PHYSICIAN

A Publication of the Indiana Academy of Family Physicians SUMMER 2005



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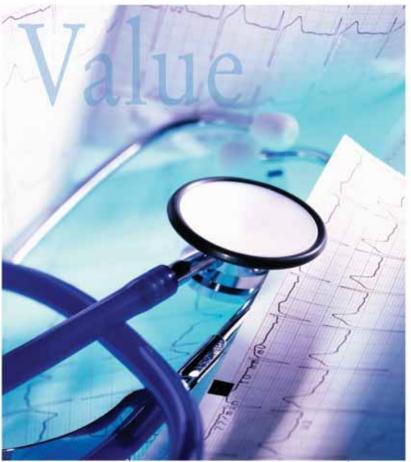
Family Medicine: The Essential Piece

57th ANNUAL MEETING

JULY 20-24, 2005 FRENCH LICK SPRINGS RESORT FRENCH LICK, INDIANA

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Volume 6 • Issue 2

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The MISSION of the Indiana Academy of Family Physicians is to promote excellence in health care and the betterment of the health of the American people. Purposes in support of this mission are:

- To provide responsible advocacy for and education of patients and the public in all health-related matters;
- To preserve and promote quality cost-effective health care;
- To promote the science and art of family medicine and to ensure an optimal supply of well-trained family physicians;
- To promote and maintain high standards among physicians who practice family medicine;
- To preserve the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience;
- To provide advocacy, representation and leadership for the specialty of family medicine;
- To maintain and provide an organization with high standards to fulfill the above purposes and to represent the needs of its members.



we devote

everyminute

everyhour

everyday

everybeat

yourheart

This unwavering commitment to our patients has resulted in a respected cardiac and vascular care program. Advanced technology for the prevention, diagnosis and treatment of heart and vascular disease. And a philosophy of care centered on providing comfort, strength and reassurance. St. Francis brings it all together to keep the wonder of a beating heart strong. And the value of every life, protected.



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President's Message

This is my final letter to you in the *Frontline Physician* as your Academy President. The first was essentially the central message of my inaugural address and centered on the Future of Family Medicine initiative. Subsequently, I offered thoughts about the new Maintenance of the Certification process and also the importance of political activism.

Now I pen my final message. It seems like only yesterday that I was laboring over the first and second ones. Then in what seems like a twinkling of the eye, the year has nearly passed. Some past presidents told me it would go by just that fast, and they were correct. Already, we are looking to our annual meeting in French Lick in July, when Dan Walters from Seymour will ascend to the President's office and begin his term.

So, I would like to pause and thank you, my colleagues and friends, for the opportunity and privilege of serving as your President. As I said in my inaugural address, it is for me the culmination of a dream of some 25 or so years, and I have enjoyed each and every minute of it.

One of the issues that has evolved during my year in office concerns the licensure of qualified graduates of Caribbean medical schools. As many of you are aware, we are in a cycle (and these things are cyclical) of some waning interest in family medicine. Most of our residencies in this state did not fill all of their positions on Match Day and had to complete their complement of first year openings by scrambling on Scramble Day. An interesting statistic that emerged this year is that there were 2.6 applicants for last year's positions, per residency, nation wide.

Our state Medical Licensing Board has traditionally followed a very conservative approach to licensing graduates of offshore programs. However, there are very highly qualified graduates from several excellent Caribbean programs that become available each year and are looking for good residency positioning in all specialties. Certainly some of those high quality graduates could fill some of our available positions in Indiana. It would be to all our benefits.

Our own Alan Sidel's son, Todd, is a recent graduate of the American University of the Caribbean. Todd completed an anesthesia residency at the Indiana University School of Medicine and has retuned to Fort Wayne where he is in private practice. My oldest son, Steve, is a graduate of Saba University School of Medicine and is currently a second year resident at Blank Children's Hospital in Des Moines, Iowa. He has recently received an appointment for fellowship in neonatology at the University of Louisville.

Additionally, we are engaged in an ongoing negotiation with the medical licensing board, which seeks to ensure that qualified candidates will be able to obtain training licenses and ultimately practice licenses in a more streamlined manner. It is my hope that these negotiations can be completed by summer.

As my year draws to a close, I again urge each one of you to renew your commitment to political involvement on behalf of our specialty. You, as an individual, can make a difference and have an impact on our legislators.

Please plan to attend our upcoming annual meeting in French Lick in July. I urge you not only to come for the CME portion, but also to attend our Congress of Delegates sessions and be aware more about the issues in which we are involved.

Again, from the bottom of my heart, I thank you for the opportunity and pleasure that you have afforded me this past year. It has been and continues to be one of the highlights of my professional career.



David Pepple, MD, President of Indiana Academy of Family Physicians

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Governor Appoints Family Physician as the New State Health Commissioner



Judith A. Monroe, M.D., was appointed by Governor Mitch Daniels as the new Indiana State Health Commissioner on March 7.

Prior to her appointment, Dr. Monroe was the director of the Primary Care Center and

Family Medicine Residency Program at St. Vincent Hospitals and Health Services, Inc. in Indianapolis.

Her professional experience also includes serving as the director of clinics with the Indiana University School of Medicine Department of Family Medicine from 1990 to 1992.

Dr. Monroe also spent four years (1986 to 1990) with the National Health Service Corps, Morgan County Regional Health Center in Morgan County Tennessee; and three years (1976 to 1979) at the Walter Reed Army Medical Center in Washington, D.C.

She received her bachelor's degree from Eastern Kentucky University in 1975 and her M.D. from the University of Maryland in 1983. She also completed a family medicine residency at the University of Cincinnati in 1986, a fellowship in rural faculty development at East Tennessee State University in 1990, and a mini-fellowship in obstetrics at the University of Wisconsin in 1993.

Dr. Monroe's accomplishments include serving as a successful rural, university and community hospital clinician, educator and executive. She is also an accomplished strategist, scholar, educator and business leader.

"Our most basic defense against disease is personal responsibility," said Dr. Monroe. "Every Hoosier has the opportunity to improve the quality of their life."

"We can have a healthier state tomorrow if every Hoosier commits to healthy choices today," Dr. Monroe said. "We could be ranked among the healthiest states in the nation if we all join together, support one another in this effort and take the first step."

Dr. Monroe is married to Robert Lubitz, M.D., has three children, and resides in Carmel, Indiana.



A Special Invitation to:

The Health Officers Seminar

You are invited to attend the Health Officers seminar Wednesday, June 22. The seminar will take place at the Airport Holiday Inn Select. Hear presentations from:

- Mitch Roob, Secretary, Indiana Family Social Services Administration, "A View From The Top: Integrating Public Health into Medicaid" at 11:15 A.M.
- Judy Monroe, M.D., State Health Commissioner, "Perspectives on the Future of Public Health in Indiana" at 12:15 P.M.

A special registration is provided for those who wish to attend these two lectures. The deadline for registration is June 20. The special registration rate is \$50 or \$30 for students.

Please complete the registration form below and mail it with your check to: Indiana Public Health Foundation, Inc. • 3512 Rockville Road, Suite 138-C • Indianapolis, IN 46222 Phone (317) 244- 2145, fax (317) 487-0170

Registration Health Officers Seminar Special Session

Wednesday, June 22, 2005

Name:			
Organization:			
Address:			
City:	State:	Zip:	
Registration Fee: \$50 Special student rate \$30			
Please make luncheon reservations for me and oth	ners. Please list:		
Total amount paid \$			

Let Your Voice Be Heard Submit Resolutions by June 20

When it convenes, what's the best way to play a role in directing Academy policy and to address the issues that concern you most? Write a resolution. The IAFP Congress of Delegates will consider all resolutions when they convene July 21 and 22 in French Lick, Ind.

Please submit your resolutions to the Academy in writing or via e-mail. Once submitted, resolutions will be reviewed for format and published on the Web site for input and comments by members.

Members who submit resolutions are invited to attend the meeting in French Lick and speak on behalf of their resolutions.

Guidelines for drafting resolutions:

- State the intent of your resolution clearly and concisely. Keep in mind that each resolution should deal with a single topic or subject.
- Submit your resolution in a timely manner. To be considered this year, the Academy office must receive your resolution by June 20.

Drafting Whereas Clauses

The whereas clauses simply explain the problem or situation. Since the whereas statements explain and support the resolved portion, they precede the resolved clause in the written text. The Reference Committee does not adopt whereas sections of the resolution, but if the sections are not stated clearly and factually and in a manner that directly relates them to the resolved portion, they may produce unnecessary debate and detract from the effectiveness of the resolution. Please carefully check the facts, quotes, references and statistics used. Verify all data you use.

Drafting Resolved Clauses

The resolved clauses stand alone and should be written as such. The resolved clause is the only portion of the resolution that will be voted on. Therefore, the resolved portion should be clear and action-oriented. Keep the resolved clause focused on what is desired as the end result.

Sometimes, it is easier to write the resolved clauses first. That forces you to identify the desired action. After finishing the resolved clause, write the whereas clauses, checking each to determine if the clause is relevant and provides necessary information. Be sure to provide adequate support for your resolved clause, but limit your whereas clauses to a reasonable number.

The Academy encourages you to participate in this process. It gives you a more direct voice into the policies and activities of your Academy.

The deadline for resolutions to be submitted is June 20th. Send resolutions to IAFP, Attn: EVP, 55 Monument Circle, Suite 400, Indianapolis, IN 46204 or to iafp@in-afp.org.

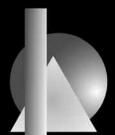
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Get more information and register online at www.hce.org/forum or call (317) 347-4500 ext. 296.



SEPTEMBER 30, 2005 • 8:00 a.m. - 3:30 p.m. **UNIVERSITY PLACE CONFERENCE CENTER AND HOTEL** INDIANAPOLIS, INDIANA

2005 ANNUAL EDUCATIONAL HEALTH FORUM

Across the country, health experts are coming together to improve health care and patient safety by promoting continuity among health care providers. The medical community is discovering innovative ways to reduce medical errors and increase precautionary health screening measures.

Everyone deserves the highest quality health care services. **Every Patient, Every Time.**

Who should attend?

The annual forum is intended for health care administrators. practitioners, and professionals, as well as government officials and other individuals, who are concerned about patient safety and are seeking ideas on how they can personally improve the quality of care.

Statement of need

Patient safety is an issue at the forefront of today's medical community. Medical errors and continuity among health care providers are primary concerns. These issues and solutions will be addressed by leading members of the medical community for peer discussion.

For more information, visit www.hce.org/forum, or call (317) 347-4500 ext. 296.



Agenda:

7:30 a.m. Registration

Introductions and 8:30 a.m.

Opening Remarks

CMS and Patient Safety 8:45 a.m. Shirley E. Kellie, M.D.

Medical Officer, Centers for Medicare & Medicaid Services,

Kansas City, Missouri

9:45 a.m. Information Technology

J. Marc Overhage, M.D., PhD.

> President and CEO, Indiana Health Information Exchange, Indianapolis, Indiana

10:45 a.m. Break

11:00 a.m. Organizational Culture

Ken Smithmier President and CEO, Decatur Memorial Hospital, Decatur, Illinois

Noon Lunch at the Bistro

Consumers and the 1:15 p.m. **Patient Safety Movement**

> Martin J. Hatlie President, Partnership for Patient

Safety, Chicago, Illinois

2:15 p.m. A Matter of Integrity

> Sr. Mary Jean Ryan, FSM President and CEO, SSM Health Care, St. Louis, Missouri

3:15 p.m. Wrap Up and Collection of **Evaluations Upon Exiting**

Health Care Excel. Incorporated is accredited by the Indiana State Medical Association to provide continuing medical education for physicians.

E-mail More Important than Ever

Like it or not, communicating electronically is very important in today's world. The IAFP has been working to get our leaders to communicate with each other through e-mail and list serves. Additionally, we are now working to communicate with members in a more timely fashion through electronic communications. We have created a new newsletter that will come out every 3 to 4 weeks to members via e-mail called *IAFP e-Frontline*. At least two *IAFP e-Frontline* issues have already been sent to you. The Academy hopes you're finding them useful. Please send us your comments and requests for the type of information you would like to receive.

If you are not receiving *IAFP e-Frontline*, it's because we don't have your e-mail address. The Academy encourages every member to sign up for an e-mail account and send your address to the IAFP office at **iafp@in-afp.org**. Please be assured we have a policy of not giving your address out to anyone else. It is for IAFP use only.



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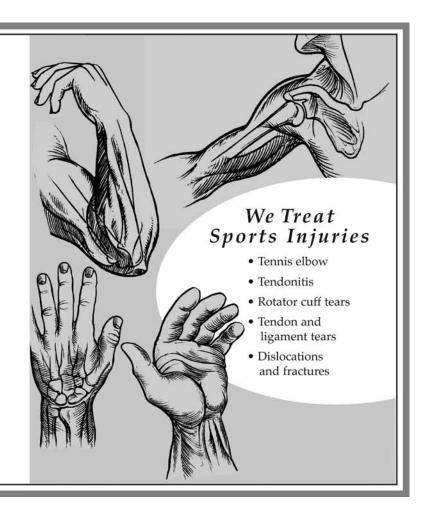
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Report of the Nominating Committee

The Nominating Committee, chaired by Richard Feldman, M.D., is pleased to submit the following slate of nominees for the positions noted. The slate will be referred to the Congress of Delegates for final approval when it meets on July 21.

President-Elect	Windel Stracener, M.D., Richmond
1st Vice President	Larry Allen, M.D., Syracuse
2nd Vice President	Teresa Lovins, M.D., Columbus
Speaker, Congress	Ken Elek, M.D., South Bend
Vice Speaker	Ash Hanna, M.D., Fort Wayne
AAFP Delegate (2 yr Term)	John Haste, M.D., Argos
AAFP Alternate Delegate (2 yr Term)	Tom Felger, M.D., South Bend

Committee members that were present: Richard Feldman, M.D., Chair; Tom Kintanar, M.D.; Teresa Lovins, M.D.; William Mohr, M.D.; Alan Sidel, M.D.; Tom Jones, M.D.; Scott Eller, M.D.; Shannon Joyce, M.D.

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 - Coronary artery bypass grafts
 - **Esophagus**
 - Internal cardiac defibrillator
 - Lung
 - Microwave ablation for atrial fibrillation
 - Mitral valve repair and replacement
 - Sympathectomy for hyperhidrosis
 - Thymectomy for myasthenia gravis
- Peripheral vascular drug eluting stents
 Pulmonary thromboendarterectomy for end stage lung disease
- Thoracic aortic aneurysm endograft
- Uterine fibroid embolization

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- Methodist campus/Indianapolis 317.923.1787 or 800.382.9911
- St. Vincent campus/Indianapolis 317.583.7600 or 800.821.6359
- The Heart Center of Indiana/Indianapolis 317.583.7800
- Ball Hospital campus, Muncie 765.286.5595
- Bloomington Hospital campus 812.336.0561
- Riverview Hospital/Noblesville 317.583.7600
- VeinSolutions/Carmel 317.582.7676 or 800.477.0233

Celebrating our 40th Year!

The Cardiothoracic Surgeons & Vascular Specialists

Indiana Academy of Family Physicians 57th Annual Meeting





General Information

REGISTER EARLY

Special sessions and workshops fill early, as does the hotel. Take time TODAY to plan your attendance.

SPECIAL NEEDS

Please check the box on the registration form if you require special accommodations or please attach a written description of your needs.

LOCATION

The French Lick Springs Resort is located in Southern Indiana. Room rates for IAFP registrants are \$95. The resort offers two 18-hole golf courses, outdoor tennis courts, swimming, complete health spa and mineral baths, horseback riding, bowling and planned children's programs. There are four restaurants on the property and nearby restaurants include everything from fast food to fine dining. Call 800-457-4042 today to make reservations.

ALTERNATE LODGING

Lane's Motel (812-936-9919) is within walking distance from the resort and offers comfortable sleeping rooms and a pool. Lane's also offers RV hookups.

CANCELLATION POLICY

Notice of cancellation must be sent in writing (by fax or mail) to the IAFP and must be received (not postmarked) by July 16, 2005 to be eligible for a full refund. Cancellation received after July 16 and before July 21 will be subject to a \$50.00 administrative fee. No shows are not eligible for a refund.

Special Events

THE CHUCK SCHILLING MEMORIAL GOLF TOURNAMENT THURSDAY, JULY 21, 2005

The tournament is a Floridian Scramble and all levels of players are welcome. Proceeds from this year's tournament will be designated to the IAFP Foundation Adopt-A-Student program. Pre-arranged foursomes will be accepted and individuals not included in prearranged foursomes will be assigned to a foursome prior to the shot-gun start of the tournament. Play will begin at 9:30 am.

ALL MEMBER PARTY "The Games People Play" FRIDAY, JULY 22, 2005

This year's All Member party theme is built around America's favorite board games. Come dressed representing your favorite (Clue, Monopoly, Life, CandyLand, etc.) and join in the fun for all ages! The Marlins will be back to play all of our favorites... so put on your dancing shoes and come ready to have a great time. Prizes and giveaways will be offered.

ANNUAL BANQUET AND INSTALLATION OF OFFICERS SATURDAY, JULY 23, 2005

This elegant evening and dinner is held to honor our incoming and outgoing President and the 2005 IAFP Award Winners, including the 2005 Family Physician of the Year. An Afterglow Party will follow the banquet so that attendees may congratulate the newly installed President. Special programs are offered for children so that parents may have a "night out."

SPOUSE ACTIVITIES

No special registration is required for the spouse or guest of a physician registrant; however, a fee will apply for those wishing to attend CME sessions and other special activities. We encourage spouses and guests to register and attend activities such as the Golf Tournament, Jerry Stucky Memorial Luncheon, All Member Party, Banquet, and others by using the Spouse/Guest section of the enclosed registration form.

YOUTH ACTIVITIES

The IAFP annual meeting creates a great opportunity for your children to make new friends that they can re-connect with each year. Please list the names and ages of all children that will be attending the meeting with you on the registration form. There is a special fee for children ages 4-15 that includes tickets for all of the following events: special youth brunch each day, golf challenge, scavenger hunt, bingo bonanza, All Member Party, Saturday Night Mexican Fiesta, and more. Registered children will be broken into age appropriate groups for these events. Children ages 0-3 may attend the All Member Party and the Saturday Night Mexican Fiesta for free. Children 16 and over should register for events at the spouse/guest fees. In addition to these events the hotel provides a day care environment for children 6 weeks to 12 years of age during the hours that the IAFP has CME or business meetings scheduled. You should register children with the hotel upon arrival for this service.

Indiana Academy of Family Physicians 57th Annual Meeting

July 20-24, 2005 French Lick Springs Resort, French Lick, IN

"Family Medicine: The Essential Piece"

Congress of Delegates: Thursday, July 21 and Friday, July 22

Scientific Assembly: Thursday, July 21 - Sunday, July 24

Call the IAFP office for a registration form or register online at www.in-afp.org Over 25 Hours of CME with lectures, hands-on learning, clinical topics and practice management sessions.

Over 25 Hours of C	ME with lectures, hands-on learning,	clinical topics and practi	ce management sessions.
Cabada		12:45 pm	Physician & Exhibitor Luncheon
Schedu			* ticket required
_			Guidelines and Regulations Governing
CMF Business Meeti	ngs, and Social Activities for Physicians,		Relationships Between Physicians and
Medical Students, and			Industry
Medical Students, and	Andhary Fersonner.		followed by
14/ 1 1 1 00 000			Rx for Indiana: What it Means for Your
Wednesday, July 20, 200	5		Patients and Your Practice
12 Noon 9:00 nm	Designation energy in Hetal Labby	2:15 pm	Common Hand/Finger Problems: When
12 Noon – 8:00 pm 2:00 pm	Registration opens in Hotel Lobby Executive Committee		Mole Hills Can Be Mountains
4:00 pm	Board of Directors	3:15 pm	Using Human Subjects for Research
7:00 pm	Board/VIP Reception and Dinner	4.00	Studies
7.00 pm	Board/ VII Trosoption and Britis	4:00 pm	CME Sessions Adjourn for the Day
Thursday, July 21, 2005	(All CME sessions are in the hotel on Thursday)	5:00 pm	2nd Session of Congress of Delegates All Member Party
	, , , , , , , , , , , , , , , , , , , ,	7:00 pm	*\$ ticket required
6:15am – 7:00 pm	Registration Open in Hotel Lobby	8:00 pm – 10:00 pm	AAFP CME Video
7:00 am	Opening of IAFP 57th Scientific Assembly	0.00 pm = 10.00 pm	AAI F CIVIL VIUEU
	Continental Breakfast Available	Saturday, July 23, 2005	
7:15 am	Approach to Management of Patients with	- Julia day, July 23, 2003	
	Joint Pain	7:00 am – 7:00 pm	Registration Open, hotel lobby
8:00 am	Management of the Overweight Patient	7:00 am	Past Presidents' breakfast
9:00 am – 12 noon	State-of-the-Art Office-Based Smoking	7:00 am	Annual Fun Walk/Run
	Cessation Methods	Morning CME Sessions and I	
9:30 am	IAFP/F Annual Golf Tournament	7:15 am	Exhibit Center Opens
	*\$ ticket required		Continental breakfast available & visit
10.15	Country Club Hill Course		exhibits
12:15 pm	CME Luncheon	8:00 am	Skin Manifestations of Systemic Disease
	* ticket required	8:45 am	OPIOID Addiction
	Latest Advances in Vascular Interventional	9:30 am	Break to visit exhibits
1:45 pm	Radiology	10:00 am	Difficult-to-Treat Headache Patients
1:45 pm 2:30 pm	Stress Urinary Incontinence Treating Normal Pressure Hydrocephalus	10:45 am	Practical Strategies to Reduce
3:30 pm	AIDS-HIV Update	11.00	Cardiovascular Risk in Family Practice
4:30 pm	Update on Current INET Projects	11:30 am	Approach to Management of Patients with
6:00 pm	Districts' Caucus Dinner	10:15	Joint Disease
7:00 pm	1st Session of Congress of Delegates	12:15 pm	Exhibit Center Closes
, 100 pm	Reference Committees follow	12:30 pm	Jerry Stuckey Luncheon * ticket required
8:00 pm – 9:00 pm	AAFP CME Video	Concurrent Sessions:	ticket required
8:30 pm	Afterglow Party	2:00 pm - 4:00 pm	Gynecology Update
		2:00 pm	Investing in the Stock Market and Annuities
Friday, July 22, 2005		3:00 pm	Start Open Access Scheduling & Group
			Visits
6:15 am – 7:00 pm	Registration opens in Hotel Lobby	3:30 pm	Foundation Board of Trustees
	nd Exhibits in Exhibit Center:	4:00 pm — 6:00 pm	Workshop: Common Outpatient Foot and
6:15 am	Exhibit Center Opens		Ankle Problems
7.00	Continental Breakfast Available	6:30 pm	President's Reception
7:00 am	Coding for Preventative Care	7:15 pm	President's Banquet
8:00 am	Pharmacology Update		*\$ ticket required
8:30 am	Break to view exhibits Diagnosing and Treating Insomnia		An Afterglow Party follows banquet
9:00 am 9:45 am			
9.40 am	Venous Thrombosis Prophylaxis and Management	Sunday, July 24, 2005	
10:30 am	Break to view exhibits	7.20 222	CME Productions
11:00 am	Neonatology Update	7:30 am	CME Breakfast * ticket required
11:45 am	New Recommendations on the		* ticket required ABFM Self Assessment Modules (SAMs)
	Meningococcal Conjugate Vaccine		(current requirements, deadlines, how to
12:30 pm	Lectures in Exhibit Center Adjourn		test, etc.)
	for the Day	9:00 am	Board of Directors Meeting
			- Dodra of Diroctoro Mooting
S () () () () ()	and Marting as of 5/12/2005.		

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Proposed IAFP Bylaws Changes

Attention IAFP Members

Pursuant to Chapter XVII, Section 1 and Section 2 of the IAFP bylaws notice of amendments to the bylaws must be submitted by the executive vice president to all Academy members at least thirty days prior to the meeting of the Congress of Delegates and publication of proposed amendments in the official publication of the Academy shall be sufficient to constitute notice thereof to members.

The IAFP Bylaws Committee met on Saturday, April 16th at the IAFP headquarters office and recommended changes to the IAFP bylaws that will simplify and make bylaws consistent with those of the AAFP and implements changes necessary to carry out IAFP Resolution #04-01. The following amendments will be voted on at the 2005 Congress of Delegates, July 21 & 22, 2005 at the French Lick Resort. French Lick Indiana.

ADMENDMENTS TO THE INDIANA ACADEMY OF FAMILY PHYSICIANS BYLAWS

As proposed by the Bylaws Committee 4-16-2005

CHAPTER IV

Classes of Membership and Election

SEC. 2. Active members of the Uniformed Services Chapter who reside or are licensed in the state of Indiana may apply for Uniformed Services adjunct membership in the Indiana Academy. Students in a uniformed services medical school or students who have a service obligation to the uniformed services upon completion of their training and who are eligible for membership, may hold student membership in both the Uniformed Services Chapter and the IAFP's Student Fourteenth (Students) District. Such uniformed or student-uniformed members are without the right to vote or hold office.

CHAPTER VI

Ethics

SEC. 1. The Principles of Medical Ethics of the American Academy of Family Physicians, as amended from time to time, shall be the principles of ethics of By specific action of the Academy's Congress of Delegates on a two thirds (2/3) vote, this Corporation and shall be and herebyorganization may adopt policies or positions relating to ethical issues even though such policies or positions are made a part of these Bylaws in addition or contrary to the Principles of Medical Ethics of the American Medical

Association. However, absent such specific action of the Congress of Delegates, the Principles of Medical Ethics of the American Medical Association, as then now or hereafter may provide, shall be the principles of this organization.

SEC. 2. Procedure for censure, suspension or expulsion of any member of this Corporation shall be in accordance with the chapter on Ethics of the Bylaws of the American Academy of Family Physicians, and shall be and hereby are made a part of these Bylaws. If any member is in good faith believed to have violated the Principles of Medical Ethics or the Bylaws of this Academy, or to be otherwise guilty of conduct justifying censure, suspension, or expulsion from this organization, any member may prefer charges against him or her. The form of such charges and the rights, responsibilities and obligations of all parties involved in the filing and consideration of such charges shall be as hereinafter set forth in this chapter. If, however, the provisions in this chapter are in conflict with applicable law, the provisions of applicable law shall supersede these Bylaws. All those against whom charges have been filed pursuant to this chapter shall have the right to be represented by counsel at the initial hearing and upon appeal to the Board of Directors of the American Academy of Family Physicians Such charges must be in writing and signed by the accuser or accusers and must state the acts or conduct complained of with reasonable particularity.

Such charges must be filed with the executive vice president of the Indiana Academy of Family Physicians and at the first meeting of the Board held after the filing of said charges, the executive vice president must present such charges to the Board. The Board shall then or at any adjournment of said meeting but not more than thirty (30) days thereafter, consider the charges and shall either dismiss them or shall proceed as hereinafter set forth.

If the Board fails to dismiss said charges, it shall, within fifteen (15) days thereafter, cause a copy of the charges to be served upon the accused by depositing in the United States mail a copy thereof, registered and addressed to the last known address of the accused. The Board shall also and at the same meeting fix a time and place for hearing said charges and the accused shall be notified of the time and place for hearing the said charges and in the same manner as provided for the serving of the charges. The time

set for said hearing shall be not less than fifteen (15) days nor more than six (6) months after serving of charges.

The accused may answer in writing but need not do so and failure to answer shall not be an admission of truth of the charges or a waiver of the accused's right to a hearing.

The Board shall, after having given to the accuser and the accused every opportunity to be heard, including oral arguments and the filing and consideration of any written briefs, conclude the hearing and within thirty (30) days thereafter shall render a decision. The affirmative vote of a majority of the members of the Board present and voting shall constitute the verdict of the said Board which by such vote may exonerate, censure, suspend or expel the accused member. The decision of the Board shall be expressed in a resolution, which shall contain no opinion and shall be signed only by the chairman of the Board and the executive vice president. Members of the Board not present for the entire time of the hearing shall be entitled to vote.

Censure shall mean a reprimand by the chairman of the Board of Directors administered to the accused in the presence of the said Board. No member shall be suspended for more than one (1) year and at the expiration of the period of suspension shall be reinstated to membership upon his or her application and the payment of dues accrued during the period of suspension.

Any member who has been censured, suspended, or expelled may appeal such action to the American Academy of Family Physicians pursuant to the Bylaws of said corporation.

CHAPTER VII Component Chapters

SEC. 2. Two (2) additional component chapters are hereby established whose geographical areas shall include the entire state of Indiana: Component chapters of the Indiana Academy of Family Physicians may be formed to correspond to the Trustee Districts of the Indiana State Medical Association and said component chapters shall change geographically automatically to conform to any changes made in the districts of the Indiana State Medical Association, of which there are thirteen (13) at present.

Student component chapter in which membership shall be limited to student members of the Indiana Academy of Family Physicians. This component chapter shall in all ways, conform to the rules and regulations of the Bylaws of the Indiana Academy of

Family Physicians with the following exception: the director and alternate director have all the duties, powers and prerogatives of their offices as defined in the Bylaws of the Academy, except that they may not hold office in this Academy. All terms of office shall be for a period of one (1) year.

Resident component chapter in which membership shall be limited to resident members of the Indiana Academy of Family Physicians. This component chapter shall in all ways, conform to the rules and regulations of the Bylaws of the Indiana Academy of Family Physicians with the following exception: the director and alternate director have all the duties, powers and prerogatives of their offices as defined in the Bylaws of the Academy, except that they may not hold office in this Academy. All terms of office shall be for a period of one (1) year.

SEC. 3. Pursuant to this Chapter component chapter charters may be granted upon submission of appropriate proposed Bylaws. Two (2) additional component chapters are hereby established whose geographical areas shall include the entire state of Indiana:

Component chapter number fourteen (14) in which membership shall be limited to student members of the Indiana Academy of Family Physicians. This component chapter shall in all ways, conform to the rules and regulations of the Bylaws of the Indiana Academy of Family Physicians with the exception of the following: (a) the director, alternate director, delegates and alternate delegates shall have all the duties, powers and prerogatives of their offices as defined in the Bylaws of the Academy, except that they may not hold office in this Academy. All terms of office shall be for a period of one (1) year; and (b) the Board of Directors of the Indiana Academy of Family Physicians shall appoint two (2) of its own number and such other members of the Academy as it sees fit, to serve as advisors to the component chapter and no meeting of the chapter shall be considered as being duly constituted unless one (1) such advisor is present. Such advisors shall represent the Board of Directors and may not veto measures adopted by the component chapter, although they may offer advise.

Component—chapter—number fifteen (15) in which membership shall be limited to resident members of the Indiana Academy of Family Physicians. This component chapter shall in all ways, conform to the rules and regulations of the Bylaws of the Indiana Academy of Family Physicians with the exception of the following: (a) the director, alternate director, delegates and alternate delegates shall have all the duties, powers and prerogatives of their offices as defined in the Bylaws of this Academy, except that they may not hold office in this Academy. All terms of office shall be for a period of one (1) year; and (b)

the Board of Directors of the Indiana Academy of Family Physicians shall appoint two (2) of its own number and such other members of the Academy as it sees fit, to serve as advisors to the component chapter and meetings of the chapter shall not be considered as being duly constituted unless one (1) such advisor is present. Such advisors shall represent the Board of Directors and may not veto measures adopted by the component chapter, although they may offer advise.

SEC. 4. Amendments to Bylaws of component chapter shall be submitted to the executive vice president of the Indiana Academy of Family Physicians, no later than thirty (30) days following the adoption of such amendments by the component chapter, but shall not be in effect until approved by the Board of Directors of the Indiana Academy of Family Physicians. Whenever practicable proposed amendments shall be submitted in advance to the executive vice president for action as to a ruling on their constitutionality. Pursuant to this Chapter component chapter charters may be granted upon submission of appropriate proposed Bylaws.

SEC. 5. Each component chapter shall elect officers, one (1) director and one (1) alternate director. Each member of the component chapter shall be given an opportunity to vote. Amendments to Bylaws of component chapter shall be submitted to the executive vice president of the Indiana Academy of Family Physicians, no later than thirty (30) days following the adoption of such amendments by the component chapter, but shall not be in effect until approved by the Board of Directors of the Indiana Academy of Family Physicians. Whenever practicable proposed amendments shall be submitted in advance to the executive vice president for action as to a ruling on their constitutionality.

SEC. 6. Each component chapter shall have an annual business meeting to elect officers, delegates and alternate delegates, one (1) director and one (1) alternate director.

SEC.7. Supporting members may be members of a component chapter; however, supporting members may not hold office. Each individual component chapter may determine other privileges.

CHAPTER VIII Dues and Assessments

SEC. 2. Inactive members do not pay any IAFP dues or assessments to the Indiana Academy of Family Physicians. Except as hereinafter provided in the case of student and resident members, membership dues shall be payable in advance on the first day of January of each year. Dues of a new member shall be prorated as follows: If enrollment occurs after July 1-but prior

to November 1, dues for the balance of the calendar year shall amount to one half (1/2) the annual dues; if enrollment is completed after November 1, dues for the current calendar year shall be waived, but annual dues for the ensuing calendar year shall immediately become due and payable.

SEC. 3. The amount of the annual dues and assessments of members may be changed by a majority vote of the Board of Directors, with the approval of the Congress of Delegates.

Student and resident members' dues shall be payable in advance on the first day of July of each calendar year. Dues of a new student or resident member shall be prorated as follows: If enrollment occurs after January 1 but prior to May 1, dues for the balance of the year shall amount to one half (1/2) of the annual dues; if enrollment is completed after May 1, dues for the current year shall be waived but annual dues for the ensuing year shall immediately become due and payable.

Resident and student members shall be dropped from membership if their dues are unpaid at the end of the calendar year and following thirty (30) days notice from the A.A.F.P. treasurer as per Section 8. This requirement would not apply to a resident member who completes residency training and applies for active membership.

SEC. 4. Any dues accompanying any application for membership shall be returned to applicant if applicant fails election to membership. 3. Inactive members do not pay any IAFP dues or assessments to the Indiana Academy of Family Physicians.

SEC. 5. Any member whose dues or assessments are unpaid at the time of any annual meeting shall be ineligible to vote or hold office. 4. The amount of the annual dues and assessments of members may be changed by a majority vote of the Board of Directors, with the approval of the Congress of Delegates.

SEC. 6. As a consequence of unusual circumstances resulting in extreme hardship, AAFP dues for life or inactive members may be waived upon the recommendation of the Indiana Chapter and with the approval of the American Academy of Family Physicians Board of Directors. 5. Any dues accompanying any application for membership shall be returned to applicant if applicant fails election to membership.

SEC. 6. Any member whose dues or assessments are unpaid at the time of any annual meeting shall be incligible to vote or hold office.

SEC. 7. Any non-resident or non-student member whose dues are payable on a calendar year basis and

whose dues or assessments are unpaid by July 1 of the calendar year shall be notified thereof by the of the American Academy of Family Physicians, by certified mail to the member's address of record. Unless payment is received within thirty (30) days thereafter, the AAFP shall cause the member's name to be stricken from the membership roll. If a member thus stricken from the roll shall pay the amount due prior to the end of that calendar year, the Board of Directors may, at its discretion, reinstate the said member. If at the end of the that calendar year the amount due remains unpaid, the member whose name has been stricken from the roll shall be in the same status as though he had never been a member and shall acquire membership only in the manner set forth in these Bylaws; provided, however, that former active members whose names have been stricken from the roll for failure to pay dues shall not be reenrolled as new active members in accordance with the provisions of Chapter IV unless such former members furnish evidence of completion during the three (3) years immediately preceding the date of application of one hundred fifty (150) hours of postgraduate study acceptable to the Board of Directors.

SEC. 8. Any resident or student member who has not paid his or hers dues by the end of the calendar year or applied for active membership in accordance with Chapter IV of these Bylaws shall be notified thereof by the American Academy of Family Physicians, by certified mail to the member's address of record. Unless payment is received within thirty (30) days thereafter, the AAFP shall cause the member's name to be stricken from the membership roll. The member whose name has been stricken from the roll shall be in the same status as though he or she had never been a member and shall acquire membership only in the manner set forth in these Bylaws.

SEC. 9.—As a consequence of unusual circumstances resulting in extreme hardship, AAFP dues for life or inactive members may be waived upon the recommendation of the Indiana Chapter and with the approval of the American Academy of Family Physicians Board of Directors.

SEC. 10. As a consequence of unusual circumstances resulting in extreme hardship, IAFP dues for life members may be waived upon the approval of the Indiana Academy of Family Physicians Board of Directors.

CHAPTER X The Assembly

SEC. 3. At the opening session of the Assembly at each annual meeting, any member of the Academy may present in writing any resolutions pertinent to the objects of the Academy or in relation to any report by any officer or committee of the Academy. Resolutions so offered shall be referred to the Congress of Delegates without debate at that time. During Thereafter, during that annual meeting, a resolutions committee appointed by the speaker of the Congress of Delegates shall hold a hearing upon the resolutions so offered. At such hearing the proponents and opponents shall be given a reasonable opportunity to be heard. Thereafter, during that annual meeting, the resolutions committee shall report its action on such resolutions with any amendments thereof or comment thereon to the Congress of Delegates. The Congress of Delegates shall thereupon approve, disapprove, or modify such resolutions. A majority of the members of the Assembly may, at any regular meeting, direct a referendum to the members of the Academy concerning any action of the Congress of Delegates, such referendum to be conducted by the Board of Directors.

CHAPTER XI Congress of Delegates

SEC. 1. Subject to referendum, the control and administration of the Indiana Academy of Family Physicians shall be vested in a Congress of Delegates. All active members, residents and students in attendance at the Congress composed of Delegates shall comprise the Congressdelegates to be elected as hereinafter provided. The Congress of Delegates may, at any time, by a majority vote refer and submit to the members of the Academy defined questions affecting the policy or recommendations of this Academy which, in the opinion of the Congress of Delegates, are of immediate practical consequence to the members of the Academy and the public. The result of the referendum shall control the acts of the Academy and of its Board of Directors, officers, commissions, committees, agents and employees.

SEC. 2. Each component (district) chapter which has received a charter pursuant to Chapter VII of these Bylaws shall be entitled to seat any active member in attendance elect three (3) delegates and three (3) alternate delegates to the Congress of Delegates, who shall be elected for terms of three (3) years, or until their respective successors are elected, provided, however, that at its first election a component chapter may elect one (1) delegate and alternate delegate for one (1) year, one (1) delegate and alternate for two (2) years and one (1) delegate and alternate for three (3) years, thereafter electing

one delegate and one alternate each year for a threeyear term. The exception to the above would be the 14th Component Chapter (student chapter) and the 15th Component Chapter (resident chapter) whose delegates and alternates would be elected for a period of one (1) year only.

SEC. 3. The director of each component chapter, or his designee, shall certify to the secretary of the Congress the names of those chapter members in attendance the delegates, or their alternates, to be seated as representatives of that chapter. No member delegate shall be seated who is not a member in good standing of the Academy. In event no certified delegate or alternate is present at a meeting of the Congress, a member or members of that component chapter present may be seated as delegates by a two-thirds (2/3) vote of the Congress.

SEC. 4. The Congress of Delegates shall meet during the annual meeting of the Academy and at such other times and places as it may determine. Special meetings of the Congress of Delegates may be called by a two-thirds (2/3) affirmative vote of the Board of Directors, and shall be called by the president upon the written request of any twenty five (25) or more of the delegates, and shall be held at such time and place as may be set forth in said call, subject to the following notice: Notice of such meeting date shall be given by the executive vice president in writing at least sixty (60) days prior to the date of such meeting.

SEC. 5. A majority of the total number of delegates shall constitute a quorum constitutes the members present at any meeting of the Congress of Delegates.

The Congress of Delegates may adopt such rules of procedure for the transaction of its business as it deems desirable and shall be the judge of the election and qualifications of its members.

SEC. 6. All members who attend the Congress shall have the right to vote. Each district shall have a maximum of 4 votes; in the event there are less than 4 members present, each member gets one vote. In the event there are more than 4 members present, the equation to determine the division of votes will be as follows: the number of votes for an issue multiplied by 4 divided by the members voting are the for votes, the number of votes against an issue multiplied by 4 divided by the members voting are the against votes. These numbers will be rounded off to whole numbers. Each director shall have one vote in the Congress of Delegates. In the absence of the director, the alternate director shall have a vote in the Congress of Delegates. The presiding officer of the Congress shall be entitled to vote only in the case of a tie, providing the tie is not between candidates for election.

Vice speaker of the Congress of Delegates.

The nominations shall be presented at the first meeting of the Congress of Delegates, when at this time nominations from the floor may be made.

The election of said officers shall be the first order of business at the second session of the Congress of Delegates.

CHAPTER XIV

Duties and Terms of Officers

SEC. 10. AMERICAN ACADEMY OF FAMILY PHYSICIANS DELEGATES AND ALTERNATE DELEGATES: The American Academy of Family Physicians delegates and alternate delegates shall be elected by the Congress of Delegates for no more than a two consecutive terms per position. Both delegates and alternate delegates may petition the Indiana Academy of Family Physicians Board for revisions, with good cause, to serve one additional (2) year term. - The Congress will elect such delegates and alternate delegates on a staggered basis with only one delegate and one alternate delegate being elected each year.

Delegates and their alternate delegates to the American Academy of Family Physicians Congress of Delegates shall be ex officio members with vote of the Board of Directors of the Indiana Academy of Family Physicians and shall attend all meetings.

CHAPTER XV

Standing Commissions and Committees

SEC. 1. The Board of Directors shall appoint a Commission on Education & CME; Commission on Membership & Communications Member Services, Budget & Finance Committee, Scientific Program Committee and Nominating Committee. The Board of Directors shall determine the composition of these bodies and their functions shall be as specifically set forth in other sections of these bylaws and as may be determined by the Board of Directors. In addition, the Board of Directors may appoint such additional commissions, committees or similar organizational entities to assist the Board of Directors, as it deems appropriate. The composition and functions of such additional commissions, committees or organizational entities shall be as determined by the Board of Directors. Supporting members may sit on commissions and committees; however, supporting members may not hold chair.



2005 Legislative Session Brought Much Change

by for Doug Kinser, JD, Lobbyist and Zach Cattell, Director of Legislative and District Affairs

The 2005 session adjourned April 29 and as Senator Garton paraphrased Bob Dylan, "The times they are a changin'." Governor Daniels proposed change and had an optimistic legislative agenda. Most people agreed it was a success for the Governor.

2005 Legislative Session

It was the "long" session in 2005 and the biennial budget was approved. The \$24.3 billion budget passed along party lines in the House while only two Republicans opposed the budget in the Senate. The budget provides for Medicaid growth of 5.2% per year, which amounts to \$142 million. The additional funds are only projected growth. There is no increase in reimbursement. Medicaid is projected to grow by 10%.

School funding was increased by 2.4% for fiscal year 2006 and 2.6% for 200707. CHOICE funding remained the same in fiscal year 2006 and 2007 as in 2005, which is \$48 million. Tobacco prevention and cessation programs remained constant with funding at \$10.9 per year. A major disappointment was the lack of a tobacco tax increase.

Passage of all legislation was completed by April 29 so the session adjourned on time. During the past nine budget cycles, the Governor has had to call a special session on six occasions. It is not necessary for Governor Daniels to call a special session and he was the dominant force for passage of the budget and daylight savings.

Section I - Enrolled Acts

The following health bills were approved by the General Assembly but some are still subject to signature or veto by Governor Daniels. Only a few bills will be vetoed if any at all.

HB1001 State budget.

Amongst a myriad of allocations, the items of interest for the IAFP that were included in the budget include the Family Practice Residency Fund with a level appropriation from the last budget and the Indiana Tobacco Prevention and Cessation Agency also with level funding. An increase in the cigarette tax was not included in the budget, nor was it included in the another spending vehicle, HB 1120.

Author: Jeffrey K. Espich Sponsor: Robert L. Meeks Last Action: 04/29/2005

S: Conf Report Adopted (31-19) S

IAFP ACTION: Held several meeting with Senator Meeks and other leaders on the budget regarding the IAFP's interests in the tobacco prevention and cessation funding. Also expressed the IAFP's support for the cigarette tax increase.

HB1075 Health insurance waivers.

Provides that an individual policy of accident and sickness insurance and certain association and discretionary group policies of accident and sickness insurance may contain a waiver of coverage for a specified condition if certain requirements are met. Specifies that an offer of coverage under a policy that includes a waiver does not preclude eligibility for a comprehensive health insurance association policy. Requires certain reporting concerning policies issued with waivers.

Author: Gerald R. Torr Sponsor: Patricia L. Miller Last Action: 04/29/2005 S: Signed By the President Pro Tern

HB1098 Prescription drugs and health professionals. Establishes a program for the licensing and regulation of personal services agencies. Provides that home health agencies and personal services agencies are approved to provide home health or personal services under certain federal waivers. Requires the board of pharmacy to establish procedures to ensure that pharmacies may return expired prescription drugs to drug wholesalers and manufacturers. Specifies information that the board must consider in establishing the procedures. Requires licensure of speech-language pathology aides, associates, and assistants. Amends licensure requirements of speechlanguage pathologists and audiologists. Requires a referral to administer a test of vestibular function. Specifies criminal acts related to wholesale drug distribution and legend drugs.

Author: Luke Messer Sponsor: Gary Dillon Last Action: 04/28/2005 S: Conf Report Adopted (48-1) S

HB1240 Medicaid overpayments.

Provides that certain Medicaid providers who have been overpaid do not owe the state interest. Allows the secretary of family and social services to reduce the amount of interest due on an overpayment in certain situations.

Author: Vaneta Becker Sponsor: Patricia L. Miller Last Action: 04/07/2005 H: Governor Signed

IAFP ACTION: The IAFP supported this bill throughout the session.

HB1306 Various health matters.

Establishes the statewide independent living council. Requires the council to assist the division of disability, aging, and rehabilitative services (division) in the preparation of a state plan to provide independent living services and promote the development of a statewide network of centers for independent living. Requires a physician to provide certain information to an individual before referring the individual to a health care entity in which the physician has a financial interest. Provides certain exceptions.

Author: Vaneta Becker Sponsor: Gregory D. Server Last Action: 04/29/2005

S: Signed By the President Pro Tem

IAFPACTION: The IAFP lobbied to remove language from this bill that would have required physicians to disclose to their patients information concerning any material or non-material financial benefit received from a patient referral. The IAFP supported the language that passed in the bill regarding the disclosure to patients of the physician's ownership in a health care facility in which a patient is being referred to.

HB1320 Health entity construction projects.

Requires public hearings before certain hospital and ambulatory outpatient surgical center construction projects may begin.

Author: Vaneta Becker Sponsor: Patricia L. Miller Last Action: 04/22/2005 H: Governor Signed

HB1325 Medicaid prescription drugs.

Allows the office of Medicaid policy and planning to provide a prescription drug benefit in the Medicaid risk based managed care program. Allows a managed care provider contract or provider agreement to include a prescription drug program. Prohibits requiring prior authorization for certain mental health drugs in the risk based managed care program. Extends the prescription drug advisory committee and the members' terms to December 31, 2007. Allows the secretary to: (1) implement the committee's recommendations; (2) complete federal applications; and (3) enroll eligible individuals in the state program and the federal Medicare prescription drug benefit.

Author: Vaneta Becker Sponsor: Gregory D. Server Last Action: 04/26/2005 H: Governor Signed

HB1358 Rubella test.

Repeals the requirement that a woman less than 50 years of age applying for a marriage license must be examined by a physician and tested for rubella. Makes conforming changes.

Author: Charlie Brown Sponsor: Patricia L. Miller Last Action: 04/19/2005 H: Governor Signed

IAFP ACTION: The IAFP supported this bill throughout the session.

SB0043 Health care provider credentialing.

Specifies a credentialing application form for use in accident and sickness insurer and health maintenance organization provider credentialing activities. Requires certain provider notifications. Exempts certain providers. Author: Beverly J. Gard

Sponsor: Michael Allen Ripley Last Action: 04/15/2005 S: Governor Signed

IAFP ACTION: The IAFP supported this bill throughout the session.

SB0054 *Immunity for uncompensated health services and advertisers or sponsors.*

Provides immunity from civil liability for: (1) certain health care providers providing certain services without compensation; and (2) advertisers or sponsors of certain events.

Author: Marvin D. Riegsecker Sponsor: Ralph M. Foley Last Action: 04/29/2005 H: Signed By the Speaker

SB0066 Hospital care and reimbursement.

Extends provisions of law that: (1) prohibit the office of Medicaid policy (office) or the office's managed care contractor from providing incentives or mandates that direct certain individuals to specified hospitals other than the hospital located in the city where the patient resides unless specified conditions are met; (2) require reimbursement for specified hospitals for services provided if certain conditions are met; and (3) require an inflation adjustment factor to be applied to the reimbursements. Requires an emergency department physician to notify a managed care organization after providing treatment to a recipient. Extends the deadline in which a hospital has to file an application for the hospital care for the indigent program from 30 days to 45 days. Requires a managed care organization to reimburse certain emergency department screening exams. Requires a coroner to attempt to facilitate permission for transplantation of organs, tissues, and eyes. Establishes procedures that a pathologist must follow if the pathologist considers withholding organs or tissues. Requires the procurement organization to provide reimbursement for the cost of organ removal if the pathologist is required to be present to examine the decedent. Provides that if a procurement organization has an agreement to perform anatomical gift services at a hospital the procurement organization is considered the done for gifts from patients who die at the hospital.

Author: Gary Dillon Sponsor: Vaneta Becker Last Action: 04/29/2005

S: Signed By the President Pro Tem

IAFP ACTION: The IAFP ensured that individual physicians have adequate time to file their claims to the HCI program by inserting language that allows for a 180 period for submission of claims.

SB0076 Availability of ultrasound and fetal heart tone information.

Requires a health care provider to provide a pregnant woman with information regarding the availability of ultrasound imaging and auscultation of heart tones of a fetus before performing an abortion on the pregnant woman. Allows a pregnant woman to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone before an abortion is performed.

Author: Patricia L. Miller Author: R. Michael Young Sponsor: Cindy Noe Last Action: 04/19/2005 S: Governor Signed

SB0106 Health plan evidence of coverage and faith-based DOC programs.

Allows an individual accident and sickness insurer, a group accident and sickness insurer, a health maintenance organization, and a limited service health maintenance organization to provide evidence of coverage and other specified documents in electronic or paper form. Specifies that a group accident and sickness insurer, a health maintenance organization, and a limited service health maintenance organization must include in enrollment materials information on obtaining evidence of coverage.

Author: Connie Lawson Sponsor: Gerald R. Torr Last Action: 04/06/2005 S: Ret 1st House Dissent

SB0206 Home medical equipment services providers. Establishes a program for the licensing and regulation of personal services agencies. Provides that home health

agencies and personal services agencies are approved to provide home health or personal services under certain federal waivers. Provides that a home health agency that operates a personal services agency is not required to obtain a license to operate the personal services agency. Requires a home medical equipment services provider to be licensed by the board of pharmacy. Authorizes the board to conduct inspections, issue licenses, discipline providers for violations, and adopt rules to: (1) specify the equipment to be regulated; (2) set standards for the licensure of services providers; (3) govern the safety and quality of services that are provided; (4) recognize certain accredited individuals for purposes of issuing a temporary license; and (5) set reasonable fees for the application, issuance, and renewal of a license. Makes conforming changes.

Author: Gary Dillon Sponsor: Don Lehe Last Action: 04/29/2005 S: Signed By the President Pro Tem

SB0225 Office based sedation standards.

Requires the medical licensing board to adopt rules concerning office based procedures that require certain levels of sedation. Makes a technical correction. The introduced version of this bill was prepared by the commission on excellence in health care.

Author: Patricia L. Miller Sponsor: Vaneta Becker Last Action: 04/13/2005 S: Governor Signed

SB0253 Insurance mandate review task force and coverage documents.

Adds one member and provides for per diem payment and cost reimbursement for members of the task force to review mandated benefits and mandated benefit proposals. Specifies certain requirements for the task force. Expires the task force on December 31, 2010. Provides that certain accident and sickness insurers, health maintenance organizations, and limited service health maintenance organizations: (1) may provide certain documents in electronic or paper form; (2) must provide certain information concerning obtaining evidence of coverage; and (3) must provide documents in paper form upon request.

Author: David C. Ford Sponsor: Michael Allen Ripley Last Action: 04/27/2005 S: Signed By the President Pro Tem

SB0268 Cloning.

Declares that human cloning is against public policy. Prohibits the state, a state educational institution, or a political subdivision of the state from using resources to knowingly participate in human cloning activities. Requires the state department of health to revoke the license of a hospital that knowingly allows human cloning activities. Requires the medical licensing board to revoke the license of a physician who knowingly participates in human cloning. Allows Indiana University to establish an adult stem cell research center. Defines adult stem cell and fetal stem cell and states that these types of stem cell research are not included in the definition of cloning. Makes: (1) the unlawful participation in; (2) the implantation of or the attempt to implant the product of; and (3) the shipment or receipt of the product of; human cloning a Class D felony. Makes the purchase or sale of a human ovum, zygote, embryo, or fetus a Class C felony.

Author: Patricia L. Miller Sponsor: Tim Brown Last Action: 04/29/2005 S: Signed By the President Pro Tem

SB0293 Health related information disclosure.

Provides for disclosure of certain information concerning a missing person. Requires the state department of health to request a determination that the provision is not preempted by the federal Health Insurance Portability and Accountability Act.

Author: Patricia L. Miller Sponsor: David Nason Frizzell Last Action: 04/20/2005 S: Governor Signed

SB0326 Information concerning meningococcal meningitis.

Requires public and nonpublic schools to distribute materials concerning meningococcal meningitis and its vaccines. Requires the department of education to develop the material to be distributed. Provides for medication possessed by a school for administration to a student to be released to the student's parent or an individual who is at least 18 years of age or sent home with the student, if the student's parent provides written permission.

Author: Gregory D. Server Sponsor: David Nason Frizzell Last Action: 04/19/2005

S: Signed By the President of the Senate

SB0330 Electronic health care transactions.

Authorizes the use of electronic signature authentication and identification with respect to individually identifiable health information. Establishes permitted features of an electronic signature authentication and identification system that is used for certain transactions involving individually identifiable health information.

Author: David C. Ford Sponsor: Tim Brown Last Action: 04/19/2005 S: Received By Governor

SB0360 Morbid obesity.

Removes language in the morbid obesity definition that refers to weight guidelines in the Metropolitan Life Insurance table. Specifies certain requirements for coverage for surgical treatment of morbid obesity under: (1) a state employee health plan; (2) an accident and sickness insurance policy; and (3) a health maintenance organization contract. Requires monitoring of patients and reporting of specified information by physicians to the state department of health.

Author: Patricia L. Miller Sponsor: Vaneta Becker Last Action: 04/29/2005 S: Conf Report Adopted(47-0) S

SB0444 Methamphetamine.

Requires the criminal justice institute to operate a meth watch program. Requires the state police to adopt guidelines and a form for the use of a retailer in recording a transaction involving ephedrine or pseudoephedrine. Prohibits a retailer from selling a drug containing ephedrine or pseudoephedrine: (1) to a person less than 18 years of age; and (2) in a quantity greater than three grams in one transaction. Requires a retailer to store drugs containing ephedrine or pseudoephedrine: (1) behind a counter or in a locked case that makes the drugs unavailable to customers without the assistance of a store employee; or (2) directly in front of the pharmacy counter, in the line of sight of an employee behind the pharmacy counter, and in an area under constant video monitoring,

if the retail establishment in which the drugs are sold is a pharmacy or contains a pharmacy that is open for business. Requires a retailer to record certain information concerning a person who purchases a drug containing ephedrine or pseudoephedrine by requiring the purchaser to present identification and record certain information in a log that may be made available to law enforcement officers in accordance with state or federal law. Prohibits a person from purchasing more than three grams of ephedrine or pseudoephedrine in one week. Requires a retail distributor, wholesaler, or manufacturer to report suspicious orders to the state police, and requires a retailer to report unusual thefts to the state police.

Author: Richard D. Bray Author: R. Michael Young Sponsor: William C. Friend Last Action: 04/29/2005 S: Conf Report Adopted(49-0) S

SB0538 Lead poisoning.

Requires the office of Medicaid policy and planning to develop: (1) measures to evaluate Medicaid managed care organizations in screening children for lead poisoning; (2) a system to maintain the results of the evaluation in written form; and (3) a performance incentive program. Requires the state department of health to adopt rules for case management of children with lead poisoning. Requires certain persons to submit lead testing reports to the state department of health in an electronic format.

Author: Beverly J. Gard Sponsor: Vaneta Becker Last Action: 04/27/2005 S: Signed By the President Pro Tem

SB0566 Healthcare program and medical informatics commission.

Establishes the medical informatics commission. Requires the commission to conduct a study or contract for a study to be conducted on health care information and communication technology. Requires the commission to provide two progress reports and a final report to the general assembly concerning a plan and recommendations on the creation, implementation, and maintenance of a health care information and communication technology system. Requires the commission to hold a public hearing before providing the final report to the general assembly. Requires the office of family and social services to provide staff for and pay the expenses of the commission, if the budget agency determines there is funding. Requires the state department of health to develop a health care quality indicator data program plan. Authorizes the state department to develop and implement a health care quality indicator data program. Requires compliance with data collection requirements. Provides for confidentiality of certain information.

Author: Gary Dillon Sponsor: Michael B. Murphy Last Action: 04/19/2005 S: Signed By the President of

S: Signed By the President of the Senate

SB0572 Medicaid waiver for family planning services. Requires the office of Medicaid policy and planning to apply for a demonstration waiver to extend Medicaid coverage of family planning services for certain women.

Author: Howard 'Luke' Kenley Author: Patricia L. Miller Sponsor: Tim Brown Last Action: 04/13/2005 S: Governor Signed

SB0590 Electronic prescriptions.

Allows: (1) the electronic transmission of prescriptions and instructions related to the prescriptions; and (2) the transmission of prescriptions for schedule III, IV, and V controlled substances by facsimile. Provides that a prescription may be transmitted electronically only through the use of an electronic data intermediary. Requires the board of pharmacy to: (1) adopt rules concerning security of electronically transmitted prescription information; and (2) establish a process for approving electronic data intermediaries.

Author: Marvin D. Riegsecker Sponsor: Mary Kay Budak Last Action: 04/29/2005 S: Conf Report Adopted(49-0) S

Section II - Dead Bills

The following bills were introduced but **did not pass** the General Assembly. We can expect some of the ideas to resurface in future sessions of the General Assembly.

HB1103 Vaccination exemption and disclosure.

Requires the state department of health to prepare and publish forms disclosing the risks and benefits of vaccines and to publish forms allowing an adult or a parent or guardian of a child to exempt the adult or the child from receiving a vaccine. Requires a health care provider to provide a copy of the appropriate forms to an adult and the parent or guardian of a child. Provides that a civil or criminal penalty may not be imposed on an adult or parent or guardian of a child who does not give consent to receive a vaccination.

Author: Cindy Noe

IAFP ACTION: The IAFP informed key members of the House Public Health Committee about the negative impact this bill could have if passed on childhood immunization rates. The bill was not heard at all this session.

HB1202 Nonsmoking areas.

Requires a restaurant that permits a person who is less than 21 years old to enter, to designate a part of the dining area as a nonsmoking area.

Author: Vernon G. Smith

IAFP ACTION: The IAFP strongly opposed this legislation and provided expert testimony regarding the non-existent health benefits of such a bill.

HB1343 Student nutrition and physical activity.

Requires school boards to establish a coordinated school health advisory councils to develop a local wellness policy that complies with certain federal requirements. Requires the department of education to provide information concerning health, nutrition, and physical activity. Requires that foods and beverages available for sale to students outside the federal school meal programs must meet certain requirements. Provides that the requirements do not apply after school hours or to fundraisers. Requires daily physical activity for elementary school students in public schools. Creates certain exceptions to the daily physical activity requirement.

Author: Vaneta Becker

IAFPACTION: The IAFP supported this bill, however last minute maneuvering by soft-drink association killed the bill. The IAFP supported a stronger version of the bill, which would have included a measurement tool to analyze the impact of vending machine changes, but this language was not accepted.

HB1415 Immunizations by pharmacists.

Allows a physician to delegate a pharmacist to administer immunizations under a drug order or prescription. Requires the board of pharmacy to adopt rules concerning the qualifications, protocols, and record keeping requirements of pharmacists who administer immunizations.

Author: Richard (Dick) Dodge

HB1620 Presumption of fetal viability.

Provides that a fetus that is at least 20 weeks of age is presumed to have attained viability.

Author: P. Eric Turner

IAFP ACTION: The IAFP worked to educate several members of the General Assembly about the negative issues surrounding defining fetal viability at 20 weeks. The efforts of the IAFP resulted in a change from 20 to 24 weeks. However, no language regarding fetal viability passed the legislature this year.

HB1643 Health insurance claim filing and payment.

Specifies certain requirements for provider submission and payment of claims under state employee health benefit plans, accident and sickness insurance policies, and health maintenance organization contracts. Repeals the law requiring use of certain billing codes for health maintenance organization claims filing and payment.

Author: Michael Allen Ripley

IAFP ACTION: The IAFP attended meetings and spoke with the author of this bill about the extreme negative impact this bill would have on family practices across Indiana.

HB1725 Living will declaration form.

Replaces the current living will declaration form with a new living will declaration form.

Author: Peggy Welch

SB0007 Motor vehicle restraint systems.

Requires every occupant of a motor vehicle to wear a safety belt, with certain exceptions. Removes from the safety belt law conflicting language that was declared invalid by the Indiana supreme court. Prohibits the sale or transfer of a motor vehicle unless the motor vehicle is equipped with safety belts.

Author: Thomas J. Wyss Author: Connie W. Sipes

IAFP ACTION: The IAFP supported this bill in the Senate. The bill did not receive a hearing in the House as there is much opposition towards the concept in the House

SB0221 Reorganization of state health agencies.

Transfers the office of Medicaid policy and planning and the division of mental health and addiction from the office of the secretary of family and social services to the state department of health on January 1, 2006. Requires the governor to report to the legislative council regarding statutory changes needed to make this transfer. Requires the legislative services agency to prepare legislation for the 2006 regular session of the general assembly to change statutes affected by the transfer.

Author: Patricia L. Miller

SB0292 Limitation on Medicaid optional services.

Allows the governor to: (1) limit; or (2) exclude; an optional Medicaid service from the state Medicaid plan by executive order if the governor determines that the state's fiscal situation requires the Medicaid limitation or exclusion.

Author: Patricia L. Miller

SB0406 Prescribing of Ritalin.

Limits a physician to prescribing methylphenidate (Ritalin) only in accordance with the Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition (DSM-IV) and creates a Class B infraction for a violation.

Author: Patricia L. Miller

IAFP ACTION: The IAFP met with Sen. Miller to discuss her concerns and motivations for introducing the bill. The IAFP informed Sen. Miller that the Academy has conducted CME courses regarding the subject and will continue to educate members on appropriate prescribing practices.

SB0416 Diagnostic imaging and outpatient facilities.

Establishes the diagnostic imaging facility council. Requires the health finance commission to study the need for ambulatory outpatient surgical centers and diagnostic imaging facilities to be licensed and report financial and patient information.

Author: Beverly J. Gard

SB0427 Health care practitioner board investigations.

Requires a hospital board to report a disciplinary action against a physician to the medical licensing board. Provides that a person who files a complaint against a health care practitioner concerning a health care issue waives confidentiality of the person's health care records. Allows a board that regulates a practitioner to adopt rules concerning the prosecution of complaints and petitions for review of denial of applications. Amends the standards of practice for practitioners. Allows a board to impose a fine of up to \$5,000 for failing to comply with an order related to a narcotic drug. Establishes procedures for reporting a practitioner's conviction or plea to certain crimes.

Author: Patricia L. Miller

All things considered, the 2005 session was good for members of the Indiana Academy of Family Physicians.

Interim Committees

Between the end of regular session in April 2005 and before the session begins in November 2005, interim study committees will meet. As of this date, there has been no announcement of committee assignments or agendas. The following interim committees normally meet and discuss health issues: Legislative Council, Health Finance Commission, Select Joint Commission on Medicaid Oversight, Government Efficiency Subcommittee on Medicaid and Human Services, and Commission on Excellence of Health Care. Committees may begin meeting by June.

PAC Contributions

On May 2, the first business day following the close of session, the Academy received invitations to more than 20 fundraising requests for members of the General Assembly and this is not an election year. Dr. Richard Feldman, Chair of the Commission on Legislation (COL), sent a letter requesting members contribute funds toward our PAC for this year. To-date we have received nearly \$2,500.

The lowest individual fundraising invitations for PACs are normally \$300 so we can attend about ten events. Staff makes recommendations to the COL for approval. With our resources, it is usually limited to caucus, leadership, health committee leaders and incumbents. In addition, we may support specific legislators that have been particularly helpful to the Academy. We balance between parties in the House but contributions are more heavily weighted to the Republicans in the Senate. The House is fairly evenly divided but the Republicans clearly control the Senate. The COL will listen to individual Academy members' specific requests.

If you have not given to your PAC this year, please consider doing so. The General Assembly can affect your practice and for us to participate by attending a fundraiser is simply another step in building a good relationship.

If you have questions either about the PAC or other legislative activities, please contact Doug at 317-977-1454 or Zach at 317-237-4237.



A New Generation of Cardiologist– TREATING THE PATHWAYS OF LIFE.

As the first cardiologist to use carotid artery stents in Indianapolis, Care Group cardiologist **Dr. George Daniel** has been on the cutting edge of a movement that looks at new ways of treating vascular diseases using minimally invasive techniques. The FDA approved the treatment of carotid arteries with stents in 2004 for stroke prevention in high risk patients. Dr. Daniel has been at the forefront of this and other procedures as an investigator in clinical trials, testing



"I feel privileged to be a practicing cardiologist at this time in the 21st century. It could never be a better moment to be helping the whole patient in a very positive and effective way." Dr. George Daniel, MD FACC, FSCAI

new devices and treatment modalities for Peripheral Arterial Disease (PAD). Through his efforts, The Vascular Institute, a division of The Care Group, located on The Heart Center of Indiana's campus was created. According to Dr. Daniel, finding less invasive ways to treat patients with PAD, along with the cardiologists' legacy of preventive care and patient education is setting the standard for vascular care.





Practicing at The Care Group at The Heart Center of Indiana, Methodist Hospital and St. Vincent Hospital Indianapolis The Care Group, LLC, 8333 Naab Road, Suite 400 Indianapolis, IN 46260 317-338-6666 • thecaregroup.com

Thank You!

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations that donated to the Foundation in 2005. Your generosity has provided the Foundation with critical resources needed to fulfill its mission:

"to enhance the health care delivered to the people of Indiana by developing and providing research, education and charitable resources for the promotion and support of the specialty of Family Medicine in Indiana."

FOUNDER'S CLUB MEMBERS

Founder's Club members have committed to giving \$2,500 to the IAFP Foundation over a 5-year period. Members noted with a check mark (✔) have completed their commitment. The Board would also like to acknowledge that many of these individuals give to the Foundation in addition to their Founder's Club commitment. Members who have done so in 2005 are noted with a diamond (♠).

Deborah I. Allen, MD

Dr. Jennifer & Lee Bigelow
Kenneth Bobb, MD

Bruce Burton, MD

Kalen A. Carty, MD
Clarence G. Clarkson, MD

Dr. Robert & Donna Clutter

Dianna L. Dowdy, MD
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*Please note: Dr. Willis donated to the IAFP/F in 2004 but it was not noted as such in the last Frontline Physician. We apologize for this error!

PLANNED GIVING CONTRIBUTORS

Ralph E. Barnett, MD Raymond W. Nicholson, MD

2005 CONTRIBUTORS

Gold Level (\$1,000-\$2,499)

Silver Level (\$100-\$999) Ent & Imler CPA Group Ken Elek, MD Pam Middleton, MD Melissa Pavelka, MD

Bronze Level (\$1-\$99) Clovis Manley, MD Jackie Schilling (former IAFP EVP)

IAFP FOUNTATION DONATION FORM

	Please direct my donation to the following:
	☐ Jackie Schilling Family Practice Medical Student/Resident Fund
Name:	☐ Tar Wars®
	☐ Barnett Adopt-A-Student Program
Address:	☐ IAFP Historic Family Doctor's Office
	☐ Conference on Patient Education
City: State: Zip:	☐ Family Practice Stories Book
	☐ Shared donation between the AAFP and IAFP Foundations
Email:	☐ Memorial contribution in memory of
Amount Enclosed: □\$20 □\$50 □\$100 □\$250 □\$500 □Other	

Return Donation to: IAFP Foundation, 55 Monument Circle, Suite 400 • Indianapolis, IN 46204

Thank you for your generosity. It will support: • Assuring access to family physicians and the quality, comprehensive and affordable healthcare they provide; • Enhancing the recruitment, education and training of prospective family physicians; and • Supporting other initiatives that further the vision of the Foundation to enhance the quality of healthcare services delivered to Indiana residents.



Third Annual Chuck Schilling Memorial Golf **Tournament at the IAFP Annual Meeting**

The IAFP Foundation is once again hosting the golf tournament played during the IAFP Annual Meeting in French Lick, Ind. This year's tournament will benefit the Barnett Adopt-A-Student Program, which provides medical students with an opportunity to work in a family physician's office during the summer months between their first and second years of medical school.

As it was last year, the tournament will be played on Thursday, July 21 at 9:30 a.m. on the Country Club Course at the French Lick Springs Resort. Enjoy a round of golf with your colleagues and promote your specialty to future physicians at the same time! Registration forms are included with the IAFP Annual Meeting Registration. They can also be obtained through the IAFP office. For more information about the tournament, contact Missy Lewis at the IAFP Foundation today!

Missy Lewis, IAFP Foundation 317-237-4237 • 888-422-4237 • Email: mlewis@in-afp.org

IAFP Foundation Presents Session at National Conference on Tobacco OR Health

The Foundation started off the month of May in Chicago at the National Conference on Tobacco OR Health, where Foundation Director, Missy Lewis, presented a session about the coalition structure of Smoke Free Indy. The IAFP Foundation has been very active on the steering committee of the coalition, and conference attendees were very impressed to see family physicians in Indiana taking such an active role in this most important public health issue. It is our hope that the Smoke Free Indy coalition structure can be replicated in other areas of the state as we begin to see local smoke free ordinances arise. If you would like to become more involved in the smoke free efforts in your area and/or serve as a resource person or "expert" witness, contact Missy at the IAFP office and we will connect you to the appropriate people!

New Priority Program Chosen for Foundation

The Foundation Board of Trustees voted at the April BOT meeting on our new priority program. The initiative, to be announced at July's Annual Meeting in French Lick, will be our fundraising focus for the upcoming biennium, just as the IAFP Historic Family Doctor's Office at the Indiana Medical History Museum was in recent years. Stay tuned for this exciting announcement - we believe this is a program that family physicians everywhere will be eager to support!

Third Annual Tar Wars® Celebration at Victory Field!

Tar Wars® will once again return to Victory Field to honor poster contest participants, award winners, and Tar Wars® volunteers. This year's celebration will be held on Fathers Day, June 19. Game time is at 2 p.m., with pre-game recognition at 1:30 p.m. Please join us as we cheer on the State Poster Contest winner's ceremonial first pitch and watch the Indians bring home a victory! Contact Missy for information about FREE tickets, or visit www.tarwarsindiana.org.

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The AIM to Change toolkit contains valuable resources and practical advice to help family physicians interact with patients in an office or community setting. These resources will show you how to open a dialogue, encourage fitness by recommending simple changes, and capitalize on the "teachable moments" during patient visits.

To help reinforce your recommendations, the toolkit also includes supporting patient education materials to motivate patients and encourage physical activity, healthy eating and emotional well-being.

The AIM to Change toolkit will be available in both hard copy and electronic (CD) formats. Visit www.americansinmotion.org for more information and call 1-800-944-0000 to reserve your copy today!



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Learn how to mobilize YOUR community to address childhood obesity!

Takin' It to the Streets:

Approaching Childhood Overweight and Obesity From a Community Perspective

Saturday June 18, 2005

Wegmiller Auditorium, Bloomington Hospital Bloomington Indiana 8 A.M. – 1 P.M. (approximately)

Conference Highlights:

- Keynote speaker, Dr. Lloyd Kolbe, CDC expert on community based approaches to adolescent health issues
- Panel of successful Hoosier models for community based approaches to childhood overweight and obesity (including Dr. Jim Laughlin, of Bloomington and Dr. Paul Rider, of Richmond and others)
- Plenty of time for discussion, Q&A, and networking with pediatricians and others who've worked to address this issue in their own communities
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New Reimbursement Issues Affect Your Practice

by Joy Newby, LPN, CPC, Newby Consulting, Inc.

Denied Claims - Medicare's Multi Carrier System (MCS) Update

Effective July the MCS system will be revised to automatically **deny** duplicates of denied claim lines. Duplicates of denied lines are defined as newly submitted lines that duplicate a line that Medicare Services has:

- · Already denied
- · Medically reviewed
- Requested but has not received additional documentation

Denial of duplicate lines shall not be appealable unless the provider documents that the service was not a duplicate because it was performed more often than indicated in the original line.

This means you link the wrong diagnosis to the claim line and Medicare denies the service as "not medically necessary," as of claims received July 5, 2005 and after you cannot correct the claim line and resubmit. These errors will have to be corrected through the redetermination process.

Refunds Due To Consolidated Billing

AdminaStar Federal (ASF) has received redetermination and hearing requests for Consolidated billing refund demand letters asking that a -26 modifier be added to the claim. While services included on the Skilled Nursing Facility (SNF) Consolidated Billing Exceptions does indicate the items on the list are separately payable in a Part A covered stay when submitted with a -26 modifier, physicians cannot rebill a service and add the modifier. First, the physician must correct the claim. Medicare believes physicians will not have the same charge for an interpretation of a test as they have for the global service.

Payment Correction Unit (PCU)

PCU has implemented a new process that allows providers to request an automatic offset when they have received an overpayment demand letter. Physicians can complete the new form for EACH overpayment and fax the form to PCU with a copy of the first page of the demand letter. PCU will update the receivable into an automatic offset status. ASF cautions physicians that when utilizing this new process, always remember to complete the form in its entirety and fax the form with a copy of the first page of the demand letter to PCU to (317) 913-6164.

As long as the completed form is submitted timely, the offset can occur prior to any interest accruals. ASF believes this new process will help ensure timelier processing of money that has been requested by Medicare. The new Medicare B Offset Request form can be located on the ASF website, www.adminastar.com. Click on Carrier then click on Forms or Payment Correction Unit.

PCU Clarifies When Physicians May Refund The Overpayment And Retain The Correct Payment Amount

If the practice is making a voluntary (unsolicited) refund for the same provider (rendering provider number), only the difference between the overpayment and correct payment has to be refunded.

If the practice is making a voluntary (unsolicited) refund for the practice because the wrong rendering provider number was used, the practice must refund the entire amount so the claim can be corrected. The new system is set up to automatically make payment when the adjustment is entered with the new provider number.

If the refund is requested by Medicare, the entire amount must be refunded.

AdminaStar Makes Correction To Web site

AdminaStar (ASF) incorrectly listed Allen County as a Health Professional Shortage Area (HPSA). On April 18 physicians were advised that corrections have now been made to the Indiana HPSA County list and the associated HPSA map on the ASF Web site. Three counties had been incorrectly listed as fully eligible Primary Care counties but are actually only partially eligible.

You can review the correct information at: www.adminastar.com/Providers/Carrier/HPSA/HPSA.htm

Patient's Name On Claim Must Match Name On Medicare Card

When submitting a claim for Medicare consideration, you must complete Item 1a with the patient's Medicare Health Insurance Claim Number (HICN) whether Medicare is the primary or secondary payer. Item 2 must contain the patient's last name, first name, and middle initial, if any, as shown on the patient's Medicare card. The name Social Security has on the patient's Medicare card is the only valid name for submission of a Medicare claim. Item 2 must contain the patient's eight-digit date of birth and sex. If any of these requirements are missing or incorrect, the claim will be rejected by the processing system.

If you receive a rejection due to invalid and/or inappropriate beneficiary information, you need to correct that information and submit a new claim for consideration. Rejected claims are not recognized as valid claims; therefore, Medicare's system shows a claim has not been submitted for payment.

Centers For Medicare & Medicaid Services (CMS) Announces The National Provider Identifier (NPI) Enumerator Contractor

On April 5 CMS announced that it had taken an important step in helping health care providers obtain the new standard unique health care provider identification (NPI) with selection of Fox Systems, Inc. as the contractor to perform and support operations for the project.

As "enumerator" for the NPI project, Fox will process applications from health care providers and operate a help desk to assist health care providers in obtaining the new standard unique health care provider identification number (the NPI). The assignment of NPIs will begin later in 2005.

The standard unique identifier for health care providers is mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will eventually become the primary health care provider identifier for standard transactions.

Health care providers do not need to take any action to apply for NPIs at this time. CMS will announce when the system that will handle the assignment of NPIs will be ready to accept applications. Health care providers may begin applying for NPIs on the announced date.

At the time CMS is ready to accept applications for an NPI, health care providers will be urged to apply. While the NPI must be used on standard transactions with health plans, other than small health plans, no later than May 23, 2007, health care providers should not begin using the NPI until health plans have issued specific instructions on accepting the NPI in standard transactions on or before May 23,2007.

Anthem announced in Issue 1, 2005 of the Network Update that they are committed to delivering distinctive services. Part of that commitment includes compliance with and support of the HIPAA National Provider Identifier. To help physicians meet their compliance efforts, they have expanded newsletters and Websites, www.hipaa.anthem.com and www.edi.anthem.com to include NPI information specific to Anthem. They encourage physicians to routinely review these sites to obtain the most up-to-date information.

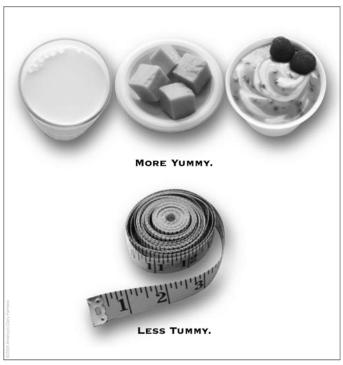


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INDIANA ACADEMY OF FAMILY PHYSICIANS, INC. Financial Highlights December 31, 2004

	2002	2004	Total	
	2003 Annual	2004	2004 Budget	Over
	Annuai	Annual	Budget	(Under)
Income:				
Operations	\$568,813	\$541,619	\$498,100	\$43,519
Meetings	153,000	127,115	207,200	(80,085)
Other/Foundation	113,149	100,558	53,400	47,158
Total Income	834,962	769,292	758,700	10,592
Expenses:				
Employee	310,919	332,433	351,300	(18,867)
Occupancy	72,231	55,343	56,000	(657)
General and				
Administrative	115,504	101,737	103,700	(1,963)
Committees & Commissions	16,045	14,622	16,300	(1,678)
Meetings/ Programs	232,287	184,312	212,000	(27,688)
Special Projects	84,834	48,952	46,000	2,952
Total Expenses	831,820	737,399	785,300	(47,901)
Other Income: Gain on sale of building	165,325		ē	
Total Other Income	165,325	= = = = = = = = = = = = = = = = = = = =	*	
Net Income	\$168,466	\$31,893	(\$26,600)	\$58,493
Active Members	12/31/2003 1,617	12/31/2004 1,577		
Checking account	\$ (11,897)	\$ 28,431		
Money market	\$ 30,233	\$ 229,064		
Savings account	\$ 429,671	\$ 256,406		
Reserve account	\$ 278,991	\$ 287,662		
Subtotal	\$ 726,998	\$ 801,563		
Book value of fixed assets	\$ 1,399	\$ 2,864		

Indiana Academy of Family Physicians Support Rx for Indiana

The Indiana Academy of Family Physicians has joined Gov. Mitch Daniels and nearly 60 other health care, community, business and consumer groups to make it easier than ever for eligible Indiana residents to access programs that provide free or significantly discounted prescription medications.

Through *www.RxforIndiana.org* and the toll-free hotline (877) 793-0765, Hoosiers and their health care providers or family members can search more than 275 public and/or private programs that provide more than 1,800 prescription medications through pharmaceutical assistance programs for which they may be eligible.

"Today is a great day for Hoosiers," Daniels said. "I am pleased that so many answered the call to be a part of this diverse and committed group dedicated to ensuring that Hoosiers have access to the miracles of modern medicine."

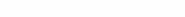
The first prescription assistance programs began more than 50 years ago. In 2004, patient assistance programs sponsored by America's pharmaceutical companies provided more than 22 million prescriptions with an estimated wholesale value of more than \$4 billion.

"This will be a terrific resource for our physicians," said representative of organization. "Until now, we have had to spend hours helping our patients find a prescription assistance program that meets their needs. Now we have a one-stop shop to find all of the programs for which they may be eligible.

Rx for Indiana has been designed for anyone who needs to access prescription assistance programs. There is a Spanish language Web site as well as trained Spanish speaking operators at the toll-free number. Additionally, operators are able to accept Relay Indiana calls to help the hearing-impaired.

Everyday People Extraordinary Care







Consultant's DIRECTORY

The Orthopaedic, Pediatric, and Spine Institute

Orthopaedic Surgery with specialty training in Pediatric Orthopaedics, Scoliosis and Complex Spinal Reconstructions Adult and Pediatric

Donald W. Kucharzyk, DO

11360 Broadway Ave. Crown Point, Indiana 46307 219-738-2279

Fax: 219-662-2123

E-mail: DocKuch@aol.com

IAFP Membership Update





Active: 1580 Supporting: 3 Inactive: 50 Life: 204 Resident: 263 Student: 285

KEEP US INFORMED

Members, please be sure to keep all of your contact information up to date with the AAFP and the IAFP. This includes:

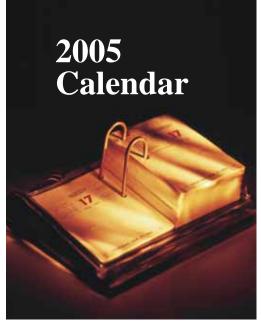
Your address Phone/Fax Email Address

To update, please call: Amanda Bowling @ IAFP: (888) 422-4237 AAFP: (800) 274-2237

New Members

The Academy wishes to extend a warm welcome to our new members:

Active Thomas Marlowe, MD Indianapolis	Residents Adam Spaetti, MD Indianapolis	Students Ms. Leesa Harty Avon
Chrystal Anderson, MD Indianapolis	Laura Hannon, MD South Bend	Mr. Brian Cunningham Martinsville
James Baumberger, MD Indianapolis	Jamie Hannah, MD Muncie	Mr. Adam Will Indianapolis
Patrick Cosgrove, DO Saint John	Nisha Bunke, MD Evansville	Ms. Brooke Wolverton Indianapolis
	Randal Davis, MD Evansville	Ms. Courtney Nicholas Indianapolis
	Lori Munsie, DO Evansville	Ms. Ruth Crane Indianapolis
	Jessica Mercer, MD Evansville	



IAFP MEETINGS

IAFP Annual Scientific Assembly July 21-24, 2005 French Lick, Indiana

Congress of Delegates July 21 & 22, 2005

July 21 & 22, 2005 French Lick, Indiana

Board of Directors Meetings July 20, 2005 French Lick, Indiana

July 24, 2005 French Lick, Indiana

AAFP MEETINGS

Congress of Delegates San Francisco Marriott Hotel San Francisco, CA September 26-28, 2005

Annual Scientific Assembly San Francisco, CA September 28-October 2, 2005



Congratulations to St.Vincent Indianapolis Hospital's Indiana Neuroscience Institute and Center for Joint Replacement for earning JCAHO's Gold Seal of Approval[™] for health care quality.

St. Vincent Indiana Neuroscience Institute (INI) earned the Primary Stroke Center Certification and the St. Vincent Center for Joint Replacement (CJR) earned the Orthopedic Joint Replacement Certification. Both programs demonstrated strict adherence to evidence-based practices and national guidelines that significantly improve patient outcomes.

INI is the only certified Primary Stroke Center in Indianapolis. CJR is one of only four certified Orthopedic Joint Replacement Centers in the United States.



Friday, November 18, 2005 1:00 p.m. – 5:15 p.m.

St. Vincent Marten House Hotel & Lilly Conference Center
1801 W. 86th Street
Indianapolis, Indiana

10th Annual Continuing Medical Education Conference

Beyond Estrogen: New Treatment Options for Osteoporosis

Speaker TBD

1:00 p.m. – 2:00 p.m.

Breast Imaging: Digital Mammography, Computer-Aided Detection & MRI

Laurie L. Fajardo, M.D.

Chair & Professor of Radiology University of Iowa Health Care 2:00 p.m. – 3:00 p.m.

Refreshment Break: 3:00 p.m. - 3:15 p.m.

Assessing & Managing Breast Cancer & Ovarian Cancer Risk

Speaker TBD

3:15 p.m. – 4:15 p.m.

Diagnosis & Treatment of Pelvic Cancers Sharmila K. Makhija, M.D.

Assistant Professor of Gynecology & Oncology University of Alabama School of Medicine 4:15 p.m. – 5:15 p.m.



To register, send contact information and a \$35 check, payable to Northwest Radiology Network, to Linda G. Hughes, M.A., Marketing Director Northwest Radiology Network 5756 W. 71st Street, Indianapolis, IN 46278 (317) 328-5067 • (800) 400-XRAY (9729), ext. 1233 lindah@nwr-xrays.com Accreditation details will be available at a later date. Residents, medical students and technologists may attend for free.



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