OHIO STATE MEDICAL ASSOCIATION 2025 HOUSE OF DELEGATES

PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1

Presented by Michelle Knopp, MD, Chair, District 1

Wagih Shehata, MD	1st District
Samip Parikh, MD	2nd District
Scott Short, MD	3rd District
Ann Marie Wolfe, MD	4th District
Noam Stern, MD	5th District
Philip Roholt, MD	6th District
Brian Bachelder, MD	7th District
Hafeez Hassan, MD	8th District
Laurel Barr, MD	Specialties Representative
Christopher Black, MD	Resident & Fellows Section
Lauren Beene, MD	Young Physician Section
Sheena Lunsford	Medical Student Section

Resolutions Committee One has reviewed the resolutions that have been proposed for consideration at the 2025 Meeting of the OSMA House of Delegates. Committee One will reconvene to consider additional testimony following the HOD Open Hearing on April 5, 2025.

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

Resolution No. 1 – 2025 - ADOPT

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

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

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

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

Fiscal Note: Less than $500 (Sponsor)
Less than $500 (Staff)

Resolution No. 2 – 2025 - ADOPT

Procedure for Approval of Recording of OSMA Meetings

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

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

. . .

SECTION 7. PROCEDURE FOR APPROVAL OF RECORDING OSMA MEETINGS.

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

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

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

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

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

(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.

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

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

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

Resolution No. 4 – 2025

WITHDRAWN BY SPONSORS

Resolution No. 5 – 2025 - REFER

Limits on Numbers of Resolutions

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

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

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

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

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

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

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

In following conscience, physicians should:
(a) Thoughtfully consider whether and how significantly an action (or declining to act) will undermine the physician's personal integrity, create emotional or moral distress for the physician, or compromise the physician's ability to provide care for the individual and other patients.
(b) Before entering into a patient-physician relationship, make clear any specific interventions or services the physician cannot in good conscience provide because they are contrary to the physician's deeply held personal beliefs, focusing on interventions or services a patient might otherwise reasonably expect the practice to offer.
(c) Take care that their actions do not discriminate against or unduly burden individual patients or populations of patients and do not adversely affect patient or public trust.
(d) Be mindful of the burden their actions may place on fellow professionals.
(e) Uphold standards of informed consent and inform the patient about all relevant options for treatment, including options to which the physician morally objects.
(f) In general, physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer. When a deeply held, well-considered personal belief leads a physician also to decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to desired services.
(g) Continue to provide other ongoing care for the patient or formally terminate the patient-physician relationship in keeping with ethics guidance.

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

Resolution No. 7 – 2025 – NOT ADOPT

Supporting and Promoting AMA Member Physicians and Physician Spouses as

Candidates for Local, State and Federal Office

Preliminary Comments: The Committee reviewed online testimony and noted several major concerns expressed in opposition to the resolution. Overall, Committee members shared many of these concerns as these organizations are intentionally separate to not violate election laws. The committee recognizes an opportunity for these bodies to further educate the constituents about how they vet and support physician and physician spouse candidates. Due to the majority of online testimony being in opposition to this resolution, and various concerns expressed, the Committee recommends a preliminary recommendation of NOT ADOPT.

RESOLVED, that our Ohio State Medical Association (OSMA) and AMA study the feasibility and desirability of working together with AMPAC (and state medical society/specialty society PACs, as appropriate) to publicize AMA physician members and physician spouses running for state, federal, and local offices (on AMA and/or OSMA websites), to help enable physicians and trainees to donate money, to contribute volunteer time, and to provide social media support for their campaigns; with a report back at A-26; and be it further

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

RESOLVED, that our OSMA and American Medical Association (AMA) collaborate with other interested organizations to facilitate opportunities for AMA physician-member and physician-spouse elected officials (at the local, state, and federal levels) to connect, exchange ideas, collaborate, and support each other to protect our patients and our practices; and be it further

RESOLVED, that our OSMA forward this resolution to AMA-HOD at A-25.

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

Resolution No. 8 – 2025 – NOT ADOPT

Ohio License and Medical Practice in Ohio Required for Physician Collaborators/Supervisors of Advanced Practice Providers

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 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.

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

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

RESOLVED, that the Ohio State Medical Association opposes advanced practice providers practicing medicine independently without physician COLLABORATION/supervision; and be it further

RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORT MEANINGFUL COLLABORATION INCLUDING DIRECT CONTACT AT REGULAR INTERVALS; and be it further

RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION SUPPORTS THAT PHYSICIANS COLLABORATE WITH/SUPERVISE NO MORE THAN FIVE ADVANCED PRACTICE PROVIDERS AT A TIME; AND BE IT FURTHER

RESOLVED, that the Ohio State Medical Association opposes title changes for non-physician practitioners that could be misconstrued by patients as a physician credential; and be it further

RESOLVED, that the Ohio State Medical Association advocates that physician collaborators/supervisors of advanced practice providers PROVIDING PATIENT CARE IN OHIO be licensed in Ohio and primarily practice in Ohio.

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

Resolution No. 11 – 2025 - ADOPT

Opposing the Use of Physician Associate

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

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

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

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

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

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

Resolution No. 12 – 2025 - AMEND

Regulating Practitioners that Practice Non-Conventional Medicine (Herbalists, Naturalists, Homeopaths, Ayurveda, Asian Herbal Medicine)

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

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

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

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

Resolution No. 13 – 2025 – NOT ADOPT

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

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

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

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

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

Resolution No. 14 – 2025 - ADOPT

Physicians Engaged in Non-Violent Civil Protest

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

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

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

RESOLVED, that OSMA support legislative or regulatory changes to Ohio Administrative Code Rule 4731-4-02 to clarify that nonviolent civil disobedience does not inherently impact a physician's ability to obtain or maintain licensure, provided such actions do not involve violence, fraud, or misconduct related to medical practice.

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

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

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

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

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

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

Resolution No. 17 – 2025 - REFER

Gender Dysphoria

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

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

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

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

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

RESOLVED, that the term "gender affirmation" be replaced with "gender alteration" in all discussions regarding the attempt at changing a person's sex to fit socially constructed roles; be it further

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

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

Resolution No. 18 – 2025 – NOT ADOPT

Support for Statewide Tracking of and Control Mechanisms for Health Care Expenditure Growth that Promote Primary Care

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

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

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

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

Fiscal Note: $50,000 (Sponsor)

$50,000 (Staff)

Resolution No. 19 – 2025 –ADOPT

Mental Health Disclosures Policy for Medical Applicants

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

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

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

Resolution No. 20 – 2025 – NOT ADOPT

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

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

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

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

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.

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

Fiscal Note $500+ (Sponsor)
$500+ (Staff)

Resolution No. 22– 2025 - AMEND

Support for Education on Intimate Partner Violence Screening with Medical Students, Residents, and Physicians

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

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

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

Resolution No. 23 – 2025 – NOT ADOPT

Registry for Potential Side Effects of GIP & GLP-1 Medications

Preliminary Comments: The Committee discussed the online testimony for this resolution, which was predominantly in opposition. Committee members considered adjusting the resolution language (which refers to the AMA) through amendments to create language more focused on OSMA and thus more appropriate for action. After some discussion, members of the Committee felt this resolution, while bringing forth an important topic, would be duplicitous and would not be a necessary use of OSMA's advocacy efforts or resources, because these side effects are already being tracked through the FDA and EHR databases. The Committee recommends a preliminary recommendation of NOT ADOPT.

RESOLVED, that our AMA support and call for a registry of GIP and GLP-1 receptor agonists' side effects, as well as potential impacts on pregnancy (Directive to Take Action).

Fiscal Note: $500+ (Sponsor)
$25,000- $500,000 (Staff)

Resolution No. 24 – 2025 - ADOPT

Streamlining Annual Compliance Training for Physicians

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

RESOLVED, that our OSMA advocate for the creation of a state-wide reciprocity program that allows physicians to receive credit for compliance training completed at one healthcare entity towards the requirements of others, provided the training meets specific standards; and be it further

RESOLVED, that our OSMA work with relevant stakeholders to explore options for fair compensation or continuing medical education (CME) credits for time spent on mandatory compliance training; and be it further

RESOLVED, that our OSMA Delegation to the American Medical Association (AMA) present this issue to the AMA House of Delegates, seeking national support and action on streamlining compliance training requirements for physicians.

Fiscal Note: $ 10,000 (Sponsor)
$25,000- $500,000 (Staff)

Resolution No. 25 – 2025 – NOT ADOPT

Support Physician Owned Hospitals

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

RESOLVED, our OSMA will advocate for policies that restore physician's options of owning, expanding, and/or constructing any form of hospital; and be it further

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

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

RESOLVED, our OSMA will collaborate with the AMA and other stakeholders to develop and promote policies that support physician ownership of hospitals.

Fiscal Note $ 5,000 (Sponsor)
$ 25,000- $500,000 (Staff)

Resolution No. 26 – 2025 – AMEND

Seat Belt Laws

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

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

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

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

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

Resolution No. 27 – 2025 - AMEND

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

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

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

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

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

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

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

Resolution No. 28 – 2025 - ADOPT

2025 OSMA Policy Sunset Report

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

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

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

OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Emergency Resolution No. 01 – 2025

Introduced by: Young Physicians Section, Resident and Fellows Section

Subject: Ohio State Medical Association Medicaid Position on Medicaid Cost-Sharing and Eligibility

Referred to: Emergency Resolutions Committee

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WHEREAS, Medicaid provides healthcare coverage for about 26% (3 million) of Ohioans, including children, pregnant women, older adults, people with disabilities and adults with low incomes[1]; and

WHEREAS, the American Medical Association opposes premiums, copayments, and other cost-sharing methods for Medicaid and the Children's Health Insurance Program, including waivers which would allow states to charge premiums or copayments to Medicaid beneficiaries[2]; and

WHEREAS, Medicaid provider taxes are an integral source of Medicaid financing in the state of Ohio and limits on provider taxes could result in program cuts with implications for Medicaid providers and beneficiaries. Under current regulations, states may not use provider tax revenues for the state share of Medicaid spending unless the tax meets three requirements: must be broad-based, uniformly imposed, and cannot hold providers harmless from the burden of the tax. Medicaid provider taxes are supported by The American Hospital Association [3-6]; and

WHEREAS, block grants offer a fixed sum of money distributed based on a formula that considers factors such as population, poverty levels, and other relevant indicators. Unlike categorical grants, which specify precisely how funds must be used, block grants allow state and local authorities to determine how best to allocate the money to address their specific needs, thus allowing and local authorities to determine how best to allocate funding to address their specific needs[7]; and

WHEREAS, Ohio is a recipient of the Title V Maternal and Child Health (MCH) Services Block Grant which provides federal funding to support programs aimed at improving the health of women, infants, children, and youth with special health care needs[8]; and

WHEREAS, the Federal Medical Assistance Percentage (FMAP) determines the percentage of Medicaid costs that the federal government will cover in each state. For Federal Fiscal Year 2025, the Ohio state FMAP is 64.6% with the federal government contributing 64.6 cents for every dollar spent by the state of Ohio on most Medicaid

services.[9] FMAP reductions would require the state of Ohio to recuperate lost federal Medicaid financing; and

WHEREAS, the American Medical Association opposes work requirements as a criterion for Medicaid eligibility[10] and work requirements in Georgia and Arkansas have previously resulted in delayed care and medication non-adherence due to unaffordability of healthcare and medications with increased administrative costs to state agencies[11-12]; and

WHEREAS, the Ohio Medicaid program has chosen to provide coverage for a number of optional services including but not limited to medical and surgical vision care, community mental health services, durable medical equipment and supplies, dental care, community alcohol and drug addiction treatment, services for those with intellectual disabilities and ambulance transportation services; and therefore be it

RESOLVED, that our Ohio State Medical Association opposes the instatement of premiums and out-of-pocket cost sharing for Medicaid and the Children's Health Insurance Program; and be it further

RESOLVED, that our Ohio State Medical Association oppose federal and state cuts to Medicaid/CHIP funding, including via block grants, Federal Medical Assistance Percentage (FMAP) reductions, changes to provider taxes, limits on covered services and medications, and addition of prior authorizations as a means of maintaining reimbursement rates and avoiding higher uncompensated care costs; and be it further

RESOLVED, that our Ohio State Medical Association oppose work requirements as a criterion for Medicaid eligibility; and be it further

RESOLVED, that our Ohio State Medical Association advocate for maintained Medicaid payment rates for hospitals, physicians, nursing homes, and other health care providers without reduction in "optional benefits" including prescription drug coverage and clinic services; and be it further

RESOLVED, that our Ohio State Medical Association oppose reductions in Medicaid/CHIP eligibility.

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

References:

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9. Ohio Department of Health. Title V Maternal and Child Health Block Grant. State of Ohio. Accessed April 2, 2025. https://odh.ohio.gov/know-our-programs/maternal-child-health/title-v-maternal-and-child-health-block-grant
10. Health Policy Institute of Ohio. Ohio Medicaid Basics 2025. Feb. 2025. Access Publication.
11. AMA Policy Opposition to Medicaid Work Requirements H-290.961
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