ISMA Resolutions set to expire in 2018

RESOLUTION 08-10

ROUTINE HIV TESTING DURING PREGNANCY

RESOLVED, that the ISMA endorse and support HIV testing as a part of routine testing during the first trimester of pregnancy.

RESOLUTION 08-37

COMPREHENSIVE TREATMENT OF SEXUAL ASSAULT PATIENTS IN INDIANA

RESOLVED, that the ISMA support state legislation as well as federal 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, without exemption for sectarian reason. Such services must include all the following:

- Treatment of trauma
- Testing and prophylaxis for sexually transmitted disease
- Collection of forensic evidence
- On-site 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 08-09

REDUCING GUN SUICIDE

RESOLVED, that the ISMA support legislation to require 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 the ISMA support efforts with non-profit organizations for a public awareness campaign on the risk of suicide associated with firearm ownership; and be it further,

RESOLVED, that the 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 firearms in a suicide
- Whether or not the victim owned the firearm
- How the firearm was stored and obtained.

RESOLUTION 08-08A

ESTABLISHING GUN CRIME AS A PUBLIC HEALTH PROBLEM

RESOLVED, that the ISMA establish policy recognizing that criminal firearm violence is a major public health problem; and be it further,

RESOLVED, that the 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 the ISMA oppose legislation that prevents schools, hospitals and businesses from restricting the presence of firearms on their property.

RESOLUTION 08-08B

ESTABLISHING GUN CRIME AS A PUBLIC HEALTH PROBLEM

RESOLVED, that the ISMA support legislation to require 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 the 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 08-32
"TRAP" LEGISLATION
RESOLVED, that the ISMA review and support when appropriate health care regulation to advance legitimate patient care, patient safety or quality issues and oppose regulation that does not.

RESOLUTION 08-14
MANDADORY USE OF BICYCLE HELMETS BY MINORS AND ADULTS
RESOLVED, that the ISMA support legislation calling for mandatory use of bicycle helmets for minors and consider it mandatory for adults.

RESOLUTION 08-12
MEDICAL DIRECTOR LIABILITY
RESOLVED, that medical directors of insurance entities be held accountable and liable for medical decisions regarding contractually covered medical services; and be it further,
RESOLVED, that the ISMA undertake whatever legislative and regulatory measures necessary to bring about this accountability; and be it further,
RESOLVED, that the ISMA ask that insurance entities be required to explain to the covered members what is and what is not a contractually covered medical service.

RESOLUTION 08-11
HMO LIABILITY FOR MALPRACTICE

RESOLVED, that the ISMA seek legislation to place liability for medical malpractice on an HMO that makes a determination of medical necessity contrary to a recommendation of a patient's physician that falls within normal standards of medical practice and includes contractually covered medical services.

RESOLUTION 08-29

OPEN ACCESS CLAUSES IN COMMERCIAL INSURANCE CONTRACTS

RESOLVED, that the ISMA shall pursue enactment of legislation supporting the right of physicians to operate their practices using sound business principles and banning "Open Access" language in commercial insurance contracts.

RESOLUTION 08-28

MALPRACTICE INSURANCE FOR PHYSICIAN ASSISTANTS

RESOLVED, that the ISMA support legislation requiring physician assistants to carry their own malpractice insurance policies.

RESOLUTION 08-45

BILLING HEALTH PLANS AND PHARMACY BEMEFIT MANAGERS FOR CARE COORDINATION

RESOLVED, that the ISMA seek regulation or statute that defines pre-certification of medical services and prior authorization of pharmacy services as mandated services; and be it further,

RESOLVED, that the ISMA invoke by regulation or statute that insurance plans recognize and pay for claims documenting, with appropriate codes, and pre-certification of medical services and prior authorization of pharmacy services; and be it further,

RESOLVED, that the ISMA seek regulation or statute indicating that all plans providing administrative services or insurance products in Indiana are mandated by regulation or statute to pay for billed codes relating to mandated care coordination services at the level defined by the Resource Based Relative Value Scale (RBRVS); and be it further,

RESOLVED, that the ISMA seek regulation or legislation that would force insurance plans acting as administrative services only (ASO) or fully insured plans to honor and pay for, on a Resource Based Relative Value Scale (RBRVS) basis, the CPT codes as promulgated by the AMA.

RESOLUTION 08-15

HEALTH INSURANCE COVERAGE FOR TUBERCULOSIS PATIENTS

RESOLVED, that the ISMA support legislation to provide Medicaid coverage for a period of nine months for all uninsured and poor patients with active tuberculosis.

RESOLUTION 08–24

UNDERAGE DRINKING

RESOLVED, that the ISMA support legislation requiring mandatory ID checks for alcohol purchases for anyone who appears under age 30 (similar to ID checks for tobacco); and be it further,

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

RESOLUTION 08-26

IMMUNITY FOR VOLUNTEER PHYSICIANS

RESOLVED, that the ISMA seek to amend state law to extend physicians voluntarily donating care and time by providing services to patients referred to them by free clinics the same liability protection offered physicians who donate their time on-site at the clinic.

RESOLUTION 08-30

SUPPORTING AWARENESS OF STRESS DISORDERS IN MILITARY MEMBERS AND THEIR FAMILIES

RESOLVED, that the ISMA support efforts to raise awareness of post-traumatic stress disorder (PTSD) and other associated psychiatric disorders related to the stresses involved with military personnel and their families; and be it further,

RESOLVED, that the ISMA encourage physicians throughout the state to query patients and their families regarding stresses related to military deployments; and be it further,

RESOLVED, that the ISMA publish in *ISMA Reports* information regarding resources that are available for the assistance of military members and their families.

RESOLUTION 08-35

ESTABLISHING THE NUMBER OF NURSE PRACTITIONERSCOLLABORATING WITH A PHYSICIAN

RESOLVED, that the ISMA work with a legislator in the Indiana General Assembly to author a bill that would enact a state statute that would limit the number of full-time equivalent nurse practitioners that any one physician could legally collaborate with at any one time to four, the purpose of which is to maintain good quality medical care in Indiana.

RESOLUTION 08-36

PEER REVIEW FAIRNESS AND DUE PROCESS

RESOLVED, that the ISMA adopt the following AMA policies on peer review:

> **E-9.05 Due Process**
>
> The basic principles of a fair and objective hearing should always be accorded to the physician or medical student whose professional conduct is being reviewed. The fundamental aspects of a fair hearing are a listing of specific charges, adequate notice of the right of a hearing, the opportunity to be present and to rebut the evidence, and the opportunity to present a defense. These principles apply when the hearing body is a medical society tribunal, medical staff committee, or other similar body composed of peers. The composition of committees sitting in judgment of medical students, residents, or fellows should include a significant number

of persons at a similar level of training. These principles of fair play apply in all disciplinary hearings and in any other type of hearing in which the reputation, professional status, or livelihood of the physician or medical student may be negatively impacted. All physicians and medical students are urged to observe diligently these fundamental safeguards of due process whenever they are called upon to serve on a committee which will pass judgment on a peer. All medical societies and institutions are urged to review their constitutions and bylaws and/or policies to make sure that these instruments provide for such procedural safeguards. (II, III, VII) Issued prior to April 1977; Updated June 1994.

H-375.984 Peer Review

Our AMA affirms that it is the ethical duty of a physician to share truthfully quality care information regarding a colleague when requested by an authorized credentialing body, so long as the information that is shared with the credentialing body is protected by statute or regulation as confidential peer review information. Quality of care and patient safety are the goals of peer review. Peer review should address the prevention of medical errors and appropriate system changes. (Sub. Res. 93, A-88; Reaffirmed: Sunset Report, I-98; Amended: BOT Action in response to referred for decision BOT Rep. 23, A-05)

H-225.992 Right to Relevant Information

(1) The AMA advocates "timely notice" and "opportunity to rebut" any adverse entry in the medical staff member’s credential file, believes that any health care organization file on a physician should be opened to him or her for inspection, and supports inclusion of these provisions in hospital medical staff bylaws.

(2) Triggers that initiate a peer review within a health care facility should be valid, transparent and available to all member physicians and should be uniformly applied to all cases and physicians.

(3) A physician accused of an infraction of medical staff bylaws, rules, regulations, policies or procedures and faced with potential peer review

action shall be promptly notified that an investigation is being conducted and shall be given an opportunity to respond.
(4) All relevant information pertaining to a potential peer review action should be obtained promptly from the subject physician and other relevant sources. Relevant information includes, but is not limited to, pre-event factors, names of other health professionals involved in the care of the patient, and the contributing environmental factors of the health care facility/system.
(5) All material information obtained by the peer review committee regarding the subject of the peer review should be made available to the physician under review in a timely manner prior to the hearing.
(6) The investigating individual or body shall interview the practitioner, unless the practitioner waives his/her right to be heard, to evaluate the potential charges and explore alternative courses of action before proceeding to the formal peer review process. (Res. 121, I-83; Reaffirmed: CLRPD Rep. 1, I-93; Modified by Sub. Res. 801, A-94; Reaffirmed: CLRPD 1, A-04; Amended with change in title: BOT Action in response to referred for decision BOT Rep. 23, A-05)

H-375.965 Principles for Incident-Based Peer Review and Disciplining at Health Care Organizations

AMA policy is that:
(1) Summary suspension of clinical privileges is an extraordinary remedy which should be used only when the physician’s continued practice presents an "imminent danger to the health of any individual." The decision to summarily suspend a member’s medical staff membership or clinical privileges should be made by the chief of staff, chair or vice-chair of the member’s clinical department, or medical executive committee. The medical executive committee (MEC) must meet as soon as possible, but in no event more than 14 days after the summary suspension is imposed, or before the time in which a report would be required to the state licensing agency if applicable, whichever is shorter, to review and consider

the summary suspension. The MEC shall then promptly modify, continue or terminate the summary suspension. The suspended physician must be invited to attend and make a statement concerning the issues under investigation, but the meeting with the MEC shall not constitute the physician's fair hearing. If the MEC sustains the suspension, said action will trigger the fair hearing procedures contained in these policies.

(2) At the request of a medical staff department or of a member under review, or at its own initiative if needed for adequate and unbiased review, the medical executive committee may arrange, through the state or local medical society, the relevant specialty society or other appropriate source, for an external hearing panel to hear the case in order to assure professional and impartial clinical assessment.

(3) Prior to any disciplinary hearing, the physician should be provided with a clear, and if applicable, clinically supported basis for the proposed professional review action. A hearing panel of a health care organization should be guided by generally accepted clinical guidelines and established standards in its review actions.

(4) Physician health and impairment issues should be identified and managed by a medical staff committee, which should operate separately from the disciplinary process. (BOT Action in response to referred for decision BOT Rep. 23, A-05)

E-9.10 Peer Review

Medical society ethics committees, hospital credentials and utilization committees, and other forms of peer review have been long established by organized medicine to scrutinize physicians' professional conduct. At least to some extent, each of these types of peer review can be said to impinge upon the absolute professional freedom of physicians. They are, nonetheless, recognized and accepted. They are necessary, and committees performing such work act ethically as long as principles of due process (Opinion 9.05, "Due Process") are observed. They balance the physician's right to exercise medical judgment freely with the obligation to

do so wisely and temperately. (II, III, VII) Issued prior to April 1977; Updated June 1994.

H-375.990 Peer Review of the Performance of Hospital Medical Staff Physicians

Our AMA encourages peer review of the performance of hospital medical staff physicians, which is objective and supervised by physicians. Membership on peer review committees and hearing panels should be open to all physicians on the medical staff and should not be restricted to those physicians who have an exclusive contract with the hospital, salaried physicians, or those on the faculty. (Res. 57, I-85; Reaffirmed CLRPD Rep. 2, I-95; Reaffirmed: BOT Rep. 8, I-01; Amended: BOT Action in response to referred for decision BOT Rep. 23, A-05)

H-375.970 Professional Review Organization Peer Review

The AMA strongly recommends that public and private sector review entities conduct their reviews using evidence-based guidelines or practice parameters developed by national medical specialty societies. (Sub. Res. 719, I-97; Reaffirmation I-98)

RESOLUTION 08-13

PEER REVIEW CONFIDENTIALITY

RESOLVED, that the ISMA continue to support the confidentiality of peer review information.

RESOLUTION 08-31A

DISPENSING OF CONTROVERSIAL PRESCRIPTIONS

RESOLVED, that the ISMA support the Indiana Pharmacists Alliance’s development of a system that will accommodate the needs of patients who present with a legally written prescription or request a non-prescription drug that is required to be stored behind the pharmacy counter.

RESOLUTION 08-25

PRESCRIPTION MEDICINE ABUSE

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

RESOLVED, that the 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 safe-keeping of drugs, using INSPECT, etc.; and be it further,

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

RESOLVED, that the ISMA study the role of prescription medicine abuse from Internet sales and report to the 2009 ISMA House of Delegates via resolution/report if appropriate.

RESOLUTION 08-19

INCENTIVES FOR E-PRESCRIBING

RESOLVED, that the ISMA seek legislation to require the Medicaid program and private insurance companies to use electronic drug formularies and to provide financial incentives to encourage the use of e-prescribing by physicians.

RESOLUTION 08-44

ACCELERATING THE BUILT COMMUNITY TO REDUCE OBESITY AND ENHANCE PUBLIC HEALTH

RESOLVED, that the ISMA create a position statement to encourage accelerated improvements in the built community throughout Indiana to reduce obesity as a matter of public health. The Monon Trail (Indianapolis) and the B-line (being built in Bloomington) serve as positive examples.