OHIO STATE MEDICAL ASSOCIATION 2025 HOUSE OF DELEGATES

PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 2

Presented by Andrew Rudawsky, MD, Chair, 5th District

Jessica Geddes, MD	1st District
Stephen House, MD	2nd District
Carl Wehri, MD	3rd District
Johnathon Ross, MD	4th District
Susan Arceneaux, MD	5th District
Joseph R. Hellmann, Jr., MD	6th District
Kevin Qin, MD	7th District
Marla Haller, DO	8th District
Amy Burkett, MD	Specialties Representative
Elana Sitnik, MD	Resident & Fellows Section
Tani Malhotra, MD	Young Physician Section
Ms. Elsa Khan	Medical Student Section

Resolutions Committee Two has reviewed the resolutions that have been proposed for consideration at the 2025 Meeting of the OSMA House of Delegates. Committee Two 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; Adopt in Lieu, or Refer.

Resolution No. 29 – 2025 - AMEND

Removing Ambiguous Language about Fetal Heartbeat

Preliminary Comments: Online comments reflected a notable divide in opinion regarding the modified language in item 6 of the resolution. Opponents—citing guidance from ACOG, the Society of Radiologists in Ultrasound, and the AMA—argued that the term "fetal heartbeat" is medically inaccurate before 10 weeks of gestation and that OSMA should uphold the use of precise, evidence-based terminology. They emphasized that imprecise or emotionally charged language can lead to confusion in public discourse and policymaking.

Supporters of the resolution countered that "fetal heartbeat" is a commonly used and widely understood term that should not be dismissed solely because of its emotional or political connotations. Several commenters, including the resolution's co-authors, supported a compromise that differentiates between "embryonic cardiac activity" prior to 10 weeks and "fetal cardiac activity" thereafter—an approach more aligned with current medical standards.

The Resolutions Committee acknowledged the need for clearer language within OSMA policy and agreed that incorporating a medically accurate distinction would provide greater clarity. The amended language was viewed as a reasonable balance—

scientifically sound while preserving OSMA's role in legislative advocacy. It avoids endorsing politicized language while aligning with accepted medical terminology.

RESOLVED, that the OSMA amend Policy 6 – 2024 as follows:

Policy 6–2024 – Policy on Abortion

1. The OSMA recognizes and supports each individual physician's right to maintain their own personal views. It is neither our duty nor our intent to alter personal views.
2. The OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:
   - Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and or education of a patient which are not consistent with the medical standard of care; or,
   - Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care.
3. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.
4. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.
5. The OSMA opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing evidence-based reproductive health care services within the medical standard of care.
6. ~~The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity~~.
6. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent EMBRYONIC CARDIAC ACTIVITY PRIOR TO 10 WEEKS OR FETAL CARDIAC ACTIVITY AFTER 10 WEEKS.

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

Resolution No. 30 – 2025 - AMEND

Vaccines

Preliminary Comments: Online testimony on this resolution was highly polarized. A majority of commenters opposed the resolution in its current form, expressing serious concern that it would undermine public trust in vaccines, distort scientific evidence, and inappropriately elevate anecdotal or misinterpreted data sources. Many commenters emphasized that vaccines are among the greatest public health achievements in medical history—responsible for the eradication or control of numerous deadly diseases such as

smallpox, polio, and measles. The CDC, WHO, and countless peer-reviewed studies have affirmed that vaccination saves millions of lives each year and drastically reduces the burden of preventable illness.

Commenters opposing the resolution pointed out that it selectively cited non-peer-reviewed sources, blog posts, and opinion pieces with questionable credibility, some authored by individuals with financial or political conflicts of interest. Others noted that VAERS, while a valuable surveillance tool, is an open system not designed to establish causality and is frequently misrepresented in anti-vaccine narratives. Critics also raised ethical objections to the resolution's call for placebo-controlled trials for all vaccines, explaining that such trials may be unethical or unfeasible for life-saving immunizations like rabies.

Supporters of the resolution, including the author and a few individual commenters, emphasized patient autonomy, the importance of informed consent, and concerns over adverse vaccine effects—particularly in the context of COVID-19 mandates. They advocated for increased transparency in vaccine data, simplified reporting of adverse events, and pharmaceutical liability reform. Some supporters argued that vaccine mandates have damaged public trust and that reforms could restore physician-patient dialogue around immunization.

The Resolutions Committee acknowledged the need to foster public trust, informed consent, and open dialogue around vaccines, but expressed strong concern that much of the resolution, as written, would conflict with OSMA's longstanding support for evidence-based immunization policy. The Committee agreed that the first two resolved clauses—encouraging physician familiarity with vaccine safety and advocating for simplified adverse event reporting through VAERS—support reasonable goals aligned with informed consent and transparency. However, the remaining resolved clauses were seen as either scientifically unsupported, ethically problematic, or potentially harmful to OSMA's credibility as a proponent of evidence-based medicine.

RESOLVED, that OSMA encourages physicians to become familiar with vaccine adverse safety effects, in order to give full informed consent concerning the risks of any vaccination, including references to VAERS; and be it further

RESOLVED, that OSMA supports encouraging AMA to lobby CDC to simplify the VAERS, allowing vaccine adverse events to be easily reported by health care providers.~~; and be it further~~

~~**RESOLVED**, that OSMA supports liability for pharmaceuticals; and be it further~~

~~**RESOLVED,** that OSMA opposes vaccine mandates for all citizens, including health-care personnel; and be it further~~

~~**RESOLVED**, that OSMA Policy 21 – 2017 as follows:~~

~~Policy 21 – 2017 – Removal of Non-Medical Exemptions for Mandated Immunizations and Support of Immunization Registries~~

1. ~~The OSMA supports the use of immunizations THAT ARE SUPPORTED BY PEER-REVIEWED, PLACEBO-CONTROLLED STUDIES to reduce the incidence of preventable diseases.~~

~~2. The OSMA supports the removal of non-medical exemptions for required school immunizations.~~

3. ~~The OSMA encourages the use of immunization reporting systems for patients of all ages; and be it further~~

~~**RESOLVED** that OSMA rescind Policy 08-2019: HPV Immunization; and be it further~~

~~**RESOLVED** that OSMA amend Policy 07-2021 as follows:~~

~~Policy 07-2021 – Protection of Informed Consent and Patient Autonomy with Administration of COVID-19 ANY Vaccinations~~

~~1. The OSMA strongly encourages healthcare workers and first responders to receive the COVID- 19 vaccine.~~
~~2. The OSMA supports the freedom of schools and public and private employers to require the COVID-19 vaccine, which is in the best interest of their employees, students and/or patrons, with reasonable religious and medical exemptions.~~
~~3. The OSMA strongly encourages protection of patient autonomy and informed consent with respect to COVID-19 vaccinations.~~
~~4. The OSMA AMA Delegation shall take this resolution to the AMA for consideration; and be it further~~

~~**RESOLVED**, that OSMA rescind Policy 16-2022 – Allowing Mature Minors to Consent for Vaccination and Policy 17 – 2022 – Supporting Vaccination in Ohio; and be it further~~

~~**RESOLVED**, that OSMA supports research and use of alternative therapeutics for diseases aside from vaccines, and opposes restrictions on physicians who recommend these alternatives for their patients.~~

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

Resolution No. 31 – 2025 - AMEND

No Surprises Act – Provider Protections

Preliminary Comments: Online comments were unanimously supportive of the resolution. The Resolutions Committee concurred with this support and agreed that the resolution addresses important barriers physicians face in the IDR process. To enhance clarity and ensure the resolved clauses can stand independently, the Committee recommended spelling out “Independent Dispute Resolution” in full in each resolved clause, rather than relying on abbreviations.

RESOLVED, that the Ohio State Medical Association (OSMA) will advocate for the elimination of excessive fees and other process inefficiencies that increase practice cost for the INDEPENDENT DISPUTE RESOLUTION (IDR) resolution process; and be it further

RESOLVED, that OSMA will advocate for payers to adhere to prompt payment after INDEPENDENT DISPUTE RESOLUTION (IDR) decisions.

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

Resolution No. 32 – 2025 - ADOPT

Prohibit Fees by Health Plans for Physician Standard Electronic Funds (EFT) Payment Transactions

Preliminary Comments: Online comments were unanimously supportive of the resolution, with physicians expressing concern that health plans are increasingly shifting the cost of standard electronic funds transfer (EFT) payment fees onto physicians and other health professionals. Commenters emphasized that this practice reduces already strained reimbursement rates and that any transaction fees should rightly be the responsibility of the insurer—not the physician providing care. The resolution's author and other supporters highlighted this as a growing and inappropriate cost burden on medical practices.

The Resolutions Committee agreed with the concerns raised and acknowledged that, while there may be fiscal implications to pursuing this advocacy, the issue represents an unjustified financial barrier that merits action. Protecting the integrity of physician reimbursement is a vital component of supporting practice sustainability.

RESOLVED, that our OSMA will advocate for a prohibition on health plans charging physicians and other health professionals fees for standard electronic funds transfer (EFT) payment transactions.

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

Resolution No. 33 – 2025 – AMEND

Opposing Co-Pay Maximizer Programs

Preliminary Comments: Online comments were largely supportive of the resolution, with several commenters noting that insurers are increasingly using "copay maximizer" programs to undermine the value of manufacturer assistance—effectively raising patients' out-of-pocket costs. Supporters emphasized that this practice is financially harmful and inconsistent with OSMA's prior advocacy against similar tactics, such as "copay accumulator" programs. Multiple commenters referenced OSMA Policy 25-2020, which calls for vouchers and similar assistance to be counted toward a patient's

deductible or out-of-pocket maximum. Opponents of the resolution did not disagree with its intent but suggested that it was duplicative of existing OSMA policy.

The Resolutions Committee recognized that the resolution addresses a more recent tactic—copay maximizers—not explicitly covered in Policy 25-2020, and that combining both policies into a unified statement would strengthen OSMA's position. The Committee drafted substitute language to clarify the scope of OSMA's advocacy, ensuring it encompasses both accumulator and maximizer programs.

~~**RESOLVED**, that our OSMA supports the restriction of insurance companies' ability to adjust copay costs based on a patient's participation in a manufacturer's assistance program~~;

RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION (OSMA) ADVOCATE FOR LEGISLATION REQUIRING THAT THE VALUE OF ANY FINANCIAL ASSISTANCE—SUCH AS VOUCHERS, COPAY CARDS, OR OTHER SUPPORT—PROVIDED BY PHARMACEUTICAL OR DURABLE MEDICAL EQUIPMENT COMPANIES AND SUBMITTED BY PATIENTS BE COUNTED TOWARD THE PATIENT'S DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM, AND THAT INSURERS BE PROHIBITED FROM ADJUSTING COPAY, DEDUCTIBLE, OR OTHER COST-SHARING REQUIREMENTS IN A WAY THAT NEGATES THE BENEFIT OF SUCH ASSISTANCE; AND BE IT FURTHER

RESOLVED, THAT THE OSMA RESCIND POLICY 25-2020 – CO-PAY ACCUMULATORS.

Proposed Title Change: PROTECTING PATIENTS FROM COPAY ACCUMULATOR AND MAXIMIZER PROGRAMS

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

Resolution No. 34 – 2025 - AMEND

Oversight of Medicare Advantage Plan

Preliminary Comments: Online comments were generally supportive of the resolution. Some commenters expressed support as written, while others, including representatives from Districts 2 and 3, proposed amendments. District 2 opposed the resolution as written and recommended striking the fourth and fifth resolved clauses and amending the first clause to focus more directly on reducing prior authorization requirements. District 3 supported the resolution with similar amendments. One commenter suggested replacing the resolution entirely with endorsement of relevant AMA policies (D-285.959 and H-330.867).

The Resolutions Committee acknowledged that the fourth and fifth resolved clauses substantially overlap with existing AMA policy and address issues already being pursued at the national level. The Committee determined that the first three resolved clauses were appropriate for OSMA advocacy and retained them, recommending the removal of the final two clauses to streamline the resolution and avoid duplication.

RESOLVED, that our OSMA supports equivalence in treatment and prior-authorization guidelines between Medicare Advantage plans and Traditional Medicare; and be it further

RESOLVED, that our OSMA supports that proprietary criteria shall not supersede the professional judgment of the patient's physician when determining Medicare and Medicare Advantage patient eligibility for procedures and admissions; and be it further

RESOLVED, that our OSMA support that Medicare Advantage risk adjustment formulas be revised so that claims data is based on the actual cost of providing care; and be it further

~~**RESOLVED**, that our OSMA ask our AMA to lobby in support of MedPAC recommendations to develop an improved risk adjustment model and change the current benchmark policy to one that bases federal payments to Medicare Advantage organizations and Medicare Advantage payments to physicians/healthcare centers on more accurate Fee-For-Service-derived benchmarks; and be it further~~

~~**RESOLVED**, that our OSMA ask our AMA to study how financial savings generated through enactment of MedPAC recommendations and AMA policies for reform of the Medicare Advantage program can be used to improve Traditional Medicare.~~

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

Resolution No. 35 – 2025 - REFER

Insurance Subsidies for Undocumented Immigrants

Preliminary Comments: Online comments on this resolution revealed a clear divide in opinion. Supporters emphasized that access to healthcare is a human right and that expanding insurance subsidies and coverage to undocumented immigrants would reduce health disparities, lower long-term costs to the healthcare system, and promote public health. Several commenters cited data showing that undocumented immigrants contribute significantly to the tax base yet are often excluded from the benefits those taxes fund. They also argued that emergency-only care is expensive, delayed, and insufficient for meeting the healthcare needs of these communities.

Opponents of the resolution raised concerns about cost, legality, and fairness. Some expressed the view that extending public subsidies to undocumented immigrants would incentivize unlawful entry and place an undue burden on taxpayers. Others advocated for focusing on addressing root causes in immigrants' countries of origin rather than expanding access domestically. District 2 supported only the second resolved clause and recommended striking the others. Stark County Medical Society and others questioned the data used in the resolution and recommended referring the matter to Council for further review.

The Resolutions Committee acknowledged the complexity and divisiveness of the issue. Given the intensity of opinions, the potential fiscal and policy implications, and questions about existing data, the Committee felt this topic warranted more in-depth discussion and review than is possible during the House of Delegates session.

RESOLVED, that our OSMA support federal efforts to provide subsidies for undocumented immigrants to purchase health insurance, including by extending eligibility for premium tax credits and cost-sharing reductions to purchase Affordable Care Act (ACA) plans; and be it further

RESOLVED, that our OSMA support state efforts to expand health coverage to all Ohio residents, including children, adults, and pregnant people, regardless of immigration status; and, be it further

RESOLVED, That our OSMA amend Policy 5 - 2008 by addition and deletion as follows; and be it further

Policy 5 – 2008 – Health Insurance Coverage for All Ohioans

1. The OSMA supports guaranteed access to individually owned, affordable and sustainable health care insurance for all Ohio ~~citizens~~ RESIDENTS.

RESOLVED, that our OSMA amend Policy 01 - 2017 as follows:

Policy 01 – 2017 – Supporting Changes in Health Care Policy that Increase Coverage and Expand Benefits

1. The OSMA supports the elimination of pre-existing condition exclusions from health insurance contracts and supports providing all Ohio ~~citizens~~ RESIDENTS with high quality health care.
2. The OSMA opposes changes to healthcare policy that would decrease access to health care coverage for the ~~citizens~~ RESIDENTS of Ohio.
3. The OSMA supports the inclusion of young adults up to age 26 on their parents'/guardians' health care plans.
4. The OSMA supports health care policies that allow states and institutions the right to explore and develop individualized models for covering the uninsured.

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

Resolution No. 36 – 2025 - AMEND

Inclusive Insurance Coverage for Fertility-Related Healthcare

Preliminary Comments: Online comments on this resolution were mixed. Supporters emphasized that access to fertility-related healthcare—including infertility treatment and fertility preservation—is a matter of equity and reproductive justice. They highlighted gaps in current insurance policies that disproportionately impact LGBTQ+ individuals, single individuals, and communities of color. Several commenters argued that this resolution aligns with medical standards, AMA policy, and Ohio's recently passed reproductive rights amendment.

Opponents voiced concerns about the resolution's breadth, potential cost implications, and inclusion of gender identity and sexual orientation. Some felt that fertility care should remain within the discretion of insurers and objected to rescinding existing

OSMA policy. Districts 2 and 3, while generally supportive of expanding coverage, recommended retaining the first resolved clause but striking the second.

The Resolutions Committee carefully reviewed these perspectives and concluded that the new language substantially updates and improves upon OSMA Policy 37–1988. However, the Committee noted that the existing policy specifically mentions diagnosis of infertility—a component not explicitly stated in the original resolution. To ensure continuity of that important provision while modernizing and broadening OSMA's support for fertility-related care, the Committee proposed revised language that includes both diagnosis and treatment.

RESOLVED, that the OSMA supports health insurance coverage for fertility-related healthcare, including DIAGNOSIS AND treatment for infertility, and fertility preservation, regardless of marital status, gender identity, or sexual orientation; and be it further

RESOLVED, that the OSMA rescind OSMA Policy 37 – 1988 – Infertility Insurance Coverage.

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

Resolution No. 37 – 2025 - AMEND

Increasing Awareness of DEA Prescription Drug Take Back Programs

Preliminary Comments: Online comments were generally supportive of the resolution's intent to increase awareness of prescription drug take back programs, but several commenters raised concerns about the potential fiscal burden on the OSMA. Commenters questioned whether OSMA was already engaged in similar educational efforts and suggested the organization should not be the primary entity responsible for public outreach. District 2 proposed amending the language to clarify the role of OSMA as supportive rather than directive, and to shift responsibility for public education to the Ohio Department of Health and Human Services. This amendment was supported by multiple commenters, who also recommended adjusting the fiscal note accordingly.

The Resolutions Committee agreed with the resolution's overall goal but shared concerns about the fiscal implications. To address these, the Committee recommended amendments to both resolved clauses.

RESOLVED, that our OSMA ~~inform~~ SUPPORTS physician~~s~~ AWARENESS of the U.S. Drug Enforcement Agency's Office of Diversion Control's prescription drug take back program; and be it further

RESOLVED, that our OSMA work with the Ohio Department of Health and Human Services AND OTHER STAKEHOLDERS to educate the public about the availability of prescription drug take back programs approved by the U.S. Drug Enforcement Agency's Office of Diversion Control.

Fiscal Note: $ (Sponsor)
$ 25,000 (revised by staff)

Resolution No. 38 – 2025 - AMEND

Support for Mandatory Stock of Epinephrine Autoinjectors and Dispense Training for K-12 School Administrators and Staff

Preliminary Comments: Online comments were mixed on this resolution. Multiple commenters raised concerns about the cost and feasibility of the proposed mandates. Several noted that schools would bear the financial burden of stocking and annually replacing autoinjectors due to expiration, which could be significant—especially in large districts. Others argued that mandates could be problematic without dedicated funding or flexibility and recommended either striking the word "mandatory" or referring to existing AMA policy instead. Some commenters voiced concern about blanket policies overriding local decision-making.

The Resolutions Committee recognized both the importance of epinephrine access and the legitimate concern about cost to schools. The Committee supported the resolution's overall intent but agreed that the burden should not fall entirely on schools. Citing strong, existing AMA policy, the Committee added a third resolved clause supporting students' ability to carry prescribed medications, such as epinephrine or asthma treatments, shifting some responsibility to individuals while still enhancing access.

RESOLVED, that our OSMA supports ~~mandatory~~ stocking of epinephrine injection autoinjectors in K-12 public schools; and be it further

RESOLVED, that our OSMA supports ~~mandatory~~ ADMINISTRATION ~~dispense~~ training of epinephrine ~~injection~~ autoinjectors for K-12 public school staff; AND BE IT FURTHER

RESOLVED, THAT OUR OSMA SUPPORTS PERMITTING STUDENTS TO CARRY EPINEPHRINE OR OTHER MEDICATIONS PRESCRIBED BY THEIR PHYSICIAN FOR ASTHMA OR ANAPHALAXIS.

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

Resolution No. 39 – 2025 – AMEND

Overdose Prevention Education

Preliminary Comments: Online comments were divided on this resolution. Supporters noted that the OSMA currently lacks specific policy on overdose prevention education and naloxone administration, and argued that this resolution would help broaden OSMA's advocacy in addressing Ohio's substance use crisis.

505 **Opponents, however, felt the resolution was adequately addressed by existing OSMA**
506 **policy. Several commenters pointed out that the organization already has multiple**
507 **policies addressing the opioid epidemic and related treatment issues.**
508
509 **The Resolutions Committee agreed with the intent of the resolution but concluded that**
510 **its substance is better incorporated into existing OSMA policy rather than passed as a**
511 **standalone measure. Specifically, the Committee recommended adding "including**
512 **naloxone administration" to the public awareness clause of Policy 13-2022, thereby**
513 **ensuring the resolution's goal is addressed without duplicating existing efforts.**
514
515
516 ~~**RESOLVED**, our OSMA supports policies promoting education on overdose prevention~~
517 ~~and naloxone administration.~~
518
519 **Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio Through Medication-**
520 **Assisted Treatment and Harm Reduction Services**
521
522 1. The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted
523 treatment, including but not limited to methadone or buprenorphine, and harm reduction
524 methods without penalty when clinically appropriate.
525 2. The OSMA supports public awareness campaigns to increase education of evidence-based
526 services for opioid addiction, including but not limited to medication-assisted treatment, harm
527 reduction INCLUDING NALOXONE ADMINISTRATION, and recovery services.
528 3. The OSMA supports existing and pilot programs for the distribution of fentanyl test strips in
529 at-risk communities in Ohio.
530 4. The OSMA supports legislation prohibiting prior authorization requirements and other
531 restrictions on use of evidence-based medications for opioid use disorder.
532 5. The OSMA supports research, policy, and education concerning the impacts of racism and
533 classism on patient awareness of and access to substance use disorder treatment.
534 6. The OSMA supports legislation directing residential treatment providers to offer opioid agonist
535 or partial agonist therapies, with associated trained medical personnel, on-site, or to facilitate
536 access off-site.
537
538 **Fiscal Note:** $ (Sponsor)
539 $ 500+ (Staff)
540
541
542 **Resolution No. 40 – 2025 - AMEND**
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544 **Action to Address the Increase in Xylazine-Related Overdoses**
545
546 **Preliminary Comments: Online comments were broadly supportive of amending Policy**
547 **13-2022 to include education about the dangers of contaminants in illicit drug supplies,**
548 **such as xylazine. Commenters agreed this addition reflects the evolving nature of Ohio's**
549 **opioid crisis and complements OSMA's existing harm reduction efforts. One commenter**
550 **suggested rephrasing the new clause for improved clarity, while others proposed**
551 **amendments to unrelated portions of the policy—suggestions the Committee considered**
552 **out of scope for this resolution.**
553
554 **The Resolutions Committee viewed this resolution as a natural extension of OSMA's**
555 **current policy, particularly given that some Ohio public health departments are already**

engaged in distributing test strips and raising awareness around drug contaminants. However, to address concerns about fiscal implications, the Committee recommended striking the words “the implementation and widespread” from the proposed clause to reduce the perceived burden on the OSMA.

RESOLVED, that the OSMA amend Policy 13-2022 as follows;

> Policy 13-2022 - Curbing Opioid-Related Deaths in Ohio Through Medication-Assisted Treatment and Harm Reduction Services
>
> 1.The Ohio State Medical Association (OSMA) advocates for the use of medication-assisted treatment, including but not limited to methadone or buprenorphine, and harm reduction methods without penalty when clinically appropriate.
> 2. The OSMA supports public awareness campaigns to increase education of evidence-based services for opioid addiction, including but not limited to medication-assisted treatment, harm reduction, and recovery services.
> 3. The OSMA supports existing and pilot programs for the distribution of fentanyl AND XYLAZINE test strips in at-risk communities in Ohio.
> 4. The OSMA supports legislation prohibiting prior authorization requirements and other restrictions on use of evidence-based medications for opioid use disorder.
> 5. The OSMA supports research, policy, and education concerning the impacts of racism and classism on patient awareness of and access to substance use disorder treatment.
> 6. The OSMA supports legislation directing residential treatment providers to offer opioid agonist or partial agonist therapies, with associated trained medical personnel, on-site, or to facilitate access off-site.
> 7. THE OSMA SUPPORTS ~~THE IMPLEMENTATION AND WIDESPREAD~~ EDUCATION ABOUT THE DANGERS OF CONTAMINANTS IN ILLICIT DRUG SUPPLIES.

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

Resolution No. 41 – 2025 - ADOPT

Improving Patient Access to Pharmacies and Medications in Pharmacy Deserts

Preliminary Comments: Online comments reflected strong support for the resolution, with multiple commenters sharing firsthand accounts of recent pharmacy closures in small Ohio towns. Physicians noted that these closures have created significant access barriers, leading to longer travel times for patients, overwhelmed remaining pharmacies, and delays in medication access—particularly for controlled substances like stimulants and pain medications that cannot be filled by mail-order pharmacies. Commenters emphasized that these disruptions can result in decreased medication adherence and worse health outcomes.

District 3, which authored the resolution, noted that current OSMA and AMA policy does not sufficiently address the growing issue of pharmacy deserts. While most commenters supported the resolution as written, the Stark County Medical Society suggested simplifying the resolution by focusing solely on the final resolved clause, which refers the issue to the AMA for further study and national-level action.

The Resolutions Committee agreed that pharmacy access is a growing concern, particularly in rural and underserved areas. The Committee supported the resolution's call to explore telepharmacy, address reimbursement disparities, and examine the role of preferred pharmacy networks and Pharmacy Benefit Managers (PBMs). The Committee also agreed that engaging the AMA is a critical step to address this issue on a broader scale.

RESOLVED, that our OSMA work with the Ohio Board of Pharmacy to discuss the possibility of telepharmacy in Ohio; and be it further

RESOLVED, that our OSMA work with the Ohio Department of Insurance to evaluate differences in reimbursement for pharmaceuticals between Medicaid and private insurances, and rectify those differences; and be it further

RESOLVED, that our OSMA ask for review of preferred pharmacy networks, especially in view of multiple pharmacy deserts in Ohio, resulting in lack of patient access to pharmacies; and be it further

RESOLVED, that our OSMA AMA Delegation take the issue of pharmacy deserts to our AMA for further study and discussion of possible solutions to this issue including telepharmacy, better reimbursement by Medicare, Pharmacy Benefit Managers limitations on preferred pharmacies and reimbursement, especially for independent pharmacies, and other policies to improve access for patients to their prescribed medications.

Fiscal Note: $ (Sponsor)
$ 50,000 (revised by staff)

Resolution No. 42 – 2025 - REFER

Automatic Pharmacy Refill Requests

Preliminary Comments: Online comments generally supported the intent of the resolution, which seeks to reduce administrative burden on physicians by allowing them to opt out of automated prescription refill requests from pharmacies. Commenters noted that such requests can be especially problematic when medications are prescribed for limited durations or specific clinical scenarios.

However, concerns were raised about the complexity of implementing such an opt-out process across numerous pharmacy systems and EHR platforms. Commenters from District 2 and the Stark County Medical Society emphasized that the resolution, while well-intentioned, may require further clarification and logistical planning before being adopted. Suggestions included refining the language or replacing the resolution with broader policy discouraging automated refill requests.

The Resolutions Committee agreed with the overall goal of the resolution but recognized that the ability to opt out already exists in some electronic health record (EHR) systems. Given the variability in implementation and the need for further discussion about

feasibility and process, the Committee recommended referring the resolution to Council for additional consideration.

RESOLVED, that the Ohio State Medical Association (OSMA) create as policy that physicians be able to opt out of automated refill requests from pharmacies; and be it further

RESOLVED, that the OSMA submit a similar resolution to the American Medical Association (AMA) with the additional request that the AMA work with national pharmacies to comply with this resolution.

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

Resolution No. 43 – 2025 - AMEND

Support for Medical Professionals and Trainees Who Breastfeed

Preliminary Comments: Online comments were broadly supportive of the resolution, which encourages healthcare organizations to implement policies that support lactating health care workers and trainees. Commenters highlighted the public health benefits of breastfeeding and emphasized the importance of creating supportive environments—especially for trainees and early-career physicians balancing clinical demands with family responsibilities.

Several commenters questioned the fiscal note associated with the resolution, arguing that the language simply encourages best practices rather than mandates costly infrastructure. Commenters also shared low-cost solutions already in use, such as wearable pumps, use of existing patient rooms, and standard refrigerators. Some raised concerns that this resolution may duplicate federal protections already in place under laws like the PUMP Act and FLSA, though others pointed out that continued support at the state level remains important, particularly in light of potential changes to federal protections.

To address concerns about implied financial burden and clarify that OSMA is not mandating costly infrastructure changes, the Resolutions Committee recommended striking the phrase "including but not limited to" and substituting "such as" in the list of examples. This edit emphasizes flexibility while preserving the intent of supporting lactating health care workers and trainees through workplace accommodations.

RESOLVED, the OSMA encourages healthcare organizations to implement policies that allow lactating health care workers and trainees sufficient time to breastfeed and/or pump breast milk, and appropriate resources for them to maintain their work and study responsibilities, ~~including but not limited to~~ SUCH AS:

i. Installation of computer workstations and phones in private lactation rooms
ii. Accommodations for lactation in faculty schedules
iii. Creation and maintenance of facilities for storing expressed breast milk.

Fiscal Note: (Sponsor) $
$500+ (revised by staff)

Resolution No. 44 – 2025 - AMEND

Support for Increased Training for Physicians on Screening for Elder Abuse and Injustice

Preliminary Comments: Online commenters overwhelmingly supported the resolution's intent to encourage training for physicians and other health professionals to better recognize and respond to elder injustice, including neglect, abuse, and exploitation. Supporters emphasized the importance of improving physician awareness and education to support this vulnerable population, noting that early recognition can lead to appropriate interventions.

The Organized Medical Staff Section (OMSS) and others recommended narrowing the resolution's focus to training alone, suggesting that broader efforts to address policy and systemic inequities affecting older adults—though important—would require separate legislation and resources outside the scope of this resolution. Several commenters supported this amendment and further recommended refining the language to focus on "medical students, residents, and physicians," to clarify the audience and reduce ambiguity.

A small number of commenters opposed the resolution, citing concerns about the practicality of expanding screening expectations for already time-constrained primary care providers, and noting that the U.S. Preventive Services Task Force has found insufficient evidence to recommend universal screening for elder abuse. However, supporters countered that this resolution focuses on training and awareness—not mandatory screening—and does not impose additional documentation or performance burdens on physicians.

The Resolutions Committee supported the intent of the resolution and agreed with the proposed amendments to streamline the language and clarify the resolution's focus on training. The Committee determined that narrowing the scope to education would strengthen the resolution while maintaining its core purpose.

RESOLVED, that our OSMA encourages training for MEDICAL STUDENTS, RESIDENTS, AND physicians to ~~screen for~~ RECOGNIZE elder injustice, including neglect, abuse, and exploitation~~, and policy for mitigation of elder inequities~~.

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

Resolution No. 45 – 2025 - AMEND

Opposing the Targeting of Healthcare Workers and Facilities in Conflict Zones

Preliminary Comments: Online comments reflected a clear divide in opinion. Supporters of the resolution emphasized the importance of protecting physicians, trainees, and healthcare workers who engage in global health efforts, particularly in conflict zones. Many noted the presence of global health programs in Ohio's medical schools and the significant contribution Ohio-based physicians make to international humanitarian work. They argued that establishing OSMA policy on this issue would allow Ohio physicians to advocate more effectively at the national level through the AMA.

Opponents expressed concerns that international affairs fall outside the proper scope of the OSMA, arguing that the organization should prioritize issues affecting healthcare within Ohio. Others raised broader philosophical objections, particularly to previous OSMA policies referencing healthcare as a human right.

The Resolutions Committee recognized the limitations of OSMA's direct influence in international affairs. However, given the frequency with which these issues arise at the AMA, the Committee agreed that it is appropriate for OSMA to have guiding policy to inform its delegation. To that end, the Committee recommended simplifying the language of the resolution to focus solely on opposition to violence against healthcare workers and the need for protective measures, while removing references to international conventions or accountability mechanisms.

RESOLVED, that our OSMA opposes any attacks on healthcare workers and facilities ~~in conflict zones~~ and calls for ~~international~~ measures to protect them.~~; and be it further~~

~~**RESOLVED**, that our OSMA advocates for global accountability for targeting medical personnel and facilities and supports strengthening enforcement of international humanitarian law; and be it further~~

~~**RESOLVED**, that our OSMA advocates adherence to international conventions protecting healthcare workers and facilities in conflict zones to ensure that essential care continues during times of war and unrest.~~

Fiscal Note: $ (Sponsor)
$ 500+ (revised by staff)

Resolution No. 46 – 2025 – NOT ADOPT

Equitable Access to Healthcare through Paid Time Off

Preliminary Comments: Online comments reflected significant division on this resolution. Supporters emphasized the public health consequences of employees being forced to work while sick due to lack of paid leave, particularly in lower-wage jobs. They shared personal and professional experiences illustrating how the absence of paid sick leave contributes to delayed care and deepens health disparities.

Opponents expressed concern that a broad endorsement of paid sick leave could impose financial strain on small businesses. Several commenters also pointed to existing AMA Policy H-440.823, which supports paid sick leave while allowing for flexibility based on employer size and economic considerations.

809
810 **The Resolutions Committee acknowledged the resolution's intent but ultimately**
811 **recommended not adopting it, citing the concerns raised in testimony and the adequacy**
812 **of existing AMA policy.**
813
814
815 **RESOLVED**, our OSMA supports paid sick leave for Ohio workers.
816
817 **Fiscal Note:** $ (Sponsor)
818 $ 500+ (Staff)
819
820
821 **Resolution No. 47 – 2025 - ADOPT**
822
823 **Reducing the Burden of Medical Debt on Patients**
824
825 **Preliminary Comments: There was limited online testimony on this resolution, with most**
826 **comments in support. Testifiers emphasized the growing burden of medical debt and its**
827 **disproportionate impact on vulnerable patients. One commenter noted existing AMA**
828 **policy on this topic.**
829
830 **The Committee recognized strong alignment with existing AMA policy but agreed that a**
831 **state-level position could strengthen OSMA's advocacy. Given the complexity of the**
832 **issue, the Committee anticipates more robust debate during the meeting.**
833
834
835 **RESOLVED**, that the OSMA support policies that protect patients from negative
836 consequences of medical debt, including, but not limited to, policies that:
837
838 a. Limit medical debt interest,
839 b. Limit wage garnishment due to medical debt,
840 c. Prohibit placing liens on homes due to medical debt,
841 d. Set minimum standards for hospital payment plans for patients,
842 e. Mandate instructions be given to every patient on how to pursue a
843 healthcare facility's payment plan, payment forgiveness, and loan services,
844 and
845 f. Establish conditions before a hospital can send a bill to collections.
846
847 **Fiscal Note:** $ (Sponsor)
848 $ 500+ (Staff)
849
850
851 **Resolution No. 48 – 2025 - AMEND**
852
853 **Support for Proactive and Strategic Stockpiling of Health Care Supplies in Times of**
854 **Crises**
855
856 **Preliminary Comments: Online testimony was uniformly supportive of the resolution,**
857 **with several commenters suggesting revisions to streamline the language in the second**
858 **resolved clause. Commenters emphasized the importance of ensuring Ohio is adequately**

prepared for a broad range of disasters beyond pandemics and noted the value of a multi-disciplinary approach to strategic stockpiling.

The Resolutions Committee agreed with the proposed change to replace "pandemic" with "disaster" in the title and content of the existing OSMA policy. The Committee also recommended revising the second resolved clause to clarify that the OSMA is encouraging the formation of a strategic stockpiling board rather than establishing one directly.

RESOLVED, that our OSMA amend Policy 09-2021 as follows:

Policy 09-2021 – ~~Pandemic~~ DISASTER Preparedness

The OSMA recommends that The State of Ohio establish a standing board to continuously review ~~pandemic~~ DISASTER preparedness including, but not limited to, stockpiles of personal protective equipment, plans for isolation protocols, mobilization of testing, and immunization procedures, and ensure that physicians (MD/DO) are central to the administration of vaccinations to the citizens of Ohio. This board should include the Ohio State Medical Association, Ohio State Board of Pharmacy, the Ohio Hospital Association, and the Ohio Department of Health, and other interested parties; and be it further

RESOLVED, that our OSMA ~~select~~ ENCOURAGE THE FORMATION OF A strategic stockpiling board for all disasters, ~~including, but not limited to, pandemics, wildfires, hurricanes, tsunamis, tornados, earthquakes, landslides, snow storms, drought, flood, migration, mass shootings, terrorist attacks, nuclear events, and wars,~~ which includes physicians, healthcare product manufacturers, health officials, emergency management specialists, and hospital administration.

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

Resolution No. 49 – 2025 – ADOPT IN LIEU OF

Reaffirmation of Policy 06-2013: Graduate Medical Education, and 8 Identification of Potential Funding Solutions through Legislative 9 Initiatives

Preliminary Comments: Online comments for both Resolutions 49 and 50 were overwhelmingly supportive, emphasizing the urgent need to expand Graduate Medical Education (GME) funding in Ohio to address the state's growing physician shortage. Commenters highlighted that increasing residency slots—especially in rural and underserved areas and in high-need specialties like primary care and mental health—would improve access to care, strengthen the healthcare workforce, and reduce justification for expanding non-physician scope of practice.

Multiple commenters suggested combining the two resolutions, noting significant overlap in their intent and scope. One commenter raised concerns regarding public-private partnerships, specifically cautioning against potential involvement of private equity, but still supported the broader goals of the resolution. Another proposed amendment was to modify the language to "continue to advocate," recognizing OSMA's existing efforts on this issue.

The Resolutions Committee agreed with the strong support expressed and saw value in a unified, comprehensive policy statement that consolidates the two proposals. The combined resolution retains reaffirmation of existing OSMA policy (06-2013) while expanding on actionable strategies to grow and sustain Ohio's physician workforce through targeted GME investment.

RESOLVED, that the Ohio State Medical Association (OSMA) reaffirm OSMA Policy 06-2013; and be it further

RESOLVED, that the OSMA advocate for increased state and federal funding for Graduate Medical Education (GME) programs to address Ohio's physician workforce shortages and ensure access to high-quality healthcare; and be it further

RESOLVED, that GME funding prioritize:

1. The establishment of new and expansion of currently existing funding for residency programs in rural and underserved communities;
2. Support for training programs in primary care, mental health, and other specialties facing critical shortages; and
3. Collaboration with medical schools, teaching hospitals, and community health systems to maximize the impact of GME investments; and be it further

RESOLVED, that the OSMA advocate for policies aimed at expanding GME resources, including innovative funding mechanisms such as public-private partnerships and matching fund initiatives; and be it further

RESOLVED, that the OSMA commit to annual advocacy efforts and collaboration with key stakeholders to monitor and evaluate GME funding levels and physician workforce outcomes, ensuring accountability, transparency, and alignment with Ohio's healthcare needs.

Proposed Title Change: EXPANDING GRADUATE MEDICAL EDUCATION FUNDING TO ADDRESS OHIO'S PHYSICIAN WORKFORCE NEEDS

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

Resolution No. 49 – 2025 – NOT ADOPT

Reaffirmation of Policy 06-2013: Graduate Medical Education, and Identification of Potential Funding Solutions through Legislative Initiatives

RESOLVED, that OSMA hereby reaffirms OSMA Policy 06-2013, stating that our OSMA supports legislation to convene a state based task force of key stakeholders to include representatives from private business enterprises such as health insurance companies, private practice physicians, members of the general public, and academic medical center employees to study current graduate medical education (GME) financing in Ohio and investigate creative alternatives for GME funding that rely less on federal resources; and be it further

960 **RESOLVED,** that our OSMA advocate for increased state and federal funding for
961 Graduate Medical Education (GME) programs, with specific attention to underserved specialties
962 and regions within Ohio; and be it further
963
964 **RESOLVED,** that our OSMA work with legislative bodies to support and advocate for
965 policies aimed at expanding GME funding and resources, especially to increase physician
966 numbers in primary care and rural Ohio.
967
968 Fiscal Note: $50,000+ (Sponsor)
969 $50,000+ (Staff)
970
971
972 **Resolution No. 50 – 2025 – NOT ADOPT**
973
974 **Increase State Funding for Graduate Medical Education (GME)**
975
976 **RESOLVED,** that the Ohio State Medical Association advocate for increased state funding
977 for Graduate Medical Education programs to address the physician shortage and ensure access
978 to quality healthcare for all residents; and be it further
979
980 **RESOLVED,** that such funding prioritize:
981 1. The establishment and expansion of residency programs in rural and underserved
982 communities.
983 2. Training programs in primary care, mental health, and other specialties facing critical
984 shortages.
985 3. Collaboration with medical schools, teaching hospitals, and community health systems
986 to maximize the impact of GME funding.
987
988 **RESOLVED,** that the state explore innovative funding mechanisms, including public-
989 private partnerships and matching funds, to amplify the impact of its investment in GME; and be
990 it further
991
992 **RESOLVED,** that the Ohio State Medical Association commit to annual advocacy efforts
993 and collaboration with stakeholders to monitor and evaluate GME funding levels and workforce
994 outcomes, ensuring accountability, transparency, and alignment with Ohio's healthcare workforce
995 needs.
996
997 **Fiscal Note:** $ (Sponsor)
998 $ 50,000+ (Staff)
999
1000
1001 **Resolution No. 51 – 2025 – AMEND**
1002
1003 **Support of Comprehensive Healthcare Reform through Exploration of Other Models**
1004
1005 **Preliminary Comments: Testimony on this resolution was highly divided. Supporters**
1006 **expressed deep concern over healthcare affordability and inequity in Ohio, citing both**
1007 **personal experience and comparative data from other countries. They argued that the**
1008 **OSMA should support the exploration of alternative healthcare financing models to**
1009 **inform future reform. Opponents felt that this resolution conflicted with long-standing**
1010 **OSMA policy, raised ideological concerns, or extended beyond the organization's**

appropriate scope of action. Others questioned the feasibility or effectiveness of models such as single-payer systems.

The Resolutions Committee recognized the thoughtful and passionate testimony on both sides of this issue. While the Committee acknowledged concerns that universal healthcare reform may exceed the traditional scope of the OSMA, it also noted a growing interest in exploring strategies to address inequity, affordability, and administrative complexity in healthcare delivery. Given the complexity and policy implications of the original resolution, the Committee recommends referring the topic to OSMA Council for further study and report back to the House of Delegates at the 2026 Annual Meeting.

~~**RESOLVED**, that the Ohio State Medical Association supports universal healthcare reform that explores elements of single-payer efficiency, public option accessibility, and direct primary care affordability to maximize healthcare equity and cost-effectiveness; and be it further~~

~~**RESOLVED**, that the Ohio State Medical Association supports existing and pilot programs integrating these elements to evaluate their feasibility and scalability in addressing healthcare disparities within the United States.~~

RESOLVED, THAT THE OHIO STATE MEDICAL ASSOCIATION (OSMA) DIRECT THE OSMA COUNCIL TO STUDY MODELS OF UNIVERSAL HEALTHCARE REFORM, INCLUDING BUT NOT LIMITED TO APPROACHES THAT INCORPORATE SINGLE-PAYER EFFICIENCY, PUBLIC OPTION ACCESSIBILITY, AND DIRECT PRIMARY CARE AFFORDABILITY, WITH PARTICULAR ATTENTION TO THEIR POTENTIAL TO IMPROVE HEALTHCARE EQUITY AND COST-EFFECTIVENESS, AND REPORT ITS FINDINGS AND RECOMMENDATIONS BACK TO THE HOUSE OF DELEGATES AT THE 2026 HOD ANNUAL MEETING.

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

Resolution No. 52 – 2025 - AMEND

Supporting the Integration of Blood Pressure Variability Data in Electronic Medical Records

Preliminary Comments: Online comments were mixed. Supporters emphasized the growing evidence linking blood pressure variability (BPV) to cardiovascular risk and noted that integration into electronic medical records (EMRs) would promote earlier identification and intervention. They argued that OSMA has previously supported similar measures for other risk factors and quality indicators.

Opponents expressed concern that BPV is not yet fully validated for clinical use, and that standardized thresholds or guidelines have not been established. Several commenters felt the resolution was premature and too specific for OSMA action.

The Resolutions Committee agreed that the resolution's first two resolved clauses merit support, particularly as a call for research and EMR development. However, the Committee recommends striking the third resolved clause, which urges clinical use of BPV data, as such recommendations are premature in the absence of clear clinical

guidelines. A final resolved clause was added to forward the resolution to the AMA for broader consideration and development at the national level.

RESOLVED, that our OSMA support the integration of blood pressure variability data into electronic medical records, with a focus on automated calculation capabilities similar to those established for body mass index; and be it further

RESOLVED, that our OSMA support research efforts to establish a pathological BPV threshold that could guide dietary and exercise recommendations, sleep evaluation, risk stratification, and other evidence-based interventions by healthcare providers; and be it further

~~**RESOLVED**, that our OSMA encourages healthcare providers to incorporate blood pressure variability into their clinical decision making.~~

RESOLVED, THAT THIS RESOLUTION BE FORWARDED TO THE AMA BY THE OHIO DELEGATION TO THE AMA.

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

Resolution No. 53 – 2025 - AMEND

Protecting Access to IVF Treatment

Preliminary Comments: Online comments were largely supportive of this resolution. Many commenters emphasized that in-vitro fertilization (IVF) is a vital component of family planning and reproductive health, particularly for physicians and patients who experience infertility. Supporters highlighted the importance of protecting both patients and providers from potential criminalization of this evidence-based medical practice.

Those in opposition raised two primary concerns. First, some expressed that the language was overly specific, noting that OSMA typically favors broader policy language. Second, others were concerned that the resolution might inadvertently limit legal accountability in complex or ethically challenging situations involving IVF.

Several commenters proposed amending the language to more broadly oppose criminalization, without referencing specific legislation or ballot measures.

RESOLVED, that our Ohio State Medical Association opposeS ~~any legislation or ballot measures that could criminalize~~ THE CRIMINALIZATION OF in-vitro fertilization.

Fiscal Note: $500+ (Sponsor)
$500+ (revised by staff)

Resolution No. 54 – 2025 - AMEND

Third Party Payer Denials Without Review of the Medical Record

Preliminary Comments: Online testimony demonstrated strong support for this resolution, with numerous commenters highlighting the negative impact of automatic downcoding and denials by third-party payers. Physicians expressed frustration with insurers' failure to review medical records prior to denying or reducing claims, which shifts an unjust administrative burden to providers and delays care for patients. Commenters also voiced concern about the increasing use of algorithms and artificial intelligence by insurers to downcode claims without adequate oversight or transparency.

Several commenters offered suggestions to strengthen the resolution. These included requiring payers to cover the cost of non-digital medical record transfers (such as by fax or mail) and establishing clear expectations for the appeals process.

The Resolutions Committee agreed with the intent of the resolution and the testimony provided, and recommended the addition of a new resolved clause to reflect the need for a defined and timely process for appealing downcoded claims.

RESOLVED, that our Ohio State Medical Association (OSMA) work with all relevant stakeholders to ensure that all payers be required to review the medical record prior to any denial or downcode, and be it further

RESOLVED, that our OSMA work with all relevant stakeholders to require that all payer denials and downcodes include clearly communicated rationale for such decisions; and be it further

RESOLVED, THAT OUR OSMA ADVOCATE FOR A CLEAR AND CONCISE APPEALS PROCESS FOR DOWNCODED CLAIMS AND THAT THE PAYER BE REQUIRED TO REVIEW SUCH A CLAIM ADJUDICATION WITHIN 30 DAYS OF FILING AN APPEAL; AND BE IT FURTHER

RESOLVED, that our OSMA advocate for a universally accessible reporting mechanism and enforceable penalties for payers who do not abide by the above requirement.

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

Resolution No. 55 – 2025 – AMEND

Interstate Compact to Facilitate Out-of-State Medicaid Provider Enrollment for Emergency Care

Preliminary Comments: Online comments were unanimously supportive of the resolution, citing the need to streamline and reduce redundancies in the Medicaid provider enrollment process. Multiple commenters pointed out that the original resolution title may cause confusion by referencing a “compact,” which is a distinct legal mechanism.

The Resolutions Committee agreed that the proposed action—advocating for a standardized, national Medicaid provider application—is a practical step toward reducing

1164 **administrative burden. The Committee also concurred with online testimony that the**
1165 **resolution title should be revised for clarity.**
1166
1167
1168 **RESOLVED**, that our Ohio State Medical Association (OSMA) work with our AMA to
1169 advocate for a national, standard, common application for Medicaid provider enrollment in order
1170 to facilitate efficient, multi-state enrollment.
1171
1172 **Proposed Title Change: STREAMLINING MULTI-STATE MEDICAID PROVIDER**
1173 **ENROLLMENT**
1174
1175 **Fiscal Note:** $ (Sponsor)
1176 $50,000+ (Staff)
1177
1178
1179 **Resolution No. 56 – 2025 – NOT ADOPT**
1180
1181 **Advocating for Street Medicine and Mobile Medical Units through Established Healthcare**
1182 **Systems for Underserved Populations**
1183
1184 **Preliminary Comments: Testimony on this resolution was largely in opposition.**
1185 **Commenters expressed concerns that the resolution was too broad and not sufficiently**
1186 **tailored to the diverse needs and existing resources of individual regions in Ohio.**
1187 **Several noted that mobile health units, while well-intentioned, may be high-cost and less**
1188 **effective than strengthening existing community-based programs. Others raised**
1189 **questions about the lack of evidence to support the efficacy of mobile units as a cost-**
1190 **effective solution, and warned against blanket endorsement of state or local government**
1191 **funding for a single model of care.**
1192
1193 **While a few comments supported the resolution, suggesting it would align OSMA with**
1194 **current efforts by health systems using mobile care to reach underserved populations,**
1195 **the majority felt the proposal lacked the specificity and data needed to support state-**
1196 **level policy advocacy.**
1197
1198 **The Committee appreciated the intent behind the resolution and the desire to support**
1199 **unhoused populations. However, we ultimately agree with the overall online sentiment.**
1200 **Given the diversity of healthcare delivery models across Ohio and the substantial fiscal**
1201 **implications of expanding mobile unit funding, the Committee believes further study is**
1202 **needed before the OSMA can take a definitive position on this issue.**
1203
1204
1205 **RESOLVED,** that our OSMA support wraparound services for the unhoused, including
1206 mental health care, substance use treatment, job training, and transportation assistance; and be
1207 it further
1208
1209 **RESOLVED,** That the OSMA support state or local government funding for mobile health
1210 units and street medicine programs that expand care access for the unhoused.
1211
1212 **Fiscal Note:** $ 500 (Sponsor)
1213 $ 500+ (Staff)
1214

Resolution No. 57 – 2025 – AMEND

Copayments for Primary Care and Preventative Services should be Eliminated

Preliminary Comments: Online testimony reflected a wide range of perspectives. Supporters emphasized how cost-sharing can discourage patients from seeking care, particularly those with chronic illnesses or limited financial resources. Several cited data showing that lower out-of-pocket costs can improve access, adherence, and long-term outcomes. Many commenters expressed support for a proposed amendment offered by the OMSS, clarifying that insurers—not physicians—should bear the financial responsibility.

Opponents of the original language raised concerns about overutilization, the need for patient choice in benefit design, and potential financial implications for physicians if insurers reduced reimbursement to offset the loss of copays. Others noted that copays are a significant source of cashflow for private practice.

The Resolutions Committee appreciated the intent of the resolution—to improve access to primary care and reduce financial barriers for patients—while acknowledging concerns about physician reimbursement and unintended economic consequences. The Committee agreed with the OMSS-proposed amendment, which emphasizes that insurers should be responsible for covering the full cost of care, ensuring physicians are fairly compensated and patients are not subject to copays. This language shifts the burden away from patients while maintaining financial viability for primary care practices.

~~**RESOLVED**, that the Ohio State Medical Association advocate for Ohio patients and primary care physicians by supporting legislation to eliminate copayments for all primary care visits and preventive services by forbidding them in health insurance policies sold in the state of Ohio.~~

RESOLVED, THAT THE OSMA SUPPORT LEGISLATION TO MANDATE THAT INSURERS COVER 100% OF THE AGREED UPON FEE FOR PHYSICIAN PRIMARY CARE VISITS AND PREVENTATIVE SERVICES AND THAT NO COPAYS CAN BE PLACED UPON THE PATIENT.

Fiscal Note: $ 5,000 (Sponsor)
$ 50,000+ (Staff)

1 **OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**
2
3 **Emergency Resolution No. 02 – 2025**
4
5 **Introduced by:** Young Physicians Section
6
7 **Subject:** Childhood Immunization Requirements
8
9 **Referred to:** Resolutions Committee 2
10
11 -
12
13 **WHEREAS**, after the resolution submission deadline on February 19, 2025, a child
14 died from measles complications, which is the first death in the United States since 2015
15 and the first pediatric death in 22 years[1]; and
16
17 **WHEREAS**, after the resolution submission deadline on February 19, 2025, Ohio
18 has its first Measles case this year in Ashtabula County[2]; and
19
20 **WHEREAS,** after the resolution submission deadline on February 19, 2025, Ohio
21 became one of five states determined to have a measles outbreak as of March 30, 2025[13];
22 and
23
24 **WHEREAS,** kindergarten MMR immunization rates are lower in Ohio than the
25 national average[3]; and
26
27 **WHEREAS**, during last legislative cycle in December 2024, there was an attempt
28 to bar Ohio organizations, including private businesses, from having vaccine
29 requirements and there will likely be similar legislation reintroduced at some point this
30 cycle[3]; and
31
32 **WHEREAS,** five states, including West Virginia, do not allow any non-medical
33 exemptions from required school immunizations[4], and
34
35 **WHEREAS,** in *Jacobson v. Massachusetts,* the SCOTUS ruled that the
36 government has the ability to restrict the liberty of citizens to prevent the spread of a life-
37 threatening infectious disease and in *Prince v. Massachusetts,* the SCOTUS found that
38 while parents can sacrifice their well-being in service of their beliefs, they are not
39 authorized to do so for their children under the same principles[5]; and
40
41 **WHEREAS,** in the limited number of cases where parents were brought before
42 judges on the grounds of medical neglect, the courts ruled in a majority of instances (7 of
43 9) that vaccine refusal was considered medical neglect[6]; and
44
45 **WHEREAS,** in Ohio a child is considered "neglected" if a parent "refuses to provide
46 proper or necessary subsistence, education, medical or surgical care or treatment, or

47 other care necessary for the child's health, morals, or well being,"[7]; and
48
49 **WHEREAS,** in Ohio, to obtain an exemption of conscience or religious exemption
50 for childhood vaccinations, a student just needs a written statement from the parent or
51 guardian[8]; and
52
53 **WHEREAS,** in jurisdictions with more rigorous procedures to obtain an exemption,
54 vaccination rates are higher and exemption rates are lower[9,10]; and
55
56 **WHEREAS,** examples of these procedures prior to obtaining a non-medical
57 exemption include mandatory counseling with a healthcare provider, documentation of
58 sincerity of religious belief, a notarized statement, and annual renewal of exemptions[4];
59 and
60
61 **WHEREAS,** Ohio has a higher rate of non-medical exemptions from vaccinations
62 than the national average[11]; and
63
64 **WHEREAS,** parents who do not vaccinate their children could be liable if their child
65 transmits a vaccine-preventable disease to another and causes harm; and
66
67 **WHEREAS,** "legal exemptions from school immunization requirements are not a
68 barrier to liability, since the considerations behind those exemptions are separate from
69 tort liability"[12]; and therefore be it
70
71 **RESOLVED,** that the Ohio State Medical Association considers standard
72 childhood immunizations as care necessary for a child's health and well-being; and be it
73 further
74
75 **RESOLVED,** that the Ohio State Medical Association, in the absence of medical
76 contraindications, considers it a breach of duty of care to not vaccinate minor children
77 with required school immunizations; and be it further
78
79 **RESOLVED**, that the Ohio State Medical Association reaffirm policy 21-2017
80 "Removal of Non-Medical Exemptions for Mandated Immunizations and Support of
81 Immunization Registries"; and be it further
82
83 **RESOLVED,** that the Ohio State Medical Association reaffirm policy 17-2022,
84 "Supporting Vaccination in Ohio."
85
86
87 **Fiscal Note:** $ 50,000 (Sponsor)
88 $ 50,000 (Staff)
89
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