

1 OHIO STATE MEDICAL ASSOCIATION 2025 HOUSE OF DELEGATES

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3 PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1

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5 Presented by Michelle Knopp, MD, Chair, District 1

6		
7	Wagih Shehata, MD	1 <sup>st</sup> District
8	Samip Parikh, MD	2 <sup>nd</sup> District
9	Scott Short, MD	3 <sup>rd</sup> District
10	Ann Marie Wolfe, MD	4 <sup>th</sup> District
11	Noam Stern, MD	5 <sup>th</sup> District
12	Philip Roholt, MD	6 <sup>th</sup> District
13	Brian Bachelder, MD	7 <sup>th</sup> District
14	Hafeez Hassan, MD	8 <sup>th</sup> District
15	Laurel Barr, MD	Specialties Representative
16	Christopher Black, MD	Resident & Fellows Section
17	Lauren Beene, MD	Young Physician Section
18	Sheena Lunsford	Medical Student Section
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21 Resolutions Committee One has reviewed the resolutions that have been proposed for  
22 consideration at the 2025 Meeting of the OSMA House of Delegates. Committee One will  
23 reconvene to consider additional testimony following the HOD Open Hearing on April 5, 2025.

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25 The Resolutions Committee can recommend the following actions: **Adopt; Amend; Not Adopt;**  
26 **Refer; Adopt in Lieu of.**

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30 **Resolution No. 1 – 2025 - ADOPT**

31  
32 **Update of OSMA Bylaws to Include Representative Members from the Women Physician**  
33 **Section, Senior Physician Section, and International Medical Graduates Section on**  
34 **OSMA Council**

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36 **Preliminary Comments: Committee members discussed permanent slotted seats, present**  
37 **representations on council, and ratios and representation of Sections on Council and**  
38 **acknowledged that there could be more testimony on the House floor about this**  
39 **resolution; however, due to all online testimony provided being in support of the**  
40 **resolution as written, the Committee recommends a preliminary recommendation of**  
41 **ADOPT.**

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44 **RESOLVED**, that the OSMA Bylaws shall be updated so that the Council shall  
45 additionally include one (1) member of the Women Physician Section, one (1) member  
46 of the Senior Physician Section, and one (1) member of the International Medical  
47 Graduates Section. The bylaws of each of these sections shall be updated (according  
48 to established procedure) to define the process of electing their representative member  
49 to the Council; and be it further

51 **RESOLVED**, that the OSMA Bylaws shall be updated so that the Council shall  
52 include four (4) At-Large Councilors, rather than the current six (6) At-Large Councilors.

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54 **Fiscal Note:** Less than \$500 (Sponsor)  
55 Less than \$500 (Staff)

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59 **Resolution No. 2 – 2025 - ADOPT**

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61 **Procedure for Approval of Recording of OSMA Meetings**

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63 **Preliminary Comments: Committee noted that there was no preliminary online testimony**  
64 **in opposition to this resolution, and therefore recommends a preliminary**  
65 **recommendation of ADOPT.**

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68 **BE IT RESOLVED**, that Article V of the OSMA Constitution and Bylaws be  
69 amended as follows:

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73 **SECTION 7. PROCEDURE FOR APPROVAL OF RECORDING OSMA**  
74 **MEETINGS.**

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76 ANY RECORDING OF OSMA MEETINGS OF ITS HOUSE OF  
77 DELEGATES, EXECUTIVE COUNCIL, EXECUTIVE COUNCIL  
78 SUBCOMMITTEES, SECTIONS, AND OTHER COMMITTEES CREATED  
79 BY THIS CONSTITUTION AND BYLAWS IS PROHIBITED UNLESS AS  
80 PROVIDED BELOW.

81  
82 THIS PROHIBITION DOES NOT APPLY TO OSMA STAFF MEMBERS  
83 (OR THEIR DESIGNEES) FOR THE PURPOSE OF RECORDING A  
84 MEETING TO PRODUCE WRITTEN MINUTES OR TO REPRODUCE  
85 THE MEETING ELECTRONICALLY FOR MEETING MEMBERS TO  
86 LATER REVIEW.

87  
88 THIS PROHIBITION DOES NOT APPLY TO OSMA GEOGRAPHICAL  
89 DISTRICT MEETINGS. EACH DISTRICT LEADERSHIP SHALL  
90 DETERMINE HOW BEST TO ADDRESS RECORDINGS WITHIN ITS  
91 VOTING AND GOVERNANCE STRUCTURE.

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93 A BRIEF SUMMARY OF THIS SECTION SHALL APPEAR ON ALL  
94 APPLICABLE MEETING AGENDAS.

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96 IF A VIOLATION OF THIS SECTION OCCURS, THE OSMA MAY TAKE  
97 SUCH ACTION AS NECESSARY, INCLUDING BUT NOT LIMITED TO:

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- (1) REQUIRING SUCH PERSON TO IMMEDIATELY CEASE AND DELETE THE RECORDING
- (2) REQUIRING SUCH PERSON TO IMMEDIATELY LEAVE THE MEETING
- (3) BANNING SUCH PERSON FROM FUTURE OSMA MEETINGS
- (4) REMOVING SUCH PERSON FROM ANY OSMA COUNCIL, SECTION, COMMITTEE, OR OTHER OSMA OFFICE, PURSUANT TO CHAPTER 6, SECTION 9 OF THE OSMA BYLAWS

EXCEPTIONS MAY BE MADE ON A CASE-BY-CASE BASIS, AND ONLY UPON APPROVAL BY ALL OF THE FOLLOWING:

- (1) THE OSMA PRESIDENT, OR IN THE PRESIDENT’S ABSENCE THE PRESIDENT ELECT;
- (2) ALL MEMBERS OF THE MEETING BODY; AND
- (3) OSMA LEGAL COUNSEL

**Fiscal Note:**           \$ 0 (Sponsor)  
                                  \$ 500 (Staff)

**Resolution No. 3 – 2025 - AMEND**

**Support for Environmental Justice Initiatives**

**Preliminary Comments:** The Committee reviewed the mixed online testimony about this resolution. Some comments posed questions regarding whether this issue is within the scope of the OSMA, and others raised concerns about the political nature of “remediate environmental injustice.” Ultimately, the Committee decided to evaluate each Resolve clause for opportunities to amend the Resolution in order to find a balance between the comments raised by the proponents and opponents. Committee members acknowledged there could be further discussion on the House floor, but agreed to make an amendment to the second Resolve clause in order to broaden the issue it seeks to address and potentially assuage some concerns. The Committee recommends a preliminary recommendation of AMEND.

146 **RESOLVED**, that the OSMA recognizes environmental justice, as defined by  
147 the US Department of Health And Human Services in 2024, as the fair treatment and  
148 meaningful involvement of people regardless of race, color, national origin, or income in  
149 the development, implementation, and enforcement of environmental laws, regulations,  
150 and policies; and be it further

151  
152 **RESOLVED**, that the OSMA supports ~~state-action~~ ACTIONS to address ~~and~~  
153 ~~remediate environmental injustice and~~ environmental conditions adversely impacting  
154 health, particularly in marginalized communities.

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156 **Fiscal Note:** \$ (Sponsor)  
157 \$ 500+ (Staff)

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160 **Resolution No. 4 – 2025**

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162 **WITHDRAWN BY SPONSORS**

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166 **Resolution No. 5 – 2025 - REFER**

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168 **Limits on Numbers of Resolutions**

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170 **Preliminary Comments:** The Committee acknowledged split testimony in favor of and in  
171 **opposition to this resolution, and conducted robust discussion about the viewpoints**  
172 **expressed by proponents and opponents in preliminary comments. Committee members**  
173 **concluded that this is a complex proposal with logical concerns on both sides, and did**  
174 **not come to a complete agreement for amendments which they believed would be**  
175 **amenable to the House on the whole. While acknowledging that there could be further**  
176 **testimony on the House floor which might compel further/other action, due to the**  
177 **complexities involved and the sensitivity toward ensuring all members of the House’s**  
178 **voices can be heard, the Committee decided to recommend REFER as a preliminary**  
179 **recommendation.**

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182 **RESOLVED**, that our OSMA limit the number of resolutions that can be submitted  
183 by any District, Section, or Specialty Society to 5 for each Annual Meeting, and be it  
184 further

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186 **RESOLVED**, that any OSMA member who individually wants to submit a resolution  
187 for discussion at the OSMA HOD must have a cosponsor which is a District, Section, or  
188 Specialty Society and that resolution will count towards the total number allowed for that  
189 District, Section, or Specialty Society.

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192 **Fiscal Note:** \$ 500 (Sponsor)  
193 \$ 500 (Staff)

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**Resolution No. 6 – 2025 – NOT ADOPT**

**Physician Exercise of Conscience and Sound Medical Ethics**

**Preliminary Comments: The Committee reviewed online preliminary testimony which overall was in support of the spirit and intent of the resolution; however, there were some concerns expressed about adopting AMA Code of Ethics into OSMA policy. Online testimony pointed out that the AMA Code of Ethics is Ohio law regardless. While the committee wants to emphasize that OSMA does and should support the AMA Code of Ethics, not adopting language from it into OSMA policy does not indicate a lack of support for it. For the purposes of consistency and because the AMA Code of Ethics is already in Ohio law and thus Ohio physicians are already bound to it, and also because the OSMA already defers to AMA policy and Ohio law on this issue, the Committee did not believe it was necessary to adopt this language into OSMA policy. The Committee recommends a preliminary recommendation of NOT ADOPT.**

**RESOLVED**, that our Ohio State Medical Association adopt and support the AMA Code of Medical Ethics 1.1.7 Physician Exercise of Conscience as set forth below:

AMA Code of Medical Ethics

1.1.7 Physician Exercise of Conscience

Physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination. Yet physicians are not defined solely by their profession. They are moral agents in their own right and, like their patients, are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. For some physicians, their professional calling is imbued with their foundational beliefs as persons, and at times the expectation that physicians will put patients' needs and preferences first may be in tension with the need to sustain moral integrity and continuity across both personal and professional life.

Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of conscience in their professional practice is important for preserving the integrity of the medical profession as well as the integrity of the individual physician, on which patients and the public rely.

Thus physicians should have considerable latitude to practice in accord with well-considered, deeply held beliefs that are central to their self-identities.

Physicians' freedom to act according to conscience is not unlimited, however. Physicians are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, and respect

243 basic civil liberties and not discriminate against individuals in deciding  
244 whether to enter into a professional relationship with a new patient.

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246 In other circumstances, physicians may be able to act (or refrain from  
247 acting) in accordance with the dictates of their conscience without violating  
248 their professional obligations. Several factors impinge on the decision to act  
249 according to conscience. Physicians have stronger obligations to patients  
250 with whom they have a patient-physician relationship, especially one of long  
251 standing; when there is imminent risk of foreseeable harm to the patient or  
252 delay in access to treatment would significantly adversely affect the  
253 patient's physical or emotional well-being; and when the patient is not  
254 reasonably able to access needed treatment from another qualified  
255 physician.

256  
257 In following conscience, physicians should:

258 (a) Thoughtfully consider whether and how significantly an action (or  
259 declining to act) will undermine the physician's personal integrity, create  
260 emotional or moral distress for the physician, or compromise the physician's  
261 ability to provide care for the individual and other patients.

262 (b) Before entering into a patient-physician relationship, make clear any  
263 specific interventions or services the physician cannot in good conscience  
264 provide because they are contrary to the physician's deeply held personal  
265 beliefs, focusing on interventions or services a patient might otherwise  
266 reasonably expect the practice to offer.

267 (c) Take care that their actions do not discriminate against or unduly burden  
268 individual patients or populations of patients and do not adversely affect  
269 patient or public trust.

270 (d) Be mindful of the burden their actions may place on fellow professionals.

271 (e) Uphold standards of informed consent and inform the patient about all  
272 relevant options for treatment, including options to which the physician  
273 morally objects.

274 (f) In general, physicians should refer a patient to another physician or  
275 institution to provide treatment the physician declines to offer. When a  
276 deeply held, well-considered personal belief leads a physician also to  
277 decline to refer, the physician should offer impartial guidance to patients  
278 about how to inform themselves regarding access to desired services.

279 (g) Continue to provide other ongoing care for the patient or formally  
280 terminate the patient-physician relationship in keeping with ethics guidance.

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283 **Fiscal Note:**           \$ 500 (Sponsor)  
284                               \$ 500 (Staff)

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287 **Resolution No. 7 – 2025 – NOT ADOPT**

288  
289 **Supporting and Promoting AMA Member Physicians and Physician Spouses as**

290 **Candidates for Local, State and Federal Office**

291  
292 **Preliminary Comments: The Committee reviewed online testimony and noted several**  
293 **major concerns expressed in opposition to the resolution. Overall, Committee members**  
294 **shared many of these concerns as these organizations are intentionally separate to not**  
295 **violate election laws. The committee recognizes an opportunity for these bodies to**  
296 **further educate the constituents about how they vet and support physician and physician**  
297 **spouse candidates. Due to the majority of online testimony being in opposition to this**  
298 **resolution, and various concerns expressed, the Committee recommends a preliminary**  
299 **recommendation of NOT ADOPT.**  
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301  
302 **RESOLVED**, that our Ohio State Medical Association (OSMA) and AMA study the  
303 feasibility and desirability of working together with AMPAC (and state medical society/specialty  
304 society PACs, as appropriate) to publicize AMA physician members and physician spouses  
305 running for state, federal, and local offices (on AMA and/or OSMA websites), to help enable  
306 physicians and trainees to donate money, to contribute volunteer time, and to provide social  
307 media support for their campaigns; with a report back at A-26; and be it further  
308

309 **RESOLVED**, that our OSMA and American Medical Association (AMA) encourage AMA  
310 sections and caucuses to consider establishing a policy or protocol to allow (by invitation) AMA  
311 members running for local, state or federal offices to briefly address those groups directly, either  
312 virtually or in-person; and be it further  
313

314 **RESOLVED**, that our OSMA and American Medical Association (AMA) collaborate with  
315 other interested organizations to facilitate opportunities for AMA physician-member and  
316 physician-spouse elected officials (at the local, state, and federal levels) to connect, exchange  
317 ideas, collaborate, and support each other to protect our patients and our practices; and be it  
318 further  
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320 **RESOLVED**, that our OSMA forward this resolution to AMA-HOD at A-25.  
321

322 **Fiscal Note:**           \$ 500 (Sponsor)  
323                               \$ 500 (Staff)  
324

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327 **Resolution No. 8 – 2025 – NOT ADOPT**  
328

329 **Ohio License and Medical Practice in Ohio Required for Physician**  
330 **Collaborators/Supervisors of Advanced Practice Providers**  
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332 **Preliminary Comments: The Committee, in accordance with many preliminary testimony**  
333 **suggestions, and with an abundance of respect for the original authors of all three**  
334 **resolutions for bringing these important issues to the HOD for consideration, decided to**  
335 **amend language from resolutions 8, 9, and 10 into one resolution (amended Resolution**  
336 **10) due to the common subject matter. For this resolution, the Committee recommends a**  
337 **preliminary recommendation of NOT ADOPT, and has crafted an amended Resolution 10**  
338 **which incorporates concerns from this resolution.**  
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**RESOLVED**, that our OSMA advocate that state regulators and legislators establish policies that ensure physician collaborators or supervisors of advanced practice providers be licensed in Ohio and practice medicine in Ohio.

**Fiscal Note:**           \$ 500 (Sponsor)  
                                  \$ 50,000 (Staff)

**Resolution No. 9 – 2025 – NOT ADOPT**

**Physician Led Health Care Teams**

**Preliminary Comments:** The Committee, in accordance with many preliminary testimony suggestions, and with an abundance of respect for the original authors of all three resolutions for bringing these important issues to the HOD for consideration, decided to amend language from resolutions 8, 9, and 10 into one resolution (amended Resolution 10) due to the common subject matter. For this resolution, the Committee recommends a preliminary recommendation of NOT ADOPT, and has crafted an amended Resolution 10 which incorporates concerns from this resolution.

**RESOLVED**, that our OSMA support physician led team-based approaches to care and oppose advanced practice providers practicing independently without any physician relationship.

**Fiscal Note:**           \$ 500 (Sponsor)  
                                  \$ 50,000 (Staff)

**Resolution No. 10 – 2025 - AMEND**

**Physician-Led Health Care Teams**

**Preliminary Comments:** Committee members conducted robust discussion about the Resolve clauses in Resolutions 8, 9, and 10, as well as several points brought up in online testimony to develop a combination of Resolve clauses from these three resolutions and amend them into one comprehensive resolution on this topic. The committee had additional discussion around wanting to make sure that collaboration is meaningful and has regular direct contact between the physician and the advanced practice provider. The current Ohio Revised Code allows a physician to collaborate with five advanced practice providers, the committee did note that this is higher than the ACGME supervision of residents which is limited to 4 residents per physician at a time. Therefore, for this resolution, the Committee recommends a preliminary action of AMEND.



388           **RESOLVED**, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORTS  
389 PHYSICIAN-LED, TEAM-BASED APPROACHES TO CARE; AND BE IT FURTHER  
390

391           **RESOLVED**, that the Ohio State Medical Association will advocate for, and  
392 vigorously defend, healthcare that is physician-led for all patients; and be it further  
393

394           **RESOLVED**, that the Ohio State Medical Association opposes advanced practice  
395 providers practicing medicine independently without physician  
396 COLLABORATION/supervision; and be it further  
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398           **RESOLVED**, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORT  
399 MEANINGFUL COLLABORATION INCLUDING DIRECT CONTACT AT REGULAR  
400 INTERVALS; and be it further

401           **RESOLVED**, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORTS  
402 THAT PHYSICIANS COLLABORATE WITH/SUPERVISE NO MORE THAN FIVE  
403 ADVANCED PRACTICE PROVIDERS AT A TIME; AND BE IT FURTHER  
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405           **RESOLVED**, that the Ohio State Medical Association opposes title changes for  
406 non-physician practitioners that could be misconstrued by patients as a physician  
407 credential; and be it further  
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409           **RESOLVED**, that the Ohio State Medical Association advocates that physician  
410 collaborators/supervisors of advanced practice providers PROVIDING PATIENT CARE  
411 IN OHIO be licensed in Ohio and primarily practice in Ohio.  
412

413  
414 **Fiscal Note:**           \$ 50,000 (Sponsor)  
415                               \$ 50,000 (Staff)  
416

417  
418                               **Resolution No. 11 – 2025 - ADOPT**  
419

420                               **Opposing the Use of Physician Associate**  
421

422 **Preliminary Comments:** The Committee noted that all online testimony was in support of  
423 this resolution. Committee members noted that although this issue has similarity to  
424 content in Resolution 10, this is a specific and relevant issue of concern that Committee  
425 members believe deserves its own resolution. The Committee, therefore, recommends a  
426 preliminary recommendation of ADOPT.  
427

428           **RESOLVED**, that our OSMA work with the State Medical Board to consider  
429 Physician Associate a new designation and not recognize any attempts to change  
430 physician assistant to physician associate and that the designation of physician associate  
431 is misrepresentation of licensure status; and be it further  
432

433 **RESOLVED**, that our OSMA work with appropriate organizations to discourage  
434 creation of physician associate programs and recognize them as an attempt to  
435 change physician assistant to physician associate; and be it further  
436

437 **RESOLVED**, that our OSMA oppose any name change or designation from  
438 physician assistant to physician associate; and be it further  
439

440 **RESOLVED**, that our OSMA continue to work to educate the public on the  
441 educational difference between physician assistants and physicians (MDs or DOs).  
442

443 **Fiscal Note:** \$ 50,000 (Sponsor)

444 \$ 50,000 (Staff)  
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#### 448 **Resolution No. 12 – 2025 - AMEND** 449

##### 450 **Regulating Practitioners that Practice Non-Conventional Medicine (Herbalists,** 451 **Naturalists, Homeopaths, Ayurveda, Asian Herbal Medicine)** 452

453 **Preliminary Comments:** Online testimony was mixed, though mostly in support of the  
454 intent of the resolution. Although the concept received general and widespread support,  
455 several concerns about impacts of regulation, and perhaps eventual licensure (e.g.  
456 scope creep) of some alternative medicine practitioners were expressed in online  
457 testimony and by members of the Committee in discussion. Committee members  
458 recommended changes to the resolution in an attempt to retain the intended spirit and  
459 intent of the proposal while avoiding these concerns. The Committee recommends a  
460 preliminary recommendation of AMEND.  
461  
462

463 ~~**RESOLVED**, that the Ohio State Medical Association be part of an effort to create  
464 an environment to make sure that herbalists, naturalists, homeopaths, Ayurveda and  
465 Asian Herbal medicine receive acceptable education, examination and regulation by the  
466 State of Ohio.~~  
467

468 **RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORTS**  
469 **EFFORTS TO INFORM THE PUBLIC ABOUT THE DIFFERENCES IN TRAINING AND**  
470 **REGULATION BETWEEN PHYSICIANS AND ALTERNATIVE MEDICINE**  
471 **PRACTITIONERS.**  
472

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

474 \$ 500 (Staff)  
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476  
477

#### 478 **Resolution No. 13 – 2025 – NOT ADOPT** 479 480

481 **Mobilizing Healthcare Professionals to Address Police Violence as a Public Health Crisis**

482  
483 **Preliminary Comments: Committee discussed the online testimony on this resolution,**  
484 **which was mixed, and noted that there was a suggestion to Refer the resolution.**  
485 **Ultimately, Committee members agreed with testimony that did not want to pit physicians**  
486 **against the police force and increase physician reporting requirements. Therefore, the**  
487 **Committee recommends a preliminary recommendation of NOT ADOPT.**  
488

489  
490 **RESOLVED**, that our Ohio State Medical Association recognizes police violence  
491 as a determinant of health due to its demonstrated adverse impact on population health  
492 and health disparities; and be it further  
493

494 **RESOLVED**, that our Ohio State Medical Association supports the development  
495 and implementation of protocols for healthcare providers to identify, document, and report  
496 suspected cases of police brutality and violence.  
497

498 **Fiscal Note:** \$ 500 (Sponsor)  
499 \$ 500+ (Staff)

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503 **Resolution No. 14 – 2025 - ADOPT**

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506 **Physicians Engaged in Non-Violent Civil Protest**

507 **Preliminary Comments: A majority of online testimony was made in support of the**  
508 **resolution, and the Committee reviewed several suggested amendments, one of which**  
509 **the authors expressed that they were opposed to incorporating into the resolution and**  
510 **other that was viewed as not germane to the content of this resolution. Due to general**  
511 **support, the Committee recommends a preliminary recommendation of ADOPT.**  
512

513  
514 **RESOLVED**, that the OSMA affirms its support for physicians who engage in  
515 nonviolent protest and civil disobedience in accordance with their First Amendment rights,  
516 provided such actions do not involve violence, fraud, or misconduct related to medical  
517 practice; and be it further  
518

519 **RESOLVED**, that OSMA advocate to relevant credentialing organizations, the  
520 State Medical Board of Ohio, hospital systems, and insurers that nonviolent protest-  
521 related arrests of physicians should not be considered relative to their fitness to practice  
522 medicine; and be it further  
523

524 **RESOLVED**, that OSMA support legislative or regulatory changes to Ohio  
525 Administrative Code Rule 4731-4-02 to clarify that nonviolent civil disobedience does not  
526 inherently impact a physician's ability to obtain or maintain licensure, provided such  
527 actions do not involve violence, fraud, or misconduct related to medical practice.  
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**Fiscal Note:**           \$ 500 (Sponsor)  
                                  \$ 50,000 (Staff)

**Resolution No. 15 – 2025 - AMEND**

**Support for Diversity, Equity, and Inclusion in Ohio Medical Schools**

**Preliminary Comments:** The Committee observed that the online testimony was mixed on this resolution. Although the Committee was also divided on how to proceed, there was robust discussion about the intent and target of the resolution, and potential impacts of diversity, equity, and inclusion bans (e.g. impact considering the accreditation of medical schools). After discussing options for amendments, the Committee settled on proposing an amendment by deletion in the second Resolve clause. With the acknowledgement that there may be further discussion on this resolution on the House floor, the Committee recommends a preliminary recommendation of AMEND.

**RESOLVED**, that our OSMA recognizes the integral role diversity, equity, and inclusion (DEI) play in developing culturally competent physicians and protecting the health of our patients; and be it further

**RESOLVED**, that our OSMA oppose any effort to ban diversity, equity, or inclusion (DEI) in Ohio medical schools, ~~especially any efforts to restrict state or federal funding for these schools based upon their promotion of DEI.~~

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

**Resolution No. 16 – 2025 - AMEND**

**Gender-Identification on State Government IDs**

**Preliminary Comments:** Once again, the Committee found that online testimony was divided on this resolution. Committee members noted and discussed concerns about REAL ID compliance and some back-and-forth interaction in online comments, as well as the unique specificity of this issue. Ultimately, the Committee felt they may lack the expertise and insight to make a strong statement on this issue, and that they look forward to and anticipate more discussion and feedback on the floor of the House from impacted individuals or from those more well-informed on the nuances of this issue. With that in mind, Committee members focused on an attempt to create an amended version of this resolution which would focus on aspects of the topic which directly impact physicians and physician care of patients, and felt that it was appropriate for OSMA to support policies which remove physicians from having involvement in a personal and individual concern unrelated to medical care (sex designations on

578 identification cards). Therefore, the Committee recommends a preliminary  
579 recommendation of AMEND.  
580

581  
582 ~~RESOLVED~~, that the ~~Ohio State Medical Association supports every individual's~~  
583 ~~right to determine their gender identity and sex designation on state-issued government~~  
584 ~~documents including driver's licenses; and be it further~~  
585

586 **RESOLVED**, that the Ohio State Medical Association supports policies that allow  
587 for a sex designation or change of designation on all state-issued government  
588 documentation to reflect an individual's gender identity, as reported by the individual and  
589 without need for verification by a medical professional; ~~and be it further~~  
590

591 ~~RESOLVED~~, that the ~~Ohio State Medical Association supports policies that include~~  
592 ~~an undesignated or nonbinary gender option for state government records and forms of~~  
593 ~~state government-issued identification.~~  
594

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596 **Fiscal Note:**           \$ 50,000 (Sponsor)  
597                               \$ 50,000 (Staff)  
598

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601 **Resolution No. 17 – 2025 - REFER**

602  
603 **Gender Dysphoria**  
604

605 **Preliminary Comments:** The Committee found that online testimony on this resolution  
606 was mixed and that the issue would likely continue to be highly contentious on the  
607 House floor. Nevertheless, members of the Committee discussed the variety of online  
608 comments from both supporting and opposing viewpoints, along with the complexities  
609 associated with each of the Resolve clauses in this resolution. Ultimately, the Committee  
610 did not feel comfortable in a consensus on potential amendments that might be  
611 amenable to the House majority without further insight, and felt that regardless of any  
612 recommendation made, it was a near certainty that there would be further testimony on  
613 the House floor. Committee members recommend a preliminary recommendation of  
614 **REFER.**  
615

616  
617 **RESOLVED**, that our OSMA rescind its prior policies 05-2023 & 15-2020 which  
618 support gender-altering treatments; and be it further  
619

620 **RESOLVED**, that OSMA recommend to the AMA that the United States join with  
621 the nations of England, Scotland, Finland, Norway, Sweden, The Netherlands, Belgium,  
622 and France in calling a halt to all gender altering treatments in minors unless administered  
623 in rigidly controlled circumstances such as part of a tightly controlled long term study; and  
624 be it further  
625

626 **RESOLVED**, that OSMA recommend to any interested parties that a retrospective  
627 study be instituted for long-term follow up evaluation of all minors who have been subject  
628 to gender altering interventions; and be it further

629  
630 **RESOLVED**, that OSMA report to the Governor and the leaders of the Ohio House  
631 and Senate that OSMA supports the recent gender legislation (HB 68) that was passed  
632 into law; and be it further

633  
634 **RESOLVED**, that the term “gender affirmation” be replaced with “gender alteration”  
635 in all discussions regarding the attempt at changing a person’s sex to fit socially  
636 constructed roles; be it further

637  
638 **RESOLVED**, that our OSMA adopt as a standard policy recommendation that  
639 people struggling with gender dysphoria be allowed to develop free of external pressures  
640 while having mental, emotional, and spiritual support services that help them through their  
641 unique individual process of understanding who they are.

642  
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644 **Fiscal Note:** \$ 500 (Sponsor)  
645 \$ 500+ (Staff)

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647  
648 **Resolution No. 18 – 2025 – NOT ADOPT**

649  
650 **Support for Statewide Tracking of and Control Mechanisms for Health Care Expenditure**  
651 **Growth that Promote Primary Care**

652  
653 **Preliminary Comments: The Committee discussed the majority of online testimony,**  
654 **which was in opposition to the resolution, citing potential negative impact on physician**  
655 **practices. Due to this, Committee members recommend a preliminary recommendation**  
656 **of NOT ADOPT.**

657  
658  
659 **RESOLVED**, that our OSMA advocates for statewide tracking of healthcare  
660 expenses and establish a maximum growth rate for total healthcare costs to curb rising  
661 expenses; and be it further

662  
663 **RESOLVED**, that our OSMA advocate for inflation caps and diagnosis-based  
664 payments in contracts between insurers and providers to manage healthcare costs; and;  
665 and be it further

666  
667 **RESOLVED**, that our OSMA advocates for state targets for commercial insurers  
668 to increase their total health expenses percentage in primary care and care coordination  
669 as a strategy to control healthcare spending.

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672 **Fiscal Note:** \$50,000 (Sponsor)

673 \$50,000 (Staff)

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676 **Resolution No. 19 – 2025 –ADOPT**

677

678 **Mental Health Disclosures Policy for Medical Applicants**

679

680 **Preliminary Comments: Due to all online testimony being in favor of this resolution, the**  
681 **Committee recommends a preliminary recommendation of ADOPT.**

682

683

684 **RESOLVED**, that the OSMA encourages Ohio medical schools to provide  
685 education to medical students on the process of mental health disclosures in residency  
686 applications.

687

688

689 **Fiscal Note:** \$ 500+ (Sponsor)  
690 \$ 500+ (Staff)

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693

694 **Resolution No. 20 – 2025 – NOT ADOPT**

695

696 **Mandating Child-Proof Packaging on Marijuana Products Sold Legally in the State of**  
697 **Ohio**

698

699 **Preliminary Comments: The Committee found that online testimony was in strong**  
700 **support of the first Resolve clause in this resolution, and found some comments**  
701 **opposed to the second Resolve clause. Comments raised concerns that a database for**  
702 **this purpose could be costly and redundant. Committee members agreed that substance**  
703 **overdoses, including those involving cannabinoids, are already tracked separately, both**  
704 **in medical records/documentation and through reports to Poison Control. There was also**  
705 **a suggestion to combine Resolutions 20 and 21 due to similar subject matter. With this in**  
706 **mind, and with an abundance of respect to the authors of both resolutions for bringing**  
707 **these important issues to the House for discussion, the Committee decided to**  
708 **recommend a preliminary action of NOT ADOPT for this resolution, as Committee**  
709 **members believe that the intent of the language in the first Resolve clause, which**  
710 **received broad support, is also reflected in Resolution 21.**

711

712

713 **RESOLVED**, our Ohio State Medical Association advocate for legislation or  
714 regulation mandating all cannabinoid products sold legally by licensed marijuana  
715 dispensaries in the State of Ohio be sold to consumers in child-resistant packaging; and  
716 be it further

717

718 **RESOLVED**, and be it further resolved that our Ohio State Medical Association  
719 advocate for a database of cannabinoid positive screenings in children under age 18 be  
720 established in the state of Ohio to establish trends in marijuana use and accidental  
721 ingestion.

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**Fiscal Note:**           \$ 50,000 (Sponsor)  
                                  \$ 50,000 (Staff)

**Resolution No. 21 – 2025 - AMEND**

**Marijuana Guidelines Following Ohio Legalization**

**Preliminary Comments: The Committee believed that the first Resolve clause of the previous Resolution on the topic of child-resistant packaging (which received broad support) was well-reflected in language in this Resolution (number 9 in the proposed amended policy below). After discussion, the Committee determined that there were several minor amendments that could be made to reflect legalization status of cannabis in Ohio and to more broadly encompass the protection of and education about populations most vulnerable to adverse effects of cannabis use/ingestion (whether accidental or otherwise, particularly in the case of children). The Committee agreed to suggest these amendments, therefore the Committee’s preliminary recommendation for this Resolution is AMEND.**

**RESOLVED**, that the Ohio State Medical Association advocate for increased state funding for Graduate Medical Education programs to address the physician shortage and ensure access to quality healthcare for all residents; and be it further

**RESOLVED**, that our OSMA amend Policy 07 - 2016 by addition and deletion:

**Policy 07 – 2016 – Cannabinoids**

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 facilitating the conduct of clinical research and development of cannabinoid-based medicines and alternate delivery methods.
5. The OSMA supports limiting cannabinoids prescribing rights, ~~if permitted~~, to physicians (MDs and DOs).
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.
7. The OSMA encourages physician participation in future legislative and regulatory discussions regarding the legal use of cannabinoids.
8. The OSMA will support urgent regulatory and legislative changes necessary to fund and perform research related to cannabis and cannabinoids.



- 770 9. The OSMA supports state initiatives to regulate recreational and medicinal  
771 marijuana effectively in order to protect public health and safety including but not  
772 limited to: regulating retail sales, marketing, and promotion intended to encourage  
773 use; limiting the potency of cannabis extracts and concentrates; requiring  
774 packaging to convey meaningful and easily understood units of consumption, and  
775 requiring that for commercially available edibles **SOLD CANNABIS OR**  
776 **CANNABINOID PRODUCTS**, packaging must be child-resistant and come with  
777 messaging about the hazards about **INCLUDING** unintentional ingestion in  
778 children and youth.
- 779 10. The OSMA encourages local and state public health agencies to improve  
780 surveillance efforts to ensure data is available on the short- and long-term health  
781 effects of cannabis, especially emergency department visits and hospitalizations,  
782 impaired driving, workplace impairment and worker-related injury and safety, and  
783 prevalence of psychiatric and addictive disorders, including cannabis use disorder.
- 784 11. The OSMA will support stronger public health messaging on the health effects of  
785 cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing  
786 initiation and frequency of cannabis use among adolescents, especially high  
787 potency products; use among people who are pregnant, **BREASTFEEDING**, or  
788 contemplating pregnancy; and avoiding cannabis-impaired driving.

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791 Fiscal Note           \$500+ (Sponsor)  
792                           \$500+ (Staff)

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795 **Resolution No. 22– 2025 - AMEND**

796  
797 **Support for Education on Intimate Partner Violence Screening with Medical Students,**  
798 **Residents, and Physicians**

799  
800 **Preliminary Comments: The Committee noted that online testimony was generally**  
801 **supportive of this resolution, though several comments indicated opposition or**  
802 **suggested amendments. In discussion, Committee members found that an amendment**  
803 **could strengthen the resolution and avoid possible concerns about educational**  
804 **mandates. Therefore, the Committee recommends a preliminary recommendation of**  
805 **AMEND.**

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808 **RESOLVED**, that our OSMA supports THAT comprehensive training on intimate  
809 partner violence screening for BE AVAILABLE TO medical students, residents, and  
810 physicians in Ohio.

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812 Fiscal Note:           \$500+ (Sponsor)  
813                           \$500+ (Staff)

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815  
816 **Resolution No. 23 – 2025 – NOT ADOPT**



865 **Resolution No. 25 – 2025 – NOT ADOPT**

866 **Support Physician Owned Hospitals**

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869 **Preliminary Comments: The Committee thoroughly discussed the online testimony,**  
870 **including a proposed amendment for the first Resolve clause. It was the observation of**  
871 **Committee members that existing AMA policy (D-215.983) on this issue is more**  
872 **comprehensive, and so the Committee considered adapting AMA policy language for the**  
873 **state level/Ohio and OSMA. In discussion, the Committee determined that many of the**  
874 **specific aspects addressed in the AMA policy were not really applicable to OSMA or the**  
875 **state level. Because OSMA would already defer to AMA policy on this topic, and because**  
876 **AMA policy language changes frequently, the Committee thought that it would be best to**  
877 **keep the precedent of deferring to the AMA policy which already exists rather than adopt**  
878 **AMA language on this topic into OSMA policy. The Committee was also informed that the**  
879 **OSMA has previously taken action on this topic. The Committee emphasized that this**  
880 **does not mean OSMA does not support physicians having options for owning a hospital**  
881 **facility, but merely that we do not have specific policy of our own on it and would thus**  
882 **defer to AMA. The Committee recommends a preliminary recommendation of NOT**  
883 **ADOPT.**

884  
885 **RESOLVED**, our OSMA will advocate for policies that restore physician’s options  
886 of owning, expanding, and/or constructing any form of hospital; and be it further  
887

888 **RESOLVED**, our OSMA will advocate for policies that enable the highest quality  
889 of patient care including the removal of barriers to physician’s owning hospitals as is found  
890 in H.R. 977 and S. 470 known as “Patient Access to Higher Quality Health Care Act of  
891 2023”; and be it further  
892

893 **RESOLVED**, our OSMA will work to educate its members and the public on the  
894 potential benefits of physician owned hospitals as well as the need for policies that will  
895 support and promote physician hospital ownership; and be it further  
896

897 **RESOLVED**, our OSMA will collaborate with the AMA and other stakeholders to  
898 develop and promote policies that support physician ownership of hospitals.  
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901 **Fiscal Note**           \$ 5,000 (Sponsor)  
902                               \$ 25,000- \$500,000 (Staff)  
903

904 **Resolution No. 26 – 2025 – AMEND**

905 **Seat Belt Laws**

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909 **Preliminary Comments: The Committee noted that online testimony was largely**  
910 **supportive of the resolution with minor amendments. In an effort to assuage possible**  
911 **concerns, the Committee discussed the proposed amendments which retain the intent of**  
912 **the proposed resolution. Ultimately, the Committee decided to suggest striking the**  
913 **second Resolved clause and amending the original first Resolved clause due to the**

914 similarity of resolves after the proposed amendments. The Committee's preliminary  
915 recommendation is AMEND.

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918 ~~RESOLVED~~, that the Ohio State Medical Association ~~supports laws~~ SUPPORTS  
919 EFFORTS AND EDUCATION to increase seat belt utilization; ~~and be it further~~

920  
921 ~~RESOLVED~~, that the Ohio State Medical Association ~~supports efforts to increase~~  
922 ~~compliance with seat belt utilization.~~

923

924 **Fiscal Note:** \$ 50,000 (Sponsor)  
925 \$ 50,000 (Staff)

926

927

928 **Resolution No. 27 – 2025 - AMEND**

929

930 **Advancing Public Health Protections Against Per- and Polyfluoroalkyl Substances**  
931 **(PFAS)**

932

933 **Preliminary Comments: The Committee observed mixed online testimony as well as an**  
934 **amendment. After thorough discussion, the Committee suggested amendments which**  
935 **may help settle concerns and which the Committee hopes may increase support for the**  
936 **resolution on the House floor, including an amendment by deletion of the third and**  
937 **fourth Resolved clauses, and minor changes to language in the second Resolved clause.**  
938 **The Committee's preliminary recommendation is AMEND.**

939

940 ~~RESOLVED~~, that our OSMA supports continued research on the impact of  
941 perfluoroalkyl and polyfluoroalkyl chemicals on human health; ~~and be it further~~

942

943 ~~RESOLVED~~, that our OSMA ~~will amplify~~ SUPPORTS physician and public  
944 education around the adverse health effects of PFAS chemicals and potential mitigation  
945 and prevention efforts; ~~and be it further~~

946

947 ~~RESOLVED~~, that our OSMA ~~will advocate, at minimum, for guidelines presented~~  
948 ~~in the Environmental Protection Agency's Drinking Water Health Advisories; and be it~~  
949 ~~further~~

950

951 ~~RESOLVED~~, that our OSMA ~~encourages the integration of environmental health~~  
952 ~~advocacy into clinical practice by encouraging physicians to be informed regarding risks~~  
953 ~~of PFAS exposure on patient health.~~

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955 **Fiscal Note:** \$500+ (Sponsor)  
956 \$50,000 (Staff)

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960 **Resolution No. 28 – 2025 - ADOPT**

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### 2025 OSMA Policy Sunset Report

**Preliminary Comments: Due to entirely supportive online testimony, the Committee recommends a preliminary recommendation of ADOPT.**

Recommendation	Policy	Comment
<b>NOT RETAIN</b>	<b>Policy 1 – 2023- Establish a Women Physician Section and Senior Physician Section</b>  1. OSMA Constitution and Bylaws are amended to establish a Women and Senior Section.	Accomplished
<b>NOT RETAIN</b>	<b>Policy 2 – 2023 -- Establish the OSMA Membership Task Force as an OSMA Standing Committee</b>  1. OSMA Constitution and Bylaws are amended to establish the Standing Committee on Membership.	Accomplished

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