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Deaths From Drug Poisoning - Opioids
2011 to 2015

Death Rate
By County of Residence

Per 100,000 Population

25.2
15.0
7.8
4.4
2.1
0.5

(U) on map indicates an unstable county rate (less than 20 deaths)

*Rates for counties with less than 5 deaths are suppressed

Drug poisoning deaths with underlying cause of death of ICD-10 codes X40-X44, X60-X64, X85 or Y10-Y14 with contributing cause of ICD-10 codes T40.2, T40.3, T40.4

Data Source: ISDH, ERC Division, DAT
Map Author: ISDH ERC PHG, 2017
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Attentive Society Members

We like to feature photographs or other artwork shared by IMS members on the cover of The Bulletin. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for The Bulletin; quips; short stories; brief comments; ideas; cartoons, etc.

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AMA Web Page: http://www.ama-assn.org
IMS Web Page: http://www.imsonline.org

IMS Bulletin, February 2018
The future of our country depends on the health and wellbeing of our children. It is imperative that we physicians advocate for strong policies that result in providing straightforward coverage for all our children. Those policies should enable physicians, patients, families and communities to work together to create the healthiest environments for our children.

The following stories are real patients who depend on us to get it right.

John is in the office for his well visit. While talking about school, his mother states that he has missed many school days because of his asthma. John’s mother scheduled this visit early in order to label it as a wellness visit, since their private, employer-sponsored insurance plan fully covers well care. However, she is most concerned about John’s asthma. His recent attack, 2 weeks ago, was severe and he continues to cough during exercise. The family considered taking him to the emergency room, but, due to concerns that the insurance company might later rule that it was not a true emergency which would require the family to pay thousands of dollars, they toughed it out at home. She would like to get John’s asthma under better control. With the new insurance, different medications are needed - the copays for his inhalers are not possible for the family to pay (over $300 per month). They had stopped giving him the maintenance medication 6 months ago when the new insurance plan came into effect. From John’s complete health standpoint, it is extraordinarily difficult to address all the things that need to be done during this visit. We are not able to talk about wellness or preventive care issues due to the complexity of addressing his asthma. Trying to prescribe the medication with the most economical copays is impossible, even with electronic prescribing and coupon cards. Planning for future monitoring of his asthma, including possible referral to a specialist, are visits that will entail copays. When will we be able to address wellness?

The next patient is Mark, who is also missing school because of his asthma. He has CHIP insurance and has a scheduled appointment for this problem. Mark has medication at home. His older sister has recently moved back into the home and assumed care of Mark while both parents work. She is not familiar with the medications or the routine. I am able to directly help Mark, when he needs the help. I explain the medications, answer the family’s questions and develop a plan of action along an agreed upon schedule. We also have time to discuss the impact that John’s sister’s smoking may be having and offer treatment plans for her. I am able to do so much more when parents are empowered to identify their needs and act upon them.

One of my nurses was discussing the help she needs for her child with apraxia, a developmental communication problem. Her family has private insurance and is dismayed that speech therapy is not a covered benefit for this condition. When he was a toddler, his pediatrician recognized that his speech was not progressing along developmental norms. This impacted how he communicated with his family and his daycare experience. Through the First Steps program, which supplements the costs of therapy beyond private insurance, he made tremendous progress. His therapist was able to meet with him individually several times a week. At age 3 years, when First Steps benefits ended, it was necessary to continue therapy. The supplemental payments were now covered by the school system, which required him to leave his daycare to participate in a group therapy session at the local school. Progress continued, although slower. The parents noticed a loss of progress in the hard-earned gains during holiday breaks and summer vacations. One summer, the family paid directly for private speech therapy. It cost them $1800 for that summer, not sustainable from a family economic standpoint. That same summer, his younger sibling was diagnosed with apraxia also. She wishes they had Medicaid so they could receive therapy despite school vacations, following medical recommendations rather than school recommendations. This calls for a child’s medical home directing solutions for children with developmental needs by utilizing family and community resources.

Looking ahead, with the health of our children as the ultimate goal, I fully support the American Academy of Pediatrics Committee on Child Health Financing recommendations regarding adopting certain principles to strengthen efforts to improve pediatric care:

- **Assure universal, quality and affordable health insurance** for all who reside in the United States, regardless of income, family composition or immigration status, from birth through 26 years of age. Fiscal and operational reforms should concentrate on increasing access to and improving quality of care. CHIP should be re-funded for a minimum of five years.
- **Ensure that each insurance plan covers all essential pediatric benefits.** The Department of Health and Human Services should adopt EPSDT as the standard for essential pediatric benefits. Preventive care and wellness benefits as outlined in Bright Futures should be exempt from cost-sharing.
- **Structure cost-sharing expenses** (copayments, deductibles and coinsurance charges) to enable preventive care, to encourage wise use of other medical care and to be affordable in relation to family income.
- **Pay providers sufficiently to strengthen the functionality of the family- and patient-centered medical home.** Medicaid payments should be on par with Medicare. Although many payment models may co-exist, each one should potentiate the ability of the medical home to provide excellent care and comprehensive care coordination and should incentivize improving quality and/or outcomes of care.

To view the full report: [https://doi.org/10.1542/peds.2017-2098](https://doi.org/10.1542/peds.2017-2098)
Indiana Announces New Online Portal and Residential Addiction Treatment Program to Help Hoosiers Connect to Addiction Treatment

The Indiana Family and Social Services Administration today announced two initiatives as part of the state’s effort to attack the drug epidemic. First, the Next Level Recovery website, www.in.gov/recovery, now has a new geolocation feature designed to help Hoosiers find Division of Mental Health and Addiction-certified addiction treatment providers throughout the state. Additionally, FSSA is preparing to open a new addiction residential treatment unit specializing in opioid use disorder at Richmond State Hospital to support Hoosiers with an immediate need of services, particularly those in East Central Indiana.

The new web portal, found under the “treatment” tab at www.in.gov/recovery allows individuals to search for certified inpatient, outpatient, residential and opioid treatment providers by location, treatment option and populations served (adult or adolescent/male or female). The portal will display helpful information such as payment types accepted by each provider and whether the facility is near public transportation.

“This new online feature puts critical information right into the palms of the hands of people who need it most – those who are struggling with addiction and are ready to find help,” said FSSA Secretary Jennifer Walthall, M.D., M.P.H. “It is extremely important that we continue to add tools like this in our fight against the opioid crisis in Indiana as it helps direct individuals to addiction treatment that fits their unique needs.”

The Next Level Recovery website, launched in October 2017, offers information for health professionals, emergency personnel, law enforcement, community leaders and persons with substance use disorder and their families. The website is one of several enhancements Indiana is making to provide a variety of ways to connect people to the right care at the right time.

The new 22 bed addiction residential treatment unit at Richmond State Hospital is expected to open by the end of March. It is the result of DMHA’s recent search for existing and available state assets to try to meet immediate need for opioid use disorder treatment.

“We are grateful to Dr. Warren Fournier and his staff at Richmond State Hospital, for demonstrating leadership in identifying an existing, yet currently unused, unit at the hospital in which we could quickly develop much-needed residential treatment services,” added Walthall. “We hope we are able to quickly see the impacts of the program, which will include medication-assisted treatment, in the future.”

Additional state efforts to improve access to treatment include the following:

• Adding approximately $80 million in annual funding for substance use disorder treatment for HIP and Medicaid members through a federal waiver just approved last week

• Five additional opioid treatment programs set to open in 2018

• More new residential treatment programs or expanded existing programs made possible through the federal 21st Century Cures grant

• The state’s campaign to educate Hoosiers about opioid use disorder. Information is available at www.KnowTheOFacts.org.
Education Essential to Reducing Opioid Epidemic

Devastating. Heartbreaking. Gov. Eric Holcomb calls it haunting. In 2016, more than 1,500 Hoosiers died from drug poisoning, a 500 percent increase since 1999. A staggering statistic is that since 2011, nearly 7,000 Indiana residents have lost their lives to drug overdoses. This tragic epidemic has touched many Hoosiers in some way. As an emergency physician, I treat an overdose patient every shift I work. These patients come from all areas of life and represent Hoosier families, friends and neighbors. The Indiana State Medical Association, with its 8,000 physician members, is committed to being part of the solution to prevent and end opioid deaths in Indiana.

We believe a coordinated approach to ending the opioid crisis will be most effective; we are collaborating with and supporting other industry partners, government officials and stakeholders, and action steps are under way.

ISMA has continuously advocated for the use of INSPECT – Indiana’s state prescription drug monitoring program – to help health care providers make informed prescribing decisions based on a patient’s medication usage. Last July, a new prescribing law took effect; it prohibits writing a new opioid prescription for longer than seven days, except when a doctor determines it is necessary. Since then, there have been 100,000 fewer prescriptions for opioids in our state.

Broad education is essential to making a difference. In the late 1990s, physicians were trained to consider pain as the “fifth vital sign” of a patient’s health status, along with pulse rate, temperature, respiration rate and blood pressure. While pain medication is still appropriate treatment in some cases and will continue to be, a reset is necessary. Physicians are now more likely to work with their patients to find non-opioid treatments, rather than just reaching for a prescription pad. ISMA has accepted a call to serve as a leader in this fight by offering free monthly education to all health care providers. On the third Thursday of every month, medical experts discuss best practices for opioid prescribing and addiction. This education effort is paramount as guidance and best practices evolve. ISMA also supports SB 225, a proposed law moving through the General Assembly this session that specifically calls for opioid prescribing education.

In recent years, Indiana stakeholders have established chronic pain rules and emergency department guidelines for treating pain. Now, the Indiana State Department of Health, the Indiana Hospital Association and ISMA have developed acute-pain prescribing guidelines to further guide best practices. We are united in using every tool possible to reverse the opioid epidemic.

Access to treatment for addiction is being expanded and must continue to increase. Use of the life-saving overdose-reversal drug naloxone must continue to expand. Barriers to accessing alternative, non-opioid therapies must continue to be removed. And the stigma of addiction must end. Addiction is a disease; it can be treated, and recovery is possible. Indiana physicians remain committed to use all available tools, every day, to help keep Hoosiers alive and well.

John P. McGoff, MD
President, Indiana State Medical Association and Member of the Indianapolis Medical Society
Proposed Senate Bill 225 Related to Continuing Education Requirement

Sec. 3.5. (a) IC 25-1-4-0.7, IC 25-1-4-1, IC 25-1-4-2, IC 25-1-4-3, IC 25-1-4-3.2, and IC 25-1-4-4 concerning continuing education apply to this section.

(b) Beginning July 1, 2019, a practitioner who is licensed by a board under IC 25-1-9 and applies for registration or reregistration under this chapter must have completed two (2) hours of continuing education during the previous two (2) years addressing the topic of opioid prescribing and opioid abuse.

(c) All continuing education courses required under subsection (b) must be:
(1) approved by the board or the licensing board that regulates the practitioner; or
(2) offered by an approved organization (as defined by IC 25-1-4-0.2).

(d) The Indiana professional licensing agency shall maintain on the agency’s Internet website a schedule of or link to opioid prescribing and opioid abuse continuing education courses that are available under subsection (c).

(e) If a practitioner is required to take continuing education as a condition to renew a registration, certification, or license under IC 25, the continuing education courses completed under this section must be applied to the fulfillment of that requirement.

(f) This section expires July 1, 2025.

State Medical Boards’ CME Requirements (as of 2017)

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Above all, the Goodman Campbell surgeons are compassionate physicians who provide superior care of the brain and spine.
News from Goodman Campbell Brain and Spine...


Andrew H. Jea, MD, has co-authored an article titled “Pediatric otogenic sigmoid sinus thrombosis: case report and literature reappraisal,” that was first published in Global Pediatric Health online November 3, 2017.

Rick C. Sasso MD, Indiana Spine Group, was a co-author in a multi-institutional case series regarding treatment of cervical spine complications. 21 high-volume North American centers were selected for their excellence in cervical spine care and clinical research infrastructure and experience. The article was published in this month’s issue of Global Spine Journal.


Rick Sasso, MD, was a co-author in a multicenter study, evaluating the incidence and treatment of Cervical dural tears. It was published in the Global Spine Journal.


Dr. Rick Sasso served as a faculty member for the Scoliosis Research Society annual meeting held in Philadelphia: “Sagittal alignment-Goals, Planning and Pathologies” and lectured on, “Sagittal Deformity in the Cervical Spine”.

Jeffrey A. Greenberg, M.D., M.S. recently attended the first Annual Combined meeting of the Indonesian Orthopedic Association for Upper Limb and Microsurgery Reconstruction, Singapore Society for Hand Surgery, and the American Society for Surgery of the Hand held at the School of Medicine Airlangga University and Dr Soetomo General Hospital on January 19-21, 2018, in Subaraya, Indonesia. Dr. Greenberg presented Management of Scanholunate Dissociation during the general session and Surgical Exposures of the Elbow, Medial and Lateral Approaches at the cadaver lab course.

Dr. Greenberg also attended the Second Combined Meeting of the Singapore Society for Surgery of the Hand held at Singapore General Hospital in Singapore January 25-27, 2018. He presented Refinements in 4-Corner Fusions at that meeting.

Edward B. Aull, M.D. was a guest presenter at the 33rd Annual Conference of CHADD–children and Adults With Attention Deficit Hyperactivity Disorder in Atlanta on November 10, 2017. His program was titled “What Are The Symptoms That Might Change The Diagnosis from ADHD to Asperger Syndrome?”

Congratulations to Dr. Maisel, a St. Vincent Distinguished Physician Award recipients for her exemplary achievements and ongoing contributions to St. Vincent. She will be honored at the 2018 Physician Gala on Saturday, February 17 at the JW Marriott Hotel in Indianapolis.

Dr. Maisel is board-certified in pediatrics and pediatric gastroenterology. She is the current vice-chairwoman of the Department of Pediatrics and president and co-founder of the Surgery Center of Carmel. Dr. Maisel earned her medical degree from the University of New Mexico in Albuquerque, completed an internship and residency at the University of New Mexico Hospital and a fellowship at Cincinnati Children’s Medical Center. In addition to having a private practice in pediatric gastroenterology, she developed comprehensive pediatric gastroenterology programs at St. Vincent Indianapolis, St. Vincent Carmel and St. Vincent Women’s hospitals, led the development of the largest on-site Inflammatory Bowel Disease biologics infusion center in Indiana and actively participates in pediatric resident and medical student education. In 2016, she was awarded the Peyton Manning Children’s Hospital True Hero Award, has previously been awarded the Outstanding Pediatric Faculty Teaching Award, and has been named Physician of the Year and received the Indianapolis Monthly Magazine’s Top Doctor award numerous times.
Community Hospital East
First Tuesday
Critical Care Conference
Wednesday
CHE Administrative Conference Room, 12:00 – 1:00 p.m.
Second Tuesday
Medical Grand Rounds
Community Hospital North
First Friday
North Forum
Reilly Board Room, 7:00 – 8:00 a.m.
First & Third Wednesday
Psychiatry Grand Rounds
7250 Clearvista Parkway
Multi-Service Room, 12:30 – 1:30 p.m.
Community Heart & Vascular Hospital
First Wednesday
Imaging Conference:
Rotates Cath & Echo Case Presentation, CHV East Conference Room (Ste. 420)
CHV South Conference Room (Ste. 2400)
CHV Kokomo, 7:00 – 8:00 a.m.
Second Wednesday
M&M Conference:
Every other month rotates the Echo & Nuclear Q&A, CHV East Conference Room (Ste. 420)
CHV Kokomo, 7:00 – 8:00 a.m.
Third Wednesday
Ken Stanley CV Conference:
Rotates Quarterly for CV Quality Data w/Gae Stoops, CHV East Conference Room (Ste. 420)
CHV Kokomo, 7:00 – 8:00 a.m.
Fourth Wednesday
Disease Management Conference:
Rotates CHF & EP Case Presentations, CHV East Conference Room (Ste. 420)
CHV South Conference Room (Ste. 2400)
CHV Kokomo, 7:00 – 8:00 a.m.
2017 Cancer Conferences
Community Hospital East
Fourth Tuesday
East Multidisciplinary Breast Cancer Conference - CHE
Ste. 420, 7:00 to 8:00 a.m.
Community Hospital North
First & Third Tuesday
North Multidisciplinary Breast Cancer Conference - CHN
8940 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.
Second & Fourth Wednesday
North Multidisciplinary GI/Colorectal Oncology Conference - CHN
8940 Clearvista Parkway, Suite 550
8:00 to 9:00 a.m.
Second Tuesday
North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN
8940 Clearvista Parkway, Suite 550
7:00 – 8:00 a.m.
First Wednesday
North Chest Cancer Conference - CHN
8940 Clearvista Parkway, Suite 550
7:00 – 8:00 a.m.
First Wednesday
North GU Conference - CHN
8940 Clearvista Parkway, Suite 550
7:00 – 8:00 a.m.
Second Wednesday
North Multidisciplinary Breast Cancer Conference - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room,
8:00 – 9:00 a.m.
Second Tuesday
South General - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room,
12:00 – 1:00 p.m.
Fourth Tuesday
South Thoracic
Community Cancer Center South,
1440 E. County Line Rd., Community Room,
8:00 – 9:00 a.m.
Third Tuesday
South Molecular
Community Cancer Center South,
1440 E. County Line Rd., Community Room,
5:00 – 6:00 p.m.
First & Third Friday
South Case Presentations
Hospitalist Office, Ste. 1190
1440 E. County Line Rd., Community Room,
12:00 – 1:00 p.m.
IU – Methodist – Riley
Online
HPV Documentary:
CME
Someone You Love: The HPV Epidemic
Activity
http://cme.medicine.iu.edu/hpvdocumentary
Feb. 10
Stand Up to Sex Trafficking: Awareness, Implementation, Networking (SUSTAIN) Series
Honolulu, Hawaii
Feb. 15-16
Medical Staff Leadership Educational Seminar 2018
Arlington, Virginia
Feb. 16-18
Syrian American Medical Society (SAMS) 7th Annual National Conference
Hilton, Orlando, Florida
March 2
RESPECT Conference Let’s Talk Palliative Care:
Caring for the Complex Patient
Ritz Charles Banquet Facility, Carmel, IN
March 9
41st Annual Arthur B. Richter Conference in Child Psychiatry
Ritz Charles Banquet Facility, Carmel
March 21-24
AMWA 103rd Anniversary Annual Meeting
Doubletree Center City, Philadelphia, PA
March 22-23
LGBTQ Healthcare Update Conference
IU Health Neuroscience Center, Indianapolis, IN
April 13
Annual Update in Pediatric Gastroenterology for the Primary Care Clinician
Ritz Charles Banquet Facility, Carmel, IN
April 27
EMS Medical Directors’ Conference
Ritz Charles Banquet Facility, Carmel, IN
May 4
21st Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis, IN
May 9
2nd Annual Riley Hospital Surgical Research Day
IU Health Neuroscience Center, Indianapolis, IN
May 15-16
53rd Annual Riley Children’s Health Pediatric Conference
NCAA Hall of Champions Conference Center
Westin, Indianapolis Downtown
July 8-13
103rd Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone
Indianapolis, IN
July 21
Review and Interpretation of the 2018 ASCO Meeting
IUPUI University Tower and Hine Hall,
Indianapolis, IN
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For more information, contact Debbie Wieckert, (317) 274-5193.
New Members

Brown, Stephen M., MD
Southeast Anesthesiologists
Anesthesiology, 2014
Indiana University, 2008

Ladd, Lauren M., MD
Indiana University Health
Department of Radiology
1701 N. Senate Blvd., #MH1238A
46202-1239
Email – lmladd@iupui.edu
Web – https://medicine.iu.edu/departments/radiology/
Diagnostic Radiology, 2013, 2018
Musculoskeletal Radiology
Indiana University, 2008

Helmuth, Robin A., MD
(Reactivation)
Ameripath
2560 N. Shadeland Ave., #A
46219-1706
Anatomic/Clinical Pathology, 1989, 2004
Chemical Pathology, 1993
Indiana University, 1985

In Memoriam

Tierry F. Garcia, MD

Dr. Tierry Garcia was born December 20, 1919 in Sorsogon, Philippines, and we recently learned of his passing which occurred August 22, 2016 in Evanston, IL. He was 96 years of age.

Dr. Garcia earned his medical degree from the University of the Philippines College of Medicine in 1942, at the same time completing a rotational Internship at Philippine General Hospital. He initially practiced in the Philippines before coming to the states to further his medical training. Dr. Garcia moved to NYC to complete a surgical residency and fellowship at Bellevue and Goldwater Memorial Hospitals. He finished his medical training by completing an Otolaryngology residency at Columbia Presbyterian Hospital, also in NYC. Dr. Garcia returned to Manila to practice medicine before moving to Indiana where he continued to practice until his retirement.

Dr. Garcia was active in many organizations filling roles such as chairman, director and founding member as well as holding memberships in several clubs. In 1956, he co-founded the Philippine Society of Otolaryngology and became the organization’s first President. He also co-founded the Manila Doctors Hospital and served as the first Chairman of the ENT department. Dr. Garcia was also awarded “Community Advocate of the Year” by the Minority Health Coalition of Marion County.

He had been a member of IMS since 1972.

Anthony R. Lasich, MD

Dr. Lasich was born in Toronto, Ontario, Canada December 24, 1927 and suddenly passed away December 16, 2017 at his home in Indianapolis. He earned his medical degree from McGill University School of Medicine in Montreal in 1951. Dr. Lasich did his Internship while still in Canada, then moved to Kentucky where he completed residencies between 1953 and 1957 at three different facilities in Louisville. Dr. Lasich was an Orthopedist for 45 years. He started in private practice but wrapped up his medical career in 2002, when he retired from OrthoIndy.

During his spare time, Dr. Lasich and his wife enjoyed time at Eagle Creek Park with their dogs, Jack and Allie.

He had been a member of IMS since 1957.

Francis W. Price, Sr., MD

Dr. Francis Price passed away December 29, 2017 at the age of 92. He was born March 12, 1925 in Indianapolis and grew up on the south side.

Before Dr. Price entered the medical field, he was drafted by the US Army where he served at an Army hospital during World War II. After the war he attended college and medical school, having received his medical degree from IU School of Medicine. Dr. Price opened his private practice in family medicine before being commissioned to serve our country once again. He entered the US Air Force and served as a Medical Officer with the Strategic Air Command during the Korean War.

After his second tour he returned to private practice until 1967 when he joined Eli Lilly and Company. There, Dr. Price served as the Director of Employee Health Services until his retirement in 1990.

He was one of the founders of what is now Community Hospital South and also served on the Merit Board of the Indianapolis Police Department for four years. Once retired, Dr. Price moved to Florida and joined the Venice Golf and Country Club as well as the Venice Yacht Club. He continued to sponsor scholarships, having remained a strong supporter of the IU School of Medicine.

He had been a member of IMS since 1951.

Tierney, Mark T., MD, PhD

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Neuroradiology, 2016, 2018
Medical College of Ohio, 2009
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Jeffrey J. Kellams (2018)
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Caryn M. Vogel (2018)

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Tod C. Huntley (2019)
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Stephen R. Klapner (2019)

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Richard H. Rhodes (2019)
John J. Wernert

*Appointed to the President’s Advisory Council
Carolyn A. Cunningham
David R. Diaz
Jon D. Marhenke
John P. McGoff
Richard H. Rhodes
John J. Wernert

Delegates
The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Linda Feiwell Abels (2018)
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David M. Ratzman (2018)
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Thomas R. Mote (2018)
Martina F. “Nina” Mutone (2018)
Timothy H. Pohlman (2018)
Michael A. Rothbaum (2018)
Jeffrey M. Rothenberg (2018)
S. Eric Rubenstein (2018)
Richard M. Storm (2018)
H. Jeffery Whitaker (2018)

Daniel J. Beckman (2019)
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