

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

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3 **Resolution No. 29 – 2025**

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5 **Introduced by:** Elizabeth Wei McIntosh, MD, Susan Payson, MD

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7 **Subject:** Removing Ambiguous Language about Fetal Heartbeat

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9 **Referred to:** Resolutions Committee No. 2

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13 **WHEREAS**, the medical profession of Ohio condemns and opposes those
14 proposals which would interfere with the advancement of scientific medicine (OSMA
15 Policy D – 1932 – Medical Legislation); and

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17 **WHEREAS**, the presence of a fetal heartbeat is one of the necessary conditions
18 for a viable intrauterine pregnancy; and

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20 **WHEREAS**, a heartbeat can be defined as physiological electrical activity in
21 cardiac cells, which causes movement of the heart muscle which then pumps blood
22 through the body; and

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24 **WHEREAS**, all standard medical and embryology texts acknowledge that the fetal
25 heartbeat begins within the first month of development. For example, in 2020, researchers
26 from the University of Oxford’s Division of Cardiovascular Medicine noted in their basic
27 introduction to cardiovascular embryology that ‘The initiation of the first heartbeat via the
28 primitive heart tube begins at gestational day 22, followed by active fetal blood circulation
29 by the end of week 4’, [1]; and

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31 **WHEREAS**, standard medical care routinely evaluates “fetal heartbeat” on first
32 trimester dating ultrasounds and at every prenatal visit; and

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34 **WHEREAS**, once cardiac activity in an intrauterine pregnancy has been
35 established designating viability, there is no other time during a pregnancy when mere
36 physiologic electrical activity is said to “end” and the fetal heartbeat is said to “begin,”;
37 and

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39 **WHEREAS**, the only time physiological electrical activity in the heart does not
40 produce a heartbeat is during pulseless electrical activity, which can occur during some
41 cases of cardiac arrest at the end of life, but is not observed in developing fetuses at the
42 beginning of life; and

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44 **WHEREAS**, it is not a good use of time and energy and damages the credibility of
45 our lobbyists to ask them to distinguish between two synonymous term; and therefore be
46 it; and be it further

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RESOLVED, that the OSMA amend Policy 15 – 2023, the statement that “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.”

Policy 15 – 2023 -- Strengthening the OSMA Stance on Abortion Policy in Ohio

1. The OSMA amend OSMA Policy 10-1990- Policy on Abortion by addition and deletion as follows:

Policy 10 – 1990 – Policy on Abortion

~~1. It is the position of the OSMA that the issue of support of or opposition to abortion is a matter for members of the OSMA to decide individually, based on personal values or beliefs.~~

~~12. The OSMA shall take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures.~~

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.

~~23. Items 1 and 2 notwithstanding,~~ The OSMA shall take a position of opposition to any proposed OSMA 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; and be it further

2. 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.

3. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.

4. 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.

~~5. 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.~~

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

References: [1] <https://pubmed.ncbi.nlm.nih.gov/31533099/>