

2010 RESOLUTIONS SET TO EXPIRE

(RESOLUTION 10-02A) RESOLVED, that the ISMA:

1. Recognize that exclusion from civil unions or marriage contributes to health care disparities affecting same-sex households
2. Will work to reduce health care disparities among members of same-sex households, including minor children
3. Will support measures providing same-sex households with the same rights and privileges to health care, health insurance and survivor benefits, as afforded opposite-sex households

(RESOLUTION 10-03) RESOLVED, that the ISMA support a ban on the sale of over-the-counter prenatal gender prediction tests, such as Intelligender, and direct-to-consumer prenatal gender-prediction tests, such as Baby Gender Mentor.

(RESOLUTION 10-04) RESOLVED, that the ISMA ask the Indiana AMA delegation to take the issue of mandated labeling of genetically engineered ingredients to the AMA House of Delegates for study of the impact of this problem and further action.

(RESOLUTION 10-05) RESOLVED, that the ISMA work with the AMA to encourage ratification of the World Health Organization's Framework Convention on Tobacco Control.

(RESOLUTION 10-07) RESOLVED, that the ISMA endorse, as part of a comprehensive sex education program, instruction regarding the Indiana Safe Haven Law, and encourage both voluntary and legally mandated efforts to educate teens regarding laws for protection of newborns.

(RESOLUTION 10-08) RESOLVED, that the ISMA endorse the public health goal of substantially reducing the rate of teen pregnancy and unintended pregnancy at any age in Indiana via public education and professional awareness.

(RESOLUTION 10-09) RESOLVED, that the ISMA public policy include support for education regarding the role of HPV in lower genital tract neoplasia, and the availability of effective vaccination as an essential component of comprehensive sex education.

(RESOLUTION 10-12) RESOLVED, that the ISMA set up a task force to study the mechanism of how to create an accountable care organization; and be it further, RESOLVED, that the ISMA set up a task force to study the impact of bundled payments on physician practices; and be it further, RESOLVED, that the ISMA, working with its AMA delegation, set up a task force at the AMA level to study bundled payments and accountable care organizations.

(RESOLUTION 10-14) RESOLVED, that the ISMA work with the appropriate state and federal agencies to modify INSPECT so that individual physicians can query, but not be

required to query, their individual DEA numbers and see what prescriptions have been filled by whom under their prescribing authority.

(RESOLUTION 10-15) RESOLVED, that if a reasonable pattern of requesting and obtaining prior authorizations can be confirmed, the ISMA seek and/or support any and all efforts, including legislative efforts if necessary, to mandate that care provided in good faith by physicians or other providers CANNOT be denied SOLELY on the basis of failure to have an authorization. Full consideration of medical necessity and appropriateness of services provided MUST be factored into any denial decision; and be it further,
RESOLVED, that this resolution be carried forward by our delegation to the AMA.

(RESOLUTION 10-16) RESOLVED, that the ISMA support state legislation requiring:

- An employer to have a 30-day time limit to notify an insurance company/network that an employee is no longer eligible under their medical plan
- A health plan to enter the non-eligibility of the employee within 10 days of notification from the employer, enabling the provider to verify coverage before services are rendered

(RESOLUTION 10-17) RESOLVED, that ISMA policy is to increase Medicaid reimbursement to at least 100 percent of the greater of the Medicare reimbursement formula as of July 1, 2010, or the current level of reimbursement.

(RESOLUTION 10-18) RESOLVED, that ISMA policy support legislation to obtain and utilize as much of the \$250,000,000 appropriated for state grants from the Patient Protection and Affordable Health Care Act for the benefit of full health insurance disclosure and public education in Indiana.

(RESOLUTION 10-19) RESOLVED, that the ISMA policy support legislation to encourage physicians, especially those near retirement, to continue to provide care by decreasing liability costs (especially for total charity care); and be it further,
RESOLVED, that the ISMA study ways to help keep senior physicians engaged in the practice of medicine as they near retirement.

(READOPTED 10-20, HOD; RESOLUTION 00-48) RESOLVED, that the ISMA seek support from the governor and the legislature to adequately fund and improve the operation of the Health Professions Bureau.

(RESOLUTION 10-21) RESOLVED, that the ISMA develop a program or mailing to educate medical providers on identifying at-risk children and the reporting process; and be it further,
RESOLVED, that the ISMA continue to support legislation addressing bullying; and be it further,
RESOLVED, that the ISMA support community programs to educate parents and children regarding bullying.

(READOPTED 10-22, BOT through referral from HOD for action; RESOLUTION 00-02) RESOLVED, that the ISMA adopt the policy that laser surgery should be performed only by individuals currently licensed by statute (MD or DO) and properly trained to practice medicine and perform surgical services.

(RESOLUTION 10-23) RESOLVED, that the ISMA urge the IHSAA to change the required date for preparticipation physical exams to no more than 365 days prior to the start of athletic participation to allow student athletes an opportunity to receive a comprehensive exam by their primary care provider and to provide ample time for appropriate follow-up.

(RESOLUTION 10-24) RESOLVED, that the ISMA support legislation to direct the Indiana State Department of Health (ISDH) or seek direct contact with the ISDH to establish a way to track "trends" for non-regulated areas, such as the practice of midwifery and home deliveries by individuals not trained medically or not licensed as a physician or nurse midwife who perform procedures on patients/clients; and be it further, RESOLVED, that the ISMA support legislation to direct the ISDH or to seek direct contact with the ISDH to establish a rule that requires immediate reporting to the local county health officer (or its representative) of adverse reactions resulting in hospital admission and/or death for the specific purpose of gathering data when a non-regulated person is performing midwifery or body modification.

(RESOLUTION 10-26) RESOLVED, that the ISMA support efforts to ban in Indiana the sale and use of herbal products, also known as synthetic marijuana and 'spice,' as well as other similar products; and be it further, RESOLVED, that the ISMA urge the AMA to support federal regulation of herbal products, also known as 'spice,' as well as other similar products, and support efforts to ban the sale and use of such products in the USA.

(RESOLUTION 10-27) RESOLVED, that the ISMA initiate regulatory or statutory change requiring insurers to provide physicians a list of alternative FDA-approved medications that do not require prior authorization with the denial notification.

(RESOLUTION 10-28A, HOD; AMENDED EXISTING POLICY RESOLUTION 00-29) RESOLVED, that the ISMA oppose the selling of any tobacco product by any pharmacies, or other health-related businesses, institutions, organizations or associations.

(READOPTED 10-30, HOD; RESOLUTION 00-12) RESOLVED, that the ISMA continue to support efforts that would prohibit smoking in all day care centers.

(READOPTED 10-31, HOD; RESOLUTION 00-29) RESOLVED, that the ISMA continue to support funding for tobacco control efforts, as outlined by the CDC guidelines, from the monies Indiana received via the Master Settlement Agreement (i.e. tobacco

settlement) and that monies from the Master Settlement Agreement be used for health-related issues.

(READOPTED 10-32, HOD; READOPTED 00-25, HOD; RESOLUTION 98-29) RESOLVED, that the ISMA continue to support efforts to reduce underage drinking by increasing the minimum age of sellers of alcoholic beverages to 21 and requiring responsible beverage service training for all servers of alcoholic beverages.

(READOPTED 10-33, HOD; RESOLUTION 00-28) RESOLVED, that the ISMA continue to support banning smoking and the use of all tobacco products at all Indiana elementary and secondary schools, on school properties, in all vehicles used for school-sponsored events and at all school-sponsored events.

(RESOLUTION 10-34) RESOLVED, that the ISMA support comprehensive legislation calling for smoke-free air in all workplaces including restaurants, bars and casinos to protect all employees; and be it further, RESOLVED, that the ISMA become or continue as a supporting member of the Indiana Campaign for Smoke-free Air.

(RESOLUTION 10-42) RESOLVED, that the ISMA formally take measures to have the insurance industry reimburse physicians for services rendered, as it relates to excessive time spent obtaining prior authorizations.

(RESOLUTION 10-43) RESOLVED, that the ISMA establish a Women in Medicine Committee with the purposes of:

- Increasing membership and participation of female medical students, residents and physicians in the ISMA
- Providing a forum for mentoring, leadership development and collegiality among Indiana women in medicine; and be it further,

RESOLVED, that the ISMA Bylaws be amended where appropriate to add the following: Committee on Women in Medicine - The duties of this committee shall be to increase membership and participation of female medical students, residents, fellows and physicians in the ISMA and to provide a forum for mentoring leadership development and collegiality among Indiana women in medicine.

(RESOLUTION 10-44) RESOLVED, that the ISMA endorse the IU School of Medicine Dean's Council scholarship fundraising efforts and assist the school by informing the ISMA membership of opportunities for individual support and participation as a means for easing part of the student debt load facing our medical students.

(READOPTED 10-45, HOA; RESOLUTION 00-03) RESOLVED, that the ISMA each year sponsor a physician on a medical mission trip; and be it further, RESOLVED, that the physician be chosen by lottery from nominations from county alliances and medical societies.

(READOPTED 10-46, HOD; RESOLUTION 00-05A) RESOLVED, that the ISMA retain the current funding to the ISMA Alliance of \$4 per ISMA member as adopted in 2000.

(READOPTED 10-47, HOD; RESOLUTION 00-15) RESOLVED, that the ISMA introduce legislation to amend Indiana Code 16-22-2-2 to mandate or require active medical staff physician representation on the respective county hospital governing boards; and be it further, RESOLVED, that any and all active medical staff physician members of county hospital governing boards not be contracted employees of their respective county hospitals, its governing board, or any of its public or privately developed corporations.

(READOPTED AND AMENDED 10-48; RESOLUTION 00-27) RESOLVED, that blood alcohol and chemical testing be mandated for all drivers involved in all motor vehicle accidents with fatalities or serious bodily injury.

(READOPTED 10-49, HOD; RESOLUTION 00-30A) RESOLVED, that the ISMA advocate educational programs for the responsible use and storage of firearms; advocate comprehensive health education as a means of addressing social issues such as violence and urge incorporation of such health education into our societal framework; support scientific research and objective discussion aimed at identifying causes and finding solutions to the crime and violence problem; and support vigorous enforcement of existing gun laws and support free enjoyment of rights granted under the Constitution to law-abiding citizens.

(READOPTED 10-50, HOD; RESOLUTION 00-38) RESOLVED, that the ISMA oppose the concept of direct access to physical therapists without a prescription for therapy from a physician.

(RESOLUTION 10-51) RESOLVED, that the ISMA strongly oppose any legislative efforts that would abolish the Indiana Tobacco Prevention and Cessation Agency with its governing Executive Board or move it to the Indiana State Department of Health or other state agency.

(READOPTED 10-52, HOD; RESOLUTION 00-40) RESOLVED, that the ISMA work with the legislature to support laws for payment of services rendered with penalties to insurance companies for improper denials, including but not restricted to denials based on multiple physician visits on the same day.

(RESOLUTION 10-53; AMENDED EXISTING POLICY 00-52) RESOLVED, that the ISMA support the use of the standardized health identification card as developed by the Workgroup for Electronic Data Interchange (WEDI).

(RESOLUTION 10-54; AMENDED EXISTING POLICY 00-59) RESOLVED, that the ISMA support the correct use of AMA CPT guidelines for coding and payment by payers.

(RESOLUTION 10-55) RESOLVED, that the ISMA seek, with the assistance of the Indiana Academy of Ophthalmology and the Indiana Society of Anesthesiology, to facilitate a discussion with the Medical Licensing Board of Indiana as to whether or not to retain or exclude from their rule regarding office-surgery retrobulbar and peribulbar anesthetic procedures when performed appropriately by board certified ophthalmologists.

(READOPTED 10-56, HOD; RESOLUTION 00-22) RESOLVED, that the ISMA support efforts by the Indiana Legislative Commission on Autism, the Indiana Resource Center for Autism and other appropriate agencies in their efforts to legislate health care insurance for autistic children; and be it further, RESOLVED, that the ISMA encourage and support appropriate state agencies, advocates and legislators in their efforts to extend legislated health care insurance coverage for treatment of children with autism spectrum disorders to all state and federally regulated health insurance programs.

(RESOLUTION 10-59) RESOLVED, that the ISMA support policy that assures that public health care monies be used for providing patient health care; and be it further, RESOLVED, that if insurance companies receive funding from the government or through governmentally mandated programs, then such funding shall have attached stipulations that require the following:

- All officer salaries shall be no more than the salary of the president of the United States.
- Board member salaries shall be limited to the daily rate for U.S. senators.
- Reimbursement for travel shall be no greater than that amount allowed for government employees.
- Corporate yearly dividends shall be limited to no more than the one-year T-bill rate.

(READOPTED 10-60, HOD; RESOLUTION 00-01) RESOLVED, that the ISMA continue to support graduated licensing requirements for young drivers consistent with recommendations from the National Highway Traffic Safety Administration.

(READOPTED 10-61, HOD; RESOLUTION 00-24) RESOLVED, that the ISMA support efforts, legislative, administrative and educational, that seek to ensure Indiana children receive all CDC-recommended vaccinations.

(READOPTED 10-62; RESOLUTION 00-42) RESOLVED, that the ISMA support the present Indiana ban or any future ban regarding partial birth abortion, except in situations where the mother's life is endangered.

(READOPTED 10-64, HOD; RESOLUTION 00-37) RESOLVED, that the ISMA continue to support the concept of a voluntary regional drug depository; and be it further, RESOLVED, that the ISMA educate its membership and other interested parties about the concept of a voluntary regional drug depository.

(RESOLUTION 10-68) RESOLVED, that the ISMA Board of Trustees send a letter to the Medical Licensing Board to allow but not require Expedited Partner Therapy (EPT) for chlamydia and gonorrhea, according to current Centers for Disease Control and Prevention (CDC) recommendations for EPT, by modifying Rule 4 to include EPT; and be it further,

RESOLVED, that the ISMA policy now include the policy statement in support of legislation in Indiana of Expedited Partner Therapy (EPT), according to current CDC recommendations.

(RESOLUTION 10-69) RESOLVED, that the ISMA seek legislation to modify IC 16-37-1-3.1 to delay the start date of the Indiana electronic birth and death registries until Jan. 1, 2012, and modify IC 16-37-1-13 so that a person licensed under IC 25 (e.g., a physician) who is required to utilize the electronic registry but does not do so would be subject to possible disciplinary action by the appropriate licensing board rather than criminal charges; and be it further,

RESOLVED, that the ISMA continue to educate Indiana physicians regarding the electronic birth and death registries to increase awareness of their importance and efficiencies and to improve participation.

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(RESOLUTION 11-01) RESOLVED, that the ISMA seek coverage by Medicare, Medicaid and private insurers for dietary referrals to a registered dietitian by a physician for medical diagnoses that require a specialized diet; and be it further, RESOLVED, that the ISMA recommend that the AMA delegation seek Medicare, Medicaid and private insurance reimbursement for dietary referrals to a registered dietitian by a physician for medical diagnoses that require a specialized diet.

(RESOLUTION 11-02) RESOLVED, that: (1) ISMA non-members who are participants of the ISMA Commission on Physician Assistance (COPA) program be assessed on a prorated basis a portion of the costs associated with and incurred by the COPA. This cost may be paid upon contracting or at such time as the impaired physician once again becomes a fully functional member of the medical community, to be determined by the Executive Committee, the Board of Trustees and COPA; and (2) that an exclusion from payment in the form of a hardship exception be incorporated into the policy and exercised at the discretion of the COPA.

(RESOLUTION 11-04) RESOLVED, that the ISMA work with the Medical Licensing Board of Indiana to encourage the Indiana attorney general to investigate that appropriate supervision of mid-level providers is occurring in retail health care clinic settings.

(RESOLUTION 11-05) RESOLVED, that the ISMA seek legislation to regulate methadone clinics in Indiana, to identify those clients who are pregnant and supply them with accurate information about the effects of methadone on fetus development, and to educate pregnant clients on neonatal abstinence syndrome.

(RESOLUTION 11-06) RESOLVED, that the ISMA encourage legislation to require methadone clinics operating in Indiana to enter prescribing data into INSPECT.

(RESOLUTION 11-10) RESOLVED, that the ISMA petition the state to reinstitute vaccination policies covering all children and adequately fund any programs; and be it further, RESOLVED, that the ISMA work with the state to develop methods by which insurance companies are encouraged to assist in appropriate funding of the immunization program.

(READOPTED 11-12, HOD; RESOLUTION 01-18) RESOLVED, that the ISMA continue to support efforts requiring all EMTs to be trained and authorized to appropriately administer epinephrine to patients under the age of 18 for all anaphylactic reactions.

(READOPTED 11-14, AMENDED by HOD; RESOLUTION 01-20) RESOLVED, that the ISMA continue to offer the Attorney General's Office and other interested agencies

volunteer physicians who can serve to render consultations to the agencies free of charge and in an expeditious manner.

(RESOLUTION 11-15) RESOLVED, that the ISMA support a patient's right to a determination of medical necessity and payment approval for elective procedures (such as reduction mammoplasty) with properly submitted medical evidence prior to the procedure and, if denied, have the reason for denial and the right to due process.

(READOPTED 11-16, HOD; RESOLUTION 01-23) RESOLVED, that the ISMA support legislative change to exempt health care workers from having to obtain consent for HIV testing in situations where a health care worker is inadvertently exposed to blood or other biological contamination from patients in the course of medical care. All other statutes of the law must remain in effect.

(READOPTED 11-17, HOD; RESOLUTION 01-30) RESOLVED, that the ISMA seek legislation to provide smoke-free workplaces in Indiana.

(READOPTED 11-18, HOD; RESOLUTION 01-32) RESOLVED, that the ISMA use every means at its disposal to assure that all third-party payers reimburse for vaccinations recommended by the CDC; and be it further, RESOLVED, that the ISMA identify third-party payers that fail to fully reimburse the cost of vaccinating patients; and be it further, RESOLVED, that the ISMA use every means at its disposal to assure that physicians are properly reimbursed for the cost of procuring and the cost of administering vaccinations; and be it further, RESOLVED, that the ISMA use every means at its disposal to assure additional reimbursement for evaluations or treatments given on the same day as the vaccinations are administered.

(RESOLUTION 11-19) RESOLVED, that the ISMA continue support for the regional medical campuses through continued personal participation, local legislative contact for adequate funding, and patient contact to improve community awareness of the need for adequate state funding to ensure high quality medical education and practitioners to care for Indiana citizens, now and into the future.

(READOPTED 11-20, HOD; RESOLUTION 01-38) RESOLVED the ISMA recognize and acknowledge that the Medicaid program faces serious funding problems in light of recent economic projections regarding the state budget; and be it further, RESOLVED, that state legislation be initiated to assure state pharmaceutical rebate monies be returned to the Medicaid program and not the state's general fund; and be it further, RESOLVED the ISMA, through its Board of Trustees and Commission on Legislation, immediately study efforts by other states to solve this problem in the Medicaid program and move forward in the next state legislative session with any means feasible in Indiana; and be it further,

RESOLVED, that if cost containment for medications in Medicaid requires the use of a Medicaid formulary, the ISMA actively seek participation in the construction of the formulary.

(READOPTED & AMENDED 11-21, HOD; RESOLUTION 01-13) RESOLVED, that the ISMA continue to support efforts to ban hand-held two-way electronic telecommunications devices from use while driving, excluding those used by federally licensed radio services, and public safety and law enforcement personnel to carry out work-related responsibilities, and drivers calling 911 or other entities in urgent or emergency situations.

(READOPTED 11-22, HOD; RESOLUTION 01-14) RESOLVED, that the ISMA continue to support efforts to reduce tobacco use by supporting any efforts to increase the excise tax on tobacco products, no matter how the additional revenue is utilized by the state.

(RESOLUTION 11-23) RESOLVED, that the ISMA support, endorse and promote the Elder Investment Fraud and Financial Exploitation Prevention Program through the Securities Commissioner of the Indiana Secretary of State's Office to empower ISMA members in identifying and referring older patients who may be most vulnerable to financial/investment fraud abuse.

(RESOLUTION 11-25) RESOLVED, that the ISMA petition the Office of Medicaid Policy and Planning, the state and the Indiana legislature (as needed) to adapt or modify the Right Choices Program in ways to avoid the many intrusions into the physician/patient relationship that can result in prescribing medications without having seen or examined a patient, as well as disrupting the normal work flow of a physician office.

(RESOLUTION 11-26) RESOLVED, that the ISMA continue to work with the Medical Licensing Board of Indiana to assure guidelines for electronic physician/patient interactions are compatible with the evolution of electronic health records and preserve the physician/patient relationship with an emphasis on patient safety and access to care; and be it further, RESOLVED, that the ISMA pursue discussion with third-party payers for recognition and reimbursement for electronic medical patient encounters; and be it further, RESOLVED, that the ISMA provide education to members regarding the use of the Internet in medical practice;

(RESOLUTION 11-32A) RESOLVED, that the ISMA: recognize that exclusion from civil union or marriage contributes to health care disparities affecting same-sex households; will work to reduce health care disparities among members of same-sex households, including minor children; and will support measures providing same-sex households with the same rights and privileges to health care, health insurance and survivor benefits as afforded opposite-sex households.

(RESOLUTION 11-37) RESOLVED, that the ISMA support legislation requiring employed child care providers and health care workers of children less than 12 months of age to be vaccinated against pertussis, absent an objection on religious grounds or a

determination by a physician that the vaccination would be detrimental to the person's health; and be it further,
RESOLVED, that the ISMA support vaccination status of a facility's child care providers and health care workers be available upon request; and be it further,
RESOLVED, that the ISMA support pertussis vaccination for all child care providers and family members.

(RESOLUTION 11-34) RESOLVED, that the ISMA support a legislative and/or administrative remedy that requires all pharmacies to provide their pharmacists access to the Indiana INSPECT program website; and be it further,
RESOLVED, that the ISMA continue to educate and encourage physicians and other providers to use the INSPECT program to review controlled substances prescription histories of their patients who are prescribed controlled substances.

(RESOLUTION 11-38) RESOLVED, that the AMA work with the College of American Pathologists, the American Osteopathic College of Pathologists, the American Clinical Laboratory Association, the American Society for Clinical Laboratory Science, and other appropriate entities to produce a single standardized format for presentation of laboratory results. The standard should not only define where the test results and normal values will appear on the screen or the printed page, but also specify a consistent sequence for chemistry, hematology and other results; and be it further,
RESOLVED, that the AMA work with the American College of Radiology, the American Osteopathic College of Radiology and other appropriate entities to improve the terminology in both the descriptive and impression sections of a radiology report, as well as work towards producing a standardized format for the presentation of these radiologic results; and be it further,
RESOLVED, that the AMA shall encourage the federal government to set future standards for all electronic health/medical records allowing for an option to choose a standardized set of menus and medical information that has the same appearance regardless of vendor. However, the electronic health/medical record should also allow customization for the convenience of the user; and be it further, RESOLVED, that this resolution (11-38), if approved by the House of Delegates of the ISMA, will be presented to the AMA for further consideration and adoption.

(RESOLUTION 11-39) RESOLVED, that the AMA work to establish a unique billing code (G code) for completion of the Face-to-Face Encounter form and reimbursement for the code; and be it further RESOLVED, that the AMA investigate the possibility of incorporating the questions required for the Face-to-Face Encounter into a new modified form 485 for the sake of simplicity and efficiency. This new modified form should also have a higher level of reimbursement than the current Form 485; and be it further,
RESOLVED, that if this resolution (11-39) is approved by the ISMA House of Delegates, it will be sent to the AMA for discussion and consideration.

(RESOLUTION 11-40) RESOLVED, that the AMA promote policies to prevent fraudulent prescriptions, such as by having the pharmacy notify the "prescribing" physician each time a controlled substance is dispensed or by assigning physicians a

unique code number that must accompany each controlled prescription. This code number would be changed periodically; and be it further,

RESOLVED, that the AMA promote and facilitate the establishment of controlled substances tracking programs in all states, the free exchange of controlled substance prescription data between all states, and the tracking of all controlled substance classes; and be it further,

RESOLVED, that the AMA promote and facilitate a change of federal rules and regulations such that methadone clinics would report methadone dispensed for outpatient use to their appropriate state-controlled substance prescription tracking program; and be it further,

RESOLVED, the AMA encourage the Veterans Administration and Department of Defense facilities to report outpatient-controlled substance prescriptions to their appropriate state-controlled substance prescription tracking program; and be it further, RESOLVED, that the AMA promote and facilitate rules and regulations in all states that require reporting of veterinarian-controlled substance prescriptions with the prescription assigned to the owner of the animal and the individual who picks up the prescription; and be it further,

RESOLVED, that the AMA encourage states to require hospital pharmacies to report outpatient-controlled substance prescriptions to the appropriate tracking program; and be it further,

RESOLVED, that the AMA encourage states to publicize their controlled substances prescription data for the edification of the public and drug policy makers; and be it further,

RESOLVED, that the AMA maintain its important role for physicians by: 1) promoting physician training and competence on the proper use of controlled substances; 2) encouraging physicians to use screening tools (such as NIDAMED) for drug use in their patients; 3) providing references and resources for physicians so they identify and promote treatment for unhealthy behaviors before they become life-threatening; 4) encouraging physicians to use opiate and other controlled substances contracts with their patients; and 5) encouraging physicians to query their state's controlled substances databases for information on their patients on controlled substances; and be it further,

RESOLVED, that this resolution (11-40) will be sent to the AMA for discussion and consideration if adopted by the ISMA House of Delegates.

(RESOLUTION 11-41) RESOLVED, that the AMA will strive to become the lead association for employed physicians within the U.S.; and be it further,

RESOLVED, that the AMA will establish an employed physician division with such services as contract review, employee-employer relation services, mediation and other services deemed appropriate by the House of Delegates and the Board of Trustees; and be it further,

RESOLVED, that the AMA will establish an employed physician section with full voting and leadership rights as determined by the Bylaws and Constitution; and be it further,

RESOLVED, that the AMA modify its bylaws and constitution to require a certain minimum percentage of the AMA Board of Trustees consist of employed physicians; and be it further,

RESOLVED, that this resolution (11-41) will be sent to the AMA for discussion and consideration if adopted by the ISMA House of Delegates.

(RESOLUTION 11-43) RESOLVED that the ISMA petition the Office of Medicaid Policy and Planning to: (1) make Medicaid spend-down collection regulations equal for physicians and pharmacies; and (2) modify the Medicaid spend-down collection regulations allowing physicians to collect Medicaid spend-down payments for out-of-pocket pharmacy expenses and services at the time these expenses are accrued and services are provided, removing inconvenience and delay of treatment for patients and giving more incentive for physicians to accept Medicaid patients.

(RESOLUTION 11-45) RESOLVED, that the ISMA encourage Indiana physicians to continue to provide medical instruction without compensation; and be it further, RESOLVED, that the ISMA recognize Indiana physicians' generosity and professionalism.

(RESOLUTION 11-47) RESOLVED, that the ISMA support legislation regulating tattooing and body piercing via the Professional Licensing Agency, in a manner similar to other such professions.

(READPOTED 11-51, HOD; RESOLUTION 01-27) RESOLVED, that the ISMA oppose mandatory preparticipation EKGs for all Indiana high school athletes.

(READOPTED 11-52, HOD; RESOLUTION 01-22) RESOLVED, that the ISMA advocate to the Indiana General Assembly and the Indiana State Department of Health mandatory HIV testing for all pregnant women and the newborn infant if the mother is HIV positive. (Passed 2003, HB 1630).

(RESOLUTION 11-53) RESOLVED, that the ISMA seek legislation recognizing Physician Orders for Life Sustaining Treatment (POLST) as a standing, immediately actionable medical order transferable across medical settings (example POLST form attached).

(RESOLUTION 11-56) RESOLVED, that the ISMA continue to pursue dialogue with the Indiana State Department of Health to reduce the burden of this online death registry process for physicians of Indiana; and be it further, RESOLVED, that if agreed upon relief cannot be achieved by Indiana State Department of Health interaction, that the ISMA pursue other means, including legislative action if appropriate, to reduce the burden of the online death certificate registration system.

(RESOLUTION 11-57) RESOLVED, that the ISMA support that any leveraged money gained by the hospital fee agreement to leverage federal payments be kept within the Medicaid program(s), and that those dollars be used to improve physician payment schedules.