
150 DELEGATES AT THE ANNUAL MEETING AN INFORMATIONAL REPORT DETAILING THE
151 ACTIVITIES AND PROGRAMS OF THE SECTION DURING THE PREVIOUS YEAR. THE
152 REPORT(S) SHALL BE SUBMITTED TO THE HOUSE OF DELEGATES THROUGH THE
153 COUNCIL. THE COUNCIL MAY MAKE SUCH NON-BINDING RECOMMENDATIONS REGARDING
154 THE REPORT(S) TO THE SECTIONS AS IT DEEMS APPROPRIATE, PRIOR TO TRANSMITTING
155 THE REPORT(S) TO THE HOUSE OF DELEGATES WITHOUT DELAY OR MODIFICATION BY
156 THE COUNCIL. THE COUNCIL MAY ALSO SUBMIT WRITTEN RECOMMENDATIONS
157 REGARDING THE REPORT(S) TO THE HOUSE OF DELEGATES.
158

159 **(C) GOVERNING COUNCIL.** THERE SHALL BE A GOVERNING COUNCIL FOR EACH
160 SECTION TO DIRECT THE PROGRAMS AND THE ACTIVITIES OF THE SECTION. THE
161 PROGRAMS AND ACTIVITIES SHALL BE SUBJECT TO THE APPROVAL OF THE COUNCIL. EACH
162 SECTION SHALL ADOPT RULES GOVERNING THE COMPOSITION, ELECTION, TERM, AND
163 TENURE OF ITS GOVERNING COUNCIL.
164

165 **(D) QUALIFICATIONS.** MEMBERS OF EACH SECTION GOVERNING COUNCIL MUST BE
166 MEMBERS OF THE OSMA AND OF THE SECTION. EACH SECTION SHALL DEFINE THE
167 QUALIFICATIONS FOR MEMBERSHIP IN THE SECTION. ANY OSMA MEMBER MEETING THE
168 QUALIFICATIONS SHALL BE A MEMBER OF THE SECTION UNLESS THE MEMBER OPTS OUT
169 OF SECTION MEMBERSHIP.
170

171 **(E) VOTING.** MEMBERS OF EACH SECTION GOVERNING COUNCIL SHALL BE ELECTED
172 BY THE VOTING MEMBERS OF THE SECTION PRESENT AT THE BUSINESS MEETING OF THE
173 SECTION, UNLESS OTHERWISE PROVIDED IN THE SECTION BYLAWS.

174

175 **(F) OFFICERS.** EACH SECTION SHALL SELECT A CHAIR AND VICE CHAIR OR CHAIR-
176 ELECT AND OTHER NECESSARY AND APPROPRIATE OFFICERS. EACH SECTION SHALL
177 ADOPT RULES GOVERNING THE TITLES, DUTIES, ELECTION, TERM, AND TENURE OF ITS
178 OFFICERS.

179

180 (1) QUALIFICATIONS. OFFICERS OF EACH SECTION MUST BE MEMBERS OF THE OSMA
181 AND OF THE SECTION.

182

183 (2) VOTING. OFFICERS OF EACH SECTION SHALL BE ELECTED BY THE VOTING
184 MEMBERS OF THE SECTION, UNLESS OTHERWISE PROVIDED IN THE SECTION
185 BYLAWS.

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187 **E) DELEGATE AND ALTERNATE DELEGATE.** EACH SECTION, EXCEPT FOR THE
188 RESIDENT AND FELLOWS SECTION AND THE MEDICAL STUDENT SECTION, SHALL ELECT
189 ONE (1) DELEGATE AND ONE (1) ALTERNATE DELEGATE TO REPRESENT THE SECTION IN THE
190 HOUSE OF DELEGATES.

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192 **(F) BUSINESS MEETING.** THERE SHALL BE A BUSINESS MEETING OF MEMBERS OF
193 EACH SECTION. THE BUSINESS MEETING SHALL BE HELD PRIOR TO EACH ANNUAL
194 MEETING OF THE HOUSE OF DELEGATES.

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196 (1) PURPOSE. THE PURPOSES OF THE BUSINESS MEETING SHALL BE TO: HEAR SUCH
197 REPORTS AS MAY BE APPROPRIATE; CONSIDER OTHER BUSINESS AND VOTE UPON
198 SUCH MATTERS AS MAY PROPERLY COME BEFORE THE MEETING; ADOPT
199 RESOLUTIONS FOR SUBMISSION BY THE SECTION TO THE HOUSE OF DELEGATES;
200 HOLD ELECTIONS.

201

202 (2) THE BUSINESS MEETING SHALL BE OPEN TO ALL MEMBERS OF THE OSMA. ONLY
203 DULY SELECTED REPRESENTATIVES WHO ARE OSMA MEMBERS SHALL HAVE THE
204 RIGHT TO VOTE AT THE BUSINESS MEETING. THE BUSINESS MEETING SHALL BE
205 CONDUCTED PURSUANT TO RULES OF PROCEDURE ADOPTED BY THE GOVERNING
206 COUNCIL. THE RULES OF PROCEDURE MAY SPECIFY THE RIGHTS AND PRIVILEGES
207 OF SECTION MEMBERS, INCLUDING ANY LIMITATIONS ON PARTICIPATION OR VOTE.

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209 (G) RULES. ALL RULES, REGULATIONS, AND PROCEDURES ADOPTED BY EACH
210 SECTION SHALL BE SUBJECT TO THE APPROVAL OF THE COUNCIL.

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212 (H) ESTABLISHMENT OF NEW SECTIONS. AN OSMA MEMBER COMPONENT GROUP
213 SEEKING SECTION STATUS SHALL SUBMIT A PROPOSAL TO THE OSMA COUNCIL. UPON
214 APPROVAL OF THE OSMA COUNCIL, THE COUNCIL SHALL SUBMIT A RESOLUTION SEEKING
215 SUCH NEW SECTION STATUS TO THE HOUSE OF DELEGATES.

216

217 (I) SECTION STATUS REVIEW. EACH SECTION SHALL RECONFIRM ITS QUALIFICATIONS
218 FOR CONTINUED EXISTENCE AND REPRESENTATION IN THE HOUSE OF DELEGATES BY
219 DEMONSTRATING AT LEAST EVERY 5 YEARS THAT IT CONTINUES TO MEET THE
220 REQUIREMENTS IN THIS SECTION AND THE BYLAWS ADOPTED BY THE SECTION. THE HOUSE
221 OF DELEGATES MAY ESTABLISH, BY ADOPTION OF A RESOLUTION, ADDITIONAL CRITERIA
222 FOR CONTINUED EXISTENCE OF SECTIONS.

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226 ~~Section 7. Representative of Organized Medical Staff Section.~~ The Organized Medical
227 Staff Section shall have one (1) Delegate and one (1) Alternate Delegate who must be voting
228 members of this Association. In case a Delegate or Alternate Delegate is unable to serve, the Chair
229 of the Section may at any time certify to the Chair of the Committee on Credentials the name of a
230 voting member of this Association to serve in place of the absent Delegate or absent Alternate
231 Delegate. The Committee on Credentials shall rule on the eligibility of such certified individual or
232 individuals to act in the place of such absent Delegate or Alternate Delegate. The Organized Medical
233 Staff Section Delegate shall have all rights, privileges and duties of other Delegates. The Delegate
234 AND ALTERNATE DELEGATE will be SEPARATELY seated in the House of Delegates with ~~the~~
235 ~~councilor district in which that Delegate's county is represented~~ OTHER APPROVED SECTIONS.

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239 ~~Section 9. Young Physician Section.~~ The Young Physician Section shall have ~~five (5)~~ ONE
240 (1) Delegates and ~~two (2)~~ ONE (1) Alternate Delegates who must be physicians in active practice and
241 under the age of forty or in the first eight years of practice after residency and fellowship training AND
242 WHO ARE ALSO OSMA VOTING MEMBERS. The Young Physician Section Delegates AND
243 ALTERNATE DELEGATE shall have all the rights, privileges, and duties of other Delegates. The
244 Young Physician Section Delegates AND ALTERNATE DELEGATE will be SEPARATELY seated in
245 the House of Delegates ~~as a separate section~~ WITH OTHER APPROVED SECTIONS.

246

247 **SECTION 10. INTERNATIONAL MEDICAL GRADUATE SECTION.** THE INTERNATIONAL
248 MEDICAL GRADUATE SECTION SHALL HAVE ONE DELEGATE AND ONE ALTERNATE
249 DELEGATE WHO ARE ALSO OSMA VOTING MEMBERS. THE INTERNATIONAL MEDICAL
250 GRADUATE SECTION DELEGATE AND ALTERNATE DELEGATE SHALL HAVE ALL THE RIGHTS,
251 PRIVILEGES, AND DUTIES OF OTHER DELEGATES. THE INTERNATIONAL MEDICAL

252 GRADUATE SECTION DELEGATE AND ALTERNATE DELEGATE WILL BE SEPARATELY SEATED
253 IN THE HOUSE OF DELEGATES WITH OTHER APPROVED SECTIONS.

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257 **Section 16. Resolutions.** Except as otherwise provided, every resolution to be presented to
258 the House of Delegates for action shall be filed with the Chief Executive Officer of this Association at
259 least ~~sixty (60)~~ FORTY-FIVE (45) days prior to the first (1st) day of the meeting at which action on such
260 resolution is proposed to be taken; and promptly upon the filing of any such resolution the Chief
261 Executive Officer shall prepare and transmit a copy thereof to each member of the House of
262 Delegates. Each resolution which, if adopted, would require expenditure of funds by this Association,
263 shall have attached a statement of the amount of the estimated annual expenditure. The Chief
264 Executive Officer shall cause to be published in advance of such meeting of the House of Delegates
265 such resolutions as the President or the Council may designate.

266

267 No resolution may be presented or introduced at any meeting of the House of Delegates,
268 unless the foregoing requirements for filing and transmittal shall have been complied with, or unless
269 such compliance shall have been waived by a Special Committee on Emergency Resolutions named
270 to decide whether late submission was justified. Late submission is only justified when events giving
271 rise to the resolution occur after the filing deadline for resolutions. This special committee shall consist
272 of the chairs of the several resolution committees. If a majority of the members of the Special
273 Committee on Emergency Resolutions vote favorably for waiving the filing and transmittal
274 requirement, then such resolution shall be presented to the House of Delegates at its opening session.
275 All resolutions presented subsequent to the ~~sixty (60)~~ FORTY-FIVE (45) day filing date prior to the
276 opening session of the House of Delegates shall be submitted by their sponsors to the committee no
277 less than twelve (12) hours prior to the opening session of the House of Delegates. If the committee
278 votes unfavorably, the House may override the committee's recommendation by an affirmative vote of
279 four-fifths (4/5) of the Delegates voting.

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

293

336 The House of Delegates shall be the legislative body of this Association and shall consist of:
337 (1) Delegates selected by the Active and Retired Members residing or working within designated
338 OSMA districts; (2) Officers of this Association enumerated in Article VI; (3) Delegates and Alternate
339 Delegates to the American Medical Association from Ohio, Past Presidents and Past Councilors of
340 this Association each of whom shall be an ex-officio member without the right to vote unless such
341 Delegate, Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer
342 of this Association; and (4) such representatives of other medical groups as may be determined by
343 the House of Delegates, including the following:
344

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

352 The Organized Medical Staff Section shall have one (1) representative to the House of
353 Delegates, said Delegate to be selected in accordance with Bylaws of the Organized Medical Staff
354 Section; provided that the Bylaws of the Organized Medical Staff Section have been approved by
355 Council.
356

357 The Resident and Fellows Section shall have five (5) representatives to the House of
358 Delegates who must be Members in Training of this Association, said representatives to be selected
359 in accordance with the Resident and Fellows Section Bylaws; provided that the Bylaws of the Resident
360 and Fellows Section have been approved by Council. For purposes of representation in the House of
361 Delegates, Members in Training shall not be counted at the individual district level, but shall constitute
362 a separate section which shall be treated and seated as if it were an additional district in which the
363 Members in Training elect their own Delegates.
364

365 The Young Physician Section shall have five (5) representatives to the House of Delegates
366 who must be physicians in active practice and under the age of forty or in the first eight years of practice
367 after residency and fellowship training. The Young Physician Section Delegates shall be selected in
368 accordance with the Young Physicians Section bylaws; provided that the bylaws of the Young
369 Physician Section have been approved by Council.
370

371 The primary medical specialties and subspecialties listed by the American Board of Medical
372 Specialties AND APPROVED BY COUNCIL FOR REPRESENTATION IN THE HOUSE OF
373 DELEGATES WITH FINAL APPROVAL BY THE HOUSE OF DELEGATES are eligible to have one
374 Delegate and one Alternate Delegate for every 100-50 specialty or subspecialty members OR
375 PORTION THEREOF above 50 members who are also OSMA voting members to be selected in
376 accordance with Chapter 5, Section 4 of the Bylaws of this Association. THE DESIGNATED
377 DELEGATE AND ALTERNATE MUST BE CERTIFIED AS OSMA VOTING MEMBERS.
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380 ~~The medical subspecialty societies whose members hold such subspecialty certificates~~
381 ~~approved by the American Board of Medical Specialties with 100 or more members in Ohio and, of~~
382 ~~whom, at least 50% are OSMA members are eligible to have a Delegate and Alternate Delegate to~~
383 ~~be selected in accordance with Chapter 4, Section 3 of the Bylaws of this Association.~~

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386 BYLAWS
387 CHAPTER 5
388 THE HOUSE OF DELEGATES

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390

391 **Section 4. Representation of Medical Specialties.** All ~~primary~~ medical specialties listed by
392 the American Board of Medical Specialties are eligible for representation in the House of Delegates.
393 ~~All medical subspecialty societies whose members hold such subspecialty certificates approved by~~
394 ~~the American Board of Medical Specialties with 100 or more members in Ohio and, of whom, at least~~
395 ~~50% are OSMA members, are eligible for representation in the House of Delegates. An OSMA~~
396 ~~member may be represented by only one subspecialty organization in the OSMA House of Delegates.~~

397 A medical specialty or subspecialty society NOT PREVIOUSLY REPRESENTED IN THE
398 OSMA HOD WHICH IS seeking representation shall apply to the Council. The Council shall consider
399 ~~applications and then recommend to the House of Delegates whether the specialty society qualifies~~
400 ~~for representation.~~ WHETHER THE SPECIALTY SOCIETY QUALIFIES FOR REPRESENTATION
401 AND APPROVE APPROPRIATE APPLICANTS.

402

403 Each medical specialty and subspecialty society approved by the OSMA House of Delegates
404 shall have one (1) Delegate and one (1) Alternate Delegate for every ~~100~~ 50 specialty or subspecialty
405 members OR PORTION THEREOF who are also voting members of this Association. Each specialty
406 society ~~will certify~~ WITH MORE THAN 50 MEMBERS WHO ARE ALSO OSMA MEMBERS WHO
407 WISH TO HAVE ADDITIONAL DELEGATES AND ALTERNATE DELEGATES MUST SUBMIT to this
408 Association at least sixty (60) days prior to the Annual Meeting ~~both the names of its members the~~
409 ~~delegates and alternate delegates selected~~ who are also ~~must also be~~ voting members of the OSMA.
410 The OSMA will verify OSMA membership of the names submitted. THE SPECIALTY SOCIETY SHALL
411 SUBMIT THE NAMES OF ITS DELEGATE(S) AND ALTERNATE DELEGATE(S) AT LEAST SIXTY
412 (60) DAYS PRIOR TO THE ANNUAL MEETING. In case a Delegate or Alternate Delegate is unable
413 to serve, the President OR THE PHYSICIAN EQUIVALENT of the recognized medical specialty
414 society may at any time certify to the Chair of the Committee on Credentials the name of a voting
415 member of this Association to serve in place of the absent Delegate(S) or absent Alternate
416 Delegate(S). The Committee on Credentials shall rule on the eligibility of such certified individual or
417 individuals to act in the place of such absent Delegate or Alternate Delegate. A medical specialty or
418 ~~subspecialty~~ society Delegate shall have all rights, privileges and duties as other Delegates. The
419 ~~Delegate~~ MEDICAL SPECIALTY SOCIETY DELEGATES will be seated in the House of Delegates
420 ~~with the councilor district in which that Delegate's county is represented~~ AS A SEPARATE SECTION
421 OF MEDICAL SPECIALTIES.

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426 **Fiscal Note:** \$ 500 (Sponsor)

427 \$ 500 (Staff)

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430 **Resolution 03-2022 – AMEND**
431 **Meeting Code of Conduct**
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435 **Preliminary comments: Overall, the online testimony was very supportive of this resolution.**
436 **The committee believed that the word “written” should be added as a form of harassment, and**
437 **also added an Oxford comma after the word “matter” to the sentence describing the possible**
438 **actions of the Council to make the three options more clear.**
439

440 **RESOLVED**, that the OSMA adopts the following Meeting Code of Conduct:
441

442 Policy 03-2020 of the Ohio State Medical Association (OSMA) directs all attendees of OSMA
443 hosted or sponsored meetings, events and other activities to exhibit respectful, professional, and
444 collegial behavior during such meetings, events and activities, including but not limited to dinners,
445 receptions and social gatherings held in conjunction with such OSMA hosted or sponsored meetings,
446 events and other activities. Attendees should exercise consideration and respect in their speech and
447 actions, including while making formal presentations to other attendees, and should be mindful of their
448 surroundings and fellow participants and should disclose any conflicts of interest related to an issue
449 under consideration.
450

451 Any type of harassment of any attendee of an OSMA hosted sponsored meeting, event or
452 other activity, including but not limited to dinners, receptions and social gatherings held in conjunction
453 with an OSMA hosted meeting, event or activity, is prohibited conduct and is not tolerated. The OSMA
454 is committed to a zero tolerance policy for harassing conduct at all locations where OSMA business is
455 conducted. This zero tolerance **policy** also applies to meetings of all OSMA sections, committees, and
456 task forces. The purpose of the policy is to protect participants from harm.
457

458 **Harassment**

459 Harassment consists of unwelcome conduct whether verbal, WRITTEN, physical or visual that
460 denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion,
461 sex, sexual orientation, gender identity, national origin, age, disability, marital status, citizenship or
462 otherwise, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive
463 environment; (2) has the purpose or effect of interfering with an individual's participation in meetings or
464 proceedings of the HOD or any OSMA hosted or sponsored event; or (3) otherwise adversely affects
465 an individual's participation in such meetings or proceedings.
466

467 Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping;
468 threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material
469 that denigrates or shows hostility or aversion toward an individual or group and that is placed at the
470 site of any OSMA meeting or circulated in connection with any OSMA meeting.
471

471 **Sexual Harassment**

472 Sexual harassment also constitutes discrimination, and is unlawful and is absolutely prohibited.
473 For the purposes of this policy, sexual harassment includes: 1. making unwelcome sexual advances or
474 requests for sexual favors or other verbal, WRITTEN, physical, or visual conduct of a sexual nature;
475 and 2. creating an intimidating, hostile or offensive environment or otherwise interfering with an
476 individual's participation in meetings or proceedings of the HOD or any OSMA hosted or sponsored
477 meeting.
478

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

483
484 **Complaint process**

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

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

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

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504 **Related documents:**

- 505 OSMA Council Conflict of Interest Policy (requires annual signed disclosure statements)
- 506 OSMA AMA Delegation Conflicts of Interest Policy
- 507 OSMA's Human Resources Policies:
- 508 Conflict of Interest Policy (requires annual signed disclosure statements)
- 509 Harassment Prevention Policy
- 510 Social Media Policy.

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513 **Fiscal Note:** \$ (Sponsor)
514 \$500 (Staff)

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518 **Resolution 04-2022 – ADOPT**
519 **Establish an Ohio State Medical Association Women Physicians Section**

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522 **Preliminary comments: The committee noted that the online testimony about this resolution**
523 **was overall very supportive. Therefore, the committee recommended a preliminary action of**
524 **ADOPT.**

525
526 **RESOLVED**, that our OSMA form a section of the OSMA known as the OSMA Women
527 Physicians Section; and, **be it further**

528

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

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532 **Fiscal Note:** \$2,000 (Sponsor)
533 \$2,000 (Staff)
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537 **Resolution 05-2022 - ADOPT**
538 **Establish an Ohio State Medical Association Senior Physician Section**
539

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541 **Preliminary comments: All online testimony on this resolution was supportive. Therefore, the**
542 **committee recommended a preliminary action of ADOPT.**
543

544 **RESOLVED**, that our OSMA form a Section of the OSMA known as the OSMA Senior
545 Physicians Section, to include all members age 65 and above, either active or retired; and, **be it**
546 **further**

547
548 **RESOLVED**, that appropriate Bylaws changes to establish the Senior Physicians Section be
549 accomplished.
550

551 **Fiscal Note:** \$2,000 (Sponsor)
552 \$2,000 (Staff)
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555 **Resolution 06-2022 – AMEND**
556 **OSMA Task Force on Pandemic Preparedness and Response**
557

558
559 **Preliminary comments: The committee noted the overall online testimony was positive. The**
560 **committee made several changes to the language describing the makeup of the FTF, including**
561 **the addition of “vulnerable populations (as defined by federal regulations).” While the intent of**
562 **these changes is to strengthen the composition of the FTF, the committee also recognizes that**
563 **the FTF description is not designed to be an exhaustive list of every individual specialty or**
564 **interest group that should be included. Additionally, the committee believes that**
565 **enhancements to the curricula of medical schools and GME were outside the scope of the task**
566 **force. The committee also added a qualifying “may” to the fourth Resolve which provides**
567 **flexibility to the FTF on issue recommendations.**
568

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

573
574 **RESOLVED**, that the FTF on Pandemic Preparedness and Response shall, be appointed by
575 the OSMA President to include OSMA members from a variety of specialties and geographic areas of
576 the state, but with a majority of the FTF members being those with special expertise in
577 IMMUNOLOGY/infectious diseases, public health, emergency medicine, critical care, PRIMARY
578 CARE, THOSE CARING FOR VULNERABLE POPULATIONS (AS DEFINED BY FEDERAL
579 REGULATIONS), emergency preparedness, public policy and other areas of emphasis critical to the

580 assessment and implementation of pandemic preparedness and response initiatives; and, **be it**
581 **further**

582
583 **RESOLVED**, that the FTF on Pandemic Preparedness and Response may invite non-OSMA
584 member physicians and non-physicians with special expertise in pandemic preparedness and
585 response to attend as non-voting participants in FTF meetings at the discretion of the FTF Chair; and,
586 **be it further**

587
588 **RESOLVED**, that the FTF on Pandemic Preparedness and Response MAY provide
589 recommendations to the OSMA Council and the OSMA House of Delegates regarding the following
590 issues:

- 591 1) Changes to local, state and federal public health measures to effectively prevent or reduce the
592 impact of potential future pandemics
- 593 2) Changes to state or federal laws, regulations, administrative rules, and
594 accreditation/certification standards to improve local, state or federal preparedness for and
595 response to potential future pandemics
- 596 3) Changes to state or federal laws, regulations, administrative rules, and
597 accreditation/certification standards to improve the ability of physicians, hospitals, and other
598 healthcare entities to prepare for and maintain safe, high-quality, patient-centered, accessible,
599 and equitable clinical practice/clinical operations during potential future pandemics
- 600 4) Local, regional and statewide efforts to improve the collaboration and coordination of clinical
601 care in ambulatory, outpatient, inpatient, post-acute and other congregate care settings with
602 regard to hospital capacity, nursing facility capacity, vaccination, prevention, and treatment of
603 pandemic-related illnesses
- 604 5) Local, regional and statewide efforts to coordinate public and private entities to maintain the
605 effective and equitable distribution of medical supplies, medications, and other scarce medical
606 resources during potential future pandemics
- 607 6) Creation of effective networks and systems for the dissemination of accurate, evidence-based
608 information related to preparedness for and response to potential future pandemics for
609 physician practices, medical staffs, hospitals, nursing facilities, medical schools and GME
610 training programs as well as the general public
- 611 7) Enhancements to ~~the educational curricula for medical schools, CME training programs and~~
612 CME programs related to pandemic preparedness and response
- 613 8) Programs to effectively provide professional and behavioral health support for physicians and
614 other frontline healthcare personnel during potential future pandemics
- 615 9) Changes in the OSMA constitution, bylaws, policies and procedures to effectively maintain the
616 operations of the organization during potential future pandemics

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619 **Fiscal Note:** \$ 75,000 (Sponsor)
620 \$ 75,000 (Staff)

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623 **Resolution 07-2022-AMEND**
624 **Addressing the Roles of Health Professionals in Preventing Public Health Misinformation**

625
626
627 **Preliminary comments: Online testimony for this resolution was mixed, and included a**
628 **suggestion to strike out the first two Resolves of the resolution but to retain Resolve 3. In**
629 **response to concerns regarding “sufficient evidence,” the committee made changes to the first**
630 **Resolve to allow OSMA to oppose legislation which would require healthcare professionals to**
631 **provide information that is inaccurate or not evidence-based. This Resolve would not preclude**

683 **Preliminary comments: Online testimony for the resolution was supportive and expressed no**
684 **specific concerns or amendment suggestions. The committee acknowledged that while OSMA**
685 **does not have direct control over hospital directives, our policy can influence the discussion**
686 **on this important topic.**
687

688 **RESOLVED**, the Ohio State Medical Association (OSMA) supports patients' timely access to
689 standard treatment of nonviable pregnancy, including but not limited to miscarriage, molar pregnancy,
690 and ectopic pregnancy, in both emergent and non-emergent circumstances; and, **be it further**
691

692 **RESOLVED**, the OSMA opposes any hospital directive, policy, or legislation that may hinder
693 patients' timely access to the accepted standard of care in both emergent and non-emergent cases of
694 nonviable pregnancy.
695

696 **Fiscal Note:** \$ (Sponsor)
697 \$ 500 (Staff)
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701
702 **Resolution 10-2022 - AMEND**
703 ~~**Supporting Expectant Mothers on Medicaid Seeking Tubal Ligations During Cesarean Sections**~~
704 ~~**with Informed Prenatal Care and Administrative Support**~~ **ENHANCING EDUCATION AND**
705 **ELIMINATING INEQUITABLE TIME CONSTRAINTS FOR STERILIZATION PROCEDURES**
706

707 **Preliminary comments: Online testimony regarding the resolution was supportive; however,**
708 **the committee made changes to the third Resolve to broaden the language and detach it from**
709 **references to specific AMA policy (which is subject to change). The committee also believed**
710 **that because the same rules apply for both sexes, the resolution and resolution title should be**
711 **broadened to reflect sterilization for both sexes.**
712
713

714 **RESOLVED**, our OSMA supports the sufficient education of physicians involved in prenatal
715 care, obstetrics, and family planning on current Medicaid policy; and, **be it further**
716
717

718 **RESOLVED**, our OSMA encourages physicians to spend sufficient time educating and
719 counseling patients on the Consent to Sterilization form, necessary steps for its completion, and the
720 implications of tubal ligations; and, **be it further**
721

722 **RESOLVED**, our OSMA adopts the AMA policies "Tubal Ligation and Vasectomy Consents D-
723 75.994" and "Medicaid Sterilization Services Without Time Constraints H-290.977" that supports
724 ~~changes to Medicaid policy relating to time constraints for tubal ligation consent forms.~~ **SUPPORTS**
725 **THE ELIMINATION OF INEQUITABLE TIME CONSTRAINTS FOR CONSENT FOR STERILIZATION**
726 **PROCEDURES.**
727

728 **Fiscal Note:** \$ (Sponsor)
729 \$500 (Staff)
730
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732 **Resolution 11-2022 – AMEND**
733 **Addressing Weight Stigma Among Healthcare Workers**
734

735
736 **Preliminary comments: Online testimony was in support of the resolution. The committee**
737 **made a minor change to the second Resolve for clarity.**
738

739 **RESOLVED**, our Ohio State Medical Association (OSMA) supports health promotion
740 techniques that center around healthy behavior and lifestyle modifications rather than weight reduction
741 alone; and, **be it further**
742

743 **RESOLVED**, Our OSMA supports educational training to further educate healthcare providers
744 and trainees about the multifactorial nature of body weight, the impact of weight stigma, and strategies
745 to reduce weight stigma's THE detrimental health effects OF WEIGHT STIGMA on Ohioans.
746

747 **Fiscal Note:** \$ (Sponsor)
748 \$ 500 (Staff)
749

750 **Resolution 12-2022 – REFER**
751 **Divestment from Fossil Fuels**
752

753
754 **Preliminary comments: Online testimony was mixed, and the committee acknowledged that**
755 **this topic is very complex and nuanced. For these reasons, the committee recommends**
756 **referral to Council.**
757

758 **RESOLVED**, that our OSMA adopts the following, partially adapted from AMA policy (D-
759 135.969, AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments
760 in Fossil Fuel Companies): The OSMA and "any affiliated corporations or subsidiaries should work in a
761 timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary
762 duties, to end all financial investments or relationships (divestment) with companies that generate the
763 majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels";
764 and, **be it further**
765

766 **RESOLVED**, that our OSMA includes environmental sustainability as an objective within its
767 investment policy; and, **be it further**
768

769 **RESOLVED**, that our OSMA should choose for its commercial relationships, when fiscally
770 responsible, vendors, suppliers, and corporations that have demonstrated environmental sustainability
771 practices that seek to minimize their fossil fuels consumption; and, **be it further**
772

773 **RESOLVED**, that our OSMA will encourage efforts of physicians and other health professional
774 associations to proceed with divestment; and, **be it further**
775

776 **RESOLVED**, that our OSMA shall report every five years to the Council and the House of
777 Delegates, for a period of ten years, on progress toward divestment of fossil fuel investments.
778

779 **Fiscal Note:** \$ (Sponsor)
780 \$ 1,000 (Staff)
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783 **Resolution 13 – 2022 – ADOPT**
784 **Curbing Opioid-Related Deaths in Ohio Through Medication-Assisted Treatment and Harm**
785 **Reduction Services**
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Preliminary comments: Online comments regarding this resolution were overall supportive. The Committee recommends the resolution be adopted.

RESOLVED, that our Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate; and, **be it further**

RESOLVED, that our OSMA support public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services; and, **be it further**

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

Fiscal Note: \$ (Sponsor)
 \$ 1000 (Staff)

**Resolution 14 – 2022 – ADOPT
Eliminating Parking Costs for Patients**

Preliminary comments: Online testimony generally supported this resolution, so the committee recommended adoption. However, it should also be noted that the committee members are curious about the amount provided for the fiscal note.

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

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

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

Preliminary comments: Online testimony was somewhat mixed about this resolution. The committee recommends an amendment to the resolution due to some redundancy with current OSMA policy. The proposed amendment provides for clarity and distinction between “investigation” and “treatment actions.” The committee also added the word “medical” before “standard of care,” to distinguish between medical standards of care and standards of care created by non-medical entities.

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

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

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

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

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

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

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

3. Items 1 and 2 notwithstanding, the OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:

- Require or compel Ohio physicians to perform treatment actions, INVESTIGATIVE TESTS, OR QUESTIONING OF A PATIENT which are not consistent with the MEDICAL standard of care; or,
- ~~Require or compel Ohio physicians to perform investigative tests or questioning of a patient who has had an abortion of unknown cause; or,~~
- Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care

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

OSMA Sunset Report – ADOPT

Preliminary Comments: No online testimony was provided for the sunset report. The committee recommends adoption.

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

**Ohio State Medical Association Policy Compendium Review –
2022 OSMA Policy Sunset Report
OSMA policy from years 1932 through 2018 and 2021 Sunset Report**

888 (This is a list of Policy numbers and titles. The full text of policies recommended “RETAIN” as
 889 edited and “NOT RETAIN” is contained in this report. All other OSMA policies will be retained
 890 as they are shown in the OSMA Policy Compendium available on www.osma.org.)

891 **Policies to be Retained as Edited:**

- 892 Policy 01 – 2016 – Membership List Exchange
- 893 Policy 07 – 2016 – Cannabinoids
- 894 Policy 14 – 2017 – Maintain Rights of County Medical Societies

895
 896 **Policies to be Not Retained:**

- 897 Policy 01 – 2018 – Constitution and Bylaws Amendments
- 898 Policy 02 – 2018 – Young Physicians
- 899 Policy 12 – 2018 – Dietary Supplements
- 900 Policy 00 - 2021 OSMA Policy Sunset Report

901
 902 **Full text of policies recommended “RETAIN” as Edited and “NOT RETAIN”**
 903

Recommendation	Policy	Comment
RETAIN as Edited	<p>Policy 01 – 2016 – Membership List Exchange</p> <ol style="list-style-type: none"> 1. The OSMA replaces Policy 09 – 2015 and 40 – 2015 (DELETED FROM POLICY COMPENDIUM) with the following: The OSMA and County Medical Societies shall exchange membership lists twice per year on or around March 31 and September 30. 	Stricken portion accomplished
RETAIN as Edited	<p>Policy 07 – 2016 – Cannabinoids</p> <ol style="list-style-type: none"> 1. The OSMA opposes recreational use of cannabis. 2. The OSMA supports Institutional Review Board (IRB) approved clinical research to explore the potential risks versus benefits of using cannabinoids to treat specific medical conditions. 3. The OSMA supports focused and controlled medical use of pharmaceutical grade cannabinoids for treatment of those conditions which have been evaluated through Institutional Review Board (IRB) approved clinical research studies and have been shown to be efficacious. 4. The OSMA recommends that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of 	Stricken portion accomplished

	<p>facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods.</p> <p>5. The OSMA supports limiting cannabinoids prescribing rights, if permitted, to physicians (MDs and DOs).</p> <p>6. The OSMA opposes legalization of any presently illegal drugs of substance abuse including, but not limited to, cannabis and cocaine, except in the instance of appropriate evidence-based use approved by the FDA.</p> <p>7. The OSMA encourages physician participation in future legislative and regulatory discussions regarding the legal use of cannabinoids.</p> <p>8. This policy replaces OSMA Policy 65-1994 (DELETED FROM POLICY COMPENDIUM).</p>	
RETAIN as edited	<p>Policy 14 – 2017 – Maintain Rights of County Medical Societies</p> <p>1. The OSMA will recognize and respect the independent structure, organization and domain of the actively functioning county medical societies in the state of Ohio.</p> <p>2. The rights of the county medical societies to appoint their representatives to serve in the OSMA House of Delegates shall be preserved.</p>	<p>Regional delegates are now selected by district, not county except that each county with active OSMA members has at least one delegate and alternate delegate (per current Constitution and Bylaws)</p>
NOT RETAIN	<p>Policy 01 – 2018 – Constitution and Bylaws Amendments</p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2018 OSMA House of Delegates. The current OSMA Constitution</p>	<p>Accomplished</p>

	and Bylaws are available on www.osma.org .	
NOT RETAIN	Policy 02 – 2018 – Young Physicians 1. Policy 02 – 2018 created a Young Physicians Section. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2018 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org .	Accomplished
NOT RETAIN	Policy 12 – 2018 – Dietary Supplements (rescinded and replaced by Policy 31–2021)	Accomplished
NOT RETAIN	Policy 00 – 2021 - OSMA Policy Sunset Report Click here to view report	Recommendations adopted by the 2021 OSMA HOD

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905 **Fiscal Note:** \$0 (Sponsor)

906 \$0 (Staff)

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909 Members of the House, this concludes the report of Resolutions Committee 1. I would like to thank all
910 the members of Resolutions Committee 1 for their excellent cooperation and help they have given
911 me. On behalf of the Committee I would like to thank all who offered testimony. I would also like to
912 thank Kelsey Stone and Peggy Sears for their excellent staff assistance, and to Nancy Gillette for legal
913 review.

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916 Respectfully submitted,

917 Tyler Campbell, MD, Chair