

RESOLUTION 18-10 STUDY COMMITTEE REPORT TO THE BOARD OF TRUSTEES

Action: **Recommendations of report were Referred to the Board of Trustees for Action**

CONCLUSION: Energy drinks are unsafe for children and adolescents. Physicians need to be aware of and promote education regarding unsafe caffeine consumption.

RECOMMENDATIONS OF TASK FORCE

1. Raise physicians' awareness of the dangers of caffeine consumption in children and adolescents.
 - A. Distribute the above report to membership of the ISMA.
 - B. Provide a list of educational resources to the membership regarding caffeine dangers.
 - C. Consider a CME offering.
 - D. Produce a list of available patient education pieces for physicians to utilize during wellness and sport exams.

2. Encourage members to begin a grassroots awareness effort to engage community resources that may include:
 - A. Host a meeting with school officials, such as local superintendents and principals, to begin a conversation about caffeine dangers.
 - B. Generate a letter to school officials, outlining the problems of excess caffeine consumption for youth.
 - C. Produce a public information article suitable for local newspapers, and provide it to local health departments, encouraging them to endorse and publicize the dangers of caffeine.

3. Initiate discussions with state officials to enlist additional resources to educate the public at large.
 - A. Refer the dangers caffeine holds for our children to the Alliance for a Healthier Indiana as a "next issue" to address.
 - B. Engage the state health commissioner in discussion of our concerns at the May ISMA Board meeting.
 - C. Enlist the FSSA director in disseminating information to at-risk populations.
 - D. Work with specialty physician groups (IAFP, IAP) to advance their efforts to address this issue.
 - E. Generate a letter to state officials of YMCA, PAL and similar organizations, encouraging them to educate their members on the detrimental effects of caffeine on children and adolescents.

4. To facilitate accomplishing the above recommendations, form an ad hoc Committee on School Health.

RESOLUTION 19-01

DEADLINE FOR RESOLUTIONS

Introduced by: Roberto Darroca, MD, Speaker of the House

Action: Referred to the Board of Trustees for Study

RESOLVED, that the ISMA Bylaws be amended to change the resolution deadline from 60 days to 120 days before the first session of the applicable House of Delegates, in order to provide relevant ISMA committees and commissions with sufficient time to review, consider, research and provide feedback on resolutions, as follows:

3.020701 **(b) Deadlines for Resolutions**

Except as noted in 3.020701(c) and in 3.021102, all resolutions to be presented to the House of Delegates for action shall be prepared and submitted in writing or electronically to the Executive Vice President of the Association so that they will be received not later than 60~~120~~ days prior to the session of the House of Delegates to which the resolutions will be presented.

(c) Late Resolutions

Except for matters of extreme emergent nature, all late resolutions must be received by the Executive Vice President seven (7) days prior to the opening session of the House of Delegates. Those resolutions received after 60~~120~~ days prior to the first session of the House of Delegates will be referred to the Committee on Rules and Order of Business. The Committee on Rules and Order of Business shall submit a report to the House concerning all items considered by same with recommendation(s) limited to the appropriateness of consideration of said resolutions.

The Committee on Rules and Order of Business will meet approximately seven (7) days prior to the Annual Convention to consider resolutions that have been first submitted to the Committee together with a written statement setting forth the reasons why the resolution was not mailed to the Executive Vice President more than 60~~120~~ days prior to the first session of the House of Delegates and also setting forth in the written statement the reasons why the resolution is of such an emergency nature that it cannot wait until the next meeting of the House.

The report of the Committee on Rules and Order of Business shall be considered in the same manner as any other reference committee report. The House may accept or reject any

recommendation of the Committee, which shall make recommendations on each resolution considered.

Discussion on the floor will be limited to one speaker in dissension with the Committee's recommendation. This discussion will be limited to the appropriateness of consideration and not the merits of the resolution itself.

Section 3.020701(b) may be suspended only upon a two-thirds affirmative vote of the House of Delegates when considering the report of the Committee on Rules and Order of Business. Each member of the House shall be furnished a copy of all proposed late resolutions for consideration of the report of the Committee on Rules and Order of Business.

17.01

BYLAWS AMENDMENTS

These Bylaws may be amended by resolution as in 3.020701(b), which shall be treated as any other proposed amendment, at any meeting of the House of Delegates by a majority vote of all the voting members present. Amendments to the Bylaws must be submitted to the Association ~~60~~120 days in advance of the meeting. These amendments must be presented to the Commission on Constitution and Bylaws prior to the meeting and are eligible for passage after lying on the table for one day.

RESOLUTION 19-02**ELECTRONIC MEETING NOTICES**

Introduced by: J. Elizabeth Struble, MD, Chair; and
ISMA Board of Trustees

Action: Adopted

RESOLVED, that the ISMA Bylaws be amended to include email instead of telegrams as a proper method for providing notice of Board meetings, as follows:

5.0405 **Meeting Notices**

Notice is given if delivered in person, by telephone, mail or ~~telegram~~ email. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail, addressed to a Trustee (and other persons entitled to notice) at the Trustee's address then appearing on the records of the Association, with postage prepaid, and if given by ~~telegram~~ email, shall be deemed delivered when ~~the telegram is delivered to the telegraph company~~ sent by email to a Trustee (and other persons entitled to notice) at the Trustee's email address then appearing on the records of the Association.

Notice of any meeting and the object of business to be transacted at a meeting of the Board need not be given if waived in writing, or by ~~telegram~~ email, mail, or telephone before, during, or after such meeting. Attendance at any meeting shall constitute a waiver of notice of such meeting except where attendance is for the express purpose of objecting to the transaction of any business because the meeting is unlawfully called or convened.

RESOLUTION 19-03

MENTAL HEALTH PARITY

Introduced by:

David Diaz, MD, and Kyle Jamison, MD

Action:

Adopted

RESOLVED, that ISMA support legislation to mandate parity of coverage for mental illness and substance use disorders; and be it further

RESOLVED, that ISMA support legislation to provide increased state-level accountability and enforcement of the Mental Health Parity and Addiction Equity Act.

RESOLUTION 19-04

**REPEAL OF RESOLUTION 18-60,
MEDICARE PAYMENT SYSTEM CHANGES**

Introduced by:

Robert Flint, MD

Action:

Rescinded by Author

RESOLVED, that the House of Delegates direct ISMA to not carry out Resolution 18-60 and to repeal Resolution 18-60 as moot.

RESOLUTION 19-05

E-PRESCRIBING

Introduced by:

Steven Tharp, MD; and Heidi M. Dunningway, MD

Action:

Adopted

RESOLVED, that ISMA support the following exemptions to any future e-prescribing mandate at the state level:

- Physicians who write no more than 100 applicable prescriptions per year.
- Locum tenens physicians or physicians practicing in a location other than their primary office on a temporary basis.
- If the physician determines that it is in the best interest of the patient, or the patient requests a written prescription, to compare prescription drug prices among area pharmacies and documents such in the medical record.
- If the physician reasonably determines that it would be impractical for the patient to obtain an electronic prescription in a timely manner and such delay would adversely affect the patient's medical condition.
- Physicians who do not utilize electronic medical records.
- Compounded prescriptions.
- Prescriptions with directions longer than 140 characters.
- Physicians who are volunteering or providing uncompensated care.

RESOLUTION 19-06

MEDICAL STUDENT AND RESIDENT/FELLOW REPRESENTATION ON THE COMMISSION ON LEGISLATION

Introduced by: Kimberly Chernoby, MD, JD; Kelsey Quin and Caitlin Harmon, ISMA Medical Student Society; and ISMA Resident and Fellow Society

Action: Adopted

RESOLVED, that the ISMA Bylaws be amended to create dedicated seats on the Commission on Legislation for one representative from the Medical Student Society and one representative from the Resident and Fellow Society, with full participatory and voting rights, as follows:

7.03 COMMISSION STRUCTURE

The President may appoint one commission member for each 600 regular members of a trustee medical district, or a major fraction thereof; but in any event, each district shall have one member on each commission.

The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise.

The President may appoint a maximum of five (5) At-Large members, one of whom may be a resident physician representative from the Resident and Fellow Society and one of whom may be a medical student representative from the Medical Student Society, for a term of one year, with the right to vote, to each commission. The President shall appoint the Chairman of each commission. The Commission Chairman shall appoint a Vice Chairman.

In addition to the above-mentioned appointments, the Commission on Medical Education may maintain in its membership CME professionals needed to carry out its duties. They will be appointed by the Chairman of the Commission with the approval of the physician members. They may vote at Commission meetings. They will have three-year terms that may be renewed or terminated by the Commission Chairman with the approval of the physician members.

The President shall also appoint for one-year terms one (1) representative from the Medical Student Society and one (1) representative from the Resident and Fellow Society to serve as members of the Commission on Legislation, with the right to vote.

RESOLUTION 19-07

**MEDICAL PROVIDER QUALIFICATION:
TRUTH AND TRANSPARENCY**

Introduced by:

Ben Vickery, IUSM-IV; and William W. Pond,
MD, Fort Wayne Medical Society

Action:

Adopted as Amended

RESOLVED, that ISMA support initiatives to provide clear, defined guidelines for truth and transparency in advertising and identification of health care practitioners and their roles; and be it further

RESOLVED, that ISMA commend the work of those who have worked so diligently this past year with leaders of medical specialty organizations to develop model legislation and policies that support truth in advertising and identification for health care practitioners.

RESOLUTION 19-08

**HOSPITAL PROTOCOLS FOR AIR MEDICAL
TRANSPORT**

Introduced by:

Colton Junod, ISMA-MSS

Action:

Adopted as Amended

RESOLVED, that ISMA encourage all Indiana hospitals, ground emergency medical services agencies and 911 centers to create protocols to determine which air medical service should be contacted when requested. The factors that should be taken into consideration include: geographical distance, helicopter size, weather capabilities (IFR vs. VFR), blood products and specialized equipment; and be it further

RESOLVED, that ISMA explore contacting the Indiana State Department of Health, Homeland Security and the Indiana Hospital Association to communicate the importance of creating protocols to determine which air medical service should be contacted when requested.

RESOLUTION 19-09**ADVANCING GENDER EQUITY IN MEDICINE**

Introduced by: Theresa Rohr-Kirchgraber, MD;
and Kimberly Chernoby, MD, JD

Action: Referred to the Board of Trustees for Action

RESOLVED, that ISMA draft and disseminate a report detailing its positions and recommendations for gender equity in medicine, including clarifying principles for state and specialty societies, academic medical centers and other entities that employ physicians, to be submitted to the House for consideration at the 2020 Annual State Meeting; and be it further

RESOLVED, that ISMA:

- (a) Advocate for institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation.
 - (b) Advocate for pay structures based on objective, gender-neutral objective criteria.
 - (c) Encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians.
 - (d) Advocate for training to identify and mitigate implicit bias in compensation determination for those in positions to determine salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement;
- and be it further

RESOLVED, that ISMA recommend as immediate actions to reduce gender bias (a) eliminate of the question of prior salary information from job applications for physician recruitment in academic and private practice; (b) inform physicians about their rights under the Lilly Ledbetter Fair Pay Act and Equal Pay Act; (c) establish educational programs to help empower all genders to negotiate equitable compensation; (d) work with relevant stakeholders to host a workshop on the role of medical societies in advancing women in medicine, with co-development and broad dissemination of a report based on workshop findings; and (e) create guidance for medical schools and health care facilities for institutional transparency of compensation and regular gender-based pay audits; and be it further

RESOLVED, that ISMA collect and analyze comprehensive demographic data and produce a study on the inclusion of women members including, but not limited to, membership, representation in the House of Delegates, reference committee makeup and leadership positions within our Indiana State Medical Association, including the Board of Trustees, councils and section governance, plenary speaker invitations, recognition awards and grant funding, and disseminate such findings in regular reports to the House of Delegates,

beginning at the 2020 meeting and continuing yearly thereafter, with recommendations to support ongoing gender equity efforts; and be it further

RESOLVED, that ISMA commit to pay equity across the organization by encouraging the Executive Vice President to undertake routine assessments of salaries within and across the organization, while making the necessary adjustments to ensure equal pay for equal work.

RESOLUTION 19-10

**INCREASING PAYMENTS TO PHYSICIANS
PROVIDING MEDICAID SERVICES**

Introduced by:

Tony GiaQuinta, MD, FAAP; Cynthia Nassim,
MD, FAAP; Mary McAteer, MD; Penny
Kallmyer, MD; and Indianapolis Medical
Society

Action:

Adopted as Amended

RESOLVED, that ISMA encourage and support legislation to facilitate access to care in Indiana and to provide fee schedule parity for physicians who treat patients through Medicaid and Hoosier Healthwise plans to match Healthy Indiana Plan (HIP) 2.0 commensurate with Medicare.

RESOLUTION 19-11

TAX ON SUGAR-SWEETENED BEVERAGES

Introduced by:

Alan Alvarez de Sotomayor, ISMA-MSS

Action:

Adopted as Amended

RESOLVED, that ISMA support legislation that would implement a tax on sugar-sweetened beverages including soda, energy, sports and fruit-flavored drinks and juices, as a means to curb sugar overconsumption among Hoosiers.

RESOLUTION 19-12

**MANDATORY UNIVERSAL NEWBORN
SCREENING FOR CONGENITAL HEART
DISEASE**

Introduced by:

Maria Del Rio Hoover, MD; and William A.
Engle, MD

Action:

Adopted as Amended

RESOLVED, that ISMA seek to amend, either through legislation or rule, 410
Indiana Administrative Code 3-3-3.5 as follows:

1. Identify or define special populations of infants who are ~~premature~~,
admitted to the neonatal intensive care unit and/or who require oxygen in
the first 48 hours of life;
2. Modify the screening population either by allowing for exclusion of those
special populations from testing at 24 to 48 hours of age or by including all
infants in the screening program, but modifying the screening algorithm to
account for those special populations; and
3. Clarifying what constitutes a “cardiology evaluation.”

RESOLUTION 19-13

VALUE-BASED HEALTH CARE

Introduced by:

Stephen Tharp, MD, Chair, Commission on
Legislation

Action:

Adopted

RESOLVED, that ISMA oppose health care reform initiatives that divert physician time away from clinical care and are not patient-centered, such as those requiring increased administrative burden; and be it further

RESOLVED, that ISMA endorse value-based health care initiatives that align with the AMA Pay for Performance Principles and Guidelines ([Policy H-450.947](#)).

RESOLUTION 19-14

**REDUCING THE PSYCHOLOGICAL
TRAUMA OF FOSTER CARE CHILDREN**

Introduced by:

Caitlin Harmon, ISMA-MSS

Action:

Adopted as Amended

RESOLVED, that ISMA support the dissemination of resources and services by the Department of Child Services (DCS) to families dealing with substance use disorder; and be it further

RESOLVED, that ISMA support the ability of DCS to refer families dealing with substance use disorder who have entered the DCS system, with or without substantiation of abuse or neglect, to a community program that provides resources and services; and be it further

RESOLVED, that ISMA support increased standardization of Department of Child Services case management and execution of its policies, with the goal of decreasing negative long-term outcomes and minimizing the psychological trauma of the children and families involved.

RESOLUTION 19-15

**NICOTINE REPLACEMENT THERAPY FOR
MINORS**

Introduced by:

Mary Ian McAteer, MD; and the Indianapolis
Medical Society

Action:

Adopted as Amended

RESOLVED, that ISMA align support for future legislative action to protect physicians for the prescribing of off-label use of nicotine cessation products until they become approved for minors; and be it further

RESOLVED, that ISMA work with the AMA to seek immediate and thorough study of the use of all forms of nicotine delivery, as well as all nicotine addiction treatment options in populations under the age of 18; and be it further

RESOLVED, that ISMA seek AMA policy for federal regulation that encourages manufacturers of current nicotine addiction treatment therapy approved for adults, to study their products for use in populations under the age of 18.

RESOLUTION 19-16

STATEWIDE SYRINGE SERVICE PROGRAM

Introduced by:

Mary Ian McAteer, MD; and Indianapolis
Medical Society

Action:

Adopted as Amended

RESOLVED, that ISMA support legislative action for a statewide syringe service program under the auspices of the Indiana State Department of Health; and be it further

RESOLVED, that ISMA work with the Indiana University Fairbanks School of Public Health for dissemination of information to counties on currently available initiatives and best practices for establishing syringe service programs, as well as the benefits of these programs; and be it further

RESOLVED, that ISMA support legislative action requiring any needle exchange initiative in Indiana to solely distribute single-use syringes.

RESOLUTION 19-17

DOCTOR-PATIENT RELATIONSHIP

Introduced by:

Linda Feiwell Abels, MD; and the Indianapolis
Medical Society

Action:

Adopted as Amended

RESOLVED, that ISMA seek legislation to ensure that existing health systems and practices notify patients when their personal physician changes location or provide patients with adequate information to access their physician upon request; and be it further

RESOLVED, that ISMA seek legislation that includes a requirement for the departing physician's approval on communication sent to patients by their previous health system or practice.

RESOLUTION 19-18

**ISMA POLICY REGARDING MAINTENANCE
OF CERTIFICATION (MOC)**

Introduced by:

Don Selzer, MD

Action:

Adopted as Amended

RESOLVED, that ISMA advocate for continuous lifelong learning educational standards for physicians; and be it further

RESOLVED, that until better evidence-based data is available (see current AMA deliberations on this topic), maintenance of certification should not be the sole criterion for hospital staff privileging and/or insurance reimbursement; and be it further

RESOLVED, that ISMA support nationally determined board certification that is evidence-based and has sole focus on what is best for patient care.

RESOLUTION 19-19

SPECIAL ELECTIONS FOR DISTRICT OFFICER VACANCIES

Introduced by: J. Elizabeth Struble, MD, Chair of ISMA Board of Trustees

Action: Adopted

RESOLVED, that the ISMA Bylaws be modernized to allow district officer vacancies to be filled where those vacancies exist due to extenuating circumstances, by holding special elections conducted through electronic voting, as follows:

5.03 ELECTION - TRUSTEE AND ALTERNATE

The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee(s) or Alternate Trustee(s) by the time of the expiration of the incumbent's term of office, the Executive Vice President of the Association shall ~~cause call for~~ a special ~~meeting~~ election to be ~~called~~ held by said district society as set forth in 5.05 for the purpose of such election.

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.

If, due to extenuating circumstances, an annual district meeting does not occur or a vacancy remains ~~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 special election by the members of the association within the trustee district in which the vacancies occur. A call for such special elections shall be issued electronically 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 also be issued following the circulation of an electronic notice to each member within the district stating that a vacancy exists and soliciting nominations for the vacancy. The notice shall also include the deadline for nominating a member for the vacancy, which shall not be less than two (2) weeks from the date the notice is circulated

to each member within the district. The subsequent call for the special election shall state the purpose of the special date, time and place of holding the election and shall provide a means by which each member within the district can electronically cast a vote for any nominated candidate for the existing vacancy. The call shall also include the deadline for casting a vote, which shall not be less than two (2) weeks from the date the call is circulated. The electronic notice and call shall be sent to the e-mail address then appearing on the records of the Association for each member of each component society within the district. A majority of the votes cast shall be necessary to elect. registered mail to the county secretary, as filed in the Indiana State Medical Association Executive Vice President's office, of each component society within 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 by holding another special election immediately by election at the same meeting, without further notice.

13.04

OFFICERS

Each district society shall organize by electing a President, a Secretary and a Treasurer and Trustee(s) and Alternate Trustee(s) as the current Trustee(s) term and Alternate Trustee(s) term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The offices of Secretary and Treasurer may be held by the same physician. The Trustee(s) shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association. If any district fails to meet and elect a President by the expiration of the incumbent's term of office, the Executive Vice President of the Association shall send notice and a call for a special election to be held by said district society as set forth in 5.05 for the purpose of such election.

13.0801

Election of Trustee or Alternate

Except in the case of a special election as set forth in 5.05, whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the Indiana State Medical Association shall so notify the individual members of such district society not later than six weeks in advance of said election date.

RESOLUTION 19-20

**FAA REQUIREMENTS FOR IN-FLIGHT
EMERGENCY MEDICAL KITS (EMK)**

Introduced by:

Heidi M. Dunningway, MD; and the Vanderburgh
County Medical Society

Action:

Adopted as Amended

RESOLVED, that ISMA support review of emergency medical kit (EMK) contents by the Federal Aviation Administration (FAA), with the addition of appropriate quantities of epinephrine autoinjectors and an opioid antagonist, such as naloxone, to required EMK contents and with further review of the contents at defined intervals; and be it further

RESOLVED, that ISMA support readily visible external labeling of sealed emergency medical kits (EMKs) to include expiration dates of injectable medications and fluids and review of each kit's medication expiration dates as labeled more frequently than annually; and be it further

RESOLVED, that ISMA send a letter to the Federal Aviation Administration requesting:

- Implementation of the actions urged in [AMA Policy H-45.981](#), "Improvement in U.S. Airlines Aircraft Emergency Kits," including data collection and reporting, EMK review, and the addition of naloxone to emergency medical kits (EMKs).

- Inclusion of epinephrine autoinjectors in the emergency medical kit (EMK) and an opioid antagonist, such as naloxone, and with subsequent review and update of EMK contents at defined intervals.

- Requiring readily visible, external labeling of emergency medical kits (EMKs) to include expiration dates of injectable medications and IV fluids.

-Requiring review of each kit's medication expiration dates as labeled more frequently than annually.

RESOLUTION 19-21

**EMERGENCY MEDICAL TRANSPORTATION
OF INCAPACITATED PATIENTS**

Introduced by:

Kimberly Chernoby, MD, JD; and Mark Liao,
MD

Action:

Referred to the Board of Trustees for Action

RESOLVED, that ISMA seek legislation to protect emergency medical technicians who transport patients who are judged, on the good faith evaluation of the technician or in coordination with online medical direction, to lack decision-making capacity and require transport to a health care facility for life- or limb-saving treatment.

RESOLUTION 19-22**DRUG PRICING TRANSPARENCY**

Introduced by:

Thomas Vidic, MD

Action:

Adopted as Amended

RESOLVED, that ISMA support legislation providing that a patient who is established on a drug may remain on that drug within a plan year without an increase in co-pay or formulary inclusion; and be it further

RESOLVED, that ISMA support legislation that requires greater reporting of drug prices and the reasons behind them by pharmacy benefit managers, pharmaceutical manufacturers, health care insurers and other relevant entities; and be it further

RESOLVED, that ISMA support the creation of state programs for disclosure of effective drug prices:

- (1) to patients, such as through clear explanations of pharmacy benefits and reasonable limits on formulary changes;
- (2) to physicians, such as through integration of pricing and formulary data in electronic medical record systems; and
- (3) to other stakeholders, such as through establishment of an independent auditor who will verify and prepare drug pricing information to the state legislature and the public.

RESOLUTION 19-23

DISSOLUTION OF ISMA GRIEVANCE COMMITTEE

Introduced by: J. Elizabeth Struble, MD, Chair of ISMA Board of Trustees

Action: Adopted

RESOLVED, that the ISMA Grievance Committee be dissolved by amending the Bylaws to remove any reference to it, as follows:

7.010101 — **Grievance**

7.1001 — Grievance Committee

~~The duties of this committee shall be to receive complaints, appeals, or suggestions from physicians or lay persons concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians. It may, if it believes the facts justify, cite a member of the Indiana State Medical Association to the Board of the Indiana State Medical Association. It shall, subject to the approval of the Board, revise its set of rules and regulations governing its procedure and official actions.~~

RESOLUTION 19-24

GRADUATE MEDICAL EDUCATION FUNDING

Introduced by: Stacie Wenk, DO

Referred to: Adopted as Amended

RESOLVED, that ISMA help seek continued expansion and additional funding from the Indiana General Assembly for graduate medical education as directed by the Indiana Commission for Higher Education; and be it further

RESOLVED, that ISMA request our AMA delegation to confirm/verify that [AMA Policy D-305.967](#) is being followed.

RESOLUTION 19-25

TOBACCO SETTLEMENT

Introduced by:

Stacie Wenk, DO

Action:

Adopted

RESOLVED, that the ISMA readopt Resolution 09-13 as amended, as follows:

RESOLVED, that ISMA declare as policy that all monies derived from the Master Tobacco Settlement Agreement and deposited into the Indiana Tobacco Master Settlement Fund be used for health care and the promotion of community health; and be it further

RESOLVED, that ISMA continue to take a leadership role with all other health care entities to ensure that monies in the Indiana Tobacco Master Settlement Fund remain completely and totally within the health care arena.

RESOLUTION 19-26

PROHIBITING UNLICENSED MIDWIFERY

Introduced by:

Rhonda L. Sharp, MD

Action:

Adopted

RESOLVED, that ISMA readopt Resolution 09-33 as amended, as follows:

RESOLVED, that ISMA support continued enforcement of existing laws that prohibit midwifery by unlicensed or uncertified individuals.

RESOLUTION 19-27 HEALTH REFORM PRINCIPLES

Introduced by: Stephen Tharp, MD

Action: Adopted

RESOLVED, that ISMA readopt Resolution 09-67 as amended, as follows:

RESOLVED, that ISMA support the following principles regarding health care reform:

- Extending coverage to all Americans through health insurance market reform.
- Consumer choice of plans to encourage competition that favors quality, affordability and appropriate patient care.
- Essential health insurance reforms that eliminate coverage denials based on pre-existing conditions.
- Medicare reforms
- Chronic disease management and care coordination through additional funding for primary care services, without imposing offsetting payment reductions on specialty care.
- Addressing the growing physician workforce concerns.
- Prevention, wellness and patient responsibility initiatives designed to keep Americans healthy.
- The private practice of medicine on a fee-for-service basis within a pluralistic system of health care delivery.
- Medical liability reform (with the understanding that it will not adversely affect Indiana or other states effective tort reforms).
- Responsible physician investment in technology, facilities, services and equipment that results in high quality, efficient, effective health care.
- Physicians' voluntary participation in any health plan.
- Health reform that is meaningful, fair and sustainable.
- Reducing oppressive and arbitrary administrative regulations set by insurers and government agencies that compromise patients' safety and health.

- Health reform that includes improved responsiveness to physicians' concerns from insurance companies and government agencies.

RESOLUTION 19-28

USE OF TERM "PROVIDER"

Introduced by:

Stacie Wenk, DO

Action:

Adopted

RESOLVED, that ISMA readopt Resolution 09-59 as amended, as follows:

RESOLVED, that ISMA oppose the use of the term "provider" or "health care provider" to refer to a physician.

RESOLUTION 19-29

NON-PHYSICIAN DIAGNOSIS

Introduced by: Stacie Wenk, DO

Action: Referred to the Board of Trustees for Action

RESOLVED, that ISMA readopt Resolution 09-50 as follows:

RESOLVED, that ISMA oppose legislation that would authorize non-physicians to engage in the diagnosis or treatment of disease or injury and unequivocally oppose and seek to defeat any legislation that would extend the scope of any allied health profession into the areas of the practice of medicine.

RESOLUTION 19-30

HOSPITAL DELIVERIES

Introduced by:

Rhonda L. Sharp, MD

Action:

Adopted

RESOLVED, that ISMA readopt Resolution 09-28 as follows:

RESOLVED, that ISMA encourage the delivery of all pregnancies in a hospital or in those settings best suited to minimize the risk to the mother and infant.

RESOLUTION 19-31

**VIRTUAL ANNUAL MEETING ATTENDANCE
USING NEW TECHNOLOGY**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted as Amended

RESOLVED, that the ISMA Board of Trustees appoint a committee to look at the cost and logistics of offering virtual attendance and the feasibility of secure virtual voting at the ISMA annual convention. The study shall include polling medical associations that have successfully established virtual annual meetings. The committee shall issue its report to the association president and Board of Trustees for their consideration.

RESOLUTION 19-32**ISSUES WITH THE MATCH, THE NATIONAL RESIDENCY MATCHING PROGRAM (NRMP)**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted as Amended

RESOLVED, that ISMA encourage the American Medical Association (AMA) to redouble its efforts to promote an increase in residency program positions in the U.S.; and be it further

RESOLVED, that the ISMA (HOD (House of Delegates) ask the AMA (American Medical Association) HOD to assign appropriate AMA committee or committees to:

- Study the issue of why the residency positions have not kept pace with the new physician supply and also investigate what novel residency programs have been successfully developed across the country in order to expand positions using both traditional and nontraditional mechanisms.
- Seek to determine what causes a failure to match and better understand what strategies are most effective in increasing the chances of a successful match, especially after a prior failure to match. The committee(s) would depend upon the BNRMP (Board of the National Residency Matching Program) to provide some of this information through surveys, questionnaires and other means. If valid statistics are gleaned, then this information would be of value to medical students who seek to improve their chances of success in The Match.
- Report back to the AMA HOD and ISMA HOD with their findings and recommendations; and be it further

RESOLVED, because SOAP (Supplemental Offer and Acceptance Program) failed to adequately serve some physicians seeking to match this year, the ISMA HOD asks the AMA House of Delegates to support the suggestion that those individuals would be offered the option of participating in one future match at no charge; and be it further

RESOLVED, in order to understand the cost of The Match and to identify possible savings, the ISMA HOD asks the AMA House of Delegates to request that the Board of the National Residency Matching Program undergo an independent and fully transparent audit with identification of opportunities for savings, with the goal of lowering the financial burden on medical students and new physicians. It is expected that the BNRMP would avail itself of these opportunities; and be it further

RESOLVED, the ISMA HOD ask the AMA HOD to encourage the Board of the National Residency Matching Program to propagate the lessons learned from the AMA committee(s) work, such that it would actively promote success for those participating in The Match by better understanding and identifying those issues that interfere with the successful match and to identify strategies to mitigate those issues. This important knowledge can be disseminated through the program website and through its services, such as its “help” and “Q&A” links, and also through the AMA.

RESOLUTION 19-33

**PREVENTING NEONATAL ABSTINENCE
SYNDROME**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted as Amended

RESOLVED, that ISMA encourage the Indiana State Department of Health to promote and support contraception services for all interested fertile women who are on chronic opioid therapy.

RESOLUTION 19-34

**FINANCIAL BURDEN OF USMLE STEP 2 CS
ON MEDICAL STUDENTS**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted as Amended

RESOLVED, that ISMA work with our AMA and ask the Federation of State Medical Boards (FSMB)/United States Medical Licensing Examination (USMLE) to reduce the cost of the USMLE Step 2 CS exam and allow medical students to take this exam locally to help avoid unnecessary expenses; and be it further

RESOLVED, that ISMA and the American Osteopathic Association (AOA) ask the National Board of Osteopathic Medical Examiners (NBOME) to reduce the cost of the COMLEX Level 2 PE exam and allow medical students to take this exam locally to help avoid unnecessary expenses.

RESOLUTION 19-35

**PROTECTING SENIORS FROM MEDICARE
ADVANTAGE PLANS**

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

Action: Adopted as Amended

RESOLVED, that ISMA ask the state attorney general and/or insurance commissioner to scrutinize insurance companies offering Medicare Advantage plans for accuracy in their advertisements and clarity of their presentation to seniors and their family members; and be it further

RESOLVED, that ISMA ask the AMA, AARP, insurance companies and other vested parties to develop simplified tools and guidelines on how to compare and contrast Medicare Advantage plans.

RESOLUTION 19-36

**CONTRACEPTION COUNSELING FOR
INCARCERATED FEMALES**

Introduced by:

Deepak Azad, MD; and Kevin Burke, MD

Action:

Adopted as Amended

RESOLVED, that ISMA support legislation to provide counseling and the opportunity to receive contraception to interested females in Indiana correctional facilities.

RESOLUTION 19-37

**OPPOSE GOVERNMENT INTERVENTION INTO
RESTRICTING THE SCOPE OF FAMILY
PLANNING TRAINING**

Introduced by: Alison Case, MD; and Kathryn Carboneau, MD

Action: Adopted as Amended

RESOLVED, that ISMA oppose any government intervention into defining the scope of residency programs in Indiana, particularly with regard to reproductive health training; and be it further

RESOLVED, that ISMA support access to comprehensive reproductive health training.

RESOLUTION 19-38

OPPOSE THE CRIMINALIZATION OF SELF-INDUCED ABORTION

Introduced by:

Alison Case, MD; and Kathryn Carboneau, MD

Action:

Adopted as Amended

RESOLVED, that ISMA oppose any legislative efforts to criminalize self-induced abortion prior to 22 weeks and zero days gestation.

RESOLUTION 19-39

**RESTRICTION OF ASSAULT-TYPE
WEAPONS**

Introduced by: Megan Chiu, Brandon Francis, Abigail Parker and Raveen Sugantharaj, ISMA-MSS

Action: Referred to the Board of Trustees for Action

RESOLVED, that ISMA, in the spirit of [AMA Policy H-145.993](#) "Restriction of Assault Weapons," supports appropriate legislation that would ban the civilian sale and distribution of all assault-type weapons (such as high-rate-of-fire automatic and semi-automatic firearms, or any weapon that is modified or redesigned to operate as such) and high-capacity magazines.

RESOLUTION 19-40

PREVENTING VAPING DEATHS

Introduced by:

Lisa Hatcher, MD, ISMA President Elect

Action:

Adopted

RESOLVED, that ISMA lend the association's full support to the state's initiatives to further reduce vaping; and be it further

RESOLVED, that ISMA support parity in state taxation between traditional cigarettes and e-cigarettes; and be it further

RESOLVED, that ISMA support the Alliance for a Healthier Indiana's efforts to enact policies to reduce vaping rates, particularly among Indiana's youth.

Memorial Resolution

John A. Knote, MD

Introduced by Stephen Tharp, MD

Whereas, Dr. John A. Knote, MD, a Radiologist who practiced in Lafayette and Indianapolis, Indiana, passed away on April 22, 2019; and

Whereas, Dr. Knote graduated from Purdue University with a degree in Physical Education for Men and was the third person ever to represent the university as “Purdue Pete”; and

Whereas, Dr. Knote graduated from Indiana University School of Medicine, and continued his post-graduate education through an Internship at Baptist Memorial Hospital in Memphis and Radiology Residency at Indiana University; and

Whereas, Dr. Knote has promoted improving the practice of medicine in many ways including service to the Indiana State Medical Association, serving as Chair of the ISMA Health Care Reform Committee, Chair of the Future Planning Committee, Member of the Physician’s Insurance Company of Indiana Board of Directors, Chairman of the ISMA Board of Trustees and ISMA President in 1982-83; and

Whereas Dr. Knote has held numerous positions in the American College of Radiology, from whom received the Gold Medal, the American Roentgen Ray Society, the Radiologic Society of North America and the American College of Nuclear Medicine; and

Whereas, Dr. Knote continued his service to the Medical Profession through the American Medical Association (where his exploits are legendary), ultimately serving as Speaker of the House of Delegates from 2000-2003; and

Whereas, Dr. Knote then continued his contributions to the House of Medicine through the Senior Physicians Section and the Senior Physicians Section Governing Council; and

Whereas, Dr. Knote continued throughout his life to be a valued mentor to all who sought his counsel with honest, respectful, and often humorous advice that will be sorely missed by all who knew him; therefore, be it

RESOLVED, that our ISMA House of Delegates recognize Dr. John A. Knote’s outstanding service to the profession; and be it further

RESOLVED, that a copy of this resolution be recorded in the Proceedings of this House and be forwarded to his family with an expression of the House’s deepest sympathy.

