

RESOLUTION 18-01

**UNDUE BURDEN OF DENIED MEDICATIONS BY
INSURANCE COMPANIES**

Introduced by: Ryan Singerman, DO

Action: Adopted as amended

RESOLVED, that ISMA seek legislation that requires any health care entity providing health insurance coverage to always provide an alternative list of covered same class or similar medications upon denying any prescribed medication.

RESOLUTION 18-02

**HEALTH INSURANCE COVERAGE FOR WEIGHT LOSS
TREATMENT**

Introduced by: Ryan Singerman, DO

Action: Adopted as Amended

RESOLVED, that ISMA seek legislation that requires insurance companies to cover weight-loss management without regard to co-morbid conditions, including appropriate laboratory testing, nutritional counseling and dietary education by dietitians or licensed health care providers, office visits for weight loss and coverage of prescription medications indicated for weight-loss management.

RESOLUTION 18-03

**RE-ESTABLISHING GUN CRIME AS A PUBLIC HEALTH
PROBLEM**

Introduced by: Anne Eliades, MD

Referred to: Adopted as Amended

RESOLVED, that ISMA re-adopt Resolution 08-08A and retain policy recognizing that criminal firearm violence is a major public health problem; and be it further

RESOLVED, that ISMA support legislation that would improve the reporting of felony convictions and mental health commitments to the federal database; and be it further

RESOLVED, that ISMA oppose legislation that compels schools, hospitals and businesses to allow the presence of firearms on their property; and be it further

RESOLVED, that ISMA support legislation for universal background checks for gun sales.

**RESOLUTION 18-04 RE-ESTABLISHING POLICY TO SUPPORT FIREARM
VIOLENCE REPORTING**

Introduced by: Anne Eliades, MD

Action: Adopted

RESOLVED, that ISMA re-adopt Resolution 08-08B and continue to work with the Indiana State Department of Health to provide an annual report on criminal firearm violence in Indiana, including the number, age, race, gender and ZIP code of victims; circumstances of the incident; type of weapon; and whether the weapon was legally owned by the user and, if not, how it was obtained; and be it further

RESOLVED, that ISMA support legislation to change the reporting of deaths by coroners and police to include data on the type and source of firearms involved in injuries and deaths.

RESOLUTION 18-05**REDUCING GUN SUICIDE**

Introduced by: Anne Eliades, MD

Action: Adopted as Amended

RESOLVED, that ISMA re-adopt Resolution 08-09 and continue to support legislation requiring that a statement be provided with the sale of each firearm about the increased risk of suicide associated with bringing a firearm into a home and how that risk can be reduced with safe storage; and be it further,

RESOLVED, that ISMA support efforts with nonprofit organizations for a public awareness campaign on the risk of suicide associated with firearm ownership; and be it further,

RESOLVED, that ISMA support efforts of physicians to provide medical counsel to their patients regarding firearm safety and risks of suicide in homes with firearms; and be it further,

RESOLVED, that ISMA support legislation requiring the Indiana State Department of Health to prepare and publish an annual report on suicide in Indiana based on available data collected by coroners that would include:

- The means used.
- Gender, age, race and county of residence of the victim.
- Any use of a firearm in a suicide.
- Whether the victim owned the firearm.
- How the firearm was stored and obtained.

RESOLUTION 18-06

SUPPORT OF CERTIFIED MEDICAL ASSISTANTS

Introduced by:

William W. Pond, MD
Fort Wayne Medical Society
Allen County

Action:

Adopted

RESOLVED, that ISMA applauds efforts to bring uniform, consistent high quality to medical assistant training, certification and continuing education; and be it further

RESOLVED, that ISMA urge its members, Indiana physicians, and health care organizations to give preference in hiring to medical assistants who have demonstrated training, qualifications and continuing education such as those provided by Certified Medical Assistant (CMA) American Association of Medical Assistants certification.

RESOLUTION 18-07

**REAFFIRMING THE ISMA POSITION ON UNDERAGE
DRINKING**

Introduced by:

Dick Huber, MD

Action:

Adopted

RESOLVED, that ISMA support legislation that would provide education for prevention of underage drinking and treatment of alcohol-related problems.

RESOLUTION 18-08

**REAFFIRMING THE ISMA POSITION ON PRESCRIPTION
MEDICINE ABUSE**

Introduced by: Dick Huber, MD

Action: Adopted as Amended

RESOLVED, that ISMA collaborate with other agencies and organizations to educate Hoosiers about prescription medicine abuse; and be it further,

RESOLVED, that ISMA inform Hoosier physicians of the magnitude of prescription medicine abuse with helpful hints to reduce abuse, such as talking to patients about the handling and safekeeping of drugs, using INSPECT, etc.; and be it further,

RESOLVED, that ISMA collaborate with pharmacists, pharmacies and pharmaceutical companies and organizations to reduce prescription medicine abuse; and be it further

RESOLVED, that ISMA support efforts for county coroners/medical examiners to notify health care providers when their patients have died of an opioid overdose; and be it further,

RESOLVED, that INSPECT share de-identified data with providers so that we may see how we compare to our peers.

RESOLUTION 18-09

REAFFIRMING THE ISMA POSITION ON ENERGY DRINKS

Introduced by:

Dick Huber, MD

Action:

Adopted

RESOLVED, that ISMA continue to support the AMA's efforts to (1) seek necessary regulatory action through the U.S. Food and Drug Administration to regulate potentially hazardous energy beverages; (2) seek federal regulation to implement warning labels about the side effects of the contents of energy drinks, particularly when combined with alcohol; and (3) support a ban on the marketing of "high stimulant/caffeine drinks" to anyone younger than 18.

RESOLUTION 18-10

ENERGY/CAFFEINATED DRINKS

Introduced by:

Dick Huber, MD

Action:

Adopted as Amended

RESOLVED, that ISMA oppose the marketing, sale and use of energy/caffeinated drinks for children and adolescents; and be it further

RESOLVED, that the ISMA Board of Trustees study the issue of caffeinated drinks and youth and report to the 2019 ISMA House of Delegates with findings and recommendations to eliminate/reduce the marketing, sale and use of energy/caffeinated drinks for Hoosier children and adolescents.

RESOLUTION 18-11

**EDUCATION FOR THE MANAGEMENT OF BLEEDING
EVENTS– STOP THE BLEED**

Introduced by: Don Selzer, MD; Brad Barrett, MD; David Welsh, MD;
Scott Thomas, MD; and Raghu Motaganahalli, MD

Action: Adopted as Amended

RESOLVED, that ISMA seek legislation to place a wall-mounted bleeding control station, which includes a poster showing step-by-step bleeding control techniques for the injured, and eight (8) personal bleeding control kits in every school in Indiana and recommend that such stations be positioned near AEDs; and be it further;

RESOLVED, that ISMA seek legislation to support bleeding control training for bystanders in all 92 counties in Indiana.

RESOLUTION 18-12

PHYSICIAN ANTI-COMPETITIVE CONTRACTS

Introduced by:

William W. Pond, MD; and
Fort Wayne Medical Society, Allen County

Action:

Adopted as Amended

RESOLVED, that ISMA reaffirm a policy that non-compete agreements for physicians are anti-competitive and such clauses violate the right of the patient to choose a physician, as well as the right of the physician to work; and be it further

RESOLVED, that ISMA actively seek and support legislation that specifies physician non-compete agreements are *per se* invalid unless the employer clearly demonstrates a protectable interest, other than the typical expenses incurred when a departing employee must be replaced.

RESOLUTION 18-13

**DIRECT PRIMARY CARE HEALTH SAVINGS ACCOUNT
CLARIFICATION**

Introduced by: Trenton Schmale, DO

Action: Adopted

RESOLVED, that ISMA work with the AMA to seek federal changes to the Internal Revenue Code allowing health savings accounts to be used with direct primary care (DPC).

RESOLUTION 18-14

DIRECT PRIMARY CARE PILOT

Introduced by:

Trenton Schmale, DO

Action:

Adopted as Amended

RESOLVED, that ISMA seek state legislation creating a pilot allowing Medicaid patients and/or state employees to use direct primary care (DPC) practices without typical regulation from Medicaid or the state of Indiana, to see if it can reduce state health care spending.

RESOLUTION 18-15**MEDICAL CANNABIS**

Introduced by:

Clark Brittain, DO

Action:

Referred to the Board of Trustees for Study

RESOLVED, that ISMA join the American College of Physicians (ACP), the former Institute of Medicine (IOM) of the National Academies of Science and many other organizations encouraging legislation allowing Indiana licensed physicians to legally recommend medical cannabis to patients suffering medical conditions where, in those physicians' medical judgment, it is the best therapeutic option for the patients. Such legislation would optimally provide for creation of a legislative mechanism for the production and distribution of cannabis for medical purposes, as well as a legal means, such as a medical-necessity defense, to protect against prosecution of patients or physicians. This would in no way constitute supporting the legalization of cannabis for general use, outside of medical practice.

RESOLUTION 18-16

ESTABLISHING THE NUMBER OF ADVANCED PRACTICE REGISTERED NURSES COLLABORATING WITH A PHYSICIAN

Introduced by: Carrie L. Davis, MD

Action: Adopted as Amended

RESOLVED, that ISMA readopt Resolution 08-35 and actively seek legislation in the Indiana General Assembly to limit to four the number of full-time equivalent advanced practice registered nurses that any one physician could legally collaborate with at any one time, the purpose of which is to maintain high quality medical care in Indiana.

RESOLUTION 18-17

GRADUATE PHYSICIANS LEGISLATION

Introduced by:

Chonn Khristin Ng, MD

Action:

Referred to the Board of Trustees for Action

RESOLVED, that ISMA seek legislation allowing graduate physicians who have not matched with a residency program to practice in Indiana with physician supervision.

RESOLUTION 18-18 ALLERGEN LABELING ON FOOD PACKAGING

Introduced by: Robert Dinn, MD

Action: Adopted

RESOLVED, that the ISMA delegation to the American Medical Association (AMA) request that the AMA petition the Food and Drug Administration (FDA) to pursue more obvious labeling on food packaging containing the eight most common food allergens: milk, eggs, peanuts, tree nuts, wheat, soy, fish and crustacean shellfish.

RESOLUTION 18-19

**TARGETED REGULATION OF ABORTION
PROVIDERS (TRAP) LEGISLATION**

Introduced by:

Don Henry, MD

Action:

Adopted as Amended

RESOLVED, that ISMA re-adopt Resolution 08-32 by continuing to review and support, when appropriate, health care regulation to advance legitimate patient care, patient safety or quality issues and to oppose regulation that does not.

RESOLUTION 18-20 COMPREHENSIVE SEXUALITY EDUCATION

Introduced by: Don Henry, MD

Action: Adopted as Amended

RESOLVED, that ISMA re-adopt Resolution 08-33 and continue to urge legislation providing for developmentally appropriate comprehensive sexuality education for all high school and middle school students; and be it further

RESOLVED, that ISMA advocate with state and local school boards for developmentally appropriate comprehensive sexuality education in public and private schools that meet these standards. Approved programs should:

- Be based on rigorous, peer-reviewed science.
- Show benefit for delaying the onset of sexual activity and reduction of sexual behaviors that put adolescents at risk for contracting STDs.
- Teach responsible sexual behavior.
- Show benefit for reducing rates of unintended pregnancy.
- Teach that abstinence *used consistently* is the only sure way to have no risk of pregnancy and STDs, but also teach contraceptive and condom use; and be it further

RESOLVED, that ISMA promote physician education opportunities and offer CME credits for courses including:

- Reproductive medical care of teens.
- Logistics and medico-legal issues of teen medicine.
- Sexual behavior and public health.
- Physicians' role in life-span comprehensive sexuality education; and be it further

RESOLVED, that ISMA report on the progress of each Resolved statement of Resolution 18-20 to the 2019 House of Delegates.

RESOLUTION 18-21**COMPREHENSIVE TREATMENT OF SEXUAL ASSAULT PATIENTS IN INDIANA**

Introduced by: Don Henry, MD

Action: Adopted as Amended

RESOLVED, that ISMA support state and federal legislation requiring all facilities in Indiana rendering emergency care to provide on-site, comprehensive services to sexual assault patients in accordance with widely accepted standards of care. Such services must include all the following:

- Treatment of trauma.
- Testing and prophylaxis for sexually transmitted disease.
- Collection of forensic evidence.
- Timely availability of emergency contraception for patients capable of pregnancy.
- Information and written materials about a patient's right to emergency contraception. Information shall be scientifically accurate, factual and objective. It shall be clearly written and readily comprehensible in a culturally competent manner. It shall explain the nature of emergency contraception, including its use, safety, efficacy and availability, and shall state that this form of contraception does not cause abortion of an established pregnancy.

RESOLUTION 18-22

**PREVENTION OF OCULAR INJURY FROM HAND-HELD
LASER POINTERS**

Introduced by: Ramana Moorthy, MD

Action: Adopted as Amended

RESOLVED, that ISMA support enforcement of existing regulations to:

1. Require accurate labeling of any laser pointers sold in Indiana according to Department of Energy/Food and Drug Administration guidelines.
2. Require that this labeling indicate an accurate measurement of the average power output of the laser pointer, appropriate laser classification (CLASS 3R), and a warning of potential risk for permanent ocular injury and vision loss; and be it further

RESOLVED, that ISMA seek legislation to prohibit the sales of laser pointers to persons 17 years of age or younger, unless accompanied and supervised by a parent, legal guardian or any other adult 18 years of age or older; and be it further

RESOLVED, that ISMA seek modification of current Indiana statute IC 35-47-4.5 to prohibit anyone from shining, pointing or focusing a laser pointer, directly or indirectly, upon or at another person in a manner that can reasonably be expected to cause harassment, annoyance or fear of injury to such other person.

RESOLUTION 18-23

**FILLING COUNTY SOCIETY DELEGATE VACANCIES
FROM WITHIN DISTRICTS**

Introduced by: Lisa Hatcher, MD, Chair; and the Future Directions Task Force

Action: Adopted

RESOLVED, that the ISMA Bylaws be amended (effective for the 2019 ISMA convention) so that if a county medical society fails to register by the specified date all of its convention delegates as designated by the ISMA Bylaws, the district trustee of the district in which that county medical society is located may in his or her sole discretion fill all open delegate seats within that district with any members from any county medical society in that same district, as follows:

3.0205 **Delegate Apportionment**

Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty (50) members and one for each major fraction thereof; but irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one Delegate. The Young Physician Society delegates, Resident and Fellow Society delegates, and medical student delegates shall be seated with full power to vote. In the absence of a Young Physician Society, Resident and Fellow Society, or medical student delegate, a corresponding alternate delegate shall be seated with full power to vote.

Where a component society is made up of physicians of more than one county, each county shall be entitled to at least one Delegate and one Alternate Delegate; however, a multiple-county society may have all of its delegates from the same county, if it is the desire of the majority of the members of each participating county (provided that this would not decrease the total number of delegates from the component medical society and provided each county of the component medical society has at least one physician member of ISMA).

3.020501 **Method of Determination of the Number of Delegates**

The number of Delegates to which each component society is entitled shall be based upon the number of members in good standing with dues fully paid as of December 31 of the preceding year.

3.020502 **Section Delegates**

All Specialty Sections listed in 3.030103 of these Bylaws and which are in compliance with 3.030102 and 3.030106 of these Bylaws shall be entitled to send to the House of Delegates each year a Delegate or Alternate Delegate with all rights and privileges except the power to vote.

3.020503 **Delegate Credentials**

The names of duly elected Delegates and Alternates from each component society shall be sent to the Executive Vice President of this Association at least 45 days prior to the annual convention at which such Delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless a credential card as a Delegate or Alternate, properly signed by the Secretary or Trustee of the appropriate component medical society or the Executive Secretary or Executive Vice President of the larger societies, is presented to the Committee on Credentials at the time of the annual convention.

3.020504 **Delegate Replacement**

Other provisions (to include those in Sections 3.020101, and 3.020503) in these bylaws notwithstanding, if no delegate or alternate is selected by the deadline date 45 days prior to the annual meeting, then ~~the previous year's delegate is automatically designated. Thereafter, the county officers, or if not available, the district officers~~ Trustee of the respective district from which a county component society delegate/alternate has not been selected may, in his or her sole discretion, substitute a new delegate who is a member from any county component society within that Trustee's district upon certification of eligibility. If the officer(s) is/are not available, the county executive may perform the delegate substitution. This substitution may be done until the time of the beginning of the closing session of the House of Delegates.

11.06 **SELECTION OF DELEGATES**

In advance of the annual convention of this Association, each component county society shall elect delegates and alternate delegates to represent it in the House of Delegates of this association. The secretary of the society shall send a list of such delegates and alternate delegates to the Executive Vice President of this association annually, at least 45 days prior to the annual convention at which such delegates are to serve. ~~In the event that a component county society is unable to seat a full delegation from its elected delegates and alternate delegates, the secretary of the county society may certify other qualified members of the component county society to be seated as replacement delegates. If a county component society fails to register by the deadline (at least 45 days prior to the annual~~

convention) all of its convention delegates, as designated by these ISMA Bylaws, the district Trustee of the district in which that county component society is located may in his or her sole discretion fill all open delegate seats within that district with any ISMA members from any county component society in that same district.

RESOLUTION 18-24 ISMA MEMBERSHIP

Introduced by: Lisa Hatcher, MD, Chair, and the Future Directions Task Force

Action: Referred to the Board of Trustees for Study

RESOLVED, that ISMA amend its Bylaws (effective the 2022 membership year) to permit physicians to join ISMA without joining a county medical society, and vice versa, as follows:

1.01 CATEGORIES

Categories of membership are: 1) Regular, 2) Dues Exempt, 3), Resident, 4) Medical Student, 5) Distinguished, 6) Honorary, 7) Military, and 8) Senior.

1.0101 Regular Member

The term "Regular Member" as used in these Bylaws shall be a person who:

- 1) Holds the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathic Medicine;
- 2) Currently holds a valid, unrestricted or probationary license to practice medicine in the State of Indiana, except as specified in 1.0303(b);
- 3) Is currently a member in good standing of a component society; and
- 4) Has paid to this Association annual dues.

1.0102 Dues-exempt Member

The term "Dues-exempt Member" in these Bylaws shall include the following:

1.010201 Disabled Member

Disabled Members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine. Proof of permanent disability shall be provided by the member physician.

1.010202 Inactive Membership

Members who are no longer working in a capacity that requires the use of their medical license or medical education or who are working in an uncompensated medical capacity shall be deemed inactive. Inactive physicians may request to be exempt from payment of membership dues for the duration of their inactive status and may be required to show proof that they are inactive.

1.010203 **Financial Hardship**

The Executive Vice President of ISMA may permit the relief from State Association dues if a member provides evidence of financial hardship.

1.0107 **Military Member**

Any physician-member of the active duty military service stationed in Indiana, not to include physicians in the Reserve on temporary active duty shall be permitted to become a member of ISMA at reduced dues that shall be determined by the Board of Trustees.

1.0108 **Senior Member**

Senior Members shall automatically achieve Senior Membership on January 1 following their 70th birthday so long as they are physicians of the state of Indiana who have held their membership in the Indiana State Medical Association for 20 years or more. Senior physicians may request a fifty percent reduction in membership dues if they certify that they work no more than fifty percent of the full-time work schedule for their position. Such request shall be granted when the Association has verified the physician's eligibility for the dues reduction.

1.02 **QUALIFICATIONS**

The Regular, Dues-exempt, and Distinguished Members of this Association shall be the members of component district medical societies or the component Medical Student Society and no component medical society (other than a county medical society) shall grant membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association. Members of the Medical Student Society have the same qualifications except for the requirement of membership in a district medical society.

1.0302 **Attendance at Annual Convention**

Members attending the Annual Convention and other meetings shall register by indicating the district society of which they are members or if they are members of the Medical Student Society. At the Annual Convention when membership has been verified by reference to the roster of members (students excepted), they shall receive a badge which shall be evidence of their right to all the privileges of membership at that convention. Members may not take part in any of

the proceedings of an Annual Convention until they have complied with the provisions of this section.

1.0303 **(a) Suspension or Revocation of License**

No person whose license to practice medicine has been suspended or revoked by the Medical Licensing Board of Indiana, shall be entitled to any of the rights or benefits of this Association or of a district society, the Resident and Fellow Society, the Medical Student Society or the Young Physician Society nor shall said person be permitted to take part in any of their proceedings until the license has been restored.

(b) Exception

A member of the Indiana State Medical Association who is in need of assistance because of neuropsychiatric illness, physical infirmity, alcohol or other substance dependence, and who has submitted himself to the ISMA Commission on Physician Assistance or a comparable county or hospital committee, may continue as a member of ISMA with full membership privileges, even after suspension of his license by the Medical Licensing Board, if he is actively cooperating with an appropriate committee and is making satisfactory progress in his rehabilitation. It is incumbent upon the member in need of assistance to provide the ISMA Commission on Physician Assistance with semi-annual reports from the committee with which he is cooperating, documenting his cooperation and satisfactory progress in rehabilitation.

(c) Extension of Health Insurance

A member of the Indiana State Medical Association who is enrolled in the group health insurance program sponsored by the ISMA may continue this coverage with payment of premiums for a period of one year from the date of license suspension or revocation.

2.0101 **Dues**

Membership dues may be collected by the Indiana State Medical Association. The amount of dues for this Association shall be fixed from time to time by the House of Delegates.

Dues are payable in advance by January 15 and become delinquent on that date. The ISMA shall suspend any member who has not paid dues in full by March 1. The member shall sacrifice all rights and privileges of membership of this Association until said annual dues are received in full by the Indiana State Medical Association. For new members joining ISMA, dues will be calculated on a pro-rated monthly basis.

2.010101 Dues Refund

A request for refund of dues will be acted upon by the Board of Trustees of the Indiana State Medical Association in its wisdom. Upon request and approval, dues will be refunded on a monthly pro-rated basis. Dues-exempt members may receive any publication of ISMA upon payment of the applicable subscription price set by the ISMA Board of Trustees. All Dues-exempt Members may be reviewed annually to determine their eligibility for dues exemption.

2.010102 Reduced Dues

The Indiana State Medical Association dues for Regular Members in their first year of practice following formal training shall be one-half the amount as may be established by the House of Delegates.

3.0209 Organizing Districts

The House of Delegates shall provide for the organization of such Trustee District Societies as will promote the best interests of the profession. Trustee districts shall be defined by the House of Delegates.

The House shall divide the state into Trustee Districts, specifying which counties each district shall include, and when the best interest of the Association and profession will be promoted thereby, organize in each district a component district medical society.

4.0301 President

The President or a member designated by the President shall preside at all general meetings of the Association. The President shall appoint all committees not otherwise provided for; shall appoint the chairman of each commission and committee; shall fill the vacancies resulting from the expiration of terms of members of commissions, and also appoint members to fill the unexpired term where any other vacancy occurs. The President will have the power, with the approval of the Board, to remove any member of any committee or commission as defined in 7.05. Within 60 days after the Annual Convention, the President may call all commissions and committees into a joint meeting as defined in 7.08.

Charters of county societies as defined in 11.01, and component societies, as defined in 12.01, and approved by the Board, shall be signed by the President and Executive Vice President.

Special meetings of either the Association or the House of Delegates shall be called by the President as defined in 3.020302 and 3.0404 of these Bylaws.

The President shall deliver an annual address and shall perform such other duties as custom and parliamentary usage may require. The President shall be the real head of the profession of the state during the term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the trustees in building up the district societies and in making their work more practical and useful.

Unless otherwise specified in the Bylaws, ex-officio, the President shall be a member, without vote, of all commissions and committees.

5.05 **VACANCIES**

In the event of a vacancy occurring from any cause, except expiration of the term of office in the office of a district trustee, the duly elected alternate trustee from the same district shall temporarily assume, on an interim basis, the office of the trustee in that district, until such time as the vacancy is filled by election. In the event of a vacancy in the office of the alternate trustee, the president of the district medical society shall temporarily assume, on an interim basis, the office of alternate trustee until such time as the alternate trustee can resume the duties of that office, or until such time as a new alternate trustee is elected.

In the event vacancies occur in any trustee district in the offices of either the trustee or alternate trustee, the vacancies shall be filled on a permanent basis by an election by the members of the Association within the trustee district in which the vacancies occur. A call for such elections shall be issued by the Executive Vice President of the Indiana State Medical Association following a conference(s) with the officers of the district organization. The call shall state the date, time and place of holding the election and shall be sent registered mail to the district. Such call shall be mailed within ten days after the Executive Vice President of ISMA has learned of the vacancies. The election may be held at a regular meeting at which business other than the election may be transacted. Such election shall be within 15 days after the Executive Vice President of the Indiana State Medical Association shall have mailed such call. If an alternate trustee is elected as trustee in such an election, the resultant vacancy in the position of alternate trustee may be filled immediately by election at the same meeting, without further notice.

5.0606 **District Visitation, Expenses and Reports**

Each Trustee shall be organizer, arbiter, and censor for the represented district. The Trustee is encouraged to visit the counties in the

represented district at least once a year for the purpose of improving and increasing the zeal of the district societies and their members.

The Trustee is encouraged to make an annual report of official work and of the condition of the profession of each county in the represented district. The House of Delegates may take such action, if any, as it deems appropriate, upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include the Trustee's expense of attending the Annual Convention of the Association.

5.0607 **County Societies**

The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist. It shall especially and systematically endeavor to promote friendly relations among physicians of the same locality. The Board encourages county medical societies.

5.0611 **Board of Censors**

The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion.

6.03 **BUDGET RESPONSIBILITY**

The fiscal year of the Association shall be from January 1 to December 31 of the same calendar year. It shall prepare a budget for the ensuing fiscal year; and all expenditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funding.

All recommendations and resolutions calling for expenditure of funds, passed by the House of Delegates, shall be referred to the Executive Committee.

11.02 **MEMBERSHIP QUALIFICATIONS**

Each component county society shall be judge of the qualifications of its own members.

Each component county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association, the Constitution and Bylaws of the American Medical Association, or for a violation of the Preamble to the Principles of Medical Ethics of the American Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any component county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

~~Each component county society shall be~~

11.04 **CONSTITUTION AND BYLAWS**

Each component county society shall have its own Constitution and Bylaws which shall not be in conflict with the Constitution and Bylaws of this Association or of the American Medical Association.

An up-to-date copy thereof shall be filed with the Executive Vice President of the Indiana State Medical Association not later than May 1 of each calendar year; or where such copy is on file and no change has been made, it shall then be sufficient to file a certificate to that effect with the Executive Vice President.

12.0301

Composition

Residents enrolled in Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA)-accredited programs in the state of Indiana shall be eligible to join the Resident and Fellow Society with all rights and privileges as a regular member of ISMA. Any member of this society shall be eligible to hold office. There shall be only one RFS.

All Resident physicians shall be required to hold membership in the Resident and Fellow Society of the Indiana State Medical Association and the District Medical Society in which the resident lives or works.

12.0304

Dues

Resident and Fellow Society members shall pay one time state dues as determined by the ISMA Executive Committee, and these dues will cover their dues obligation for the entire training period. RFS members shall be exempt from paying state dues from July to December of the year in which they become a member. Dues shall be collected in accordance with ISMA Bylaws. No relief of dues shall be possible.

13.01

COMPOSITION

A Trustee District Medical Society, hereinafter called the district society, shall be a society whose members consist of the Association members who reside in the district; or alternatively, members who have a major part of their practice in a district other than the district in which they reside may hold membership in the district in which they have a major part of their practice.

14.03

ELIGIBILITY - REQUEST FOR ISMA INVOLVEMENT

Before a request for ISMA involvement will be considered by the ISMA Board of Trustees, the following conditions should be met:

- (a) The physician making the request should be an ISMA member in good standing.
- (b) A written request for ISMA involvement in medical defense and/or countersuit litigation should be sent to the Board of Trustees detailing the facts of the case as well as why the issues involved are of such a nature that they impact on the practice of medicine as a whole.

15.02

FIFTY YEAR CLUB

The Fifty Year Club is an honorary club and should not be confused with the classification of Senior Member (1.0109). Fifty Year Club membership shall be officially recognized annually. Eligibility for honorary membership in the Club includes:

(a) Shall have practiced medicine for fifty (50) years; and

(b) Shall have been a member of the ISMA for at least a portion of those fifty years

∕.

**RESOLUTION 18-25 INCREASING MEDICAL STUDENT REPRESENTATION IN
THE HOUSE OF DELEGATES**

Introduced by: Lisa Hatcher, MD, Chair, and Future Directions Task
Force

Action: Adopted

RESOLVED, that the ISMA Bylaws be amended to expand the number of Medical Student Society delegates in the ISMA House of Delegates, as follows:

12.0402 **Organization**

The Medical Student Society will hold an annual meeting with the annual meeting with the election of its Governing Council, ~~four~~ eight delegates and ~~four~~ eight alternate delegates to the ISMA House of Delegates, appropriate delegates and alternate delegates to the Medical Student Section of the AMA, and a trustee and alternate trustee to the ISMA Board of Trustees. The term of office for the trustee and alternate trustee shall be for one year.

RESOLUTION 18-26

INCREASED AVAILABILITY FOR HIGH QUALITY CHILD CARE EDUCATION FOR CHILDREN FROM BIRTH TO 5 YEARS OF AGE

Introduced by: Mary Ian McAteer, MD

Action: Adopted as Amended

RESOLVED, that ISMA seek legislative efforts to increase the number of teachers with credentials sufficient to meet Level 3-4 early child care centers by advocating for access to college-level certification and setting competitive pay scales to attract high-quality applicants for teachers with appropriate certification; and be it further

RESOLVED, that ISMA encourage legislative efforts to expand "On My Way Pre-K" legislation to include children from birth to 5 years of age with access to Level 3 (planned curriculum guide, child development and school readiness), preferably working for Level 4 (national accreditation is achieved) certification.

RESOLUTION 18-27

MEDICAL STUDENT STIPENDS TO THE AMA

Introduced by:

Vanni Rodriguez, MSS

Action:

Adopted

RESOLVED, that ISMA increase stipend support for medical students by paying one stipend each for up to two AMA Region V student delegates or alternate delegates to participate in the AMA Annual Meeting and one stipend each for up to two AMA Region V student delegates or alternate delegates to participate in the AMA Interim Meeting.

RESOLUTION 18-28

**REAFFIRMING THE ISMA POSITION ON MANDATORY
USE OF BICYCLE HELMETS BY MINORS AND ADULTS**

Introduced by: Dick Huber, MD

Action: Adopted

RESOLVED, that ISMA support legislation calling for mandatory use of bicycle helmets for minors and consider it mandatory for adults.

RESOLUTION 18-29

INCREASING ORGAN DONATIONS FOR INDIANA RESIDENTS

Introduced by: Roberto Iglesias, MD; and the Vanderburgh County Medical Society

Action: Adopted as amended

RESOLVED, that ISMA seek legislation to provide state funding to the Indiana Donor Network (IDN) to develop education for Indiana residents regarding organ donation; and be it further

RESOLVED, that ISMA seek legislation to provide state funding to the Indiana Donor Network (IDN) to develop formal education pieces to offer Indiana residents for review prior to determining whether to be an organ donor-similar to informed consent. Distribution sites for this information could include the Indiana Bureau of Motor Vehicles, physician offices, hospitals and others to be determined; and be it further

RESOLVED, that ISMA encourage the Indiana Donor Network (IDN) to partner with the Indiana Bureau of Motor Vehicles to provide detailed education to its employees regarding organ donation.

RESOLUTION 18-30

AUTOPSY CRITERIA AND COLLECTION FOR TRAUMA PATIENTS

Introduced by: Roberto Iglesias, MD; and the Vanderburgh County Medical Society

Action: Adopted

RESOLVED, that ISMA work with the Indiana State Department of Health to develop standardized criteria to complete on autopsies in all trauma cases; and be it further

RESOLVED, that ISMA seek legislation to provide funding for autopsies in cases of trauma and not require families to pay for autopsies; and be it further

RESOLVED, that ISMA seek legislation to require the Indiana State Department of Health to maintain autopsy results in trauma cases and report these results annually.

RESOLUTION 18-31

**SCOPE OF PRACTICE FOR ADVANCED PRACTICE
REGISTERED NURSES**

Introduced by: Carrie L. Davis, MD

Action: Adopted as Amended

RESOLVED, that ISMA seek and support legislation that would require advanced practice registered nurses (APRNs) to work in a setting and perform tasks and procedures that are within the collaborating physician's practice that include those tasks and procedures within a particular field of medicine that the supervising physician is qualified by residency training and/or board certification to perform.

RESOLUTION 18-32

**SUPPORT OF INDIANA HEALTH DEPARTMENTS FROM
NICOTINE TAX**

Introduced by:

William W. Pond, MD; and Deborah McMahan, MD;
Fort Wayne Medical Society, Allen County

Action:

Adopted as Amended

RESOLVED, that the Indiana State Medical Association support a tax increase on all non-medical nicotine-containing substances and delivery devices, and distribute that tax revenue to county health departments in proportion to the county population.

RESOLUTION 18-33

DOCTOR-PATIENT RELATIONSHIP ADVOCACY

Introduced by:

Linda Feiwell Abels, MD; David L. Patterson, MD;
and Mary Ian McAteer, MD

Action:

Adopted as Amended

RESOLVED, that ISMA advocate that physicians leaving a practice be allowed to notify their patients and appropriate entities of their change in practice, practice location and new contact information within a reasonable time; and be it further

RESOLVED, that ISMA advocate that the exiting practice be required to inform any callers of all available contact information related to the practice change.

RESOLUTION 18-34 ISMA TRANSPARENCY WITH HOUSE OF DELEGATES

Introduced by: Marc E. Duerden, MD; and Bernard J. Emkes, MD

Action: Adopted as Amended

RESOLVED, that the ISMA annual treasurer's report to the House of Delegates must provide the current annual IRS Form 990.

RESOLUTION 18-35

**ANNUAL PREMIUM HOLIDAY FROM ISMA
INSURANCE PRODUCTS**

Introduced by:

John J. Wernert, MD; and Marc E. Duerden, MD

Action:

Adopted as Amended

RESOLVED, that beginning in Fiscal Year 2020, the ISMA-sponsored insurance product consider an annual premium holiday for any insured ISMA member in every year the net insurance premium proceeds exceed the actual cost/claims experience for that fiscal year; and be it further

RESOLVED, that the ISMA Board of Trustees have available a detailed cost, administrative overhead and claims experience report for the ISMA-sponsored health insurance program for the prior year at the annual meeting.

RESOLUTION 18-36

**ISMA BOARD OF TRUSTEES FINANCE AND
COMPENSATION COMMITTEE**

Introduced by: Marc E. Duerden, MD; and Bernard J. Emkes, MD

Action: Referred to the Board of Trustees for Action

RESOLVED, that ISMA create a seven (7) member finance and compensation committee, with membership determined by the then-ISMA president to include ISMA Board of Trustees (BOT) members, ISMA past presidents, and non-physicians with financial backgrounds to assess, evaluate, make recommendations and otherwise advise the BOT about matters related to the executive and other highly compensated employees, as well as review and comment on "total compensation" received by the same ISMA officers and ISMA employees. While the finance and compensation committee has BOT and officer participation, if deemed appropriate, any reports from this committee shall be considered as independent and at arms-length from the BOT but shall be used to guide the BOT's decisions.

RESOLUTION 18-37 ISMA TRANSPARENCY WITH THE BOARD OF TRUSTEES

Introduced by: Marc E. Duerden, MD; and Bernard J. Emkes, MD

Action: Referred to the Board of Trustees for Action

RESOLVED, that the ISMA finance committee develop metrics for the reasons ISMA physician executive officers and the senior ISMA employees obtain any change in compensation (including salaries/stipends, deferred compensation, bonuses, expense reimbursement costs, etc.); and be it further

RESOLVED, that the ISMA finance committee provide a written report to the Board of Trustees (BOT) 30 days prior to the annual BOT meeting to explain the reasons and rationale for changes in compensation provided to ISMA physician executive officers and senior ISMA employees.

RESOLUTION 18-38**PRIOR AUTHORIZATION RELIEF IN MEDICAID PROGRAMS**

Introduced by: Bernard J. Emkes, MD

Action: Adopted as Amended

RESOLVED, that ISMA support, if introduced, or seek an author for, if needed, state legislation to promote the same concepts of HEA 1143 (P.L.77-2018) and apply these same legislative processes and parameters to prior authorization (PA) for Medicaid and Medicaid managed care plans and Medicare Advantage plans:

- Listing services that require a PA on a website.
- Notifying providers of any changes at least 45 days prior to change.
- Standardizing a PA request form.
- Not denying payment for PA that has been approved unless fraudulently obtained or ineligible at time of service.
- Defining a consistent process for appeals and grievances, including to Medicaid and Medicaid managed care plans in the 2019 long session;

and be it further

RESOLVED, that ISMA request additional components in state legislation to promote the same concepts of HEA 1143 (P.L. 77-2018) and apply these same legislative processes and parameters to prior authorization (PA) for Medicaid and Medicaid managed care plans and Medicare Advantage plans, to include:

- Medications already working when a patient changes health plans cannot be changed by the plan without discussion and approval of the ordering physician.
- Minimizing PA requirements as much as possible within each plan.
- Making an easily accessible and reasonably responsive direct communication tool available to resolve disagreements between plan and ordering provider;

and be it further

RESOLVED, that ISMA take Resolution 18-38 to the AMA to be applied to Medicare Advantage plans at the federal level.

RESOLUTION 18-39

**AUTO-INJECTABLE LIFE-SAVING DRUG EXPIRATION
DATING**

Introduced by: David Patterson, MD

Action: Adopted

RESOLVED, that ISMA seek legislation through the Indiana General Assembly or regulation with the Indiana State Board of Pharmacy making it illegal to dispense auto-injectable epinephrine or auto-injectable Glucagon with an expiration date of less than 12 months to anyone obtaining a prescription for these devices in Indiana.

RESOLUTON 18-40 TRUTH IN ADVERTISING AND BOARD CERTIFICATION

Introduced by: Carrie L. Davis, MD

Action: Adopted as Amended

RESOLVED, that ISMA work with leaders of other specialty medicine organizations and certifying bodies in Indiana to develop model bill language regarding truth in advertising as it pertains to identification badges and to advertising and marketing of licensure, qualifications, specialty and board certification (if applicable) by physicians and other health care professionals; then seek a member of the Indiana General Assembly to introduce such legislation.

RESOLUTION 18-41

UNCOMPENSATED PHYSICIAN LABOR

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted

RESOLVED, that the ISMA House of Delegates adopt policy that Indiana physicians should be compensated for reviewing and responding to new after-hour patient messages; and be it further

RESOLVED, the ISMA House of Delegates consider referring Resolution 18-41 to the American Medical Association House of Delegates for its consideration.

RESOLUTION 18-42

HEALTH HAZARDS OF HIGH DEDUCTIBLE INSURANCE PLANS

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Action: Referred to the Board of Trustees for Action

RESOLVED, that ISMA take Resolution 18-42 to the AMA House of Delegates with the suggestion that the deductibles on health insurance plans should be no greater than \$1000 per year. Some consideration should be given to not offering this option to patients who have significant chronic disease because of the proven risk of delay in treatment due to high out-of-pocket costs; and be it further

RESOLVED, that ISMA contact the Indiana Department of Insurance with the same recommendations made in Resolution 18-42.

RESOLUTION 18-43**METHADONE CLINIC SIZE AND CLIENTELE**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted

RESOLVED, that ISMA ask the Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for an opinion and ultimately stricter regulations related to: (1) protocols for clinic operation, to help ensure adequate treatment and enrollment of the proper population; (2) optimum size for a clinic based on a community's needs, with a maximum client limit established; and (3) an opinion on the best practices to prevent methadone abuse by clinic clients and diversion of methadone on the clinic grounds and in the nearby community, but also in any community. Rules eventually would be adopted to require these best practices.

RESOLUTON 18-44 MEDICARE ADVANTAGE PLAN INADEQUACIES

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Action: Adopted

RESOLVED, that ISMA contact the AMA about the deficiencies of Medicare Advantage plans, with the goal of improving nursing home, rehab and physical therapy benefits. Full transparency about the cost and coverage of the plan, as well as communication about plan limitations, should be required; and be it further

RESOLVED, that ISMA ask the AMA for an opinion on whether Medicare Advantage plans should be limited to healthier seniors with both a short problem list and short medication list, and whether there should be a cap on administrative costs for these plans; and be it further

RESOLVED, that ISMA send the recommendations of Resolution 18-44 to the Indiana Department of Insurance if they have any authority related to Medicare Advantage plans.

RESOLUTION 18-45 DETECTION AND TIMELY TREATMENT OF HEPATITIS C

Introduced by: Deepak Azad, MD, and Kevin Burke, MD

Action: Adopted as Amended

RESOLVED, that ISMA encourage Indiana Medicaid, the Healthy Indiana Plan and commercial insurance providers to revise their policies on hepatitis C treatment such that they allow treatment of F0 or at least F1 cases; and be it further

RESOLVED, that ISMA promote education of Indiana's population about the risk factors for and the consequences of untreated hepatitis C, as well as encourage aggressive screening of those with increased risk.

RESOLUTION 18-46**MEDICAL MARIJUANA**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Referred to the Board of Trustees for Action

RESOLVED, that the ISMA House of Delegates appoint a committee of physicians, including neurology and primary care physicians competent in the area of medical marijuana. The purpose of the committee would be to review current literature for scientific evidence of the points made in Resolution 18-46. This committee will then mediate with the legislature on what health conditions should be approved for treatment within Indiana and what forms of cannabis derivatives would constitute that treatment.

RESOLUTION 18-47

INADEQUATE RESIDENCY SLOTS

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Referred to the Board of Trustees for Action

RESOLVED, that ISMA study the utility of establishing an assistant physician program within Indiana; and be it further

RESOLVED, that ISMA establish a policy whereby the association would not support any new medical student positions unless there is a corresponding increase in the number of residency spots. There is a realization that not all Indiana medical school graduates will train in Indiana residency programs. ISMA will also bring this issue to the AMA with the suggestion that a policy be adopted such that there would be parity between the number of medical school graduates and the number of match positions and ask the AMA to withhold support for any further increase in medical school enrollment unless there is a corresponding increase in residency positions; and be it further

RESOLVED, that ISMA ask the AMA to lobby the federal government for increased funding for residency spots, to investigate other sustainable models for residency position funding and to advocate for loan repayment waivers for individuals who fail to match.

RESOLUTION 18-48

PHYSICIAN CANDIDATE ADVOCACY

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted

RESOLVED, that ISMA propose to the Indiana legislature to make the political office application simple and brief, and the same for most political positions; and be it further

RESOLVED, that ISMA encourage the Indiana legislature to simplify the code related to political campaigns and office finances to ease the burden on both candidates and office-holders, and again, to promote interest in holding political office.

RESOLUTION 18-49

OPIOID MITIGATION

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Action: Adopted as Amended

RESOLVED, that the ISMA House of Delegates endorse the following opioid mitigation strategies based on validation of their effectiveness in both Huntington, W. Va., and Clark County, Ind. There are six components that appear to be most effective in dealing with opioids:

(1) The opioid overdose team decreases the risk of future overdose and overdose death, increases access to opioid-related services and increases the likelihood that an individual will pursue drug rehabilitation.

(2) A needle exchange program that is open multiple days a week and is mobile offers not only a source for needles but also Narcan, other supplies, health care and information.

(3) Most Indiana counties would benefit from a drug court that allows a judge to have greater flexibility in determining the legal consequences of an arrest for an opioid-related crime. It also allows for the judicial patience necessary to deal with the recidivism of this population.

(4) Most parts of Indiana urgently need more acute-care inpatient drug rehab beds, although those ready for treatment need to be willing to travel significant distances to get to a treatment bed.

(5) Narcan intranasal spray should be readily available OTC through pharmacies and the syringe exchange, overdose team, etc.

(6) One of the most important strategies related to opioids is prevention education. We need a validated K-12 program that uses multiple media with anti-drug messaging delivered in the school system but also in the home; and be it further

RESOLVED, that Resolution18-49 be sent to the American Medical Association for review and feedback as to its utility. Other best practices across the U.S. may cause a different set of guidelines to be recommended.

RESOLUTION 18-50

**SUPPORTING YEARLY DISCUSSIONS OF ADVANCE
CARE DIRECTIVES (ACDs) WITH PATIENTS**

Introduced by:

Dylan Kelleher, OMS-III; Kelsey Quin, OMS-III; Bradley
Schroeder, OMS-III; Marian University College of
Osteopathic Medicine

Action:

Adopted as Amended

RESOLVED, that ISMA support efforts to have physicians and/or their staffs, including nurse practitioners, physician assistants and nurses, review advance care directives (ACDs) with each active patient once a year; and be it further

RESOLVED, that ISMA support health care partners in developing educational programs for medical students, residents and physicians to better prepare them to discuss advance care directives (ACDs) in their future careers.

RESOLUTION 18-51

**SUPPORTING MENTAL HEALTH TRAINING PROGRAMS
FOR CORRECTIONS OFFICERS AND CRISIS
INTERVENTION TEAMS FOR LAW ENFORCEMENT**

Introduced by: Arvind Haran, Sandra Renee Jones, Ashleigh Omorogbe, Vanni Rodriguez, Dylan Fischer, Joey Wendt, Indiana University School of Medicine; Dylan Kelleher, Marian University College of Osteopathic Medicine; ISMA Medical Student Society

Action: Adopted as Amended

RESOLVED, that ISMA support legislation and state funding for evidence-based training programs aimed at educating corrections officers in effectively interacting with mentally ill populations in local jails; and be it further

RESOLVED, that ISMA support legislation and state funding for establishing, implementing, and strengthening crisis intervention training programs across Indiana; and be it further

RESOLVED, that ISMA work with relevant societies and stakeholders, including but not limited to the National Alliance on Mental Illness (NAMI), and mental health providers across Indiana to encourage widespread participation and adoption of evidence-based mental health training and crisis intervention team (CIT) programs across the state for corrections officers and law enforcement, respectively; and be it further

RESOLVED, that the ISMA delegation consider a resolution to the AMA to support legislation and federal funding for evidence-based training programs aimed at educating corrections officers in effectively interacting with mentally ill populations in federal prisons.

RESOLUTION 18-52

**OPPOSING STATE LEGISLATION RESTRICTING
ABORTION ACCESS**

Introduced by:

Alison Case, MD

Action:

Adopted

RESOLVED, that ISMA oppose state legislation that restricts access to abortion services. This includes legislation that burdens practitioners with unnecessary regulation, as well as legislation that imposes burdens on facilities not based on any medical evidence.

RESOLUTION 18-53

**OPPOSING THREATS TO PROVIDERS OF
REPRODUCTIVE HEALTH CARE**

Introduced by: Alison Case, MD

Action: Adopted as Amended

RESOLVED, that ISMA support prosecution to the full extent of the law of groups and persons that threaten providers of reproductive health care and other health care providers.

RESOLUTION 18-54 DRUG PRICING TRANSPARENCY

Introduced by: Alison Case, MD

Action: Adopted as Amended

RESOLVED, that ISMA advocate for state legislation that investigates all drug pricing. This includes setting up a drug pricing task force that will report to state legislators in order to produce legislation allowing for drug pricing transparency; and be it further

RESOLVED, that the ISMA delegation ask that the AMA advocate to the Surgeon General for federal legislation that investigates all drug pricing.

RESOLUTION 18-55 LACK OF ADEQUATE PSYCHIATRIC CARE IN INDIANA

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Action: Adopted

RESOLVED, that ISMA support a policy whereby the state of Indiana and medical schools in Indiana work together to increase the number and funding of psychiatry residencies within the state. Promotion of psychiatry would also involve scholarships and payback incentives for practicing in underserved areas; and be it further

RESOLVED, that ISMA ask the AMA to support increasing reimbursement for psychiatric services through direct funding adjustments or changes in CPT codes.

RESOLUTION 18-56

**MENTAL HEALTH ISSUES AND USE OF PSYCHOTROPIC
DRUGS FOR UNDOCUMENTED IMMIGRANT CHILDREN**

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Action: Adopted as Amended

RESOLVED, that ISMA take Resolution 18-56 to the AMA House of Delegates, asking the AMA to officially object to policies separating undocumented immigrant parents and/or guardians from children as well as allowing unaccompanied undocumented minors access to the U.S.; and be it further

RESOLVED, that ISMA ask the AMA to condemn the practice of administering psychotropic drugs to immigrant children without parental or guardian consent or court order except in the case of imminent danger to self or others; and be it further

RESOLVED, that ISMA ask the AMA to support a position whereby federal immigration officials would become more aware of the emotional decompensation in this immigrant population, with the establishment of policies designed to decrease stress and emotional trauma.

RESOLUTION 18-57

CONSENT RIGHTS OF PREGNANT MINORS

Introduced By:

Kimberly Chernoby, MD, JD; and the Resident and
Fellow Society

Action:

Adopted

RESOLVED, that ISMA take legislative action to allow pregnant minors age 16 and older to consent to care related to pregnancy from the prenatal through postpartum stages, including postpartum contraception.

RESOLUTION 18-58

**CME FOR INDIANA
PHYSICIAN LICENSURE**

Introduced by:

Kristi Nord, MD

Action:

Not Adopted

RESOLVED, that ISMA seek legislation that would require a minimum of 60 hours of AMA PRA Category 1 Continuing Medical Education every two years for physician licensure renewal. This requirement will go into effect with renewals occurring in October of 2021.

RESOLUTION 18-59

PROMOTION AND EDUCATION OF BREASTFEEDING

Introduced by: Bob Flint, MD, PhD; and Mary Ian McAteer, MD

Action: Adopted

RESOLVED, that ISMA encourage legislation in Indiana to implement a breastfeeding awareness education program (e.g., via Indiana State Board of Health, Family and Social Services Administration); and be it further

RESOLVED, that ISMA encourage legislation in Indiana that would remove sales tax from all items related to breastfeeding; and be it further

RESOLVED, that the ISMA delegation promote resolutions at the AMA for the encouragement of the federal government to legislate appropriate disclosures of the health benefits or limitations of synthetic infant formulas, develop a breastfeeding awareness education program, ensure that our representatives to global meetings comport themselves in an unbiased manner that better represents a compromise of all views of this particular issue, and promote development of an affordable and more equivalent substitute for breast milk for women who absolutely are unable to nurse; and be it further

RESOLVED, that the ISMA delegation to the AMA encourage that organization and all state medical associations to support legislation for workplace accommodation for nursing mothers in those states that do not already have such laws.

RESOLUTION 18-60

MEDICARE PAYMENT SYSTEM CHANGES

Introduced by: Bob Flint, MD, PhD

Action: Adopted

RESOLVED, that ISMA directly contact Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), with a compromise proposal for reducing the current number of billing levels for new and follow-up outpatient visits, including:

- 1) Continue level 1 new and follow-up outpatient encounters with no change in current reimbursement or documentation requirements.
 - 2) Change from the four remaining service levels to use of what are currently service levels 2 and 4 for both new and follow-up outpatient encounters.
 - 3) Reimburse lower-level new patients at \$95; reimbursement for higher-level new patients would be \$190, and lower-level follow-up reimbursement would be \$60. For the higher-level follow up, reimbursement would be \$130.
 - 4) Documentation requirements for these new levels will remain the same as current levels 2 and 4;
- and be it further

RESOLVED, that the ISMA delegation to the AMA request that the AMA also support the compromise proposal, suggested by the ISMA, in a formal letter to CMS.

RESOLUTION 18-61

PHYSICIAN AND MEDICAL STUDENT MENTAL HEALTH AND SUICIDE

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Action: Adopted as Amended

RESOLVED, that ISMA ask the AMA to create a new Physician and Medical Student Suicide Prevention Committee with the goal of addressing suicides and mental health disease in physicians and medical students. This committee will be charged with:

- 1) Developing novel policies to decrease physician and medical trainee stress and improve professional satisfaction.
- 2) Vociferous, repeated and widespread messaging to physicians and medical students encouraging those with mood disorders to seek help.
- 3) Working with state medical licensing boards and hospitals to help remove any stigma of mental health disease and to alleviate physician and medical student fears about the consequences of mental illness and their medical license and hospital privileges.
- 4) Establishing a 24-hour mental health hotline staffed by mental health professionals whereby a troubled physician or medical student can seek anonymous advice. Communication via the 24-hour help line should remain anonymous. This service can be directly provided by the AMA or could be arranged through a third party, although volunteer physician counselors may be an option for this 24-hour phone service.

RESOLUTION 18-62

**ISMA SUPPORT OF AMA AND FDA
POSITION ON E-CIGARETTES**

Introduced by: William W. Pond, MD

Action: Adopted

RESOLVED, that ISMA support the position of the FDA and AMA opposing the sale and marketing of e-cigarettes to children; and be it further

RESOLVED, that ISMA support legislation and health care policy to curb the sale, marketing and delivery of nicotine, e-cigarettes and nicotine delivery devices to children, including nicotine delivery systems designed to hide such use in schools.