

# BULLETIN

EDITORIAL PG 04  
**VOLUNTEERISM**  
by ANN COLLINS, MD  
IMS President



INDIANAPOLIS

**MEDICAL  
SOCIETY**

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# BULLETIN



## OFFICIAL MONTHLY PUBLICATION OF THE

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

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www.indymedicalsociety.org

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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



## **Volunteerism strengthens communities and boosts quality of life for doctors and neighbors.**

Given the hectic pace of many physicians' schedules, one might overlook the life enrichment available through community involvement and volunteer opportunities. Some might think that's something I'd like to do when I retire. While volunteering is an awesome way to stay engaged and connected in retirement, it has a lot to offer those who are in active practice as well. Getting out into the community can strengthen your understanding of the needs of your patients and can help you network to grow your practice. Taking action toward the support of a social program that aligns with your values can also help alleviate frustration over politics or administrative stressors. These activities allow us to get outside of our day-to-day "boxes" and enhance our ability to see issues from new perspectives. The skill sets physicians bring to the community allow us to volunteer in clinical settings but also in arenas very distinct from patient care, which can make us more balanced as people.

Mary McAteer, MD, a member of your IMS Past Presidents' Council, shared the following about her experiences with community service: "Volunteering is a habit. When my parents volunteered for things, they dragged all six of us kids with them. We must've been more in the way than any way effective. That instilled in me a sense of volunteer normalism. I've been called a passionate person, but perhaps it is a way for me to expend that passion into doing some-

thing with like-minded people or just lending a hand. Some of my most rewarding experiences have been things I've volunteered to do. Hopefully, I learned through habit how to be effective too."

The IMS Board members have organized an event to help you dip your toe into the experience of connecting with the Indy community as a volunteer with minimal time investment! Two to three hours is all the time it takes to make a difference for a worthwhile non-profit serving the Indy community and to enjoy connection with your IMS colleagues. Overdose LifeLine ([www.overdoselifeline.org](http://www.overdoselifeline.org)) is a 501©(3) non-profit organization dedicated to helping individuals, families and communities affected by the disease of addiction/substance use disorder through advocacy, education, harm reduction, prevention, resources and support. We will be helping at a Narcan Kit packing event at the ODL headquarters near Butler University. These Narcan (nasal naloxone) kits are distributed free of charge to anyone wishing to have them on hand to assist a community member in the event of a narcotic overdose. Overdose Lifeline has been instrumental in lobbying for and championing over-the-counter Naloxone access in Indiana. They distribute over 20,000 naloxone kits monthly to first responders and the lay public across 70+ Indiana counties. These events are held every two weeks, and our IMS volunteer gathering will be held on May 13th. Join our packing event, or if that date does not work for you, feel free to sign up for any open slot and bring your near and dear to help out. You can register and find details of the event location and time at (please place Sign up Genius link here). See you there!

Sincerely,

A handwritten signature in black ink that reads "Ann C. Collins MD". The signature is fluid and cursive, with a small "MD" written at the end.

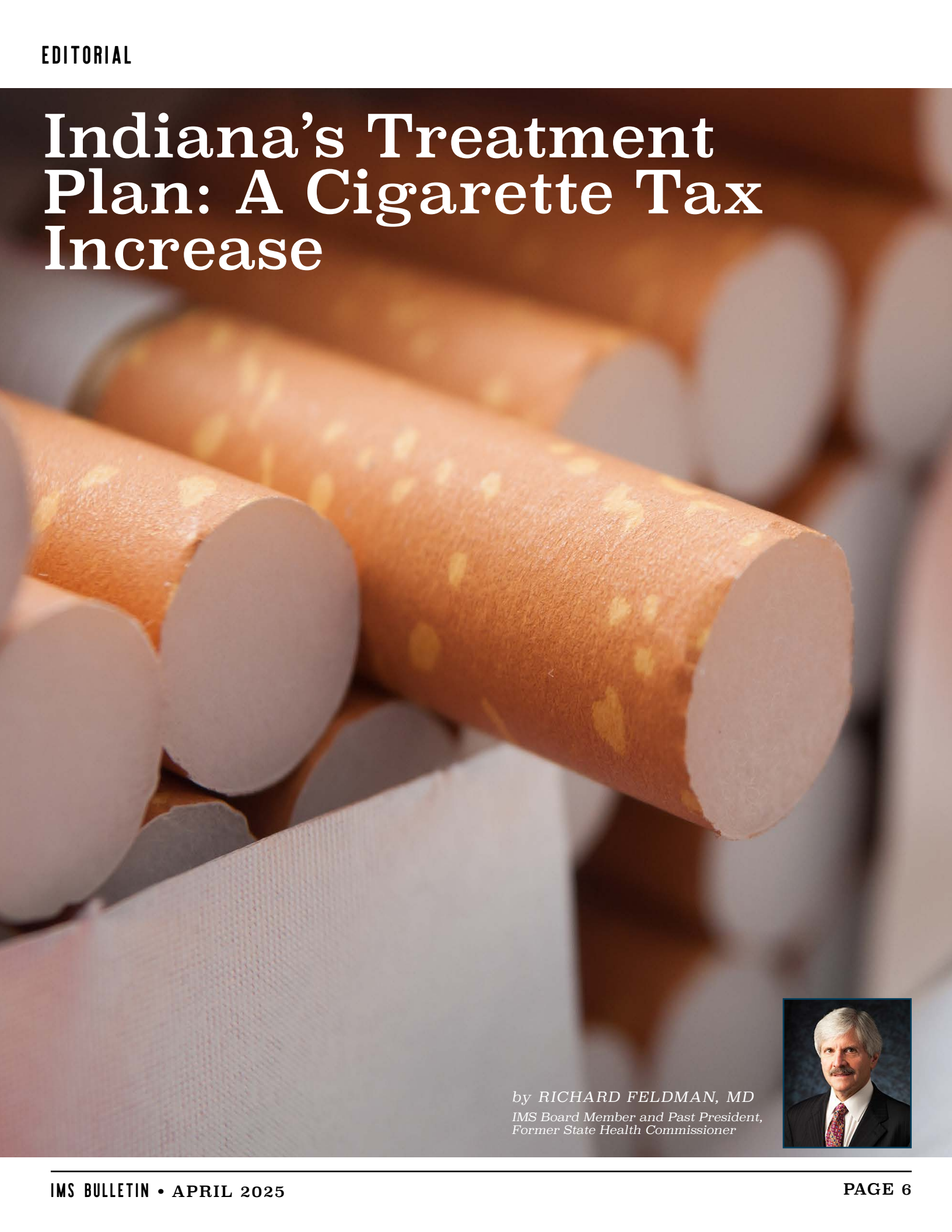
Ann C. Collins  
153rd President  
Indianapolis Medical Society

# THE PRESIDENT'S PAGE

ANN C. COLLINS, MD



# Indiana's Treatment Plan: A Cigarette Tax Increase



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



In various state health-ranking reports, Indiana is consistently among the unhealthiest states on most any measure including chronic disease, overall health, and life expectancy. According to the American Lung Association, our state's maternal smoking rate is well above the national average and our adult smoking rank is 8th highest nationally. One in five Hoosiers, 11,000 annually, die as a result of smoking. Tobacco plays a large role in our miserable state of health.

Historically, public health funding has been a low priority for the Indiana General Assembly. But recently, I have been encouraged by its support of public health. Since 2021, the legislature has allocated an additional \$275 million to address Indiana's most pressing public-health challenges. Let's add to this accomplishment by increasing the cigarette tax.

The legislature has repeatedly failed to increase the cigarette tax; the last increase occurred in 2007. The political influence of the tobacco industry runs dark and deep, and legislators need to push Big Tobacco aside. In fact, it would be a political win. A 2018 survey conducted by Bellwether Research found that nearly two-thirds of Indiana voters favored a \$2 cigarette-tax increase if just part of the revenue went to tobacco-prevention programs.

Indiana's cigarette tax is 99.5 cents/pack (39th lowest among the states). The national average is \$1.96. And look at our surrounding states: Michigan's cigarette tax is \$2.00/pack; Ohio is \$1.60; Illinois, \$2.98; Wisconsin, \$2.52; and even the tobacco state of Kentucky is \$1.10/pack. These states understand that increasing tobacco taxes discourages smoking, youth initiation, and provides increased tax revenue.

According to the Campaign for Tobacco-Free Kids, increasing cigarette taxes, despite reducing smoking rates, have never demonstrated a point of diminishing cigarette tax revenues even in high cigarette-tax states - New York is the highest at \$5.35/ pack. Tobacco taxes are a stable source of state revenue.

Although estimates vary, a \$2 increase/pack would generate about \$360 million annually. Increased taxes on vapes should also be considered given the high

rates of use, particularly by youth.

Funding for Medicaid and non-health-related uses will undoubtedly be beneficiaries for increased cigarette taxes, but increased funding for the state's languishing tobacco prevention and cessation program is essential.

Indiana is mired in economic losses due to smoking. Tobacco use results yearly in \$7.5 billion in lost productivity, \$3.4 billion in health-care costs, \$634 million in state Medicaid costs, and an additional business expenditure of \$5,800 for each smoking employee. An unhealthy workforce is a drag on business and a barrier for economic development.

According to the World Health Organization and the National Cancer Institute, raising the cost of tobacco is the single most effective strategy for reducing tobacco use. The general consensus from multiple sources is that, for every 10 percent increase in the cost of cigarettes, smoking youth is reduced by seven percent, adult smoking by two percent, and total consumption by four percent.

Some regard the cigarette tax as regressive, disproportionately affecting low-income families. With their high rate of smoking, they have the most to gain in improved health. And without buying cigarettes, they will have more money to spend on life's essentials.

It's a great time to increase the cigarette tax. This is a legislative budget session in a non-election year. The increase would mitigate difficult budget-reduction decisions which loom in the face of a huge Medicaid shortfall.

A long-overdue increase in the cigarette tax would be big medicine for Indiana's health and economics.

# VOLUNTEER

# SAVE LIVES

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5:00 PM

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# The Harm in Senate Concurrent Resolution 24



by AMY CALDWELL, MD, MS

IMS Members

This year, in the Indiana state legislative session, as lawmakers argue whether or not to cut hundreds of thousands of Hoosiers from Medicaid as a cost-saving measure, Republicans are simultaneously looking to legitimize the millions of taxpayer dollars funneled to fake pregnancy care clinics. That's the purpose of Senate Concurrent Resolution (SCR) 24, introduced by Republican Senator Jeff Raatz.

SCR 24, introduced to the Senate Family and Children Services Committee in early March, seeks to recognize so-called "pregnancy care centers" claiming they provide "comprehensive care," "confidential and compassionate services," and "complete and accurate information." Unfortunately, all three of these assertions are blatantly untrue.

Crisis pregnancy centers (CPCs) present themselves as charitable organizations offering support for women facing unplanned pregnancies. These centers often claim to provide a safe, non-judgmental environment where women can receive information on pregnancy options. However, CPCs are designed with the specific intent of dissuading women from seeking abortion care, often using deceptive practices and misinformation to achieve their goals.

Women are lured into these centers with the promise of free pregnancy tests and ultrasounds and are met with coercive and manipulative counseling drenched in religious ideology. While they offer thinly veiled pregnancy support via diapers and baby clothes, they do so at the expense of informed consent and patient autonomy.

Furthermore, because these centers are unregulated, unaccredited and staffed by unlicensed volunteers, none of the "care" provided at these centers can be trusted or verified. Research has shown that these centers can cause delays in establishing prenatal care, as well as delays in the diagnosis and management of ectopic pregnancies.

However, the women seeking services at these centers are intentionally led to believe they are receiving legitimate medical care and rarely recognize the tests and invasive imaging they are subjected to is at the hands of

volunteers who may or may not have any actual medical training. Furthermore, CPCs are under no legal obligation to honor HIPAA, and have been known to share sensitive information with third parties in efforts to pressure and manipulate the women seeking their help.

If deceiving women into undergoing unnecessary transvaginal ultrasounds isn't offensive enough, these centers further subject women to insidious misinformation and scare tactics in order to pressure them into making certain medical decisions. A practice any medical professional should find ethically appalling.

Research shows that many CPCs intentionally provide women with false or exaggerated claims about the dangers of abortion including associations with mental health issues, fertility problems, or even death—claims that have been thoroughly debunked by credible medical organizations like the American College of Obstetricians and Gynecologists (ACOG). In fact, ACOG, as well as the American Medical Association, have issued policy briefs identifying CPCs as unprofessional, unethical and lacking appropriate oversight and regulation.

If endangering patient lives and violating multiple principles of medical ethics weren't bad enough, there is widespread evidence of fraud and fiscal irresponsibility including kick back schemes amongst these organizations.

Crisis pregnancy centers may claim to provide care, but in reality, they often do more harm than good. As physicians and legitimate healthcare providers, we should be deeply disturbed by their mission and the sly attempt by Republican lawmakers to legitimize their existence on the budget line via SCR 24.

By exploiting women's vulnerabilities, spreading misinformation, and pushing an anti-abortion agenda, these centers perpetuate a culture of coercion and misinformation – and Hoosiers are footing the bill. It's time to hold these organizations accountable and support legislation to ensure that Hoosiers have access to unbiased, comprehensive and evidence-based reproductive healthcare.

# Governor Braun's Executive Orders April 15, 2025

Press Contact: GRIFFIN REID

Office of the Governor

The following is a press release issued by Governor Mike Braun regarding his Executive Orders issued on April 15, 2025. This is informational and not an endorsement by IMS.

INDIANAPOLIS – Governor Mike Braun today signed a landmark package of executive orders with initiatives to improve Indiana's health and well-being. Secretary of Health and Human Services Robert F. Kennedy Jr. and Centers for Medicare and Medicaid Administrator Dr. Mehmet Oz were in attendance to support Indiana's initiative.

Governor Braun released the following statement with the executive orders:

*"Today, we're taking bold action to Make Indiana Healthy Again and help Hoosiers live healthier lives.*

*"This isn't the usual top-down, one-size-fits-all public health agenda: We're focused on root causes, giving Hoosiers the transparent information to make decisions affecting their health, making it easier to access to fresh local food from Indiana's incredible farms, and taking on the problems in government programs that are contributing to making our communities less healthy.*

*"We're taking on big issues like preventative measures for diet-related chronic illnesses, addressing harmful additives in our food, encouraging fitness and health in schools through two new initiatives, and making big changes to food stamps to put the focus back on nutrition - not candy and soft drinks."*

*"We're also focused on the health of Indiana's biggest budget line item and biggest health program - Medicaid - by making sure that enrollees don't exceed the income requirements for the program.*

*"Today's nine executive orders reflect a new approach to health policy in the state of Indiana focused on empowering everyone to live healthier, longer lives. Let's Make Indiana Healthy Again!"*

Robert F. Kennedy Jr., Secretary of Health and Human Services, attended the event in support of Indiana's initiative.

*"Thank you, Governor Braun, for your courageous and visionary leadership to Make Indiana Healthy Again," said U.S. Department of Health and Human Services Secretary Robert F. Kennedy, Jr. "I urge every governor across America to follow your lead by signing similar executive orders in their states to improve nutrition standards in SNAP, increase transparency around food dyes and additives, implement physical fitness tests in schools, expand farm-to-school programs, and embrace the full scope of your transformative health agenda. Together, we can Make America Healthy Again."*

Dr. Mehmet Oz, Medicare and Medicaid Administrator, also attended the event in support.

*"We're delighted to work with our state and local partners—who are critical to advancing the Make America Healthy Again agenda," said Centers for Medicare & Medicaid Services Administrator Dr. Oz. "By prioritizing prevention, proper nutrition, and healthy lifestyle choices, we can set our younger generations up for a lifetime of success."*

The first executive order overhauls work requirements for SNAP, so able-bodied SNAP recipients who are not working can be put on the path to filling one of Indiana's 100,000+ open jobs that require no prior experience or a college degree.

The second cuts down on fraud and abuse of the SNAP program by reinstating income and asset verification to ensure that this program is being

## SPECIAL FEATURE

used only by those who really need it.

The third aims to change federal rules so states are incentivized to operate high-quality, entrepreneurial SNAP programs that put enrollees on a meaningful path to self-sufficiency.

The fourth executive order removes candy and soft drinks from SNAP benefits so that taxpayer funds are helping low income Americans afford nutritious food, not junk. The Governor's office has been working with USDA's Food and Nutrition Service and will be filing this waiver today. Indiana is among the first to take up HHS Secretary Kennedy's call for states to file such waivers with this administration.

The fifth addresses Hoosier parents' concerns with the possible negative effects of food dyes and increasing food transparency. We should know exactly what ingredients are in our food so we can opt for choices with fewer artificial ingredients.

The sixth kicks off a comprehensive study of diet-related chronic illness with a goal of empowering Hoosiers to address the root causes of chronic illness through preventative, evidence-based interventions such as nutrition, physical activity, early screening, and disease management.

The seventh aims to increase access to direct-to-consumer food from local Indiana farms.

The eighth establishes the Governor's Fitness Test and School Fitness Month to encourage Indiana's schools to give Hoosier kids every advantage possible to reach their full potential and lead healthy lives.

And the final aims to cut down on eligibility errors in the Medicaid program, after it was found that 28% of Indiana's Medicaid spending - our largest budget line item - was improper spending, mostly due to eligibility errors. CMS Administrator Oz has been a leader on cracking down on abuse of the Medicaid presumptive eligibility process, and Indiana is following his lead.

Senate Bill 2 will follow these executive orders to the Governor's desk this week, which includes work requirements for the Healthy Indiana Plan. The Governor's office collaborated with the General Assembly on making these reforms to fix Medicaid.

**Executive Order 25-52: Promoting Long-Term Growth and Flourishing for Hoosiers on the Supplemental Nutrition Assistance Program by**

### **Workforce Encouragement**

Indiana seeks to help our neighbors who have fallen on hard times with their pressing needs, while also encouraging and investing in their long term self-sufficiency so that they can thrive and benefit our communities.

Two-thirds of able-bodied SNAP recipients are not working, many due to an exemption for those with dependent children in the home or are between the ages of 55-59.

Indiana currently has 138,000 open jobs — the vast majority of them require no prior experience, and 3/4 of them don't require a college degree.

Under this executive order, the FSSA will overhaul its underutilized Employment and Training program to assign all non-exempt SNAP recipients to work requirements.

### **Executive Order 25-53: Increasing State Accountability Through Supplemental Nutrition Assistance Program Asset Verification**

Indiana's SNAP program had an improper payment rate of 10.46% in FY 2023, driven in part by insufficient verification of income eligibility.

To protect taxpayer money and safeguard this program for Hoosiers that really need it, we need to fix this issue.

The order reinstates asset testing for SNAP eligibility and limits eligibility to households receiving Temporary Assistance for Needy Family ("TANF")-funded cash assistance, work supports, childcare assistance, or households participating in TANF-funded work, education, or training programs.

### **Executive Order 25-54: Informing Federal Lawmakers on Enabling Entrepreneurial Administration of Supplemental Nutrition Assistance Program Benefits by the States**

SNAP's federal rules hinder innovation despite states covering half of the administrative costs and being better positioned to reduce improper payments and promote self-sufficiency.

States should be incentivized to operate high-quality, entrepreneurial SNAP programs that put enrollees on a meaningful path to self-sufficiency.

Under this executive order, the FSSA and the State Budget Agency will review federal SNAP

statutes and report findings to federal officials by December 31, 2025, advocating for more state flexibility.

**Executive Order 25-55: Making Indiana Healthy Again by Enhancing Nutrition in the Supplemental Nutrition Assistance Program**

The stated purpose of the Supplemental Nutrition Assistance Program is to supplement lower-income Americans' food budget so they can afford "nutritious food essential to health and well-being."

Indiana shares that goal. In practice, the program is doing the opposite.

Soda is the number one commodity purchased with SNAP benefits.

Purchases of sugary drinks, desserts, and candy exceed the combined sales of fruits and vegetables on SNAP.

Children enrolled in SNAP consume 43% more sugary drinks than non-recipients with similar incomes.

Taxpayers fund this program with an intention of helping lower income Americans meet healthy nutrition requirements, not purchase candy and soft drinks.

Under this executive order, the Family and Social Services Administration will apply for a waiver to exclude candy and soft drinks from SNAP eligible products. If granted, the Secretary will eliminate those products from the list of SNAP eligible products in Indiana.

The Secretary of Health and Family Services will also recommend additional items to be removed from the SNAP eligible list commonly understood to have low nutritional value and a positive correlation with weight gain and obesity and obesity-related diseases such as heart disease, type 2 diabetes, and hypertension.

**Executive Order 25-56: Making Indiana Healthy Again by Increasing Consumer Transparency Related to Food Dyes and Additives**

Scientific research has indicated potential adverse health effects associated with certain artificial food dyes.

The FDA recently revoked the authorization for FD&C Red No. 3.

Some food dyes can trigger allergic reactions in some individuals, and Hoosier parents have expressed growing concern with limiting their kids' exposure to these food additives.

Hoosier parents want more food transparency. We should know exactly what ingredients are in our food so we can opt for choices with fewer artificial ingredients.

Governor Braun shares these concerns, and is taking proactive measures to assess and address potential health concerns related to artificial food dyes and additives.

Under this executive order, the Indiana Department of Health will conduct a comprehensive assessment on the health impacts of artificial food dyes and additives, prioritizing those which have been identified by the federal government or other states to be harmful.

This assessment will look at the relevant scientific research, health risks, and advice from food safety specialists and consumer advocates.

At the end of the assessment, recommendations for state action will be made to the Governor.

**Executive Order 25-57: Making Indiana Healthy Again by Developing a Comprehensive Diet-Related Chronic Disease Plan**

The State of Indiana is committed to helping Hoosiers improve their health and well-being.

Six in ten Americans have a chronic disease, and just under half of Hoosiers are struggling with obesity, raising risks of chronic diseases like type 2 diabetes and heart disease.

Indiana wants to promote addressing the root causes of chronic disease with preventative, evidence-based interventions such as nutrition, physical activity, early screening, and disease management.

Under this executive order, the Secretary of Health and Family Services will conduct a comprehensive study on diet-related chronic disease in Indiana, especially among Hoosier kids, and how state programs designed to address diet-related chronic disease can be improved.

This study will analyze the current state of obesity and diet-related chronic disease in Indiana, existing state programs related to physical activity, nutrition, and chronic disease management, the budgets of those programs and how effective

they are at reducing the incidence of chronic disease, and opportunities to improve these programs to get better return-on-investment, fill gaps in services, and reduce regulatory barriers.

**Executive Order 25-58: Making Indiana Healthy Again by Increasing Hoosier Access to Local Foods**

Nearly 2,735 Indiana farms sell \$45 million worth of food directly to consumers, yet many face regulatory and infrastructure barriers.

Locally grown produce provides consumers with fresh and nutritious options that require shorter transportation and offer a local connection to farmers.

Increasing awareness, availability and access to Indiana's rich heritage of local fruits, vegetables, meats, and dairy not only provides nutritious food sources for Hoosiers but further strengthens Indiana agriculture as the backbone of our State's economy.

Under this executive order, the Indiana State Department of Agriculture will conduct a comprehensive study related to Hoosiers' access to local foods and direct-to-consumer food sales from Hoosier farmers.

The purpose of this study is to identify opportunities to increase local direct-to-consumer sales and identify ways that the state is getting in the way.

**Executive Order 25-59: Making Indiana Healthy Again by Promoting the Health and Wellness of Hoosier Students**

Governor Braun wants Indiana's schools to give Hoosier kids every advantage possible to reach their full potential and lead healthy lives.

This executive order establishes the Governor's Fitness Test, with a reward program for students who demonstrate excellent performance on the fitness test.

It also establishes School Fitness Month with recommended activities and lessons that may be incorporated into the school day to increase students' physical activity and health awareness.

It encourages healthier, local food options by increasing farm-to-school programs.

It provides parents with transparent and easily understandable nutritional data for all school meals in an electric format.

And it establishes an award for schools leading the way in student health.

**Executive Order 25-60: Assuring Prudent Use of Taxpayer Funds by Ensuring Integrity in the Indiana Medicaid Program**

Medicaid is Indiana's largest budget line item.

Indiana Medicaid experienced a \$1 billion budget shortfall in 2024 and had a 28.8% improper payment rate in the most recent federal audit.

For three years during COVID, Indiana enrolled individuals in Medicaid based on self-reported income information.

Over 80% of Medicaid enrollees in the State of Indiana had their Medicaid coverage renewed automatically without any action or verification from enrollees, far above the national average.

To protect this program long term for the Hoosier that need it most, action must be taken to ensure Medicaid enrollees meet requirements.

In the most recent analysis, 28% of Indiana's Medicaid spending was improper payments, with eligibility errors accounting for two thirds of those improper payment.

Under this executive order, the FSSA must stop accepting self-attested eligibility, enforce hospital performance standards for presumptive eligibility, and use interagency data to identify ineligible recipients and initiate redeterminations.

If you would like to read these full Executive orders or others, you can see these online at <https://www.in.gov/gov/newsroom/executive-orders>.

# CME & EVENTS

## Community Health Network

WEEK DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>FIRST WEEK</b>	<ul style="list-style-type: none"> <li>GYN Tumor Board, 7-8AM</li> <li>Hematology Tumor Board, 8-9PM</li> </ul>	<ul style="list-style-type: none"> <li>Breast Tumor Board, 7-8AM</li> </ul>	<ul style="list-style-type: none"> <li>GI/Colorectal Tumor Board, 7-8AM</li> <li>Community Heart &amp; Vascular Conference, 7-8AM</li> <li>Critical Care Conference, 12--1PM</li> <li>East Theater, 12-1PM</li> <li>Psychiatric Grand Rounds, 1-2PM</li> <li>Head &amp; Neck Tumor Board, 5-6PM</li> </ul>	<ul style="list-style-type: none"> <li>Thoracic Tumor Board, 7-8AM</li> </ul>	<ul style="list-style-type: none"> <li>GU Tumor Board, 7-8AM</li> </ul>
<b>SECOND WEEK</b>	<ul style="list-style-type: none"> <li>GYN Tumor Board, 7-8AM</li> <li>Hematology Tumor Board, 8-9PM</li> </ul>	<ul style="list-style-type: none"> <li>Breast Tumor Board, 7-8AM</li> <li>Network Medcal Grand Rounds, 12-1PM</li> </ul>	<ul style="list-style-type: none"> <li>GI/Colorectal 7-8 AM</li> <li>Breast &amp; Lung Screening Tumor Board, Anderson 7-8AM</li> <li>Community Heart &amp; Vasculara Conference 7-8AM</li> <li>Psychiatry Journal Club, 1-2PM</li> <li>Head &amp; Neck Tumor Board, 5-6PM</li> </ul>		<ul style="list-style-type: none"> <li>Neuro Tumor-Board, 7-8AM</li> <li>South Case Presentation 12 PM</li> </ul>
<b>THIRD WEEK</b>	<ul style="list-style-type: none"> <li>GYN Tumor Board, 7-8AM</li> <li>Hematology Tumor Board, 8-9PM</li> </ul>	<ul style="list-style-type: none"> <li>Breast Tumor Board, 7-8AM</li> <li>Molecular Tumor Board, 5-6PM</li> </ul>	<ul style="list-style-type: none"> <li>GI/Colorectal Tumor Board, 7-8AM</li> <li>Community Heart &amp; Vascular Conference, 7-8AM</li> <li>Melanoma Tumor Board, 7:30-8:30AM</li> <li>Psychiatry Grand Rounds, 1-2PM</li> <li>Head &amp; Neck Tumor Board, 5-6PM</li> </ul>	<ul style="list-style-type: none"> <li>Thoracic Tumor Board, 7-8AM</li> </ul>	<ul style="list-style-type: none"> <li>GU Tumor Board, 7-8AM</li> <li>South Case Presentation 12 PM</li> </ul>
<b>FOURTH WEEK</b>	<ul style="list-style-type: none"> <li>GYN Tumor Board, 7-8AM</li> <li>Hematology Tumor Board, 8-9PM</li> </ul>	<ul style="list-style-type: none"> <li>Breast Tumor Board, 7-8AM</li> </ul>	<ul style="list-style-type: none"> <li>GI/Colorectal Tumor Board, 7-8AM</li> <li>Head &amp; Neck Tumor Board, 5-6PM</li> </ul>	<ul style="list-style-type: none"> <li>Thoracic Tumor Board, 7-8AM</li> </ul>	<ul style="list-style-type: none"> <li>Neuro Tumor Board, 7-8AM</li> </ul>

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

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## 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](https://iu.cloud-cme.com).

### In-Person Activities

- 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 - 7:00 PM | NCAA Conference Center, Indianapolis, IN | AMA PRA Category 1 Credits (13.25hours)
- Aug 21-22** Pediatric GI Update for Primary Care Providers | 8:00 AM - 12:00 PM | Ritz Charles, Carmel, IN | AMA PRA Category 1 Credits (3.5 hours)

## Indiana State Medical Association

To Register For the live webinars, visit: [www.ismanet.org](http://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 7** Medicaid 101: Federal Oversight, State Admin & Updates | 12:00 PM - 1:00 PM | Live Webinar: Registration Required ISMA Website | ISMA Members Free, Non-Members \$75 | AMA PRA Category 1 Credits (1.0 hour)
- May 16-17** Physician 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\*\*

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To submit articles, Bulletin Board items, CME & events, opinions or information, email [mperrill@indymedicalsociety.org](mailto: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.

# WELCOME NEW MEMBERS

## ACTIVE

### **BRANDON BROWN, MD**

Riley Hospital for Children  
705 Riley Hospital Drive, Suite 1053  
Indianapolis, IN 46202  
Pediatric & Fetal Radiology  
Indiana University School of Medicine, 2008.

### **MICHAEL P. SHEA, MD**

OrthoIndy  
8450 Northwest Blvd.  
Indianapolis, IN 46278  
Orthopedic Surgery  
Indiana University School of Medicine, 1986

### **NOELLE N. SINEX MD**

Richard L. Roudebush VA Medical Center  
1481 W. 10<sup>th</sup> St.  
Indianapolis, IN 46202  
Internal Medicine  
Indiana University School of Medicine, 2000

## RESIDENT

### **EMMA E. ECKROTE, MD**

IUSM – Psychiatry Residency Program  
Psychiatry  
Indiana University School of Medicine, 2022

### **KRYSTAL SALAZAR, MD**

IUSM – Psychiatry Residency Program  
355 W. 16<sup>th</sup> St. Ste. 4800  
Indianapolis, IN 46202  
Psychiatry  
Indiana University School of Medicine, 2020

### **ALEXANDER N. SCHERER, MD**

IUSM – Gastroenterology Hepatology Fellowship  
Program  
702 Rotary Circle, Suite 225  
Indianapolis, IN 46202  
Hepatology  
Yale University School of Medicine, 2020





MAY  
**20**  
TUESDAY

# ANNUAL IMS *Meeting*

immediately following the

**ISMA DISTRICT 7 MEETING**

ISMA District 7 dinner, program, and election starts at 6:30 pm.  
Stay after for a quick IMS Annual Meeting.

**RITZ CHARLES, CARMEL**  
**REGISTRATION REQUIRED, VISIT ISMA WEBSITE**

# BULLETIN BOARD



## MERCY HYLTON, MBA, MD

Dr. Mercy Hylton was interviewed for the recently released article and podcast, Physicians Taking Back Medicine: Is there an emergency physician in the house? This article talks about a new study released that shows that 7.4% of all emergency departments

have no physician on-site. To listen to Dr. Hylton talk about Indiana's laws, you can view the article or listen to the podcast here:

<https://www.medicaleconomics.com/view/physicians-taking-back-medicine-is-there-an-emergency-physician-in-the-house->



Expanding your practice?  
Did you received an award?  
Speak at a conference?



## LET US SHARE IT.

IMS wants to share  
your good news in  
our Bulletin Board!

Email us at  
[mperrill@indymedicalsociety.org](mailto:mperrill@indymedicalsociety.org)

# ★ 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)	David Diaz (2024)	Doris M. Hardacker (2024)	Mercy O. Obeime (2026)	Thomas P. Schleeter (2026)
Linda Feiwell Abels (2024)	Marc E. Duerden (2026)	Mercy Hylton (2025)	Ingrida I. Ozols (2026)	Jodi L. Smith (2025)
Laurie L. Ackerman (2025)	Richard D. Feldman (2024)	David A. Josephson (2026)	Robert M. Pascuzzi (2026)	Eric E. Tibesar (2026)
Christopher D. Bojrab (2024)	Ann Marie Hake (2025)	Penny W. Kallmyer (2026)	J. Scott Pittman (2025)	Bree A. Weaver (2025)
Alison Case (2026)	Paula Hall (2025)	Kathryn J. Kelley (2026)	Francis W. Price, Jr (2026)	Tracey Wilkinson (2025)
Ann C. Collins (2026)	Ronda A. Hamaker (2025)	Clif Knight (2025)	Haley A. Pritchard (2025)	Steven L. Wise (2024)
Julie A. Daftari (2026)	C. William Hanke (2024)	John E. Krol (2026)	David M. Ratzman (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)	Richard Huber (2025)	Alexandar T. Waldherr (2023)
Gabe Bosslet (2024)	John Kincaid (2024)	Joseph Webster (2024)
David Crook (2024)	Diane Kuhn (2025)	Monica Wehby (2025)
Richard Hahn (2026)	Katie W. McHugh (2024)	Maria Wilson (2025)
Brian S. Hart (2026)	Rick Reiffenberg (2025)	Chris Wilson (2025)
Melanie Heniff (2024)	Caroline Rouse (2023)	

## INDIANA STATE MEDICAL ASSOCIATION

**Past Presidents**

*\*Indicates deceased*

David Diaz 2023-2024	William H. Beeson 1992-1993	George T. Lukemeyer * 1983-1984
John P. McGoff 2017-2018	Jon D. Marhenke * 2007-2008	Alvin J. Haley* 1980-1981
Bernard J. Emkes 2000-2001	George H. Rawls* 1989-1990	
Peter L. Winters 1997-1998	John D. MacDougall* 1987-1988	

## SEVENTH DISTRICT

**Executive Committee**

**Immediate Past President**

David R. Diaz

**At-Large**

Mary McAteer

**Trustees**

Mary McAteer (2026)  
Mercy Hylton (2027)

**Alternate Trustees**

Clif Knight (2026)  
Jodi Smith (2025)\*

**President**

Jodi Smith (2025)

*\*Indicates temporary fill*



**Indianapolis Medical Society**

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Indianapolis, IN 46204  
[www.indymedicalsociety.org](http://www.indymedicalsociety.org)