

BULLETIN

PRESIDENT'S ARTICLE

PG 04

Bloopers

by LINDA ABELS, MD
IMS President



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TABLE OF CONTENTS

IN THIS ISSUE

SPECIAL FEATURES

President's Page	04
<i>"Laughter is medicine. That's no joke."</i>	
Editorial: Short-sided Politics Taint an Overall Positive Session ..	06
Book Review: Patients at Risk.....	08
Editorial: Session Ends on High Note	10
Members: Colleague Corner, Dr. Mary McAtee	13

ANNOUNCEMENTS

In Memoriam	15
New Members / Bulletin Board	17
CME	18
IMS Leadership	19

LETTER FROM THE EDITOR

Members,

I hope you all giggled as much as I did from President Abel's article this month. While mishaps feel awkward at the time, it often feels good to laugh afterwards and share with others.



If you didn't catch Dr. Maisel and Dr. Smith's article last month on resolution requests I encourage you to go back and check it out. As a reminder, the deadline for resolutions this year is July 12. If you want the Resolution Review Committee to help you draft or research your idea, please email your comments to me at mperrill@indymedicalsociey.org to send to the committee asap.

Until next month!

Morgan Perrill

Morgan Perrill
Executive Vice
President

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THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD

Laughter is medicine. That's no joke. There are many things that laughter can do. We know that laughter is a significant stress reliever. Laughter has proven short term and long-term benefits.

The short-term benefits of laughter are well recognized. It increases the intake of oxygen stimulating the heart, lungs, and muscles. It also increases the release of endorphins from the brain. Laughter has been shown to relieve the response to stress. It can increase and then decrease blood pressure. It can stimulate circulation and facilitate muscle relaxation, and in doing so, reduce some of the symptoms of stress.

Laughter also has long term benefits. It can enhance the immune system. Laughter can lead to the release of neuropeptides involved in stress reduction. It can also facilitate pain relief by release of natural pain killers. Laughter can make it easier to cope with stress and lessen depression and anxiety.

Besides the scientific evidence of the benefits of laughter, it is just fun. So, to make you laugh, I have included some medical bloopers that I have come across. I hope you laugh as much as I did and that I can bring a smile to your face.

Medical Bloopers:

Oops

A man comes into the ER and yells... "My wife's going to have her baby in the cab."

I grabbed my stuff, rushed out to the cab, lifted the lady's dress and began to take off her underwear. Suddenly I noticed that there were several cabs... and I was in the wrong one.

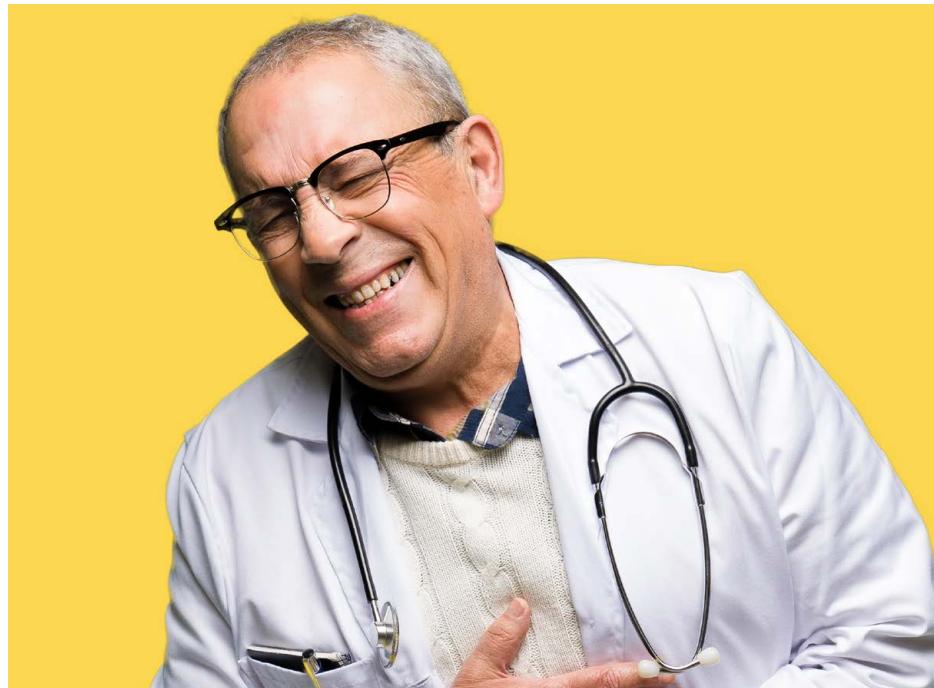
Submitted by Dr. Mark MacDonald, San Francisco, California.

Big Something

At the beginning of my shift, I placed a stethoscope on an elderly and slightly deaf female patient's anterior chest wall. "Big breaths,"... I instructed.

"Yes, they used to be,"...replied the patient.

Submitted by Dr. Richard Byrnes, Seattle, Washington



Flatulence

One day I had to be the bearer of bad news when I told a wife that her husband had died of a massive myocardial infarct. Not more than five minutes later, I heard her reporting to the rest of the family that he had died of a 'massive internal fart.'

Submitted by Dr. Susan Steinberg

Flat On My Back

While acquainting myself with a new elderly patient, I asked, "How long have you been bedridden?"

After a look of complete confusion she answered, "Why not for about twenty years - when my husband was alive."

Submitted by Dr. Steven Swanson, Corvallis, Oregon

Not Smucker's

I was performing rounds at the hospital one morning and while checking up on a man I asked, "So how's your breakfast this morning?"

"It's very good except for the Kentucky Jelly. I can't seem to get used to the taste," Bob replied.

I then asked to see the jelly and Bob produced a foil package labeled 'Ky Jelly.'

Submitted by Dr. Leonard Kransdorf, Detroit MI

THE PRESIDENT'S PAGE

LINDA FEIWELL ABELS, MD

Cutting the Grass

A nurse was on duty in the ER when a young woman with purple hair styled into a punk rocker Mohawk, supporting a variety of tattoos and wearing strange clothing, entered.

It was quickly determined that the patient had an acute appendicitis, so she was scheduled for immediate surgery.

When she was completely disrobed on the operating table, the staff noticed that her pubic hair had been dyed green and above it was a Tattoo that read 'Keep off the grass.'

Once surgery was completed, the surgeon wrote a short note on the patient's dressing which said.. 'Sorry, had to mow the lawn'

Submitted by an anonymous RN

Anonymous Whistler

As a new, young MD doing his residency in OB, I was quite embarrassed when performing female pelvic exams.

To cover my embarrassment, I had unconsciously formed the habit of whistling softly.

The middle-aged lady upon whom I was performing this exam suddenly burst out laughing further embarrassing me.

I looked up from my work and sheepishly said,
"I'm sorry. Was I tickling you?"

She replied with tears running down her cheeks from laughing so hard. "No doctor but the song you were whistling was"

"I wish I was an Oscar Meyer Wiener."

Doctor would not submit his name.

Baby's First Doctor Visit

A woman and a baby were in the doctor's examining room, waiting for the doctor to come in for the baby's first exam.

The doctor arrived, and examined the baby, checked his weight, and being a little concerned, asked if the baby was breast-fed or bottle-fed.

"Breast-fed" she replied.

Well, strip down to your waist, the doctor ordered.

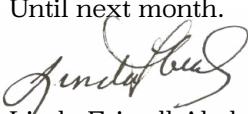
She did.

He pinched her nipples, pressed, kneaded, and rubbed both breasts for a while in a very professional and detailed examination.

Motioning her to get dressed, the doctor said, "No wonder this baby is underweight. You don't have any milk."

"I know," she said. 'I'm his Grandma, but I'm glad I came."

I hope you're glad you read this article and enjoyed a few laughs from the medical bloopers I've shared with you. Until next month.



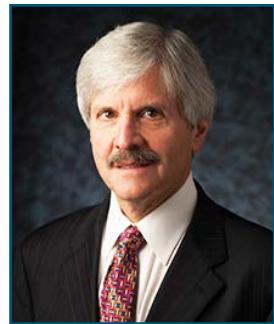
Linda Feiwell Abels
President
Indianapolis Medical Society



Shortsighted Politics Taint an Overall Positive Legislative Session

by RICHARD D. FELDMAN, MD

IMS Board Member, MHM Board Member and Past President, Former Indiana State Health Commissioner



The 2021 Indiana legislative session was unusual due to the COVID-19 pandemic. The contracted number of bills actively considered focused on COVID-19-related issues, state budget creation, and the most concerning issues to legislators. This selected review of health-related legislation comes through the lens of a family physician and former public health official.

The session was notable for what was not considered or did not survive the session; many bills were simply put off until next year. Scope of practice proposals including signature authority expansion for nurse practitioners (APRNs); more practice freedom and prescriptive authority for physician assistants; and a proposal, supported by the medical community, granting authority to pharmacists to prescribe birth control pills were unsuccessful.

Regrettably, once again, the legislature failed to increase the cigarette tax or prohibit flavorings in vaping products. No legalization or decriminalization proposals for marijuana were heard.

Also not considered this session was a measure to add clarity to the identification and advertising of health professionals including designations reserved for physicians. Many patients are confused about who exactly is providing their medical care.

There were many good outcomes: A bill that would have prohibited workplace immunization requirements died – reason prevailed. The budget included increased funding for mental health programs and the expansion of residency positions to principally address Indiana's lack of primary care physicians. Grant funding for family medicine residencies and Marian University College of Osteopathic Medicine tuition scholarships to promote primary care careers was maintained. Continued funding was provided for two excellent public health programs to address optimal pregnancy outcomes. Also, legislation was enacted allowing individuals to execute a single document for all aspects of health-care advanced directives.

Also greatly welcomed was legislation that establishes a \$40 million state-supported grant program for community-based health initiatives, especially for chronic diseases. Dentists were given limited immunization

authority (similar to pharmacists). We need all the help we can get to maximize vaccination rates. The legislature did pass a tax on vaping liquids and devices at an amount to reach taxation parity with cigarettes. Syringe exchange programs were extended to 2026, vital for preventing spread of drug-use related HIV and hepatitis C. Outstanding public health measures.

Expansion of accepted communication modalities and providers for telehealth was another positive result. We learned the value of incorporating telehealth during the COVID-19 crisis, but I caution that patients should not receive all their care electronically. Prohibition of utilizing telehealth for medically-induced abortions was predictable, but the requirement that providers inform patients of an unproven medication use for reversal of medical abortions in progress was outrageous.

Parent education regarding cardiac conditions in student athletes that could lead to sudden cardiac arrest and parent sign-off for return to play after a concerning incident was enacted. This is much needed legislation.

Two COVID-19 liability protection bills passed giving health-care providers immunity for COVID-19 premises exposure and good-faith but unavoidable shortfalls in certain aspects of COVID and non-COVID medical care during the emergency declaration. Health-care professionals who stepped up during the crisis deserve these protections.

Most disappointing were SB 5 and HB 1123 that essentially give ultimate approval and oversight over emergency executive orders issued by the Governor and county health officials to the legislature or local governing bodies, respectively. These potentially more political decisions may restrict the ability of the Governor and local health officials to act adequately and decisively during declared disaster emergencies. The Governor's veto, likely to be overridden, blocks SB 5.

Shortsighted political pushback which tainted an overall positive legislative session.

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Patients At Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare.

by BUI TRAN, MD, MBI, FASA

IMS Board Member



The tragic story of 19-year old Alexus Jamel Ochoa-Dockins is woven throughout the book *Patients At Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare*. Alexus' case is used to illustrate how the U.S. healthcare system is failing American patients, just as a Mortality and Morbidity (M&M) review dissects not only an individual physician's errors but also the failures of the system which allowed the error to occur. Alexus, an otherwise healthy college honor student and athlete, who complained to her boyfriend of chest pain and shortness of breath before fainting, was brought to Mercy El-Reno Emergency Room (ER) in Oklahoma, where she was cared for by family nurse practitioner (FNP), Antoinette Thompson. Alexus was critically ill with elevated heart rate and low oxygen saturation, and the paramedic who transported her to the ER had called ahead to warn the ER that the patient possibly had a pulmonary embolism. *Patients At Risk* details mistake after inexplicable mistake in the FNP's evaluation and treatment of this young patient. Ten hours after Thompson began treating Alexus, the nurse practitioner (NP) finally obtained the critical chest CT scan which showed the large blood clots in both of Alexus' lungs. She was transferred by the NP without initiation of therapy for the clots, and though the receiving physicians at the University of Oklahoma Medical Center desperately tried to save her life by giving her the proper treatment it was much too late. Alexus, a previously healthy athlete, died shortly after the transfer. The lawsuit which followed this tragic death, and the wide range of consequences (or lack thereof) for the parties involved in the case are simply stunning.

Alexus's story demonstrates a grave decline in US health care, as political maneuvering and corporate greed have led to the replacement of physicians by lesser trained practitioners. *Patients at Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare*, is written by Dr. Al-Agba, a pediatrician, and Dr. Bernard, a family physician. They outline the decline of medical expertise over the last twenty years in this well referenced and data-driven book.

Al-Agba and Bernard guide the reader through the history of the nurse practitioner profession starting in the 1960's, when pediatrician Henry Silver and nursing professor Loretta Ford created a pediatric nurse practitioner program at the University of Colorado to have advanced nurses work alongside physicians to provide well-child-

care. Over the next six decades, nurse practitioner organizations continued to push the boundaries of their practice and, thanks to expert political maneuvering, by 2019, legislatures in twenty-three states and Washington DC had passed "full practice authority" (FPA), the authority to provide medical care on the basis of legislation not education. In these states, nurse practitioners can practice without physician supervision, without oversight from the state medical boards and without being held to the legal standard of medical care. Future goals of the AANP include legislating FPA throughout the U.S., insurer reimbursement parity and employer payment parity with physicians.

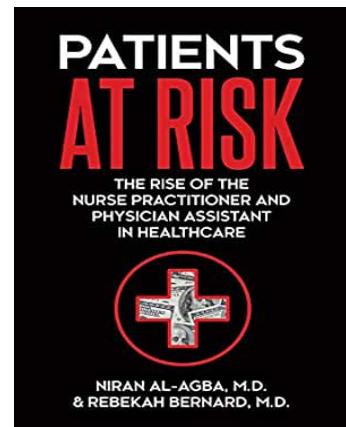
Patients At Risk dives deeply past the most obvious reasons why corporations and private equity organizations choose to hire nurse practitioners instead of fully trained physicians. Al Agba and Bernard dissect many of the studies most cited by those advocating for nurse practitioner independent practice, pointing out the invalidity of the studies' methods and conclusions, and the weakness of their resulting arguments. The details of the tangled web of conflicts of interest of these studies' designer or funders are simply stunning. The history of how profit-motive infiltrated deeply into nursing education as well its consequences is discussed in fascinating detail. The lack of standardization in the production of nurse practitioners is surprising, but more shocking is learning of the entities driving these trends.

With the success of nurse practitioners' movement, other professions have followed suit. Physician assistants and CRNAs are actively lobbying to be independent of physician supervision. Pharmacists are advocating for the right to make medical diagnoses, order lab tests, and prescribe medications without physician involvement. Optometrists wanted to expand their scope of practice to include surgery like ophthalmologists. Naturopaths are lobbying to be considered primary care physicians. Chiropractors are demanding expanded scope of practice, and in some places have even legislated the authority to provide primary care, perform minor surgical procedures, pelvic examinations, and practice obstetrics. Psychologists are seeking the right to prescribe psychotropic medications.

Al-Agba and Bernard present the problems of US healthcare backed by their thorough research and hard data. They also suggest solutions for patients, physicians, poli-

BOOK REVIEW

cymakers and politicians. Before reading *Patients At Risk: The Rise of the Nurse Practitioner and Physician Assistant in Healthcare*, I did not know how vast the conspiracy of political maneuvering and corporate greed were in American healthcare. Such greed has led to the decline of healthcare in our country. The dumbing down of medicine has deadly consequences. This book is truly an eye-opener and should be mandatory reading for all healthcare professionals, patients, and legislators. The book *Patients At Risk* can be purchased in softcover print from multiple online vendors including Amazon, Barnes & Noble, and WalMart. A digital e-reader version is available for Kindle, and it is available as an audiobook on Audible. Also, check out the accompanying podcast also named "Patients At Risk," in which the book's authors interview guests on related subject matter.



Information from the Marion County Public Health Department.

Greetings:

I want to thank you for referring your patients to the Marion County Public Health Department, ABCs of Diabetes self-management program and provide you with our July through December 2021 class schedule. Last fall the ABCs of Diabetes program transitioned from in-person to online classes and telephonic consults. Below is a brief outline of the program.

The ABCs of Diabetes is accredited by the Association of Diabetes Care & Education Specialists for continuing to meet the National Standards for Diabetes Self-Management Education Programs. Individuals with pre-diabetes and diabetes are provided with training in self-management skills in order to improve their health-related quality of life. The program is presented free of charge. Individuals enrolled in the program participate in four group online educational classes, pre-class assessment, individual medical nutrition consult with a registered dietitian, post-class assessment with a registered nurse, and a two month follow up online or by telephone. We also offer a pre-class coaching session to each enrollee to help them navigate their unique connectivity, hardware and software issues.

Next to this is a flyer with the dates and times for the remainder of the 2021 program year. A PDF of this flyer is available at marionhealth.org/diabetes. Client registration is required for the classes and can be done online at the above website or by telephone at (317) 221-2094.

I thank you for your continued support of the ABCs of Diabetes program. If you have any questions, please feel free to give me a call at (317) 221-2099 or by e-mail jshipp@marionhealth.org.

Sincerely,

Janet D. Shipp, RN, MSN, CDCES, LDE
Diabetes Program Manager

The flyer features a blue border. At the top left is a graphic of three interlocking puzzle pieces, one blue and two green. To its right, the text 'FREE ONLINE DIABETES EDUCATION CLASSES' is written in large, bold, blue and green letters. Below this, the months and dates for the classes are listed in a grid format. At the bottom left is the Marion County Public Health Department logo with the text 'MARION COUNTY PUBLIC HEALTH DEPARTMENT Prevent. Promote. Protect.'. At the bottom right is the ADCES DEAP logo with the text 'ADCES DEAP DIABETES EDUCATION ACCREDITATION PROGRAM'.

Month	Days	Dates	Time
JULY	Wednesdays	7, 14, 21, 28	1:30 - 3 p.m.
AUGUST	Thursdays	5, 12, 19, 26	5:30 - 7 p.m.
SEPTEMBER	Wednesdays	8, 15, 22, 29	1:30 - 3 p.m.
OCTOBER	Thursdays	7, 14, 21, 28	5:30 - 7 p.m.
NOVEMBER	Wednesdays	3, 10, 17, 24	1:30 - 3 p.m.
DECEMBER	Wednesdays	1, 8, 15, 22	1:30 - 3 p.m.

Plan to attend all four classes.
Registration required 1 week prior to first class.
marionhealth.org/diabetes • 317-221-2094

*Don't be shy, we will help you with the online part!



Session Ends on High Note, with Many Gains for Indiana Physicians

by GRANT ACHENBACH, JD

ISMA Director of Government Relations



After nearly four months of work, the legislature adjourned Thursday (April 22), the last day of the regular 2021 session. Notably, legislators did not adjourn sine die as they do in typical years because they must return this fall to redraw the legislative district maps. Despite the challenges created by COVID-19, Hoosier physicians were heard loud and clear within the Indiana Statehouse.

Through extensive conversations with legislators, behind-the-scenes deliberations, strategic partnerships with like-minded advocacy groups, and thanks to you, direct outreach from ISMA members – significant advances were made this session for both health care policy and public health investment.

Keep reading for a comprehensive overview.

State budget

The final version of **House Enrolled Act (HEA) 1001 (State budget)** was released on Wednesday and included several ISMA priorities. Notably, the budget:

- Continues to fund the Graduate Medical Education Board (GMEB) to expand medical residency programs in Indiana. Not only was funding maintained at \$4 million in fiscal year 2022, but the General Assembly increased funding for the GME to \$5 million in fiscal year 2023.

- Establishes an e-cigarette tax that achieves parity with cigarette taxation rates. “Closed system cartridges” (think Juul) are now taxed at 25% of the wholesale price. Other vapor products (e-liquids, etc.) are taxed at 15% of the retail price. Both taxation rates mirror the proposals put forward by ISMA and our partners at the Alliance for a Healthier Indiana to achieve tobacco tax parity between electronic cigarettes and traditional cigarettes.
- Includes \$50 million for public health grant programs administered by the Indiana Department of Health (IDOH) per **HEA 1007 (State health improvement plan and grant program)**.
- Appropriates \$100 million in one-time funds to the Family and Social Services Administration (FSSA) for mental health services.
- Fully funds Medicaid (including the extension of postpartum coverage for Medicaid patients for up to 12 months) and restores funding to mental health and addiction services that was originally cut by \$26 million in the introduced version of HEA 1001.

As you can see, HEA 1001 marks a serious investment in public health. Thank you to all ISMA members who called and emailed their legislators and interacted with our Legislative Action Centers during the course of the session – your advocacy has made a difference!

Health care provider immunity

EDITORIAL

ISMA and other health care industry stakeholders successfully advocated for landmark immunity legislation that is tailored to the heroic response of physicians and members of the health care team.

Senate Enrolled Act (SEA) 1 (Civil immunity related to COVID-19) and **HEA 1002 (Civil immunity related to COVID-19)** provide broad, premises-based protections and specific protections for common situations physicians experienced during the course of the pandemic; these include withholding or delaying care, providing service without adequate PPE or COVID-19 testing, using equipment and medicine in ways not approved by the FDA, and practicing outside of one's expertise or specialty in order to fill workforce shortages. Protections apply to licensed physicians and residents, as well as medical students who were called on to step up in the face of a global pandemic, and extend to administrative licensure actions.

Telemedicine modernization

ISMA also advocated for significant changes to Indiana's telehealth statutes to make permanent the flexibility put in place by Gov. Eric Holcomb during the pandemic. These changes were codified in **SEA 3 (Telehealth matters)**. The bill ensures patients may continue to use telehealth by removing the hub-and-spoke originating/distant site requirements for Medicaid patients, clarifying that telehealth includes audio-only communications, and expanding the list of technologies available to physicians and patients once an appropriate doctor-patient relationship has been established. Importantly, it also specifies that a physician may not be required to perform telehealth services, and that health plans may not require physicians in their network to use their proprietary telehealth platforms.

Regulatory alignment and reducing administrative burdens

ISMA also successfully reduced administrative burdens on physicians in several areas. **HEA 1447 (Good faith health care estimates)** aligned the mandatory good faith estimate requirement established in state law last year in HEA 1004-2020 (which was set to go into effect July 1, 2021) with federal requirements passed by Congress last December in the No Surprises Act. This change eliminates what would have been a burdensome, duplicative requirement on physicians and health care facilities. The federal requirements take effect Jan. 1, 2022, and the U.S. Secretary of Health and Human Services is expected to issue further guidance on the good faith estimate provisions of the No Surprises Act by July 1, 2021. Be sure to look for further updates from the AMA and ISMA on this topic as the January 1, 2022 effective date approaches.

HEA 1468 (Various health matters) delayed Indiana's new e-prescribing mandate for controlled substances until Jan. 1, 2022, to align it with a similar federal requirement. HEA 1468 also clarifies that physicians who prescribe a controlled substance using one of the statutory exceptions to the e-prescribing mandate do not need to seek a waiver from the board of pharmacy to do so. The similar theme of aligning state law with recent federal changes continued with **HEA 1421 (Various health care matters)** and **SEA 325 (Hospitals)**, which made price transparency requirements for ambulatory surgery centers (ASCs) consistent with newly adopted federal rules on posting prices. The change allows an ASC to post fewer than 30 shoppable services if they do not actually offer 30 services. Finally, **HEA 1109 (INSPECT program reporting)** specifies that prescribers no longer need to issue daily "zero reports" to INSPECT on days when they did not dispense any controlled substances.

Physician wellness programs, "white bagging," and more

Health care provider burnout has been a major topic of conversation during the pandemic, and physicians have certainly suffered symptoms of career fatigue and feelings of burnout over the last year. **SEA 365 (Immunity for physician wellness programs)** establishes new confidentiality and immunity protections for physician wellness programs specifically designed for physicians in need of peer-to-peer support or professional mental health services.

As we reported last week, in April, legislators were made aware by ISMA and other provider stakeholders of "white bagging," a practice used by health plans that requires in-network facilities and providers to obtain and administer specialty drugs from an insurer's contracted specialty pharmacy. There were several proposals to regulate the practice; ultimately, **HEA 1405 (Insurance matters)** calls for several state agencies to study and report back to the legislature this summer on whether and to what extent white bagging presents patient safety concerns. Legislators may or may not take additional action when they return this fall to draw the new legislative district lines.

ISMA also worked aggressively to force several changes to **SEA 5 (Local health departments; public health emergencies)**, which establishes an appeals process for enforcement actions of local health officials. Unfortunately, lawmakers were unwilling to accept all of ISMA's proposals, and the bill still contains several areas of concern; these include a lack of clear standards for deciding on appeals and a requirement that the county legislative body

approve local health orders more stringent than a state executive order. The ISMA, the Indiana Public Health Association and the Indiana State Association of City and County Health Officers will continue to work on this issue and other public health infrastructure conversations throughout the year.

Scope of practice

Finally, several pieces of legislation proposed changes to other health care providers' practice acts. ISMA worked with several groups to solve problems without inappropriately expanding their scope of practice. For example, ISMA worked with the Indiana Dental Association in **HEA 1079 (Practice of dentistry; virtual claim payments)** to update the definition of dentistry and accommodate oral surgeons who routinely treat associated and adjacent structures of the oral cavity and maxillofacial area. In other instances, ISMA voiced concerns with scope of practice expansion proposals, including **SB 366 (Physician assistants)** and **HB 1399 (Advanced practice registered nurses)**, which dealt with signature authority for APRNs. Ultimately, both bills failed to advance through the process.

Looking ahead

This year is an anomaly, as the General Assembly is not required to adjourn sine die until Nov. 15. Although the legislature's stated intent is to return to redraw legislative districts, it is possible that it could tackle other topics, such as "white bagging," periodically throughout the summer. ISMA will report on this activity as needed throughout the summer and fall.

In the meantime, your Government Relations team and ISMA Commission on Legislation will shift gears to researching issues and legislation for next year, preparing for the ISMA House of Delegates and maintaining relationships with legislators throughout the interim. Please plan to stay engaged with our advocacy efforts by:

- Making your annual contribution to IMPAC by visiting www.ismanet.org/impac.
- Planning to attend your ISMA district meeting (watch for information coming soon!)
- Connecting with your legislator over the summer. Stay tuned for grassroots outreach alerts from ISMA and the Indiana Physician Coalition with tips and talking points.

This article originally appeared in **ISMA Reports**, the ISMA member newsletter.

IS YOUR PATIENT RECEIVING PHYSICIAN EXPERTISE?

ASK



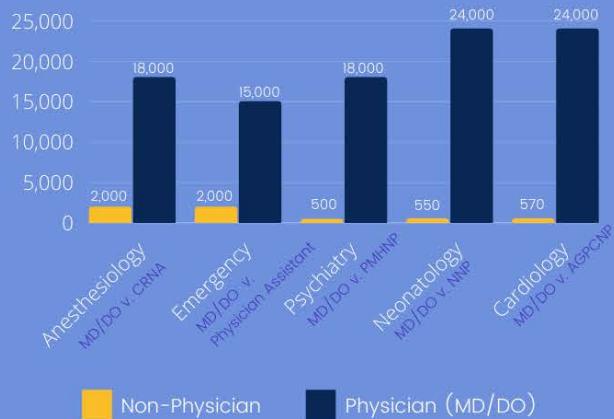
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Colleague Corner: The 10 Question Interview

We are back again with another member in the Colleague Corner of the IMS Bulletin. We've asked 10 questions of Dr. Mary McAteer to learn more about her to share with you. You might remember her, Dr. Mary McAteer is one of our more recent Past IMS Presidents and we are thankful that she is sharing her answers with us this month.

1. Tell our readers little bit about yourself, your family life, background including medical school and specialty and where you work now.

Growing up the eldest of 8 children, I was born to be a pediatrician. My father, a pharmacist, and mother, a physical therapist, loved each other, their faith, and encouraging the gifts in others, especially children. They felt a closeness to their large extended families, visiting relatives for holidays and vacations. My dad loved baseball and pitched for us and the kids in the neighborhood. As soon as we could walk, we were invited to play. Whiffle ball at first, then, when we moved into our bigger house near the little league complex, we played hardball, graduating diamonds as we improved. Dad was our favorite pitcher, fungo, and coach.

My grandmother was able to come stay with us whenever my mom had a new baby. Mom was so busy with babies, I was recruited to help Grandma cook, mend, listen to family stories, accompany her to church, and, best of all, take care of children. My mom was my first exacting editor and education support. She and Dad always encouraged my love for math and science. When I turned 16, I was able to work in the pharmacy Dad helped manage. When customers asked my advice for help select the correct medicine, I quizzed my dad endlessly about which over the counter meds are useful for the different ailments or complaints. I learned more when I watched him give advice, how respectfully he treated everyone, no matter who they were or why they were there.

Pursuing my undergraduate degree in Biology at Purdue University, I worked as a physical therapy assistant for work-study, played intramural tennis, served on the Student Hospital Advisory Board, and worked 3-4 jobs each summer. My dream to keep studying medicine came true when I was accepted into Indiana University School of

Medicine. I had such a great time with my fellow students, I was elected vice president of my class, to advocate for the various things we needed to get to know each other as colleagues and life-long learners. The greatest thing about medical school was meeting Jim McAteer, my wonderful, supportive, kind husband. We had our first child, Kevin, when I was a senior medical student. Even though Jim came into our marriage without the grooming in parenting I received, and facing most nights during my pediatric residency alone, he and Kevin developed a strong, healthy relationship. Our twin daughters, Maureen and Carole, were born at the end of my residency. I attribute their birth at term to the kindness of my resident colleagues who volunteered to take my overnight call after 32 weeks' gestation. My first job was staff in the Pediatric Clinic.

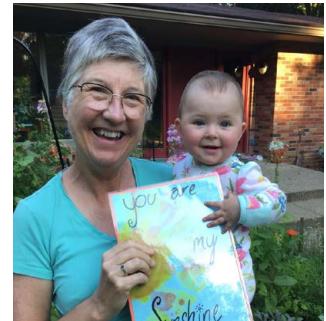
Richard Schreiner realistically advised starting 4 months after their birth, only a few days a week, until we adjusted, that was immensely helpful in getting our family used to me working. Our fourth child, John Gabriel, was born while I was in practice as a general pediatrician, which I still enjoy.

We love getting together as family, playing outside, watching the 3 grandchildren: Piper, Nolan and Etta grow up. Jim and I have been trying to create a more native habitat in our yard and surrounding woodland, we appreciate the collective wisdom of our neighbors, friends, and the Indiana Native Plant Society. Between baking loaves of sourdough bread and making homemade yogurt, I enjoy playing tennis, reading books, cooking, visiting relatives and friends, and learning new things, like knitting.

2. What attracted you to medicine and your specialty in particular?

When I was in medical school the psychiatrists and pediatricians encouraged me to consider their specialties. Being a pediatrician unites Pediatrics and Psychiatry since the developing brain is rooted in childhood. Growing up in Richmond, my family was cared for by a general practitioner. The care of children by pediatricians was something that appealed to what I love to do anyway.

3. Was there someone who inspired your journey



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Indiana Medical Society • Indianapolis, Indiana
144th President of IMS
2017-18

Mary Jan McAteer, M.D.

The AMA has designated September as Women in Medicine Month

MEMBERSHIP *continued*

toward medicine or someone who inspires you daily? What would you say to them if you could?

My dad was my first role model, believing in me, and telling me that he did. Each of us 8 children feel that we were Dad's favorite child. At his funeral, when he was 52 years of age, many people came to tell us how important Dad was to them. He helped them by applying his knowledge to each person, kindly listening, and sweetly encouraging them. Working alongside William "Pinky" Newell, a physical therapist, who applied the modalities of the science of PT to athletic training, I saw how he healed people by his calming manner and expert touch. During residency, I was encouraged by John Heubi, and Morris Green. Dr. Heubi brought his amazing knowledge and personal stories to teach me the art of primary care pediatrics. Dr. Green taught me how to look for the strengths in every family, especially mothers and children, and try to understand the stresses that impact their family.

4. What is the best and worst thing that has happened to you?

The best thing about being a physician is being able to work with children and families as they grow up. That is a true gift, encouraging a family all the way through that is very special. The worst thing is when I feel that I have failed somebody, when I can do no further good. It is something that happens despite my best intentions when circumstances are out of my control. But it still makes me feel terrible.

5. What is the biggest challenge you believe we face as physicians today?

The disintegration of the patient/physician relationship. This is a complicated topic; I have tried to address aspects of it in my editorials for this journal over the past few years. The ideal relationship would be less transactional and more relational. The patient would know the assets of their tending physician and the physician would know what the expectation of the patient is, and the reward is working together to solve problems.

6. Would you encourage another young person into a career in medicine?

I highly recommend medicine as a career to anyone who is interested in helping others, investing energy in increasing their knowledge base, encouraging others, and getting to work with people within humanitarian settings.

7. What has been the most unique medical case you have faced before (without breaking any HIPPA laws of course)?

The first time I realized how a limitation impacts the whole experience of a child's life. My teenage patient with congenital nystagmus, whose vision was corrected, began to fail in high school. This was quite unusual for him and

he and his parents were devastated. When I questioned him, he told me how his classes functioned. He had to listen from someone who is lecturing to him while trying to copy the handouts or the outline from an overhead projector at the same time. We realized his visual challenges were not allowing him to function in the way classes were taught. His parents were able to advocate for him to get the handouts before class, compare his notes with others so he could listen to the lecture for clarity. He then was so successful, he graduated from college to become a religious scholar. That spurred me on to do more investigation into the academic environment around every child if they are having difficulties in learning or anxieties about school, exploring their relationships as well as how information is presented to them.

8. If you could not be a doctor, what would you be?

I would work in a library – my favorite place to go whenever I'm in a bad mood or visiting a new city. It has as many books as I can carry to bring home, or I hang out pouring over reference books.

9. What is your favorite inspirational quote?

My favorite quote is a joke: "What time is it when an elephant sits on a fence?" A joke may seem kind of funny being an inspiration but, first and foremost my objective every day is to say something funny. It's a good day if someone else laughs at what I say, it's a mediocre day or regular day if I'm the only one laughing, and it's a terrible day if I can't even think of anything funny, then I must tell myself my joke. Answer: "It's time to get a new fence". One of my patients told me Answer: "It's break time". This is just as funny as the first answer and so I encourage new responses to my old joke. I promise to share.

10. Anything else you want to share with your fellow IMS members?

Being a member of the Indianapolis Medical Society has allowed me to advocate for fellow physicians, patients, and families trying to get some of the problems that we face fixed. We have a chance to discuss very candidly amongst ourselves what work looks like, to do something good, to say something funny. One of the highlights of our meetings, we have some hilarious physicians on our board, is when we begin laughing. If you need a laugh, or have an idea that will improve things, please attend one of our meetings because it really is fun, positive, and healing. I hope you enjoy my photos. Please stay in touch and my best to all of you.

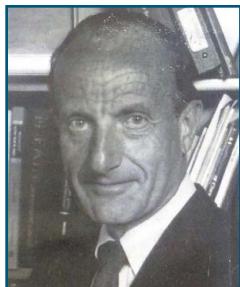


IN MEMORIAM



MARVIN CRANE CHRISTIE, MD

Dr. Marvin Crane Christie, 90, of Indianapolis, passed away on April 20, 2021. He was born on September 19, 1930 in Indianapolis, IN to the late Merrill and Lois Christie. He graduated from Southport High School in 1948. He attended Indiana University, Bloomington and while there, he played basketball under Branch McCracken. He graduated from Indiana University Medical School in 1954. He completed his medical residency in the United States Air Force and returned home to begin his medical practice in Beech Grove in 1957 and was affiliated with St. Francis Hospital throughout his career. He loved golf, hunting, fishing, and flying. IMS member since 1958.



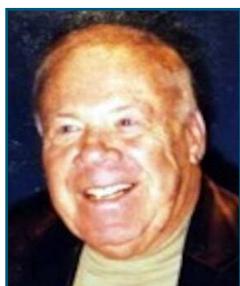
KARL LEE MANDERS, MD

Dr. Karl Lee Manders, age 94, passed away unexpectedly at St. Vincent's Hospital in Indianapolis, IN. Dr. Manders attended the University of Buffalo School of Medicine in 1946 and graduated in 1950. Dr. Manders began his surgical internship and neurosurgical surgery residency at the University of Virginia 1950-1952. The Korean War interrupted his neurosurgical residency. Dr. Manders served in the United States Navy from 1952-1954 and received the Korean Conflict and 6th Fleet Medals. Dr. Manders also served at the Bethesda Naval Hospital as a Neurosurgical Ward Officer aboard the USS Juneau in the 6th fleet and the USS Rankin in the Amphibious Fleet in the Caribbean. Dr. Manders completed training at the Henry Ford Hospital in Detroit, MI from 1954-1956.

Dr. Manders was a pioneer in chronic pain management and opened the first pain center in the state of Indiana in 1973. His goal was to get chronic pain patients off medication and to give them the skills to cope with pain in a holistic way. Dr. Manders brought the first hyperbaric chamber to Indiana and served as Marion County Coroner in Indianapolis for twelve years. Dr. Manders continued interest in forensic medicine developed into a medical-legal consultation practice. Dr. Manders was the Chief of Medical and Surgical Neurology at Community Hospitals, Indianapolis, Indiana in 1977, 1983 and 1993.

Dr. Manders was an accomplished, well respected surgeon and received the following awards and elections throughout his career: James A. Gibson Anatomical Society, Diplomat; National Board of Medical Examiners; James McClure Surgical Society, Diplomat; American Board of Neurological Surgery, Certificate of Achievement, Department of the Army, President Indiana Coroner's Association, Diplomat in Clinical Biofeedback, Executive Council, Indiana Biofeedback Society, Editorial Review Board, Journal of Pain Management, Professional Advisory Council, American Board of Medical Psychotherapists, President, Midwest Pain Society, Diplomate, American Board of Hyperbaric Medicine, Marion County Coroner, City of Indianapolis, Diplomat, American Board of Pain Management, Distinguished Physician Award, Community Hospitals Indianapolis, Certificate of Distinction, Indiana State Medical Association, America's Top Surgeon Award, Consumers Research Council of America.

Dr. Manders had several publications, "The Surgical Treatment of Parkinson's Disease and Other Involuntary Movement," "Relief of So-Called Psychosomatic Headache with Cervical Fusion," "Recurrent Brain Abscess Due to Unusual Foreign Body - A Case Report," "The Treatment of Chronic Pain," "Treatment of Chronic Pain in the Community Hospital Rehabilitation Center for Pain," "Contemporary Indications for Hyperbaric Oxygen Therapy," "Head Injury-Coma Arousal Center," "Lumbar Disorders: When and When Not to Operate." IMS member since 1956.



DANIEL MCLAREN, MD

Dr. Daniel E. McLaren died peacefully at home just short of his 93rd birthday. Dan began his medical career as a family doctor back when doctors made house calls and enjoyed private practice. He was respected for his caring and honest approach to the needs of his patients, many of whom were multi-generational. He retired at the ripe age of 80.

Dan was known for his generosity to many, always the first to help those in need. His joke and storytelling skills were legendary along with his expertise with card tricks. IMS member since 1959.



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BULLETIN BOARD



RICK C. SASSO, MD

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the annual meeting of the Scoliosis Research Society's International Meeting on Advanced Spinal Techniques (IMAST) which was held virtually April 23, 2021. Dr. Sasso was the Chairman of the Cervical Deformity symposium.

Rick Sasso, MD, gave an invited lecture on Cervical Myelopathy at the annual meeting of the Indiana Orthopaedic Society April 24, 2021.

Rick Sasso, MD was featured in the "Safety in Spine Surgery" month April 2021. Dr. Sasso's educational video created during his presidential year as Cervical Spine Research Society president last year "No-Strikeout Protocol" is a step-by-step algorithm for the evaluation and treatment of airway compromise after anterior cervical spine surgery.

Dr. Sasso along with Indiana Spine Group co-authors Drs. Barrett Boody and ISG spine surgery Fellow and IU resident authored a book chapter in the recently released textbook "Revision lumbar spine surgery". The invited chapter detailed the causes and cures for iatrogenic lumbar instability.



MARY JEAN VORWALD, MD

Mary Jean Vorwald, MD has been named the West Central Regional Medical Director for Everside Health (formerly Activate Healthcare). The West Central Region includes Indiana, Missouri, Kansas, and Nebraska. Dr. Vorwald joined Activate Healthcare in 2014, and has been serving as Medical Director for the Central Indiana Region for 4 years. Everside Health provides direct patient care to employers, county agencies, unions, manufacturers, etc. across the nation and has over 40 health care centers in Indiana.

TO SUBMIT ANNOUNCEMENTS FOR THE BULLETIN BOARD, simply email your item to our editor and Executive Vice President, Morgan Perrill, at Mperrill@indymedicalsociety.org. Any announcement, conference/speaking engagement, award, press release, book, birth, celebration that includes an IMS member submitted before the 5th of that month will be printed in the Bulletin Board as long as space allows.

CME & CONFERENCES

MONTHLY EVENTS	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week of the Month	Community North: Breast Cancer Conf. 7-8 am	Community East: CHE Admin Conf. 12-1 pm Community North: Psychiatry GR 12:30-1:30 pm Community North: Chest Cancer Conf. 7-8 am Community Heart & Vascular: Imaging Conf. 7-8 am		Community North: Forum 7-8 am Community South: South Case Presentations 12-1 pm
2nd Week of the Month	Community East: Medical GR 1-2 pm Community South General CHS 12-1 pm	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: M&M Conf. 7-8 am Community South: Breast Cancer Conf. 8-9 am St. Vincent Simulation Center: Pediatric GR 12-1 pm St. Vincent Womens: Neonatology GR 12-1 pm	St. Vincent: Electrocardiograph Conf. 7-8 am	Community North: Gynecological/Oncology Conf. 7-8 am
3rd Week of the Month	Community North: Breast Cancer Conf. 7-8 am Community South: South Thoracic 8-9 am Community South: South Molecular 5-6 pm	Community North: Psychiatry GR 12:30-1:30 pm Community North: Melanoma 7:30-8:30 am Community Heart & Vascular: CV Conf. 7-8 am	St. Vincent Heart Center: Cardiac, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
4th Week of the Month	Community East: Breast Cancer Conf. 7-8 am	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: Disease Manage Conf. 7-8 am St. Vincent Womens: Perinatal Case 7-8 am		
Annual		St. Vincent Womens: St. Vincent Simulation Center: St. Vincent Simulation Center:	MFM Ultra Sound Series Sim Debriefing Essentials PMCH Crisis Management	Quarterly 1-4 pm 12x/Year 12x/Year

WEEKLY EVENTS

Day of the Week	Event
Monday	St. Vincent: General Cardiology 7-8 am
Tuesday	St. Vincent: Trauma Case 12-1 pm St. Vincent Womens: Neonatology Journal Club (every other month) 12-1 pm
Wednesday	St. Vincent: CCEP 7-8 am St. Vincent Heart Center: Intervention Cardiology 7-8 am St. Vincent: Advanced Heart Failure 7-8 am St. Vincent: Surgery Didactics 7:30-8:30 am St. Vincent: Surgery M&M 6:30-7:30 am
Thursday	St. Vincent PMCH: Pediatric Cardiothoracic Surgery & Cardiology Conf. 12-1 pm St. Vincent OrthoIndy: Fractures 8-9 am

ONLINE EVENTS

Indiana School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities usually offered as face-to-face meetings, have now transitioned to a virtual format in an effort to keep healthcare teams connected and engaged during the COVID-19 pandemic.

Online activities, visit: <https://iu.cloud-cme.com>

JUNE

- | | |
|------|--|
| 6-25 | 21 Indiana Alzheimer's Disease Research Center Memory University |
| 17 | Review and Interpretation of the 2021 ASCO Meeting |

Please visit <https://iu.cloud-cme.com> for a list of Regularly Scheduled Series (RSS) activities.

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org. Deadline is the first of the month preceding publication.

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SUSAN K. MAISEL

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Maureen Watson (2022)
Joseph Webster, Jr. (2022)

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* Indicates Voting Board Members, Term Ends with Year in Parentheses

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David R. Diaz
Marc E. Duerden

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Bernard J. Emkes
Bruce M. Goens
Paula A. Hall

Susan K. Maisel* (2021)
Jon D. Marhenke
Mary Ian McAteer* (2022)
John P. McGoff

Stephen W. Perkins

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Salman S. Qureshi, Marian Student

Maham Nadeem, IU Student

DELEGATES

Delegates to the Annual State Convention

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

Linda Feiwell Abels (2021)
Christopher D. Bojrab (2021)
Ann C. Collins (2023)
Carolyn Cunningham (2022)
Julie A. Daftari (2023)
John H. Ditsler (2021)

Marc E. Duerden (2023)
Richard D. Feldman (2021)
Robert S. Flint (2021)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2022)

Mark M. Hamilton (2022)
C. William Hanke (2021)
Penny W. Kallmyer (2023)
John E. Krol (2023)
Susan K. Maisel (2022)
Mary Ian McAteer (2023)

Thomas R. Mote (2021)
Mercy O. Obeime (2023)
Ingrida I. Ozols (2023)
Robert M. Pascuzzi (2023)
J. Scott Pittman (2022)
David M. Ratzman (2021)

Jodi L. Smith (2022)
Eric E. Tibesar (2023)
Maureen Watson (2022)
Steven L. Wise (2021)
Crystal Zhang (2022)

ALTERNATE DELEGATES

Delegates to the Annual State Convention

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

Ranai Abbasi (2021)
Laurie L. Ackerman (2022)
Jeffrey L. Amodeo (2021)
Doris Hardacker (2021)
Kyle Jamison (2021)

David A. Josephson (2023)
Kathryn Kelley (2023)
James Leland (2022)
Christopher Mernitz (2021)
Martina F. Mutone (2021)

Scott E. Phillips (2022)
Richard M. Storm (2021)
Glenn A. Tuckman (2021)

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*Indicates deceased

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William H. Beeson
1992-1993
Bernard J. Emkes
2000-2001
George H. Rawls*
1989-1990

John D. MacDougall*
1987-1988
George T. Lukermeyer *
1983-1984
Alvin J. Haley
1980-1981

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David R. Diaz

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