

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p><b>RESOLUTION 18-10</b>  <b>CAFFEINATED BEVERAGES STUDY COMMITTEE REPORT TO THE BOARD OF TRUSTEES</b>  <b><u>HOD Action: Recommendations of report were Referred to the Board of Trustees for Action</u></b></p> <p>CONCLUSION: Energy drinks are unsafe for children and adolescents. Physicians need to be aware of and promote education regarding unsafe caffeine consumption.</p> <p><b>RECOMMENDATIONS OF TASK FORCE</b></p> <ol style="list-style-type: none"> <li>1. Raise physicians’ awareness of the dangers of caffeine consumption in children and adolescents.             <ol style="list-style-type: none"> <li>A. Distribute the above report to membership of the ISMA.</li> <li>B. Provide a list of educational resources to the membership regarding caffeine dangers.</li> <li>C. Consider a CME offering.</li> <li>D. Produce a list of available patient education pieces for physicians to utilize during wellness and sport exams.</li> </ol> </li>   <li>2. Encourage members to begin a grassroots awareness effort to engage community resources that may include:             <ol style="list-style-type: none"> <li>A. Host a meeting with school officials, such as local superintendents and principals, to begin a conversation about caffeine dangers.</li> <li>B. Generate a letter to school officials, outlining the problems of excess caffeine consumption for youth.</li> <li>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.</li> </ol> </li>   <li>3. Initiate discussions with state officials to enlist additional resources to educate the public at large.             <ol style="list-style-type: none"> <li>A. Refer the dangers caffeine holds for our children to the Alliance for a Healthier Indiana as a “next issue” to address.</li> <li>B. Engage the state health commissioner in discussion of our concerns at the May ISMA Board meeting.</li> <li>C. Enlist the FSSA director in disseminating information to at-risk populations.</li> </ol> </li> </ol>	<p>Board of Trustees                  Dave</p>	<p>The study committee report was discussed at length at the November 3, 2019 Board of Trustees meeting. In response to concerns about ISMA’s role, resources and other policy priorities, the Board decided to help make ISMA members and the public aware of existing resources and encourage activity at the grassroots level, in lieu of implementing each of the recommendations of the report. Article published in June 2020 print edition of ISMA Reports.</p>
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2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>D. Work with specialty physician groups (IAFP, IAP) to advance their efforts to address this issue.</p> <p>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.</p> <p>4. To facilitate accomplishing the above recommendations, form an ad hoc Committee on School Health.</p>		
<p><b>RESOLUTION 19-01</b>  <b>DEADLINE FOR RESOLUTIONS</b>          Introduced by: Roberto Darroca, MD, Speaker of the House  <b><u>HOD Action: Referred to the Board of Trustees for Study</u></b></p> <p>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:</p> <p>3.020701      <u>(b) Deadlines for Resolutions</u>          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 <del>60</del><u>120</u> days prior to the session of the House of Delegates to which the resolutions will be presented.</p> <p><u>(c) Late Resolutions</u>          Except for matters of <u>extreme</u> 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 <del>60</del><u>120</u> 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.</p> <p>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 <del>60</del><u>120</u> days prior to the first</p>	<p>Board of Trustees</p>	<p>The Board of Trustees formed the Resolution 19-01 study committee on November 3, 2019. The committee met by conference call on February 13, 2020 and asked staff to gather information from specialty societies on their procedures for submitting resolutions to the ISMA House of Delegates. In March 2020 the study committee presented two suggestions to the Board of Trustees: (1) increase the deadline from 60 to 90 days before the House of Delegates, unless the resolution is being submitted with the formal endorsement of a specialty society which meets less than 90 days before the ISMA House of Delegates; and (2) require a two-thirds majority vote in order to overturn the recommendation of reference committee chairs in regards to whether late resolutions should proceed to the full House of Delegates for consideration.</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>17.01 <u>BYLAWS AMENDMENTS</u>          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 <del>60</del><u>120</u> 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.</p>		
<p><b>RESOLUTION 19-02</b>  <b>ELECTRONIC MEETING NOTICES</b>          Introduced by: J. Elizabeth Struble, MD, Chair; and ISMA Board of Trustees  <b><u>HOD Action: Adopted</u></b></p> <p>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:</p> <p>5.0405 <u>Meeting Notices</u>          Notice is given if delivered in person, by telephone, mail or <del>telegram</del> <u>email</u>. 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 <del>telegram</del> <u>email</u>, shall be deemed delivered when <del>the telegram is delivered to the telegraph company</del> sent by email to a Trustee (and</p>	<p>Chelsea</p>	<p>ISMA Constitution and Bylaws Amended</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p><u>other persons entitled to notice) at the Trustee's email address then appearing on the records of the Association.</u></p> <p>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 <del>telegraph</del> 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.</p>		
<p><b>RESOLUTION 19-03</b>  <b>MENTAL HEALTH PARITY</b>                  Introduced by: David Diaz, MD, and Kyle Jamison, MD  <b>HOD Action: Adopted</b></p> <p>RESOLVED, that ISMA support legislation to mandate parity of coverage for mental illness and substance use disorders; and be it further</p> <p>RESOLVED, that ISMA support legislation to provide increased state-level accountability and enforcement of the Mental Health Parity and Addiction Equity Act.</p>	<p>Grant</p>	<p>Senate Bill (SB) 208 was introduced by Sen. Crider. It passed the Senate and was amended into House Enrolled Act (HEA) 1092 in conference committee because the House Chairman of Insurance did not have time to hear SB 208.</p> <p>HEA 1092 requires insurers to annually report the process and factors used to determine coverage of medical/surgical and mental illness/substance abuse treatments to the Indiana Department of Insurance. It specifies that there may be no separate non-qualitative factors (such as prior authorization and step therapy) for determining medical necessity of mental illness or substance abuse coverage than those used to determine medical/surgical coverage. The bill was signed into law by the Governor.</p>
<p><b>RESOLUTION 19-04</b>  <b>REPEAL OF RESOLUTION 18-60, MEDICARE PAYMENT SYSTEM CHANGES</b>                  Introduced by: Robert Flint, MD  <b>HOD Action: Rescinded by Author</b></p> <p>RESOLVED, that the House of Delegates direct ISMA to not carry out Resolution 18-60 and to repeal Resolution 18-60 as moot.</p>	<p>Grant</p>	<p>Removed from the Public Policy Manual.</p>
<p><b>RESOLUTION 19-05</b>  <b>E-PRESCRIBING</b>                  Introduced by: Steven Tharp, MD; and Heidi M. Dunniway, MD  <b>HOD Action: Adopted</b></p> <p>RESOLVED, that ISMA support the following exemptions to any future e-prescribing mandate at the state level:</p> <ul style="list-style-type: none"> <li>- Physicians who write no more than 100 applicable prescriptions per year</li> </ul>	<p>Grant</p>	<p>ISMA testified on this topic in an interim study committee meeting on 10/16/19 to oppose any additional e-prescribing mandates. Dr. Tharp also testified before the Board of Pharmacy to propose the e-prescribing exceptions in Resolution 19-05 for the purposes of rulemaking.</p> <p>When rulemaking was determined to be too slow of a process, ISMA worked with Rep. Steve Davisson to include in HEA 1207 (Pharmacy Matters) an e-prescribing exception for physicians without the requisite technology</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<ul style="list-style-type: none"> <li>- Locum tenens physicians or physicians practicing in a location other than their primary office on a temporary basis</li> <li>- 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</li> <li>- 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</li> <li>- Physicians who do not utilize electronic medical records</li> <li>- Compounded prescriptions</li> <li>- Prescriptions with directions longer than 140 characters</li> <li>- Physicians who are volunteering or providing uncompensated care</li> </ul>		<p>and a professional judgment exception. The bill was signed into law by the Governor.</p>
<p><b>RESOLUTION 19-06</b>  <b>MEDICAL STUDENT AND RESIDENT/FELLOW REPRESENTATION ON THE COMMISSION ON LEGISLATION</b>          Introduced by: Kimberly Chernoby, MD; Kelsey Quin and Caitlin Harmon, ISMA Medical Student Society; and ISMA Resident and Fellow Society  <b><u>HOD Action: Adopted</u></b></p> <p>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:</p> <p>7.03 <u>COMMISSION STRUCTURE</u>          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.</p> <p>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.</p> <p>The President may appoint a maximum of five (5) At-Large members, one of whom may be a <del>resident physician</del> <u>representative from the Resident and Fellow Society</u> and one of whom may be a <del>medical student</del> <u>representative from the Medical Student Society</u>, for a term of one year, with the right to vote, to each commission.</p>	<p>Chelsea</p> <p>Grant</p>	<p>ISMA Constitution and Bylaws Amended</p> <p>Dedicated MSS and RFS reps appointed to COL for 2019-2020 term.</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>The President shall appoint the Chairman of each commission. The Commission Chairman shall appoint a Vice Chairman.</p> <p>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.</p> <p><u>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.</u></p>		
<p><b>RESOLUTION 19-07</b>  <b>MEDICAL PROVIDER QUALIFICATION: TRUTH AND TRANSPARENCY</b>          Introduced by: Ben Vickery, IUSM-IV, and William W. Pond, MD, Fort Wayne Medical Society  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>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.</p>	<p>Grant</p>	<p>Sen. Leising authored truth in advertising language in SB 182, but the bill did not receive a hearing in committee before the deadline in the first half. ISMA staff will continue discussion with legislators over the summer and pursue this legislation during the 2021 session in conjunction with ISMA's Scope of Practice Partnership campaign.</p>
<p><b>RESOLUTION 19-08</b>  <b>HOSPITAL PROTOCOLS FOR AIR MEDICAL TRANSPORT</b>          Introduced by: Colton Junod, ISMA-MSS  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>RESOLVED, that ISMA explore contacting the Indiana State Department of Health, Homeland Security and the Indiana Hospital Association to communicate the importance of</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p> <p>The State EMS Medical Director, Dr. Michael Kaufmann, believes the Department of Homeland Security is in the process of promulgating a rule that will accomplish the goal of Resolution 19-08. ISMA will continue to follow up with the agency to ensure progress on this topic.</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>creating protocols to determine which air medical service should be contacted when requested.</p>		
<p><b>RESOLUTION 19-09</b>  <b>ADVANCING GENDER EQUITY IN MEDICINE</b>                  Introduced by: Theresa Rohr-Kirchgraber, MD; and Kimberly Chernoby, MD, JD  <b>HOD Action: Referred to the Board of Trustees for Action</b></p> <p>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</p> <p>RESOLVED, that ISMA:</p> <ul style="list-style-type: none"> <li>a) Advocate for institutional, departmental and practice policies that promote transparency in defining the criteria for initial and subsequent physician compensation</li> <li>b) Advocate for pay structures based on objective, gender-neutral objective criteria</li> <li>c) Encourage a specified approach, sufficient to identify gender disparity, to oversight of compensation models, metrics, and actual total compensation for all employed physicians</li> <li>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;</li> <li>e) and be it further</li> </ul> <p>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</p> <p>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,</p>	<p>Board of Trustees</p>	<p>The Board of Trustees discussed Resolution 19-09 at its November 3, 2019 meeting. After discussion, the Board decided to adopt the AMA Principles for Advancing Gender Equity in Medicine, as reflected in AMA policy H-65.961, in lieu of Resolution 19-09.</p> <p><b>Principles for Advancing Gender Equity in Medicine:</b>                  Our ISMA:</p> <ol style="list-style-type: none"> <li>1. declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (i.e., gender);</li> <li>2. affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender;</li> <li>3. endorses the principle of equal opportunity of employment and practice in the medical field;</li> <li>4. affirms its commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;</li> <li>5. acknowledges that mentorship and sponsorship are integral components of one’s career advancement, and encourages physicians to engage in such activities;</li> <li>6. declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics;</li> <li>7. recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance;</li> <li>8. affirms that transparency in pay scale and promotion criteria is necessary to promote gender equity, and as such academic medical centers, medical schools, hospitals, group practices and other physician employers should conduct periodic reviews of compensation and promotion rates by gender and evaluate protocols for advancement to determine whether the criteria are discriminatory; and</li> <li>9. affirms that medical schools, institutions and</li> </ol>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>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</p> <p>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.</p>		<p>professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of gender in these skill areas.</p> <p>Added to the Public Policy Manual</p>
<p><b>RESOLUTION 19-10</b>  <b>INCREASING PAYMENTS TO PHYSICIANS PROVIDING MEDICAID SERVICES</b>                  Introduced by: Tony GiaQuinta, MD, FAAP; Cynthia Nassim, MD, FAAP; Mary McAteer, MD; Penny Kallmyer, MD; and Indianapolis Medical Society  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p> <p>Staff have made preliminary contact with FSSA on this issue. They indicated there will likely be concerns from the administration regarding the fiscal impact of this proposal.</p> <p>ISMA advocated for increased Medicaid telehealth reimbursement during covid-19, which the state implemented. ISMA is advocating to keep these reimbursement increases in effect after covid.</p>
<p><b>RESOLUTION 19-11</b>  <b>TAX ON SUGAR-SWEETENED BEVERAGES</b>                  Introduced by: Alan Alvarez de Sotomayor, ISMA-MSS  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p> <p>No such legislation was introduced in 2020.</p>
<p><b>RESOLUTION 19-12</b>  <b>MANDATORY UNIVERSAL NEWBORN SCREENING FOR CONGENITAL HEART DISEASE</b>                  Introduced by: Maria Del Rio Hoover, MD; and William A. Engle, MD  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>RESOLVED, that ISMA seek to amend, either through legislation or rule, 410 Indiana Administrative Code 3-3-3.5 as follows:</p> <ol style="list-style-type: none"> <li>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;</li> <li>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</li> </ol>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p> <p>Dr. William Engle served on a subcommittee of the Indiana Perinatal Quality Improvement Council (IPQIC) tasked with reviewing this regulation for the purposes of determining whether a legislative fix was needed. Once confirmed, ISMA staff worked with Rep. Ryan Lauer to include these changes in HEA 1129. The bill was signed into law by the Governor.</p>



2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>screening program, but modifying the screening algorithm to account for those special populations; and</p> <p>3. Clarifying what constitutes a “cardiology evaluation.”</p>		
<p><b>RESOLUTION 19-13</b>  <b>VALUE-BASED HEALTH CARE</b>                  Introduced by: Stephen Tharp, MD, Chair, Commission on Legislation  <b>HOD Action: Adopted</b></p> <p>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</p> <p>RESOLVED, that ISMA endorse value-based health care initiatives that align with the AMA Pay for Performance Principles and Guidelines (<a href="#">Policy H-450.947</a>).</p>	<p>Grant</p>	<p>Added to Public Policy Manual.</p> <p>ISMA testified in support of the AMA’s Pay for Performance Principles and Guidelines in a 9/4/19 interim study committee hearing on healthcare costs.</p>
<p><b>RESOLUTION 19-14</b>  <b>REDUCING THE PSYCHOLOGICAL TRAUMA OF FOSTER CARE CHILDREN</b>                  Introduced by: Caitlin Harmon, ISMA-MSS  <b>HOD Action: Adopted as Amended</b></p> <p>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</p> <p>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</p> <p>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.</p>	<p>Grant</p>	<p>ISMA President Dr. Lisa Hatcher, resolution author Caitlin Harmon, and ISMA staff Julie Reed and Grant Achenbach met with DCS Director Terry Stigdon and DCS staff on September 24, 2019. ISMA expressed its interest in supporting DCS efforts and shared the resolution. DCS appreciated ISMA’s interest and support and said they would consider ways we could help as they build out their strategic plans and priorities.</p>
<p><b>RESOLUTION 19-15</b>  <b>NICOTINE REPLACEMENT THERAPY FOR MINORS</b>                  Introduced by: Mary Ian McAteer, MD; and the Indianapolis Medical Society  <b>HOD Action: Adopted as Amended</b></p> <p>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</p>	<p>AMA Delegation – Rhonda</p> <p>Grant</p>	<p>Added to the public policy manual.</p> <p>This was submitted to the AMA. The AMA took the following action at its 2019 Interim Meeting:</p> <p><b>ADOPTED AS AMENDED</b>                  914. STRATEGIES FOR THE TREATMENT OF TOBACCO USE DISORDER AND NICOTINE DEPENDENCE IN POPULATIONS UNDER THE AGE OF 18</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS	ASSIGNED TO	STATUS
<p>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</p> <p>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.</p>		<p>RESOLVED, That our American Medical Association support immediate and thorough study of the use of pharmacologic and non-pharmacologic treatment strategies for tobacco use disorder and nicotine dependence resulting from the use of non-combustible and combustible tobacco products in populations under the age of 18; and be it further</p> <p>RESOLVED, That our AMA support federal regulation that encourages manufacturers of pharmacologic therapy for treatment of tobacco use disorder and nicotine dependence approved for adults to examine their products' effects in populations under age 18.</p> <p>Dr. McAteer has also been added to an ISDH workgroup that was studying treatment options for nicotine dependence in minors. COVID-19 stalled this group's discussions.</p>
<p><b>RESOLUTION 19-16</b>  <b>STATEWIDE SYRINGE SERVICE PROGRAM</b>                      Introduced by: Mary Ian McAteer, MD; and Indianapolis Medical Society  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>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</p> <p>RESOLVED, that the ISMA will support legislative action requiring any needle exchange initiative in Indiana to solely distribute single-use syringes.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p> <p>ISMA staff met with the IU Fairbanks School of Public Health on March 9. COVID-19 has stalled progress on this for the foreseeable future.</p> <p>The AMA is currently working on a comprehensive syringe exchange model bill. ISMA worked with ISDH during the 2020 legislative session to ensure that the syringe exchange program statute's sunset provision was extended from July 1, 2021 to July 1, 2022. However, there is widespread concern in the Indiana Senate about syringe exchange programs.</p> <p>Note from staff: To prepare for future legislative discussions, ISMA would be well-served to consider a comprehensive syringe exchange policy. This topic will be discussed during interim meetings of the Commission on Legislation.</p>
<p><b>RESOLUTION 19-17</b>  <b>DOCTOR-PATIENT RELATIONSHIP</b>                      Introduced by: Linda Feiwell Abels, MD; and the Indianapolis Medical Society  <b><u>HOD Action: Adopted as Amended</u></b></p>	<p>Grant</p>	<p>Texas has a law similar to the directives in Resolution 19-17. ISMA staff and physician leadership met with Indiana Hospital Association leadership and reached an agreement on acceptable language modeled after Texas. Rep. Bob Morris introduced it as HB 1115 for the 2020 session. The</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS	ASSIGNED TO	STATUS
<p>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</p> <p>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.</p>		<p>language ultimately passed in HEA 1004. The final version requires the physician employment contracts to include (1) a reasonable buyout provision; and (2) a provision that obligates the previous employer to, in good faith, provide the physician's current or last known contact information upon request of the patient who was seen or treated by the physician during the previous 2 years.</p>
<p><b>RESOLUTION 19-18</b>  <b>ISMA POLICY REGARDING MAINTENANCE OF CERTIFICATION (MOC)</b>                      Introduced by: Don Selzer, MD  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>RESOLVED, that ISMA advocate for continuous lifelong learning educational standards for physicians; and be it further</p> <p>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</p> <p>RESOLVED, that ISMA support nationally determined board certification that is evidence-based and has sole focus on what is best for patient care.</p>	<p>Ranae</p> <p>Grant</p>	<p>Added to the Public Policy Manual.</p> <p>No MOC legislation was introduced in 2020.</p>
<p><b>RESOLUTION 19-19</b>  <b>SPECIAL ELECTIONS FOR DISTRICT OFFICER VACANCIES</b>                      Introduced by: J. Elizabeth Struble, MD, Chair of ISMA Board of Trustees  <b><u>HOD Action: Adopted</u></b></p> <p>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:</p> <p>5.03 <u>ELECTION - TRUSTEE AND ALTERNATE</u>                      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 <del>cause call for</del> a special <del>meeting election</del> to be <del>called held</del> by said district society <u>as set forth in 5.05</u> for the purpose of such election.</p> <p>5.05 <u>VACANCIES</u>                      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</p>	<p>Chelsea</p>	<p>ISMA Constitution and Bylaws Amended</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>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.</p> <p><u>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.</u></p> <p>13.04 <u>OFFICERS</u> 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</p>		
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2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>same duties and terms as are set forth in the Constitution and Bylaws of this Association. <u>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.</u></p> <p>13.0801 <u>Election of Trustee or Alternate</u>  <u>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.</u></p>		
<p><b>RESOLUTION 19-20</b>  <b>FAA REQUIREMENTS FOR IN-FLIGHT EMERGENCY MEDICAL KITS (EMK)</b>          Introduced by: Heidi M. Dunnaway, MD; and the Vanderburgh County Medical Society  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>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</p> <p>RESOLVED, that ISMA send a letter to the Federal Aviation Administration requesting:</p> <ul style="list-style-type: none"> <li>- 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)</li> <li>- 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</li> </ul> <ul style="list-style-type: none"> <li>- Requiring readily visible, external labeling of emergency medical kits (EMKs) to include expiration dates of injectable medications and IV fluids</li> <li>- Requiring review of each kit's medication expiration dates as labeled more frequently than annually</li> </ul>	<p>Grant Dave</p>	<p>Added to the Public Policy Manual.</p> <p>ISMA sent letter to FAA in May 2020, signed by Dr. Hatcher.</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p><b>RESOLUTION 19-21</b>  <b>EMERGENCY MEDICAL TRANSPORTATION OF INCAPACITATED PATIENTS</b>          Introduced by: Kimberly Chernoby, MD, JD; and Mark Liao, MD  <b><u>HOD Action: Referred to the Board of Trustees for Action</u></b></p> <p>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.</p>	<p>Board of Trustees</p>	<p>The Board of Trustees discussed Resolution 19-21 at its November 3, 2019 meeting. After discussion, the Board amended Resolution 19-21 as follows:</p> <p>RESOLVED, that ISMA “support” 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.</p> <p>Amended language added to the ISMA Public Policy Manual.</p> <p>ISMA Staff and Dr. Chernoby worked with Rep. Dave Abbott to amend this language into HB 1198. HEA 1198 was signed into law by the Governor.</p>
<p><b>RESOLUTION 19-22</b>  <b>DRUG PRICING TRANSPARENCY</b>          Introduced by: Thomas Vidic, MD  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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 a an increase in co-pay or formulary inclusion; and be it further</p> <p>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</p> <p>RESOLVED, that ISMA support the creation of state programs for disclosure of effective drug prices:</p> <ul style="list-style-type: none"> <li>(1) to patients, such as through clear explanations of pharmacy benefits and reasonable limits on formulary changes;</li> <li>(2) to physicians, such as through integration of pricing and formulary data in electronic medical record systems; and</li> <li>(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.</li> </ul>	<p>Grant</p>	<p>This topic was approved by the Interim Study Committee on Public Health, Behavioral Health, and Human Services for consideration during the 2020 session of the Indiana General Assembly. Senate Bill 97 (Insurance Drug Coverage), authored by Sen. Vaneta Becker, included language to prevent insurance companies from changing drug coverage during the plan year. The bill’s requirements included fully insured plans and the state employee health plan. The fiscal note projected a \$5M fiscal impact to the state employee health plan, so it was recommitted to, and died in, the Senate Appropriations Committee. However, HEA 1207 was amended in conference committee to prohibit an insurer from removing a drug from the formulary unless it provides notice 60 days before the changes and provides a timely appeal process based on clinical considerations. HEA 1207 was signed into law by the Governor</p>
<p><b>RESOLUTION 19-23</b></p>	<p>Chelsea</p>	<p>ISMA Constitution and Bylaws Amended</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p><b>DISSOLUTION OF ISMA GRIEVANCE COMMITTEE</b>          Introduced by: J. Elizabeth Struble, MD, Chair of ISMA Board of Trustees  <b><u>HOD Action: Adopted</u></b></p> <p>RESOLVED, that the ISMA Grievance Committee be dissolved by amending the Bylaws to remove any reference to it, as follows:</p> <p>7.010101 ——— <u>Grievance</u></p> <p>7.1001 ——— <u>Grievance Committee</u></p> <p><del>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.</del></p>		
<p><b>RESOLUTION 19-24          GRADUATE MEDICAL EDUCATION FUNDING</b>          Introduced by: Stacie Wenk, DO  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>RESOLVED, that ISMA request our AMA delegation to confirm/verify that AMA policy D305.967 is being followed.</p>	Grant	Added to the Public Policy Manual.
<p><b>RESOLUTION 19-25          TOBACCO SETTLEMENT</b>          Introduced by: Stacie Wenk, DO  <b><u>HOD Action: Adopted</u></b></p> <p>RESOLVED, that the ISMA readopt Resolution 09-13 as amended, as follows:</p>	Grant	Added to the Public Policy Manual.

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>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</p> <p>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.</p>		
<p><b>RESOLUTION 19-26</b>  <b>PROHIBITING UNLICENSED MIDWIFERY</b>          Introduced by: Rhonda L. Sharp, MD  <b>HOD Action: Adopted</b></p> <p>RESOLVED, that the ISMA readopt Resolution 09-33 as amended, as follows:</p> <p>RESOLVED, that the ISMA support continued enforcement of existing laws that prohibit midwifery by unlicensed or uncertified individuals.</p>	Grant	Added to the Public Policy Manual.
<p><b>RESOLUTION 19-27</b>  <b>HEALTH REFORM PRINCIPLES</b>          Introduced by: Stephen Tharp, MD  <b>HOD Action: Adopted</b></p> <p>RESOLVED, that ISMA readopt Resolution 09-67 as amended, as follows:</p> <p>RESOLVED, that ISMA support the following principles regarding health care_reform:</p> <ul style="list-style-type: none"> <li>• Extending coverage to all Americans through health insurance market reform.</li> <li>• Consumer choice of plans to encourage competition that favors quality, affordability and appropriate patient care.</li> <li>• Essential health insurance reforms that eliminate coverage denials based on pre-existing conditions.</li> <li>• Medicare reforms</li> <li>• Chronic disease management and care coordination through additional funding for primary care services, without imposing offsetting payment reductions on specialty care.</li> <li>• Addressing the growing physician workforce concerns.</li> </ul>	Grant	Added to the Public Policy Manual.



2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<ul style="list-style-type: none"> <li>• Prevention, wellness and patient responsibility initiatives designed to keep Americans healthy.</li> <li>• The private practice of medicine on a fee-for-service basis within a pluralistic system of health care delivery.</li> <li>• Medical liability reform (with the understanding that it will not adversely affect Indiana or other states effective tort reforms).</li> <li>• Responsible physician investment in technology, facilities, services and equipment that results in high quality, efficient, effective health care.</li> <li>• Physicians' voluntary participation in any health plan.</li> <li>• Health reform that is meaningful, fair and sustainable.</li> <li>• Reducing oppressive and arbitrary administrative regulations set by insurers and government agencies that compromise patients' safety and health.</li> <li>• Health reform that includes improved responsiveness to physicians concerns from insurance companies and government agencies.</li> </ul>		
<p><b>RESOLUTION 19-28</b>  <b>USE OF TERM "PROVIDER"</b>          Introduced by: Stacie Wenk, DO  <b>HOD Action: <u>Adopted</u></b></p> <p>RESOLVED, that ISMA readopt Resolution 09-59 as amended, as follows:</p> <p>RESOLVED, that ISMA oppose the use of the term "provider" or "health care provider" to refer to a physician.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p>
<p><b>RESOLUTION 19-29</b>  <b>NON-PHYSICIAN DIAGNOSIS</b>          Introduced by: Stacie Wenk, DO  <b>HOD Action: <u>Referred to the Board of Trustees for Action</u></b></p> <p>RESOLVED, that ISMA readopt Resolution 09-50 as follows:</p>	<p>Board of Trustees</p>	<p>The Board of Trustees discussed Resolution 19-29 at its November 3, 2019 meeting. The Board amended Resolution 19-29 as follows:</p> <p>RESOLVED, that ISMA oppose legislation that would authorize non-physicians to engage in the <b>medical</b> diagnosis or treatment of disease or injury</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p>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.</p>		<p><u>without physician collaboration or supervision</u> 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.</p> <p>The amended language was added to the ISMA Public Policy Manual.</p>
<p><b>RESOLUTION 19-30 HOSPITAL DELIVERIES</b> Introduced by: Rhonda L. Sharp, MD <b><u>HOD Action: Adopted</u></b></p> <p>RESOLVED, that ISMA readopt Resolution 09-28 as follows:</p> <p>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.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p>
<p><b>RESOLUTION 19-31 VIRTUAL ANNUAL MEETING ATTENDANCE USING NEW TECHNOLOGY</b> Introduced by: Deepak Azad, MD; and Kevin Burke, MD <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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.</p>	<p>Board of Trustees Mark Dave</p>	<p>The Board of Trustees formed the Resolution 19-31 study committee during its November 3, 2019 meeting. The physician committee and staff had a conference call Feb 6, 2020, to discuss the staff research to date. Staff had surveyed all 50 state medical associations. None of the 30 states that responded were using live video for their annual meeting or HoD proceedings. A couple of states used online voting for officers but none used or were planning to use live or real-time resolution or amendment voting during their HoD. The committee requested staff contact the four larger states that did not reply to the survey; three of those (Texas, Florida and New York) replied that they do not use live video or virtual voting either. A report to the President and Board of Trustees is being prepared for the June 2020 meeting.</p> <p><i>(Note: The committee had completed its survey work prior to the covid-19 pandemic. ISMA began re-evaluating virtual meeting options in May 2020 in response to covid. Because the committee's report was due to the Board by June 2020, this status</i></p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

		<i>update solely reflects the committee's pre-covid research.)</i>
<p><b>RESOLUTION 19-32 ISSUES WITH THE MATCH, THE NATIONAL RESIDENCY MATCHING PROGRAM (NRMP)</b> Introduced by: Deepak Azad, MD; and Kevin Burke, MD <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>RESOLVED, that the ISMA (HOD (House of Delegates) ask the AMA (American Medical Association) HOD to assign appropriate AMA committee or committees to:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Report back to the AMA and ISMA HOD with their findings and recommendations; and be it further</li> </ul> <p>RESOLVED, because SOAP (Supplemental Offer and Acceptance Program) failed to adequately serve some physicians seeking to Match this year, the ISMA HOD ask 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</p> <p>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</p>	<p>AMA Delegation - Rhonda</p>	<p>This was submitted to the AMA. The AMA took the following action at its 2019 Interim Meeting: REFERRED TO THE AMA BOARD OF TRUSTEES</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS	ASSIGNED TO	STATUS
<p>medical students and new physicians. It is expected that the BNRMP would avail itself of these opportunities; and be it further</p> <p>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&amp;A” links, and also through the AMA.</p>		
<p><b>RESOLUTION 19-33</b>  <b>PREVENTING NEONATAL ABSTINENCE SYNDROME</b>                      Introduced by: Deepak Azad, MD; and Kevin Burke, MD  <b>HOD Action: Adopted as Amended</b></p> <p>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.</p>	Grant	Added to the Public Policy Manual.
<p><b>RESOLUTION 19-34</b>  <b>FINANCIAL BURDEN OF USMLE STEP 2 CS ON MEDICAL STUDENTS</b>                      Introduced by: Deepak Azad, MD; and Kevin Burke, MD  <b>HOD Action: Adopted as Amended</b></p> <p>RESOLVED, that ISMA work with our AMA and ask 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</p> <p>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.</p>	AMA Delegates – Rhonda  Dave	<p>This was submitted to the AMA. The AMA took the following action at its 2019 Interim Meeting:                      REAFFIRMED AMA POLICY D-295.988.</p> <p>ISMA staff sent a letter to USMLE in June 2020 requesting it reduce the cost of the USMLE Step 2 CS exam and permit students to take the exam locally. The letter also applauded USMLE’s expansion of regional testing centers and its March 2020 suspension of the exam in response to the pandemic. NBME subsequently requested comment from ISMA on how best to assess licensure going forward. Staff worked with the ISMA Medical Student Section to provide the comments requested by NBME.</p> <p>ISMA staff also sent a letter to NBOME in July 2020 requesting they expand the number of testing sites for COMLEX Step 2 PE and reduce the exam registration fee.</p>
<p><b>RESOLUTION 19-35</b>  <b>PROTECTING SENIORS FROM MEDICARE ADVANTAGE PLANS</b>                      Introduced by: Deepak Azad, MD; and Kevin Burke, MD</p>	Dave	This was submitted to the AMA. The AMA took the following action at its 2019 Interim Meeting: REAFFIRMED AMA POLICY H-285.902.

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p><b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>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.</p>		<p>Letters sent June 2, 2020 to Anthem/BCBS, UHC, Aetna, Humana, AARP, Indiana Department of Insurance and Indiana Attorney General</p>
<p><b>RESOLUTION 19-36</b>  <b>CONTRACEPTION COUNSELING FOR INCARCERATED FEMALES</b>          Introduced by: Deepak Azad, MD; and Kevin Burke, MD  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>RESOLVED, that ISMA support legislation to provide counseling and the opportunity to receive contraception to interested females in Indiana correctional facilities.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p>
<p><b>RESOLUTION 19-37</b>  <b>OPPOSE GOVERNMENT INTERVENTION INTO RESTRICTING THE SCOPE OF FAMILY PLANNING TRAINING</b>          Introduced by: Alison Case, MD; and Kathryn Carboneau, MD  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>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</p> <p>RESOLVED, that ISMA support access to comprehensive reproductive health training.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p>
<p><b>RESOLUTION 19-38</b>  <b>OPPOSE THE CRIMINALIZATION OF SELF-INDUCED ABORTION</b>          Introduced by: Alison Case, MD; and Kathryn Carboneau, MD  <b><u>HOD Action: Adopted as Amended</u></b></p> <p>RESOLVED, that ISMA oppose any legislative efforts to criminalize self-induced abortion prior to 22 weeks and zero days gestation.</p>	<p>Grant</p>	<p>Added to the Public Policy Manual.</p>
<p><b>RESOLUTION 19-39</b>  <b>RESTRICTION OF ASSAULT-TYPE WEAPONS</b>          Introduced by: Megan Chiu, Brandon Francis, Abigail Parker and Raveen Sugantharaj,          ISMA-MSS</p>	<p>Board of Trustees</p>	<p>The Board of Trustees discussed Resolution 19-39 during its November 3, 2019 meeting. The Board amended Resolution 19-39 as follows:</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

<p><b><u>HOD Action: Referred to the Board of Trustees for Action</u></b></p> <p>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.</p>		<p>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 <u>modified to operate as such</u>) and high-capacity magazines.</p> <p>The amended language was added to the ISMA Public Policy Manual.</p>
<p><b>RESOLUTION 19-40 PREVENTING VAPING DEATHS</b> Introduced by: Lisa Hatcher, MD, ISMA President Elect <b><u>HOD Action: Adopted</u></b></p> <p>RESOLVED, that ISMA lend the association's full support to the state's initiatives to further reduce vaping; and be it further</p> <p>RESOLVED, that ISMA support parity in state taxation between traditional cigarettes and e-cigarettes; and be it further</p> <p>RESOLVED, that ISMA support the Alliance for a Healthier Indiana's efforts to enact policies to reduce vaping rates, particularly among Indiana's youth.</p>	<p>Grant</p>	<p>ISMA President, Lisa Hatcher, MD, testified before the Interim Study Committee on Fiscal Policy on 10/15/19 urging legislators to tax electronic cigarettes on par with traditional cigarettes.</p> <p>The federal government enacted legislation to increase the age to purchase tobacco from 18 to 21 in mid-January, 2020. The Indiana legislature considered SB 1 and HB 1006 to (1) bring Indiana code into alignment with the federal age requirement and (2) increase fines on retailers who sell to individuals younger than 21 years old. SEA 1 was signed into law by the Governor.</p>
<p><b>MEMORIAL RESOLUTION</b></p> <p>John A. Knote, MD</p> <p>Introduced by Stephen Tharp, MD</p> <p>Whereas, Dr. John A. Knote, MD, a Radiologist who practiced in Lafayette and Indianapolis, Indiana, passed away on April 22, 2019; and</p> <p>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</p> <p>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</p>	<p>J. Reed</p>	<p>This resolution and some other items of tribute were sent to Dr. Knote's family.</p>

2019 RESOLUTIONS

TITLE & RESOLVEDS

ASSIGNED TO

STATUS

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