

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

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3 **REPORT OF RESOLUTIONS COMMITTEE 2**

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5 Presented by Brian L. Bachelder, MD, Chair, 7th District

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| 7 | Christopher M. Paprzycki, MD | 1 st District |
| 8 | Laura Sinda Chambers-Kersh, MD | 2 nd District |
| 9 | Jigna Narendra Janani, MD | 3 rd District |
| 10 | Robert E. Kose, MD | 4 th District |
| 11 | Andrew C. Rudawsky, MD | 5 th District |
| 12 | Denise Bobovnyik, MD | 6 th District |
| 13 | Anita P. Somani, MD | 7 th District |
| 14 | Christopher G. Brown, MD | 8 th District |
| 15 | William C. Sternfeld, MD | Specialties Representative |
| 16 | Brandon Z. Francis, MD | Resident & Fellows Section |
| 17 | Ms. Ellena M. Privitera | 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.

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

47 **CONSENT CALENDAR**

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

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54 **RECOMMENDED FOR ADOPTION:**

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56 Resolution No. 17 – 2023 - Opposition to Criminalization of Pregnancy Loss

57 Resolution No. 18 – 2023 – Rescind Abortion Policy 13-1973

58 Resolution No. 22– 2023 - Comprehensive Reproductive Health Care Training in
59 Medical Schools

60 Resolution No. 24 – 2023 - Support for Expanding Graduate Medical Education Funding

61 Resolution No. 25 – 2023 - Coverage of Restorative Care for Survivors of Domestic
62 Abuse or Intimate Partner Violence

63 Resolution No. 26 – 2023 - Codifying Efforts for Legislative Action on Prior Authorization

64 Resolution No. 28 – 2023 - Decrease Costs for Ohio Patients with Diabetes with
65 Commercial Insurance

66 Resolution No. 30 – 2023 - Support for 988 Response System

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68 **RECOMMENDED FOR ADOPTION AS AMENDED:**

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70 Resolution No. 16 – 2023 - Strengthening the OSMA Stance on Abortion Policy in Ohio

71 Resolution No. 19 – 2023 - Support for Access to Emergency Contraception

72 Resolution No. 20 – 2023 - Moratorium on Utility Discontinuation in Pregnancy and 12
73 Months Postpartum

74 Resolution No. 21 – 2023 - Utilizing Principles of Collective Impact to Address
75 Pregnancy-Related Mortality in Ohio

76 Resolution No. 27 – 2023 - Reimbursement for Medical Interpreter Services

77 Resolution No. 29 – 2023 - Law Enforcement Escorting Incapacitated Patients to the
78 Emergency Department

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80 **RECOMMENDED FOR REFERRAL TO COUNCIL:**

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82 None

RECOMMENDED FOR REAFFIRMATION:

None

RECOMMENDED FOR NON-ADOPTION:

Resolution No. 23 – 2023 - Allow Unmatched Medical School Graduates to Practice as Dependent Physicians Under Physician Supervision

Resolution No. 31 – 2023 – Clarification of Prescription Abbreviations (QD, BID, TID, QID)

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

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

RECOMMENDED FOR ADOPTION:

Resolution No. 17 – 2023 - ADOPT

Opposition to Criminalization of Pregnancy Loss

Final Comments: There was no additional testimony from the floor other than the author. Therefore, there are no additional comments.

Preliminary Comments: Online testimony was unanimously supportive of the resolution and the committee agreed. Advocate implies public support but not necessarily legislation action; that will be left to Council.

RESOLVED, that our OSMA will advocate (1) that pregnancy loss shall not be criminalized for physicians or patients, and (2) that physicians and patients should not be held civilly and/or criminally liable for pregnancy loss as a result of medical care.

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

Resolution No. 18 – 2023 – ADOPT

Rescind Abortion Policy 13-1973

Final Comments: There was no additional testimony from the floor. Therefore, there are no additional comments.

Preliminary Comments: OSMA policy 13-1973 contains outdated information and thus should be eliminated as policy. Online comments were unanimously supportive.

RESOLVED, the OSMA rescinds Policy 13-1973 – Abortion as a Medical Procedure.

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

Resolution No. 22- 2023 - ADOPT

Comprehensive Reproductive Health Care Training in Medical Schools

Final Comments: ACGME and ACOG policies state that residents who have a religious or moral objection may opt out and must not be required to participate in abortion training.

Preliminary Comments: Training is not mandatory but should be available to any student who desires the education.

RESOLVED, that our OSMA supports the protection and delivery of evidence-based, comprehensive reproductive health care training including training in abortion and family planning for Ohio medical students, residents, and trainees; and be it further

RESOLVED, that our OSMA opposes legislation limiting comprehensive reproductive health care training, which includes abortion and family planning training, in Ohio medical schools.

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

Resolution No. 24 – 2023 - ADOPT

Support for Expanding Graduate Medical Education Funding

Final Comments: Unanimous supportive testimony was provided.

Preliminary Comments: AMA has broad policy on this topic (D305.967 - Support for Expanding Graduate Medical Education Funding). Online testimony was unanimously supportive for this resolution. The OSMA should support Ohio solutions to expand graduate medical education, in addition to federal changes.

RESOLVED, that our OSMA supports and encourages states to incentivize private investments in GME programs by offering tax credits or other incentives to foundations, corporations and individuals who provide support; and be it further

RESOLVED, that our OSMA advocate for increasing federal funding for GME programs, and at every opportunity, support the repeal of the cap on GME funded positions by the 1997 Balanced Budget Act; and be it further

RESOLVED, that our OSMA work with relevant stakeholders, including the Ohio Hospital Association and the Association of American Medical Colleges, to develop and implement strategies for increasing GME funding and improving the quality of medical education in Ohio.

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

Resolution No. 25 – 2023 - ADOPT

Coverage of Restorative Care for Survivors of Domestic Abuse or Intimate Partner Violence

Final Comments: The author provided supportive testimony and no other commentary was provided.

Preliminary Comments: Online testimony, along with the committee, was supportive of this resolution. Presently, payers consider this cosmetic surgery and therefore not a covered service. The committee discussed psychological services and these appear to be covered.

RESOLVED, that our OSMA urge all payers to consider any reconstructive medical and dental treatments for physical injury sustained from or directly related to domestic and intimate partner violence as restorative treatments; and be it further

203 **RESOLVED**, that our OSMA work with relevant stakeholders such as the
204 American Medical Association and the Centers for Medicare and Medicaid Service to
205 encourage payers to cover costs associated with reconstructive treatments for physical
206 injury sustained from abuse for survivors of domestic and/or intimate partner violence or
207 abuse; and be it further

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209 **RESOLVED**, that our OSMA support legislation by the Ohio General Assembly
210 to require all third-party payers, including Medicaid MCOs, to reimburse reconstructive
211 services provided for treatment of physical injury in addition to the medically-necessary
212 restorative care provided to victims of domestic and intimate partner abuse.

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215 Fiscal Note: \$ (Sponsor)
216 \$ 25,000 (Staff)

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Resolution No. 26 – 2023 - ADOPT

Codifying Efforts for Legislative Action on Prior Authorization

Final Comments: The author provided supportive testimony and no other commentary was provided.

Preliminary Comments: Online testimony was supportive and the committee agreed with this resolution. Ohio Gold Card legislation was introduced in 2022 but similar legislation in other states have had problems.

RESOLVED, that our OSMA will seek legislative solutions to reduce the burden of prior authorization requirements; and be it further

RESOLVED, that our OSMA advocacy team will report back annually to the House of Delegates on the status of prior authorization advocacy efforts unless deemed unnecessary by Council.

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

Resolution No. 28 – 2023 - ADOPT

Decrease Costs for Ohio Patients with Diabetes with Commercial Insurance

Final Comments: The author provided supportive testimony and no other commentary was provided.

Preliminary Comments: Online testimony was supportive of the resolution and the Committee agreed. SB 61 - Cap Cost Sharing for Prescription Insulin Drugs, was introduced this year.

RESOLVED, that our OSMA will: (1) encourage the Ohio Department of Insurance to investigate insulin pricing and market competition and take enforcement actions as appropriate; (2) support initiatives that provide physician education regarding the cost-effectiveness of insulin therapies; and (3) support state efforts to limit the ultimate expenses incurred by commercially insured patients for prescribed insulin and diabetic equipment and supplies.

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

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Resolution No. 30 – 2023 - ADOPT
Support for 988 Response System

Final Comments: The author provided supportive testimony and no other commentary was provided.

Preliminary Comments: The online testimony was unanimously in support of this resolution and the committee agreed.

RESOLVED, that our OSMA encourage the Ohio Legislature and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to establish an appropriate, sustainable funding plan to ensure the long-term success of 988 in Ohio.

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

RECOMMENDED FOR ADOPTION AS AMENDED:

Resolution No. 16 – 2023 - AMEND

Strengthening the OSMA Stance on Abortion Policy in Ohio

Final Comments: The majority of testimony was in support of the concept behind this resolution. The committee agreed, with the suggested change to physiological electrical activity. Reproductive health care contains a variety of services, including contraception, abortion, family planning, and fertility treatments.

Preliminary Comments: The predominance of testimony was in support of this resolution. The committee discussed referral to Council, but it was felt that Council needed the input from the House of Delegates as to the current direction of Ohio physicians. The American Medical Association and American College of Obstetrics and Gynecologists (ACOG) have already moved toward this position. The committee understands that this is a controversial topic for the membership, but the online testimony supports a possible change in direction for OSMA policy. The committee agreed with the suggested change to the second Resolved as suggested online. The committee wanted to emphasize the distinction between the fetal electrical contractions of cells and the actual pumping action of a fetal heart. ACOG reports that the electronic impulses of cardiac activity, which occur around 6 weeks of gestation, cannot be considered a “heartbeat”, thus making “fetal heartbeat” bills and related discourse scientifically inaccurate.

RESOLVED, that our OSMA amend OSMA Policy 10-1990- Policy on Abortion by addition and deletion as follows:

Policy 10 – 1990 – Policy on Abortion

~~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.~~

12. 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.

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

- Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and OR education of a patient which are not consistent with the medical standard of care; 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; and be it further

~~**RESOLVED** that our OSMA supports an individual's right to have an abortion up until the moment of viability or other nationally accepted medical standard; and be it further~~

RESOLVED, THAT OUR OSMA SUPPORTS AN INDIVIDUAL'S RIGHT TO DECIDE WHETHER TO HAVE CHILDREN, THE NUMBER AND SPACING OF CHILDREN, AS WELL AS THE RIGHT TO HAVE THE INFORMATION, EDUCATION, AND ACCESS TO **EVIDENCE-BASED** REPRODUCTIVE HEALTH **CARE** SERVICES TO MAKE THESE DECISIONS; AND BE IT FURTHER

RESOLVED, that our OSMA opposes limitations on access to evidence-based reproductive health CARE services, including fertility treatments, contraception, and abortion; and be it further

RESOLVED, that our OSMA opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing evidence-based reproductive health CARE services within the medical standard of care; and be it further

RESOLVED, that our OSMA collaborates with relevant stakeholders to ~~encourage amendments to~~ EDUCATE LEGISLATORS AND AMEND existing state laws so that a THE TERM "fetal heartbeat" is NOT USED TO INACCURATELY REPRESENT PHYSIOLOGICAL ELECTRICAL ACTIVITY ~~inaccurately stated as synonymous with the first evidence of embryonic cardiac activity.~~

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

Resolution No. 19 – 2023 - AMEND

Support for Access to Emergency Contraception

Final Comments: Testimony from the author and others supported the amended language.

Preliminary Comments: OSMA Policy 22-2001 - Neutrality Regarding Emergency Contraceptive Pill, needs to be rescinded since emergency contraception has become an accepted medical intervention. The committee felt that the education should not be limited to only patient encounters, but any potential educational opportunity.

RESOLVED, that our Ohio State Medical Association rescind Policy 22 - 2001; and be it further

RESOLVED, that our Ohio State Medical Association supports patient access to all EVIDENCE BASED methods of emergency contraception ~~that are nationally accepted as part of the standard of care~~; and be it further

RESOLVED, that our Ohio State Medical Association acknowledges emergency contraception as a necessary component of ~~patient~~ education on contraception.

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

Resolution No. 20 – 2023 - AMEND

Moratorium on Utility Discontinuation in Pregnancy and 12 Months Postpartum

Final Comments: Testimony from the author and others supported the amended language. There was an amendment offered by the author to clarify the duration of the medical certificate and the committee agreed.

Preliminary Comments: Online testimony was supportive. Presently pregnancy has been utilized for deferment of utility payments but has not addressed the limitation of 90 days per year, nor has the limitation of deferment for children during the first year of life.

RESOLVED, that Ohio State Medical Association work with relevant stakeholders to establish a moratorium on utility discontinuation, THROUGH A SINGLE MEDICAL CERTIFICATE FOR THE DURATION OF during pregnancy and in the first year of the infant's life, in order to ensure optimal health for both individuals; and be it further ~~(Directive to Take Action)~~; and be it further

RESOLVED, that the Ohio State Medical Association support increasing education about utilities payment plans available to at-need Ohioans that may be used to pay off charges accrued while the medical certificate was in effect. ~~(Directive to Take Action)~~.

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

Resolution No. 21 – 2023 - AMEND

Utilizing Principles of Collective Impact to Address Pregnancy-Related Mortality in Ohio

Final Comments: Testimony from the author supported the amended language. No additional testimony was given.

Preliminary Comments: Online testimony was supportive and the committee agreed. The Committee did not wish to specify the Principles of Collective Impact since these may change in the future and the committee did not wish to limit the OSMA in its approach. The committee was hesitant to commit the OSMA to develop resources as stated in the third Resolved.

RESOLVED, that our OSMA supports legislation and government action that works to foster research and/or directly affect maternal mortality rates in the state of Ohio; and be it further resolved

RESOLVED, that our OSMA ~~utilize principles of Collective Impact through collaboration~~ COLLABORATE with Ohio Pregnancy Associated Mortality Review and Ohio Council to Advance Maternal Health to address pregnancy related morbidity and mortality in Ohio; and be it further

RESOLVED, that our OSMA Collaborate with healthcare facilities and other relevant stakeholders to support the development of resources to train healthcare providers in identification and referral of patients for participation in community health pregnancy-related morbidity and mortality programs.

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

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Resolution No. 27 – 2023 - AMEND

Reimbursement for Medical Interpreter Services

Final Comments: The author provided supportive testimony and no other commentary was provided.

Preliminary Comments: Online testimony was supportive of the resolution and the Committee agreed.

RESOLVED, that our OSMA will prioritize physician reimbursement for interpreter services, including American Sign Language, and advocate for legislative and/or regulatory changes to state health care programs such as Medicaid and other managed care plans, for payment for such services; and be it further

RESOLVED, that our OSMA will continue to work with interested state and specialty societies to advocate for physician reimbursement for interpreter services, including American Sign Language, BY commercial health plans and workers' compensation plans, for payment for such services; and be it further

RESOLVED, that our OSMA work with the Ohio Department of Medicaid to eliminate all unfunded mandates related to patient care.

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

Resolution No. 29 – 2023 - AMEND

Law Enforcement Escorting Incapacitated Patients to the Emergency Department

Final Comments: The author provided supportive testimony of the amended version and no other commentary was provided.

Preliminary Comments: The majority of online testimony was supportive of the resolution. Concerns about limited law enforcement resources, especially in small communities, were acknowledged. However, the safety of the emergency room staff needs to be ensured.

RESOLVED, that our OSMA advocate that law enforcement remain with any patient they bring to the emergency department who are intoxicated, altered, agitated, or otherwise pose a risk to the safety of themselves or others until a disposition has been determined, or at which time they mutually agree with the treating physician that their assistance is no longer needed.

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

494 **RECOMMENDED FOR NON-ADOPTION:**

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496 **Resolution No. 23 – 2023 - NOT ADOPT**

497 **Allow Unmatched Medical School Graduates to Practice as Dependent Physicians**
498 **Under Physician Supervision**
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500 **Final Comments: Testimony was overwhelmingly opposed for multiple reasons.**
501 **Several resolved clauses that members were in favor of are included in**
502 **Resolution 24-2023.**

503 **Preliminary Comments: This is a complex issue with multiple facets that need to**
504 **be considered, thus the committee felt that referral to Council was appropriate.**
505 **Online testimony was split. The committee feels that this is a significant issue**
506 **and thus supported Resolution 24-2023 as a solution to eliminate the problem.**
507 **The committee would strongly encourage the Council to study this dilemma and**
508 **develop solutions for unmatched students.**

509 **RESOLVED**, that our OSMA work with state specialty societies to support these
510 unmatched graduate medical students through their legislators and regulators to allow
511 these physicians to work in underserved areas, in primary care, only in collaboration
512 with a licensed physician until the unmatched graduate medical student begins their
513 post-graduate medical education; and be it further
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515 **RESOLVED**, that our OSMA will advocate for and support changes to state laws
516 and regulations to allow for unmatched medical school graduates to practice as
517 Dependent Physicians, subject to meeting the specific criteria and requirements
518 established by the state medical board; and be it further
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520 **RESOLVED**, that our OSMA should work with state medical boards and other
521 relevant organizations to establish and promote the use of unmatched medical school
522 graduates, as a way to address the shortage of physicians; and be it further
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524 **RESOLVED**, that our OSMA will work with commercial insurers, state entities
525 and the Centers for Medicare and Medicaid Services to reimburse for services rendered
526 by these unmatched medical school graduates working in their collaborative practices;
527 and be it further
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529 **RESOLVED**, that our OSMA continue to advocate for expansion of residency
530 slots through increased GME funding to limit the number of unmatched graduate
531 medical students; and be it further
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533 **RESOLVED**, that our OSMA oppose any effort by these unmatched graduating
534 physicians working in collaboration with licensed physicians, to become independent
535 licensed physicians without satisfactorily completing formal residency training.
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| 538 | Fiscal Note: | \$ (Sponsor) |
| 539 | | \$ 10,000 (Staff) |
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Resolution No. 31 – 2023 – NOT ADOPT

Clarification of Prescription Abbreviations (QD, BID, TID, QID)

Final Comments: The Committee recommends Not Adopt because AMA has current policy (H-120.968) addressing this issue, which is more comprehensive and not just focused on Latin abbreviations. In absence of OSMA policy, the OSMA will refer to AMA policy, if not contrary to OSMA policy.

Preliminary Comments: The online testimony was supportive of this resolution. However, the committee had reservations based on several issues. Handwriting should not be an issue since almost all prescriptions are submitted electronically. Another problem discussed was patients skipping doses if they missed a specific timeframe. The issue revolves around pharmacokinetics and some variation in dosing can be tolerated by a more liberal schedule. Physicians should always communicate clearly with patients about dosing schedules.

RESOLVED, that our Ohio State Medical Association be part of the effort to remove the old and dangerous Latin medical abbreviations QD, BID, TID, and QID and replace them with more accurate medical instructions such as: every 24 hours, every 12 hours, every 8 hours, and every 6 hours.

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

Members of the House, this concludes the report of Resolutions Committee 2. 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 Traci Pate, Mary Whitacre and Nicolle Loris for their excellent staff assistance, and to Sean McCullough for legal review.

Respectfully submitted,
Brian Bachelder, MD, Chair

P. On behalf of the House of Delegates, I would like to thank you, Dr. Bachelder, and the members of Resolutions Committee 2 for your work.