

Resolutions set to expire this year can be re-introduced

Resolutions listed below will expire as ISMA policy unless an ISMA member proposes re-adoption by the 2009 House of Delegates, Sept. 25-27 in Indianapolis.

The deadline to submit all resolutions is Monday, July 27. Call the ISMA if you have questions.

RESOLUTION 99-41 - ANCILLARY SCREENING GROUPS

Any ancillary screening group should be encouraged to submit a plan to the local medical society where the program is going to take place for the society's approval and assistance to ensure there is no overlap of services and general waste of funds at the local, state or federal levels.

RESOLUTION 99-41- LABORATORY TESTING

RESOLVED, that the pathologists, laboratories, and practicing physicians in this state endeavor, wherever at all possible, to refer laboratory testing to qualified local, regional and state laboratories so that the functional integrity of these necessary facilities may be maintained; and be it further,

RESOLVED, that the medical laboratories and pathologists in Indiana identify the needs of the physician and patients in Indiana and endeavor to fulfill these needs.

RESOLUTION 99-41 - HOSPITAL DELIVERIES

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

RESOLUTION 99-41 - OPPOSITION TO THIRD-PARTY PAYMENT

RESOLVED, that the ISMA continue to oppose any third-party payment program that delineates physicians by lists or assignment or payments or treats policyholders without uniformity.

RESOLUTION 99-41 - LIMITING PHYSICIAN FREE CHOICE

RESOLVED, that the ISMA oppose efforts by any hospital that serves to limit physicians' free choice and competitive alternatives through the closing of medical staffs, sections of medical staffs, or which limit physician access to services based on arbitrary objectives which do not clearly enhance patient care.

RESOLUTION 99-41 - INDIANA UNIFORM DETERMINATION OF DEATH ACT

RESOLVED, that the ISMA endorse the Indiana Uniform Determination of Death Act.

RESOLUTION 99-41 - MOTORCYCLE HELMETS

RESOLVED, that the ISMA support legislation to require protective headgear to be worn by all drivers and passengers of motorcycles.

RESOLUTION 99-41 - FINANCIAL INCENTIVES

RESOLVED, that physicians of Indiana will not compromise the quality of medical care because of financial incentives.

RESOLUTION 99-41 - HOSPITAL MEDICAL STAFF BYLAWS

Approves the "model" Hospital Medical Staff Bylaws as an official ISMA document to be available to hospital medical staffs, and that the model bylaws be subject to annual review by the Hospital Medical Staff Section.

RESOLUTION 99-41 - PROHIBITING UNLICENSED MID-WIFERY

Recommends enforcement of existing laws that prohibit mid-wifery by unlicensed individuals.

RESOLUTION 99-41 - DEFENDING PRIVATE PRACTICE

RESOLVED, that ISMA constantly support and promote the concept of the private practice of medicine on a fee-for-service basis regardless of any other methodology embraced by members of the organizations, and be it further,
RESOLVED, that organized medicine should and does support a pluralistic system of health care delivery; nevertheless the ISMA should stand ever ready to vigorously defend the traditional private practice, fee-for-service method or any other legitimate system when such is attacked from within or without organized medicine.

RESOLUTION 99-41 - NOTIFICATION OF HPB ACTIONS

RESOLVED, that the ISMA consult with the Health Professions Bureau to establish a better method whereby the Health Professions Bureau will immediately notify the appropriate entities of actions taken.

RESOLUTION 99-41 - INSURANCE REIMBURSEMENT

RESOLVED to seek imposition of federal and/or state sanctions on the insurance carriers that do not reimburse patients promptly or correctly.

RESOLUTION 99-41 - APPROPRIATE STATEMENTS OF CARE

RESOLVED, that the ISMA object to statements by insurers of appropriateness of care; that the ISMA urge all such statements by insurers and their designees be clearly limited to statements pertaining to whether the care or service is covered or not covered; and be it further,
RESOLVED, that the ISMA investigate whether attempts to determine appropriateness by third parties constitutes the practice of medicine without a license; and be it further,

RESOLVED, that the ISMA Board of Trustees refer this resolution to the Indiana State Insurance Commission, to the appropriate insurers, to the public, and direct a similar resolution to the AMA Delegation.

RESOLUTION 99-41 - EXPANDING THE MEDICAID PROGRAM

RESOLVED, that the ISMA:

- (1) Expend legislative and public relations efforts to support expanding the Medicaid program to cover all pregnant women and their infants who have family incomes at or below 150 percent of the federal poverty level; and
- (2) Support expanding the Medicaid program to cover children ages 1 through 8 who have family incomes at or below 100 percent of the poverty level; and
- (3) Encourage outreach programs to identify persons eligible to participate, direct those persons to the prenatal care programs, and ensure their participation in the programs.

RESOLUTION 99-41 - REQUIRING INSURERS TO CLEARLY DISCLOSE LIMITATIONS

RESOLVED, that it is the duty of any provider of medical insurance in the state of Indiana to fully inform in clear language prospective purchasers of insurance limitations, which may affect the quality or quantity of medical services provided under the plan. Examples of such features are:

- Contracts or agreements between the insurer and physicians, hospitals, pharmacies or other providers of services which limit or affect care provided to the patient either directly or indirectly by limiting reimbursement in any fashion;
- Financial incentives, withholds, "gatekeeper" arrangements or other arrangements which may affect the medical decision-making process;
- Agreements which limit free referral of patients by the patient's physician to any other physician or hospital.

RESOLUTION 99-41 - RESPONSIVE ADMINISTRATIVE PRACTICES

RESOLVED, that the ISMA initiate and support a federal legislative proposal allowing states to monitor and to prescribe (within federal guidelines) responsive administrative practices for Medicare/Medicaid carriers serving patients and practitioners within the state.

RESOLUTION 99-41 - GME FUNDING

RESOLVED, that the ISMA support the concept and help seek additional funding for GME from the Indiana General Assembly.

RESOLUTION 99-41 – MEDICAL CAREERS

RESOLVED, that the ISMA, in cooperation with the Indiana University School of Medicine and other organizations, develop and encourage the establishment of Medical Career Development Programs in high schools and universities throughout the state.

RESOLUTION 99-41 – PENALTIES FOR CODING ERRORS

RESOLVED, that the ISMA and the AMA combat severe sanctions and harsh and unreasonable penalties that are leveled because of errors in the coding process.

RESOLUTION 99-41 – MEDICAID ELIGIBILITY CRITERIA

RESOLVED, that the ISMA encourage the adjustment of Medicaid eligibility criteria to include economically compromised citizens whose incomes fall below 175 percent of poverty level.

RESOLUTION 99-41 – DIRECT COSTS REIMBURSEMENT

RESOLVED,

- That the ISMA recommend reimbursement of direct costs be with increases in costs linked to an inflation indicator [e.g., medical component of the Consumer Price Index (CPI)]; and further that it should be provided for the entire duration of residency training; and be it further,
- RESOLVED, that the ISMA recommend indirect pass-through payment should not be changed until the accurate data are available for computing disease severity indices which will allow the DRG rate system to be applied equitably in teaching and non-teaching hospitals; and be it further,
- RESOLVED, that the ISMA recommend the use of patient care dollars for GME funding should continue until careful study has determined that an alternate and adequate stable source of funding is available; and be it further,
- RESOLVED, that the ISMA recommend that all graduates of Liaison Committee on Medical Education (LCME) accredited medical schools should be assured an opportunity for positions in funded accredited GME programs while opportunities for alien and American-born foreign medical graduates may be provided (but not assured); and be it further,
- RESOLVED, that the ISMA recommend that when the total number of physicians needed in the U.S. is reasonably determined, if changes in the number are required that said changes be placed upon entry to medical schools and not upon entry into GME; and be it further,
- RESOLVED, that the ISMA recommend strategies for producing the "proper" specialty distribution of primary care physicians and other specialists be carefully developed and studied before specific manpower suggestions are proposed; and be it further,
- RESOLVED, that the ISMA recommend that physicians should have the opportunity to seek residencies in the specialty of their choice; and be it further,

- RESOLVED, that the ISMA recommend that GME should continue to be governed by the existing highly effective Accreditation Council for Graduate Medical Education (ACGME) which would assure the preservation of institutional authority and responsibility for GME; and be it further,
- RESOLVED, that the ISMA recommend that institutions sponsoring GME should be encouraged to be affiliated with an LCME accredited medical school but with no implication of medical school administrative control; and be it further,
- RESOLVED, that the ISMA recommend that before any "reform" in financing GME there must be careful study of the potential impact of changes in GME on both access and quality of health care for the uninsured, underinsured or indigent patients in Indiana and the U.S.; and that a copy of this RESOLUTION be distributed to all Indiana legislators.

RESOLUTION 99-41 – AMA CME CRITERIA

RESOLVED, the ISMA encourages all providers of CME to meet AMA criteria for “Category 1 and Category 2 CME” so that credit can be given to physicians attending.

RESOLUTION 99-41 – COMPACT OF CONDUCT

RESOLVED, that the ISMA approve the Medical-Legal Compact of Conduct of the Indiana State Bar Association and the Indiana State Medical Association.

RESOLUTION 99-41 – OPPOSE MEDICARE CUTS

RESOLVED, that the ISMA oppose cuts by Congress to Medicare appropriations.

RESOLUTION 99-41 – CARE FOR MEDICARE PATIENTS

RESOLVED, that the ISMA encourage its membership statewide to provide care for Medicare patients.

RESOLUTION 99-41 – ACCEPTANCE OF ASSIGNMENT

RESOLVED, that the ISMA encourage all physicians in Indiana to voluntarily accept assignment of Medicare patients where the individual patient meets an economic means test; and be it further,

RESOLVED, that the ISMA Board of Trustees immediately initiate the necessary steps for implementation of a program in the state of Indiana to establish criteria, recruit physician acceptance, and identify and document Medicare recipients who would be eligible under the criteria and would most benefit from case-by-case acceptance of assignment.

RESOLUTION 99-41 – THERMONUCLEAR INCIDENT

RESOLVED, that the AMA promote the provision of educational offerings to its membership which will inform them regarding the medical consequences of a thermonuclear incident and its appropriate medical management; and that the AMA petition the leaders of this and other countries to find an effective means by which

further development, testing and development of nuclear weapons can be halted and worldwide nuclear disarmament effected.

RESOLUTION 99-41 - NURSING HOME VISITS

RESOLVED, that frequency of physician visits to nursing home residents should be based on the patient's needs and not specified on arbitrary schedules or time periods.

RESOLUTION 99-41 - ORGAN TRANSPLANTATION

RESOLVED, that the ISMA resist any efforts to restrict organ transplantation to a central location; and be it further

RESOLVED, that the ISMA actively promote the representation of appropriate major metropolitan areas on the Governor's Task Force.

RESOLUTION 99-41 - PROVIDING INFORMATION FOR SCHOOL HEALTH POLICIES AND CRITERIA

RESOLVED, that the ISMA, in cooperation with interested governmental offices and organizations, such as the State Department of Education, the State Board of Health, the Indiana State Teachers Association, the Indiana School Board Association and others, establish a mechanism to assure sound and reasonably available medical advice to elementary and secondary schools for development and interpretation of health policies and curricula.

RESOLUTION 99-41 - PROCEDURE CHARGES

RESOLVED, that the ISMA take all remedies to ensure that providers are not penalized for listing second and third procedure charges at the correct, reduced amounts and to ensure correction of physician profiles that have been reduced because of incorrect processing by third party insurers for second and third procedures.

RESOLUTION 99-41 - UNREASONABLE AND UNNECESSARY SERVICES

RESOLVED, that all remedies be taken by the ISMA to force the Health Care Financing Administration (HCFA) and others to use unreasonable and unnecessary only for services and treatments that are considered unreasonable and unnecessary by the medical community; and be it further,

RESOLVED, that all remedies be taken by the ISMA to force HCFA and others to not use unreasonable and unnecessary for services that they have simply decided not to accept as covered services.

RESOLUTION 99-41 - TESTING FOR HIV

RESOLVED, that: (1) the ISMA support and endorse a program that requires more broad-based testing for HIV; (2) upon reporting of a positive result (confirmatory), the State Board of Health would be required to begin case-finding and case-contacting

activities with those individuals who have been reported as testing positive as with many other STD's; and (3) hospital admittees should be appropriately tested for HIV; and be it further,

RESOLVED, that the disease be treated as an infectious disease so that we may maintain control until a cure is found.

RESOLUTION 99-41 - LAETRILE

RESOLVED, that the ISMA reaffirm the following AMA position on laetrile:

- Laetrile is a substance that has no proven value as a drug;
- There is a danger of delay of diagnosis and treatment of neoplastic diseases by methods not generally recognized by the medical profession as beneficial and effective; and
- The use of laetrile exploits the victims of neoplastic disease and their families by preying on the emotions of the hopelessly ill and, in some cases, for the profit of the unscrupulous.

RESOLUTION 99-41 - GENERIC SUBSTITUTION BY PHARMACIST

RESOLVED, that the ISMA oppose generic substitution for a prescribed drug done at the discretion of a pharmacist.

RESOLUTION 99-41 - POSTOPERATIVE CARE

RESOLVED, that the ISMA encourage the membership to provide postoperative care in accordance with the ethics of the medical profession and to report to the Medical Licensing Board any violations of the standards of the practice of medicine

RESOLUTION 99-41 - PHYSICIAN HEALTH OFFICERS

RESOLVED, that the ISMA continue to support statutory provisions that require the local health officer to be a physician with an unlimited license to practice medicine in Indiana.

RESOLUTION 99-41 - LIMIT RESIDENT WORK HOURS

RESOLVED, that the ISMA support in principle the need to limit resident work hours; and support the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) for resolution of the issue.

RESOLUTION 99-41 - NON-PHYSICIAN DIAGNOSIS

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

RESOLUTION 99-41 - REGULATION OF TANNING PARLORS

RESOLVED, that the ISMA pursue state and local legislation to require appropriate regulatory and oversight activity, including informed consent and posted safety regulation, for tanning parlor facilities to reduce improper and dangerous exposure by ultraviolet light to our patients and general public consumers.

RESOLUTION 99-41 – TOBACCO VENDING MACHINES

RESOLVED, that the ISMA Department of Government Relations actively pursue legislation that, if enacted, would prohibit the distribution of tobacco products through vending machines.

RESOLUTION 99-41 – DRUG-FREE INDIANA ENDORSEMENT

RESOLVED, that the ISMA endorse the concept of a drug-free Indiana and lend its support and expertise to attain this goal when asked to participate.

RESOLUTION 99-41 – DRUG ABUSE AND REHAB CENTERS

RESOLVED, that the ISMA exert efforts to urge the United States Congress to pass appropriate laws relating to drug abuse and to support rehabilitation centers where drug abusers may be treated with anonymity, dignity and compassion.

RESOLUTION 99-41 – DISPENSING MEDICATIONS

RESOLVED, that the ISMA oppose any legislative or regulatory attempts that would deny the physician the legal and professional right to dispense medications from the office and that ISMA would continue to keep its members informed about the proper guidelines and procedures for dispensing medications from the office.

RESOLUTION 99-41 – ANABOLIC STEROIDS

RESOLVED, that the ISMA completely and officially oppose the use of anabolic steroids as a method of enhancing athletic performance at all levels in sports.

RESOLUTION 99-41 – PHARMACEUTICAL ALTERNATIVE

RESOLVED, that the ISMA oppose legislative attempts at any level of government that would permit pharmacists, when presented with a prescription for drug product: To dispense instead a drug product that is administered by the same route and contains the same pharmaceutical moiety and strength but differs in the salt or dosage form. (pharmaceutical alternative).

RESOLUTION 99-41 – ISMA SMOKING BAN

RESOLVED, that as of October 17, 1979, the ISMA has banned smoking during any of the association's official business and educational activities; and be it further, RESOLVED, to notify the media, other health professional associations, state legislators and others that the ISMA is concerned and has acted and will continue to act on this issue.

RESOLUTION 99-6 – STATE FUNDS FOR LOCAL HEALTH DEPARTMENTS

RESOLVED, that the ISMA request the Indiana General Assembly, in concurrence with the governor, fund all mandates passed to local health departments in order to assure the public health workforce is adequate to protect the health of Indiana's citizens; and be it further,

RESOLVED, that the ISMA ask the Indiana General Assembly that adequate funds to carry out present state health mandates be provided by state budgetary appropriation for county health departments beginning July 1, 2001 and ending June 30, 2003.

RESOLUTION 99-19 – NON-SMOKING IN FOSTER CARE

RESOLVED, that the ISMA contact the Indiana Family and Social Services Administration and recommend that it include information on the hazardous effects of second-hand smoking on children as part of their educational program for foster parents.

RESOLUTION 99-21 – SMOKE-FREE EFFORTS

RESOLVED, that the ISMA support efforts to extend statewide the model smoke-free restaurant ordinance enacted in Fort Wayne, Indiana.

RESOLUTION 99-23 – DOCTOR'S UNION

RESOLVED, that the ISMA work to educate members concerning a physician negotiating organization and solicit members' input concerning such an organization.

RESOLUTION 99-24 – ORGAN DONATION

RESOLVED, that the ISMA through local medical societies, increase awareness about organ donation by encouraging their physician members, their staffs and their patients to discuss their wishes about organ donation with their family members to ease the family's decision at the time of death.

RESOLUTION 99-29A – COLLECTIVE BARGAINING

RESOLVED, that the ISMA study the voluntary, patient-oriented provisions of collective bargaining based on the AMA model legislation for collective bargaining.

RESOLUTION 99-31A – TOBACCO SETTLEMENT

RESOLVED, that the ISMA declare as policy that all monies derived from the tobacco settlement be used for health care and the promotion of community health; that the ISMA continue to take a leadership role with all other health care entities to ensure that tobacco settlement monies remain completely and totally within the health care arena; and be it further,

RESOLVED, that the ISMA seek or support legislation that would establish a non-profit and independent health endowment foundation or board, outside the influence of the

tobacco industry, to administer a significant percent of tobacco settlement funds for tobacco control, health, public health and research activities.

RESOLUTION 99-33 – ISMA POLICY ON RESTRICTIVE COVENANTS

RESOLVED, that the ISMA revise its policy on restrictive covenants to the language of the AMA Council on Ethical and Judicial Affairs regarding restrictive covenants.

RESOLUTION 99-40 – USE OF TERM “PROVIDER”

RESOLVED, that the ISMA oppose use of the term “provider” or “health care provider” to refer to a physician; and that our delegates to the AMA pursue remedies on a national level to correct his misuse of these terms.

RESOLUTION 99-43 – BICYCLE SAFETY HELMETS

RESOLVED, that the ISMA support legislation requiring children under the age of 16 to wear a properly fitted safety helmet when operating a bicycle or riding as a passenger on a street, highway or public bicycle path.

RESOLUTION 99-49 – CEMETARY DESTRUCTION

RESOLVED, that physicians recognize the emotional family health issues involved in cemetery destruction; and be it further,

RESOLVED, that physicians be aware of community issues such as the protection of rural cemeteries from destruction by real estate developers.

RESOLUTION 99-51 – PRESCRIPTION MEDICATION FOR INDIGENT CARE

RESOLVED, that the ISMA support or initiate legislation to change the present requirements governing the providing of prescription medication (not controlled substances) that would allow free or reduced fee health care facilities the opportunity to provide pharmaceutical services.

RESOLUTION 99-52 – MALPRACTICE COSTS FOR CLINIC WORKERS

RESOLVED, that the ISMA request the Indiana Legislature be aware of the plight of those who work/volunteer at free clinics for indigent health care; and be it further, RESOLVED, that the Indiana General Assembly study the present malpractice laws and enact legislation that would cure this situation and allow professional employees as well as all volunteers to be covered with a broad clinic policy.

RESOLUTION 99-53 – INDIANA SUPREME COURT RULING IN MARTIN VS. RICHEY

RESOLVED, that the ISMA declare its extreme concern with the recent court decisions which jeopardize the viability of the Indiana Compensation Act for Patients (INCAP); and that this issue be referred to the ISMA Board of Trustees to promptly appoint a “Task Force on INCAP” to research, study and implement any possible remedies regarding these decisions; and be it further,

RESOLVED, that this task force report its findings, recommendations, and actions to the ISMA House of Delegates in one year.

RESOLUTION 99-55 - OPPOSITION TO INSURANCE CONTRACTS WITH "ALL OR NON CLAUSES"

RESOLVED, that the ISMA take appropriate action including legislation and through the press to prevent the practice of insurance companies from down-coding level 4 and 5 claims (inpatient and outpatient) for the insurance companies' financial advantage and to the detriment of physician offices.

RESOLUTION 99-56 - ADJUSTMENT OF MEDICAID REIMBURSEMENT RATES

RESOLVED, that the ISMA advocate for an adjustment of all Medicaid reimbursement rates in Indiana in order to bring Indiana's rates in line with the rates of neighboring states, the national average, and Medicare rates in order to improve access to care for the growing number of Medicaid patients in our state.