VOLUME CXXIX ISSUE 2 • INDIANAPOLIS, INDIANA FEBRUARY 2022

BULLETIN

PG 10

TOBACCO TAX: SB 382

by RICHARD FELDMAN, MD

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

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NOTE FROM THE EDITOR

Content, especially editorial articles, in the Bulletin are produced by the authors and are not the opinion of the Indianapolis Medical Society (IMS), IMS Board of Directors, or IMS Executive Committee. The goal of all articles and content contained in the Bulletin is to inspire debate and opinions among the membership on public health-related matters and keep the membership informed of issues facing physicians in central Indiana. Opposing viewpoints, comments, and counterpoint arguments are not only welcomed but encouraged and will be printed in the Bulletin by members of the Society by those who wish it. Members who wish to submit articles for publication should do so to me, Morgan Perrill, at mperrill@indymedicalsociety.org.

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THE PRESIDENT'S PAGE

ANN MARIE HAKE, MD

A common image of a physician is that of an individual providing direct care to a patient; however, physicians also effect a powerful positive impact on the health of our patients, community, and profession outside of the clinic and bedside through education, example, and advocacy. I'd like to focus on advocacy for a moment.

Advocating for our patients can take many forms, and many of these activities are actions we take every day. They can be as simple as making sure that prescription instructions are in a language that the patient can understand or being persistent in helping a patient get insurance coverage approval. Although these numerous tasks can feel "extra", we understand that they are vital in enabling our patients to receive the benefit of their medical treatment.

There are many other opportunities besides these daily actions to advocate for the health of our patients and for the community at large. Some of these can be undertaken not just on an individual basis, but also as part of a collective effort. One good example is through participation in organized medicine, such as IMS or the ISMA, which can help amplify and magnify our voices and efforts beyond that of a single physician. Many of the advances in health-related regulations and laws, for example, have been achieved through the advocacy efforts of medical professional organizations. These advocacy efforts do not arise out of the blue but are initiated by the voices of the organizations' members who recognize a need and propose a solution.

Here in Indiana, many of these advocacy efforts begin as resolutions from the House of Delegates at the ISMA convention that takes place each September. A resolution from the ISMA HOD helps set ISMA policy and drives its agenda at the Statehouse. In order to allow sufficient time for ISMA staff to research a proposed resolution (for example, to assess current laws that may already apply to the issue or that may be in conflict with the proposed resolution) and to allow member review and feedback before the convention, the deadline for submission of resolutions for September's convention has been moved 30 days earlier to June 12, 2022. A resolution proposal may be submitted by an individual ISMA member using the process outlined on the ISMA website. Resolutions may also have multiple authors or can be submitted by ISMA constituent societies and sections. To that end, the IMS has established a committee to help develop resolutions for submission, and to assist its members who wish to propose resolutions. Anyone who is interested or who has questions can contact the IMS for more information.

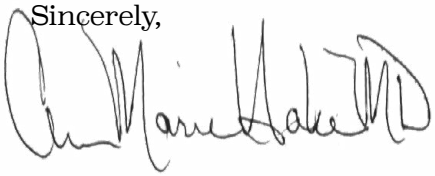
THE PRESIDENT'S PAGE

ANN MARIE HAKE, MD

Advocacy can also take place by direct contact with your legislators regarding issues or concerns. While the Indiana General Assembly (our state legislature) is in session, contacting one's legislators regarding proposed bills that affect our patients' health can be very productive in helping legislators understand the practical impact of the bill and to let them know the wishes of their constituents. And although the 2022 session for the IGA is a "short" session (ending on March 14), one need not wait until the IGA is in session to contact legislators with issues or concerns. Indianapolis City-County councilors and Federal lawmakers meet throughout the year and may also be appropriate individuals to contact, depending on the scope of an issue. You can find the names and contact information for your Indiana and Federal legislators at iga.in.gov/legislative/find-legislators/ while Indianapolis City-County councilor information may be found at https://www.Indy.gov/activity/city-county-council-members.

To repeat an oft-quoted truism, "an ounce of prevention is worth a pound of cure." Advocacy can be a powerful form of preventive medicine that can transform the health of our patients, our communities, and our profession. Let's stand up for better health, together!

Sincerely,



Ann Marie Hake
President
Indianapolis Medical Society

Cervella CES:

Using Micro-Currents of Electricity to Treat Anxiety and Insomnia

by BART WACLAWIK
CEO, Innovative Neurological Devices

According to Anxiety and Depression Association of America, nearly 20% of population suffers from anxiety, insomnia, or depression. In fact, there is a very good chance that you know someone in your immediate circle of family or friends who suffers from one or more of these disorders. Such was the case in my family. In 2016, my teenage son was diagnosed with Generalized Anxiety Disorder (GAD) and was, as done typically, prescribed antidepressants. Unfortunately, the various drugs he was successively put on did not seem to be working. In addition, the adverse events were severe. Things got really bad, to the point my wife and I were very seriously worried about the safety of our loved one.

As an entrepreneur, engineer, and a medical device professional, I wondered whether there was a non-drug option we could try. Through research, I found out that there was a kind of a medical device called Cranial Electrotherapy Stimulator (CES for short) that was indicated for treatment of Anxiety, Depression, and Insomnia. The principle of operation of a CES machine is very simple; the device delivers a very small amount of alternating electrical current to patient's brain via a pair of electrodes that are placed across patient's cranium. The micro-current of electricity alters patient's endogenous brain oscillations (specifically increase in alpha activity and decrease in delta activity), increases certain neurotransmitter levels (serotonin and beta-endorphin), and even has an effect on patient's DMN (default mode network).

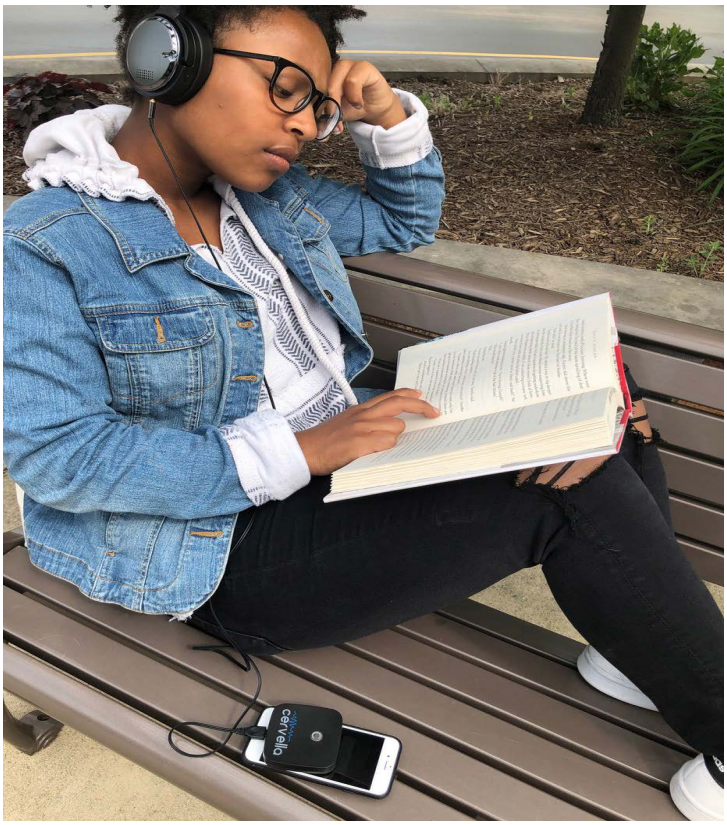
In researching the historical background for this type of device, I found out that using micro-currents of electricity dates all the way to antiquity (fish that emitted electricity were applied to patient's head in the ancient times) but the CES device as we know it can be traced to the 1950s, to the Russian space program, to be exact. It turns out that the astronauts (or cosmonauts as they were called) were understandingly suffering from extreme anxiety and insomnia during the pioneering times of space exploration. Since their headgear was already instrumented with various electrodes and sensors, the space engineers decided to apply small current of electricity and see whether they could alter the brain waves. Low-and-behold, the astronauts were getting relaxed and, from anecdotal evidence, so much so, they were falling asleep during simu-

lator training! This was the genesis for cranial electrotherapy stimulation.

In the US, the first devices obtaining FDA approval showed up in 1980s and underwent miniaturization from bulky table-top instruments to pocket-size devices with electrodes being applied to the forehead, the mastoid-process area, or clipped to ear-lobes.

Back to my family story. I obtained a CES device for my son and it worked quite well. However, I noticed that as soon as my son got better, he stopped using the device and, as you can expect, slowly relapsed. I asked why he was not using the device when it was clearly helping. His answer surprised me; the electrodes which had to be clipped to ear lobes were uncomfortable, conspicuous which prohibited him from using the device at school (where anxiety attack occurred most often), and the product was not very user-friendly. My wife commented that had this product been like his headphones, he would be using it all the time! This is when the light-bulb went off in my head. I went to the skunks works for couple of years and designed, validated, manufactured, and obtained FDA clearance for Cervella which I hope is the modern iteration on CES technology designed for people's active lifestyles.

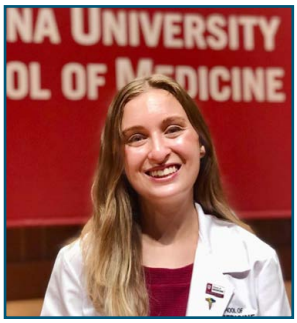
Cervella's innovative technology centers on incorporating the electrodes into ear-cushions of Bluetooth-enabled noise-canceling audio headset which is otherwise indistinguishable from ordinary headphones. Patients can receive treatment anywhere with the added benefit of being able to listen to music or having a phone conversation (the headset has a built-in microphone) during treatment. The device is app-controlled so that patient can operate the device discretely and the app automatically records the treatment data for recordkeeping or discussion with patient's doctor. In 2019, we have won the MIRA Innovation of the Year award for the device, and in 2020 we received the US patent. Since the launch in 2019, we have conducted additional clinical evaluations on 240 randomly-selected patients using the device for treatment of anxiety, insomnia, or depression. Patients were instructed to use Cervella daily for 30 minutes and reported the anxiety levels and sleep quality before the study and after 60 days. Overall, 92% of patients reported that the Cervella was beneficial with treatment of the underlying conditions and reduced the levels of anxiety, insomnia or depression (please see our website www.cervella.us for study details).



At this point, you may be wondering why is this type of device not used as first-line treatment or as an adjunct with CBT (Cognitive-Based Therapy) or drug-based therapies. It is a very good question and the answer is at least trifold. First, the FDA requires that the all CES devices are by prescription only and many patients are, unfortunately, having difficulty getting prescriptions, especially during CV19 times. Second, CES devices are not covered by many insurance companies (at least not as direct billing) so patients must pay for the device up-front and then seek reimbursement, if any. Lastly, manufactures of CES devices are typically small medical device companies which lack marketing budgets to increase patient and medical community awareness.

Our hope is that Cervella can be incorporated into a treatment plan where the antidepressants are either not effective or cause serious side-effects, used as an adjunct in drug or non-drug-based therapies, or, ideally, used as first-line treatment option. The device comes with 30-day return policy which is typically long-enough for a patient to determine whether he or she is responding positively to the therapy. We especially hope that the device is appealing to young patients who can incorporate the device into their daily active lives.

Advocating for LGBT Patients Through Legislation: Working from the Top Down to Address Structural Determinants of Health



by KEELEY D. NEWSOM and LUCY D. BROWN
IMS Members and Medical students, Indiana University School of Medicine

Recent evidence suggests that more individuals are identifying as lesbian, gay, bisexual, and transgender (LGBT) than ever before, and well-established health disparities for this population persist.1 Health education on LGBT health topics in medical school is minimal,2 and policies that protect LGBT individuals from discrimination in healthcare settings are lacking throughout the country. Recent controversial legislation attempts to further limit transgender youths' access medical care, including in the state of Indiana.3

As medical students, we have a unique opportunity to advocate for our patients. In an effort to support LGBT patients and colleagues, we, the authors, wrote an Indiana State Medical Association (ISMA) resolution opposing any action taken by Indiana legislatures to limit transgender patients' access to health care. Additionally, the resolution supports the training of medical students and health care providers in cultural competency, gender-affirming care, and physical health needs for LGBT individuals. Implementing policy, addressing social and structural determinants of health, and advocating for health care access through student medical associations ensures a well-informed medical education and prepares us to protect the patients we serve.

"Implementing policy, addressing social and structural determinants of health, and advocating for health care access through student medical associations ensures a well-informed medical education and prepares us to protect patients we serve."

Our resolution was passed within the Medical Student Section and was sent to the ISMA Annual Convention. In September 2021, it was favorably passed by the delegates to the ISMA across all regions of the state. Now, cemented in the official ISMA Policy Manual, we have implemented important protections for LGBT people in healthcare. Our hope by successfully passing this resolution is that we can ensure that future physicians will advocate for patient-centered care for our communities, prioritize education that will address sex and gender minority health disparities, and demonstrate solidarity with our LGBT colleagues.

Indiana is not unique in its paucity of sexuality and sexual health curricula, nor is it the only

state advancing medically unfounded anti-LGBT legislation. As medical students, we have been distinctively at the forefront of the fight. We will continue to learn more about these issues so that we can better serve and protect our future patients.

Acknowledgment

The authors thank Jessica Hille, JD, PhD, for guidance on this article.

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by RICHARD FELDMAN, MD
IMS Board Member, MHM Board Member
and Past President, Former Indiana State Health Commissioner

Tobacco Tax: Senate Bill 382

Tobacco is the only product that when used as directed kills the consumer. One of the most effective approaches to discourage cigarette smoking has been to increase cigarette taxes. State and federal governments have progressively increased taxes on cigarettes to boost revenues and significantly reduce smoking, especially among children who are the most cost sensitive. Conspicuously, there is a long-standing federal and state problem concerning inequitably low taxes on loose pipe tobacco and cigars and absence of taxation or under taxation of "alternative" smokeless tobacco products.

Indiana's adult smoking rate ranks 10th highest among the states. Our cigarette tax is 38th lowest in the country at 99.5 cents per pack and has not been increased since 2007. The surrounding states of Wisconsin, Illinois, Ohio, Michigan, and even Kentucky, a tobacco-growing state, have higher cigarette taxes.

Last year, the Indiana General Assembly, surprisingly and uncharacteristically, enacted its first tax on vaping products. And it did it the right way - in compliance with public-health best practices concerning tax percentages. The statute requires 25 percent taxation of the wholesale price on closed-system vaping pods (think Juul) and 15 percent of retail on open-refillable systems (e-liquids in vape shops). The different percentages specified in the wholesale and retail methodologies produce parity in taxation amounts.

On this background, SB382, mostly a regressive tobacco taxation bill, is advancing in the Indiana General Assembly. Advantageous to the tobacco industry, the measure proposes reducing the tax rate on closed system vaping from 25% of wholesale price to 15%. The bill also proposes placing a 72-cent-tax cap on premium cigars (cigars priced at more than $3), a decrease from the current 24% of wholesale price. Additionally, the bill proposes a new tax on alternative smokeless tobacco products. Unfortunately, it doesn't utilize the best-practice methodology of basing taxation on a percentage of price. Rather, it's based on the weight of the product.

Unlike the cigarette tax which is an amount per pack, smokeless tobacco in most states is taxed on a percentage-of-wholesale price basis. Taxing the diverse group of smokeless products with their varying design, weights, and package amounts by this method makes the most sense. It also creates a consistent tax rate that keeps up with price inflation. However, it is also important to assure that the tax rates on smokeless products and cigarettes are roughly comparable by linking the smokeless-tax rates with the cigarette tax. Tax equality would minimize shifts in use to cheaper products, especially among children.

Much of this is about competition within the tobacco industry. Under a weight-based tax, similar products are taxed at the same rate regardless of price, thus sharply increasing the effective tax on lower-priced products and reducing the effective tax on premium brands. One solution to counter the promotion of weight-based taxing would be to combine the percentage-of-price method with a reasonable minimum tax to assure some measure of cost parity between lower-cost and premium brands on the market.

Weight-based methodologies also greatly under-tax the new generation of super light-weight smokeless products being specifically promoted and designed for youth consumption. Examples include spitless pre-packaged Snus and dissolvable candy-like tobacco products called Orbs. These extremely low-weight products would have almost no tax placed on them under a weight- based system.

Most importantly, reducing taxes on tobacco products, especially vaping, and under taxing alternative smokeless tobacco products will only encourage initiation of tobacco and nicotine use among our children

Colleague Corner:

The 10 Question Interview

She spent the last year serving as your IMS President but how well do you know her personally? Well this month, learn a little bit more about your Immediate Past President in our Colleague Corner. Dr. Linda Abels has given a lot of herself to our society over the years including sharing her personal life with us this month. We hope you might share yourself with us next month. Please reach out to our editor if you are interested.

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

I have been married for 48 years, have 4 children and 7 grandchildren from 3 to 18. All my children and grandchildren live nearby, so we spend a lot of "family time" together attending sporting events, dance recitals, birthday parties, and holidays.

My undergraduate years were spent at IU Bloomington where I graduated with a BS in Nursing. I worked in critical care and went back to earn a master's degree in Nursing. I began to teach in the IU School of Nursing, taught seniors, and published a couple nursing books. Later, I applied to a nurse practitioner's program. My supervisor at that time wrote that I would be a good candidate but that my pregnancy (first child) might interfere with completion of the program, so I did not get in. I audited the program and was required to work one day a week with a family physician, Dr. Sam Hennessee. He told me I "was wasting my time and should apply to medical school."

I started medical school with 4 small children from 18 months to 7 years of age. After completing medical school, I matched in anesthesia but gave up my spot after doing a preliminary medicine internship at St Vincent's. I prefer talking to patients rather than putting them to sleep. When I was on call, my daughters occasionally spent the night in the call room with me for a special sleepover. They were safely locked in the call room if I had to leave for an admission or an emergency. We all managed to survive thanks to a supportive husband and mother who cooked most of our dinners.

At graduation, our local newspaper showed up and took pictures captioned "middle aged mother completes medical school'" I did not feel middle aged at that time!

I currently work as a consultant with a small group of patients many of whom have been with me for 30 years.

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

I had always wanted to work in the healthcare field and grew up at a time when women were either nurses or teachers. I was discouraged by my family from doing nursing but followed my heart. I was honored to have several faculty members from the school of nursing as patients during my early career in medicine.

3. Was there someone who inspired your

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

As mentioned above, Dr. Sam Hennessee encouraged me to go back to school while working in his office as a nurse practitioner. I had to go back to school and do some of the pre-med science classes and then found myself pregnant again with our third child. By the time I started medical school, we had our fourth child who was just 3 years old when I was accepted. I was lucky to get into the Indianapolis campus.

During my junior year rotations, I ran into Dr. Hennessee who had left family practice to do an anesthesia residency. He and other ICU anesthesiologists (Drs. A LoSasso, Dr. Moorthy, and Dr. P Gibbs) were influential in my decision to match in anesthesia.

4. What is the best and worst thing that has happened to you since becoming a physician?

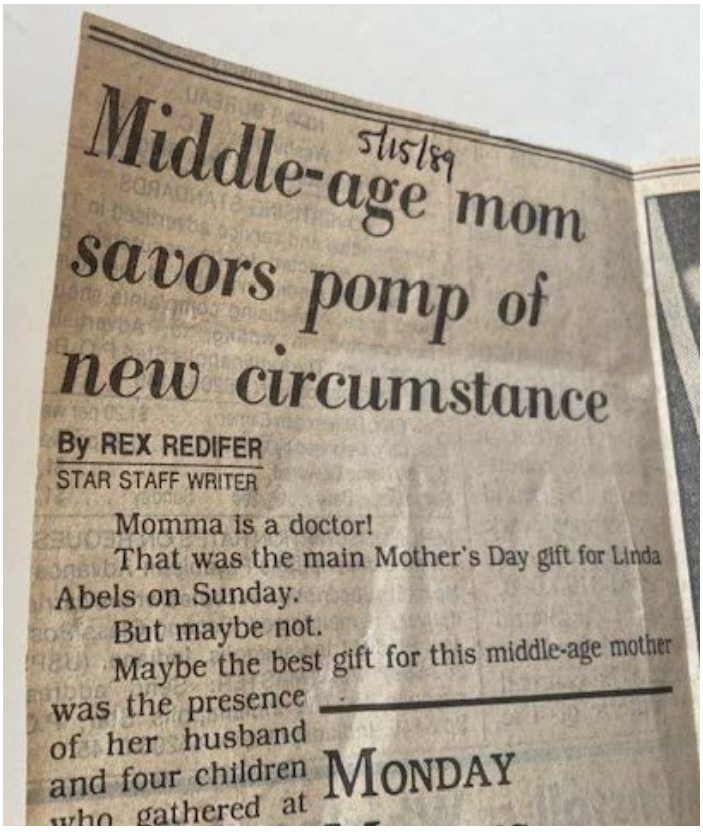
I remember 5/4/2021 when I received a call at work telling me that our youngest daughter and her 2 daughters were in a serious accident. I was told she was talking, and the girls were crying so, I knew they were alive. They were taken to Riley and Eskenazi for additional evaluation and care. Seeing these little girls ages 2 and 4 and my daughter was the most difficult experience I can recall. Their care was superb as I discussed during one of my monthly articles. The best day was the day they were all released to home to begin the road to recovery. I continue to thank the multiple specialists at Riley and Easkenazi all mentioned in my prior article.

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

I believe our profession is under significant threat with physicians being replaced by persons without medical degrees who are making diagnoses that should be made by medical doctors. This is being instigated by corporate medicine's unconscionable business practices putting corporate profit above patient care. It would be bad enough if these efforts were transparent to patients. They are not! Patients are deceived by non-medical doctors calling themselves "doctor."

It is my hope that the legislation will pass House Bill regarding truth and transparency as a beginning. It is also my hope that doctors can practice medicine the way they were taught.

6. Would you encourage another young per-


Middle-age mom savors pomp of new circumstance

By REX REDIFER
STAR STAFF WRITER

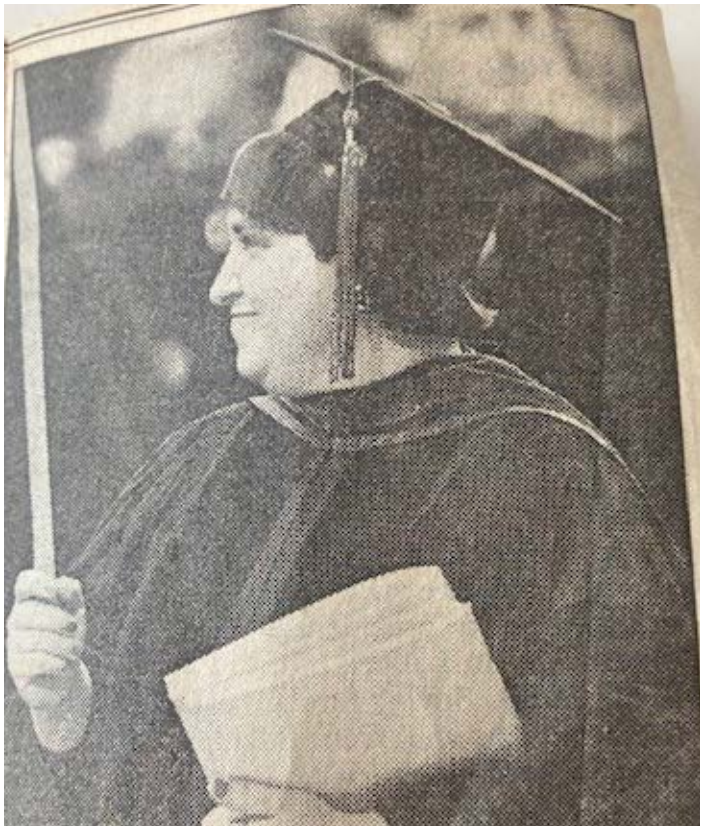
Momma is a doctor!

That was the main Mother's Day gift for Linda Abels on Sunday.

But maybe not.

Maybe the best gift for this middle-age mother was the presence of her husband and four children who gathered at

MONDAY



son into a career in medicine?

I would encourage people to go into medicine and pursue their dreams, I would advise them to stand up for their right to practice medicine as the honored profession it is rather than a business. We should insist upon being called doctors and not provider.

7. What is your favorite inspirational quote?

My favorite quote is "when the going gets tough, the tough get going". This is attributed to John F Kennedy's father or Knute Rockne. My husband and I have used this over and over while raising our children.

8. At the end of your career, how would you like to be described?

I would like to be remembered as someone who truly cared about their patient and family and always listened to what they were saying taking the extra mile.

9. Is there a stigma associated with or unknown fact about your specialty that you would like to share with other physicians?

I think internal medicine specialists are often short changed. I think these are the physicians often seen initially by patients. They must have a wide base of knowledge, know what they can treat, and when to refer to a specialist. They need to maintain contact with their patients after a referral is made and often serve as an interpreter between specialist and patient. Hopefully, the internist will develop a close relationship with their patient and become someone that can be trusted to put the welfare of their patient first. For those of you old enough to remember, like Dr. Marcus Welby.

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

I was called into the office of Dr. Stephen Leapman, the chair of the general surgery rotation as a junior in medical school. Most of the time, these meetings occurred when someone had failed the course test. Needless to say, I was nervous. Surprisingly, I had done well on the test, and he wanted to know what I was considering as a career choice. I explained that I was considering internal medicine and anesthesiology. He encouraged me to pursue anesthesia insinuating that general internal medicine was not very stimulating. Always the contrarian that I am, I chose internal medicine and went on to care for members of his immediate family.

WELCOME NEW MEMBERS

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RICK SASSO, MD

Dr. Rick Sasso was a faculty member at the annual spine course: Base to Summit, in Vail, CO. He lectured on cervical myelopathy, cervical radiculopathy, and return to contact sports after a cervical spine injury.

Spine: Base to Summit. January 14-17, 2022. Vail, Colorado.

Lecturer::Technique update: Non-fusion approaches to treat cervical radiculopathy: pearls and pitfalls; Cervical myelopathy-Goals of care and indications for early surgery; Return to collegiate sports after a cervical spine injury Case Debate Moderator::Cervical radiculopathy with 2 level radicular pain, no myelopathy

Workshop moderator: Cervical degenerative myelopathy Panel Discussion: How I manage a high thoracic tumor with severe kyphotic collapse and myelopathy; Cervical case discussions; How I treat a L4 refractory osteomyelitis and discitis with deformity

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:	MFM Ultra Sound Series
	St. Vincent Simulation Center:	Sim Debriefing Essentials
	St. Vincent Simulation Center:	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

FEBRUARY

5 Breast Cancer Year in Review, Virtual

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.

INDIANAPOLIS
MEDICAL SOCIETY
125 West Market Street, Suite 300, Indianapolis, IN 46204
ph: 317-639-3406 | www.IndyMedicalSociety.org

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Bui T. Tran *(2022)*
Maureen L. Watson *(2022)*
Joseph Webster, Jr. *(2022)*

Past presidents' council 2022

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

Christoper D. Bojrab* *(2023)*
Carolyn A. Cunningham
David R. Diaz
Marc E. Duerden
John C. Ellis
Bernard J. Emkes
Bruce M. Goens
Paula A. Hall
Jeffrey J. Kellams
Jon D. Marhenke
Mary Ian McAteer* *(2022)*
John P. McGoff
Stephen W. Perkins

Advisory Board Members 2022

Caitlin J. Harmon, Resident
TBD, 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.

Ranai Abbasi (2024)
Linda Feiwell Abels (2024)
Christopher D. Bojrab (2024)
Ann C. Collins (2023)
Carolyn Cunningham (2022)
Julie A. Daftari (2023)
Marc E. Duerden (2023)
John H. Ellis (2024)
Richard D. Feldman (2024)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2022)
Mark M. Hamilton (2022)
C. William Hanke (2024)
Penny W. Kallmyer (2023)
John E. Krol (2023)
Mary Ian McAteer (2023)
Ramana S. Moorthy (2024)
Mercy O. Obeime (2023)
Ingrida I. Ozols (2023)
Robert M. Pascuzzi (2023)
J. Scott Pittman (2022)
David M. Ratzman (2024)
Jodi L. Smith (2022)
Eric E. Tibesar (2023)
Maureen Watson (2022)
Steven L. Wise (2024)
Crystal S. 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.

Laurie L. Ackerman (2022)
Paula Hall (2022)
Caitlin J. Harmon (2023)
Brian S. Hart (2023)
David A. Josephson (2023)
Kathryn J. Kelley (2023)
James F. Leland (2022)
Scott E. Phillips (2022)
Alexandar T. Waldherr (2023)
**Several positions available, contact Morgan Perrill if you are interested*

Indiana state medical association

Past Presidents

**Indicates deceased*

John P. McGoff 2017-2018
Jon D. Marhenke 2007-2008
Bernard J. Emkes 2000-2001
Peter L. Winters 1997-1998
William H. Beeson 1992-1993
George H. Rawls* 1989-1990
John D. MacDougall* 1987-1988
George T. Lukemeyer * 1983-1984
Alvin J. Haley 1980-1981

Executive Committee

Board Chair
David R. Diaz

Seventh District

Trustees

David R. Diaz (2023)
Robert Flint (2024)

Alternate Trustees

Mary McAteer (2024)
Mercy Hylton (2022)

President

Mercy Hylton (2022)

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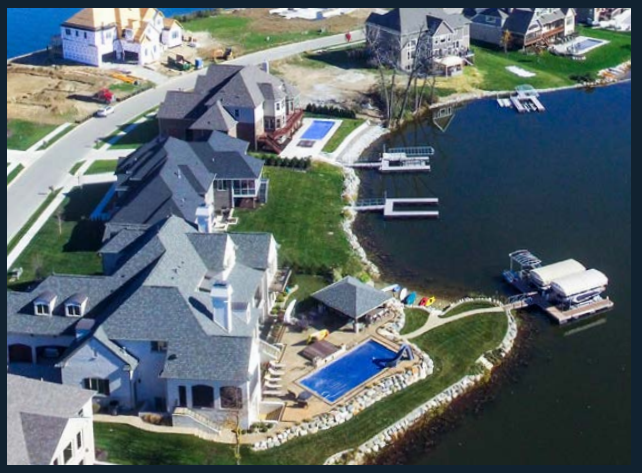

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Choose Your Lot

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