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BULLETIN

EDITORIAL PG 06

A WORLD WIHTOUT VACCINES

by RICHARD FELDMAN, MD

IMS Board Member and Past President, Former State Health Commissioner

Indianapolis Medical Society
125 West Market Street, Suite 300
Indianapolis, IN 46204

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NOTE FROM THE EDITOR

Bulletin content or ideas for content are provided by our members. Ultimately, 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. 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 C. COLLINS, MD

The Importance of Play

Green shoots of daffodil emerge through dormant earth. Seeing them makes me smile in anticipation of the renewal of spring. After months bundled up against the cold, the act of shedding layers of parkas, gloves, and scarves feels energizing and expansive, especially the first few frost-free mornings. The scent of warming soil and budding trees rouses a natural euphoria and enthusiasm, inviting us back outdoors to play.

"Playing with your romantic partner, friends, co-workers, pets, and children is a sure (and fun) way to fuel your imagination, creativity, problem-solving abilities, and emotional well-being," assert Robinson, et al(1). Taking ourselves a bit less seriously, moving our bodies, breathing in fresh air, stepping outside of the rigid structure defining much of adult life, allows us to embrace new perspectives. In Maslow's hierarchy of human needs, play factors into level three, defined as "love and belonging", and is a tool to enhance friendship, intimacy, family, and the vital human sense of connection with self, nature, and community(2). Incorporating play in the work environment can encourage teamwork, prevent burnout, and improve innovation(4).

From a medical perspective, we have learned that physical activity and social engagement are associated with longevity and improved health outcomes. The mechanism of action of this effect may result from neurologic, endocrine, and cardiovascular responses to the cascade of endorphins released during playful activities. There may be increases in the number of cancer fighting natural killer cells circulating in our bodies as well(5). Playful activities provide opportunities for improving physical fitness and for expanding our problem-solving abilities by creating scenarios to practice "thinking outside of the box" in lower acuity situations. Using our brains in this way may enhance resilience and creativity in the higher acuity environments many of us commonly encounter in our professional lives. From a felt sense perspective, I'm sure each of us can testify to the individual benefits of joy and calm we experience when being out in the beauty of a forest and witnessing with awe the marvels of the natural world.

Your Indianapolis Medical Society executive committee members had fun last month brainstorming engaging events to help our membership come together in playful ways. Please keep a close eye on your email and the Bulletin announcements for upcoming opportunities to join with your colleagues in diverting events focused on physician wellness and community service. Among the ideas percolating are a reprise of the popular Overdose Lifeline Narcan volunteer opportunity, a healthy cooking class, IMS team organizing for local run/walk events, summer outdoor concert events, and a picnic gathering with activities and games to stimulate the competitive nature of our members. Please join in!

Sincerely,

Ann C. Collins
153rd President
Indianapolis Medical Society

References:

1. Robinson, L. et al. The Benefits of Play for Adults https://www.helpguide.org/mental-health/wellbeing/benefits-of-play-for-adults

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3. Tonkin A, Whitaker J. Play and playfulness for health and wellbeing: A panacea for mitigating the impact of coronavirus (COVID 19). Soc Sci Humanit Open. 2021;4(1):100142

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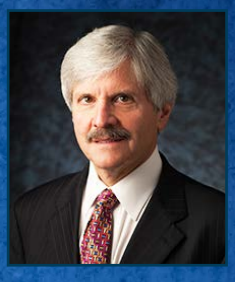
5. Jones L. In times of uncertainty, let nature be your refuge. 2020. https://www.theguardian.com/commentisfree/2020/mar/20/coronavirus-anxiety-nature

A World Without Vaccines

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



Immunization rates are falling. Vaccine disinformation, uncertainty, and skepticism seem to be at historic highs, extending from the COVID-19 vaccine to questioning the value and safety of other routine vaccinations. Vaccine distrust will surely worsen with the new Secretary of Health and Human Services, anti-vaxxer Robert F. Kennedy, Jr., instilling doubts about immunizations. He failed his first test as a public health official with the current Texas measles outbreak stating false, inaccurate, and misleading information. Kennedy minimized the largest U.S. measles outbreak since 2019 (the largest in Texas in 30 years) causing the first measles death in a decade. The cases were almost exclusively among the unvaccinated.

Astonishingly, Kennedy didn't immediately urge measles vaccination. Later, after rising criticism, he offered only a qualified immunization recommendation with mixed messages.

Mounting vaccine complacency is also a danger. With the elimination of vaccine-preventable diseases, so too were the memory of them. It's difficult to appreciate the absence of what one does not see.

Most Americans have never seen a tragic case of smallpox, tetanus, diphtheria, polio, or measles. Young healthy people no longer die of vaccine-preventable diseases as a fact of everyday life.

According to a 2024 Gallup Poll, only 69 percent of parents now believe that it's extremely or very important for children to be vaccinated (94 percent in 2001). Twenty percent believe that vaccines are more dangerous than the diseases they were designed to prevent. Thirteen percent believe that certain vaccines cause autism and 51 percent are unsure.

I offer again an updated calculation of how immunizations have eliminated diseases that once ravaged our country. A much-needed reminder given the current dreadful circumstances.

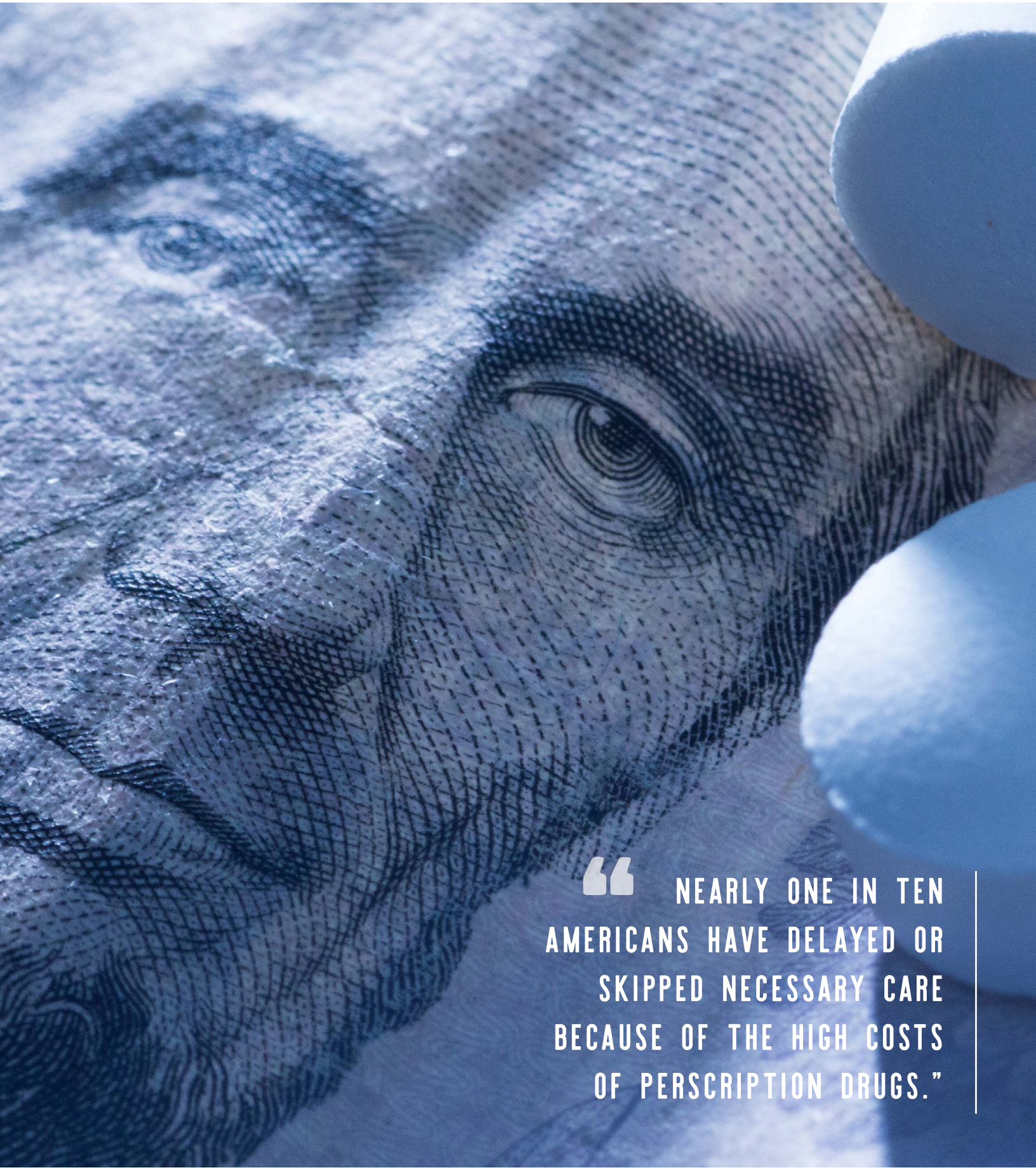
I took historical statistics from multiple reliable sources on the number of various infectious disease cases before the development of their respective vaccines. I then extrapolated these numbers to account for population growth to give a rough estimate of the number of cases that are now prevented. The number of present cases is from the Centers for Disease Control and Prevention.

Without immunizations, each year in the U.S. there would be:

- 4,200 tetanus cases. Now there are about 30.
- 378,000 mumps cases. About 330 appeared in 2024.
- 401,000 hepatitis B cases. In 2021, 2,045 occurred.
- 661,000 diphtheria cases. Diphtheria is virtually eliminated in the U.S.
- 467,000 reported pertussis (whooping cough) cases. About 30,000 reported in 2024.
- 35,000 cases of paralytic polio. Polio is virtually nonexistent in the Western Hemisphere. Since 1979 there have been no cases of polio originating in the U.S.
- 82,000 rubella cases. Endemic rubella was eliminated in the U.S. by 2004. Infants with congenital rubella syndrome resulted in severe handicaps.
- 4 million chickenpox cases and 12,000 hospitalizations. Since the development of the vaccine in 1995, chickenpox cases have decreased by 97 percent.
- 1 million measles cases. Although once eradicated in the U.S., 285 cases were reported in 2024 (expect more in 2025 with the outbreak).
- 22,000 life-threatening invasive Hemophilus influenza bacterial infections in children less than five years of age, mostly meningitis. These diseases have decreased by 99 percent.
- 96,000 smallpox cases. Because of vaccination, smallpox was completely eradicated from the world in 1977.

A World Health Organization study reveals that global immunization efforts have saved an estimated 154 million lives over the past 50 years.

Extremely high immunization rates are necessary to maintain our "herd immunity" to these diseases and others. We're at a dangerous tipping point.


“ NEARLY ONE IN TEN AMERICANS HAVE DELAYED OR SKIPPED NECESSARY CARE BECAUSE OF THE HIGH COSTS OF PERSCRIPTION DRUGS.”

Perscription Drugs: *The Real Cost to Patients*

by CARLIN YODER
President, Cardinal Consulting

After a grueling election season, Hoosiers went to the polls and voted for change, electing President Donald Trump and Senator Jim Banks with the hopes of changing the direction of our country. Now, with the election behind us there are opportunities to make new inroads in health care, creating changes that will positively impact Hoosiers sinking under the weight of out-of-control costs and needless bureaucracy. One important area that must be addressed is the staggering cost of prescription drug costs.

Prescription drug costs have become one of the most pressing concerns for patients, healthcare providers, and policymakers alike. In the United States, pharmaceutical prices have skyrocketed over the past few decades, burdening individuals, families, and the healthcare system as a whole. The debate around lowering prescription drug costs has never been more critical, as millions of Americans struggle to afford the medications, they need to maintain their health and well-being.

Prescription drugs are essential for treating a wide range of medical conditions, from chronic illnesses like diabetes and heart disease to cancer and mental health disorders. Unfortunately, for many individuals, the high price of medications means that access to life-saving or life-enhancing treatments is out of reach. According to a 2022 survey by the Kaiser Family Foundation, nearly one in four Americans reported not filling a prescription due to the high cost of medications. This statistic underscores the severity of the problem and the barriers that high drug prices create to necessary medical care.

For some, the financial burden of prescription drugs leads to difficult decisions, such as choosing between medications and other necessities like food or housing. In the worst cases, individuals may forgo treatments altogether, leading to worsened health outcomes, more frequent hospitalizations, and even preventable deaths. This not only affects the quality of life of those impacted but also drives up the overall cost of healthcare, as untreated conditions often result in more severe complications that require costly emergency interventions. The financial strain of prescription drugs can lead to significant consequences for individuals and families. According to a 2020 report from the House Ways and Means Committee, nearly one in ten Americans have delayed or skipped necessary care because of the high costs of prescription drugs. Many individuals are forced to ration their medications, take them less frequently, or cut doses to make their prescriptions last longer, which can have dangerous effects on their health.

In addition to the physical and emotional toll, high drug prices can also cause economic hardship. A 2022 study from the National Institute for Health Care Management (NIHCM) found that nearly one in four Americans with a chronic condition reported that prescription drug costs had caused them financial hardship, and 40% of those with annual incomes under $30,000 said they had difficulty affording their medications. These costs are disproportionately felt by vulnerable populations, including the elderly, low-income families, and people with disabilities.

What are the solutions?

First, we must identify the factors, which include:

1. Patent and Exclusivity Laws: Pharmaceutical companies often benefit from patents and exclusive rights to sell certain drugs, which can prevent the entry of lower-cost generics or biosimilars into the market. While patents are intended to incentivize innovation, they can also create monopolies on certain medications, allowing companies to charge exorbitant prices without competition.

2. Rebates and Middlemen: The role of pharmacy benefit managers (PBMs), insurance companies, and wholesalers in the drug pricing process has led to further complexity. While drug manufacturers may offer rebates to PBMs, these rebates often do not translate into lower costs for consumers. In fact, they can sometimes contribute to higher list prices, as drug companies increase the prices to compensate for the discounts given to these middlemen.

3. Research and Development Costs: Pharmaceutical companies argue that high prices are necessary to fund the research and development (R&D) of new drugs. While it is true that R&D is a costly endeavor, studies have shown that the pharmaceutical industry spends more on marketing and administration than on research. Additionally, a significant portion of funding for drug development comes from public sources, such as government grants and university research, raising the question of whether the costs are being passed on disproportionately to consumers.

4. Lack of Price Transparency: One of the main issues is the lack of transparency in drug pricing.

Patients are often unaware of how much a medication will cost them until they go to the pharmacy. Additionally, prices can vary significantly from one pharmacy to another, leaving consumers confused and without options for finding the best price.

Then, to address these factors, policy makers should focus on:

1. Price Negotiation: One potential solution is allowing Medicare and private insurers to negotiate directly with pharmaceutical companies to lower drug prices. While this approach has been met with resistance from the pharmaceutical industry, many experts argue that negotiation could result in significant savings for patients.

2. Expansion of Generic Drug Access: Increasing access to generic and biosimilar drugs can offer significant savings. Generic drugs are typically much less expensive than their brand-name counterparts, yet they are just as effective. Streamlining the approval process for generics and providing incentives for manufacturers to produce them could help reduce overall prescription drug costs.

3. Transparency in Pricing: Encouraging greater transparency in drug pricing is another important step toward lowering costs. By making prices more visible and easier to understand, patients would be empowered to shop around for the best deals, and pharmacies would be incentivized to compete on price.

4. Capping Out-of-Pocket Costs: Implementing caps on out-of-pocket prescription drug costs for individuals, particularly those on Medicare or private insurance, could provide immediate relief for patients. This could help ensure that individuals do not face financial ruin due to the cost of necessary medications.

The need to lower prescription drug costs is undeniable. For millions of Americans, the inability to afford life-saving medications is a daily struggle that can have severe health consequences. Addressing the root causes of high drug prices, such as lack of transparency, monopolistic practices, and the role of middlemen, is critical to ensuring that all individuals have access to the medications they need. By implementing sensible policies, such as price negotiation, generic drug promotion, and price transparency, we can make significant strides toward reducing prescription drug costs and improving the overall health and well-being of the American people.

Let's encourage our political leaders to make these changes, delivering better health and affordable prescription drugs to all Hoosiers.

A Call to Protect our Patients: Oppose Cuts to Medicaid

by ALISON CASE, MD
IMS Secretary/Treasurer

I am a primary care provider working in a federally qualified health center. Every day I am privileged to provide care for people who desperately need it. The majority of the patients I see are on Medicaid. My patients work, sometimes more than one job, and often work that requires physical labor that is hard on their bodies and can exacerbate chronic medical conditions. They have families. They face incredible challenges. They often don't have transportation or face housing insecurity. These are often people who are one crisis away from homelessness, from destitution, from hunger. Lawmakers at both the state and federal level have decided to cut off healthcare access for hundreds of thousands of Hoosiers in order to give tax cuts to the wealthy few and big corporations. If lawmakers cut Medicaid, my patients will become sicker. Losing health insurance could be the crisis that precipitates the outcomes I mentioned above--homelessness, hunger, or even death. And the cuts won't save us any money in the long term--when patients get sicker the state will pay for their care. It will simply result in a crisis of access where our already overwhelmed emergency rooms and hospitals will take on more patients and our tax dollars will pay for sicker patients who now require emergent care. What is happening with Medicaid cuts and how can we speak out to protect our patients?

Who does medicaid cover?

According to Kaiser Family Foundation, Medicaid covers nearly 4 in 10 children and 1 in 6 adults. It covers more than 1 in 4 adults with disabilities and covers 41% of all births in the US. The income threshold for Medicaid in Indiana for a single adult is $1,670/month. For a family of four the threshold is $3,458/month. When the cost of housing, food, and transportation is factored in this does not leave much, if any, disposable income. The majority of people receiving Medicaid benefits are living with significant challenges as previously mentioned. The majority are working and still having difficulty making ends meet. Lawmakers concerned that an increasing percentage of the state budget is going to Medicaid would do well to seek solutions for the increasing number of Hoosiers meeting the income qualifications--look for ways to create job opportunities and childcare--rather than devising ways to exclude people from needed care.

What is the Healthy Indiana Plan (HIP)?

The Healthy Indiana Plan or HIP is one of several Medicaid programs administered by the state, and it is the primary public insurance program covering low-income working-age (19-64) adults in Indiana. When the Affordable Care Act was passed, states became eligible for additional federal dollars if they expanded their existing Medicaid coverage. Indiana chose to do that its own way with the Healthy Indiana Plan. This extension of federal funding allows hundreds of thousands of low-income Hoosiers to access healthcare. Currently, federal funding covers 90% of the cost of HIP in Indiana. The remaining 10% comes from two sources: 9% is generated through a fee that hospitals are required to pay, known as the Hospital Assessment Fee, and roughly 1% comes from a cigarette tax.

What is SB 2?

SB 2 is a state bill introduced this session which makes dramatic cuts and changes to Indiana's Medicaid programs, including drastically decreasing the number of people eligible for HIP by introducing a variety of new requirements for applicants (including work reporting requirements). It has already passed the state senate and is now in the house.

The bill would limit HIP enrollment at 500,000 people, which would arbitrarily remove roughly 200,000 people from their current coverage. It would also further complicate re-enrollment making it unnecessarily difficult for Medicaid

members across all categories to obtain and maintain coverage. By instituting additional bureaucracy to Indiana's Medicaid programs, SB 2 threatens to cost more and cover fewer people. By targeting HIP, the most cost efficient of Indiana's Medicaid programs, SB 2 threatens to remove more than $3.5 billion from our state's economy as federal funding for the program would be reduced.

What about federal cuts to Medicaid?

A significant portion of funding for state Medicaid comes from the federal government. The US House has passed a budget that would drastically reduce funding for Medicaid over the next ten years. The savings from these budget cuts would fund tax breaks for the wealthiest Americans. State medical organizations across the country, including the ISMA, recently signed on to a letter to federal lawmakers asking them to halt Medicaid cuts.

What happens if Medicaid funding is cut?

This is simple, people will not get care and they will become sicker. We have already seen the impact of patients losing their insurance as patients were dropped from Medicaid this past year when federal funding for COVID ended and Indiana chose not to extend this coverage. I watched as my patients missed their appointments only to find months later that they lost their Medicaid and were afraid they couldn't pay to be seen. When I finally saw my patient with diabetes who lost her coverage and had been lost to follow up for months, she had been off insulin and her other medications (which she could not afford without insurance), had uncontrolled sugars, and had already been to the ER. Without her medications she is at high risk of diabetic ulcers that could result in loss of a limb, of heart attack, stroke, kidney disease. If she still had her Medicaid we could control her sugars and drastically reduce that risk.

Not only will patients become sicker with Medicaid cuts but we could also lose the clinics where uninsured and Medicaid patients are primarily served. Federally Qualified Health Centers (FQHC) depend on Medicaid reimbursement to stay open and continue to serve low income and uninsured patients. FQHCs have felt the impact of patients losing their Medicaid this year due to loss of federal funding and have had to adjust in order to keep doors open. If this funding is further decreased some of these clinics will be forced to close and patients will become sicker and seek care at already overwhelmed emergency rooms and hospitals.

What can you do?

You can find your state representative at https://iga.in.gov/information/find-legislators and call them via the switchboard at (317) 232-9600. Tell them you are a physician and oppose SB2 and oppose removing patients from Indiana HIP. Include a story about how this affects you and your patients.

You can find your federal representative at www.house.gov/representatives/find-your-representative and call them via the switchboard at (202) 224-3121. Tell them you are a physician and you oppose federal cuts to Medicaid. Include a story about how this affects you and your patients.

CME & EVENTS

Community Health Network

Week Day	Monday	Tuesday	Wednesday	Thursday	Friday
First Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• Breast Tumor Board, 7-8AM	• GI/Colorectal Tumor Board, 7-8AM • Community Heart & Vascular Conference, 7-8AM • Critical Care Conference, 12--1PM • East Theater, 12-1PM • Psychiatric Grand Rounds, 1-2PM • Head & 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, 8-9PM	• Breast Tumor Board, 7-8AM • Network Medcal Grand Rounds, 12-1PM	• GI/Colorectal 7-8 AM • Breast & Lung Screening Tumor Board, Anderson 7-8AM • Community Heart & Vasculara Conference 7-8AM • Psychiatry Journal Club, 1-2PM • Head & Neck Tumor Board, 5-6PM		• Neuro Tumor-Board, 7-8AM • South Case Pre-sentation 12 PM
Third Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• 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 & Neck Tumor Board, 5-6PM	• Thoracic Tumor Board, 7-8AM	• GU Tumor Board, 7-8AM • South Case Pre-sentation 12 PM
Fourth Week	• GYN Tumor Board, 7-8AM • Hematology Tumor Board, 8-9PM	• Breast Tumor Board, 7-8AM	• GI/Colorectal Tumor Board, 7-8AM • Head & Neck Tumor Board, 5-6PM	• Thoracic Tumor Board, 7-8AM	• Neuro Tumor Board, 7-8AM

For more information regarding Community Health Network CME or program information, contact Jeff Carter at 317-621-3845.

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, are now offered in a virtual format.

Online Activities

For Online Programs, including scheduled series and individual specialties, visit: HTTPS://IU.CLOUD-CME.COM.

In-Person Activities

APR 13-14	2025 Annual Center for Neurodengenerative Disorders Symposium | 12:30 PM - 4:30 PM | Good ma Hall/Stark Neurosciences, Indianapolis, IN | AMA PRA Category 1 Credits (5.5 hours)
APR 25	6th Annual IUSM Education Day: Leadership and Mentorship in Medical Education | 8:00 AM - 5:00 PM | Hine Hall, IU Indianapolis Campus, Indianapolis, IN | AMA PRA Category 1 Credits (6.0 hours)
May 3	May 2025 Pediatric Practical Pearls | 8:00 AM - 11:30 AM | 1 Credits (3.0 hours)
July 12	Review and Interpretation of the 2025 ASCO Review | 8:00 AM - 2:30 PM | Marriott Indianapolis, Indianapolis, IN | AMA PRA Category 1 Credits (5.25 hours)
Aug 21-22	Diabetes Technology Certification | 6:00 AM - 7:000 PM | NCAA Conference Center, Indianapolis, IN | AMA PRA Category 1 Credits (13.25hours)

Indiana State Medical Association

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

May 1	2025 Post-Session Legislative Update | 6:00 PM - 7:00 PM | Live Webinar: Registration Required ISMA Website | ISMA Members Only, Free | AMA PRA Category 1 Credits (1.0 hour)
May 16-17	Physican Advocacy Retreat | The Westin Indianapolis | ISMA Members Only, $300 | AMA PRA Category 7.5 Credits
May 20	ISMA District 7 Annual Meeting and IMS Annual Meeting | 6:30 pm - 9:00 pm | Ritz Charles, 12156 N. Meridian Street, Carmel, IN | District 7 Members | Register Online **IMS ANNUAL MEETING NOTICE**

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

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WELCOME NEW MEMBERS

ACTIVE

Brett Barnes, DO
IU Health Physicians – Anesthesiology
Anesthesiology
Marian University College of Osteopathic Medicine, 2017

William C.E. Berry
University Obstetricians-Gynecologists, Inc.
550 University Blvd., Ste. 2041
Indianapolis, IN 46202-5149
Obstetrics and Gynecology
Indiana University School of Medicine, 2017

Amy K. Caldwell, MD
Eskenazi Health Services
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Indianapolis, IN 46202-5187
Obstetrics and Gynecology
University of Michigan Medical School, 2015

Lara E. Darling, MD
Riley Pediatric Primary Care – Indianapolis
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Indianapolis, IN 46229-3032
University of Arizona College of Medicine, 2013

Michael P. Gelatt, DO
CPN – Family Medicine & Pediatric Care
8150 Oaklandon Rd., Ste. 130
Indianapolis, IN 46236-9554
Family Medicine
Edward Via College of Osteopathic Medicine, Virginia

Emily Jewell, MD
Community Physician Network
7930 N. Shadeland Ave., Ste. 100
Indianapolis, IN 46250-2943
Hand Surgery
Indiana University School of Medicine, 2015

FIRST YEAR

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General Surgery
Virginia Commonwealth University School of Medicine, 2024

PHYSICIAN ADVOCACY

TRAINING RETREAT

May 16-17, 2025 • Indiana Statehouse & The Westin • Downtown Indianapolis

ISMA will offer its popular annual Advocacy Training Program in an all-new, condensed format this May.

The first-ever ISMA Physician Advocacy Training Retreat is tailored to develop and strengthen members' advocacy skills through an engaging and intensive two-day experience. Designed to prepare physicians to advocate effectively for themselves and their patients at both state and federal levels, this retreat blends rigorous training with an enjoyable atmosphere.

Traditionally, the full training program runs annually from October through May in a hybrid format. The advocacy retreat condenses this programming into an in-person event in downtown Indy on May 16 and 17 at the Indiana Statehouse and the Westin Indianapolis.

Explore the inner workings of Indiana's legislative process firsthand when we kick off the program with an exclusive tour of the Statehouse on Friday afternoon. Multiple sessions featuring experts on physician advocacy will then be held on Friday night and during the day on Saturday.

Topics over the course of the retreat include how policy is made in Indiana, the anatomy of the federal and state legislatures, how to track bills, how to write a resolution for the ISMA House of Delegates, self-awareness and self-management when meeting with legislators, and how to prepare for meetings with policymakers.

The retreat is open to all ISMA members, but capacity is limited to 25 registrants. Registration is $300 and includes meals.

A hotel block with discounted rates is available at the Hampton Inn next to ISMA headquarters through April 16. If you would like to make your own accommodations at the Westin, please do so on your own.

The deadline to register for the event is May 11 at 11:59 p.m. ET, and participants can earn up to 7.5 AMA PRA Category 1 Credits™. The traditional Advocacy Training Program will still be held in 2025-2026 for those wishing to complete the full hybrid program.

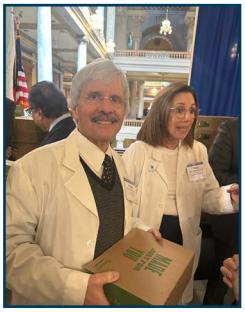
BULLETIN BOARD

DANIEL UDREA, MD

On thursday, March 13, Daniel Udrea, MD served as the Physician of the Day for the Indiana State Senate and Indiana House of Representatives. He notified the IMS Executive Vice President in advance and they were able to meet up at the Statehouse and get his picture taken.

IMS MEMBERS ATTEND PHYSICIAN ADVOCACY DAY AT THE STATEHOUSE

Several IMS Members participated in ISMA's Physician Advocacy Day at the Indiana Statehouse. Thanks to those of you who were there representing us!



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

Officers 2025

President
ANN C. COLLINS

Secretary/Treasurer
ALISON CASE

Board Chair
MONICA WEHBY

Vice Board Chair
DANIEL UDREA

President-Elect/Vice President
KATHERINE J. KELLEY

Immediate Past President
JOSEPH WEBSTER, JR

At-Large
JODI L. SMITH

Board of directors 2025

Terms End with Year in Parentheses

Monica Wehby, Chair and **Daniel Udrea**, Vice Chair

Vinayak Belamkar *(2027)*
Gabe Bosslet *(2027)*
Julie A. Daftari *(2025)*
Ann M. Hake *(2026)*
Ronda A. Hamaker *(2026)*
Doris M. Hardacker *(2026)*
Brian S. Hart *(2026)*
Mercy M. Hylton *(2025)*
Penny W. Kallmyer *(2027)*
Clif Knight *(2026)*
Katie W. McHugh *(2025)*
Francis W. Price, Jr *(2026)*
Thomas Schleeter *(2027)*
Jodi L. Smith *(2025)*
Eric E. Tibesar *(2027)*
Daniel Udrea *(2026)*
Mary Jean Vorwald *(2025)*
Monica Wehby *(2027)*
Maria Wilson *(2025)*

Past presidents' council 2025

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

Linda Feiwell Abels
Christoper D. Bojrab* *(2026)*
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

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)
Laurie L. Ackerman (2025)
Christopher D. Bojrab (2024)
Alison Case (2026)
Ann C. Collins (2026)
Julie A. Daftari (2026)
David Diaz (2024)
Marc E. Duerden (2026)
Richard D. Feldman (2024)
Ann Marie Hake (2025)
Paula Hall (2025)
Ronda A. Hamaker (2025)
C. William Hanke (2024)
Doris M. Hardacker (2024)
Mercy Hylton (2025)
David A. Josephson (2026)
Penny W. Kallmyer (2026)
Kathryn J. Kelley (2026)
Clif Knight (2025)
John E. Krol (2026)
Mercy O. Obeime (2026)
Ingrida I. Ozols (2026)
Robert M. Pascuzzi (2026)
J. Scott Pittman (2025)
Francis W. Price, Jr (2026
Haley A. Pritchard (2025)
David M. Ratzman (2024)
Thomas P. Schleeter (2026)
Jodi L. Smith (2025)
Eric E. Tibesar (2026)
Bree A. Weaver (2025)
Tracey Wilkinson (2025)
Steven L. Wise (2024)

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.

Vinayak Belamkar (2025)
Gabe Bosslet (2024)
David Crook (2024)
Richard Hahn (2026)
Brian S. Hart (2026)
Melanie Heniff (2024)
Richard Huber (2025)
John Kincaid (2024)
Diane Kuhn (2025)
Katie W. McHugh (2024)
Rick Reifenberg (2025)
Caroline Rouse (2023)
Alexandar T. Waldherr (2023)
Joseph Webster (2024)
Monica Wehby (2025)
Maria Wilson (2025)
Chris Wilson (2025)

Indiana state medical association

Past Presidents

**Indicates deceased*

David Diaz
2023-2024

John P. McGoff
2017-2018

Bernard J. Emkes
2000-2001

Peter L. Winters
1997-1998

William H. Beeson
1992-1993

Jon D. Marhenke *
2007-2008

George H. Rawls*
1989-1990

John D. MacDougall*
1987-1988

George T. Lukemeyer *
1983-1984

Alvin J. Haley*
1980-1981

Executive Committee

Immediate Past President
David R. Diaz

At-Large
Mary McAteer

Seventh District

Trustees

Mary McAteer (2026)
Mercy Hylton (2027)

Alternate Trustees

Clif Knight (2026)
Jodi Smith (2025)*

President

Jodi Smith (2025)

**Indicates temporary fill*

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www.indymedicalsociety.org