



NORTHERN OHIO PHYSICIAN

The Voice of Physicians in Northern Ohio

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AMCNO's Northeast Ohio Gun Safety Coalition Continues to Thrive

This summer the AMCNO continued its public health work in the gun safety and injury prevention space by continuing its Store it Safe initiative with physician practices, as well as by working with community organizations, including the Cleveland Public Library, to get gun safes out into our community.



**NORTHEAST OHIO
GUN SAFETY
COALITION**



**MAKING A
DIFFERENCE**

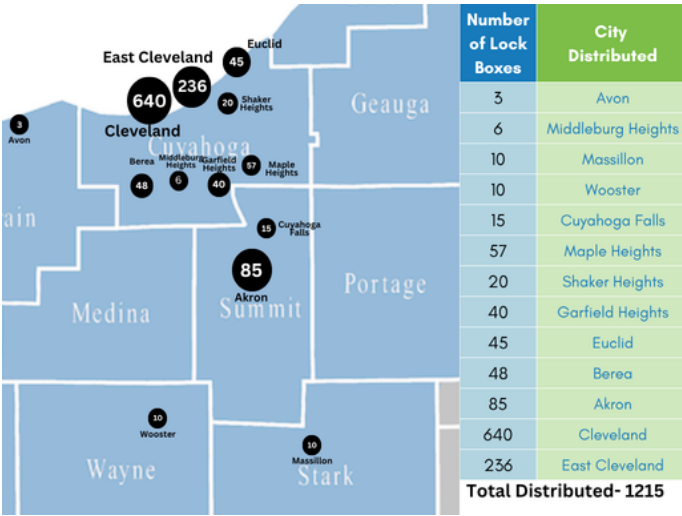


AMCNO's Northeast Ohio Gun Safety Coalition Continues to Thrive

(Continued from page 1)

Store it Safe with Additional Partners

As of press time, 1,215 gun safes have been distributed in our community. The expansion of this program is largely thanks to the Mt. Sinai Foundation, which provided matching funds to donors in the month of June for National Gun Safety Awareness month, allowing AMCNO to raise \$26,000 to continue this important partnership.



Gun safes are still available at the Rice, Lorain and Glenville locations of the Cleveland Public Library, as well as at community events. Physicians interested in participating in the Store it Safe program to help distribute safes to patients can [email us](#) to get enrolled.

AMCNO was also happy to partner with Cleveland Mayor Justin Bibb and the Cleveland Policy on National Night Out Aug. 6th, distributing gun safes while supplies last at Humphrey Park and Steelyard Commons.



Law enforcement has been a key partner in this work, we know secure firearm storage is a simple, effective way to help prevent unintentional injuries, suicides, and unauthorized access—especially in homes with children.

Earlier in the summer AMCNO was also happy to distribute gun safes at Metro Health's Annual Gun Safety Awareness Day event in June, helping to bring attention to this worthy cause.



AMCNO Partners on Blood Drive

The AMCNO was also proud to partner with Moms Demand Action and the American Red Cross for a community blood drive at St. Columbkille Parish.

Every blood donation has the potential to save lives, and with the nation facing a national blood shortage emergency, the need has never been greater.

Every day, patients in our community rely on donated blood for lifesaving surgeries, cancer treatments, emergency care, and the management of chronic illnesses. A single donation can help save multiple lives, making blood donation one of the simplest and most meaningful ways to support patients in need. Maintaining an adequate blood supply requires ongoing donations from healthy individuals, as blood products have a limited shelf life and hospitals depend on a steady supply to respond to both routine and unexpected needs.

We encourage those who are eligible to consider donating blood and helping ensure that lifesaving care is available when it is needed most. Your donation can make a lasting difference for a patient, a family, and our entire community. A single hour of your time can help patients suffering from gun violence and countless other medical emergencies.

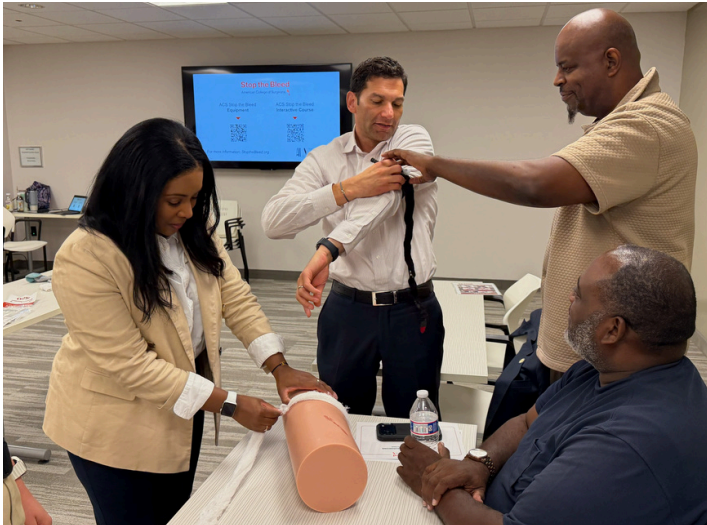


Stop the Bleed Training

AMCNO also hosted a Stop the Bleed training in August in conjunction with Northeast Ohio Medical University (NEOMED) for community leaders, equipping participants with the knowledge and hands-on skills needed to respond to life-threatening bleeding emergencies. AMCNO Board Member Ann Bacevice, MD, led the training.

During the training, participants learned how to recognize severe bleeding, apply direct pressure, pack a wound, and properly use a tourniquet. These simple but critical interventions can help save a life in the minutes before professional emergency responders arrive.

By bringing this training to community leaders, AMCNO is helping expand lifesaving knowledge throughout Northeast Ohio and empowering more individuals to act quickly and confidently in an emergency. We are proud to support efforts that strengthen community preparedness and help ensure that more people have the skills to make a difference when every second counts.



Several state representatives participated in the STOP THE BLEED® training, including Rep. Synenberg and Rep. Brewer.

AMEF Receives Largest Grant in History to Fund Violence Interrupters

The Academy of Medicine Education Foundation also announced this summer that it has received a transformational \$300,000 grant from the Semi J. and Ruth W. Begun Foundation, a supporting foundation of the Jewish Federation of Cleveland, the largest single grant in the organization's history.

The funding will go to members of the organization's Northeast Ohio Gun Safety Coalition. Specifically, the funding will support violence interrupters working directly in the emergency departments of Cleveland's Level 1 trauma centers at MetroHealth and University Hospitals.

The initiative is designed to intervene at the critical moment when victims of violence enter the healthcare system, helping prevent retaliation, reduce repeat violent injuries, and connect patients with community-based support services. Violence interrupters are

trained community members who work alongside healthcare providers to de-escalate conflicts, provide immediate emotional support, and guide patients toward long-term resources such as counseling, housing assistance, education, and employment opportunities. "This historic investment represents a major step forward in addressing violence as a public health issue," said Jen Johns, MPH, the Executive Director of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), "By placing violence interrupters directly in trauma centers, we can meet victims at one of the most vulnerable moments in their lives and help break cycles of violence before they continue."

Cleveland Peacemakers Inc., will be responsible for identifying the hospital responders funded by the grant. "Cleveland Peacemakers Inc. is grateful for the generous gift from the Begun Foundation and is excited to leverage these funds to strengthen and expand our efforts to build safer communities and decrease gun violence, by engaging young people at a pivotal time, through our Hospital Responders. These resources will ensure that our organization will be able to provide this critical service in partnership with both MetroHealth and University Hospitals," said Kevin McDaniel, interim Executive Director.

The program will strengthen collaboration between healthcare systems and community violence prevention organizations, creating a coordinated response focused on healing, prevention, and long-term recovery. Hospital-based violence intervention programs have demonstrated meaningful impact across the country, and this initiative will help save lives while strengthening communities.

The Academy of Medicine Education Foundation supports programs and partnerships that improve community health outcomes, advance medical education, and address critical public health challenges throughout Northeast Ohio. The new initiative is expected to launch this fall and will serve patients and families affected by violence across the region for a two-year period.



MetroHealth Primary Care Providers Organize Union, Citing Patient Care and Workplace Concerns

Primary care physicians and advanced practice providers at Cleveland's MetroHealth System have launched an effort to form a union, saying the move is aimed at improving patient care, strengthening provider voices, and addressing growing workplace pressures.

The proposed bargaining unit includes primary care physicians, nurse practitioners, physician assistants, and advanced practice registered nurses. Organizers are seeking recognition through AFSCME Ohio Council 8 after reporting overwhelming support among eligible providers.

Providers say increasing workloads, administrative demands, and scheduling practices—including the routine double-booking of patient appointments—have made it more difficult to deliver the level of care they believe patients deserve. They argue that having a formal voice through collective bargaining would allow clinicians to advocate more effectively for staffing, scheduling, and workplace policies that directly affect patient outcomes.



MetroHealth leadership has responded by emphasizing its commitment to engaging providers in decision-making and maintaining access to care. Hospital officials say practices such as double-booking are intended to offset high patient no-show rates and improve appointment availability. The health system also noted it is implementing new tools, including ambient artificial intelligence documentation technology, to reduce administrative burdens on clinicians.

The organizing effort reflects a broader national trend of physicians seeking union representation. While only a relatively small percentage of U.S. physicians belong to unions, the number has grown steadily in recent years as more doctors become employees of large health systems and seek greater influence over workplace policies and clinical decision-making.

If MetroHealth recognizes the union voluntarily, organizers could begin negotiating the first contract without a formal election. If recognition is not granted, the organizers may pursue a representation election through the National Labor Relations Board.

The outcome of the MetroHealth campaign could have implications beyond Cleveland, as physician unionization continues to gain momentum at healthcare systems across the country, with organizers increasingly framing their efforts around both working conditions and the quality of patient care.

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Physicians buck historic voting trends; can help reduce election barriers for others

Long work hours, scheduling conflicts, and a lack of interest in politics kept physicians voting at lower rates than the public for much of the 2000s, especially during midterm elections. But that began to change during the first Trump administration, when physician voting caught up to the general population for the 2018 midterms.

In 2020, when the COVID-19 pandemic pushed doctors and other healthcare workers to the frontlines – not just of the fight against the virus, but also of delivering important public health messages amidst an ever more divisive political environment – physicians turned out to vote in numbers that exceeded the general population. One estimate for that election found that physicians were more than 10% more likely than the general population to vote. That turnout was higher in states with broader mail-in and absentee voting options, which makes casting a ballot more accessible to busy professionals.

Still, the most common reason that physicians fail to participate in an election is a failure to register to vote in time and a lack of interest in politics. That's why the AMCNO Future Leaders Council is teaming up with Mobilize the Vote Northeast Ohio to make sure every physician and medical student is ready to make their voices heard in the upcoming 2026 election



“Elected officials rely on voters to get them into office and return to their positions. When they are in office, they look at who showed up at the polls as they make their voting decisions. Physicians need to vote to make sure our voice is heard to make an impact on important issues like prior authorization, access to care, and payment.”

Mary LaPlante, MD
AMCNO President

As the doctor-vote has improved, it's become even more clear how important physicians can be as both healthcare and civic engagement messengers. In 2024, JAMA published a cross-sectional study looking at voter registration in health-care settings. What they found was that healthcare based voting registration, facilitated by the nonprofit Vot-Er, was able to reach a younger and more racially and ethnically diverse group of voters compared to traditional political campaign efficacy. Not only does this indicate that voter registration in the health care setting is effective, but that it may even help engage with individuals who are not always reached by traditional voter recruitment methods.

The midterm election is scheduled for November 3, 2026, with early and absentee voting beginning October 6. Register, update your information, and make your plan to vote at voteohio.gov. For more information on the candidates, see our voter's guide on pgs. 18-20.

Register to Vote →

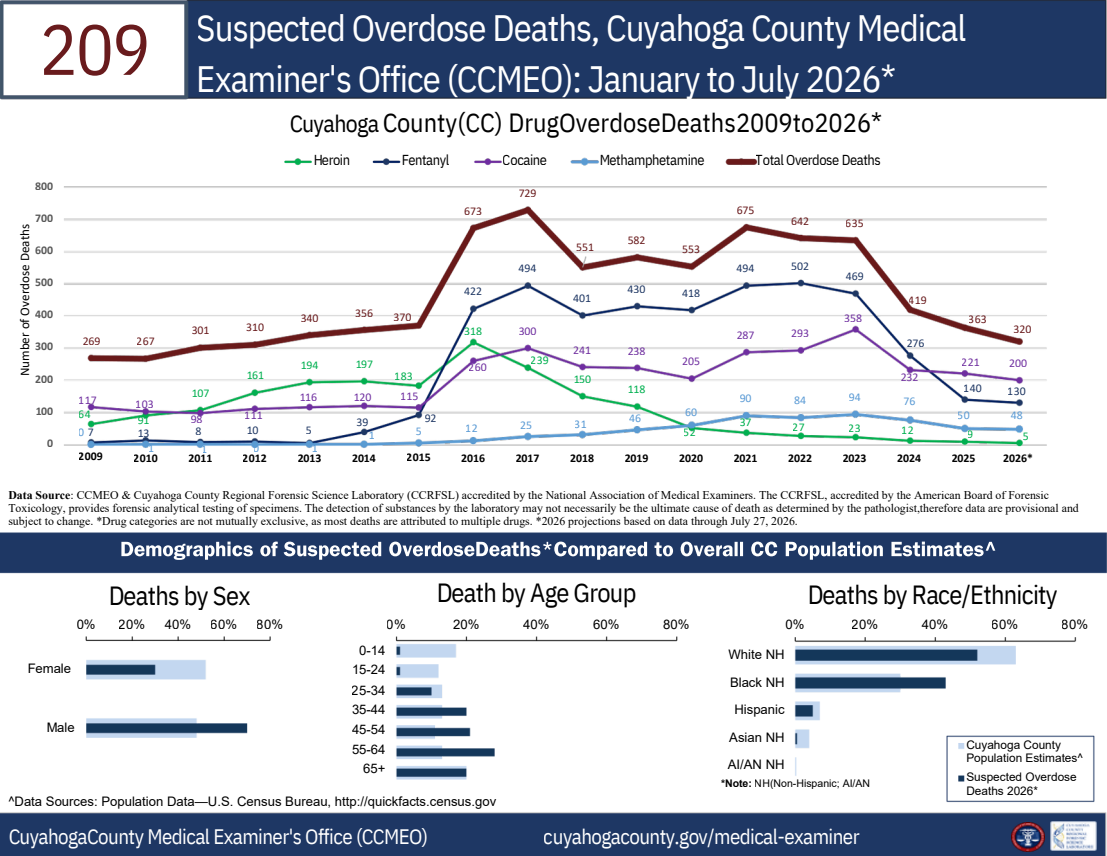
Check your Status →

Cuyahoga County Overdose Deaths Decline, but Cocaine Emerges as a Growing Concern

The latest data from the Cuyahoga County Medical Examiner's Office offers encouraging news in the fight against overdose deaths—but also underscores how rapidly the drug landscape can change.

According to the Medical Examiner's Office, total overdose deaths in Cuyahoga County declined from 635 in 2023 to 419 in 2024 and 363 in 2025. Fentanyl-involved deaths experienced an especially dramatic reduction, falling from 469 deaths in 2023 to 276 in 2024 and 140 in 2025—a roughly 70% decrease over two years.

At the same time, cocaine has emerged as the leading drug involved in overdose deaths. Cocaine was involved in 358 overdose deaths in 2023, 232 in 2024, and 221 in 2025. While the number of cocaine-involved deaths has also declined, cocaine's share of overdose deaths increased from 56% in 2023 to 55% in 2024 and 61% in 2025. In contrast, fentanyl was involved in 39% of overdose deaths in 2025.



This shift is an important reminder that progress against one drug threat does not mean the overdose crisis is over. The Medical Examiner's Office notes that drug categories are not mutually exclusive, meaning many overdose deaths involve multiple substances. Its ongoing surveillance also tracks the distinction between cocaine-only deaths, cocaine deaths involving fentanyl, and cocaine deaths without fentanyl.

The changing trend has prompted the Cuyahoga County Medical Examiner's Office to launch its Signs of OD public awareness campaign, focused on educating the community about cocaine-involved overdoses and the importance of recognizing overdose symptoms and seeking help. The campaign reflects a broader public health reality: prevention, harm reduction, education, and access to treatment must continue to evolve alongside the changing drug supply.

For physicians and other healthcare professionals, these data reinforce the importance of remaining alert to emerging substance-use trends, discussing overdose risks with patients, and connecting individuals and families with prevention and harm-reduction resources. While the substantial decline in overall and fentanyl-involved overdose deaths is significant progress, the rise of cocaine as the leading substance involved in fatal overdoses demonstrates that continued vigilance is essential.

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All events will be held at the CWRU School of Medicine/Cleveland Clinic Health
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Dr. Jeremiah Escajeda is Leading Cleveland, Area EMSs in Proactive Innovations to Address Emergencies Before They Happen

When Jeremiah Escajeda, MD took over as Medical Director for Cleveland EMS in the summer of 2025, he was tasked with leading the charge on what the future of emergency medical services could look like for the city.

Trained in Pittsburgh, Dr. Escajeda says that knowing the history of ambulance and emergency services is critical as he thinks about the field moving forward. The Freedom House Ambulance Service, the first emergency medical service in the United States staffed by trained paramedics, operated in Pittsburgh from 1967 to 1975, and was revolutionary for training non-physician paramedics, particularly Black and impoverished men, to be a lifesaving team.



“Mitchell Brown, who's one of the original Freedom House paramedics, was recruited to Cleveland in the 1980s to be the city's public safety director, and he started doing [advanced life support] with Cleveland EMS,” Escajeda said. “So, the advancement of EMS in Cleveland is kind of a direct result of Freedom House Ambulance, which is cool. That story resonates with me for a lot of different reasons, but also because healthcare is going to be a lot different 10 years from now, 20 years from now, and what that looks like is, I think, all of our responsibility.”

Now more than a year into his position, Dr. Escajeda's focus, and the EMS community's at large, has been centered on meeting the needs of 911 callers. In 2025, Cleveland EMS received 121,875 calls for service, not including 911 calls placed for other public safety offices.

“EMS is becoming this more and more prominent and important healthcare entity that's like driving a lot of change in our healthcare system. Our patients, many times in our health care system, have no other option than to call 911 because they don't have transportation, or they can't wait three months to see their PCP for this chronic issue that's been going -- but they will call 911. We're glad, and obviously we have to adapt to that. How we adapt to that call volume is exciting. It opens up a lot of potential to help a lot of different people in our community,” Dr. Escajeda said.

Some interventions are already underway. EMS outreach teams will follow up with people after calls, connecting frequent callers to care or support options for chronic illness, substance use disorder, or limited access to primary care.

Plus, Cleveland EMS has rolled out clinical advancements in the field. Shortly before Dr. Escajeda took over as director, Cleveland became the first EMS in the state to have a whole blood program, which enables paramedics to administer blood to patients in hemorrhagic shock. They've also rolled out ventilators city wide, so that every ambulance is equipped with ventilation in the field, and Dr. Escajeda says they are continuing to train paramedics to deliver the best possible field care.



“We have this growing Office of Community Outreach, which is just super exciting, because that's part of what needs to happen - we need to meet the community needs better than we have in the past,” Dr. Escajeda said. “Getting into preventative side versus emergency response is part of that solution.”

Still, there are challenges at the top of Dr. Escajeda's mind. Currently, EMS is not reimbursed for services that don't include transportation. So when a team responds to a call for someone who is able to be treated in the field and does not need transport to the hospital, Dr. Escajeda says the departments typically just absorb those costs. While providing services is the ultimate goal regardless of the money, he says, being reimbursed is critical to the long-term sustainability of a more community-involved emergency medical service.

Community Paramedicine (CP) and Mobile Integrated Healthcare (MIH) reimbursement varies widely by state. Currently, 5 to 7 states (such as Minnesota, Arizona, Georgia, Nevada, Wyoming, Oregon, and Maryland) have official Medicaid reimbursement pathways for specific CP services. Additionally, at least 14 states reimburse for "treat and release" (treatment without transport) on 911 calls.

Commercial insurance and private payers (like Anthem BlueCross Blue Shield) reimburse for CP programs in at least 17 states. However, since traditional Medicare fee-for-service largely excludes these non-transport services, most agencies rely on value-based payment models or localized grants.

For Dr. Escajeda, who splits his time between his clinical role as an emergency medicine physician and his work overseeing emergency services, being charged with caring for the health of an entire community is a deeply impactful part of medicine that keeps him inspired.

"It's a very exciting time to be part of EMS for a lot of different reasons", Dr. Escajeda said. "We all have to practice in this challenging healthcare landscape and so the question is how do we solve these problems?"

AMCNO Sends Two Comment Letters to Federal Regulators

The Academy of Medicine of Cleveland & Northern Ohio submitted a comment letter in July to the Office of Management and Budget opposing proposed changes to federal grant guidance that it says could undermine the integrity of medical research. Echoing concerns raised by the American Medical Association and other physician organizations, the Academy emphasized the importance of peer review and Institutional Review Board (IRB) oversight in protecting patient safety, research quality, and scientific independence.



The letter also urged continued support for researchers, warned against terminating studies without legitimate scientific justification, and stressed that international collaboration and sustained federal investment are essential to advancing medical innovation and improving health outcomes. While acknowledging the Administration's goal of ensuring responsible use of federal grant funding, the Academy argued that the proposed revisions, as written, could jeopardize future scientific breakthroughs and public trust in medical research.

Read the full letter [here](#).

Also in July, the Academy sent a letter to Centers for Medicare & Medicaid Services (CMS) Administrator Dr. Mehmet Oz, on the proposed changes to worker requirements in the Medicaid program. While supporting efforts to promote employment and strengthen Medicaid, the Academy warned that the proposal would increase administrative burdens on physicians and healthcare systems while creating barriers to care for eligible patients.

The letter cited evidence that work reporting requirements often result in coverage losses due to paperwork rather than ineligibility, leading to delayed care, poorer health outcomes, and higher healthcare costs. The Academy urged CMS to simplify verification processes, preserve flexible exemption policies, delay implementation until systems are ready, and ensure the rule does not reduce access to care or further strain the physician workforce.

Read the full letter [here](#).

Rx Kids Coming to Cleveland: New Investment in Maternal and Infant Health

Cleveland will soon become the first community outside Michigan to launch Rx Kids, an innovative maternal and infant health program that provides direct financial support to families during pregnancy and a baby's first months of life.

Beginning September 1, 2026, eligible families in Cleveland ZIP codes 44103, 44110 and 44114 will be able to enroll in the program. Participating families will receive \$1,500 during pregnancy, followed by \$500 per month for the baby's first six months.

Rx Kids was founded in Flint, Michigan, by pediatrician Dr. Mona Hanna and Luke Shaefer, PhD, and launched in Michigan in 2024. The program is designed around a simple premise: financial stability is an important component of maternal and infant health. By providing families with unconditional cash support, Rx Kids allows parents to determine how best to meet their families' needs during a critical period of development.



The program comes to Cleveland at an important time. Cleveland continues to experience significant disparities in maternal and infant health, with infant mortality more than twice the statewide average. Rx Kids is intended to address some of the economic pressures that can affect families during pregnancy and infancy, including increased household expenses, reduced income and the costs associated with caring for a newborn.

First Year Cleveland will serve as the community champion for Rx Kids in Cleveland, coordinating outreach, family engagement and collaboration among healthcare providers, community organizations and other partners. The initiative is supported through a public-private partnership involving the City of Cleveland, Cuyahoga County, the Cuyahoga County Board of Developmental Disabilities, the William J. and Dorothy K. O'Neill Foundation and other philanthropic and community partners.

Physicians who care for pregnant patients and newborns can help ensure eligible families are aware of the program and understand how to enroll.

For more information about Rx Kids and eligibility, visit RxKids.org. Healthcare providers and community organizations interested in connecting families with resources can also learn more through [First Year Cleveland](https://FirstYearCleveland.org).



Left - Right; First Year Cleveland's Angela Newman-White and Rx Kids Founder Dr. Mona Hanna.

As Cleveland prepares to launch Rx Kids, founder Dr. Mona Hanna was in Cleveland in August for a special forum at The City Club of Cleveland. Hanna was joined by Angela Newman-White, Executive Director of First Year Cleveland, for a conversation about the impact of Rx Kids, the program's expansion to Cleveland, and the potential for direct financial support to improve outcomes for mothers and babies.

The forum offered an opportunity for Cleveland leaders, healthcare professionals and community members to hear directly from the physician and public health advocate who created Rx Kids and helped establish its innovative approach to supporting families during pregnancy and infancy. The City Club notes that more than 15,000 families have participated in Rx Kids since its 2024 launch in Michigan, and a recent study found that neonatal mortality in Flint fell by nearly 50% following the program's implementation. The Academy of Medicine Education Foundation (AMEF) sponsored a table at the forum.



AMCNO members attended The City Club session to learn more about Rx Kids.

Isaac Kirsten, DO, Cleveland Campus Dean, Reflects on OUHCOM's 50th Anniversary



AMCNO member Isaac Kirsten, D.O., is dean of the Ohio University Heritage College of Osteopathic Medicine, Cleveland campus, which opened in 2015. An osteopathic internist, he focuses on aligning medical education innovation with the needs of health systems and community care while advancing the college's mission to train physicians who serve Ohio communities with an emphasis on primary care.

For half a century, the Ohio University Heritage College of Osteopathic Medicine has been shaping the future of health—one physician, one community, and one breakthrough at a time. As the state's top producer of primary care physicians and a national leader in rural and underserved care, the school has expanded from a single campus in Athens to three statewide locations, including the Cleveland-area campus in Warrensville Hts.

As the Heritage College celebrates its 50th anniversary, we asked Dean Kirsten to identify the school's defining achievement over the past five decades. "Living up to the mission, every single year is our proudest achievement. We are the only school in Ohio created by a statute in the state focused on training primary care practice physicians, and every year we are doing that." While the school also trains future specialists, about 1/2 of its graduates still go into primary care.

Additional milestones the school has achieved over the last 15-20 years include affiliating with clinical partners across the state and aligning with those care systems, especially with the Dublin and Cleveland campuses, as they were built with intentionality to validate the mission and be the workforce solution for the care that's needed in those communities.

Dr. Kirsten also reflected on how medical education has changed since the school's formation in 1976. "There has been a large switch from teaching to active learning, from lectures and textbooks to experiential learning. We now know passive education is less effective, and now our entire curriculum is about active learning, and application of that knowledge in real-time, and using technology to help in that learning process in ways we couldn't 50 years ago."

When asked what advice he'd give to the next generation of Heritage medical students; Dr. Kirsten reiterated the importance of the physician-patient relationship. "The first thing they do in their very first



Learning in action: Students participate in a classroom lecture at Ohio University in 1976.

lesson is seeing a physician interviewing a patient, so that the very first person they hear from is a patient. Because everything starts with the patient. And that north star will keep you with a sense of meaning as you navigate your career-- it is all about the patient."

Finally, when asked what sets the college apart from others, Dr. Kirsten shared, "We are the only community-located academic center in this region.; being here means being part of the Warrensville Heights community, Patients are in the building, coming into the same lobby, in a community of hard-working, underserved people. Everyone lines up at the same place to get their coffee. Students, physicians, nurses and patients are all starting their day in the same line, getting their coffee. There is no clearer example of forming an HCOM graduate than being centered in the community we serve."



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- Drink tickets and food for 2.



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Questions? Call (216) 520-1000

Clinical Care is the Engine: Pediatric Hematologist Oncologist Dr. Rabi Hanna Drives Research and Innovation to Improve the Lives of Children

Growing up in Syria, Rabi Hanna, MD said that soccer was life. So when, as a young child, he developed a limp and was told by his orthopedist that he could no longer play, he was devastated.

“To say to someone that you cannot play soccer, it’s a terrible thing,” he said. “So [the doctor] taught me how to play chess in his office, and from then on I always wanted to be like him.”

Now a board-certified pediatric hematologist and oncologist, Dr. Hanna is the chairman of the Division of Pediatric Hematology & Oncology and the founding director of the Blood & Marrow Transplant Program at Cleveland Clinic Children’s. For Dr. Hanna, oncology, hematology, and transplantation was a calling. Cancer is not fair, he said, but being able to potentially save the life of a child or even a whole family is incredibly rewarding.



“You don’t know what this child is going to be able to do. For some of my patients, whose lives we saved, they are now physicians themselves,” he said. “Kids are resilient, and inspire you in so many, many different ways. I tell them that they treat me more than I treat them sometimes.”

Dr. Hanna is also a prolific researcher. He’s been involved in several national clinical trials concerning bone marrow transplantation and cellular and gene therapies, focusing on improving outcomes for patients. He says that research only comes as a result of clinical care.

“Everything is driven by the ‘why’ and the ‘why’ is how to take care of patients, and how to improve their healthcare.”

Several of his recent studies have centered on sickle cell disease. The inherited condition can severely impact an individual’s quality of life and lead to crises of pain, as well as serious health complications including chronic pain, stroke, lung problems, eye problems, and kidney disease.

Sickle cell disease impacts more than 8 million people around the world, and more than 100,000 in the U.S. More than 90% of people affected by SCD in the U.S. are Black, and approximately 1 in every 365 Black babies are born with SCD.

“Sickle cell disease was described more than 100 years ago. We have more patients than both hemophilia and cystic fibrosis together. But the lack of therapy for so many decades was appalling to me,” Dr. Hanna said.

In the late 2010s, Dr. Hanna and his colleagues saw that as pediatric patients with SCD were aging, there was a serious lack of adult specialists, both in Cleveland and across the nation, to care for them. They launched [Cleveland Clinic’s Sickle Cell Medical Neighborhood](#), which helps bridge the transition from pediatric to adult care for patients and ensure they have continuous care and wraparound services.

Access to resources and care, Dr. Hanna says, is the first step. What comes next is improving therapeutic options and working towards a cure. Currently, there are two [FDA approved gene therapy treatments](#) for SCD patients on the market, both of which are made with a patient’s own stem cells. These treatments offer another option to patients with SCD, especially for those who may not be candidates for allogeneic bone marrow transplants. By using gene therapy, a patient can be their own donor without worrying about graft rejection or needing immunosuppression.

“You don’t know what this child is going to be able to do. For some of my patients, whose lives we saved, they are now In April 2026, Dr. Hanna published an article in the New England Journal of Medicine detailing a gene editing treatment trial. The article, titled CRISPR-Cas12a Gene Editing of HBG1 and HBG2 Promoters to Treat Sickle Cell Disease, showed promising results for patients, including a Cleveland area woman who participated in the trial and [shared her story with Fox 8](#).

“No one wants to be there; no one wants to be sick, away from their family, away from jobs,” Annyanna Cash told the news outlet.

For Dr. Hanna, the transformative innovations in gene therapy for SCD are just the beginning. He is investigating better methods of stem cell collection, gene editing efficiency, technological advancement, and better regimens for patients that reduce the use of chemotherapy and associated side effects.

“I am so proud to be in Ohio, because Ohio’s Mediciad has been very supportive of getting these therapies that provide a functional cure for these patients,” Dr. Hanna said. “But we really need to do even better. I call this ‘gene therapy version 1.0’, meaning there are ways we need to improve.”

Dr. Hanna’s work has taken him even further as an innovator. Together with his brother, Dr. Gabi Hanna, the two co-founded Lamassu Biotech, a Cleveland-based company that works to accelerate the development of treatments and novel therapeutics. From patient care to research to entrepreneurship, Dr. Hanna says that the current moment is a golden time to be a physician. Burnout and challenges are very real, he says, but the impact one can have on patients' lives is immense.

Through all of his work, though, he still makes sure that he has time to pass on his love for chess to the next generation of pediatric patients.

“I play with a couple of my patients in the hospital,” Dr. Hanna said. Cancer affects kids not only physically but emotionally. I tell them, even if you’re going to spend a month in the hospital, you have to go to school, you have to do homework, and you have to play chess.”

Here's How We're Shining
A Light on Sickle Cell

✓ Stand Up

✓ Speak Out

✓ Spread the Word



Sickle Cell Awareness Day 2026

WILL A.I.
PREVENT
MEDICAL
MALPRACTICE
OR COMMIT IT?



How AI is changing medical decision-making,
malpractice risk, and healthcare law.

Join us for a Virtual
Medicine & Law
Lower Hour



Health Care Law
A Section of the Cleveland
Metropolitan Bar Association



Dr. Walter Sujansky of the Stanford University School of Medicine will host a presentation on the evolving role of AI in clinical practice through a legal lens. This program will explore how artificial intelligence is being used to support medical decision-making, the potential for AI to prevent medical malpractice, and the complex legal and ethical questions that arise when technology contributes to patient harm.



Tuesday, September 22, 2026



12:00 PM - 1:00 PM



via Zoom

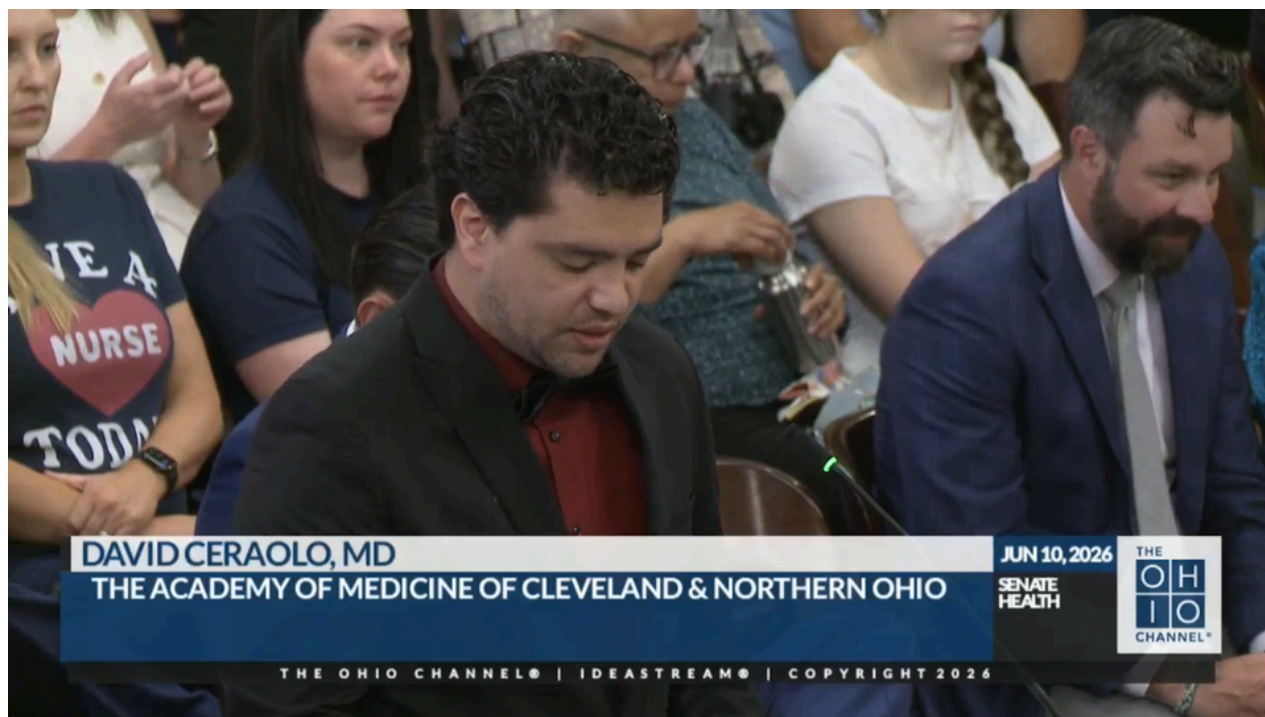


REGISTRATION

amcno.org/events
Contact:
vyanoska@amcno.org

AMCNO Physician Testifies Against SB 230 in Columbus

On June 10, AMCNO physician David Ceraolo, MD, testified before the Senate Health Committee, in opposition to Senate Bill 230, legislation which would allow pharmacists to “test to treat,” for certain conditions.



The intent of the legislation is to fill gaps in rural healthcare and is required under Ohio’s federal rural health grant award meaning it is slated for passage, however, Dr. Ceraolo shared concerns that we hope will be addressed in subsequent versions of this bill and related regulations to ensure patient safety.

While pharmacists are experts in drug mechanisms and interactions and indispensable members of the healthcare team, pharmacy training does not adequately cover diagnoses and management of patient health status, which is why working in a team-based model is so critical. Dr. Ceraolo urged the committee to amend SB 230 to require the involvement of the State Medical Board in writing the protocol for the treatment of respiratory conditions in conjunction with the Ohio Board of Pharmacy.

We believe that, working together, these two boards can determine the type of reporting requirements and documentation that needs to happen to ensure that patient health records are consistent between pharmacy and medical settings.

Furthermore, the AMCNO believes that any change to the scope of practice for pharmacists should be limited to those pharmacists who operate in consult agreements with physicians.

We also believe patients deserve to have their full medical history considered by anyone who is diagnosing a condition or prescribes medications.

Dr. Ceraolo also brought up that there are several complications and conditions associated with group A streptococcal infection that a pharmacist may not be trained to look for or to follow up with patients about, and this is especially worrisome for children, who are at higher risk for associated illnesses like scarlet fever, rheumatic fever, and post-streptococcal glomerulonephritis.

These conditions need to be treated by a physician, and we believe that requiring a consult agreement helps ensure that there is oversight by a medical doctor should these complications arise.

AMCNO will keep members apprised of updates on this legislation as it moves through the General Assembly.

DOCS ON DECK!

Great Connections. Great Views.

GREAT NIGHT!



Ohio Senate Bill 160 Advances Patient Protections for Prescription Medications

Ohio physicians and patients could soon benefit from stronger protections against unexpected changes to prescription drug coverage following the passage of Senate Bill 160 by the Ohio Senate. The bipartisan legislation addresses the growing concern over "non-medical switching," a practice in which health insurers or pharmacy benefit managers (PBMs) require patients to change medications during the plan year for reasons unrelated to medical necessity.

Sponsored by Senators Terry Johnson, MD (R-McDermott) and Beth Liston, MD (D-Dublin), along with several bipartisan co-sponsors, SB 160 would prohibit health plans from forcing stable patients to switch medications mid-year solely because of formulary changes or cost considerations. Under the legislation, patients who are successfully managing chronic conditions on an approved medication would generally be allowed to continue that therapy through the remainder of their health plan year.

Supporters, including the AMCNO, argue that continuity of care is critical for patients managing chronic diseases such as diabetes, asthma, autoimmune disorders, mental health conditions, and cardiovascular disease. Physicians have long expressed concerns that non-medical switching can interrupt effective treatment, increase administrative burdens through additional prior authorizations and appeals, and potentially lead to poorer health outcomes.

The Ohio State Medical Association (OSMA) which led the efforts to pass the bill in Columbus, praised the legislation as an important step toward preserving the physician-patient relationship by allowing clinical decisions to remain in the hands of healthcare providers rather than insurance formularies. They contend that treatment decisions should be based on medical evidence and individual patient needs—not mid-year coverage changes.

The bill now continues through the legislative process in the Ohio House of Representatives. If enacted into law, Ohio would join a growing number of states that have adopted protections limiting non-medical prescription drug switching during a patient's plan year.

Ohio Senate Bill 162 Passes, Bringing Long-Sought Reform to Insurance Payment Recoupments

Ohio physicians scored a significant legislative victory with the passage of Senate Bill 162, bipartisan legislation designed to reform the health insurance payment recoupment process and reduce administrative burdens on healthcare providers. The bill passed the Ohio General Assembly and will now become law.

SB 162 addresses one of the most common frustrations expressed by physician practices: insurance companies seeking to recover payments months—or even years—after claims have been processed and paid. The legislation establishes clearer timeframes for health insurers to initiate payment recoupments, providing greater certainty for physician practices and helping protect providers from unexpected financial liabilities.

Supporters of the bill, including the AMCNO and led by the Ohio State Medical Association (OSMA), say the measure promotes fairness by creating a more predictable audit and recoupment process while allowing physicians to focus more of their time on patient care rather than responding to retrospective payment disputes. The reforms are expected to reduce unnecessary administrative work and improve financial stability for medical practices across Ohio.

Although the legislation preserves insurers' ability to recover payments made in cases of fraud or clear billing errors, it establishes reasonable limits on routine payment audits and recoupment actions. Physician advocates have argued that these changes strike an appropriate balance between program integrity and protecting providers from prolonged uncertainty.

Once implemented, SB 162 will provide Ohio physicians with greater predictability in the claims payment process while reducing administrative complexity associated with insurer audits.

AMCNO Guide to the Candidates

The Academy of Medicine of Cleveland & Northern Ohio is pleased to provide our members with a guide to the federal and state candidates in the 2026 General Election, and where those candidates stand on select AMCNO priorities.

The AMCNO is a nonpartisan organization and does not endorse candidates.

This guide is aimed at exploring the health-related positions of the candidates for federal and state-level offices in the AMCNO footprint. The candidate positions included in this guide are related to the AMCNO's identified priorities and are not exhaustive.

Explore the full guide at: amcno.org/2026-election-guide

2026 GENERAL/ SPECIAL ELECTION

★

YOUR VOTE. YOUR VOICE. OUR FUTURE.

ELECTION DAY
★★★
**NOVEMBER
3**

	MILITARY AND OVERSEAS ABSENTEE VOTING BEGINS SEPTEMBER 18
	DEADLINE TO REGISTER TO VOTE OCTOBER 5 Boards of elections and the Ohio Secretary of State's office are open until 9 p.m.
	EARLY IN-PERSON VOTING BEGINS OCTOBER 6 Includes the two Saturdays and the Sunday before Election Day. SPECIFIC HOURS AVAILABLE ONLINE
	ABSENTEE VOTING BY MAIL BEGINS OCTOBER 6
	ELECTION DAY NOVEMBER 3 POLLS OPEN 6:30 A.M. TO 7:30 P.M. Non-UOCAVA absentee ballots must be received by your board of elections by 7:30PM.




BE INFORMED. BE PREPARED.
BE READY TO VOTE!



Governor

Amy Acton (D)

Medical Doctor (MD) who trained in pediatrics and preventive medicine, and holds an MPH. She was Governor DeWine's Director of the Ohio Department of Health during the beginning of the COVID-19 pandemic.

Health policy positions:

- Has made lowering health care costs one of the key issues of her campaign
- Wants to protect Medicare and Medicaid, reduce prescription drug prices, and bring more transparency to insurance and hospital pricing
- Wants to invest in state addiction treatment and mental health services
- Supports abortion access
- Supports Medicaid work requirements

Vivek Ramaswamy (R)

Founder of a biotechnological pharmaceutical company focused on drug development. Tasked by President Trump to lead the Department of Governmental Efficiency, but left to focus on running for Ohio's governor.

Health policy positions:

- Opposes abortion and has praised other states' 6-week abortion bans
- Has described Medicaid fraud in Ohio as an "emergency"
- Believes Medicaid spending is too high and thinks that reducing the state bureaucracy overseeing Medicaid will decrease annual Medicaid spending

U.S. Senate

Sen. Sherrod Brown (D)

Health-Related Platform:

- Supports continued ACA subsidies
- Pro-abortion access, endorsed by reproductive rights groups
- Opposes cuts to Medicaid

Health-related actions:

- Early backer of the ACA
- Voted for legislation to cap insulin at \$35 for Medicare recipients
- Introduced legislation to streamline prior authorizations in Medicare Advantage

Jon Husted (R, Incumbent)

Health-Related Platform:

- Opposes extending ACA subsidies
- Voted for Big Beautiful Bill ending Medicaid expansion, adding Medicaid work requirements and barring Planned Parenthood from participating in Medicaid for one year
- Opposes abortion

Health-related actions:

- Supported Rural Health Transformation Fund
- Serves on Senate Health, Education, Labor, and Pensions Committee

U.S. House District 4

Joshua Kolasinski (D)

Kolasinski owns a small medical equipment installation and repair company.

Health-Related Platform:

- Supports empowering Medicare to negotiate drug prices
- Wants to increase price transparency
- Prioritizes preventative care, mental and behavioral health integration into primary care, addiction services
- Concerned with rural hospital closures

Jim Jordan (R, Incumbent)

Jordan is the current Congressman for the 4th District, a position that he has held since 2007. He is currently the chair of the Judiciary Committee.

Health-Related Platform:

- Does not support government run healthcare and believes in a market approach to coverage
- Has previously expressed a desire to repeal the Affordable Care Act
- Anti-abortion



U.S. House District 5

Brian Shaver (D)

Shaver is City Council President for the city of Fostoria. He also teaches social studies at the middle and high school level.

Health-Related Platform:

- Believes healthcare is a human right
- Supports removing insurance company hurdles, delays, and denials
- Supports reproductive rights and access to gender affirming care

Bob Latta (R, Incumbent)

Latta has served as the congressman for District 5 since 2007. He is a senior member of the House Energy and Commerce Committee

Health-Related Platform:

- Sponsored legislation to require annual reporting of fraud in Medicaid
- Sponsored legislation prohibiting the FDA from approving any new medication that would terminate a pregnancy

U.S. House District 6

Elizabeth Kirtley (D)

Kirtley has previously worked in Job & Family Services and currently works as a freelance writer.

Health-Related Platform:

- Codify Roe into law
- Supports Universal Healthcare

Michael Rulli (R, Incumbent)

Rulli has held the District 6 congressional seat since June of 2024. He is the director of operations for his family-owned grocery store chain.

Health-Related Platform:

- Supports Make America Healthy Again priorities
- Introduced legislation to allow Medicaid programs to renew home and community-based health service waivers on a 10-year basis instead of five

U.S. House District 7

Brian Poindexter (D)

Poindexter is an ironworker who comes from a line of machinists in Cleveland. He is a Brookpark City Councilman and serves as an apprenticeship instructor at Ironworkers Local 17.

Health-Related Platform:

- Believes healthcare should be portable, not tied to employment
- Supports insurance reform to handle costs, denials, etc. that insurance companies surprise patients with

Max Miller (R, Incumbent)

Miller is the current District 7 representative. He serves on the House Committee on Ways and Means, to running, Fromer Senior Advisor to Donald Trump. Currently facing allegations of domestic violence towards his ex-wife and two-year-old daughter.

Health-Related Platform:

- Has co-sponsored AMCNO priority bills, on provider payment and cancer screenings, coverage
- Anti-abortion



U.S. House District 9

U.S. House District 11

U.S. House District 12

**Marcy Kaptur
(D, Incumbent)**

Kaptur has served as a representative for Ohio District 9 since 1983.

Health-Related Platform:

- Opposes a national abortion ban that would not make exceptions for rape, incest, or mother's life

Health-related actions:

- Cosponsor on HR 7973 Omnibus Act for maternal health, HR 942 Nancy Gardner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act

**Derek Merrin
(R)**

Merrin was a representative in the Ohio Statehouse for eight years before running for Congress.

Health-Related Platform:

- Led Ohio's six-week abortion ban as House Health Committee Chair
- Authored law that allows pharmacists to dispense epinephrine under a physician-established protocol rather than prescription
- Sponsored a bill against mandatory face-masks

**Shontel Brown
(D, Incumbent)**

Brown has served as representative since 2021. She was previously a Cuyahoga County Councilmember.

Health-Related Platform:

- Sees bringing down prescription drug prices as essential to lowering costs
- Believes in protecting Medicare
- Supports abortion access

Health-related actions:

- Cosponsored legislation giving Medicare the ability to negotiate drug prices

**Mike Kirchner
(R)**

Retired consulting actuary who lives in Highland Heights.

Health-Related Platform:

- No stated health policy issues; focused on fixing Social Security

**Jerrad Christian
(D)**

Software engineer, Navy veteran.

Health-Related Platform:

- Supports universal healthcare

**Troy Balderson
(R, Incumbent)**

Has served in Congress since 2018, serves on the House Energy and Commerce Committee

Health-Related Platform:

- Believes there should be limited government involvement in healthcare
- Supports innovation in digital health and tech to help patients and providers, especially those in rural areas
- Prioritizes protecting seniors and those with pre-existing health conditions



U.S. House District 13

U.S. House District 14

Attorney General

**Emilia Sykes
(D, Incumbent)**

Has served in Congress since 2022. Has an MPH.

Health-Related Platform:

- Supports protecting Medicare and Medicaid
- Advocate for maternal health
- Supports reproductive rights

Health-related actions:

- Co-sponsored the Black Maternal Health Omnibus Act, which was designed to address racial disparities in maternal mortality rates

**Carey Coleman
(R)**

Former radio host and weatherman

Health-Related Platform:

- Supports Medicaid cuts and the addition of work requirements

**Maria Jukic
(D)**

Former healthcare administrator at the Cleveland Clinic, helped develop the Clinic's Arts and Medicine Institute

Health-Related Platform:

- Supports universal healthcare coverage, lowering the Medicare eligibility age to 62
- Supports reigning in healthcare monopolies
- Supports allowing Medicare to negotiate drug prices directly with pharmaceutical companies

**David Joyce
(R, Incumbent)**

Has represented the district since 2013. Serves on the House Committee on Appropriations, and Addiction, Treatment, and Recovery Caucus.

Health-Related Platform:

- Opposes abortion access, except in case of rape, incest, or saving the life of the mother

Health-related actions:

- In January 2026, voted to temporarily extend the ACA's premium tax credits for 3 years

**John Kulewicz
(D)**

Retired attorney who has served as an Upper Arlington city councilman since 2020

Health-Related Platform:

- No health-related platform could be found

**Keith Faber
(R)**

State Auditor since 2019, former State Representative and State Senator

Health-Related Platform:

- Supports pursuing Medicaid fraud as a top priority
- Has questioned if Medicaid home-care waivers should exist, claiming that there is widespread fraud in the program



Women in *Medicine* Wine Night



Sip. Connect. Empower.



Sept. 17, 2026
5:30-8:30 PM



CLE Urban Winery

2180 Lee Road,
Cleveland Heights, OH



\$15 MEMBERS

\$35 NON MEMBERS

FREE MEDICAL STUDENTS
& RESIDENTS



Register:
amcno.org/events
Contact:
vyanoska@amcno.org



Welcome to the New Class of the Future Leaders Council

On May 12, AMCNO welcomed the fifth cohort of twenty six new members into the Future Leaders Council (FLC).

The FLC is a group of medical students and residents committed to leadership, service, and advocacy. They lead public health initiatives, organize events, and help shape health policy. In addition to representing the future of medicine in Northern Ohio and around the United States, these members represent the future of our leadership at the AMCNO. Read full biographies, [here](#).



Simra Ahmed
Case Western Reserve
University School of
Medicine



Patricia Chen
Case Western Reserve
University School of
Medicine



Samantha Cook
Northeast Ohio Medical
University



Bushra Damra
Northeast Ohio Medical
University



Sarah Dang
Northeast Ohio Medical
University



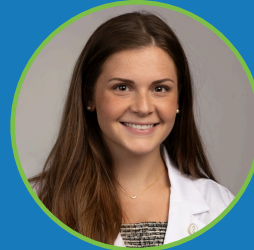
Henyah Dardir
Northeast Ohio Medical
University



Evan Davies
Northeast Ohio Medical
University



Arjun Dinesh
Case Western Reserve
University School of
Medicine



Olivia Gabram
Ohio University Heritage
College of Osteopathic
Medicine



Rachel Gardenhire
Case Western Reserve
University School of
Medicine



Priyash Hafiz
Case Western Reserve
University School of
Medicine



Daniel Jindra
Northeast Ohio Medical
University



Caitlyn Kimbell
Northeast Ohio Medical
University



Laura Lomeli
Ohio University Heritage
College of Osteopathic
Medicine



Emely Loscalzo
Case Western Reserve
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Domenica Marino
Case Western Reserve
University School of
Medicine



Inshira Mohi-ud-din
Ohio University Heritage
College of Osteopathic
Medicine



Skylar Montgomery
Case Western Reserve
University School of
Medicine



Riya Nair
Case Western Reserve
University School of
Medicine



Aaron Ouyang
Case Western Reserve
University School of
Medicine



Devendra Patel
Northeast Ohio Medical
University



Manav Patel
Northeast Ohio Medical
University



Noa Phillips
Case Western Reserve
University School of
Medicine



Anjali Saini
Case Western Reserve
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Alexis Sauer
Northeast Ohio Medical
University



Jessy Silfer
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Adeline Whaley
Northeast Ohio Medical
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Danielle Wills
Ohio University Heritage
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Norah Wilson
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Abigail Zupancic
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ADDRESS SERVICE REQUESTED



Stay connected to learn about upcoming events,
current advocacy initiatives, and latest news.

