

1 **OHIO STATE MEDICAL ASSOCIATION 2023 HOUSE OF DELEGATES**

2
3 **REPORT OF RESOLUTIONS COMMITTEE 1**

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5 Presented by Margaret Dunn, MD, Chair, 2nd District

6		
7	Robyn Chatman, MD	1 st District
8	Asheesh Bothra, MD	2 nd District
9	Carl Wehri, MD	3 rd District
10	Richard Munk, MD	4 th District
11	John Bastulli, MD	5 th District
12	Richard Ellison, MD	6 th District
13	Charles Hickey, MD	7 th District
14	Marla Haller, DO	8 th District
15	Amy Burkett, MD	Specialties Representative
16	Michelle Knopp, MD	Resident & Fellows Section
17	Ms. Nikita Das	Medical Student Section
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20 All recommendations of the committee are provided on the Consent Calendar to be
21 considered by the House of Delegates as one action to approve the Consent Calendar.
22 A delegate may ask that a resolution be extracted. Extracted resolutions will be
23 considered in numerical order from lowest to highest resolution number.

24
25 The Resolutions Committee can recommend the following actions: Reaffirm; Adopt; Not
26 Adopt; Refer; Amend.

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28 Printed at the end of this report are the resolutions in the form as recommended by the
29 committee. If the committee recommends amending the original statement, the
30 amendments are shown by striking through the original language and capitalizing the
31 new language (example: one TWO).

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

CONSENT CALENDAR

The Consent Calendar includes the committee's recommendations for reaffirmation, adoption, referral, or non-adoption of those resolutions referred to the committee for consideration.

RECOMMENDED FOR ADOPTION:

Resolution No. 2 – 2023 - Establish the OSMA Membership Task Force as an OSMA Standing Committee

Resolution No. 10 – 2023 - Supporting Increased Access to HIV Prevention Medication

RECOMMENDED FOR ADOPTION AS AMENDED:

Resolution No. 1 – 2023 Establish a Women Physicians Section and a Senior Physicians Section

Resolution No. 3 – 2023 – Physician Assisted Suicide

Resolution No. 4 – 2023 - Opposition of State-Expanded General Medicine Conscience Protections for Health Insurers and for Pharmacists without Referral Attempt in Ohio

Resolution No. 5 – 2023 - Protection for Physician Administration of Gender-Affirming Care

Resolution No. 6 – 2023 - Neutralize the OSMA Language Against a Public Option and Single Payer

Resolution No. 7– 2023 - Establishing Support for the Regulation of Endocrine Disrupting Chemicals in Food, Agricultural, and Household Products

Resolution No. 8 – 2023 - Reducing Barriers and Eliminating Disparities Surrounding Use of Medications for Opioid Use Disorder in Ohio

Resolution No. 9 – 2023 - Codifying ACA Preventative Care Provisions

Resolution No. 11 – 2023 - Lead Poisoning Prevention

Resolution No. 12 – 2023 - Support of Improving Cardiovascular Screenings by Including Lipoprotein(a)(Lp(a))

Resolution No. 13 – 2023 - Supporting Environmental Sustainability in Hospitals and Physician Offices

Resolution No. 14 – 2023 - Creating a Pilot Program to Address Period Poverty in Underserved Ohio Public Schools

Resolution No. 15 – 2023 - Opposition to Indoor Tanning for Minors

75 OSMA Sunset Report
76
77 Emergency Resolution No. 01 – 2023 - Support for Residents Impacted by the East
78 Palestine Train Derailment

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80 **RECOMMENDED FOR REFERRAL TO COUNCIL:**

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82 None

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84 **RECOMMENDED FOR REAFFIRMATION:**

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86 None

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89 **RECOMMENDED FOR NON-ADOPTION:**

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91 None

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94 P. Does anyone wish to extract an item from the Consent Calendar?

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96 P. All those in favor of adopting the Consent Calendar say aye. Opposed same sign.

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RECOMMENDED FOR ADOPTION:

Resolution No. 2 – 2023 - ADOPT

Establish the OSMA Membership Task Force as an OSMA Standing Committee

Comments: All testimony was supportive of adopting the resolution, so the committee recommends adoption.

Preliminary Comments: Online testimony was all supportive. The committee decided to recommend a preliminary action of adopting the resolution as introduced based on the supportive testimony.

RESOLVED, that the OSMA Constitution and Bylaws be amended as follows:

**CHAPTER 10
COMMITTEES**

Section 1. Committees. The standing committees of this Association shall be the Committee on Auditing and Appropriations AND THE COMMITTEE ON MEMBERSHIP. All other committees and task forces of this Association shall be appointed FORMED by the President.

Section 2. Appointment. The President with approval of Council shall appoint the chair and members of each committee and task force.

Section 3. Duties and Responsibilities of Committees and Task Forces. Each committee and task force shall consider all items referred thereto TO IT by the House of Delegates and the Council. The purpose(s) of each committee and task force shall be prescribed by the Council.

The actions of all committees and task forces shall be subject to the approval of the Council.

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

Resolution No. 10 – 2023 - ADOPT

Supporting Increased Access to HIV Prevention Medication

Comments: The committee felt that most testimony was supportive. Therefore, members of the committee recommended adoption as suggested in the preliminary report.

Preliminary Comments: The online testimony about this resolution was generally supportive and concerns about cost were addressed in online testimony as well. Therefore, the committee chose to recommend adoption of the resolution.

RESOLVED, that our OSMA opposes prior authorization requirements for HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medications; and be it further

RESOLVED, that our OSMA supports requiring state-regulated payers to cover full costs of HIV prevention medications and related services, including screenings, diagnostic procedures, administrative fees, and clinical follow-ups in-person or via telemedicine, without any cost-sharing obligation for the plan holder; and be it further

RESOLVED, that our OSMA supports legislation requiring all payers in Ohio to add long-acting injectable variations of PrEP to their formularies to ensure that they are accessible to eligible patients.

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

164 **RECOMMENDED FOR ADOPTION AS AMENDED:**

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166 **Resolution No. 1 – 2023 - AMEND**

167 **Establish a Women Physicians Section and a Senior Physicians Section**

168 **Comments:** Testimony by the HOD was in favor of the preliminary amendment
169 recommendation. Due to the supportive testimony in the HOD, the committee
170 chose to recommend adoption of this resolution as amended in the preliminary
171 report.

172 **Preliminary Comments:** This resolution is intended to operationalize policy
173 previously passed by the HOD by enacting bylaws changes. There were some
174 concerns expressed in online testimony about how “senior” physicians would be
175 defined for the purposes of the section. The original resolution defined “senior”
176 physician as age 65 and above, either active or retired. The committee discussed
177 this testimony and decided that adding this defining language to the resolution to
178 confirm this would be beneficial for clarity.

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

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183 **ARTICLE IV**
184 **HOUSE OF DELEGATES**
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186 The House of Delegates shall be the legislative body of this Association and
187 shall consist of: (1) Delegates selected by the Active and Retired Members residing or
188 working within designated OSMA districts; (2) Officers of this Association enumerated
189 in Article VI; (3) Delegates and Alternate Delegates to the American Medical
190 Association from Ohio, Past Presidents and Past Councilors of this Association each
191 of whom shall be an ex-officio member without the right to vote unless such Delegate,
192 Alternate Delegate or Past President be a duly elected Delegate or a duly elected officer
193 of this Association; and (4) such representatives of other medical groups as may be
194 determined by the House of Delegates, including the following:

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196 The Medical Student Section shall have one (1) Delegate and one (1) Alternate
197 Delegate selected from each of the medical or osteopathic colleges in the state of Ohio
198 to the House of Delegates, said Delegates to be selected in accordance with the Bylaws
199 of the Medical Student Section; provided that the Bylaws of the Medical Student Section
200 have been approved by Council. For purposes of representation in the House of
201 Delegates, Student Members shall not be counted at the individual district level, but
202 shall constitute a separate section which shall be treated and seated as if it were an
203 additional district in which the Student Members of each Ohio medical and osteopathic
204 medical school elect their own Delegate.

207 The Organized Medical Staff Section shall have one (1) Delegate and one (1)
208 Alternate Delegate to the House of Delegates, said Delegate to be selected in
209 accordance with Bylaws of the Organized Medical Staff Section; provided that the
210 Bylaws of the Organized Medical Staff Section have been approved by Council.

211
212 The Resident and Fellows Section shall have five (5) Delegates and two (2)
213 Alternate Delegates to the House of Delegates who must be Members in Training of
214 this Association, said Delegates to be selected in accordance with the Resident and
215 Fellows Section Bylaws; provided that the Bylaws of the Resident and Fellows Section
216 have been approved by Council. For purposes of representation in the House of
217 Delegates, Members in Training shall not be counted at the individual district level, but
218 shall constitute a separate section which shall be treated and seated as if it were an
219 additional district in which the Members in Training elect their own Delegates.

220
221 The Young Physician Section shall have one (1) Delegate and one (1) Alternate
222 Delegate to the House of Delegates who must be physicians in active practice and
223 under the age of forty or in the first eight years of practice after residency and fellowship
224 training. The Young Physician Section Delegate shall be selected in accordance with
225 the Young Physicians Section bylaws; provided that the bylaws of the Young Physician
226 Section have been approved by Council.

227
228 The International Medical Graduates Section shall have one (1) Delegate and
229 one (1) Alternate Delegate to the House of Delegates. The International Medical
230 Graduate Section Delegates shall be selected in accordance with the International
231 Medical Graduate Section bylaws; provided that the bylaws of the International Medical
232 Graduate Section shall have been approved by the OSMA Council.

233
234 THE WOMEN PHYSICIANS SECTION SHALL HAVE ONE (1) DELEGATE
235 AND ONE (1) ALTERNATE DELEGATE TO THE HOUSE OF DELEGATES. THE
236 WOMEN PHYSICIANS SECTION DELEGATES SHALL BE SELECTED IN
237 ACCORDANCE WITH THE WOMEN PHYSICIANS SECTION BYLAWS; PROVIDED
238 THAT THE BYLAWS OF THE WOMEN PHYSICIANS SECTION SHALL HAVE BEEN
239 APPROVED BY THE OSMA COUNCIL.

240
241 THE OSMA SENIOR PHYSICIANS SECTION SHALL INCLUDE ALL
242 MEMBERS AGE 65 AND ABOVE, EITHER ACTIVE OR RETIRED. THE SENIOR
243 PHYSICIANS SECTION SHALL HAVE ONE (1) DELEGATE AND ONE (1)
244 ALTERNATE DELEGATE TO THE HOUSE OF DELEGATES. THE SENIOR
245 PHYSICIANS SECTION DELEGATES SHALL BE SELECTED IN ACCORDANCE
246 WITH THE SENIOR PHYSICIANS SECTION BYLAWS; PROVIDED THAT THE
247 BYLAWS OF THE SENIOR PHYSICIANS SECTION SHALL HAVE BEEN APPROVED
248 BY THE OSMA COUNCIL.

249
250 The medical specialties listed by the American Board of Medical Specialties and
251 approved by Council for representation in the House of Delegates, with final approval
252 by the House of Delegates, are eligible to have one Delegate and one Alternate

253 Delegate for every 50 specialty members or portion thereof above 50 members who
254 are also OSMA voting members to be selected in accordance with Chapter 5, Section
255 4 of the Bylaws of this Association. The Designated Delegate and Alternate Delegate
256 must be certified as OSMA voting members.
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258 259 **BYLAWS**

260 **CHAPTER 5**

261 **THE HOUSE OF DELEGATES** 262 263

264 **SECTION 11. WOMEN PHYSICIANS SECTION.** THE WOMEN PHYSICIANS
265 SECTION SHALL HAVE ONE DELEGATE AND ONE ALTERNATE DELEGATE WHO
266 ARE ALSO OSMA VOTING MEMBERS. THE WOMEN PHYSICIANS SECTION
267 DELEGATE AND ALTERNATE DELEGATE SHALL HAVE ALL THE RIGHTS,
268 PRIVILEGES, AND DUTIES OF OTHER DELEGATES. THE WOMEN PHYSICIANS
269 SECTION DELEGATE AND ALTERNATE DELEGATE WILL BE SEPARATELY
270 SEATED IN THE HOUSE OF DELEGATES WITH OTHER APPROVED SECTIONS.
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272 **SECTION 12. SENIOR PHYSICIANS SECTION.** THE SENIOR PHYSICIANS
273 SECTION SHALL HAVE ONE DELEGATE AND ONE ALTERNATE DELEGATE WHO
274 ARE ALSO OSMA VOTING MEMBERS. THE SENIOR PHYSICIANS SECTION
275 DELEGATE AND ALTERNATE DELEGATE SHALL HAVE ALL THE RIGHTS,
276 PRIVILEGES, AND DUTIES OF OTHER DELEGATES. THE SENIOR PHYSICIANS
277 SECTION DELEGATE AND ALTERNATE DELEGATE WILL BE SEPARATELY
278 SEATED IN THE HOUSE OF DELEGATES WITH OTHER APPROVED SECTIONS.
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281 **Fiscal Note:** \$5,000 (Sponsor)
282 \$5,000 (Staff)
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319 **Resolution No. 3 – 2023 – AMEND**

320 **Physician Assisted Suicide**

321 **Comments:** The committee discussed the suggested title change to “End of Life
322 **Care”** and whether that might not reflect the spirit and intent of the resolution.
323 **The committee decided that the suggested title change did not reflect the**
324 **resolution content and intent and recommended retaining the original title.**
325 **Members of the committee were in favor of adding an amendment to the first**
326 **Resolve as suggested in testimony.**

327 **Preliminary Comments:** The intent of this resolution was to update outdated
328 **terminology in previous policy used to describe these specific patient care**
329 **situations, not to change OSMA policy stance on the matter. There was mixed**
330 **online testimony about the resolution as introduced. The committee noted**
331 **testimony suggested to drop the first Resolved clause, but discussed how the**
332 **first Resolved represents a replacement in specific policy language on physician-**
333 **assisted suicide if the third Resolved clause rescinds previous policy. Therefore,**
334 **the committee decided to retain this first Resolved clause and recommend**
335 **adoption. The committee noted there will likely be further discussion on the HOD**
336 **floor about this matter that could lead to further changes to the resolution.**

337 **RESOLVED,** the OSMA opposes any bill to legalize physician-assisted suicide or
338 **euthanasia, as these practices are fundamentally inconsistent with the physician's role**
339 **as healer AND TRUSTED SOURCE FOR COMPASSIONATE END OF LIFE CARE;**
340 **and be it further,**

341
342 **RESOLVED,** the OSMA reaffirms the physician’s duty to compassionately
343 **respond to the needs of patients at the end of life, and physicians:**
344

- **Must not abandon a patient once it is determined that a cure is impossible;**
- **Must respect patient autonomy;**
- **Must provide good communication and emotional support; and,**
- **Must provide appropriate comfort care and adequate pain control, including**

348 **referral to hospice medicine and palliative care specialists as appropriate; and**
349 **NOW THEREFORE**

350
351 **RESOLVED,** the OSMA supports efforts to educate physicians about advanced
352 **palliative management techniques for pain and other symptoms, through the**
353 **undergraduate, graduate and continuing medical education programs and consistent**
354 **with the evidence-based medical literature. Physicians should recognize that courts and**
355 **regulatory bodies readily distinguish between use of narcotic drugs to relieve pain in**
356 **dying patients and use in other situations; and NOW THEREFORE**

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358 **RESOLVED,** the OSMA rescinds Policy 35-1988 – Oppose Voluntary Active
359 **Euthanasia (Mercy Killing).**
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362	Fiscal Note:	\$ 25,000 (Sponsor)
363		\$ 25,000 (Staff)
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Resolution No. 4 – 2023 - AMEND

Opposition of State-Expanded General Medicine Conscience Protections for Health Insurers and for Pharmacists without Referral Attempt in Ohio

Comments: The committee amended the resolution by constructing a new third Resolved based on amendment suggestions, in an effort to address the concerns brought up by multiple testimonies.

Preliminary Comments: Online testimony was generally supportive of this resolution, while acknowledging complexity of this issue. There was a suggested amendment to broaden the application of the policy to other topics that may prompt conscience protections, by removing the specific mention of intent for use in medical abortion in the third Resolved clause. This amendment was supported by further testimony, so the committee agreed to amend the resolution as a preliminary action and strike out that language. Members of the committee also questioned what the Pharmacy Board's stance on this matter might be, and wondered whether it would be in line with this resolution – it was noted that OSMA staff may be able to look into this question in advance of the meeting and provide further insight.

RESOLVED, that our OSMA oppose any efforts by the state legislature to implement conscience protections that extend to health insurers beyond those afforded by federal statutes; and BE IT FURTHER

RESOLVED, that our OSMA support the protection of coverage for medical procedures and treatments under the standard of care from health insurer conscience exemptions; and BE IT FURTHER

~~**RESOLVED**, that our OSMA support a professional and legal obligation for attempt of pharmacy referral within 72 hours when pharmacists exercise their conscience rights in denying the dispensement of medications when prescribed by a licensed medical professional under the standard of care without intent for use in medical abortion.~~

RESOLVED, THAT OUR OSMA RECOGNIZES A PROFESSIONAL AND LEGAL OBLIGATION THAT WHEN PHARMACISTS EXERCISE THEIR CONSCIENCE RIGHTS IN REFUSING TO DISPENSE MEDICATIONS THAT ARE PRESCRIBED BY A LICENSED MEDICAL PROFESSIONAL UNDER THE STANDARD OF CARE, THEY MUST IMMEDIATELY NOTIFY THE PRESCRIBING PHYSICIAN AND REFER THE PATIENT TO A NEARBY PHARMACIST OR PHARMACIES THAT WILL FILL THE PRESCRIPTION.

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

Resolution No. 5 – 2023 - AMEND

Protection for Physician Administration of Gender-Affirming Care

Comments: The testimony was largely supportive. The committee recommended adoption of the resolution as amended in the preliminary report.

Preliminary Comments: There was robust online testimony about this resolution. The committee discussed an existing policy adopted by the HOD in 2020 that supports gender-affirming care, on the basis of which OSMA has previously opposed legislative proposals that prohibit administration of gender-affirming care. The committee discussed how there may be further discussion by the HOD about what “evidence-based” care entails. Ultimately, the committee decided to amend the resolution and add a third Resolved clause which reaffirms existing policy and to await the further discussion in the HOD in order to guide the committee in any further actions on the proposed language.

RESOLVED, that our OSMA oppose any efforts to ban the administration of evidence-based care to patients when determined to be clinically indicated by their physician; be it further

RESOLVED, that our OSMA oppose legislative or regulatory actions that would penalize physicians, Allied Health professionals, or healthcare entities who administer evidence-based gender-affirming care to patients; AND BE IT FURTHER

RESOLVED, THAT OUR OSMA REAFFIRMS OSMA POLICY 15-2020 – SUPPORTING GENDER-AFFIRMING CARE FOR TRANSGENDER AND GENDER MINORITY PATIENTS.

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

Resolution No. 6 – 2023 - AMEND

Neutralize the OSMA Language Against a Public Option and Single Payer

Comments: The committee reviewed suggested amendments from online testimony. Ultimately, members of the committee felt that the best way to accomplish the intent of the resolution while also avoiding unintended consequences of language from the original resolution was to strike out the language about neutralization and to focus the resolution on increased access to health care. The committee also suggested a title change to better reflect these changes.

Preliminary Comments: The committee discussed the mixed online testimony about this Resolution. The committee decided to amend the resolution and strike out the third and fourth Resolved clauses since, as pointed out by testimony, the policies in those clauses are proposed to be rescinded in the 2023 Sunset Report. The committee acknowledged there will be more discussion on the HOD floor regarding the language of the first two Resolved clauses, and awaits further guidance and comments on these proposed items. Specifically, committee members noted that if the HOD deems neutralization of language in existing policies to be appropriate and necessary, as called for in the first Resolved clause, referral to Council might be appropriate procedurally in order for Council to review the existing policies in question and come back to the HOD with neutralized language for review at the next HOD meeting may be the best course of action.

RESOLVED, that the Ohio State Medical Association continues to express its support for INCREASED access to comprehensive, affordable, high-quality health care by neutralizing language in current policies that oppose single-payer systems; and be it further

RESOLVED, that the Ohio State Medical Association (OSMA) rescind current Policy 11 – 2010 – Promoting Free Market-Based Solutions to Health Care Reform to neutralize language opposing a public insurance option and single-payer systems; and be it further

RESOLVED, the Ohio State Medical Association rescind Policy 13 – 1995 Privatizing Medicare; and be it further

RESOLVED, the Ohio State Medical Association rescind Policy 14 – 1995 Privatizing Medicaid.

Title Change: **INCREASED ACCESS TO HEALTH CARE**

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

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Resolution No. 7– 2023 - AMEND

Establishing Support for the Regulation of Endocrine Disrupting Chemicals in Food, Agricultural, and Household Products

Comments: The testimony was generally supportive. The committee recommended adoption of the resolution as amended in the preliminary report.

Preliminary Comments: The committee discussed the scope of this resolution and how it applies far beyond Ohio and is more of a federal concern. AMA has an existing policy about this issue, so the committee did not feel that sending this issue to AMA for more discussion would be productive. Therefore, the committee chose to amend the resolution and strike out the second Resolved clause, but retain the first – for OSMA to acknowledge the health issue present and support investigation/regulation, but recognize how this issue is more federal in nature.

RESOLVED, that OSMA supports the investigation and regulation of the use of endocrine-disrupting chemicals in food, agricultural, and household products; ~~and, be it further~~

~~**RESOLVED**, That Our OSMA supports legislation to investigate and regulate the use of endocrine-disrupting chemicals in products manufactured or sold in the state of Ohio.~~

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

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Comments: The testimony was largely supportive. The committee recommended adoption of the resolution as amended in the preliminary report.

Preliminary Comments: The committee questioned how this resolution would specifically add policy language to OSMA policy as introduced. There were procedural questions about how to appropriately address this resolution as given to the committee for preliminary recommendation. The committee decided to make the changes as suggested by the Resolved clauses 1 and 2 by inserting existing policy and amending it as those Resolved clauses instruct with numbers 4 and 5 in the numbered list, then replacing those Resolved clauses with the amended language.

RESOLVED, That our Ohio State Medical Association amend existing Policy 13-2022 to include advocacy for legislation prohibiting prior authorization requirements and other restrictions on use of evidence-based medications for opioid use disorder; and be it further

RESOLVED, that Policy 13-2022 be amended to include OSMA support for research, policy, and education concerning the impacts of racism and classism on patient awareness of and access to substance use disorder treatment.

RESOLVED, THAT OSMA POLICY 13-2022 - CURBING OPIOID-RELATED DEATHS IN OHIO THROUGH MEDICATION-ASSISTED TREATMENT AND HARM REDUCTION SERVICES BE AMENDED TO READ AS FOLLOWS:

1. The 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.
2. The OSMA supports 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.
3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in at-risk communities in Ohio.
4. THE OSMA SUPPORTS LEGISLATION PROHIBITING PRIOR AUTHORIZATION REQUIREMENTS AND OTHER RESTRICTIONS ON USE OF EVIDENCE-BASED MEDICATIONS FOR OPIOID USE DISORDER.
5. THE OSMA SUPPORTS RESEARCH, POLICY, AND EDUCATION CONCERNING THE IMPACTS OF RACISM AND CLASSISM ON PATIENT

558 AWARENESS OF AND ACCESS TO SUBSTANCE USE DISORDER
559 TREATMENT.

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561 **Fiscal Note:** \$ (Sponsor)
562 \$ 1,000 (Staff)

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566 **Resolution No. 9 – 2023 - AMEND**

567 **Codifying ACA Preventative Care Provisions**

568 **Comments:** The committee incorporated a suggested amendment, but thought
569 that it would be appropriate to make the language more broad rather than
570 referring to specific legislation, and also decided to put the amendment language
571 into the first Resolved. The committee felt that it would be appropriate to change
572 the word “preventative” to “preventive” throughout for consistency.

573 **Preliminary Comments:** The committee noted that OSMA does not have an
574 existing policy about preventative care services. The committee noted there may
575 be further discussion on the HOD floor about this, but based on the online
576 testimony, chose to make a preliminary recommendation to adopt the Resolution
577 as written.

578 **RESOLVED**, that our OSMA will advocate for requiring all ~~fully insured private~~
579 AND PUBLIC payers in Ohio to cover, without cost sharing to plan holders or
580 beneficiaries, ~~preventative~~ PREVENTIVE care services including 1) services with an “A”
581 or “B” rating in the current recommendations of the U.S. Preventive Services Task
582 Force (USPSTF); and 2) immunizations recommended by the Advisory Committee on
583 Immunization Practices (ACIP); and 3) ~~preventative~~ PREVENTIVE care and screenings
584 for infants, children, and adolescents in comprehensive guidelines supported by the
585 Health Resources and Services Administration (HRSA); and 4) ~~preventative~~
586 PREVENTIVE care and screenings for women’s health specified in HRSA guidelines.
587 ~~by codifying Section 2713 of the Affordable Care Act (ACA) and be it further~~

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589 ~~**RESOLVED**, that our OSMA will advocate for the coverage of preventative~~
590 ~~healthcare in all private and public health plans, including plans covered by the~~
591 ~~Employment Retirement Income Security Act of 1974 (ERISA).~~

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593 Title Change: **Codifying ACA PREVENTIVE Care Provisions**

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595 **Fiscal Note:** \$ (Sponsor)
596 \$ 25,000 (Staff)
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Resolution No. 11 – 2023 - AMEND

Lead Poisoning Prevention

Comments: The committee incorporated a suggested amendment from testimony adding an additional Resolved.

Preliminary Comments: There was significant discussion in online testimony about this resolution, and some suggestions about broadening the Resolved clauses so that the language is not limited just to Medicaid, as well as adding specificity regarding the dissemination of information and data about lead screening and testing. The committee was in favor of these amendment suggestions based on online testimony and made changes to the resolution in both Resolved clauses in order to reflect them.

RESOLVED, that our OSMA partner with relevant stakeholders to support increasing the identification and testing of blood lead levels in Ohio children in areas for high-risk of lead exposure and AND/OR enrolled in Medicaid, in line with state and federal guidelines and laws; and be it further

RESOLVED, that our OSMA advocates for the transparent dissemination of lead screening and testing data ~~by race and ethnicity~~ TO PHYSICIANS AND THE GENERAL PUBLIC AT LARGE, WITH AN EMPHASIS ON INDIVIDUALS OF LIMITED ECONOMIC MEANS, to allow for future targeted interventions in addressing race-based and socioeconomic disparities; AND BE IT FURTHER

RESOLVED, THAT OUR OSMA ADVOCATE FOR THE IDENTIFICATION AND ABATEMENT OF LEAD THAT HAS BEEN IDENTIFIED IN HOUSING IN THE STATE OF OHIO, AND SUPPORT THE PUBLIC FUNDING OF THIS REMOVAL.

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

Resolution No. 12 – 2023 - AMEND

**Support of Improving Cardiovascular Screenings by Including
Lipoprotein(a) (Lp(a))**

Comments: The committee discussed the testimony, which was mixed. Some concerns were expressed about the specificity of this topic of research and whether the resolution's content is the purview of the OSMA. The committee observed that there is a past history of OSMA supporting specific research topics in policy. The committee ultimately decided to recommend adoption as amended in the preliminary report.

Preliminary Comments: The committee added the full name of Lipoprotein(a) in the resolution for clarity. The committee also changed the title to better reflect the content of the resolution.

RESOLVED, that our OSMA supports Research into ~~Lp(a)~~ LIPOPROTEIN(A) (LP(A)) for cardiovascular risk assessment.

Title Change: **SUPPORTING RESEARCH INTO THE INCLUSION OF
LIPOPROTEIN(A) (LP(A)) INTO Cardiovascular Screenings**

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

Resolution No. 13 – 2023 - AMEND

Supporting Environmental Sustainability in Hospitals and Physician Offices

Comments: The committee amended the resolution to emphasize “voluntary” participation in environmental sustainability programs. Members of the committee discussed testimony which suggested deleting “facilities and” from the resolution, but decided to maintain this wording because it includes specific, individual sites of practice and also health care entities.

Preliminary Comments: Online testimony was generally supportive. The committee discussed how the language of the resolution was general, broad and all-encompassing. The committee amended the resolution and added “and entities” to make it more all-inclusive. Committee members acknowledged and discussed concerns in several online testimonies, but noted that this resolution does not support mandates or requirements for environmental sustainability, but merely offers support for physicians who are voluntarily seeking to adopt these programs and initiatives.

RESOLVED, that our OSMA (1) supports initiatives to promote environmental sustainability by healthcare facilities AND ENTITIES across Ohio, and (2) supports physicians in adopting SEEKING TO ADOPT programs for environmental sustainability in their practices.

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

Resolution No. 14 – 2023 - AMEND

Creating a Pilot Program to Address Period Poverty in Underserved Ohio Public Schools

Comments: Testimony was largely supportive. The committee incorporated a suggested amendment to strike out “public” from the first Resolved. The committee felt that the second Resolved could be amended to be more inclusive while not being redundant with Resolved #1. The committee noted that menstrual hygiene products are no longer taxed in Ohio as of April 2020. The title was also slightly edited to reflect the changes.

Preliminary Comments: The committee discussed the suggestions in online testimony for amendments that might broaden and strengthen the resolution, and ultimately made several amendments as a preliminary recommendation. The committee agreed with online testimony that there is no need to limit access based on economic means, and to make the resolution in support of universal access to menstrual hygiene products.

~~**RESOLVED**, our OSMA supports a partnership with stakeholders to create a pilot program providing menstrual hygiene products at no cost to students in underserved Ohio public schools in an effort to address period poverty; and be it further~~

~~**RESOLVED**, our OSMA supports a partnership with relevant stakeholders to increase INCREASED GENERAL access to menstrual hygiene products. in an effort to address period poverty.~~

Title Change: **SUPPORT FOR INCREASED ACCESS TO MENSTRUAL HYGIENE PRODUCTS IN OHIO**

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

Resolution No. 15 – 2023 - AMEND

Opposition to Indoor Tanning for Minors

Comments: There was no additional testimony given on this resolution. The committee recommended adoption as amended in the preliminary report.

Preliminary Comments: The committee noted that AMA already has policy on this topic, so the second Resolved clause is not necessary and bringing the issue to AMA would not be productive. Therefore, members of the committee decided to amend the resolution and strike out the second Resolved clause.

RESOLVED, That the OSMA oppose indoor tanning for minors. ~~and, be it further~~

~~**RESOLVED**, That this resolution should be taken to the AMA for consideration.~~

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

OSMA Sunset Report– 2023 - AMEND

Comments: Testimony was given opposing the sunset of Policy 76-1994. The committee struck it out from the Sunset Report to retain it as testimony suggested.

Preliminary Comments: All testimony was in support of the sunset report as presented. The Committee made a preliminary recommendation to adopt the 2023 Sunset Report.

RESOLVED, that the recommendations of OSMA Council published prior to the Annual Meeting as the 2023 OSMA Policy Sunset Report be adopted by the OSMA House of Delegates.

Ohio State Medical Association Policy Compendium Review –

2023 OSMA Policy Sunset Report

OSMA policy from years 1932 through 2023 Sunset Report

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

Policies to be Retained as Edited:

Policy 16 – 1976 – Official Representative of Organized Medicine
Policy 21 – 1979 – Reduction of Dues for Physicians in Their First Year of Practice
Policy 52 – 2000 – Tax Relief for Health Insurance
Policy 03 – 2020 – Meeting Code of Conduct

Policies to be Not Retained:

~~Policy 76 – 1994 – Status of OMSS Representative of the Organized Medical Staff~~
Policy 13 – 1995 – Privatizing Medicare
Policy 14 – 1995 – Privatize Medicaid
Policy 01 – 2021 – Constitution and Bylaws – updates and corrections
Policy 02 – 2021 – House of Delegates Ratio of Representation
Policy 03 – 2021 – OSMA elections
Policy 04 – 2021 – Constitution and Bylaws changes – membership category updates
Policy 01 – 2022 – Create Guidelines for Sections and Create an International Medical Graduate Section
Policy 02-2022 – Change the Ratio of Representation for Medical Specialties in the House of Delegates

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788 Full text of policies recommended “**RETAIN**” as Edited and “**NOT RETAIN**”

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Recommendation	Policy	Comment
RETAIN as Edited	Policy 16 – 1976 – Official Representative of Organized Medicine 1. The OSMA reaffirms its position that the most effective representation of organized medicine, as well as of the individual physician, is through a strong relationship of the AMA, the State Medical Societies and their component LOCAL MEDICAL societies.	Updated to reflect current relationships between branches of organized medicine
RETAIN as Edited	Policy 21 – 1979 – Reduction of Dues for Physicians in Their First Year of Practice 1. OSMA dues for Active Members will be reduced by 50% for one year for physicians inFOR their first year of practice after training is completed MEMBERSHIP.	Updated to reflect current OSMA membership billing policies
RETAIN as Edited	Policy 52 – 2000 – Tax Relief for Health Insurance Retain as edited 1. The OSMA and AMA supportS 100% tax relief for health insurance.	Edit reflects current policy.
RETAIN as Edited	Policy 03 – 2020 – Meeting Code of Conduct 1. It is the policy of the Ohio State Medical Association that all attendees of OSMA hosted meetings, events and other activities are expected to exhibit respectful, professional, and collegial behavior during such meetings, events and activities, including but not limited to dinners, receptions and social gatherings held in conjunction with such OSMA hosted meetings, events and other activities. Attendees should exercise consideration and respect in their speech and actions,	Policy developed and adopted and made part of HOD handbook, Council handbook, and otherwise implemented.

Recommendation	Policy	Comment
	<p>including while making formal presentations to other attendees, and should be mindful of their surroundings and fellow participants.</p> <p>2. The OSMA will further define inappropriate conduct and develop policy and procedures regarding this issue so that recommendations can be presented to the House of Delegates.</p>	
NOT RETAIN	<p>Policy 13 – 1995 – Privatizing</p> <p>1. The OSMA supports privatizing Medicare including the use of the medical savings account.</p>	<p>Medicaid in Ohio is now primarily administered by private managed care companies and Medicare advantage in Ohio now enrolls almost 50% of the market. Accomplished</p>
NOT RETAIN	<p>Policy 14 – 1995 – Privatize Medicaid</p> <p>1. The OSMA supports privatizing Medicaid including the use of the medical savings accounts. <i>Reaffirmed in 1996.</i></p>	<p>Medicaid in Ohio is now primarily administered by private managed care companies and Medicare advantage in Ohio now enrolls almost 50% of the market. Accomplished</p>
NOT RETAIN	<p>Policy 01 – 2021 – Constitution and Bylaws – updates and corrections</p> <p>1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org.</p>	<p>Accomplished</p>

Recommendation	Policy	Comment
NOT RETAIN	Policy 03 – 2021 – OSMA elections 1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org .	Accomplished
NOT RETAIN	Policy 02 – 2021 – House of Delegates Ratio of Representation 1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org .	Accomplished
NOT RETAIN	Policy 04 – 2021 – Constitution and Bylaws changes – membership category updates 1. The OSMA Constitution and Bylaws were updated to incorporate the changes adopted by the 2021 OSMA House of Delegates. The current OSMA Constitution and Bylaws are available on www.osma.org .	Accomplished

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

792 \$0 (Staff)

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Emergency Resolution No. 01 – 2023 - AMEND

Support for Residents Impacted by the East Palestine Train Derailment

Comments: The committee added an amendment to include physicians in the first Resolved. The committee also discussed several amendments offered in the opening session of the HOD. There was an additional amendment suggested which the committee felt went beyond the scope of the original emergency resolution, but committee members encouraged the amendment author to bring forth this concern separately in another resolution for HOD consideration.

RESOLVED, that the Ohio State Medical Association make a public statement of support for ~~our patients and the residents~~ ALL INDIVIDUALS affected by the East Palestine crisis INCLUDING THE PHYSICIANS WHO CARE FOR THEM; and be it further

RESOLVED, that the Ohio State Medical Association encourage the Ohio Department of Health and federal partners to continue soil and water testing in the region to identify areas at risk for toxic exposures from the soil and/or water; AND BE IT FURTHER

RESOLVED, THAT ALL PARTIES INVOLVED WITH THE TOXIC CHEMICALS SPILL FROM THE EAST PALESTINE TRAIN DERAILMENT, INCLUDING STATE AND FEDERAL GOVERNMENT AGENCIES, PROVIDE CONTINUED HEALTH, FINANCIAL AND EDUCATIONAL SUPPORT TO INDIVIDUALS EXPOSED TO THE TOXIC CHEMICALS ASSOCIATED WITH THIS DISASTER.

**Fiscal Note: (Sponsor)
(Staff)**

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

Respectfully submitted,
Margaret Dunn, MD, Chair

P. On behalf of the House of Delegates, I would like to thank you, Dr. Dunn, and the members of Resolutions Committee 1 for your work.