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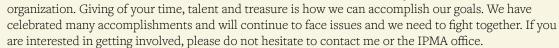
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PRESIDENT'S MESSAGE

SANDRA RAYNOR, DPM I IPMA PRESIDENT

I hope everyone is enjoying their summer and the warmer weather. I am excited to begin my term as IPMA President.

I ask you to continue to support the IPMA/APMA with your membership dues and participation. The IPMA needs you to be involved and engaged to make change happen for podiatrists, our patients, and our practices. As always, we continue to need the time and talents of all members to remain a strong



The IPMA convention committee is once again planning a wonderful fall education event for our members. IPMA offers a strong education program while providing an opportunity to meet with other IPMA members. I am hoping all who attended in 2021 will do so again and hope you take the time to invite a colleague who you have not seen at the convention in a while. Look for event details later this summer.

Please mark your calendars for the following events:

- IPMA Annual Convention, Marriott Indianapolis North, Indianapolis, IN, October 13 16, 2022.
- Midwest Podiatry Conference, Hyatt Regency, Chicago, IL March 8-11, 2023.

I hope everyone has a wonderful, fun, and safe summer. Thank you again for your membership in IPMA. If you have any thoughts, concerns, or suggestions regarding the activities of the IPMA, please do not hesitate to contact me. Together we can accomplish our goals.





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RECENT HIPAA BREACHES

BY MICHAEL BRODY, DPM TLD SYSTEMS

Alameda Health Systems in California recently reported a patient data breach that impacted the information of approximately 90,000 patients. This breach involved unauthorized access to the email accounts of staff members. This enabled the hackers to use the email accounts to gain access to the patient information.

Being aware of this situation is very important because it highlights that patient data systems such as EHR, Imaging Systems and Billing Systems are not the only areas we need to monitor and protect to ensure the security of our patient data. It is time for you to think about what type of security you have in place in the email system for your office. Consider these options when securing your email systems.



Are you using a FREE email system for yourself and your staff? Free email systems typically have less security and are more vulnerable to intrusion than paid services. For example, if you are using a Yahoo email address, you are at a much higher risk than you should be. Yahoo is not HIPAA compliant; the encryption is not adequate, and Yahoo will not sign a Business Associate Agreement.

INTERNET PROVIDER EMAIL

If you are using the email address provided to you by your internet provider, that also may not have the security you need to properly protect your inbox.

PAID EMAIL SERVICES

If you are using a paid email service, you may not have all the tools turned on that you need to be properly HIPAA compliant. You want to know you have the following features turned on for your email (please note some of these are technical but it is NOT you who turns these things on, it is your email provider, so just ask them if these features are in place):

- Flag emails that come from outside your practice as from an external email address
- Prescreen emails to identify potential spam and phishing emails
- Implement a Sender Policy Framework



- Implement DomainKeys Identified Mail
- Implement Domain Based Message Authentication Reporting and Conformance
- Require Multi-Factor Authentication when accessing email from a computer that is not inside your organization
- What type of encryption is implemented on the email?
- Do you have a signed Business Associate Agreement with your email provider?

You may have none, some, or all of these in place. A Business Associate Agreement and encryption are both an absolute must. Other security measures are recommended and the more the better. If your email provider can provide more of the other features, that is better. We know that email security is vital to protecting patient records and it is your responsibility to make a good faith effort to ensure the security of the email system you use for your practice.

Please join TLD Systems for their free monthly webinar series on Cybersecurity. The upcoming schedule is:

- July 6, Password Security
- August 3, Email Security

To register for the free webinar series, click here.



Dr Brody is the CEO of TLD System and is an AAPPM Consultant Corporate Partner. TLD Systems assists practices in compliance with HIPAA, OSHA and the Federal Fraud, Waste and Abuse statutes. For more information, visit www.tldsystems.com, email info@tldsystems.com, or call (631) 403 6687.





A JOINT STATEMENT FROM ABFAS, ACFAS, APMA, AND WSPMA

Last month, the American Board of Foot and Ankle Surgery, the American College of Foot and Ankle Surgeons, the American Podiatric Medical Association, and the Washington State Podiatric Medical Association became aware of a damaging video of an orthopedic surgeon delivering a presentation on podiatric medical education and training. The presentation was delivered during a virtual educational meeting of the Washington State Orthopedic Association (WSOA).

ABFAS, ACFAS, APMA, and WSPMA acted swiftly and decisively to address this grossly inaccurate and misleading attack on podiatric medicine and surgery. Our organizations immediately requested that the video be removed from circulation, and we are pleased that the WSOA quickly complied with our request.

The four organizations also sent a letter to the president of WSOA detailing the many false and misleading statements in the video and providing accurate information about the education and training of our mutual members. We further requested that the presenter be apprised that her lack of honesty and integrity in delivering this misleading presentation were in violation of the American Board of Orthopaedic Surgery's Guidelines on Professional Behavior.

ABFAS, ACFAS, APMA, and WSPMA will engage in ongoing dialogue with the WSOA and national orthopedic associations to ensure their members and leaders are well-informed about podiatric medical education and to protect our mutual members from harm. Our organizations will report on any further developments in this situation.

TAKE THE PRACTICE SURVEY TODAY!

APMA is conducting its practice survey. Your responses to this important survey will help us to provide accurate information when speaking with regulators, lawmakers, health-care agencies, and other podiatry influencers. The results can also help you negotiate salary and benefits for yourself or your staff. Please complete this important survey.

Respondents will be entered to win:

- a free year's subscription to the APMA Coding Resource Center (a \$329 value)
- complimentary registration to the 2022 Annual Scientific Meeting (The National) in Orlando, FL from July 28-31 (up to \$500 value)
- access to the Essentials Bundle of 6 CECH in the APMA Online Learning Center (a \$122.50 value)
- \$10 gift card

Results from prior years' practice surveys are available online for reference at any time.



NEW, LARGE-SCALE STUDY SHOWS VALUE OF PREVENTATIVE CARE BY PODIATRISTS

A recent study published in Diabetes indicated endstage renal disease patients had improved amputationfree survival for diabetic foot ulceration when they had seen a podiatrist for preventative care. The study, which included more than 51,000 patients, was designed to assess the association between foot care by podiatric surgeons and outcomes of new diabetic foot ulceration among patients with end-stage renal disease



SUPPORT STUDENTS WITH A DONATION TO APMA SCHOLARSHIP FUND

CLICK HERE TO MAKE A DONATION

APMAPAC UPDATE

SANDRA RAYNOR, DPM APMAPAC COORDINATOR

2021 was a strong year for advocacy for the APMA. We want to continue this momentum heading into an election year. This strength in advocacy can only be accomplished by a strong APMAPAC. I am asking that IPMA members support our advocacy efforts with a meaningful PAC contribution. The 2022 APMAPAC campaign has is just about half way over and a big thanks to those who have already made their yearly contribution. Thank you to all the members who have contributed as of June 15, 2022.

DIAMOND LEVEL (\$2.500-\$4.999)

Dr. Patrick DeHeer Dr. Zahid Ladha Dr. Sandra Raynor

PLATINUM LEVEL (\$1,000-\$2,499)

Executive Director Matt Solak

SILVER LEVEL (\$300-\$499)

Dr. Michael Carroll Dr. Cathy Coker Dr. Brian Damitz

Dr. Patricia Moore

Dr. Kathleen Neuhoff

Dr. Walt Warren

BRONZE LEVEL (\$150-\$299)

Dr. Miranda Goodale

Dr. Tracy Lee

Dr. David Sullivan

PATRIOT LEVEL (LESS THAN \$150)

Dr. Gage Caudell

Dr. Wendy Goldstein

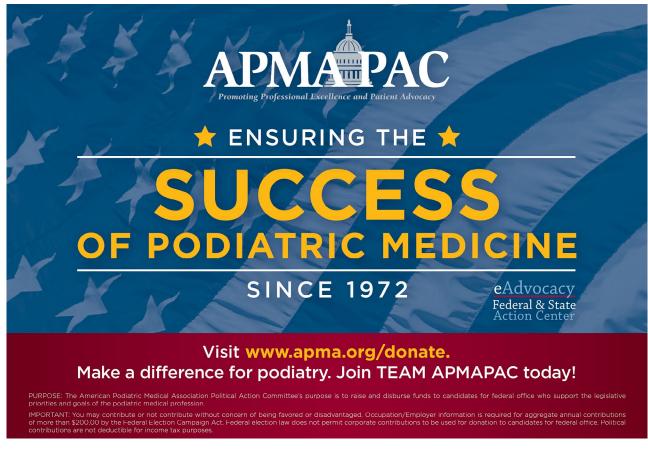
Dr. Scott Neville

Dr. Sarah Standish

Dr. Chase Stuart

PURPOSE: The American Podiatric Medical Association Political Action Committee's purpose is to raise and disburse funds to candidates for Federal office that support the legislative priorities and goals of the podiatric medical profession.

IMPORTANT: All amounts are simply suggested amounts. You may contribute or not contribute without concern of being favored or disadvantaged. Occupation/Employer information is required for aggregate annual contributions of more than \$200.00 by the Federal Election Campaign Act. Federal election law does not permit corporate contributions to be used for donation to candidates for federal office. Political contributions are not deductible for income tax purposes.







MICHIGAN CHANGES OUT-OF-STATE PRESCRIBER LAW

Late in 2020, the IPMA was made aware that some IPMA members were having issues getting prescriptions filled in Michigan. Upon review of Michigan's Public Health Code it was determined that Michigan, in fact, had a prohibition of having pharmacists fill out of state prescriptions unless it was written by a MD, DO, DVM, or Dentist.

This was not a change in Michigan Law, but pharmacists seemed to not have known the law and had previously filled prescriptions without incident. In the spring of 2021 legislation was introduced

in Michigan to eliminate the out-of-state prescribing restrictions. After a long process the legislation finally passed the Michigan Legislature and was signed by the Governor at the end of May. While this will solve the problem long-term, the law was not given immediate effect. This means it will not take effect until 90 days after the adjournment of the current legislative session. Michigan operates a full two-year legislative session calendar and the last day of legislative session is currently scheduled for December 22, 2022. The law will take effect 90 days after the final day of session.

FOOT SUPPORT UPDATE

KEN KRUEGER, DPM FOOT SUPPORT PAC CHAIR

The Foot Support PAC is a nonprofit, bipartisan fundraising committee through which podiatrists support state candidates who support podiatric medicine's issues before the Indiana General Assembly. Our advancement as a profession is better achieved with a strong state political action committee. I am asking that members support our advocacy efforts with a meaningful PAC contribution. Thanks to all who have already made their yearly contribution in 2022.

Please make your contribution on the IPMA website by clicking here.

PLATINUM LEVEL SUPPORTERS (\$1,000-\$2,499)

Dr. Patrick DeHeer Dr. Zahid Ladha Dr. Sandra Raynor

GOLD LEVEL SUPPORTERS (\$500-\$999)

Dr. Angie Glynn Executive Director Matt Solak

SILVER LEVEL SUPPORTERS (\$300-\$499)

Dr. Gage Caudell Dr. Michael Carroll Dr. Kathleen Neuhoff

BRONZE LEVEL SUPPORTERS (\$150-\$299)

Alyson Raynor Dr. William Oliver

IPMA MEMBERSHIP RENEWAL

The 2022 IPMA membership dues were sent out. Simply fill out the payment information, make any needed changes to the contact information, and return to us.

If you have any questions or concerns about your 2022 renewal, please feel free to contact Trina Miller in the IPMA office at 888.330.5589 and she will be happy to assist you with you questions.

Thank you for continued support of IPMA and the podiatric profession in Indiana.



ANNUAL FALL CONVENTION





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LIMIT SELF-JUDGMENT

Talk kindly to yourself, turning off the "negative tape player." Say things like "I am stressed and this will pass." Reversing negative ideas and focusing on positive outcomes can help you to reduce tension and achieve goals. Reinforce positivity by writing and reading positive quotes or phrases and surrounding yourself with positive people.

Tapping into our support networks helps us to feel understood, capable, and nurtured. Sometimes just expressing your feelings helps lower your stress. And if you've had a serious illness or have had an emergency to respond to, remember that you can get an extension on a paper or other project. Don't be afraid to ask. Your professors and advisors are there to support you.

EXPRESS YOUR FEELINGS

If you can't discuss your feelings with your support network, express them some other way. Write in a journal, write a poem, or compose a letter that is never mailed.

OF MAJOR STRESSORS IN YOUR LIFE
One way of monitoring your stress level and identifying sources of stress is to keep a daily stress log. Note activities that put a strain on energy and time, trigger anger or anxiety, or precipitate a negative physical response. Also note your reactions to these stressful events. Review the log and identify 2 or 3 stressful events or activities that you can modify or eliminate. For example, if getting started on writing assignments tends to be difficult, you can get support from the Writing Center on campus.

WORK TO REDUCE OR MANAGE THE IMPACT

OD JUST ONE THING AT A TIME

(That's all you really can do anyway!) When working, focus on one thing at a time. Switching from one task to another without fully completing the first task allows for variety, but usually wastes time and decreases productivity. Make a list and prioritize the things you need to get done. Start a new assignment only after you've completed an earlier one. When you feel overwhelmed by many things that need to be done at the same time, your stress level will increase. Plan around the things you find stressful to lessen the effects of stress. Managing your time effectively will even out your workload.

Are you taking a full course load, working part-time and involved in a lot of activities? Learning to say no is an important part of reducing stress and will help you focus on what's really important.

LEARN AND PRACTICE RELAXATION TECHNIQUES

Relaxation is the body's antidote for the stress response. Relaxation lowers blood pressure, respiration, and pulse rates. Combining several techniques, for example, deep breathing exercises, muscle relaxation, meditation, and massage therapy can significantly lower stress levels. Yoga or tai chi can be very effective, combining many of the benefits of breathing, muscle relaxation, and meditation while toning and stretching the muscles. They also elevate mood and improve concentration and ability to focus.

KNOW THAT GOOD NUTRITION AND EXERCISE ARE YOUR FRIENDS

General health and stress resistance can be enhanced by regular exercise, a diet rich in a variety of whole grains, vegetables, and fruits, and by avoiding excessive alcohol, caffeine, and tobacco.

GET A GOOD NIGHT'S SLEEP

We need sleep to think clearly, react quickly and create memories. It's well documented that students who regularly get a good night's sleep perform significantly better than sleep-deprived students. REM sleep, most of which occurs towards the end of a full night's sleep, is particularly important for consolidating newly learned information.

MAKE IT A PRIORITY TO DO SOMETHING LOW PRESSURE AND ENJOYABLE
Get crafty (art, scrapbooking, writing/journaling), listen to music, get physical (walk, run, dance, do yoga), get outside, or just give yourself a few minutes off from what you are doing to do simply nothing. Don't be afraid to take a break when you are studying or writing a paper. Schedule it in! A 20-minute power nap can re-energize you for hours and a brisk walk around the block can help to clear your head and put your thoughts in order.

MANAGING MILLENNIAL PHYSICIANS

As millennials are seeking changes to the day-to-day operations of the system, they're driving a much larger conversation about what health care should look like.

KEITH A. REYNOLDS

As the physician shortage gets worse, experts say the health care system needs millennial physicians to shore up the workforce. At the same time, as millennials are seeking changes to the day-to-day operations of the system, they're driving a much larger conversation about what health care should look like.

Ted Epperly, M.D., president and CEO of Family Medicine Residency of Idaho in Boise, sees the millennial generation of physicians as a way to refill the ranks but warns that all physicians aren't equal. It will take more than one millennial to fill the hole left by a retiring baby boomer doctor, he says.

"The data on this is that for every retiring boomer physician, it'll take about 1.7 millennial replacements," Epperly says. "And the reason isn't that they're not as capable. It's that they're not willing to put in the 80-hour workweeks."

Andrew Hajde, CMPE, assistant director of association content at Medical Group Management Association in Englewood, Colorado, says the health care system is reaching a point where millennial physicians are becoming the only ones left to pick up the slack of retiring boomers and Generation Xers before

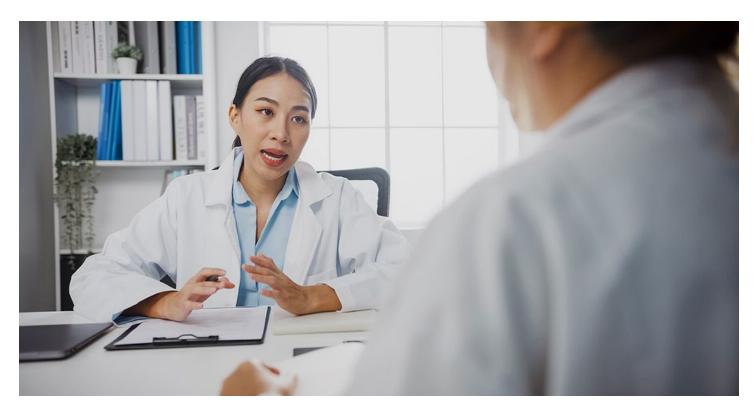
Generation Z comes of age. "I think you have to learn to work and integrate (millennials) into your system," he says.

Millennial physicians are simply different from the generations of doctors who have preceded them, and that can pose challenges for physicians seeking to fold them into their practices as doctors. These challenges include different attitudes toward work-life balance, technology and mentoring.

WORK-LIFE BALANCE AND PURPOSE

While some pundits may decry millennials' love of avocado toast and their shunning of certain industries, Epperly says he believes they are bright and creative physicians who aren't afraid to put in the labor, though their philosophy is diametrically opposed to his own generation's views on work. "They want to do (the work) quickly, efficiently and effectively, but then they want to hand it over to the next capable and accountable person so they can then get to" the rest of their lives, he said.

A survey of final-year medical students performed by national physician search and recruitment firm Merritt Hawkins found that new doctors are taking their desire for more free time into account when evaluating employment opportunities.





Natasha Bhuyan, M.D., is a family physician and regional medical director with One Medical in Phoenix and is a millennial. In her role with One Medical, she speaks to many millennial physicians, and what sticks out to her about the cohort is their desire to be fulfilled by practicing medicine.

Unlike previous generations, though, millennials don't base success on hours spent in the office or number of patients seen, Bhuyan says. "They're measuring success based on fulfillment of purpose, based on developing meaningful relationships with patients and having time to connect with patients, improve their behaviors and see health results and outcomes change," she says.

The millennial physician is less interested in starting their own practice and prefers employment with a physician organization aligned with their values, according to Bhuyan.

Hajde spent years managing group practices. He says this move from starting a practice may be due to the increased emphasis on avoiding burnout. "They see some people, not just physicians, but those with different jobs and careers across the board, struggling with burnout and other things when they try to take on too much at one time," he says.

Millennial physicians are less interested in being the prototypical "cowboy" doctor, seeking to take care of all a patient's needs, and more interested in being members of a team in which each member has their role, with the combined goal of offering the patient high-quality care, Bhuyan says.

TECHNOLOGY

Experts say millennial physicians are more comfortable with technology than other generations.

Cristy Good, M.P.H., MBA, CPC, CMPE, a senior industry adviser with Medical Group Management Association, says that technology is a key marker in the generational divide in practices. Whereas some older physicians may be reluctant to use newer technology or have resisted technology in general, the millennial is looking for tools that increase communication. She says where older physicians may have stuck with paper charts and were used to discussing things in staff meetings, the millennial physician was using an EHR in medical school and believes communication among colleagues can be handled in quick

emails and text messages.

With many millennials not having experienced a world without the widescale integration of the internet, Epperly says the younger physician is extremely tech savvy and isn't even going to look at working at a practice where the technology isn't current.

Bhuyan says that while millennial physicians are indeed looking for better technology integration, they aren't seeking technology just for the sake of it; they're looking for technology that allows them to practice at the top of their license without getting burned out. "We want technology that enables us to have a career that's professionally rewarding and takes out all those inefficiencies and administrative burdens in the system that tend to drive that burnout," she says.

Hajde says that millennial physicians must be cautious, as too much communication technology can turn patients off because of the lack of personal contact with their physician. "I think that as newer physicians come into the field using technology, we have to be really careful to kind of maintain that relationship with the patient," he says. "They need to look at them when they're seeing the patient and not stare at the computer screen."

FEEDBACK AND MENTORING

Epperly says the key things millennial physicians are in need of are feedback and mentoring, which are different from the needs of Gen Xers. "They see the value of picking a senior person's brain to help them be more efficient and more effective."

Bhuyan says that millennials have also changed the forms that feedback and mentoring can take. The model is no longer just a senior physician transferring everything they know to the junior physician. "I like to think of mentorship more like coaching: How do we coach physicians to reach the top of their potential and beyond? How do we push people beyond what they think is their best?" she says.

Bhuyan adds that millennial physicians should have a hand in guiding their own development and mentoring, and practice managers should be willing to place them into higher roles within the practice.

Originally Published via Physicians Practice on May 25, 2022



PROPOSED REGULATORY CHANGES TO CANNABIS

BY TRAVIS D. LOVETT

During the 2022 Legislative Session, the Indiana legislative body considered more than ten bills focused on regulations that affect the cannabis industry. These bills presented different viewpoints on the approach to regulate cannabis. On one end of the spectrum were bills that proposed to legalize cannabis and allow it to be sold directly to consumers at retail. On the other end was a proposal to curtail the current law by reducing the THC concentration of legal hemp products. This article provides a brief description of the legislative bills introduced during the 2022 Legislative Session which touch upon Indiana cannabis regulation.

One group of bills sought to legalize the possession of cannabis and paraphernalia used in connection with cannabis. Some of these bills would permit the use of cannabis, but only after marijuana is removed as a federal Schedule I controlled substance.2 Notably, these bills use the term "cannabis", which is a broader term that refers to all products derived from the plant Cannabis sativa, such as marijuana, hemp and CBD.3 All of these bills proposed to establish some form of governance structure (e.g., commission, committee, or agency) to regulate or study the production, manufacture, and retail of cannabis, and to enforce the rules and regulations associated therewith. 4 This installation of government oversight would likely increase costs for the state when, by comparison, the state already incurs about \$300,000 in annual administrative costs to regulate hemp.5 This additional cost, however, could be offset by a tax. House Bill 1212 proposed an Adult Use Cannabis Excise Tax. In the first year, the tax rate would be 1% of the retail price of cannabis, excluding medical cannabis. In year two, the rate would be 2%, and in year three, the rate would be 3%. This fiscal report for House Bill 1212 estimates that cannabis sales would generate tax revenue of \$1.2M to \$2.7M

in the first year, \$2.3M to \$5.4M in the second year, and \$3.5M to \$8.1M in the third year. The State's 7% sales tax would also apply to the sale of all cannabis products and would project to generate an additional \$25.7M of state tax revenue in the first full year of legalization.

Another group of bills proposed to narrowly decriminalize the possession of marijuana. In Indiana, the possession of marijuana is illegal, no matter the amount. These bills would have changed the current law to allow an individual to possess two ounces or less of marijuana. Senate Bill 354 proposed to repeal the offense of possession of marijuana as a Level 6 felony. On the one hand, decriminalization of marijuana would lead to a reduction of fees for misdemeanor and felony offenses collected by the State; while on the other hand, local jails and county courts would likely incur less operational and prosecution costs due to a decrease in the number of kriegdevault.com individuals arrested and charged with possession of marijuana.

Another group of bills proposed to legalize medical marijuana to allow individuals with serious medical conditions to use marijuana for treatment purposes. One approach proposed the establishment of a medical marijuana program with a related governing body charged with enforcement of the program and its underlying regulations. Under this regulatory framework, medical marijuana products would need to be properly labeled, placed in packaging that is child resistant and not designed to appeal to children. Also, permit holders would be required to undertake steps to prevent diversion of medical marijuana to unauthorized persons.

Perhaps one of the most debated bills this past Session was House Bill 1043, authored by Representative Sean Eberhart of District 57. This Bill aimed to permit the sale of craft hemp

- 1. See e.g., HB 1049; HB 1311; SB 324; and SB 197.
- 2. HB 1212 and HB 1405.
- 3. See https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know.
- 4. See e.g., HB 1049 (establishes the Cannabis Compliance Advisory Committee to review and evaluate certain rules, laws, and programs and the Cannabis Compliance Commission to regulate all forms of legal cannabis in Indiana); SB 324 (establishing the Cannabis Regulatory Agency Advisory Committee).
- 5. See HB 1049 Fiscal Impact Statement (stating that "hemp regulation expenditures for the Office of the Indiana Seed Commissioner were \$370,600 in FY 2021, without commission expenses. Other state commissions with regulatory responsibilities had average annual administrative expenses between \$350,000 and \$600,000, including commission expenses. Costs will ultimately depend on the hiring decisions and the level of enforcement undertaken by the [Cannabis Compliance Commission]").
- 6. HB 1070; HB 1232; SB 354.
- 7. IC 35-48-4-11.
- 8. HB 1070, HB 1232.
- 9. HB 1070 Fiscal Impact Statement (stating that "[r]evenue loss is estimated to be between \$122, 000 and \$144,000 to the State General Fund, \$24,460 to the State User Fee Fund, and an indeterminable revenue loss to the Common School Fund" based upon misdemeanor convictions in FY 2021" and stating that "For persons who were sentenced for marijuana possession as a Level 6 felony, about 85% were confined in a county jail pretrial. In addition, 48% of these persons were confined in a county jail after trial for an average 121 days, and 86% were supervised by a community corrections agency, a probation department, or both").
- 10. HB 1168; HB 1212; SB 231; SB 175.
- 11. HB 1168; SB 231.
- 12. Id.
- 13. Id.



flower directly to Indiana consumers. By way of background, the introduction of House Bill 1043 led to a legal debate between law enforcement and hemp stakeholders, each advocating their position to the General Assembly. Under the Agriculture Improvement Act of 2018 (the "2018 Farm Bill"), Congress excluded industrial hemp from the federal definition of marijuana, opening the door for states to regulate the growth and sale of hemp. However, Congress explicitly prohibited states from interfering with the transportation and shipment of hemp. In Indiana, farmers may grow and sell hemp for processing, and it can be shipped out-of-state to be sold by a licensed handler. However, craft hemp flower, the most lucrative part, cannot be sold at retail to consumers. House Bill 1043 aimed to change that, but law enforcement opposed the legislation, arguing that officers in the field cannot determine the difference between the

flower and marijuana.¹⁷ In response, proponents point out that the hemp flower is already allowed to travel in the state, and that House Bill 1043 requires an individual traveling with the flower to keep it in its untampered seal.¹⁸ House Bill 1043 passed the House, but the Senate did not schedule a committee hearing for the bill.

Lastly, Senate Bill 209 was also considered. This Bill proposed to repeal current law by changing the definition of "hemp product" to exclude "products that contain a total tetrahydrocannabinol concentration of more than threetenths of one percent (0.3%) by weight." Currently, a 'hemp product' does not include smokable hemp or delta-9 tetrahydrocannabinol concentration of more than three-tenths of one percent (0.3%) by weight. By expanding the language of this exclusion, SB 209 would have outlawed

- 14. 21 U.S.C. §§ 802(16)(B)(i), 812.
- 15. See 7 U.S.C. § 1639p and § 1639o.
- 16. Ind. Code § 35-48-4-10.1(c).
- 17. House Commerce, Small Business, and Economic Development.
- 18. Id.



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delta-8 tetrahydrocannabinol and any other form of THC over 0.3%. However, after passing a Senate vote, the House modified the Bill, striking the changed definition while also urging the legislative council to assign to the Interim Study Committee on Corrections and Criminal Code the task of studying "delta-8 THC" and any of its related psychoactive cannabinoids. Though SB 209 did not pass the House, the Legislative Council met on May 24, 2022 and assigned the topic of Delta 8, Delta 9 and other THC products to the Interim Study Committee on Public Health, Behavioral Health and Human Services to study the potential health benefits, potential decriminalization, and other potential consequences.

While there was a significant amount of time and effort spent considering cannabis legislation this Session, not one bill passed. House Bill 1043 and Senate Bill 209 received the greatest

traction, which suggest an emergence of varying opinions among Legislators regarding the approach to regulate cannabis. The federal government will soon consider whether to remove marijuana as a federal Schedule I controlled substance. Legalization of marijuana at the federal level will likely tip the balance in the Indiana General Assembly. But, for now, the law pertaining to cannabis in Indiana remains the same.

If you have any questions regarding the information in this article or with any of the federal or State legal requirements related to cannabis, hemp, or CBD, please contact Travis D. Lovett.

Disclaimer. The contents of this article should not be construed as legal advice or a legal opinion on any specific facts or circumstances. The contents are intended for general informational purposes only, and you are urged to consult with counsel concerning your situation and specific legal questions you may have.

- 19. https://www.cleveland.com/news/2022/04/us-house-of-representatives-passes-bill-to-remove-marijuanafrom-list-of-federally-controlled-substances. html.
- 20. HR 3617, the Marijuana Opportunity Reinvestment and Expungement ("MORE") Act passed the House in Congress in March 2022, but the Senate will need to pass the MORE Act before it will become lawS. ee kriegdevault.com https://www.washingtonpost.com/politics/2022/04/01/house-passes-bill-decriminalizing-marijuana-senatefortunes- unclear/ kriegdevault.com



The Indiana State Department of Health (ISDH) requires all podiatric medical assistants who take x-rays to be licensed as a limited podiatric radiographer. The IPMA offers a limited podiatric radiography program that meets the ISDH requirements and is designed to instruct the podiatry assistant in the safe and effective use of x-rays in the podiatric practice.

The program consists of four online content modules, each with a final exam, one attestation module, a student manual, and an x-ray log. A Certifying Physician must guide the applicant in the clinical portion of the program and the completion of the x-ray log. The podiatry assistant must document competency by demonstrating the proper performance of 60 x-ray views in the podiatrist's office. At the successful conclusion of the program, the applicant will have the proficiency and skill necessary to obtain the limited podiatric radiography license and will receive a Certificate of Completion.

COMMUNICATION TIPS FOR PODIATRISTS

BY TINA DEL BUONO TOP PRACTICES

Great patient service is what we want to deliver to our patients each day. Clear communication is the key to making this happen. Below are a couple of reminder tips when it comes to speaking with our patients to help us in building good relationships. Remember an ounce of prevention is worth a pound of cure!

Placing patients on hold requires their permission first. Many times, the office phones are so busy that reception personnel are jumping from one line to the next and do not ask the patient if they would mind being put on hold. This may cause patients to become irritated because they did not even get to state why they are calling. After your greeting, ask the patient for their name and the nature of their call. Then let them know that you are on a call and ask if they would mind being put on hold. If you know that the call you are on will take more than 2-3 minutes, get the patient's phone number, and let them know that you will call them back within a specific time frame.

Can the patient understand what you are telling them? Use nontechnical or lay medical terminology when speaking with patients or they may not understand what you are trying to tell them. If a patient calls regarding a statement that they received from your office and they are told that "their insurance EOB said it was their allowable portion", they may have no idea what you said. What is an EOB and allowable? Or if a patient is being given instructions for a prescription and are told to take the medication b.i.d., they probably would not understand. It then can become embarrassing for the patient to have to ask you to explain it to them.

If you want to keep patients calling the office, make sure that your phones are answered by people who are trained to take the calls, respond properly, and are happy to hear from them.

Tina has been a practice manager for 20 years. She lectures and coaches' physicians and their staff on Practice Management. Tina has written over 400 articles on practice management and has developed, GPS -Global Practice Systems. Top Practices Practice Management Division, offers several programs for physicians and office managers to receive the necessary training they need to excel at their position and to train staff to do so as well. Find out more at TopPractices.com.

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IPMA MEMBERSHIP RENEWAL

The 2022 IPMA membership dues were sent out. Simply fill out the payment information, make any needed changes to the contact information, and return to us.

If you have any questions or concerns about your 2022 renewal, please feel free to contact Trina Miller in the IPMA office at 888.330.5589 and she will be happy to assist you with you questions.

Thank you for continued support of IPMA and the podiatric profession in Indiana.

SAVE THE DATE

IPMA Annual Convention October 13-16, 2022 Marriott Indianapolis North Indianapolis, Indiana

Midwest Podiatry Conference March 8-11, 2023 Hyatt Regency Chicago Chicago, Illinois



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