

1 **OHIO STATE MEDICAL ASSOCIATION 2026 HOUSE OF DELEGATES**

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3 **PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 1**

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5 Presented by Joshua da Silva, DO, Chair, 7<sup>th</sup> District

6		
7	Zeeshan Tayeb, MD	1 <sup>st</sup> District
8	Anil Agarwal, MD	2 <sup>nd</sup> District
9	Carl Wehri, MD	3 <sup>rd</sup> District
10	Joan Duggan, MD	4 <sup>th</sup> District
11	Hassan Aboumehri, MD	5 <sup>th</sup> District
12	Joseph R. Hellmann, Jr., MD	6 <sup>th</sup> District
13	Brian Bachelder, MD	7 <sup>th</sup> District
14	Christopher Brown, MD	8 <sup>th</sup> District
15	Amy Burkett, MD	Specialties Representative
16	Brandon Francis, MD	Resident & Fellow Section
17	Laurel Barr, MD	Young Physician Section
18	Jocelyn Wray, MD	Women Physicians Section
19	Jeffrey Studebaker, MD	Senior Physicians Section
20	Ms. Maya Dunson	Medical Student Section
21	Engy Habashy, MD	Organized Medical Staff Section
22	Adeola Fakolade, MD	International Medical Graduate
23		Section

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25  
26 Resolutions Committee One has reviewed the resolutions that have been proposed for  
27 consideration at the 2026 Meeting of the OSMA House of Delegates. Committee One will  
28 reconvene to consider additional testimony following the HOD Open Hearing on April 11, 2026.

29  
30 The Resolutions Committee can recommend the following actions: Adopt; Amend; Not Adopt;  
31 Adopt in Lieu, or Refer.

32  
33 **Resolution No. 1 – 2026 - ADOPT**

34  
35 **Codifying Policy-1- 2025 in the OSMA Bylaws Assigning the Women, Senior, and**  
36 **International Medical Graduates Sections Seats on OSMA Council**

37  
38 **Preliminary Comments: Committee members discussed how this resolution codifies a**  
39 **bylaws change from a resolution passed by the HOD last year, and noted how the online**  
40 **testimony was entirely supportive. The Committee made a preliminary recommendation**  
41 **to ADOPT Resolution 1.**

42  
43 **RESOLVED**, that the OSMA Bylaws shall be amended as follows:

44  
45 **ARTICLE VII**  
46 **THE COUNCIL**

47  
48 The Board of Trustees (referred to herein as "the Council") shall consist of  
49 one (1) Councilor from each geographical councilor district, ~~six (6)~~ FOUR (4) At-  
50 Large Councilors, one (1) member from the Organized Medical Staff Section, one  
51 (1) member from the Young Physician Section, one (1) member from the

52 Resident and Fellows Section, one (1) Student Member from the Medical Student  
53 Section, ONE (1) MEMBER FROM THE INTERNATIONAL MEDICAL  
54 GRADUATES SECTION, ONE (1) MEMBER FROM THE SENIOR PHYSICIANS  
55 SECTION, ONE (1) MEMBER FROM THE WOMEN PHYSICIANS SECTION,  
56 and the other elected Officers of this Association. The Council shall be the  
57 executive body of this Association and shall have the complete custody and  
58 control of all funds and property of this Association and shall have and exercise  
59 full power and authority of the House of Delegates between meetings of the  
60 House of Delegates.

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62 . . .

63  
64 **CHAPTER 6**  
65 **NOMINATION AND ELECTION OF OFFICERS**

66  
67 **Section 1. Committee on Nominations. . . .**

68  
69 The ~~six~~ FOUR at-large council seats shall be elected by voting members in  
70 annual statewide direct elections. Each year the committee on nominations shall  
71 nominate at least ~~three~~ TWO candidates for the at-large seats to be filled;  
72 however, not more than ~~two~~ ONE at-large councilors can reside or practice in the  
73 same councilor geographic district. The nominating committee shall report to all  
74 OSMA voting members the slate of candidates for at-large councilor elections.

75  
76 . . .

77  
78 **CHAPTER 8**  
79 **THE COUNCIL**

80  
81 **Section 4. Individual Duties of Councilors.** Councilor duties shall be  
82 outlined in a councilor handbook and updated annually.

83  
84 The duties of the Councilor from the Organized Medical Staff Section shall  
85 be set forth in the Bylaws of said section. The duties of the Councilor from the  
86 Medical Student Section shall be set forth in the Bylaws of said section. The duties  
87 of the Councilor from the Resident and Fellows Section shall be set forth in the  
88 Bylaws of said section, which shall be approved by the Council. The duties of the  
89 Councilor from the Young Physician Section shall be set forth in the bylaws of  
90 said section, which shall be approved by the Council. THE DUTIES OF THE  
91 COUNCILOR FROM THE INTERNATIONAL MEDICAL GRADUATE SECTION  
92 SHALL BE SET FORTH IN THE BYLAWS OF SAID SECTION, WHICH SHALL  
93 BE APPROVED BY THE COUNCIL. THE DUTIES OF THE COUNCILOR FROM  
94 THE SENIOR PHYSICIANS SECTION SHALL BE SET FORTH IN THE BYLAWS  
95 OF SAID SECTION, WHICH SHALL BE APPROVED BY THE COUNCIL. THE  
96 DUTIES OF THE COUNCILOR FROM THE WOMEN PHYSICIANS SECTION  
97 SHALL BE SET FORTH IN THE BYLAWS OF SAID SECTION, WHICH SHALL  
98 BE APPROVED BY THE COUNCIL.

99  
100 **Fiscal Note:**           \$ 500 (Sponsor)  
101                               \$ 500 (Staff)  
102

103  
104 **Resolution No. 2 – 2026 - ADOPT**

105  
106 **Establish the OSMA Constitution and Bylaws Review Task Force as an OSMA Standing**  
107 **Committee**  
108

109 **Preliminary Comments: The Committee noted that all online testimony was in support of**  
110 **the resolution and made a preliminary recommendation to ADOPT Resolution 2.**

111  
112 **RESOLVED**, that the OSMA Constitution and Bylaws be amended as follows:

113  
114 **CHAPTER 10**  
115 **COMMITTEES**  
116

117 **Section 1. Committees.** The standing committees of this Association shall be the  
118 Committee on Auditing and Appropriations, and the Committee on Membership, AND THE  
119 COMMITTEE ON CONSTITUTION AND BYLAWS. All other committees and task forces of this  
120 Association shall be formed by the President.  
121

122 **Section 2. Appointment.** The President with approval of Council shall appoint the chair  
123 and members of each committee and task force.  
124

125 **Section 3. Duties and Responsibilities of Committees and Task Forces.** Each  
126 committee and task force shall consider all items referred to it by the House of Delegates and  
127 the Council. The purpose(s) of each committee and task force shall be prescribed by the  
128 Council.  
129

130 The actions of all committees and task forces shall be subject to the approval of the  
131 Council.  
132

133 **Fiscal Note:** \$ 500 (Sponsor)  
134 \$ 500 (Staff)  
135  
136

137 **Resolution No. 3 – 2026 - AMEND**  
138

139 **OSMA Task Force to Review and Modernize the Resolution Process**  
140

141 **Preliminary Comments: The Committee recommended a clarifying change to Resolve**  
142 **clause 2, adding the word “meeting” in order to clearly refer to the OSMA Annual Meeting**  
143 **in 2027. There were several additional amendments suggested in online testimony, but**  
144 **Committee members were unsure about overall consensus due to the limited online**  
145 **testimony lacking robust discussion regarding those amendments. After considerable**  
146 **discussion regarding the intent of the resolution and the amendments suggested by online**  
147 **testimony, the Committee ultimately decided on an initial recommendation to ADOPT AS**  
148 **AMENDED the original language of Resolution 3 with the clarifying amendment offered in**  
149 **Resolve clause 2. This was due to general support in online testimony for the original**  
150 **language; however, the Committee looks forward to hearing further HOD input about the**  
151 **language of this resolution and any potential amendments during the open hearing.**  
152

153 **RESOLVED**, that an OSMA Task Force on the Resolution Process be formed to review  
154 the entire process of handling resolutions for our OSMA House of Delegates including deadlines  
155 for submission of resolutions by all delegations and sections, online resolutions committee  
156 process, processing and review of initial and final Resolution Committee Reports, use of virtual  
157 meetings, and the number of submitted resolutions; and be it further  
158

159 **RESOLVED**, that the OSMA Task Force on the Resolution Process report back to our  
160 OSMA HOD by annual MEETING 2027 with recommendations regarding the resolution process.  
161

162 **Fiscal Note:** \$ 500 (Sponsor)  
163 \$ 500+ (Staff)  
164  
165

### 166 **Resolution No. 4 – 2026 - AMEND**

#### 167 **Advancing Health Equity and Cancer Prevention in Appalachian Ohio**

168 **Preliminary Comments:** Online testimony was largely supportive of the resolution, with  
169 several amendment suggestions to broaden the language to apply to “rural” or  
170 “underserved” communities, rather than exclusively "Appalachian" Ohio. The Committee  
171 also discussed an additional amendment which suggested to specifically include rural  
172 prenatal care and labor and delivery units, but wished for more support/concurrence  
173 regarding this additional language from the HOD before potentially adding it to the  
174 resolution. Since there was general support indicated for the change from “Appalachian”  
175 to “rural” in online testimony, the Committee offers a preliminary recommendation to  
176 make this amendment and a title change to reflect it, and to **ADOPT Resolution 4 AS**  
177 **AMENDED.**  
178  
179

180  
181 **RESOLVED**, that OSMA supports policies to sustain rural hospitals; and be it further  
182

183 **RESOLVED**, that the OSMA supports expansion of community-based prevention and  
184 chronic-disease management models such as school-based and mobile clinics; and be it further  
185

186 **RESOLVED**, that OSMA supports expansion of cancer-screening outreach programs in  
187 Appalachian Ohio; and be it further  
188

189 **RESOLVED**, that OSMA supports funding for mobile screening units and partnerships  
190 with local public health departments to address regions with the highest cancer mortality; and be  
191 it further  
192

193 **RESOLVED**, that the OSMA supports efforts to reduce barriers to cancer screening in  
194 Appalachian RURAL Ohio by assisting with transportation, expanding access to free or reduced-  
195 cost screening services, supporting insurance enrollment, and promoting culturally appropriate  
196 cancer prevention education to address fear and misinformation.  
197

198 **PROPOSED TITLE CHANGE: ADVANCING HEALTH EQUITY AND CANCER PREVENTION**  
199 **IN RURAL OHIO**

200  
201 **Fiscal Note:** \$ X (Sponsor)  
202 \$ 500 (Staff)  
203

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**Resolution No. 5 – 2026 - AMEND**

**Equitable Access to Healthcare through Paid Time Off**

211 **Preliminary Comments:** The Committee discussed the online testimony, which was  
212 mixed, but leaned slightly more supportive than in opposition. Committee members also  
213 noted several amendment suggestions made in the testimonies, and also discussed the  
214 possibility of medical appointments being offered in “after hours” outside of typical  
215 weekday work hours for the purpose of expanded patient access. Committee members  
216 thought that a suitable compromise might be to soften the language of the resolution to  
217 reflect general support of paid time off, rather than a guarantee. The Committee made a  
218 preliminary recommendation to **ADOPT Resolution 5 AS AMENDED.**

219  
220 **RESOLVED**, our OSMA will supportS guaranteeing PROTECTED, PAID TIME OFF FOR  
221 MEDICAL APPOINTMENTS FOR ALL employees, regardless of full-time or part-time status,  
222 access to at least 2 days of protected paid time off annually for scheduled medical appointments.  
223

224 **Fiscal Note:**           \$ X (Sponsor)  
225                               \$ 500 (Staff)  
226

227  
228  
229  
**Resolution No. 6 – 2026 - AMEND**

230  
231  
**Promoting Equity and Holistic Review in Ohio Graduate Medical Education**

232 **Preliminary Comments:** Committee members noted that online testimony was generally  
233 supportive, and agreed with a suggestion to delete the second Resolve clause, since it  
234 has been accomplished. The Committee also discussed a proposed amendment to make  
235 the resolution more inclusive to all levels of training, and ultimately incorporated these  
236 changes into their preliminary recommendation to the HOD. The Committee made a  
237 preliminary recommendation to **ADOPT Resolution 6 AS AMENDED.**

238  
239 **RESOLVED**, that our OSMA reaffirm Policy 08 – 2018 – quality for COMLEX and  
240 USMLE

241  
242 **RESOLVED**, that our OSMA amend Policy 34-2021 by addition and deletion as follows:

243  
244 **Policy 34-2021 – Increasing Transparency of the Resident Physician Application**  
245 **Process**

246 1. The OSMA and interested stakeholders shall study options for improving  
247 transparency in the resident application process, which works towards a holistic  
248 review of residency applicants.

249 ~~2. The Ohio Delegation to the AMA shall forward this resolution to the AMA.~~

250 3. THE OSMA ENCOURAGES OHIO MEDICAL SCHOOL, RESIDENCY, AND  
251 FELLOWSHIP PROGRAMS TO IMPROVE THE HOLISTIC AND EQUITABLE  
252 CONSIDERATION OF RESEARCH, ADVOCACY, SERVICE, TEACHING,  
253 MENTORSHIP, AND OTHER NON-RESEARCH DOMAINS IN MEDICAL  
254 SCHOOL AND RESIDENCY/FELLOWSHIP SELECTION.

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

**Resolution No. 7 – 2026 – NOT ADOPT**

**Supporting Implementation of Bilingual/Multilingual Clinics in Ohio Residency Programs**

**Preliminary Comments:** Committee members discussed online testimony, which was largely in opposition to this resolution due to logistical and financial concerns. Due to overall concerns and opposition to this resolution, the Committee made a preliminary recommendation to NOT ADOPT Resolution 7.

**RESOLVED**, that our OSMA supports the development and implementation of bilingual and multilingual continuity clinics within Ohio residency programs and teaching hospitals.

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

**Resolution No. 8 – 2026 - AMEND**

**Science in Medicine and Quality of Care**

**Preliminary Comments:** Committee noted overall supportive testimony for the resolution, with some amendments proposed for grammar/clarity. After significant discussion regarding the resolution with regard to the OSMA mission statement and values statement, as well as the proposed clarifying amendments, the Committee incorporated several amendments which Committee members believe serve to clean up the original language of the resolution, but retain the intent. The Committee made a preliminary recommendation to ADOPT Resolution 8 AS AMENDED.

**RESOLVED** that our OSMA preserve, protect and enhance the quality of medical care in Ohio now and in the future by:

- (1) advancing the art and science of medicine and the health of the public;
- (2) advocating for patients, physicians and the public;
- (3) enhancing WITHIN THE OSMA the profile and priority ~~within the OSMA~~ of science as the basis of medicine; and
- (4) bringing science ~~advocacy~~ to the forefront of advocacy and legislative initiatives.

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

**Resolution No. 9 – 2026 – NOT ADOPT**

**Limitations on Night and Weekend Call**

**Preliminary Comments:** Committee members discussed the mixed online testimony

306 regarding this resolution at length, and noted that the supportive comments were all  
307 either contingent upon changes to Resolve clauses or were made as “support, in part”  
308 with concerns included. The Committee believes that given the online comments, and the  
309 many variables involved in this issue, there may be more robust deliberation by the HOD  
310 regarding this resolution. Committee members found it difficult to recommend an action  
311 that would reflect the overall will of the House, but made a preliminary recommendation  
312 to NOT ADOPT Resolution 9, pending potential further discussion by the HOD.

313  
314 **RESOLVED**, that maintenance of hospital privileges should not require mandatory night  
315 and weekend call for all medical staff members; and be it further

316  
317 **RESOLVED**, that if a physician voluntarily wants to be on night and weekend call to cover  
318 only their own patients, that choice should be honored by hospitals without penalty; and be it  
319 further

320  
321 **RESOLVED**, that mandatory call for uninsured patients should be reimbursed  
322 appropriately by the hospital or physician group, with time off post call if needed for rest and  
323 recovery.

324  
325 **Fiscal Note:** \$ 500 (Sponsor)  
326 \$ 500 (Staff)

#### 327 328 329 **Resolution No. 10 – 2026 – ADOPT**

#### 330 **Staffing Shortages**

331  
332  
333 **Preliminary Comments: Online testimony was solely in support of this resolution.**  
334 **Committee members made a preliminary recommendation to ADOPT Resolution 10.**

335  
336 **RESOLVED**, That the Ohio State Medical Association supports efforts to ensure that  
337 healthcare facilities are adequately staffed with competent personnel to deliver safe, high-quality  
338 care to all patients; and be it further

339  
340 **RESOLVED**, That the Ohio State Medical Association supports the recruitment and  
341 retention of qualified individuals to medical professions including nursing and other allied health  
342 professions.

343  
344 **Fiscal Note:** \$ 500+ (Sponsor)  
345 \$ 500 (Staff)

#### 346 347 348 **Resolution No. 11 – 2026 – ADOPT**

#### 349 **Opposing Criminalization of Drug Abuse During Pregnancy**

350  
351  
352 **Preliminary Comments: Committee members noted online testimony was mixed, with**  
353 **several amendment suggestions, including adding “only” or “solely” between “persons”**  
354 **and “for” in the new Resolve clause. With the understanding that there will likely be**  
355 **further discussion in the HOD regarding this resolution, during which the Committee may**  
356 **receive additional feedback and insights, the Committee made a preliminary**

357 **recommendation to ADOPT Resolution 11.**

358  
359 **RESOLVED**, that our OSMA amend Policy 28 – 2022 by addition:

360 **Policy 28 – 2022 – Substance Use Disorder in Pregnant People**

- 362 1. The OSMA opposes any efforts to assert that a diagnosis of substance use  
363 disorder in a pregnant person alone constitutes child abuse or inherent  
364 parental unfitness.
- 365 2. The OSMA supports prioritizing funding for the expansion of integrative mental  
366 health and substance use treatment programs explicitly for pregnant persons.
- 367 3. The OSMA opposes the removal of a child based solely on a prenatal drug  
368 screen or positive newborn toxicology screening without a full safety evaluation  
369 of newborn care upon disposition.
- 370 4. THE OSMA OPPOSES CRIMINAL CHARGES, FINES, JAIL TIME,  
371 INVOLUNTARY COMMITMENT TO DRUG REHABILITATION TREATMENT,  
372 OR ANY OTHER PUNITIVE CHARGES THAT EFFECTIVELY PENALIZE  
373 PREGNANT PERSONS FOR BEING DIAGNOSED WITH SUBSTANCE USE  
374 DISORDER.

375  
376 **Fiscal Note:**           \$ X (Sponsor)  
377                               \$ 500 (Staff)

378  
379  
380 **Resolution No. 12 – 2026 – NOT ADOPT**

381  
382 **Prohibiting the Inclusion of Medical Debt in Consumer Credit Reports**

383  
384 **Preliminary Comments:** Committee members discussed mixed online testimony,  
385 including some recommendations to reaffirm the existing OSMA policy in lieu of the  
386 changes in the proposed resolution. The Committee also discussed how medical debt is  
387 currently handled. Ultimately, due to the general concerns offered by online testimony,  
388 the Committee made a preliminary recommendation to NOT ADOPT Resolution 12.

389  
390 **RESOLVED**, that our OSMA amend Policy 33 - 2025 by addition as follows:

391  
392 **Policy 33 – 2025 – Reducing the Burden of Medical Debt on Patients**

393  
394 The OSMA supports policies that protect patients from negative consequences  
395 of medical debt, including, but not limited to, policies that:

- 396 a. Limit medical debt interest,  
397 b. Limit wage garnishment due to medical debt,  
398 c. Prohibit placing liens on homes due to medical debt,  
399 d. Set minimum standards for hospital payment plans for patients,  
400 e. Mandate instructions be given to every patient on how to pursue a  
401 healthcare facility's payment plan, payment forgiveness, and loan services,  
402 and  
403 f. Establish conditions before a hospital can send a bill to collections.

404 G. PROHIBIT THE ROUTINE INCLUSION OF MEDICAL DEBT IN  
405 CONSUMER CREDIT REPORTS, INCLUDING DEBT ARISING FROM  
406 MEDICALLY NECESSARY CARE, EMERGENCY SERVICES, INSURANCE  
407 DENIALS, OR COST-SHARING OBLIGATIONS BEYOND A PATIENT'S

408 CONTROL.  
409 H. ESTABLISH MINIMUM STATEWIDE MEDICAL BILLING ACCURACY  
410 STANDARDS, INCLUDING AUDITING OR OVERSIGHT MECHANISMS.  
411 I. ENSURE THAT ALL DISPUTES BETWEEN PATIENTS, INSURERS, AND  
412 HEALTHCARE SYSTEMS ARE RESOLVED BEFORE MEDICAL BILLS ARE  
413 SENT TO COLLECTIONS.  
414

415  
416 **Fiscal Note:**           \$ X (Sponsor)  
417                               \$ 500 (Staff)  
418

419  
420 **Resolution No. 13 – 2026 – AMEND**

421  
422 **Advancing Structural Competency, Implicit Bias Training, and Protections for Healthcare**  
423 **Workers and Trainees in Ohio**  
424

425 **Preliminary Comments:** Committee noted that online testimony regarding this resolution  
426 was mixed, but leaned toward opposition, and that some opposing testimonies  
427 recommended reaffirming existing policy. After discussion of the concerns expressed  
428 by the opposition testimony, the Committee crafted amendments in Resolve clause 3 and  
429 4, intended to protect initial training for trainees and support training for attendings, but  
430 not to mandate additional yearly training for attendings. The Committee made a  
431 preliminary recommendation to **ADOPT Resolution 13 AS AMENDED.**  
432

433 **RESOLVED**, that our OSMA recognize implicit bias, structural inequities, and systemic  
434 discrimination as significant contributors to clinical disparities and patient safety risks within Ohio's  
435 healthcare system and medical education institutions; and be it further  
436

437 **RESOLVED**, that our OSMA support evidence-informed practices that prevent and  
438 address discrimination, implicit and explicit bias, and microaggression and be it further  
439

440 **RESOLVED**, that our OSMA support the OPTIONAL implementation of evidence-based  
441 implicit bias mitigation training and structural competency education for healthcare professionals  
442 across Ohio; and be it further  
443

444 **RESOLVED**, that our OSMA supports the development or adoption of OPTIONAL  
445 standardized, evidence-based guidelines for health systems and educational programs in Ohio to  
446 help structure implicit bias and structural competency training, including guidance on learning  
447 objectives, non-punitive evaluation metrics, and sustained skill-building.  
448

449 **Fiscal Note:**           \$ X (Sponsor)  
450                               \$ 500 (Staff)  
451

452  
453 **Resolution No. 14 – 2026 – ADOPT**

454  
455 **Protections for Incarcerated Individuals**  
456

457 **Preliminary Comments:** Committee members noted mixed online testimony and  
458 discussed various aspects of the issues brought up in those comments at length. The

459 **Committee believes this is a very complex and nuanced topic which will certainly get**  
460 **further discussion on the floor of the HOD; however, Committee members made a**  
461 **preliminary recommendation to ADOPT Resolution 14.**

462  
463 **RESOLVED**, Our OSMA support the elimination of financial barriers to  
464 medical care in correctional facilities, including but not limited to:  
465 a. Prohibition of the use of co-payments to access healthcare services;  
466 b. Elimination of “Pay-to-Stay” billing models, or other similar programs;  
467 and  
468 c. Encouraging state Medicaid agencies to accept and process Medicaid  
469 applications from juveniles and adults who are incarcerated; and be it  
470 further

471  
472 **RESOLVED**, Our OSMA support the implementation of necessary programs and staff  
473 training to address the distinctive health care needs of women and adolescent females who  
474 are incarcerated, including but not limited to gynecological care and obstetrics care for  
475 individuals who are pregnant or postpartum; and, be it further

476  
477 **RESOLVED**, Our OSMA support the implementation of comprehensive mental  
478 health services for all incarcerated individuals and juveniles; and, be it further

479  
480 **RESOLVED**, Our OSMA support a public health-centered criminal justice system  
481 by:  
482 a. Supporting the implementation of preventative care programs for the  
483 incarcerated;  
484 b. Supporting efforts to reduce the reliance on incarceration, particularly for non-  
485 violent offenders;  
486 c. Supporting evidence-based diversion and community based rehabilitation  
487 programs including, but not limited to, specialized drug, mental health, veteran,  
488 and sobriety courts  
489 d. Supporting the collaboration of correctional health workers and community health  
490 care providers for patients transitioning from a correctional institution to the  
491 community;  
492 e. Supporting the protection of human rights for incarcerated workers, including  
493 improved workplace conditions and fair wages for labor performed while  
494 incarcerated

495  
496 **Fiscal Note:**           \$ X (Sponsor)  
497                               \$ 500 (Staff)

498  
499  
500 **Resolution No. 15 – 2026 – ADOPT**

501  
502 **Surgical Consent**

503  
504 **Preliminary Comments:** Online testimony was generally in support, with several  
505 amendments suggested by individuals. Committee members acknowledged how one  
506 amendment suggestion was referring to a WHEREAS clause, which is not editable  
507 language that becomes OSMA policy, and therefore, the proposed amendment is not  
508 necessary. The Committee also mentioned how this issue has been discussed at length  
509 at the AMA recently, and wondered about the utility of bringing it to AMA again. Due to

510 most testimony being in support of the resolution, and with the understanding that there  
511 will likely be further feedback given in testimony by the HOD during the open hearing, the  
512 Committee members made a preliminary recommendation to ADOPT Resolution 15.

513  
514 **RESOLVED**, that our OSMA ask our AMA to re-evaluate its CEJA guidelines regarding  
515 initial decision for surgery and informed consent - as practice patterns have changed and more  
516 team-based care is being utilized - in order to prioritize and strengthen the physician-patient  
517 relationship prior to all medical procedures and interventions; and be it further

518  
519 **RESOLVED**, that our OSMA ask our AMA to facilitate the creation of specialty-specific  
520 guidelines, inclusive of the entire house of medicine, defining meaningful supervision and  
521 informed consent processes for physician-led care.

522  
523 **Fiscal Note:** \$ X (Sponsor)  
524 \$ 500 (Staff)

525  
526  
527 **Resolution No. 16 – 2026 – NOT ADOPT**

528  
529 **Protection for the Public from Micro Enterprises**

530  
531 **Preliminary Comments:** The Committee noted that most of the online testimony was in  
532 opposition to Resolution 16, including testimony on behalf of multiple OSMA districts, as  
533 well as individuals. Due to the majority of testimony being in clear opposition, Committee  
534 members made a preliminary recommendation to NOT ADOPT Resolution 16.

535  
536 **RESOLVED**, the OSMA officially support amendments to House Bill 134 or related  
537 legislation that would mandate health inspections for micro enterprise home kitchens that would  
538 be consistent with the standards for retail food establishments.

539  
540 **Fiscal Note:** \$ 50,000 (Sponsor)  
541 \$ 50,000 (Staff)

542  
543  
544 **Resolution No. 17 – 2026 – ADOPT**

545  
546 **Managed-Fee for Service Should Replace Ohio Medicaid Managed Care**

547  
548 **Preliminary Comments:** Committee members acknowledged that they are not familiar  
549 with the intricacies of this issue, and that online testimony is limited, so they would defer  
550 to members of the HOD who are more familiar for further input or feedback on this  
551 resolution. The Committee also discussed the fiscal note and would like further clarity, if  
552 available, on the high fiscal note assigned by the OSMA staff. Due to overall supportive  
553 online testimony, Committee members made a preliminary recommendation to ADOPT  
554 Resolution 17, pending further feedback from the HOD.

555  
556 **RESOLVED**, that our OSMA support legislation to remove Medicaid Managed Care and  
557 adopt a managed fee for service model via an Administrative Services Organization to increase  
558 savings and reduce disenrollment of Medicaid-eligible Ohioans due to federal budget cuts; and  
559 be it further

561 **RESOLVED**, that our OSMA supports the utilization of a managed fee for service model  
562 which encourages primary care coordination to reduce long-term spending while improving care  
563 outcomes.  
564

565 **Fiscal Note:** \$ X (Sponsor)  
566 \$ 50,000+ (Staff)  
567

568  
569 **Resolution No. 18 – 2026 – ADOPT**  
570

571 **Promote Monitoring of Private Equity Acquisitions and Advocate for Safeguarding**  
572 **Physician Clinical Autonomy**  
573

574 **Preliminary Comments: The Committee members discussed overall supportive online**  
575 **testimony, and due to general lack of concerns, made a preliminary recommendation to**  
576 **ADOPT Resolution 18.**  
577

578 **RESOLVED**, that our OSMA supports mandates that healthcare facilities and medical  
579 practices in Ohio publicly disclose their ownership structure, including the identity of any private  
580 equity investors, in order to support monitoring of such private equity activity and strengthen  
581 OSMA advocacy efforts that protect physicians' clinical autonomy against these entities; and be  
582 it further  
583

584 **RESOLVED**, that our OSMA supports protections for physicians employed by private  
585 equity-backed entities, including due process rights regarding termination, protection from  
586 retaliation for advocating for patient safety, and prohibitions on restrictive covenants that limit  
587 physician mobility.  
588

589 **Fiscal Note:** \$ 500 (Sponsor)  
590 \$ 500 (Staff)  
591

592  
593 **Resolution No. 19 – 2026 – AMEND**  
594

595 **Make De-prescribing a Priority Especially as a Part of Care of Seniors**  
596

597 **Preliminary Comments: The Committee acknowledged that online testimony was**  
598 **generally supportive of this resolution, and after discussion, decided to make changes**  
599 **that reflected the spirit of a proposed amendment intended to reduce the resolution's**  
600 **fiscal note. Committee members made a preliminary recommendation to ADOPT**  
601 **Resolution 19 AS AMENDED.**  
602

603 **RESOLVED**, that our Ohio State Medical Association declare that deprescribing, the  
604 proactive and systematic identification and discontinuation of medications with potential risk  
605 greater than potential benefits, is a medical priority in the management of all patients, especially  
606 senior patients, and be it further  
607

608 **RESOLVED**, that our OSMA ~~advocate for~~ **SUPPORTS** the integration of deprescribing  
609 as a standard component of high-quality prescribing practices (Directive to Take Action); and be  
610 it further  
611

612 **RESOLVED**, that our OSMA encourage SUPPORTS the development of educational  
613 initiatives and clinical decision support tools to facilitate safe and effective deprescribing,  
614 (Directive to Take Action); and be it further

615  
616 **RESOLVED**, that our OSMA call for SUPPORTS research and policy efforts to address  
617 barriers to implementation of deprescribing in routine medical care (Directive to Take Action); and  
618 be it further

619  
620 **RESOLVED**, that our OSMA encourage SUPPORTS all insurers to reimburse INSURER  
621 REIMBURSEMENT OF deprescribing activities (Directive to Take Action).

622  
623  
624 **Fiscal Note:** \$ 500 (Sponsor)  
625 \$ 50,000 (Staff)  
626

627  
628 **Resolution No. 20 – 2026 – NOT ADOPT**

629  
630 **Immunization Re-Affirmation**

631  
632 **Preliminary Comments: Committee members first established agreement with a**  
633 **suggestion from online testimony to consider Resolutions 20 and 21 together, since they**  
634 **address very similar material and content. The result is the Committee’s preliminary**  
635 **recommendation to ADOPT Resolution 21 IN LIEU OF Resolution 20, as the amended**  
636 **Resolution 21 reflects the Committee’s efforts to combine these two resolutions. Then,**  
637 **the Committee decided upon which content from Resolution 20 to include or amend into**  
638 **Resolution 21, including specific consideration about whether to reaffirm the existing**  
639 **OSMA policies as outlined in Resolve clause 1 of Resolution 20. Committee members**  
640 **decided to not include this reaffirmation language, pending further feedback from the**  
641 **HOD. The Committee ultimately decided, as a preliminary recommendation, to combine**  
642 **amended language from Resolve clause 2 of Resolution 20 with Resolution 21, and to**  
643 **therefore make a preliminary recommendation to NOT ADOPT Resolution 20.**  
644

645 **RESOLVED**, that the resolution reaffirms policy 42-2025 “Childhood Immunization  
646 Requirements”, and policy 21-2017 “Removal of Non-medical Exemptions for mandated  
647 immunization and support of immunization registries” policy 17-2022 “Supporting Vaccinations  
648 in Ohio”; and be it further

649  
650 **RESOLVED**, No Physician should be penalized for adhering to recognized evidence  
651 based immunization guidelines that are contrary to the CDC but are endorsed by AMA.

652  
653 **Fiscal Note:** \$ 50,000 (Sponsor)  
654 \$ 500 (Staff)  
655

656  
657 **Resolution No. 21 – 2026 – ADOPT IN LIEU**

658  
659 **Endorsing the Vaccine Schedule of the American Academy of Pediatrics**

660  
661 **Preliminary Comments: As previously described, the Committee decided to address**  
662 **Resolutions 20 and 21 together and to combine the similar subject matter of these**

663 resolutions, ultimately recommending adoption of Resolution 21 as amended in lieu of  
664 Resolution 20. Committee members observed the mixed online testimony regarding the  
665 resolution. After considerable discussion, the Committee decided to include an  
666 amendment proposed in online testimony, which is intended to address the concerns  
667 about blanket deference and approval of the dynamic policies of another organization in  
668 OSMA policy, and while the resulting language changes are extensive, the Committee  
669 believes the amendments retain the original spirit and intent of this resolution.  
670 Additionally, Committee members added amended language from Resolve clause 2 of  
671 Resolution 20 to create a third Resolve clause, regarding opposition to penalties for  
672 physicians for adhering to evidence-based immunization guidelines. Committee  
673 members also developed a suggested title change in order to accurately reflect the  
674 content of the combined resolutions. The Committee made a preliminary  
675 recommendation to ADOPT Resolution 21 IN LIEU OF Resolution 20, as amended.  
676  
677

678 **RESOLVED**, that our OSMA ~~endorses the child and adolescent vaccine schedule of~~  
679 WORK WITH THE OHIO CHAPTER OF the American Academy of PediatricS AND OTHER  
680 INTERESTED PARTIES TO MONITOR, EVALUATE AND PROMOTE EVIDENCE-BASED BEST  
681 PRACTICES AS IT PERTAINS TO CHILD AND ADOLESCENT VACCINE SCHEDULES AND  
682 RECOMMENDATIONS; and be it further  
683

684 **RESOLVED**, that our OSMA ~~supports using the child and adolescent vaccine schedule~~  
685 WORK WITH THE OHIO CHAPTER of the American Academy of Pediatrics, as the standard  
686 guideline for the Ohio Department of Public Health and Ohio schools. THE OHIO  
687 DEPARTMENT OF HEALTH AND OTHER INTERESTED PARTIES TO ENCOURAGE OHIO  
688 SCHOOLS TO ADHERE TO EVIDENCE-BASED BEST PRACTICES AS IT PERTAINS TO  
689 CHILDHOOD AND ADOLESCENT VACCINES; AND BE IT FURTHER  
690

691 **RESOLVED**, THAT THE OSMA OPPOSE THE PENALIZATION OF PHYSICIANS FOR  
692 ADHERING TO RECOGNIZED EVIDENCE-BASED IMMUNIZATION GUIDELINES.  
693

694 **PROPOSED TITLE CHANGE: SUPPORT FOR EVIDENCE-BASED IMMUNIZATION**  
695 **PRACTICES**

696  
697 **Fiscal Note:** \$ 500 (Sponsor)  
698 \$ 500 (Staff)  
699

700  
701 **Resolution No. 22 – 2026 – NOT ADOPT**  
702  
703 **Immunization Informed Consent and Liability**  
704

705 **Preliminary Comments:** The Committee discussed the mixed online testimony, noting  
706 there was more testimony in opposition to the resolution overall. For the purposes of  
707 evaluating this resolution thoroughly, the Committee discussed each Resolve clause and  
708 testimony regarding that Resolve clause separately, noting that there was no significant  
709 commentary provided regarding Resolve clause 3 and that the primary focus of the  
710 online discussion focused upon the content of Resolve clauses 1 and 2. The Committee  
711 observed that R1 seems to conflict with federal law, and that moving this burden to  
712 pharmaceutical companies from the federal vaccine injury fund could discourage  
713 vaccine innovation, manufacturing, and access. Regarding R2, the Committee

714 recognized that it directly conflicts with existing OSMA policy (21-2017) on  
715 immunizations and non-medical exemptions. There was also some concern from the  
716 Committee about the implications of the term “alternative therapeutics” in R3. The  
717 Committee discussed R3 at length and the possibility of including it, either as written, or  
718 in some amended form, into Res. 21, but by majority vote, decided not to do so in their  
719 preliminary consideration of this resolution. After much deliberation, Committee  
720 members made a preliminary recommendation to NOT ADOPT Resolution 22.

721

722

723 **RESOLVED**, that OSMA advocates for pharmaceutical company liability for all  
724 pharmaceuticals including vaccines; and be it further

725

726 **RESOLVED** that OSMA advocates for individual autonomy, conscientious and non-  
727 medical exemptions, and full informed consent for immunizations and opposes universal  
728 vaccine mandates; and be it further

729

730 **RESOLVED**, that OSMA supports research regarding immunizations and alternative  
731 therapeutics for diseases.

732

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

734 \$ 50,000 (Staff)

735