

BULLETIN



PRESIDENT'S ARTICLE PG 04

MERCY O. OBEIME, MD

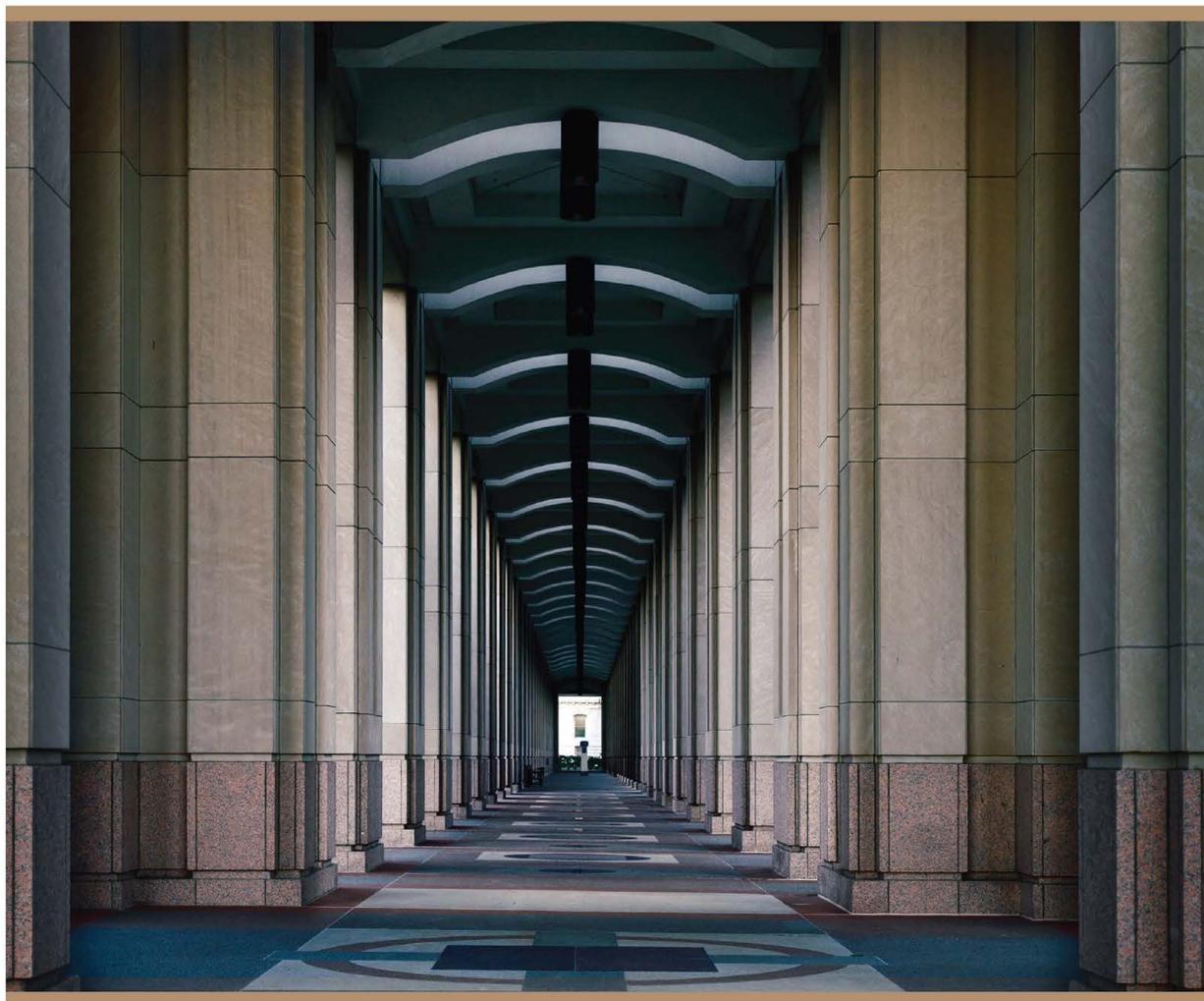
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NOTE FROM THE EDITOR

The IMS Bulletin is now accepting advertising for the 2023 ad calendar. Anyone interested should contact our office at 317-639-3406 or email our editor at mperrill@indymedicalsociety.org for a 2023 Media Kit.

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

MERCY O. OBEIME, MD



Greetings my fellow members of the IMS. I am your 151st president. I have been a member of the IMS since I was a resident at Indiana University. Like many of you, I receive the bulletin and read through it most time. However, when I realized that I must write this column I decided to read what the last five presidents wrote in January. I was very surprised at how much I learned about each of my predecessors. I encourage each of you to get online, read some of our old copies, and let me know if you had the same experience.

This is an exciting time for me to be the president of this organization that has been here for centuries as the first woman of African descent to hold this position. In honor of this historic achievement, I want to recognize and thank all those who came before me, especially Dr. George Rawls. Many years ago, when the photographs of IMS presidents lined the walls of the old office, Dr. Rawls pointed his photo out and told me that we needed to encourage other minority physicians to become active in the IMS and to serve in leadership positions because he wanted more people who looked like him to be on the display board. Well, we have evolved past physical walls and will be posting as many electronic photos on our website and social media of our past presidents so we can remember our heritage. I am not sure what happened to all

those photos after the move.

As I read the messages of the past presidents, I learned a lot and plan to revisit some of their ideas pushed to the side when we reorganized in 2019 only to be forced to fight for saving our lives and those of our patients and loved ones as the COVID pandemic unfolded. In 2018, the president asked us to think about why we chose medicine as our profession. Many of us would say it was because we wanted to improve the health of the communities we serve. To be most effective in this effort, I know you must work hard to develop and nurture relationships with your patients, staff members, colleagues, employers, legislators, and community stakeholders. These relationships have been strained by working within our hectic, disorganized, and unrewarding healthcare system. The injuries to relationships have left most physicians feeling isolated and disaffected, which harms our profession and each of us. I have found one way to make a positive difference, and that is to increase my involvement in our Indianapolis Medical Society. This involvement was especially visible when I reached out to our IMS leadership to join me to support Dr. Caine and Marion County Public Health Department as we tried to care for the most vulnerable in our community, the elderly and homeless while we worked to keep medical students in school so they can graduate on time. I am hoping more of our members will volunteer to serve on committees or in leadership positions to help us as we adapt to a new normal and recruit other people to join us because there is strength in numbers.

I have been representing my CEO on a DEI collaborative work group in Marion county since last year and also serve on the ISMA diversity, equity, and inclusion (DEI) committee. So, I would like to put DEI on the list of things I hope to work on with your help and support.

- My 2023 top wish is that some of you will volunteer to work with me on this issue that is very important to me, my family, and millions of others in the communities we serve here in Indianapolis, and across the globe.
- Reading the bulletin with more interest and

THE PRESIDENT'S PAGE

MERCY O. OBEIME, MD

engagement because you can learn a lot while keeping yourself current regarding happenings within and outside our membership. This will also help you improve your networking outreach.

- Relationships have never been this important as we try to work on the social determinants of health. A new subtitle is being developed by public health legends like Retired Surgeon General Satcher, called the Political Determinants of Health. I hope to expand on this later.
- Indianapolis Medical Society's social presence will be expanded and improved to attract new members and liaise with current members to contribute whatever they can to the communities we serve here and abroad.

I have been a Hoosier for over 3 decades. I moved to Indianapolis in 1989 to join my husband, Dr. Christopher Obeime. Immigrating here was not easy. However, when I look back and what we have been able to do especially having and watching our three adult children grow up as Hoosiers, I am forever grateful.

Another very significant choice I made almost 3 decades ago, was to work for the Sisters of St. Francis of Assisi. I have been employed by Fran-

ciscan Health since finishing my residency in family medicine at Indiana University. I started to practice at Garfield Park in July 1996. In February of 1997, this site was expanded to provide services to uninsured patients in the Garfield Park area. I became the founding Medical Director a few days before we opened. I worked with the hospital to establish and grow this Franciscan Health Neighborhood Health Center at Garfield Park. Under my leadership, this clinic grew and became a model for best practices to serve patients with limited resources, not just in the Indianapolis area but nationally and later globally. My desire to meet the needs of these patients led me to collaborate with multiple private and local organizations. I became recognized as a voice for the uninsured as I advocated not just for patients under my care but those in the local community and beyond. My advocacy on a state level started when Governor Daniels asked me to work with his administration on the Inaugural Healthy Indiana Plan (HIP) and Rx Indiana, a pharmaceutical assistance program for patients later replaced by GoodRx. Senator Lugar recognized my work and invited me to attend The Lugar Series Leadership training for women in 2009. This helped to further develop my advocacy skills. I worked tirelessly with Governor Daniels and later Governor Pence to ensure more Hoosiers have health insurance during the advocacy for the affordable health care initiative. I continue to work with elected officials and other stakeholders to advocate for health policies that focus on healthcare services to the most vulnerable in our community.

In recognition of the scope of my work, I was appointed Director of Community and Global Health at Franciscan Health in 2009. I also serve as a Community Faculty in Family Medicine and Public Health for Indiana University School of Medicine and Marian University College of Osteopathic Medicine. I am the Director of Medical Training at the Marion County Public Health Department. In this position, I work with Dr. Caine and MCPHD staff to oversee the training of medical students, residents, and other learners in healthcare related fields in community and global health. The next generation of healers live in Indiana but think globally to address today's healthcare challenges.

In 2010 I established the SYMPAQ Clinic at the



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Franciscan Health Neighborhood Health Center. This clinic focused on patients and families needing treatment for chronic pain, opioid dependence, and substance use disorder. My work at this clinic led me to be included in the team that worked to establish a comprehensive medication-assisted treatment (MAT) clinic located at the Franciscan Health campus on Emerson and Stop 11 in Indianapolis. This center officially opened in January 2019. I am now board certified in addiction medicine to better serve this population and see patients 3 days a week. I am board certified in Family Medicine with added qualifications in Hospice and Palliative Medicine. I completed a diploma in International Medicine and Public Health in 2018 and a certificate in DEI from Cornell University in December 2022. I graduated from the University of Benin Medical School in Nigeria and completed a 2-year fellowship in medical genetics before doing a Family Medicine residency at Indiana University School of Medicine in Indianapolis.

I am on the medical staff of Franciscan Health, and Eskenazi Health in Indianapolis. I am also on the medical staff of the University of Miami where I am an associate professor teaching students, residents, and fellows at the VITAS Inpatient Hospice Unit at the University of Miami Hospital in Florida.

I founded the Mercy Foundation in 2004. This organization merged with Timmy Foundation in 2010 to become what is now known as Timmy Global Health where I am a co-founder. I published a tabletop book in memory of my grandmother, Grandma A to Z in 2018.

Sincerely,

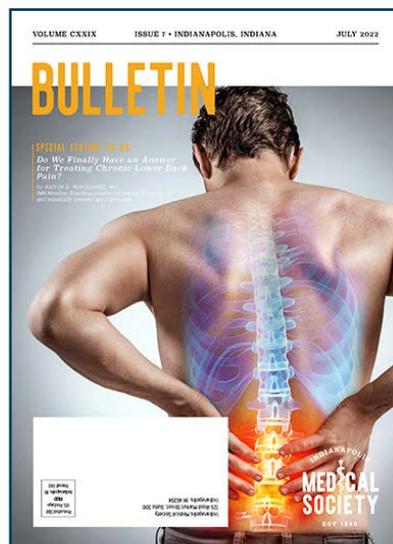
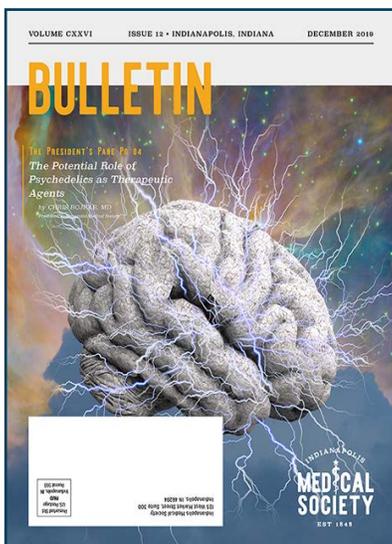
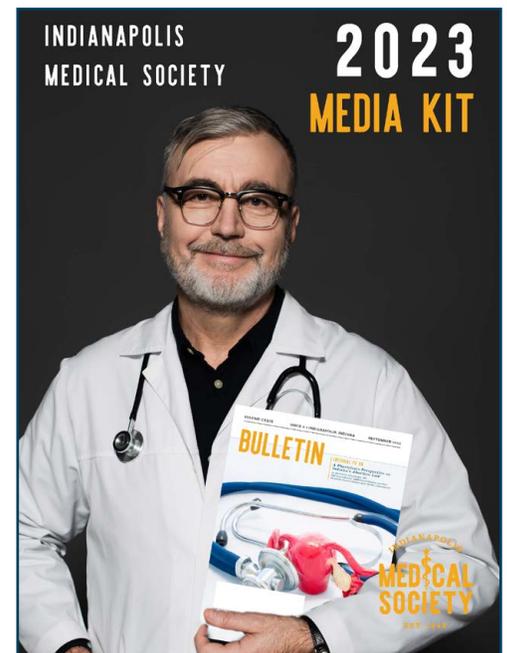
Mercy O. Obeime
President
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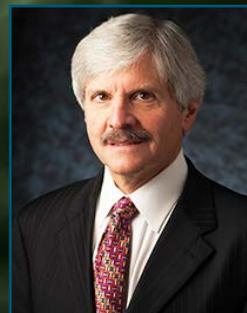
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The Legalization of Marijuana in 2023

by *RICHARD FELDMAN, MD*

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



Although marijuana has medical benefits, it is certainly not a harmless drug, especially for adolescents who can suffer long-term adverse consequences.

Despite negative health effects, acceptance of medical and recreational marijuana use is progressively gaining acceptance by policymakers, the medical community, and the public.

In a recent BK Strategies survey of Indiana voters, 64 percent favored regulated full legalization for both medicinal purposes and adult use (45 percent strongly). Even among Republicans, 52 percent favored full legalization. The majority of those opposed to recreational legalization supported legalization of medical marijuana.

Nationally, more than half of adults admit to at least trying marijuana. A Pew poll found that 68 percent of Americans believe that cannabis should be legalized for recreational use and 91 percent feel that it should be legal for either medical or recreational uses. National support for legalization of marijuana is also bipartisan – nearly 80 percent of Democrats and 55 percent of Republicans approve of legalization. And the younger the generation surveyed, approval of legalization progressively increases, foretelling what the future holds.

In studies conducted by WebMD, nearly 70 percent of physicians believed that medical marijuana should be legalized and 56 percent believed it should be fully legalized.

Although still federally illegal, medical

cannabis is legal in thirty-seven states and recreational use in 21 states and Washington, D.C. Marijuana is legal in the surrounding states of Illinois and Michigan. Medical marijuana is legal in Ohio. Additionally, various states where marijuana remains illegal have decriminalized possession (infraction status) for personal use.

The conservative Republican-dominated Indiana legislature is not politically ready for any legalization of marijuana. But the issue is progressively gaining bipartisan momentum in Indiana as it is federally. The Indiana Democratic Party now officially endorses full legalization. Expect a horde of bills filed by legislators from both parties seeking a regulatory structure, a more rational and equitable criminal justice response,

“Expect a horde of bills filed by legislators from both parties seeking a regulatory structure, more rational and equitable criminal justice response, economic benefits through business development and cannabis taxation, and providing constituents with marijuana’s therapeutic benefits.”

economic benefits through business development and cannabis taxation, and providing constituents with marijuana’s therapeutic benefits.

Bills aimed at decriminalization are also likely.

From a broad public health perspective, marijuana-related convictions

with their resulting marginalization and negative consequences are not justified from either a moral or cost-to-society standpoint. Decriminalization hasn’t resulted in increased use and is supported by multiple medical professional societies. If legalization is unfeasible, at least decriminalize marijuana.

Marijuana is certainly safer than alcohol and tobacco. It isn’t a narcotic like heroin or a hard drug like cocaine or methamphetamine. It should be legally treated accordingly. Marijuana isn’t a gateway drug any more than alcohol can be considered so. Its federal designation



as a Schedule I controlled substance (like heroin) is indefensible and is a serious barrier to conducting research.

Products containing the weaker psychoactive THC, Delta 8 (rather than marijuana's Delta 9), are legal in Indiana and most states. Keep it that way. Delta 8 is a safer, gentler alternative. Better to regulate it, and keep it secure from adolescents, mislabeling, and heavy metal and other contaminants.

Despite illegality, marijuana in Indiana is widely available. Legalized cannabis surrounds us. Legalize it; regulate it; tax it; protect it from illegal psychoactive additives and, like Delta 8, from contaminants; prohibit minor access and provide education. Limiting potency and legalizing only edibles (avoiding the toxicity of combustion) should be considerations.

Like alcohol with its untoward aspects, the public desires marijuana. Similar to ending Prohibition, legalization is inevitable. Public opinion drives public policy.



Responding to Attorney General Complaints and Other Licensing Considerations

by *Brian Park, Attorney*
Stoll Keenon Ogden, PLLC

If you practice in health care long enough, at some point you may find yourself on the receiving end of a patient complaint (known in the law as a “consumer complaint”) filed with the Attorney General’s Office. This article is intended to provide a broad overview of the consumer complaint process, and raise issues to consider if you ever find yourself having to respond to a consumer complaint.

As background, Indiana law allows persons to file what are known as consumer complaints against licensed professionals, filed with the Attorney General’s Office. Consumer complaints can be filed for essentially any reason, and they are. Among other things, they are filed for issues such as rude service from office staff, prescription disputes, suspicion of substance abuse, adverse outcomes, billing disagreements, and everything in between.

A consumer complaint is not a formal disciplinary matter; it is just that, a complaint by a consumer/patient, leading to subsequent investigation by the Attorney General’s Office. This can lead to several outcomes, including: closure of the investigation; request for additional information; a warning letters; or the filing of a disciplinary complaint against the provider’s license. Where criminal, fraudulent, or other unlawful conduct are uncovered in the investigation, the matter could also be referred to the Medicaid Fraud section of the Attorney General’s Office, outside state or federal agency, or even a criminal prosecutor. In short, the con-

sequences of a consumer complaint can range from being legally benign, to extraordinarily serious.

The Attorney General’s Office is required to notify the licensee of the nature of the consumer complaint, which is often done by forwarding a copy of the actual complaint filed by the complaining individual. Once notified that a consumer complaint has been filed against you, you will have a deadline to respond. This is typically 20 days, but extensions of time can be requested.

How you respond to a consumer complaint will largely depend on the circumstances. A practitioner does not have to respond, and there may be occasions where not responding or offering minimal response is warranted, such as if the licensee is facing related and pending criminal charges. But failing to respond also means the Attorney General’s Office will make its investigative determination without hearing the practitioner’s side of the story, which could be construed as non-cooperative, and also potentially increase the likelihood the matter could be escalated beyond the investigation stage. In short, there is no one-size-fits-all approach to responding to a consumer complaint.

In order for a consumer complaint to escalate to the level of a disciplinary action, the Attorney General’s Office must have reasonable basis to believe there has been a violation of what is

known as the Health Professions Standards of Practice, Indiana Code § 25-1-9 et seq. Commonly charged violations include: criminal convictions bearing on the practitioner's ability to practice competently, or are deemed harmful to the public; being unfit to practice due to professional incompetence, failure to keep abreast of current theory, or drug/alcohol abuse; violating any statute or rule governing the profession; discipline in another state; diversion; engaging in sexual contact, or soliciting sexual contact with a patient; among other things.

If the Attorney General's Office believes a violation has occurred, they can file a disciplinary complaint against your license. A disciplinary complaint is a civil proceeding, meaning there are no criminal penalties, but analogies can be drawn to criminal law. Also note, while a disciplinary complaint is a civil proceeding, separate criminal charges could still be filed based on the same set of facts. Thus, in some instances practitioners are faced with the difficult circumstance of having to defend themselves of both criminal and disciplinary matters.

A disciplinary complaint is filed by the Attorney General's Office on behalf of the State of Indiana, similar to how a prosecutor files criminal charges on behalf of the State. A disciplinary complaint will allege various charges/violations of the Health Professions Standards of Practice, just as a criminal charge will include various counts alleging a criminal law violation. One of the key differences is there are no penal consequences (i.e. jail or prison) in a civil disciplinary proceeding. Nonetheless, if the Attorney General's Office is able to prove its charges, sanctions can include: written reprimand; monetary penalty up to \$1,000 for each violation; probation; suspension; and license revocation. The "jury" who decides your case will be the professional board of your licensed profession.

In serious cases, the Attorney General's Office can seek expedited discipline through what is known as a summary suspension. This remedy is available where the Attorney General's Office believes a practitioner presents a "clear and immediate danger to the public health and safety" if allowed to continue to practice, to be decided by the applicable professional licensing board. Oftentimes practitioners are provided very little notice of a summary suspension action, which can carry the significant consequence of an immediate suspension of one's license.

Given the potential consequences, if you receive a consumer complaint or notice of summary suspension, you should immediately notify your employer and/or applicable insurance carrier, who in turn, may be able to provide you with legal counsel. An attorney experienced in disciplinary matters will help guide you through the difficult and stressful disciplinary process, will understand the legal "discovery" tools to obtain information that could be relevant for your defense, be able to advise on applicable defenses that can be raised, and if necessary, help negotiate favorable settlement. In short, a lawyer familiar with the disciplinary process will help place you in the best position to protect your license.

Disclaimer: This article includes general educational information, and should not be relied upon as legal advice for a given circumstance. Different circumstances may warrant different considerations. This article is not intended to create an attorney client relationship with the reader, and if the reader has any questions they should consult an attorney.

Statehouse Report: Healthcare Bills

by SYDNEY MOULTON & LOU BELCH
The Corydon Group

HB 1003

House Bill 1003, authored by Rep. Craig Snow (R-Warsaw), contains the following provisions:

Tax Credit

An employer would be eligible for a credit against their state tax liability if they adopted a health reimbursement arrangement instead of a traditional employer provided health insurance plan. The amounts of credit granted cannot exceed \$10 million in a taxable year and it may carry over for 10 years.

Reimbursement Arrangement

A health provider facility would be prohibited from entering into a contract with an insurer if the reimbursement would result in the provider being reimbursed greater than 10% for a service or item than any other contract they have entered into with another insurer.

Peer-to-Peer Conversation

If there is an adverse determination from a health plan about prior authorization (PA), it would require the health plan to offer the provider an opportunity for a peer-to-peer conversation.

Prior Authorization

After December 31, 2024, a health plan would be prohibited from requiring a PA for a particular type of health care service if they meet certain requirements. It also outlines requirements a health plan must meet in order to rescind a provider's exemption from PA.

Rules

The Insurance Commissioner would be required to adopt rules concerning PA exemption and rescission.

The bill was assigned to the House Insurance Committee.

HB 1004

House Bill 1004, authored by Rep. Donna Schai-bley (R-Carmel), deals with various physician and hospital matters.

Tax Credit

A physician could claim a credit against their tax liability if they have an ownership interest in a physician practice and meet other eligibility criteria. The credit for a taxable year would be \$10,000. A physician may not claim the credit for more than three taxable years and it is non-refundable. A credit cannot be carried forward for not more than 10 years.

Employing Physicians

In order to employ a physician, a hospital or health carrier must meet certain requirements, but certain specialties are exempted. It also requires that a bill for health care services provided in an office setting must be submitted on a certain form.

Physician Non-compete

Certain nonprofit hospitals are prohibited from entering into physician non-compete contracts. It also specifies provisions that may not be included in health provider contracts.

Nonprofit Hospitals

Beginning in 2025, nonprofit hospitals operating in Indiana would have to submit the following information to the Department of Insurance (DOI):

- The average price charged by the hospital for each health care service provided to patients.
- The hospital's total patient service revenue generated from all health care services provided by the hospital.
- The federal Medicare reimbursement rate for the health care services in the preceding calen-

dar year.

Penalty

A nonprofit hospital cannot charge amounts that exceed 260% of Medicare, the DOI shall assess a penalty. A nonprofit hospital may petition the DOI for reconsideration of the assessment based on an error in the information submitted. The fines paid would be deposited in the General Fund and may be used to pay the state's share of the cost of Medicaid services.

The bill was assigned to the House Public Health Committee.

HB 1006

House Bill 1006, authored by Rep. Greg Steuerwald (R-Avon), outlines circumstances under which a person may be involuntarily committed to a facility for mental health services and they are medically necessary. The bill also establishes a local mental health referral program to provide mental health treatment for certain persons who have been arrested. The bill was assigned to the House Courts and Criminal Code Committee.

Below are healthcare bills that are part of the Senate Republican agenda:

SB 1

Senate Bill 1, authored by Sen. Mike Crider (R-Greenfield), codifies the recommendations from the Behavioral Health Commission. The Family and Social Services Administration (FSSA) would be required to submit a state plan amendment to require reimbursement for eligible certified community behavioral health clinic services or to participate in the expansion of a community mental health services demonstration program. The Division of Mental Health and Addiction would also be required to establish and maintain a help line. The Behavioral Health Commission is reestablished. The name of the "9-8-8 Crisis Response Center" and changes it to the "9-8-8 Crisis Response Center" and makes an appropriation. This bill was assigned to the Senate Appropriations Committee.

SB 4

Senate Bill 4, authored by Sen. Ed Charbonneau (R-Valparaiso), contains the recommendations from the Governor's Public Health Commission. The bill defines "core public health services" that local health departments must provide. The Indiana Department of Health (IDOH) would also be

required to provide district or regional services to local health departments and allows them to offer them guidance. IDOH also has to make annual local health department reports available to the public.

The bill makes changes to the qualification requirements for a local health officer and requires certain training. Local health departments are also required to report to IDOH metrics on the delivery of core public health activities. It also creates the Indiana Trauma Care Commission and sets forth the duties. There are changes to the vision screening statute for schools. The State Health Commissioner would be able to issue a statewide standing order for emergency stock medication for schools. Finally, it removes the distance requirement for an access practice dentist to provide communication with a dental hygienist. The bill was assigned to the Senate Health and Provider Services Committee.

SB 6

Senate Bill 6, authored by Sen. Charbonneau, deals with healthcare billing forms. It specifies that services provided in an in-office setting must be billed using a certain form and prohibits a payor from accepting a bill that is paid on the wrong form. The bill was assigned to the Senate Health and Provider Services Committee.

SB 7

Senate Bill 7, authored by Sen. Justin Busch (R-Fort Wayne), would prohibit a physician and an employer from entering into a non-compete agreement. A referring physician would not be able to receive compensation or an incentive from a health care entity or other physician who is in the same network. The bill was assigned to the Senate Health and Provider Services Committee.

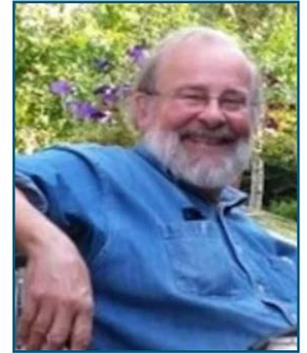
SB 8

Senate Bill 8, authored by Sen. Charbonneau, deals with prescription drug rebates and pricing. It would require the cost sharing to be calculated at the point of sale and based on a price that is reduced by an amount equal to at least 85% of all rebates. An insurer would be required to pass through 100% of all rebates received or estimated to be received to the plan sponsor. They also have the option of calculating the cost sharing and reducing by the amount of rebates received or estimated to be received. The bill was assigned to the Senate Health and Provider Services Committee.

IN MEMORANDUM

JOHN THOMAS MUNSHOWER, MD

Dr. John Thomas Munshower of Indianapolis left this world a better place than he found it on Jan 1, 2023 after a short unexpected illness. He was surrounded by family and friends after having celebrated a magnificent Christmas Season and settling in for a post-surgery recovery with one of his favorite annual Harry Potter movie marathons.



John Munshower began his extraordinary adventure on March 30, 1944, at 45 N. Pershing under the guidance of his mother Katherine (Ashcraft) Munshower and his father Wm. Glenn Munshower. He was friend and confidant to his brother Fr. William Munshower and his older sister Anne (Munshower) Delaney and a playmate and sidekick to his brother Frank Forrest Munshower – all with whom he is pleased to be reunited ‘on the other side’. He was a world travel partner, role model, teacher, and companion to his younger sister Christine Marie Munshower who feels his loss most acutely. He was joined for many adventures by his wife of 50+ years, Marcia Jane (Ward) Munshower when they wed on February 1, 1969. Through trials and tribulations, excursions, delicious dinners, family reunions, graduations, plagues, lymphomas, broken bones, car accidents, births, moves, business realignments, walks in the park (or on the beach), comings and goings of friends, sunsets and sunrises they were able to hold hands and attack a Wordle and Spelling Bee problem in the manner that they approached all things – together.

Doctor Munshower touted a long list of near-death experiences including an incident with a particularly wily hyena, a separate incident involving a black horse named Devil, and a battle with hepatitis during his Peace Corps Days in Ethiopia - where he taught English and later recognized a penchant for healing and patient care while treating Hansen’s disease from 1966-1968. With gentle encouragement from his father (“If you are gonna work so hard you might as well treat people..”) Dr. Munshower chose medical school over a career in veterinary medicine. After coordinating forces with Dr. David Josephson and Dr. Elliot Wallack (and an obligatory haircut), Dr. Munshower began a 46-year escape battling the evils of neurologic disease in Indianapolis, Indiana. IMS member since 1980.



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STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, was an invited key faculty member at the

AAFPRS 13th Annual International Symposium of Facial Plastic Surgery in National Harbor, MD. He presented a lecture and participated in a panel discussion on the topic of Facelifting. He also presented lectures on the topics of Lip Lift and Rhinoplasty.

Dr. Perkins also was an invited key faculty member at the Global Aesthetics Conference in Miami Beach, FL. He presented lectures on the topics of Perioral Surgical Rejuvenation Techniques, Rhinoplasty and Facelifting.



RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, served as Chairman of the Spine: Base to Summit meeting held in Vail, Colorado January 13-16, 2023. This is an annual meeting for the past 30 years featuring internationally renowned Spine Surgery faculty members and surgeon participants from throughout the United States.

Please submit Bulletin Board Information to mperrill@indymedicalsociety.org
Your photo in the IMS files will be used unless an updated picture is submitted with your material.

CME & EVENTS

Community Health Network (Regularly Scheduled Series)

	Monday	Tuesday	Wednesday	Thursday	Friday
First week	GYN Tumor Board, 7-8am Hematology Tumor Board, 8-9am	Breast Tumor Board, 7-8am	GI/Colorectal Tumor Board, 7-8am Community Heart & Vascular Conference, 7-8am Critical Care Conference, 12-1pm Community Hospital East, Theatre Psychiatry Grand Rounds, 1-2pm Head and Neck Tumor Board, 5-6pm	Thoracic Tumor Board, 7-8am	GU Tumor Board, 7-8am
Second week	GYN Tumor Board, 7-8am Hematology Tumor Board, 8-9am	Breast Tumor Board, 7-8am Network Medical Grand Rounds, 12-1pm	GI/Colorectal Tumor Board, 7-8am Cancer Conference/Tumor Board: Breast Cancer and Lung Screening, 7-8am Community Heart & Vascular Conference, 7-8am Psychiatry Journal Club, 1-2pm Head and Neck Tumor Board, 5-6pm		Neuro Tumor Board, 7-8am South Case Presentations, 12-1pm
Third week	GYN Tumor Board, 7-8am Hematology Tumor Board, 8-9am	Breast Tumor Board, 7-8am Molecular Tumor Board, 5-6pm	GI/Colorectal Tumor Board, 7-8am Community Heart & Vascular Conference, 7-8am Melanoma Tumor Board, 7:30-8:30am Psychiatry Grand Rounds, 1-2pm Head and Neck Tumor Board, 5-6pm Podiatry Journal Club, 6:30-8:30pm	Thoracic Tumor Board, 7-8am	GU Tumor Board, 7-8am South Case Presentations, 12-1pm
Fourth week	GYN Tumor Board, 7-8am Hematology Tumor Board, 8-9am	Breast Tumor Board, 7-8am	GI/Colorectal Tumor Board, 7-8am Community Heart & Vascular Conference, 7-8am Head and Neck Tumor Board, 5-6pm	Thoracic Tumor Board, 7-8am Primary Care Didactic Lecture Series, 7-8pm	Neuro Tumor Board, 7-8am

Unless otherwise noted, all programming is virtual only. For WebEx information, contact Jeff Carter at 317-621-384 or via email at jcarter3@ecommunity.com

EVENTS by ORGANIZATION

Indiana University School of Medicine

ONLINE ACTIVITIES

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.

For Online Programs, including scheduled series and for individual specialties, visit:
<https://iu.cloud-cme.com>

LIVE ACTIVITIES

Feb 4 Breast Cancer Year in Review
NCAA Auditorium 12-4:30 pm

Feb 17 Eskenazi Health Trauma & Surgical Critical Care Symposium, Ivy Tech Indy

Mar 3 RESPECT Center 23 Conference, Palliative Care, Embassy Suites, Noblesville

Indiana State Medical Association

WORKSHOPS

Women In Medicine Annual Retreat
"Women in Leadership and Governance Roles"
Saturday, February 25, 2023
Bottleworks Hotel in Indianapolis
Physician Members: \$200
Register on ISMA website (ismanet.org) before January 25

LIVE WEBINARS

Feb 2 Best Practices for Justice-Involved Patients
Info on what practitioners can do to help inmates re-entry into society.
Free for members
1 AMA PRA Category 1 Credit

Find archived webinars on opioids, Covid-19, and more on the ISMA Online App. Visit www.ismanet.org for more information.

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

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.

INDIANAPOLIS MEDICAL SOCIETY

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

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TBD

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TBD

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BOB FLINT

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Terms End with Year in Parentheses
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Doris M. Hardacker (2023)
Brian S. Hart (2023)
Mercy M. Hylton (2025)
Penny W. Kallmyer (2024)
Clif Knight (2023)

John E. Krol (2023)
Katherine W. McHugh (2025)
Ramana S. Moorthy (2023)
Scott E. Phillips (2023)
Jodi L. Smith (2025)

Eric E. Tibesar (2024)
Mary Jean Vorwald (2025)
Maria Wilson (2025)

PAST PRESIDENTS' COUNCIL 2023

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

Linda Feiwell Abels
Christoper D. Bojrab* (2023)
Carolyn A. Cunningham
David R. Diaz

Marc E. Duerden* (2024)
John C. Ellis
Bernard J. Emkes
Bruce M. Goens

Paula A. Hall
Jeffrey J. Kellams
Mary Ian McAteer* (2025)
John P. McGoff

Stephen W. Perkins

ADVISORY BOARD MEMBERS 2023

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)	John H. Ellis (2024)	Mercy Hylton (2025)	Ingrida I. Ozols (2023)	Bree A. Weaver (2025)
Linda Feiwell Abels (2024)	Richard D. Feldman (2024)	Penny W. Kallmyer (2023)	Robert M. Pascuzzi (2023)	Tracey Wilkinson (2025)
Laurie L. Ackerman (2025)	Ann Marie Hake (2025)	H. Clifton Knight, Jr. (2025)	J. Scott Pittman (2025)	Steven L. Wise (2024)
Christopher D. Bojrab (2024)	Paula Hall (2025)	John E. Krol (2023)	Haley A. Pritchard (2025)	
Ann C. Collins (2023)	Ronda A. Hamaker (2025)	Mary Ian McAteer (2023)	David M. Ratzman (2025)	
Julie A. Daftari (2023)	C. William Hanke (2024)	Ramana S. Moorthy (2024)	Jodi L. Smith (2025)	
Marc E. Duerden (2023)	Doris M. Hardacker (2024)	Mercy O. Obeime (2023)	Eric E. Tibesar (2023)	

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.

Gabe Bosslet (2024)	Melanie Heniff (2024)	Valerie A. Pai (2024)	Crystal Zhang (2025)
Allison Case (2024)	David A. Josephson (2023)	Caroline E. Rouse (2023)	
David Crook (2024)	Katherine J. Kelley (2023)	Bui Tran (2024)	
Richard Hahn (2023)	John C. Kincaid (2024)	Alexandar T. Waldherr (2023)	
Caitlin J. Harmon (2023)	Katherine W. McHugh (2024)	Joseph Webster (2024)	
Brian S. Hart (2023)	Thomas R. Mote (2023)	Maria Wilson (2025)	

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

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President-Elect
David R. Diaz

Vice Speaker
Alex Choi (2024)

SEVENTH DISTRICT

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Robert Flint (2024)
Mary McAteer (2024)*

Alternate Trustees

Mercy Hylton (2025)
H. Clifton Knight, Jr. (2023)*

President

H. Clifton Knight, Jr. (2023)

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