



# Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION

SPRING 2018



## Preserving Our Voice

New KCMS President calls on members to strengthen and grow Society, during a time when its role is more important than ever in protecting physicians' rights.

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National Advocacy Conference

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KCMS 2018 Annual Meeting

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KCOA Welcomes President Dr. Wolfe





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and John vanSchagen, MD visit before  
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### GET INVOLVED:

Learn more about the Kent County Medical Society at [www.kcms.org](http://www.kcms.org).

Learn more about the Kent County Osteopathic Association at [www.kcoa.us](http://www.kcoa.us).

# Welcome New Members

## SARA D. HERMAN, MD

(Dermatology)  
Dermatology at MidTowne, PC  
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Grand Rapids, MI 49503  
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Fax: 248-8874

## SHAWNA PIERCE, MD

(Pediatrics)  
Western Michigan  
Pediatrics, PC  
721 Kenmoor Ave. SE  
Grand Rapids, MI 49546  
Office: 949-6112  
Fax: 949-8530

## AMY M. STRIKWERDA, MD

(Dermatology)  
Dermatology  
at MidTowne, PC  
555 MidTowne St. NE,  
Ste. 301  
Grand Rapids, MI 49503  
Office: 248-8864  
Fax: 248-8874

## DANIEL J. WATKINS, MD

(Pediatric Surgery)  
Pediatric Surgeons  
of West Michigan, PC  
330 Barclay Ave. NE,  
Ste. 202  
Grand Rapids, MI 49503  
Office: 458-1722  
Fax: 458-0061

## JENNIFER E. JOHNSTON, MD

(Breast Imaging)  
Advanced Radiology  
Services, PC  
3264 Evergreen Dr. NE  
Grand Rapids, MI 49525  
Office: 363-7272  
Fax: 361-5828

## JOHN G. SCHNEIDER, MD

(Pediatric Surgery)  
Pediatric Surgeons  
of West Michigan, PC  
330 Barclay Ave. NE, Ste. 202  
Grand Rapids, MI 49503  
Office: 458-1722  
Fax: 458-0061

## JEREMY R. VEENEMA, DO

(Pediatrics)  
Western Michigan  
Pediatrics, PC  
721 Kenmoor Ave. SE  
Grand Rapids, MI 49546  
Office: 949-6112  
Fax: 949-8530

## In Memoriam

### ERWIN L. FITZGERALD, MD

Dr. Erwin Fitzgerald passed away on February 27, 2018. He graduated from Western Michigan University and received his medical degree from the University of Michigan Medical School. Dr. Fitzgerald completed his internship at St. Mary's Hospital and served in the United States Army Air Forces. He practiced family medicine in the Grand Rapids area for over 40 years and was a member of the Kent County Medical Society since 1953.

### JAMES A. GUNN, MD

Dr. James Gunn passed away on February 24, 2018. During WWII, he joined the US Navy to become a medic and eventually earned his medical degree from University of Wisconsin Medical School. After serving during the Korean War in El Paso, Texas, Dr. Gunn moved to Grand Rapids where he accepted a position at Blodgett Hospital as a radiologist, serving as

Chief of Radiology for over 20 years. Dr. Gunn was a member of the Kent County Medical Society since 1953.

### DAVID J. HORNING, MD

Dr. David Horning passed away on January 22, 2018. He received his medical degree from the University of Michigan and interned at St. Mary's Hospital in Grand Rapids. Dr. Horning completed a residency in Surgery at the University of Michigan and in Urology at the University of Kansas. He served in the US Navy as a Flight Surgeon assigned to the First Marine Aircraft Wing. Dr. Horning returned to Grand Rapids and practiced Urology until his retirement in 1998. He was a member of the Kent County Medical Society since 1961.

### MARTIN MARTINUS, MD

Dr. Martin Martinus passed away on January 17, 2018. He was a graduate of Calvin College and the University of

Michigan Medical School. Dr. Martinus completed his internship and residency in Surgery at Butterworth Hospital in Grand Rapids. Dr. Martinus practiced as a general surgeon at Butterworth Hospital and served as Medical Director at Kent Community Hospital. He was a member of the Kent County Medical Society since 1948.

### MARILEE J. MEAD, MD

Dr. Marilee Mead passed away on February 22, 2018. She completed her medical degree at the University of Michigan and an internship and residency in Surgery at Henry Ford Hospital in Detroit followed by a fellowship in Hand and Microsurgery at Wayne State University in Detroit. She had an active professional practice in Grand Rapids for more than 25 years and was an enthusiastic instructor in the plastic surgery residency program. She was a member of the Kent County Medical Society since 1988.



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John E. vanSchagen, MD

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#### TO JANUARY 2019

Sandy Dettmann, MD

Harland T. Holman, MD

Scott Russo, MD

Joshua Suderman, MD

Herman C. Sullivan, MD

### MSMS DELEGATES

#### TO JANUARY 2020

Lee P. Begrow, DO

Donald P. Condit, MD, MBA

Michelle M. Condon, MD

Megan Edison, MD

David E. Hammond, MD

Brian A. Roelof, MD

### MSMS ALTERNATE DELEGATES

#### TO JANUARY 2020

Belen Amat, MD

Mark Clark, MD

Patrick J. Droste, MS, MD

Gerald Lee, MD

Cara Poland, MD



# Join Us

KCMS MEETINGS OF INTEREST

**MARCH 30, 2018**

**DOCTORS' DAY**

**APRIL 9, 2018**

**KCMS/KCOA LEGISLATIVE COMMITTEE**

Masonic Center | Noon

**APRIL 17, 2018**

**DISTRICT DIRECTORS' DINNER BRIEFING**

Masonic Center | 6pm

**APRIL 28-29, 2018**

**MSMS HOUSE OF DELEGATES MEETING**

The Henry Hotel, Dearborn, Michigan

**MAY 16, 2018**

**KCMS/KCOA IV LEAGUE RETIREE BREAKFAST**

Wolfgang's Restaurant | 8:30 AM

**JUNE 11, 2018**

**KCMS/KCOA LEGISLATIVE COMMITTEE**

Masonic Center | Noon

## OUR MISSION:

*The Kent County Medical Society is a professional association, uniting the physicians in Kent County into a mutual, neutral organization; preserving and promoting the health of the citizens of Kent County, the physician/patient relationship, the medical profession, and the interests of physicians.*

## Visit us

For event details, check out our website [kcms.org](http://kcms.org)





Herman C. Sullivan, MD  
KCMS Past President,  
Board of Directors

# Agitate, agitate, agitate!

I have had the privilege of attending two of the American Medical Association's National Advocacy Conferences, first in 2016 and most recently, Feb. 12-14, 2018 in Washington DC.

There are several aspects of the Conference that are quite impressive, notwithstanding the dedication demonstrated by physician colleagues in pushing forward important items of concern, putting them front and center in the offices of elected Michigan Senators and Representatives. This year's action items included the following:

- Regulatory Relief
  - Accelerate use of ePrescribing for controlled substances (EPCS); urge the DEA to provide greater flexibility for EPCS.
  - Stop cuts to physician office-based labs; ensure patient access to rapid testing services by stopping the payment cuts for physician office-based labs.
- Cosponsoring the following bills:
  - Medicaid Coverage for Addiction Recovery Expansion Act (Medicaid CARE Act H.R. 2687 and S. 1169) will allow for Medicaid coverage for treatment in Institutions for Mental Diseases (IMD) with up to 40 bed, now limited to 15.
  - There is a similar legislation, The Road to Recovery Act (H.R. 2938), that would repeal the current IMD exclusion.
  - The Medicaid Reentry Act (H.R. 4005) would provide states with the flexibility to restart Medicaid coverage for eligible incarcerated individuals up to 30 days prior to their release. This allows coverage to be more effectively established upon release, assist with transition to care in the community and help reduce recidivism.
  - Medicare Beneficiary Opioid Addiction Treatment Act (H.R. 4097) would allow Medicare beneficiaries access to critical opioid

addiction treatment medication (methadone in outpatient and physician settings).

- The Prescriber Support Act (H.R. 1375) authorizes a new public health grant program to establish comprehensive state-based resources for physicians and other prescribers to consult when treating patients with pain and identifying signs of substance misuse and substance use disorders.
- Good Samaritan Health Professionals Act of 2017 (H.R. 1876 and S. 781) would protect health care professionals from liability exposure when they volunteer (without compensation) during a federally declared disaster.

A distinguishing highlight of the Conference is the Dr. Nathan Davis Awards for Outstanding Government Service. Six recipients received their awards during the dinner ceremony, mastered by TV journalist John Dickerson (co-host of CBS This Morning). I list this year's awardees, with a brief quote about each of the winners offered by AMA Board Chair Gerald E. Harmon, M.D.:

- **Lt. Gen. Mark Ediger, M.D.**, Surgeon General of the U.S. Air Force. "Throughout his distinguished 33-year career, Dr. Ediger has directed 44,000 medical personnel—including four thousand active duty and two-thousand reserve physicians—to deliver high-quality care at home, abroad, and in combat."
- **Nancy Backus**, mayor of the city of Auburn, WA. "A highly respected public servant, she is known for bringing together local, regional and national leaders to develop solutions that benefit the people of Auburn and can serve as a blueprint for other communities."



- **Dr. Michael M. Gottesman**, deputy director for Intramural Research at the National Institutes of Health (NIH). “As a research scientist at NIH, Dr. Gottesman initiated high-profile studies on drug resistance in cancer that have had a national impact on cancer research.”
- **Brian Shiozawa, M.D.**, a board-certified emergency physician and Utah State Senator. As a legislator and physician, he has been a strong advocate for affordable health care, Medicaid reform, Utah’s health insurance exchange and better treatment programs for autism.”
- **Josh Shapiro**, attorney general for the Commonwealth of Pennsylvania. “During the past 20 years of his career in public service, Attorney General Shapiro has developed a strong rapport with physicians in Montgomery County and leveraged those relationships to address one of the largest public health crises of our time” (the opioid epidemic).
- **The Kaiser Family Foundation**. “Under the leadership of President and CEO Drew Altman, the Kaiser Family Foundation has served as a vital resource for consumers on key health policy issues and provided a data-driven model for advocacy.”

The Michigan contingent was well represented by several physicians, accompanied by MSMS officials CEO Julie Novak and Senior Director Joshua Richmond, whereby Senators Peters and Stabenow, and Representatives Amash, Bishop, Levin, Moolenaar and Upton were called upon. Our contingency emphasized the need for regulatory relief and additional support for dealing with the opioid crisis. I was able to make a personal side trip to visit with Congressman G.K. Butterfield (Dem 1st District of North Carolina), a childhood friend, in order to advocate for physician interests beyond borders of Michigan.

It would not have been a worthwhile visit to the District if politics did not make a showing in some way, provided by the talk given by Award-winning journalist and host of Fox News Sunday, Chris Wallace, whose insights into the current political machinations reveal someone who is just as flummoxed by it all, as many of us are.

After two Conferences over the past 2 years, several more MSMS House of Delegates meetings, a collection of Kent County Medical Society events, and the sometimes boisterous board of directors meetings, I am convinced that the motto for organized medicine should take it’s cue from Frederick Douglass: “Agitate, agitate, agitate!”

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Eric Larson, MD  
2018 KCMS President,  
Board of Directors

## PRESIDENT'S MESSAGE

# Inaugural Address

Good evening. I would first like to thank the current board at KCMS for their support and confidence to entrust me with this position. I owe more than I can ever hope to repay to Drs. Sullivan, Courts, Hammond, and Condit who provided the blueprint to be successful as chair.

A special thanks is due to Dr. Wise who recruited me from the hospital and encouraged me to get involved in KCMS. Finally, to Dr. Krhovsky who never gave up in convincing me of the importance of the medical society until I finally "got it."

Thanks are due also to my wife Marcy for supporting me through attending House of Delegates meetings and county meetings. Also, no acceptance would be complete without a huge amount of appreciation given to the staff at KCMS led by Patty Dalton.

I don't want to spend a lot of time speaking to you tonight philosophizing about the state of medicine. I don't want to talk about public health policy or the Affordable Care Act. We don't have a chance to meet often. In fact, this is really the only time we have to discuss the county medical society as a group. So tonight, I'm going to depart from the usual acceptance speech and discuss the state of the county medical society with you — its members.

Before I begin, I'd like to point out that the necessity of having this conversation is because we just don't meet regularly with business meetings except at this annual event. This is why we discussed the bylaw changes earlier.

As I mentioned, it was Dr. Krhovsky who finally convinced me to join the state medical society and, by extension, the county. It was serving on the committee for regulations and legislation that I learned about the importance of the state society in protecting physicians and patients from bad legislation and rulemaking. Whether physicians like it or not, the medical society serves as their recognized voice in the state capitol which makes its lobbying critical to protecting our practice and our patients.

When it comes to protecting physicians from the hospitals or insurance companies intruding on our practices, the medical society is usually the only one there consistently in our defense. Especially now when so many physicians are tied into health systems the role of the society is more important than ever in protecting our rights when we might not be able to do so as openly as before. It is great to have an intermediary who can fight for us on scope of practice issues when those might be at odds with our employers.

There is no doubt in my mind the importance of the society but it faces some significant challenges. Chief among those I will now describe.

Let's begin by looking at some sobering numbers relating to the county society. Current membership



is 786. This is down from a 1052 in 2009 (a 25% decline) or 1290 in 2013 (a 40% decline). Next, revenue to the society primarily comes from membership. We do have other sources, like newsletter advertising, but it is only a small percentage of the budget. Our anticipated revenue this year is \$148,000. This compares with our revenue ten years ago of \$228,000 (a 35% decline). Finally, let's look at the demographics of our membership. As you can see, we are weighted more and more towards a mid to late career physician.

Needless to say, there is a base amount of overhead expense required to keep the county society's lights on. Office rent and staff expenses make up the bulk of our expenses and those are mostly fixed to slowly increasing. At some point, if revenue continues to fall and expenses remain flat you will come to an uncomfortable decision to dissolve your county society — as many in the state have already done.

As board members, we have a fiduciary responsibility to protect the organization while maintaining its primary mission to serve physicians and their interests. To that end, we have dipped into our reserves many times over the past five years. Fortunately, the market has been kind to us and despite the withdrawals we have not been forced to make the impossible decision to close our doors.

However, we have been burning through reserves at tens of thousands of dollars per year for a while with continued diminution of our revenue base. Rest assured that this situation has been discussed at every meeting over the past years as we have worked to problem solve the revenue side of the equation. We have personally worked to get large groups involved signing up their physicians. We have contacted individual practitioners to renew memberships. Ultimately, there is only so much we can do to solve the revenue side of our problem since we are so dependent on membership dues and that is tied closely to the state society.

Meanwhile, the state society is looking at ways to restructure itself which may or may not include affiliation with county medical societies. We also have had to plan potential contingencies that might include us being separated from having the state collect our dues or losing our affiliate status by the state society.

To that end, with Patty Dalton's tremendous work, we have significantly cut back on our expenses by restructuring our employee costs. This leaves us with a small projected

budget surplus or deficit. With our current reserves we should be solvent for many years.

The question I have, and the one we have struggled with on the board ever since I joined, is how do we increase our membership? I pose this question to you to help in coming up with solutions since I feel the traditional means of maintaining membership have met with little to no success.

I feel the county society- and by extension the state society — face the following challenges with membership:

- 1.** The acquisition of physicians into large medical groups has diminished the feeling of investment in the medical landscape and by extension, the need to get involved in organized medicine.
- 2.** With employed physicians, a certain portion of money (which usually decreases as medical systems look to maintain their margins) is allotted to member societies and they are faced with an either or proposition of a general medical society or specialty society
- 3.** The need to use the county or state medical society as a source of CME is not seen as cost efficient.
- 4.** The need for a directory or referral guide is not as important in today's integrated health systems and days with instant search capabilities online.
- 5.** Social networking and professional networking is done more easily and cheaply online and through social media.

I'm sure there are many other reasons that I've missed but the essential component of all these points is that lapsed members no longer see the 'value' in membership. How we add value or highlight the value we provide is the real challenge. I've no doubt that physicians would quickly renew if we could guarantee that we would be effective in fighting the next physician tax, increase referrals by 15%, or provide some other service that they can't find elsewhere.

The good news is that with the budget changes we've made — we have time to figure things out. We cannot do it without the input of you, our members, and your participation in preserving this very important voice in West Michigan. I hope you will join me in working to strengthen and grow our organization by attracting new physicians, young physicians, and bringing back those who have fallen off our membership rolls.

Thank you again for your confidence in the board.



Herman C. Sullivan, MD administers the Oath of Office to Eric L. Larson, MD who became the 117th President of the KCMS.

# Annual Meeting

KCMS Members gathered for the 115th Annual Meeting of the Kent County Medical Society.



David E. Hammond, MD is honored for his many years of service to the KCMS Board of Directors.



Members visit before the meeting.



Herman C. Sullivan, MD is honored for his leadership.





David M. Krhovsky, MD, past MSMS President, provided an update on Michigan State Medical Society activities.



Paul Nicholson, President Kent Medical Foundation, provided a financial review on the Kent Medical Foundation and grants made in 2017.



Rose M. Ramirez, MD, past MSMS President and Alternate Delegate to the AMA, shared information from the American Medical Association.

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# Bylaws Approved at Annual Meeting

At the Annual Meeting, KCMS Members approved the following amendments to the KCMS Bylaws. Edited language was initially introduced at the 2017 KCMS Annual Meeting, and in advance of the 2018 KCMS Annual Meeting, members were sent the proposed changes multiple times to all members by USPS Mail, Email, and Fax. Dr. Herman C. Sullivan read each proposed Bylaw amendment and explained the rationale for each proposed change.

The following proposed amendments were discussed. A meeting for the third reading was held in early February and a vote to adopt the proposed amendments as voted upon at the Annual Meeting was approved. These amendments were adopted on February 8, 2018.

## Proposed Changes to the KCMS Bylaws

### ARTICLE V

#### Classification of Members

Section 5.4. Residents. Residents who have permanent licenses to practice in Michigan may become resident members of the Society, with all membership privileges except the right to vote or hold office. Resident members shall pay dues as are determined by the Society, ~~as prorated by Michigan State Medical Society. They may be appointed to committees as advisors.~~

- *Rationale is to encourage Resident member participation.*

Section 5.5. Students. Medical students and residents who do not have a permanent license may be admitted as Student Members. Student members shall ~~not~~ pay dues to the Society, ~~as prorated by Michigan State Medical Society.~~ They may receive the Society Bulletin. ~~They may not vote or hold office, nor be eligible for other member benefits. They may be appointed to committees as advisors participants.~~

- *Rationale is that students have always paid for local, state and national membership.*

Section 5.7. Life Members. A doctor of medicine who has attained the age of seventy years or has been in practice for 50 years, and has maintained an active membership in good standing for 25 years in this or any other constituent county Society in Michigan with dues paid for the previous calendar year may, upon application, be transferred to the Life Members' roster. A Life member shall have the right to vote and hold office, ~~and but~~ shall pay ~~no~~ dues, ~~as prorated by Michigan State Medical Society.~~ A member must also attest s/he is not under investigation at the time of requesting the change.

- *Rationale is that Life Members have always paid dues until Retired status is reached.*

### ARTICLE IX

#### Dues, Assessments and Arrears

Section 9.4. First Year of Practice. The annual dues payable to this Society by a Doctor of Medicine who is elected to membership ~~will be established for Michigan State Medical Society and Kent County Medical Society and the dues may reflect a discounted rate for Michigan State Medical Society portion one-half of the established amount during the first year of practice. This reduction in annual dues shall not exempt such member from the payment of any special assessment.~~

- *Rationale is that MSMS collects the dues and provides a discount.*

### ARTICLE XX

#### Amendments

These bylaws may be amended by the affirmative vote of the members entitled to vote and present at any regular meeting, provided that any proposed amendment shall have been presented ~~in writing in advance and/or read at a meeting with pre-announced agenda. the regular meeting next preceding.~~

- *Rationale is that this process needs to be clarified for future amendments.*



# Changes to the KCMS/KCOA Referral Guide

Please make the following changes to your Referral Guide to ensure that it remains current and accurate. Stay tuned to our quarterly Bulletin for other changes in information. We kindly ask that you call our office at 458-4157 with any questions or changes to your practice listing.

Page 8

**CRAIG, MD, JEAN A.**  
RETIRED

Page 12

**FORMOLO, MD, JOHN M.**  
RETIRED

Page 19

**KRYSHAK, MD, EDWARD J.**  
NEW practice information:  
Metro Health Endocrinology  
555 Midtowne NE, Ste. 310  
Grand Rapids, MI 49503  
Office: 252-3630  
Fax: 252-3608

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**MUSTAPHA, MD, JIHAD A.**  
Interventional Cardiology  
ADD listing:  
Advanced Cardiac and Vascular Amputation  
Prevention Centers, PLC  
1525 East Beltline Ave. NE, Ste. 101  
Office: 447-8220  
Fax: 800-503-6091

Page 32

**STEENSMA, MD, MARKA J.**  
RETIRED

Page 34

**VAN OTTEREN, MD, GORDON F.**  
RETIRED

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# Join Us

KCOA MEETINGS OF INTEREST

**MARCH 30, 2018**

**DOCTORS' DAY**

**APRIL 9, 2018**

**KCMS/KCOA LEGISLATIVE COMMITTEE**

Masonic Center | Noon

**APRIL 15-21, 2018**

**NATIONAL OSTEOPATHIC MEDICINE WEEK**

NOM Week brings the osteopathic medical profession together to focus on one common goal — increasing awareness of osteopathic medicine and DOs in communities across the country.

**MAY 16, 2018**

**KCMS/KCOA IV LEAGUE RETIREE BREAKFAST**

Wolfgang's Restaurant | 8:30 AM

**MAY 17, 2018**

**MOA HOUSE OF DELEGATES**

The Westin Southfield Detroit  
1500 Town Center, Southfield, MI 48075

**MAY 17-20, 2018**

**119TH ANNUAL MOA SPRING SCIENTIFIC CONVENTION**

The Westin Southfield Detroit  
1500 Town Center, Southfield, MI 48075

**JUNE 11, 2018**

**KCMS/KCOA LEGISLATIVE COMMITTEE**

Masonic Center | Noon

## OUR MISSION:

*Kent County Osteopathic Association seeks to advocate for the physicians of Kent County, advance the science and practice of osteopathic medicine, and provide an arena of osteopathic physicians to support and educate each other and their community.*

## Visit us

For event details,  
check out our  
website [kcoa.us](http://kcoa.us)



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### PAST PRESIDENT

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John Wolfe, DO



Adam Wolfe, DO  
2018 KCOA President,  
Board of Directors

## PRESIDENT'S MESSAGE

# Adam Wolfe, DO becomes KCOA President

Adam Wolfe, DO, will serve as the 2018 President of the KCOA. He accepts the role, and follows Jennifer Hemingway, DO who has served in the leadership role since 2015.

### KCOA SPONSORS COMMUNITY HEALTH PROGRAM

The Kent County Osteopathic Association has become a sponsor of the nicoTEAM Tobacco Education program. The program, created in 1996 by a group of community health professionals, began visiting middle schools to educate 6th through 8th graders on the importance of tobacco prevention. This program, nicoTEAM in Grand Rapids, was created in the fall of 2003 and included a group of practicing and retired physicians and researchers who generously offered to volunteer their time to bring tobacco prevention messages to the Grand Rapids area schools.

The program now includes a total of 11 schools with hundreds of students receiving education on the hazards of tobacco and vaping use. CDV5 Foundation is the lead sponsor and KCOA joins the KCMS and Kent Medical Foundation along with many corporate donors to provide the opportunity for students to communicate to peers on making healthy choices when introduced to smoking or vaping. More than 80 students competed in the nicoTEAM Poster Contest on March 12 for a selected panel of judges.

### CALL FOR KENT DELEGATES TO ATTEND MICHIGAN OSTEOPATHIC ASSOCIATION HOUSE OF DELEGATES

The MOA House of Delegates will be held on Thursday, May 17. Serving as a Delegate allows you to be involved in the process. Contact the

KCOA Office at 458-4157 if you are interested in attending and representing Kent County.

### THE ANNUAL SPRING SCIENTIFIC CONFERENCE WILL FOLLOW:

**Thursday, May 17 - Sunday, May 20, 2018**

The Westin Southfield Detroit  
1500 Town Center, Southfield, MI, 48075

The Michigan Osteopathic Association designates the Spring Scientific Convention for a maximum of 32-35 of AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

Outcomes Survey: 3 additional AOA Category 1-A credits may be earned by participating in a post-convention survey emailed to attendees.

### Convention Highlights:

- Mandatory Florida Re-licensure Courses Medical APP's
- Scientific Research Exhibit Competition
- AOA Legislative Update
- Osteopathic Manipulative Treatment
- Business of Medicine (with your care/practice manager)
- Speakers Bureau Recall Workshop
- Physician Wellness ACLS/BLS Certification
- Michigan LARA Requirements 4.0 credits

Contact Michigan Osteopathic Association or visit the website: <http://www.domoa.org>





KENT MEDICAL FOUNDATION



Paul Nicholson, APMA  
2017 Kent Medical  
Foundation, Board Chair

# 2017 Year In Review Highlights

It has been quite a year in 2017, leading the Kent Medical Foundation (KMF). I have been blessed to have a strong Board of Trustees and an Executive Director in Patty Dalton, committed to the health of our Kent County community. Thank you to all.

KMF

A key development in KMF planning year was the conversion from a private foundation to a public foundation. Since its inception in 1961, the KMF has been limited in the ability to accept gifts from private foundations due to Internal Revenue Service (IRS) rules. In the past, private foundations were willing to support the KMF mission, however they could not, due to those restraints. Last summer, the KMF Board voted to pursue a change of status. The IRS approved the application in November, enabling the Kent Medical Foundation to fully accept gifts from both public and private foundations, as well as individuals and others — enhancing its ability to support our community.

Last year was also the first year administering the nicoTEAM tobacco education program, which encourages teens in our participating schools to avoid smoking, vaping and chewing tobacco products. The 11th Annual nicoTEAM Poster Art was a success and was highlighted in the previous KCMS/KCOA Bulletin magazine. Also highlighted throughout the year were the many organizations supported by the KMF gifts to benefit local health programs, and programs advocating for physical and mental well-being of patients of all ages.

Thank you again for the opportunity to serve in this important capacity this year. Dr. Jayne Courts will lead the efforts for 2018. Thank you also for the many Members of Kent County Medical Society, the KCMS Alliance and the Kent County Osteopathic Association that have contributed to our causes.

**Wishing you a wonderful Spring,**  
Paul Nicholson

## 2018 Kent Medical Foundation Board of Trustees

At its Annual Meeting,  
the KMF Board of Trustees  
elected the following Trustees:

### CHAIR

Jayne Courts, MD

### VICE CHAIR

Paul Nicholson

### SECRETARY/TREASURER

Brian Janssen

### TRUSTEES

Irene Betz

David E. Hammond, MD

Kathleen Howard, MD

Deborah Shumaker



nicoTEAM Jury Members review the posters.

## NicoTEAM

The nicoTEAM 2018 Poster Contest is underway. Middle school students from 11 schools participated in the art contest providing power messages against smoking and vaping for their peers. Special thanks to the CDV5 Foundation for its continued leadership in the contest. The Poster Contest Ceremony will be held in April.



nicoTEAM Jurors at work.



Front row: Gretchen Minnhaar, Cindy Todd, PhD and Jennifer Wcisel. Back row: Lonson Barr, DO, James Fahner, MD, Walter Gutowski, Jr.

## Students share their thoughts on smoking

Poster Contest students responded to the lessons learned through nicoTEAM Program and surveys indicate their views on smoking and vaping:

- 73%** of those survey indicated they are less likely to try vaping
- 74%** of those surveyed indicated they are less likely to ever smoke cigarettes
- 14%** have concerns about second hand smoke
- 20%** report concerns of chemicals within cigarettes
- 23%** report that family members smoke
- 44%** report they know smoking is linked to health problems, cancer and other diseases

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# KENT COUNTY MEDICAL SOCIETY ALLIANCE

Connecting  
and growing  
for a healthier  
Kent County.



# heartbeat

## MESSAGE FROM THE PRESIDENT



*As we close out our year, we are riding high on the success of the 2018 Dose of Generosity Charity Event! Thank you to all of you who attended, donated, gave your time and talent, or sponsored the event that benefited the Equest Center for Therapeutic Riding and the West Michigan Center for Arts + Technology, as well as our Foundation mini-grant program. We could not be more pleased with the turnout and outcomes, and hope you will enjoy some pictures from the night here.*

*While our main focus this year was on the charity event, we were able to launch a social media campaign on opioid awareness using footage from our forum that was held last spring, as well as hold some of our regular social and charitable activities. These activities included — a thriving book club, a Luau at the Grand Rapids Yacht Club, and volunteering at organizations such as the Baxter Child Development Center, In the Image's S.H.O.E.S. program, and the Ronald McDonald House.*

*We continue our work of connecting and growing a healthier Kent County, while remaining an important support network for our members and their families through all seasons of their lives.*

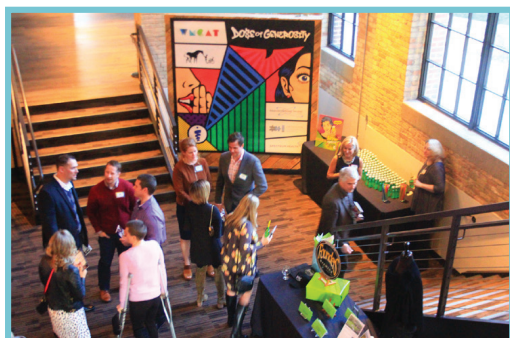
*It has been a pleasure to serve, and I look forward to continuing in a leadership capacity with our foundation next year!*

Fondly,

*Alex Boyden*

Alexis Boyden  
KCMSA President

## Dose of Generosity CHARITY EVENT | MARCH 3, 2018





We want to connect with you!

Join the Alliance online today at:  
[kcmsalliance.org](http://kcmsalliance.org)

 Find us on  
Facebook

## Events Recap

### DECEMBER Annual Holiday Open House

*Our annual gathering to ring in the season was held at Louise Eastman's home and included a pianist, and a collection of gifts for Baxter Child Development Center.*



### Baxter Child Development Center Holiday Party

*In keeping with our annual tradition, members and their children did craft activities with the preschool children at Baxter CDC, and gave packaged homemade cookies for each child and their family, as well as the staff.*



### FEBRUARY

*Our Dose of Generosity committee spent hundreds of hours cumulatively planning and organizing for our 27th charity event.*



### Gourmet Club: Luau

*Members and their spouses gathered at the GRYC as the sun set over the frozen lake for authentic Hawaiian foods, camaraderie, and hula dancing!*



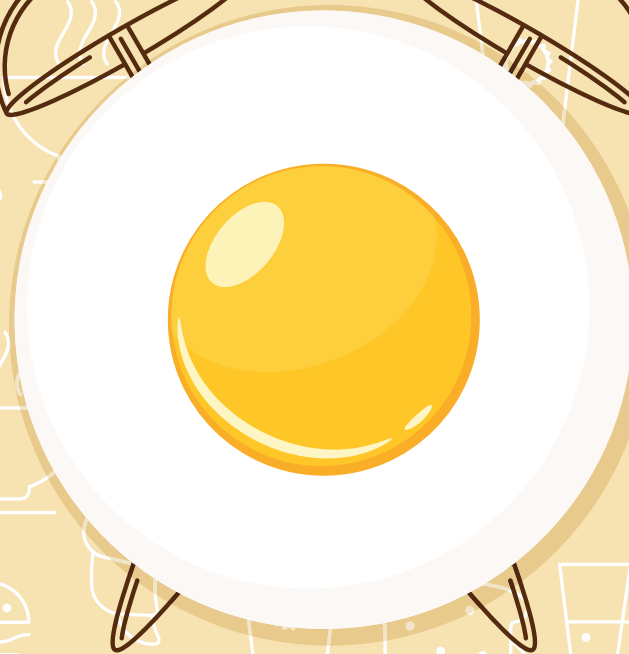
## Book Club

*Our book club members are prolific readers! This year alone they have read "Alexander Hamilton" by Ron Chernow, "It Can't Happen Here" by Sinclair Lewis, "Moonglow" by Michael Chabon, "Lilac Girls" by Martha Kelly, "Invisible Thread" by Laura Schroff & Alex Tresniowski, "Hillbilly Elegy: A memoir of a Family and Culture in Crisis" by J. D. Vance, and "Commonwealth" by Ann Patchett.*





# ATTENTION RETIRED MEMBERS!



## SAVE THE DATE

A social breakfast gathering for the IV League

No agenda. No tasks. Just an opportunity for the KCMS and KCOA to host retired members.  
A great chance to connect and catch up!

**Wednesday, May 16, 2018 | 8:30AM**

Wolfgang's Restaurant  
1530 Wealthy St SE, Grand Rapids, MI

**RSVP Today!**

Mariana at 458-4157 or [kcmsoffice@kcms.org](mailto:kcmsoffice@kcms.org)



# Culture of Safety

We at MSU College of Human Medicine have been saddened by the tragic events that occurred at our university. The survivor impact stories, so courageously shared, were beyond devastating.



Angela Thompson-Busch, MD, PhD  
Assistant Dean, Michigan State  
University College of Human  
Medicine Grand Rapids Campus

Dean Norman Beauchamp stated, "As a community, we stand united in support of those who spoke out and for those whose stories remain untold. We have a responsibility to the survivors to be propelled by their courage, strength and resolve."

To that end, Dr. Beauchamp has stepped up to lead change at MSU to ensure safety in patient care and protect students. On February 14, he was appointed to the newly-created position of associate provost and assistant vice president for health affairs at Michigan State University.

In addition to his role as our college's dean, Dr. Beauchamp is working to increase safety and quality practices across all of MSU's health care services, including the university's health colleges, clinical practices and student wellness programs.

"This effort will allow MSU to be the model for an accountable health culture," said Dr. Beauchamp. "I am excited to help lead this transformation, elevating safety and accountability that is worthy of the trust and confidence of our students and patients at MSU and beyond."

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Mark Hall, MD, MPH  
and Brian Hartl, MPH

# Physician Primer on PFAS in Kent County

Prior to September 2017, most physicians in the area were likely never asked about the potential health effects of perfluoroalkyl and polyfluoroalkyl substances, commonly known as PFAS. The discovery of groundwater contaminated with PFAS at the House Street dump site in Belmont, however, marked a sea of change in patient awareness of these chemicals and the public's interest in how exposure to these substances can impact human health.

Since September, areas of potential groundwater contamination have been identified throughout northern Kent County and over 1,300 homes have had their groundwater tested. While it is difficult to predict how many more areas of contamination will be identified, local physicians should have a general knowledge of these substances and the existing evidence regarding their impact on human health.

PFAS are synthetic chemicals that do not naturally occur in the environment and are sometimes referred to as perfluorinated compounds (PFCs). Because of their unique ability to repel oil, grease and water, these compounds have been used in surface protection products such as carpet and clothing treatments and coatings for paper and cardboard packaging. Some have also been used in fire-fighting foams and in the process of making non-stick coatings for cookware. PFAS are very stable compounds and are resistant to

degradation in the environment. They may be carried through soil by groundwater and flooding and become airborne during windy conditions. PFAS have been detected in many parts of the world, including oceans and the Arctic, indicating that long-range transport is possible.

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While there are many types of PFAS, perfluorooctanoic acid (PFOA) and perfluorooctane sulfonic acid (PFOS) are the most common and therefore have been studied the most. These chemicals predominantly enter the body by eating food or drinking water containing them. While respiratory and skin absorption is possible, transmission is much less efficient via these mechanisms. Once in the

body, PFOS and PFOA stay in the body for many years. The half-life of PFOA is 2-4 years and 5 to 6 years for PFOS. While major manufacturers of PFOA and PFOS related products joined the

CONTINUED ON PAGE 24



# Notifiable Disease Report

Kent County Health Department  
700 Fuller N.E.  
Grand Rapids, Michigan 49503  
www.accesskent.com/health

Communicable Disease Section  
Phone (616) 632-7228  
Fax (616) 632-7085

## February 2018

Notifiable diseases reported for Kent County residents through end of month listed above.

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
	This Month	Cumulative 2018	Through February 2013-2017
AIDS	1	1	2
HIV	0	3	N/A
CAMPYLOBACTER	8	21	11
CHICKEN POX <sup>a</sup>	1	3	3
CHLAMYDIA	279	652	582
CRYPTOSPORIDIOSIS	0	2	1
Shiga Toxin Producing E. Coli	0	2	0
GIARDIASIS	2	3	9
GONORRHEA	74	207	113
H. INFLUENZAE DISEASE, INV	0	0	0
HEPATITIS A	0	1	0
HEPATITIS B (Acute)	0	0	1
HEPATITIS C (Acute)	0	1	1
HEPATITIS C (Chronic/Unknown)	21	48	47
INFLUENZA-LIKE ILLNESS <sup>b</sup>	10062	17640	11895
LEGIONELLOSIS	0	0	1
LYME DISEASE	1	1	0
MENINGITIS, ASEPTIC	0	0	2
MENINGITIS, BACTERIAL, OTHER <sup>c</sup>	0	2	2
MENINGOCOCCAL DISEASE, INV	0	0	0
MUMPS	0	0	0
PERTUSSIS	2	5	6
SALMONELLOSIS	3	10	6
SHIGELLOSIS	1	1	2
STREP, GRP A, INV	1	4	6
STREP PNEUMO, INV	1	7	12
SYPHILIS (Primary & Secondary)	2	5	3
TUBERCULOSIS	0	1	2
WEST NILE VIRUS	0	0	0

### NOTIFIABLE DISEASES OF LOW FREQUENCY

DISEASE	NUMBER REPORTED Cumulative 2018	DISEASE	NUMBER REPORTED Cumulative 2018
Dengue Fever	1		
Malaria	1		
Blastomycosis	1		

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.

b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools.

c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN H. influenzae, N. meningitidis, or S. pneumoniae.

**Except for Chickenpox, Campylobacter, Cryptosporidiosis, Shiga-Toxin Producing E. Coli, Salmonellosis, Shigellosis & Influenza-Like Illness**, only confirmed cases (as defined by National Surveillance Case Definitions: <http://www.cdc.gov/nndss/script/casedefDefault.aspx>) are included. Reports are considered provisional and subject to updating when more specific information becomes available.

KCHD

# KENT COUNTY HEALTH DEPARTMENT

CONTINUED FROM PAGE 22

Environmental Protection Agency in a global stewardship program to phase out production of these agents by 2015, their widespread use prior to that time and long half-lives mean that most people in the United States have measurable amounts in their blood. Data from the most recent National Health and Nutrition Examination Survey (NHANES) reveal that the average blood levels of PFOA and PFOS were 1.9 and 5.0 parts per billion (ppb), respectively. Note that water results are most commonly reported in parts per trillion (ppt).

The possible health effects of PFOA and PFOS in humans have been examined in a number of studies. The most relevant human study to the situation occurring locally is the C8 Health Project, which was conducted because drinking water in six water districts across two states near Parkersburg, West Virginia were contaminated by release of PFOA from the 1950s until 2002 (when the contamination was discovered). The study included 69,030 persons >18 years of age. The C8 Science Panel analyzed study data and found probable links between elevated PFOA blood levels and several health conditions listed in Table 1. Residents in the area of these releases showed 500 percent higher PFOA-concentrations in blood compared to the levels in the U.S. population as measured by NHANES. Other studies found possible associations between serum PFAS and PFOA levels and elevated liver enzyme and uric acid levels. While studies have observed decreases in birth weight with prenatal exposures to PFOA and PFOS, the observed reduction in birth weight is not consistently associated with increased risk of a low birth weight (LBW) infant.

To provide Americans with a margin of protection from a life-time of exposure to PFOA and PFOS from drinking water, the EPA has established the health advisory level at 70 parts per trillion (ppt). The Kent County Health Department (KCHD) uses this health advisory level to make recommendations to homeowners based upon the results of their groundwater testing. Alternative sources of water (bottled water or home-filtration systems) are recommended for all homes at or above the 70 ppt threshold. KCHD has defined results less than 70 but equal to or greater than 20 ppt as mid-level detections. Alternative water recommendations for residences with mid-level detection are managed on a case-by-case basis. Levels less than 20 ppt are inconclusive as these results could be due to cross contamination or improper

**TABLE 1**

Potential Health Effects  
Related to PFAS Exposure

## POTENTIAL HEALTH EFFECTS IDENTIFIED IN C8 STUDY

High cholesterol

Ulcerative colitis

Thyroid function (effect on T4 and TSH levels)

Testicular cancer

Kidney cancer

Preeclampsia, as well as elevated  
blood pressure during pregnancy

## POTENTIAL HEALTH EFFECTS IDENTIFIED IN OTHER STUDIES

Elevated Liver Enzymes

High Uric Acid

**TABLE 2**

Results of Groundwater Testing  
by PFAS Contaminant Level

CATEGORY	PFAS CONTAMINANT LEVEL (Rate per 1,000 homes tested)
Non-Detect	611
<20 ppt	260
20 ppt<level<70 ppt	51
Above 70 ppt	78
Above 700 ppt	21
Above 7,000 ppt	8

water sampling techniques. Non-detect (ND) results indicate that the PFOA/PFOS levels were below the detectable limit set by the laboratory procedure used. Table 2 presents the categorical results to date on over 1,300 residences in the affected area.



Whether due to curiosity, the desire to predict future health outcomes, or link current health conditions to PFAS exposure in groundwater, local physicians will likely be faced with questions from patients about testing their blood for PFAS. There is currently no established PFAS blood level at which a health effect is known nor is there a level that is clearly associated with past or future health problems. PFAS concentrations can only show the patient how his or her blood levels compare to the national averages. Blood testing for PFAS is available through Vista Analytical Laboratory based in California ([vista-analytical.com](http://vista-analytical.com), 916-673-1520) at a cost of \$800. If your patient is interested in pursuing testing, it is advised to have a conversation to inform them about the limitations involved in interpreting the results for clinical care. Patients should be instructed to be mindful of symptoms of the PFAS associated conditions listed above and clinicians should consider conducting routine laboratory testing to monitor these conditions in patients concerned about their exposure to PFAS-contaminated groundwater.

KCHD has been working closely with the Michigan Department of Health and Human Services (MDHHS) to investigate the health effects of PFAS exposure in Kent County. MDHHS is in the process of conducting an analysis of the Michigan Cancer Registry to compare rates of urogenital cancers (including kidney and testicular) in the impacted geographical areas with other areas of the county. MDHHS recently engaged representatives from the Centers for Disease Control and Prevention's Agency for Toxic Substances and Disease Registry (ATSDR) to aid in the development of a survey to assess health conditions of those living in the exposed area. CDC ATSDR is also providing guidance on the potential to perform blood testing on individuals whose ground water results were greater than 7,000 ppt.

Because PFAS are considered emerging contaminants, many questions surround their impact on human health. Unfortunately, an article such as this can only touch upon the very basics on this topic. Additional information for clinicians is available from CDC ATSDR's interim guidance document available at [https://www.atsdr.cdc.gov/pfc/docs/pfas\\_clinician\\_fact\\_sheet\\_508.pdf](https://www.atsdr.cdc.gov/pfc/docs/pfas_clinician_fact_sheet_508.pdf). KCHD Epidemiology staff are also available for consultation regarding your patients' health concerns by calling 616-632-7287.



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# Michigan Legislative Response to Opioid Crisis

The numbers are alarming. The Detroit News has reported that the number of heroin and prescription opioid overdose deaths in Michigan has doubled during the last five years. In 2015, more people in Michigan died from heroin and opioid-related overdoses than from car accidents. The Michigan Prescription Drug and Opioid Abuse Task Force previously formed by Governor Snyder issued a report in October 2015 finding that the number of drug overdose deaths in Michigan more than tripled since 1995, ranking Michigan 15th in the nation for drug overdose deaths between 2014 and 2015.

In response to recommendations from the Task Force, the Michigan legislature passed a multi-bill package last December. Several of those new laws directly impact physicians and how they prescribe controlled substances for their patients.

The new laws have generated some controversy. The Michigan State Medical Society has voiced strong concerns that some of the new mandates will be time-consuming for physicians and add more work for them without effectively combating the underlying issues of addiction. A similar criticism is that the majority of these new laws deal only with regulating the medical professional but do little to enhance substance abuse treatment options.

The new laws include the following:

## **SENATE BILL 47** **Changes to MAPS**

The first of these bills, Senate Bill 47 (Michigan Compiled Laws 333.7333a), mandates certain changes to the existing Michigan Automated

Prescription System ("MAPS"). Those changes expand reporting requirements under MAPS and modify the exceptions to those requirements.

Current regulations require dispensing prescribers (i.e., physicians and dentists who directly dispense prescription drugs to their own patients), pharmacists, and veterinarians to report all Schedule 2, 3, 4, and 5 controlled substances dispensed by them to MAPS. The rules currently exempt from that reporting the administration of a controlled substance directly to a patient and the dispensing of controlled substances by a hospital or health facility to a patient for not more than 48 hours.

Under Senate Bill 47, which takes effect March 27, 2018, the prior exemptions from the reporting requirements are rescinded and replaced with only the following exceptions:

- Hospitals that administer controlled substances to inpatients.
- Other health facilities (such as ambulatory surgery centers) that dispense controlled

substances to treat patients for not more than 48 hours.

- Veterinary hospitals or clinics that administer controlled substances to animals that are inpatients.

Senate Bill 47 also requires that, before dispensing or prescribing buprenorphine, or a drug containing buprenorphine or methadone, to a patient in a substance disorder program, a prescriber must obtain and review data concerning that patient from MAPS. In addition, a prescriber who dispenses buprenorphine, or a drug containing buprenorphine or methadone, to a patient in a substance use disorder program must report that to MAPS, as long as federal law does not otherwise prohibit such reporting.

### **SENATE BILLS 166 AND 167**

#### **Obligation to Obtain Information from MAPS**

Under Senate Bill 166 (MCL 333.7303a), before prescribing or dispensing a controlled substance to a patient, a licensed prescriber must ask the patient about other controlled substances the patient may be using and record the patient's response in the patient's medical record. Beginning June 1, 2018, a licensed prescriber must register with MAPS before prescribing or dispensing a controlled substance to a patient. Also beginning June 1, 2018, before prescribing or dispensing a controlled substance beyond a three-day supply, a licensed prescriber must obtain and review a report from MAPS for that patient. In addition, a licensed prescriber who dispenses controlled substances must, for at least five years, maintain separate records of invoices for controlled substances acquired by the prescriber, a log of all controlled substances dispensed by the prescriber, and records of all other dispositions of controlled substances under the licensee's control.

The requirement to obtain a report from MAPS before prescribing a controlled substance to a patient does not apply if the dispensing occurs in a hospital or a freestanding surgical outpatient facility and if the controlled substance is for the patient's use in that facility.

Senate Bill 167 (MCL 333.7303a, 333.16221, 333.16221b, 333.16226, and 333.16231) imposes disciplinary sanctions for violating the provisions of Senate Bill 166. Those violations can be punished by all of the sanctions available to the Michigan Department of Licensing and Regulatory Affairs, which include denials, fines, reprimands, probation, limitations, suspensions, revocations, and permanent revocations. For a first violation, the licensee must be ordered to complete a remedial continuing education program focusing on prescription drug and opioid addiction. For a subsequent

violation or for failing to complete such remedial education program, the full range of sanctions apply, except that a suspension, revocation, or permanent revocation cannot be imposed without a finding that the licensee willfully disregarded the requirement to obtain and review a report from MAPS or engaged in a pattern of intentional acts of fraud or deceit resulting in personal financial gain to the licensee.

### **SENATE BILL 270**

#### **Requirement for a Prescriber-Patient Relationship**

Beginning March 31, 2018, Senate Bill 270 (MCL 333.7303a, 333.16221, and 333.16266) prohibits a licensed provider from prescribing a controlled substance listed in Schedules 2 through 5 unless the prescriber has a bona fide prescriber-patient relationship with the patient. In addition, a prescriber who prescribes a controlled substance must provide follow-up care to the patient to monitor the efficacy of the controlled substance as a treatment for the patient's medical condition. If the prescriber is unable to provide follow-up care, he or she must refer the patient to the patient's primary care provider for follow-up care or, if the patient does not have a primary care provider, to another licensed prescriber who is geographically accessible to the patient for follow-up care.

Under this act, a "bona fide prescriber-patient relationship" is one under which (1) the prescriber has reviewed the patient's medical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient, conducted in person or via telehealth, and (2) the prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards.

A violation of these requirements is grounds for professional discipline, including the usual range of available sanctions from fines to revocation.

### **SENATE BILL 273**

#### **Mandate for Information on Substance Use Disorder Services**

Under this new law (MCL 333.16282), a licensee who treats a patient for an opioid-related overdose must provide information to that patient on substance use disorder services. Those services are defined as substance use disorder prevention services and substance use disorder treatment and rehabilitation services, as those terms are further defined by Michigan Mental Health Code.

*Brian Fleetham is a member of Dickinson Wright PLLC's Grand Rapids office and focuses his practice on health law.*





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Kent County Osteopathic Association  
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