

BULLETIN

EDITORIAL PG 10

The Legalization of Kratom

by BRIAN H. BLACK, D.O.

Immediate Past President, Indiana Osteopathic Association



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OFFICIAL MONTHLY PUBLICATION OF THE

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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 fellow IMS members!

I want to let all of you know that March 30th is our special day! Doctor's Day was created to recognize the contributions of doctors who dedicate their careers to improving public health for individuals and society. Small efforts that go unsung can make a big difference. You all deserve recognition and gratitude for the work you do every day to improve the well-being of your patients and our community.

The first Doctors' Day celebrations were initiated by the Barrow County Alliance (Georgia) in the 1930's and were quickly adopted by the Georgia State Medical Alliance and then the Women's Alliance of the Southern Medical Association. A resolution honoring Doctors' Day was adopted by the US House of Representatives on March 31, 1958. March 30 was chosen as the date because it coincided with the first reported use of ether for general anesthesia in surgery. This was administered by Dr. Crawford Long in 1842 to remove a neck tumor.

March is also dedicated to celebrating women, known officially as Women's History Month. This month, we honor and appreciate all the women physicians in the Indianapolis Medical Society and those who support our male counterparts.

Women's History Month traces its beginnings back to the first International Women's Day in 1911. The holiday was largely forgotten in the United States until the late 1960s, when an activist, Laura Shaw Murra also known as Laura X, organized a march in Berkeley, CA, on International Women's Day (March 8, 1969). That march led to our

nation's rediscovery of International Women's Day. It also led to the creation of The Women's History Research Center, a central archive of the women's movement from 1968 to 1974. In 1978, official commemoration efforts began by the National Women's History Alliance based in Santa Rosa, California. Gerda Lerner, historian and women's history author, helped spread the word nationwide about Women's History Month. In 1980, the first official Women's National Week was created and in 1987 it was amended to the full month of March. From there, the month-long movement spread internationally.

Women's History Month is an annual declared month that highlights the contributions made by women in our history and contemporary society. Many other countries celebrate during the month



THE PRESIDENT'S PAGE

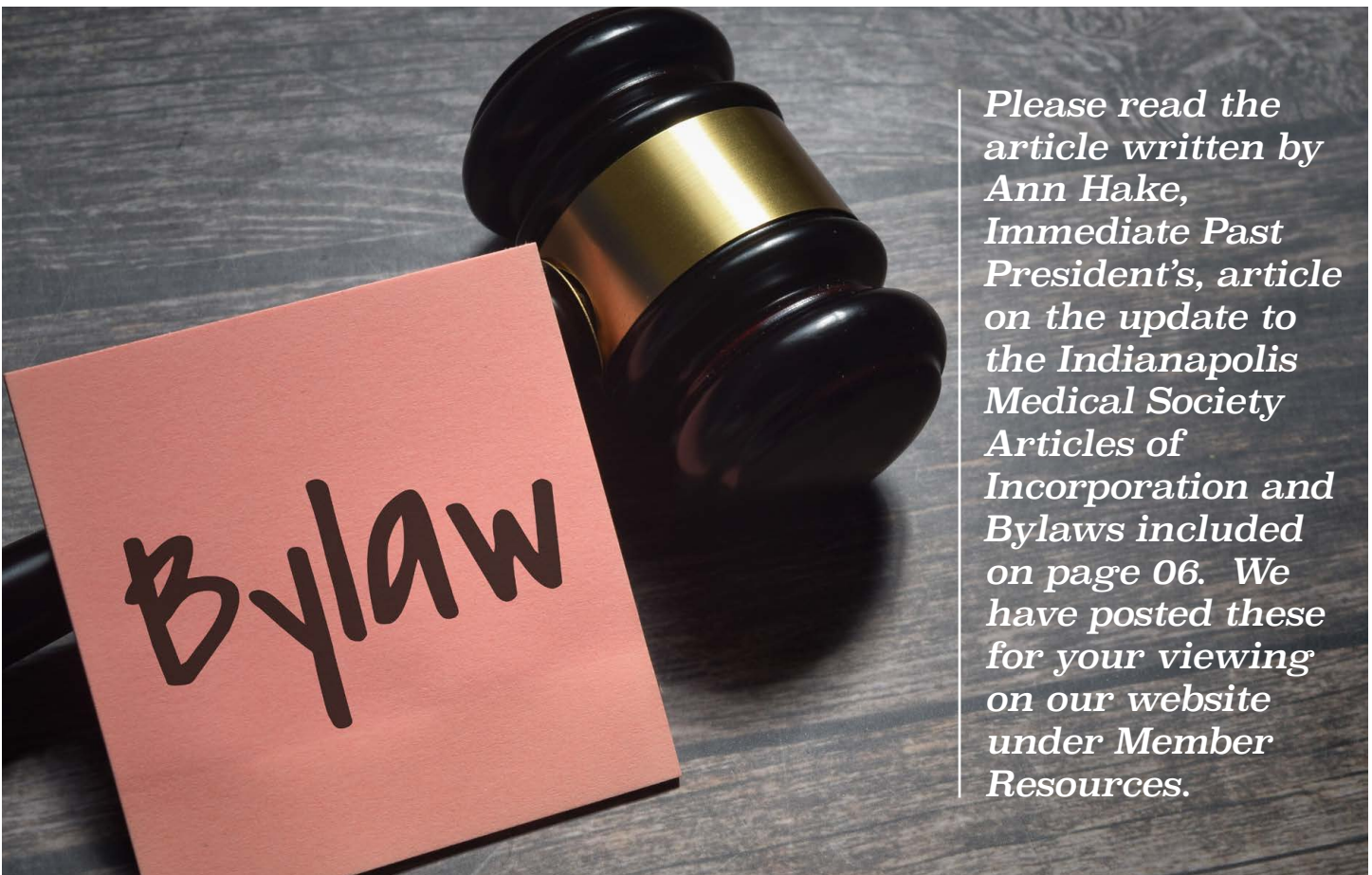
MERCY O. OBEIME, MD

of March, including the United Kingdom, and Australia, which corresponds with International Women's Day, set on March 8. Canada celebrates women in the month of October, corresponding with the celebration of Persons Day on October 18.

In March, we celebrate you, physicians and women alike. We hope you take the opportunity to thank your colleagues, friends, and fellow Society members while remembering we appreciate you too.

Sincerely,

Mercy Obeime
President
Indianapolis Medical Society



Please read the article written by Ann Hake, Immediate Past President's, article on the update to the Indianapolis Medical Society Articles of Incorporation and Bylaws included on page 06. We have posted these for your viewing on our website under Member Resources.

Report from the Committee on Articles and Bylaws



by ANN HAKE MD

IMS Immediate Past President and Chair, Bylaws Review Committee

In 2022, a committee was convened to update the Indianapolis Medical Society's Articles of Incorporation and Bylaws. Although our current Articles and Bylaws have served the Society well, they have not been updated for many years. The purpose of the Committee was to review the documents and determine if changes were needed to a) remain compliant with Indiana state law; b) remain consistent with the rules and bylaws of our parent organization, the Indiana State Medical Association; and c) accurately reflect current IMS practices and policies.

I chaired the Committee which started during my presidency and included members Gabe Bosslet, Bob Flint, and Don Selzer, whom all brought invaluable knowledge and experience to the process. In addition, Morgan Perrill (IMS Executive Vice President); Corydon Group associate and IMS right hand Cassie Denney; and Kim Williams, a subject matter expert on governing documents from The Corydon Group, provided crucial assistance and did much of the background work that made the process possible.

Some of the more significant changes to the documents include:

- Updates to language to be in accordance with Indiana law include the description of IMS as a nonprofit organization; the frequency, timing, and notice of the annual meeting; definition of a quorum for meetings; voting procedures; procedure for filling officer vacancies; officer terms; a specification that officers/board members do not receive compensation or expense reimbursement; and an update of Board of Directors (BOD) Code of Conduct and policy on Conflicts of Interest.]
- Updates to language to be consistent with ISMA Bylaws and procedures, including processes for applying for membership to the Society, the timing of when the BOD determines the dues for the next membership year, the timing of member dues payment deadlines, processes for revoking IMS membership, and specifying that the number of Delegates to the ISMA Annual Convention is determined by ISMA.
- Updates to reflect current practices and procedures of IMS, such as a specification of

who is eligible for membership (including physicians in training as well as practicing physicians); changes in the names and definitions of membership types; membership discipline and due process; IMS committees and commissions (removes references to committees that no longer exist, and gives the flexibility to form committees, commissions, and task forces as needed); processes for meetings, notices, and voting; and composition of the Board of Directors and Executive Committee.

- Some vital modernization to the language indicates that electronic and virtual means of notices, meetings, and voting are permissible; however, telegrams will no longer be considered acceptable means of communication for official IMS purposes.
- Wherever possible, language was streamlined and simplified.

The IMS Bylaws require that any revision to the Articles and/or Bylaws be approved by a 2/3 majority vote of the Board of Directors in attendance and entitled to vote at any two meetings of the Board, provided that the meetings are not held with a 25-day period. To that end, the Committee presented the updated documents to the full IMS Board of Directors at their meeting on January 24, 2023, where they were approved unanimously. A second vote at the meeting of the Executive Committee on February 28, 2023, was again unanimously in favor. The final step is notification to ISMA which was March 6, 2023.

The final approved Articles and Bylaws are available on the Indianapolis Medical Society website under the Member Resources page. Members must log in to their accounts to access it. If you have any problems accessing your account, please contact the IMS offices at mperrill@indymedicalsociety.org or cdenny@thecorydongroup.com.

I would like to express my deep appreciation to the committee members for their engagement and hard work. It is to be hoped that these updated Articles and Bylaws will serve the IMS for many years to come!



Truth In Advertising

by *RICHARD FELDMAN, MD*

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

In 2022, the General Assembly enacted SEA 239. This is an important advancement in eliminating deceptive or confusing information regarding health-care professionals provided in advertising, marketing, and promotional materials. The new statute addresses the conveying of specific professional skills, training, expertise, educational degrees, board certification, and licensure. Clarity and transparency for the public are important.

The legislation also prohibits the use of medical specialty designations that should be reserved for physicians such as endocrinologist, cardiologist, or rheumatologist. Non-physician use of these terms can lead patients to assume the provider is a physician.

Not uncommonly when my patients are seen, for example, at a specialist's office or urgent care clinic, they return to my office confused about specifically who provided their care. Was he or she an advanced practice registered nurse (APRN or nurse practitioner), a physician assistant (PA), or a physician? Everyone looks very much the same in the clinical setting.

This should be disturbing to anyone seeking medical care. Making perfectly clear to patients who are providing their care, not only in promotional materials but importantly in the face-to-face clinical encounter, is essential.

Patients can make their best-informed health-care decisions when this occurs. And as a family physician, I can better evaluate the care delivered and the medical decisions made when I know the credentials of the health professional.

Although I greatly respect my APRN and PA colleagues, compared to physicians, there is a difference in experience, education and train-

ing, depth of knowledge, and amount of clinical experience both qualitative and quantitative.

A study by SMARI Research found only half of Hoosiers surveyed felt it's easy to identify who is a physician. One in four are not sure if their regular provider is a physician. Eighty-five percent believe that it is important to know the training and education of their health-care provider.

Despite last year's legislation more needs to be accomplished, especially in the clinical encounter. Confusion is prevalent because clear disclosure of the type of health professional performing the service is not always adequately reached.

Legislation now before the legislature originally would have ensured enhanced identification of all providers in the clinical setting by requiring badging that contains licensure type (physician, registered nurse, physician assistant, chiropractor, podiatrist, etc.).

Unfortunately, the badging portion of the bill is controversial and was amended out and will probably remain that way. Regrettable. While respecting all members of the health-care team, badging requirements would have provided enhanced clarity and transparency to patients regarding who is providing their medical care.

Additionally, PAs and APRNs can earn academic doctorate degrees. Patients particularly confuse these health-care providers for physicians. Legislators could prevent this confusion by future legislation prohibiting these practitioners from utilizing the title of "Doctor" when they introduce themselves to patients, on their badges, and in promotional materials. As soon as patients hear the word "doctor", they commonly assume that the individual is a physician.

EDITORIAL

Most likely there won't be a legislative solution this session on these issues. Maybe it's time for all the stakeholders to come together and try to agree on a resolution.

I cannot imagine that transparency can ever be thought of as anything but desirable. I am proud to be a physician. Each health-care professional earned a degree, and I am sure they are proud of who they are. They should be eager to identify themselves to patients with clarity.

A close-up photograph of a person's hand holding a white marker. The person is wearing a white lab coat. The text "BE REAL" is written on the back of the hand, and "DON'T FAKE" is written on the palm. The background is blurred, showing the person's torso and the lab coat.

BE REAL
DON'T FAKE

The Legalization of Kratom

by BRIAN H. BLACK, D.O.

Immediate Past President, Indiana Osteopathic Association



Kratom refers to the tropical tree, *Mitragyna speciosa*, as well as various products derived from its leaves. It has been used for centuries in Southeast Asia for perceived medicinal and recreational properties. In recent years, along with multiple other herbal derivatives, its popularity has surged in the United States with various effect. It is used with the intent to treat pain, anxiety, or depression. However, the legalization of kratom has become a contentious issue, with many questioning its benefit, safety, and efficacy. The state of Indiana has been at the forefront of this debate, with lawmakers again weighing the risks of possible legalization.

According to an article in *The Journal of the American Osteopathic Association*(1), Kratom is an emerging botanical agent with stimulant, analgesic, and opioid-like effects. One of the main concerns surrounding kratom is its potential for addiction and abuse. Kratom contains mitragynine and 7-hydroxymitragynine, which act on similar receptors in the brain as opioid narcotics and produce either sedation or in some cases excitatory effects. While kratom is often touted as a natural alternative to prescription painkillers, it can still lead to dependence and withdrawal. Studies have shown that consistent kratom use leads to tolerance and cravings. In addition, the lack of strict regulation surrounding kratom means that users may not know exactly what they are getting, increasing the risk of overdose and adverse reaction.

A study published in the *Journal of Medical Toxicology* in 2019(2) analyzed 15 cases of fatal

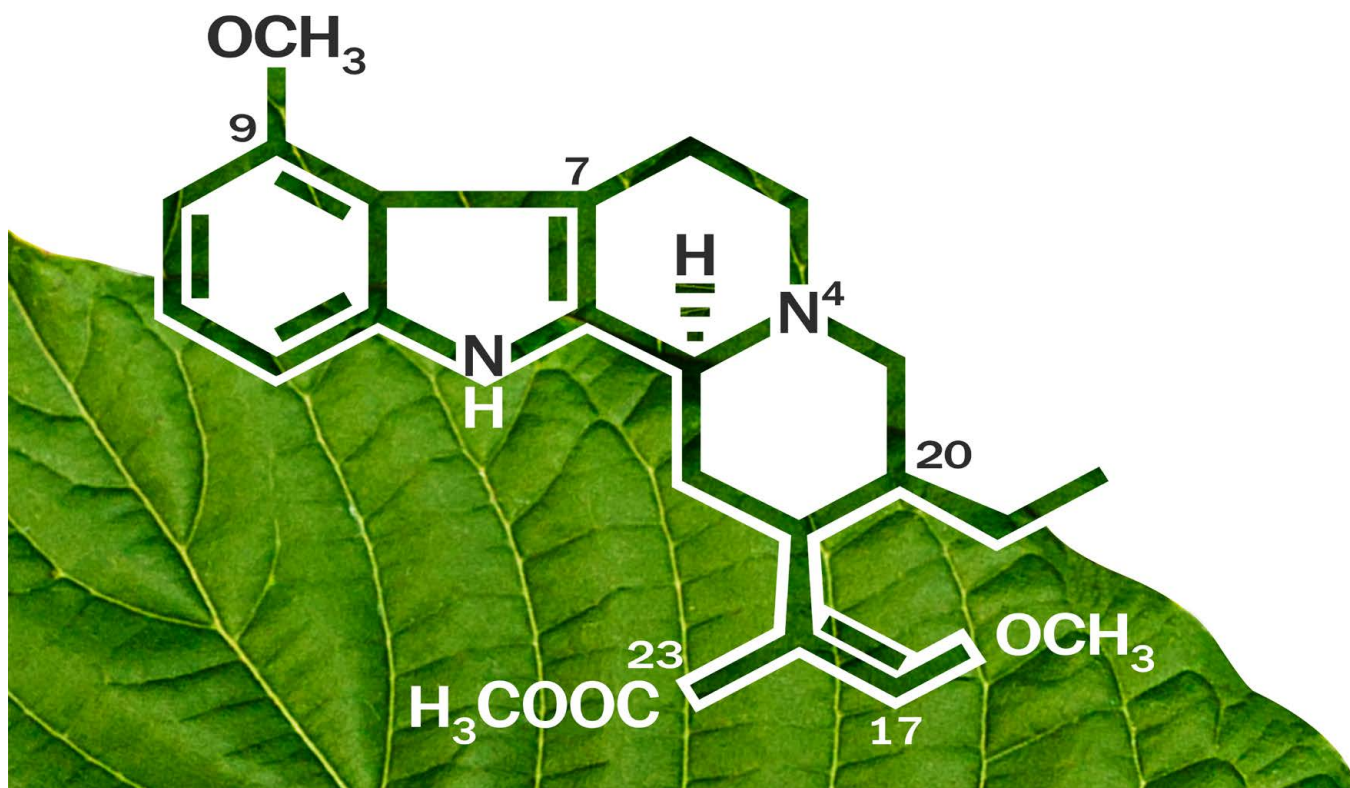
kratom exposure in Sweden. The study found that the most common cause of death was respiratory depression, which is a potential side effect of opioids and sedative drugs. Case studies are not, however, limited to outside of the US. There have been several reported deaths associated with kratom use in Indiana directly. In 2018, the Indiana State Department of Health issued a warning about the potential risks of using kratom, citing several cases of individuals who had died or experienced adverse effects after using the substance.

“...the legalization of kratom has become a contentious issue, with many questioning its benefit, safety, and efficacy. The State of Indiana has been at the forefront of this debate, with lawmakers again weighing the risks of possible legalization.”

Comparisons have been drawn between kratom and Delta-8 THC, another substance that has gained popularity for recreational drug use in recent years and is notoriously difficult to regulate. Delta-8 THC is a cannabinoid that is similar to Delta-9 THC, the active ingredient in marijuana. While Delta-8 THC is legal

under federal law, it is still a Schedule I controlled substance in Indiana. This has led to confusion among users and businesses, with many questioning why one substance is legal while the other is not. Current law in Indiana is much clearer regarding kratom, as it is presently illegal in all forms.

The risks of legalizing kratom are not just limited to concerns for addiction and abuse. There are possible impacts on many areas of public health. Some studies have shown that kratom can cause liver damage, particularly when used in high doses or in combination with other substances. In addition, there have been reports



of kratom being contaminated with heavy metals and other toxins, which pose serious health risks. Kruegel et al noted in 2019, “Kratom has been marketed as a natural supplement that can improve mood, relieve pain, and increase energy, but its safety and efficacy have not been systematically studied. [...] The potential therapeutic benefits of kratom may be overshadowed by its risks, including toxicity, dependence, and withdrawal.”(3)

Proponents of kratom legalization could argue that it could provide a safer alternative to prescription painkillers, particularly for those suffering from chronic pain. They point to the lack of regulation surrounding kratom as the main reason for the potential risks and argue that legalization and regulation could help to mitigate these risks. They also argue that kratom has been used safely for centuries in Southeast Asia and that the risks associated with its use are overstated.

Indiana has taken a cautious approach to kratom and other drug legalization in the past and should do so again with kratom. The legalization of kratom is a complex issue that requires

careful consideration of the risks and benefits. While there are potential benefits to legalizing kratom, such as providing an alternative to prescription painkillers, there is not enough information to clearly demonstrate safe dosing or ensure safety. Oversight is another important issue that would need to be immediately addressed should consideration for legalization occur. Oversight would have to extend to manufacture, packaging, labeling, and testing.

It is clear that the potential risks are significant enough to warrant caution and careful consideration of any legislation and its potential impacts. Further study is necessary prior to determination of safe and appropriate use. The World Health Organization’s expert committee on drug dependence noted in a 2018 news release: “There is no evidence to indicate that kratom is safe or effective for any medical use [...] Kratom use has been associated with a range of serious side effects, including seizures, respiratory depression, and psychosis.”(4) I believe the summary of a full chapter review on Kratom by Paine and Shiptom says it best: “Kratom: unsafe and ineffective.”(5)

Brian H. Black, D.O., is Board-Certified in Family Medicine and is the Past President of the Indiana Osteopathic Association (IOA). Founded in 1898, the IOA is the professional home and advocate for all physicians and students whose objective is to practice osteopathically (www.inosteo.org).

References

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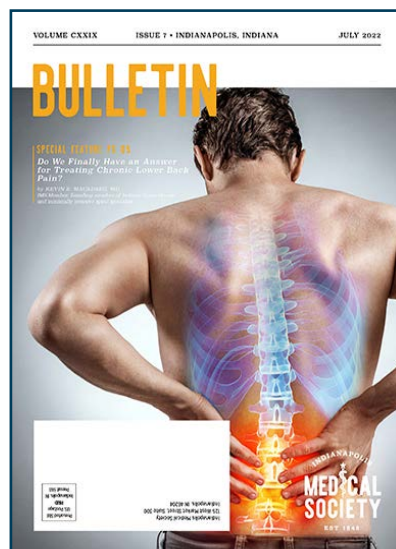
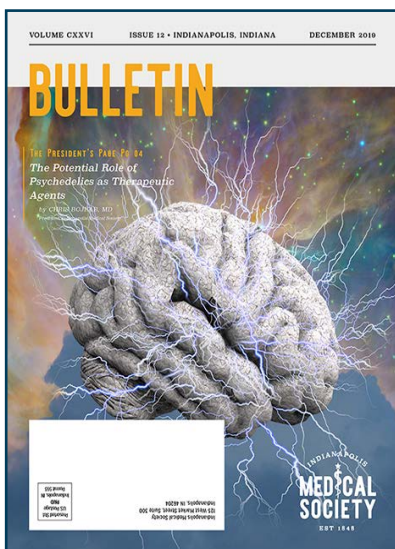
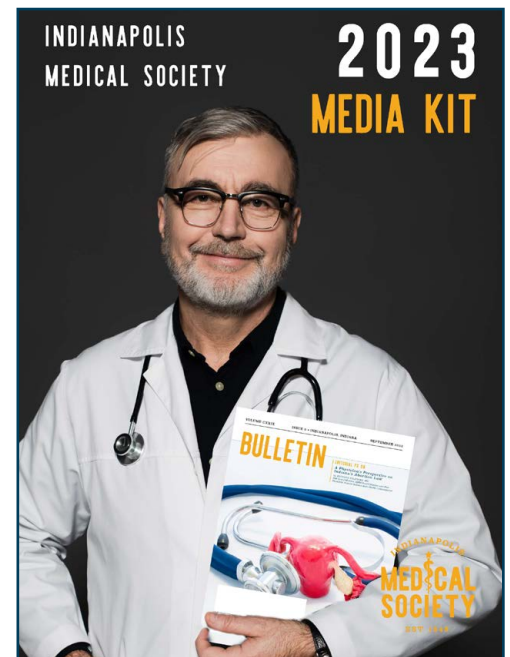
“Kratom and Other Mitragynines: The Chemistry and Pharmacology of Opioids from a Non-Opium Source” edited by A. Matsumoto, R. H. Watanabe, and M. Horie, which includes a chapter written by Paine and Shipton titled “Kratom: Efficacy, Abuse, and Addiction Potential”.



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BULLETIN BOARD



STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, was a key faculty speaker at the recent 7th Biennial Caribbean Facial Plastic Surgery Update in Grand Cayman. The international meeting was conducted by Facial Plastic Surgery International,

an educational foundation of which Dr. Perkins is founder and president.

He presented lectures on the topics of Deep Plane Face Lifting, Volumization of the Mid Face with Facial Implants, and Proper Sequencing in Primary Rhinoplasty.



JOSEPH D. SMUCKER, MD

Joseph D. Smucker, MD, Indiana Spine Group, presents “Multilevel Cervical Disc Arthroplasty: Safety Profile and Outcomes of 2 or more levels” in an upcoming volume of Seminars in Spine Surgery.

Dr. Smucker has dedicated his clinical and research interests to advancements in spine health. In addition to his interests in motion sparing surgical procedures (cervical disc arthroplasty and laminoplasty) he maintains expertise in complex spine surgical procedures involving the cervical, thoracic, and lumbar spine.



RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, served as a faculty member for the annual meeting of the American Academy of Orthopaedic Surgeons (AAOS) which was held in Las Vegas March 7-11, 2023.

Invited lecturer Dr. Sasso presented on Artificial Intelligence (AI) algorithms in the care of spinal disorders, and technical considerations for Cervical artificial disc replacement.



NEW BOARD MEMBERS

Congratulations and welcome to the IMS Board of Directors to Dr. Alison Case and Dr. Chris Wilson. We appreciate your voluntary service and are excited to have you join the Board.



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.

WELCOME NEW MEMBERS

ACTIVE

ANDREW T. BRIDGE, MD

AHN - Dermatology
13000 N. Meridian St.
Carmel, IN 46032-1404
Dermatology
Indiana University School of Medicine, 2005

MICHAEL B. CROSS, MD

OrthoIndy
8450 Northwest Blvd.
Indianapolis, IN 46278-1381
Orthopedic Surgery
Vanderbilt University School of Medicine, 2006

STACEY A. LOCKARD, MD

Franciscan Family Med Residency Program
5230 E. Stop 11 Rd., Ste. 250A
Indianapolis, IN 46237-6399
Family Medicine
Indiana University School of Medicine, 2015

TINA C. MASON, MD

Marian University College of Medicine
3200 Cold Spring Rd.
Indianapolis, IN 46222
Obstetrics & Gynecology
University of Iowa, 1984

MICHAEL C. McMAINS, MD

OrthoIndy
8450 Northwest Blvd.
Indianapolis, IN 46278-1381
Orthopedic Surgery
Indiana University School of Medicine, 2011

FIRST YEAR

SHAKEEB S. AHMAD, MD

Northwest Radiology Network
5901 Technology Center Dr.
Indianapolis, IN 46278-6013
Diagnostic Radiology
University of Louisville School of Medicine, 2014

MICHAEL J. ROBERTSON, MD

OrthoIndy
8402 Harcourt Rd.
Indianapolis, IN 46260-2074
Orthopedic Surgery
University of Arkansas for Med Sciences Col of
Med, 2016

RASHAD H. USMANI, MD

OrthoIndy
8450 Northwest Blvd.
Indianapolis, IN 46278-1381
Hand Surgery
Indiana University School of Medicine, 2016

RESIDENT

SEEMA S. PATEL, MD

IUSM - IM Med/Peds Residency Program
705 Riley Hospital Dr # 5867
Indianapolis, IN 46202-5109
Pediatric Emergency Medicine
American University of the Caribbean, 2018



CME & EVENTS

WEEK DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FIRST WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9AM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GI/Colo-rectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Critical Care Conference, 12--1PM Community Hosptal East Theater Psychiatric Grand Rounds, 1-2PM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> Tumor Board, 7-8AM
SECOND WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9AM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM Network Medcal Grand Rounds, 12-1PM 	<ul style="list-style-type: none"> GI/Colo-rectal Tumor Board, 7-8AM Cancer Conference/Tumor Board: Breast Cancer & Lung Screening, 7-8AM Community Heart & Vasculara Conference 7-8AM Psychiataric Journal Club, 1-2PM Head & Neck Tumor Board, 5-6PM 		<ul style="list-style-type: none"> Neuro Board, 7-8AM South Case Presentations, 12-1PM
THIRD WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9AM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM Molecar Tumor Board, 5-6PM 	<ul style="list-style-type: none"> GI/Colo-rectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Melanoma Tumor Board, 7:30-8:30AM Psychiatric Grand Rounds, 1-2PM Head & Neck Tumor Board, 5-6PM Podiatry Journal Club, 6:30-8:30PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> Neuro Board, 7-8AM South Case Presentations, 12-1PM
FOURTH WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9AM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GI/Colo-rectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM Primary Care Didactic Lecture Series, 7-8PM 	<ul style="list-style-type: none"> Neuro Board, 7-8AM

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.

CME & EVENTS

INDIANA UNIVERSITY 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.

Online Activites

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

Live Activities

April 28, 12:00PM - Saturday April 29 - 4:30PM / Gender, Sexuality, and Medicine: An Introduction to LGBTQIA+ competent care / IU Bloomington, via Zoom

Credits: AMA PRA Category 1 Credits™ (9.00 hours), Non-Physician Attendance (9.00 hours), ANCC Contact Hours (9.00 hours)

May 10, 7:50AM - Thursday, May 11, 2023, 4:00 PM / 58th Annual Riley Children's Health Pediatric Conference Filling the Gaps Managing COVID's Impact on Child Health /NCAA Hall of Champions Event Space, Indianapolis, IN

Credits: AMA PRA Category 1 Credits™ (7.25 hours), Non-Physician Attendance (7.25 hours)

May 12, 2023, 7:00-11:40AM - May 13, 2023, 7:00-11:40 AM / The 2023 Inaugural Krannert Biennial Myocardial Infarction and Reperfusion Injury: New Evidence to Shift Existing Paradigms / Eiteljorg Museum of American Indians and Western Art, Indianapolis , IN / Credits: AMA PRA Category 1 Credits™ (11.50 hours), Non-Physician Attendance (11.50 hours)

May 19, 2023, 8:00 AM - 3:00 PM / Obesity Symposium 2023 / Ritz Charles, Carmel, IN

Specialties - Family Medicine, Internal Medicine-Pediatrics, Nursing, Pediatric Surgery, Public Health, Research, Surgery General / Credits: AMA PRA Category 1 Credits™ (5.25 hours), Non-Physician Attendance (5.25 hours)

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To Register For the live webinars, visit: www.ismanet.org

April 13, Infant & Maternal Mortality / Live webinar / 12:00 - 1:00PM

Credits: Accredited for 1.0 AMA PRA Category 1 Credits™

MAY 4, Inpatient Medications for Opioid Use Disorder: Reducing Harm and Saving Lives / Live webinar / 12:00 - 1:00PM

Credits: Accredited for 1.0 AMA PRA Category 1 Credits™

MAY 11, Novel Drug Abuse / Live webinar / 12:00 - 1:00PM

Credits: Accredited for 1.0 AMA PRA Category 1 Credits™

June 8, Opioids and The ED: Become a Prudent Prescriber / Live webinar / 12:00 - 1:00PM

Credits: Accredited for 1.0 AMA PRA Category 1 Credits™

July 20, Substance Use System During Pregnancy / Live webinar / 12:00 - 1:00PM

Credits: Accredited for 1.0 AMA PRA Category 1 Credits™

August 10, Opioid Weaning & Legacy Patients / Live webinar / 12:00 - 1:00PM

Credits: Accredited for 1.0 AMA PRA Category 1 Credits™

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.

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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.

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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)	

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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.

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Allison Case (2024)	David A. Josephson (2023)	Caroline Rouse (2023)
David Crook (2024)	Kathryn J. Kelley (2023)	Alexandar T. Waldherr (2023)
Richard Hahn (2023)	John Kincaid (2024)	Joseph Webster (2024)
Caitlin J. Harmon (2023)	Katie W. McHugh (2024)	Maria Wilson (2025)
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INDIANA STATE MEDICAL ASSOCIATION

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