

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

2
3 **PRELIMINARY REPORT OF RESOLUTIONS COMMITTEE 2**

4
5 Presented by Christopher Wee, MD, Chair, 5th District

6
7 Suzanne Sampang, MD 1st District
8 John Crankshaw, MD 2nd District
9 Mark Fox, MD 3rd District
10 Johnathon Ross, MD 4th District
11 Maria Phillis, MD 5th District
12 Philip Roholt, MD 6th District
13 Craig Barker, MD 7th District
14 Marla Haller, DO 8th District
15 Paul Wong, MD Specialties Representative
16 Jonathan Markle, MD Resident & Fellow Section
17 Lauren Beene, MD Young Physician Section
18 Colette Willins, MD Women Physicians Section
19 William Sternfeld, MD Senior Physicians Section
20 Ms. Elena Hausmann Medical Student Section
21 Barbara Rogers, MD Organized Medical Staff Section
22 Ricardo Correa, MD International Medical Graduate
23 Section
24
25

26 Resolutions Committee Two has reviewed the resolutions that have been proposed for
27 consideration at the 2026 Meeting of the OSMA House of Delegates. Committee Two 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. 23 – 2026 – AMEND**

34
35 **Reconsider OSMA Policy on Gender Dysphoria in Minors**

36
37 **Preliminary Comments: Online testimony received mixed support for different clauses of**
38 **the resolution. Many comments were in support of Item 4, but in opposition to Items 5 &**
39 **6. Therefore, the committee recommends to Amend Policy 15-2020 by addition of Item 4**
40 **and Refer Items 5 & 6.**
41

42
43 **RESOLVED**, that OSMA amend Policy 15 – 2020 – Supporting Gender-Affirming Care for
44 Transgender and Gender Minority Patients by addition as follows:
45

46 Policy 15 – 2020 – Supporting Gender-Affirming Care for Transgender and Gender
47 Minority Patients

- 48
49 1. The OSMA reaffirms existing Policy 23-2016 - Expanding Gender Identity
50 Options on Physician Intake Forms.

102 **Resolution No. 25 – 2026 – ADOPT IN LIEU**

103
104 **Supporting Access to Healthcare During Immigration Enforcement**

105
106 **Preliminary Comments: Online testimony was generally more supportive than Resolution**
107 **24-2026, mostly due to the narrower scope and significantly lower fiscal note. The**
108 **committee recommends to adopt Resolution 25-2026 in lieu of Resolution 24-2026.**

109
110
111 **RESOLVED,** The OSMA supports legislative efforts to designate healthcare facilities as
112 protected areas by law; and be it further

113
114 **RESOLVED,** The OSMA supports efforts to ensure adequate health care access at all
115 immigrant detention facilities; and be it further

116
117 **RESOLVED,** The OSMA opposes interference by immigration enforcement officers with
118 health care rendered outside of healthcare facilities.

119
120 **Fiscal Note:** \$ 500 (Sponsor)
121 \$ 500+ (Staff)

122
123
124 **Resolution No. 26 – 2026 – AMEND**

125
126 **Oppose Denials Based on Referring Provider**

127
128 **Preliminary Comments: Online testimony was largely supportive of this resolution with**
129 **no observation. Multiple people noted changing the word “provider” to “physician” to**
130 **maintain professional title accuracy, while another recommended adding that specialty**
131 **should not be grounds for denial. Thus, the committee recommends Adopt as Amended.**

132
133
134 **RESOLVED,** that our OSMA advocate against prior authorization denials based solely
135 upon the referring ~~provider~~ PHYSICIAN OR PHYSICIAN’S SPECIALTY; and be it further

136
137 **RESOLVED,** that OSMA Delegation immediately bring this to the AMA HOD for discussion
138 and debate at A-26.

139
140 **PROPOSED TITLE CHANGE: OPPOSE DENIALS BASED ON REFERRING PHYSICIAN**

141
142 **Fiscal Note:** \$ X (Sponsor)
143 \$ 50,000 (Staff)

144
145
146 **Resolution No. 27 – 2026 – ADOPT**

147
148 **Coverage for Physician Prescribed Medications/Products by the Patient’s New Insurance**
149 **Company**

150
151 **Preliminary Comments: There was unanimous support of this resolution. Although one**
152 **testimony noted this resolution may be similar to existing OSMA policy, the committee**

153 **felt that this was different enough that it warranted its own policy rather than**
154 **reaffirmation. Therefore, the committee recommends Adopt.**

155
156
157 **RESOLVED**, that our OSMA advocate that if a patient's new insurance company will not
158 cover a patient's current medications/products that the insurance company must give the patient's
159 physician its justification for its refusal to provide the medication/product that the physician feels
160 is the best for the patient; and be it further

161
162 **RESOLVED**, that our OSMA advocate that if a patient's new insurance company will not
163 cover the patient's medications that the insurance company must give a list of covered
164 medications for the same diagnosis to the physician; and be it further

165
166 **RESOLVED**, that our OSMA advocate that if the insurance company demands peer
167 review before approving a physician order that the physician should be paid for their time and the
168 peer review should be at a scheduled time that is convenient for the physician.

169
170 **Fiscal Note:** \$ 5,000 (Sponsor)
171 \$ 50,000 (Staff)

172
173
174 **Resolution No. 28 – 2026 – AMEND**

175
176 **Insurance Company Accountability**

177
178 **Preliminary Comments: There was general support of the overall principles in this**
179 **resolution in the online testimony, though a number of amendments were suggested.**
180 **Resolved clause 2 had universal support. Resolved 4 had good support, but multiple**
181 **testifiers noted the discharge summary requirement would be burdensome. Some**
182 **questioned the task force approach in Resolved 1 and others argued Resolved 3 is**
183 **outside of OSMA scope. Considering the testimony as a whole, the committee felt**
184 **Resolves 1-3 had enough support for adoption as written and elimination of the**
185 **discharge summary requirement in Resolved 4. Therefore, the committee recommends**
186 **Resolution 28 be Adopted as Amended.**

187
188
189 **RESOLVED**, that our OSMA organize a task force to create guidelines that will cause
190 insurance companies to be held accountable for their decisions that cause harm to patients; and
191 be it further

192
193 **RESOLVED**, that our OSMA help educate physicians and their patients about the
194 procedures needed to file a complaint with the Ohio Department of Insurance and/or their patient's
195 insurance company ombudsman, if necessary, about insurance company behavior and decisions
196 that have led to injury to the patient; and be it further

197
198 **RESOLVED**, that our OSMA advocate that patients and their doctors be permitted to
199 litigate against an insurance company to recover losses, including personal injury and out of
200 pocket expenses, due to an inappropriate insurance company decision; and be it further

201
202 **RESOLVED**, that our OSMA create an official document that health care providers can
203 download from the OSMA website that educates, describes and outlines the steps that patients

204 can take to file a complaint with the Ohio Department of Insurance or how to contact the
205 Ombudsman. ~~This document should be included in every outpatient discharge/encounter~~
206 ~~summary.~~

207
208 **Fiscal Note:** \$ 5,000 (Sponsor)
209 \$ 50,000 (Staff)

210
211
212 **Resolution No. 29 – 2026 – ADOPT**

213
214 **Private and Public Insurance Coverage for Adaptive Sports Equipment Including**
215 **Prostheses and Orthoses**

216
217 **Preliminary Comments: All online testimony supported this resolution without any**
218 **amendments. It was noted that identical language had already been adopted as AMA**
219 **policy, providing precedential support. Thus, the committee recommends Adopt.**

220
221
222 **RESOLVED**, that our OSMA recognize activity-specific adaptive sports and exercise
223 equipment as assistive devices that are integral to the health maintenance of persons with
224 disabilities in accordance with national exercise guidelines; and be it further

225
226 **RESOLVED** that our OSMA recognize activity-specific adaptive sports and exercise
227 equipment, such as activity-specific prostheses and orthoses, as medical devices that facilitate
228 independence and community participation; and be it further

229
230 **RESOLVED** that our OSMA advocate for coverage by all private and public insurance
231 plans for activity-specific adaptive sports and exercise equipment for eligible beneficiaries with
232 disabilities in order to promote health maintenance and chronic disease prevention.

233
234 **Fiscal Note:** \$ X (Sponsor)
235 \$ 50,000 (Staff)

236
237
238 **Resolution No. 30 – 2026 – ADOPT**

239
240 **Supporting Safeguards for Physician Autonomy and Patient Access to Care in the CMS**
241 **Wiser Prior Authorization Model**

242
243 **Preliminary Comments: There was some testimony citing distrust for artificial**
244 **intelligence and questioning the need for another prior authorization model. However,**
245 **the resolution calls for monitoring and evaluating the WISeR model, not endorsing it.**
246 **Given that the remaining testimony was in favor of this resolution, the committee**
247 **recommends Adopt.**

248
249
250 **RESOLVED**, that our OSMA support efforts to monitor and evaluate the implementation
251 of the CMS WISeR Prior Authorization Model in Ohio, including its impact on patient access to
252 care, denial rates, and clinical outcomes; and be it further

253

254 **RESOLVED**, that our OSMA support ongoing efforts by relevant stakeholders to reevaluate
255 the WISeR model during its six performance years to remove barriers to preserve high quality
256 patient care.

257
258 **Fiscal Note:** \$ X (Sponsor)
259 \$ 500+ (Staff)
260

261
262 **Resolution No. 31 – 2026 – AMEND**

263
264 **Promoting Accurate Professional Titles in Health Care Communications and Supporting**
265 **the ACP Policy 'Physicians Are Not Providers'**
266

267 **Preliminary Comments:** There was strong support for the core concept of this resolution,
268 though a number of amendments were proposed. For Resolved 1, multiple people
269 testified that they had concerns this was not a self-standing statement since it
270 referenced ACP policy and proposed amended language. Similarly, there was concern
271 that Resolved 6 would be too burdensome on OSMA staff. There were further concerns
272 raised about the specificity of Resolved 5, while one district opposed every Resolved
273 clause other than Resolved 1, and one district called for referral. Given general support
274 for the spirit of this resolution, your committee proposes an amendment by substitution
275 in Resolved 1, and deletion of Resolved 3 and 6. The committee recommends Adoption
276 of this new resolution as Amended.
277

278
279 **RESOLVED**, that OSMA ~~endorse and support the ACP policy;~~ SUPPORTS REFERRING
280 TO PHYSICIANS AS SUCH AND NOT AS PROVIDERS; and be it further
281

282 **RESOLVED**, that OSMA adopt an internal communications policy specifying accurate
283 professional titles; and be it further
284

285 ~~**RESOLVED**, that OSMA produce and disseminate educational materials supporting~~
286 ~~correct terminology; and be it further~~
287

288 **RESOLVED**, that OSMA collaborate with Ohio hospitals, systems, and payers to promote
289 accurate role titles; and be it further
290

291 **RESOLVED**, that OSMA create a patient-facing care-team explainer; ~~and be it further~~
292

293 ~~**RESOLVED**, that OSMA monitor implementation and report annually to the House of~~
294 ~~Delegates.~~
295

296 **Fiscal Note:** \$ minimal cost, primarily staff time (Sponsor)
297 \$ 500 (Staff)
298

299
300 **Resolution No. 32 – 2026 – AMEND**

301
302 **Supporting Ohio Medicaid Reimbursement for the Collaborative Care Model (CoCM)**
303

304 **Preliminary Comments:** There was broad support in the online testimony for this

305 **resolution with one amendment suggested to Resolved 2 to ensure the resolution**
306 **supports reimbursement in addition to the model. The committee, therefore,**
307 **recommends Amend.**

308
309
310 **RESOLVED**, that the Ohio State Medical Association advocate for Ohio Medicaid to
311 provide reimbursement for Collaborative Care Model services; and be it further
312

313 **RESOLVED**, that OSMA support policies and initiatives that promote the implementation
314 of AND PAYMENT FOR evidence-based integrated behavioral health models within primary care
315 settings to improve access to mental health services for Medicaid beneficiaries and to provide
316 additional clinical support to primary care clinicians managing behavioral health conditions; and
317 be it further
318

319 **RESOLVED**, that OSMA collaborate with relevant parties, including the Ohio Department
320 of Medicaid, healthcare systems, and professional organizations, to advance policies supporting
321 sustainable financing for the Collaborative Care Model in Ohio.
322

323 **Fiscal Note:** \$ 500 (Sponsor)
324 \$ 50,000 (Staff)
325

326
327 **Resolution No. 33 – 2026 – ADOPT**
328

329 **Reverse CMS Cuts to Facility-Based Practice Expense Payments for Physicians**
330

331 **Preliminary Comments: There was unanimous online testimony in support of this**
332 **resolution with no proposed amendments. The committee, therefore, recommends**
333 **Adopt.**
334
335

336 **RESOLVED**, that our Ohio State Medical Association (OSMA) work with our American
337 Medical Association (AMA) to write and promote model federal legislation to reverse CY 2026
338 Physician Fee Schedule (CMS-1832-F) reductions to facility-based practice expenses payments
339 for physicians – retroactive to 01/01/2026 – and codify future payment updates by linking these
340 payments to the Medicare Economic Index (MEI); and be it further
341

342 **RESOLVED**, that our OSMA Delegation to the AMA House of Delegates carry this
343 resolution forward and present it at A-26 for consideration.
344

345 **Fiscal Note:** \$ X (Sponsor)
346 \$ 500 (Staff)
347

348
349 **Resolution No. 34 – 2026 – NOT ADOPT**
350

351 **Opposing the Use of State-Managed Public Funds for High-Risk, Illiquid Foreign Bonds**
352 **and Supporting Reinvestment in Ohio’s Public Health Infrastructure**
353

354
355 **Preliminary Comments: The majority of online testimony noted opposition to this**

356 resolution, primarily due to it being outside the scope of the OSMA. Although Resolved
357 Clause 3 (supporting investment allocations prioritizing Ohio's public health
358 infrastructure) did have some standalone support, the committee felt that was not
359 enough to warrant passage. The committee, therefore, recommends Not Adopt.

360
361 **RESOLVED**, that our OSMA oppose the use of state-managed public funds to
362 purchase foreign government bonds when such investments restrict the availability of
363 resources needed to address Ohio's critical public health priorities; and be it further

364
365 **RESOLVED**, that our OSMA support the discontinuation of future purchases of
366 foreign government bonds by the State of Ohio; and be it further

367
368 **RESOLVED**, that our OSMA support future state investment allocations that prioritize
369 strengthening Ohio's public health infrastructure, including prevention, treatment access, health
370 equity initiatives, and the public health workforce.

371
372 **Fiscal Note:** \$ X (Sponsor)
373 \$ 500 (Staff)

374
375

376 Resolution No. 35 – 2026 – ADOPT

377
378 **Legal Protections for Physicians Who Advocate for Medically Appropriate Health Care for**
379 **Their Patients**

380
381 **Preliminary Comments: The majority of the online testimony supported the spirit of this**
382 **resolution. There was some testimony recommending consideration of reaffirmation,**
383 **noting 18-2012. However, while existing policy protects the practice of evidence-based**
384 **medicine, it does not protect from potential employer retaliation. Therefore, the**
385 **committee recommends Adopt.**

386
387
388 **RESOLVED**, that our OSMA support the establishment of legal protections against
389 retaliation for physicians who advocate in good faith for medically appropriate health care for their
390 patients; and be it further

391
392 **RESOLVED**, that our OSMA support legislation affirming:
393 a) That no licensed physician shall be retaliated against for advocating for medically
394 appropriate care;
395 b) That such advocacy includes communication with patients and actions taken within
396 clinical judgment;
397 c) That employers, health care institutions, and payers may not interfere with,
398 discourage, or penalize such advocacy.

399
400 **Fiscal Note:** \$ X (Sponsor)
401 \$ 500 (Staff)

402
403

404 Resolution No. 36 – 2026 – AMEND

405
406 **Support for Safe and Equitable Access to Voting**

407
408 Preliminary Comments: The online testimony was divided - while supporters frame
409 voting as a social determinant of health, opponents argue that existing OSMA policy 14-
410 2024 is sufficient and further policy regarding voting logistics is outside the scope of the
411 OSMA. There appeared to be support for adding text acknowledging voting as a SDOH.
412 Therefore, the committee recommends amending Policy 14-2024 only with this
413 acknowledgement added. The committee recommends OSMA Policy 14-2024 be
414 amended by the addition of proposed item 1, keeping original items 2 and 3, and striking
415 proposed items 4 through 8.

416
417
418 **RESOLVED**, that our Ohio State Medical Association (OSMA) amend Policy 14-2024 as
419 follows:

- 420 Policy 14 – 2024 -- Support for Safe and Equitable Access to Voting
- 421 1. THE OSMA ACKNOWLEDGES VOTING IS A SOCIAL DETERMINANT OF
422 HEALTH.
 - 423 2. OSMA opposes requirements for voters to obtain a doctor's note or other
424 attestation by a medical professional TO STIPULATE A REASON TO
425 RECEIVE A BALLOT BY MAIL AND OTHER CONSTRAINTS as a
426 requirement to participate in mail-in voting.
 - 427 3. OSMA supports nonpartisan voter registration efforts in healthcare settings and
428 encourages medical schools and hospitals to provide appropriate
429 accommodations to students and employees for the purpose of voting in local,
430 state and national elections.
 - 431 4. ~~OSMA SUPPORTS THE IMPLEMENTATION OF AN ELECTRONIC~~
432 ~~ALTERNATIVE TO BALLOT APPLICATIONS, INCLUDING EMERGENCY~~
433 ~~ABSENTEE BALLOT APPLICATIONS FOR PATIENTS EXPERIENCING AN~~
434 ~~UNEXPECTED MEDICAL ILLNESS.~~
 - 435 5. ~~OSMA SUPPORTS THE USE OF NON-FAMILY AUTHORIZED~~
436 ~~MESSENGERS TO ASSIST IN THE TRANSPORT AND DELIVERY OF~~
437 ~~EMERGENCY BALLOT APPLICATIONS AND ABSENTEE BALLOTS.~~
 - 438 6. ~~OSMA SUPPORTS MAIL-IN BALLOT POSTAGE THAT IS FREE OR PREPAID~~
439 ~~BY THE GOVERNMENT.~~
 - 440 7. ~~OSMA SUPPORTS IMPROVED ACCESS TO DROP OFF LOCATIONS FOR~~
441 ~~MAIL-IN OR EARLY BALLOTS.~~
 - 442 8. ~~OSMA OPPOSES UNNECESSARY REGULATORY BURDENS IN ORDER TO~~
443 ~~VOTE.~~

444
445
446
447 **Fiscal Note:** \$ 5000+ (Sponsor)
448 \$ 500 (Staff)

449
450
451 **Resolution No. 37 – 2026 – ADOPT**

452
453 **Destigmatizing Mental Health**

454
455 Preliminary Comments: All testimony was generally positive. The committee
456 recommends Adopt.

457

458
459 **RESOLVED**, that the OSMA supports efforts to destigmatize mental health challenges
460 among physicians, residents, and medical students; and be it further
461

462 **RESOLVED**, that the OSMA reaffirm Policy 17-2017, Policy 35-1982, and Policy 11-2024;
463 and be it further
464

465 **RESOLVED**, that the OSMA supports legislation and regulatory changes to ensure that
466 seeking mental health care, by itself, is not a basis for adverse action regarding hospital
467 credentialing, provided the physician is able to practice medicine safely.
468

469 **Fiscal Note:** \$ 50,000 (Sponsor)
470 \$ 500+ (Staff)
471

472
473 **Resolution No. 38 – 2026 – ADOPT**
474

475 **Strengthening Medicaid Mental Health Funding Through Section 1115 Waivers**
476

477 **Preliminary Comments: All online testimony offered support with no opposition or**
478 **amendments. Strong substantive testimony noted the IMD exclusion is outdated while**
479 **others noted multiple other states have already approved these waivers and this is**
480 **urgent given impending budget cuts. Due to all online testimony being in favor of this**
481 **resolution, the committee recommends Adopt.**
482

483
484 **RESOLVED**, That our OSMA supports the use of Section 1115 waivers to circumvent
485 the restrictions of the Institution for Mental Diseases (IMD) exclusion and increase Medicaid
486 funding for treatment of all mental health disorders.
487

488 **Fiscal Note:** \$ X (Sponsor)
489 \$ 500+ (Staff)
490

491
492 **Resolution No. 39 – 2026 – ADOPT**
493

494 **Support for Perinatal Mental Health Access & Screening**
495

496 **Preliminary Comments: Testimony was supportive from all. One testified that although**
497 **there is support for this resolution, unless workforce bottlenecks were addressed,**
498 **access will still be problematic. Others noted that OSMA could adopt ACOG policy.**
499 **Given that in general, all parties were supportive of the spirit and that there is a policy**
500 **gap from OSMA, the committee recommends Adopt.**
501

502
503 **RESOLVED**, that our OSMA supports policies that support postpartum mental-health
504 screening across the perinatal period, including at multiple points of care, and promote the
505 availability of clear and consistent follow-up support for individuals who screen positive,
506 including access to behavioral-health resources, to increase opportunities for early identification
507 and continuity of care; and be it further
508

509 **RESOLVED**, that our OSMA supports the implementation of universal screening for
510 perinatal mood and anxiety disorders as part of routine prenatal and postpartum care, in order
511 to improve early identification of those in need and facilitate timely referral for treatment; and be
512 it further

513
514 **RESOLVED**, that our OSMA supports expanded access to effective treatment and support
515 for individuals facing perinatal mental health challenges, including policies and programs that
516 improve insurance coverage and affordability of mental health services during pregnancy and up
517 to 12 months postpartum and the integration of mental health services into obstetric settings.

518
519 **Fiscal Note:** \$ X (Sponsor)
520 \$ 500+ (Staff)

521
522
523 **Resolution No. 40 – 2026 – ADOPT**

524
525 **Modernizing OSMA Policy to Safeguard Comprehensive Sexual Health Education**

526
527 **Preliminary Comments: There was unanimous support with no opposition, amendments,**
528 **or reservations. This modernizes OSMA policy to address more contemporary issues.**
529 **The committee recommends Policy 38-2021 be adopted as amended through Adoption of**
530 **40-2026.**

531
532
533 **RESOLVED**, that our OSMA amend Policy 38-2021 by addition as follows:

534
535 **Policy 38-2021 Advocating for the Adoption of Statewide Sexual Education**
536 **Standards**

- 537 1. The OSMA supports age-appropriate, evidence-based, comprehensive health
538 education in schools beginning in early childhood.
- 539 2. The OSMA defines comprehensive sexual education as including, but not
540 limited to, the following subjects: normal reproductive development, human
541 sexuality (including intimate relationships), healthy sexual and nonsexual
542 relationships, gender identity and sexual orientation, abstinence,
543 contraception, DIGITAL SAFETY AND ONLINE SEXUAL EXPLOITATION
544 PREVENTION, prevention of sexually transmitted infections, communication,
545 consent, decision making, recognizing and preventing sexual violence, and
546 reproductive rights and responsibilities.
- 547 3. The OSMA will advocate for the adoption of required, state-wide sexual
548 health education standards for K-12 schools that are in accordance with this
549 resolution and the policies of the OSMA.

550
551 **Fiscal Note:** \$ X (Sponsor)
552 \$ 500 (Staff)

553
554
555 **Resolution No. 41 – 2026 – ADOPT**

556
557 **Efforts to Decrease Sexually Transmitted Infections**

558
559 **Preliminary Comments: Testimony was unanimous in support. Specific data were**

560 presented discussing the increase in syphilis rates. The committee recommends 41-2026
561 be adopted, which would amend 16-2011 by addition.
562

563

564 **RESOLVED**, that our OSMA amend Policy 16 – 2011 by addition:

565

566 Policy 16 – 2011 – Sexually Transmitted Infections (STI) Education and Prevention Initiative

567

- 568 1. The OSMA requests that the AMA and other appropriate organizations promote a
569 campaign or campaigns to educate the public about the adverse effects of high risk
570 sexual behavior.

571

- 572 2. OSMA SUPPORTS MEASURES THAT INCREASE EDUCATION OF AND ACCESS
573 TO CARE FOR SEXUALLY TRANSMITTED INFECTIONS (STIS), INCLUDING BUT
574 NOT LIMITED TO PHYSICIAN UTILIZATION OF HOME-BASED STI TESTING
575 KITS AND INSURANCE COVERAGE OF SUCH PROGRAMS.

576

577 **Fiscal Note:** \$ X (Sponsor)

578

579 \$ 500 (Staff)

580

581

582 **Resolution No. 42 – 2026 – ADOPT**

583

584 **Implementing Perinatal HIV Testing Guidelines**

585

586 **Preliminary Comments: Due to all online testimony being in favor of this resolution, the**
587 **committee recommends Adopt 42-2026.**

588

589 **RESOLVED**, The OSMA reaffirm Policy 26-1995.

590

591 **Fiscal Note:** \$ X (Sponsor)

592

593 \$ 500 (Staff)

594

595

596 **Resolution No. 43 – 2026 – AMEND**

597

598 **Promoting a Public Health Approach to Homelessness**

599

600 **Preliminary Comments: There was unanimous online testimony in support of this**
601 **resolution, with an amendment change to broaden the target population to include more**
602 **than those with housing insecurity. The committee recommends adoption as amended.**

603

604 **RESOLVED**, the OSMA supports the development of mobile preventative care clinics -
605 including but not limited to immunizations, disease screening, chronic disease monitoring, and
606 health education; and be it further

607

608 **RESOLVED**, the OSMA supports partnerships between health systems and community
health centers to establish and expand medical respite programs, street medicine teams, and
mobile preventative care clinics.

609

609 **PROPOSED TITLE CHANGE:** PROMOTING PUBLIC HEALTH THROUGH MOBILE HEALTH
610 **CLINICS**

611

612

613 **Fiscal Note:** \$ X (Sponsor)

614 \$ 500 (Staff)

615

616

617

Resolution No. 44 – 2026 – ADOPT

618

619

Fluoridation of Water Sources for Public Health

620

621 **Preliminary Comments: The majority of online testimony was in support of the**
622 **resolution. The committee, therefore, recommends Adopt.**

623

624 **RESOLVED**, that our OSMA support efforts by state and county health authorities to
625 achieve and maintain fluoridation of public water supplies statewide

626

627 **Fiscal Note:** \$ X (Sponsor)

628 \$ 500 (Staff)

629