



Bulletin

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

SPRING 2026

— *Serving Physicians in Kent, Ottawa, Barry, Ionia, and Montcalm counties* —



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EDITORIAL COMMITTEE

Gregory J. Forzley, MD
Editor in Chief

Patricia W. Dalton, MPA, MA
Managing Editor

Patrick J. Droste, MS, MD

Herman C. Sullivan, MD

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Kent County Medical Society &
Kent County Osteopathic Association

233 East Fulton, Suite 224
Grand Rapids, MI 49503
Phone 616.458.4157

www.kcms.org • www.kcoa-mi.org

AFFILIATED AGENCIES

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Cover Photo

With the arrival of spring comes a welcome sense of renewal. The Kent County Medical Society continues to support and connect physicians across our region while advocating for the health and well-being of the Kent County community.

CONTRIBUTORS

15	Michigan State University College of Human Medicine
16	Kent Medical Foundation
20	Alliance Heartbeat
22	Kent County Health Department Foundation

GET INVOLVED:

Learn more about the Kent County Medical Society at www.kcms.org.

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Join Us

KCMS MEETINGS OF INTEREST

MAY 4, 2026

**WEST MICHIGAN MEDICAL SOCIETIES'
LEGISLATIVE COMMITTEE**

Noon | Virtual Meeting

SEPTEMBER 28, 2026

**WEST MICHIGAN MEDICAL SOCIETIES'
LEGISLATIVE COMMITTEE**

Noon | Virtual Meeting

NOVEMBER 16, 2026

**WEST MICHIGAN MEDICAL SOCIETIES'
LEGISLATIVE COMMITTEE**

Noon | Virtual Meeting

ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCMS EVENTS

Please check out the events page at kcms.org.

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





Warren F. Lanphear, MD, FACEP
2026 KCMS President

MSMS Reorganization Update

If you have been reading the 2025 and 2026 Bulletin magazines, you will know that your colleagues serving on the MSMS Board and County Board are working to reorganize organized medicine in Michigan.

The MSMS Board and Task Force reports have shared the challenges facing MSMS in significant structural, financial, and membership reductions that threaten long-term viability.

The Reorganization Task Force, appointed by the MSMS Board of Directors following 2025 Resolutions encouraging collaboration, and productive relationship with and transparency between state and county medical societies. These approved Resolutions charged the MSMS Board and House of Delegates with developing recommendations to:

- modernize governance structure,
- improve efficiency,
- strengthen engagement across the organization.

PROPOSED STRUCTURAL CHANGES UNDER REVIEW

After extensive review and deliberation, the Task Force and MSMS Board of Directors recommend a series of comprehensive structural changes designed to position MSMS for the future. As these recommendations require bylaw changes, they will be submitted to the House of Delegates (HOD) 2026 for review and decision. They include:

- Replacing the HOD process and representatives with an all-member, year-round policy forum;
- Eliminating mandatory dual membership of both state and county medical societies;

- Eliminating the Judicial Commission and requirement for a county peer review and ethics committee;
- Restructuring the MSMS Board of Directors with significantly fewer members.

CONCERNS ABOUT ENGAGEMENT AND REPRESENTATION

My personal opinion about the move away from the annual in-person HOD meeting is that it will lead to even less member interaction and debate. There is much to be said regarding live networking at an annual meeting that will be lost with the end of the current live event. With a reduction in Board size and the elimination of regional representation, then the selection of Board Members seems to be much more inbred and difficult to navigate for newcomers.

I believe we have a strong county organization and we need to work together to maintain it by increased participation both in membership and local events.

As you receive this Bulletin magazine, the HOD meeting will have held its first “virtual” HOD in an effort to save budget dollars. The Delegates of Kent County will be participating and working to consider these issues which directly affect state and county medical societies.

CONTINUED ON PAGE 5

MSMS REORGANIZATION CONTINUED FROM PAGE 4

If the recommendations are not adopted and trends continue, MSMS will need to take immediate cost-cutting actions, including:

- Further staff reductions, potential downsizing to a minimal staff of 3 employees
- Elimination of education programs
- Elimination of advocacy and policy staff
- Selling or closing subsidiary businesses (PIA, PCVS, PSI, PHC)

FINANCIAL OUTLOOK AND POTENTIAL IMPACTS

If membership and revenue continue to decline without recommended structural changes, MSMS will need to use reserves to fund operating deficits and eventually downsize the organization by selling businesses, eliminating services and reducing staff from 20 to 3 positions.

Without structural reform, MSMS risks losing its operational capacity, advocacy influence and long-term sustainability. However, their restructuring directly affects the county societies.

Many county offices have experienced reductions in members and revenue, but many, like Kent County continue to work with a single staff member, within revenue restrictions of annual dues income, providing legislators and physicians meetings, newsletters, events, participating in the House of Delegates and alerting members to legislative issues that require active voices to write/call legislators.

CALL FOR MEMBER INPUT

As MSMS evaluates next steps, the KCMS Board of Directors would greatly appreciate your input. Please take a brief survey to share which programs best support your practice. Thank you—we look forward to updating members on next steps.



Take a Brief Survey

Your input will directly shape the programs and support KCMS provides—scan the QR code or visit kcms.org/what-can-we-provide-our-members/.

In Memoriam

Former Kent County Health Department Medical Director Remembered

Dr. Douglas Mack passed away on January 26, 2026. Dr. Mack served as the Kent County Health Department Health Officer, from 1976 to 2000. He led the county’s public health response to the HIV/AIDS crisis, initiated sweeping changes to improve maternal and infant health outcomes, strengthened the regional laboratory system, and was a constant force for collaboration—which was a memorable and powerful part of his identity.

To recognize the importance of collaboration, the Kent County Health Department created a legacy award the “Dr. Douglas Mack Award,” to acknowledge KCHD team members who exemplified his spirit of partnership and teamwork. Dr. Mack was 90 years old.

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In Memoriam

MARK CAMPBELL, MD

Mark Gerald Campbell was born in 1948. He survived polio as a child and overcame dyslexia at a time when the condition was widely misunderstood. Mark earned degrees in both art and chemistry from Michigan State University and went on to study medicine at Wayne State University. Later in life he received a Master's degree in Health Care Administration from University of Colorado and a Master's in Theological Studies from Grand Rapids Theological Seminary (now Cornerstone Seminary).

Mark served as an oncologist in Grand Rapids for over 40 years, co-founding Cancer and Hematology Centers of West Michigan as well as establishing clinics to serve other cities in the state including Holland and Muskegon.

He was proud to help bring the largest stage-1 clinical trial center in the country to Grand Rapids to make cutting-edge treatments available locally. His desire to minister to his patients led to his studies in theology so that he would be better prepared to counsel them as they faced illness or death.

A lifetime car lover, Mark helped establish the My Auto Group family of car and motorcycle dealerships with partner Red Betten. He was passionate about education and creating opportunities for those who didn't have access to it. He remained a supporter and leader of many organizations in West Michigan until his passing on February 7, 2026.

EDWARD COX, MD

Dr. Ed Cox was born November 25, 1946. He completed undergraduate studies at Wabash College in Crawfordsville, IN, where he was a proud member of the Phi Delta Theta fraternity. He graduated from medical school at Indiana University. He found his passion in pediatrics, beginning his original practice in Racine, WI. In 1978, he moved to Grand Rapids, where he enjoyed many years getting to know his patients and families.

In 1990, he left private practice to join Butterworth Hospital as the Director of Pediatric Ambulatory Care. Dr. Cox helped to spearhead the creation of the Children's Advocacy Center, a center for children who have been abused and neglected. He also served as Chapter President of the American Academy of Pediatrics for District 5, among numerous other awards and titles, including testifying before Congress on the importance of vaccinations in children.

Ed was inducted into the Distinguished Physician's Society in 2012. He also served on the Board of the Michigan Oral Health Coalition.

Ed and Linda loved sailing their Rebel at the Grand Rapids Yacht Club on Reeds Lake with lifelong friends and traveled to various states for the National Regatta, where they even earned the title of National Champions numerous times. Dr. Cox passed away on March 23, 2026.

JOSEPH DECOOK, MD

Ottawa County Medical Society

Joe DeCook was born November 14, 1935, in Newberry, Michigan where he lettered in football, basketball, baseball and track all through high school. He continued his education at the University of Michigan and completed a Residency in OBGYN in Grand Rapids. He served in various missionary locations from 1967-1979 and resettled in America in 1979 to 1994 where he returned to OBGYN in a Holland medical practice until his retirement in 2007. He later served as the Executive Director of the American Association of Pro-Life Obstetricians and Gynecologists.

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Join Us

KCOA MEETINGS OF INTEREST

APRIL 25, 2026

MICHIGAN OSTEOPATHIC ASSOCIATION HOUSE OF DELEGATES

9am–2pm | MOA Office Atrium Room or Virtual attendance via Zoom
2112 University Park Dr., Suite 100, Okemos

MAY 4, 2026

**WEST MICHIGAN MEDICAL SOCIETIES'
LEGISLATIVE COMMITTEE**

Noon | Virtual Meeting

MAY 14-17, 2026

MOA SPRING CONFERENCE

Somerset Inn | Troy, MI

JUNE 18-21, 2026

NMOA SUMMER CONFERENCE

Mackinac Island

JULY 16-19, 2026

AOA HOUSE OF DELEGATES

Chicago, IL

OCTOBER 23-25, 2026

MOA AUTUMN CONFERENCE

Grand Valley State University | Richard M. DeVos Center

ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCOA EVENTS

Please check out the events page at www.kcoa-mi.org.

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-mi.org





William Sanders, DO
2026 KCOA President,
Board of Directors

Spring into Connection

The Kent County Osteopathic Association was proud to hold an event specifically for our Osteopathic Resident Physicians on January 15 at Coopers Hawk Restaurant.

The event was to give the Residents an opportunity to network with physicians based at other health systems. This busy group of physicians were able to unwind and re-connect with other Residents and spouses or partners. Tables were filled with boisterous energy that comes from being with like-minded professionals serving patients, comforting families and working to improve health of our community while conducting day-to-day life. Events such as this are critical to assisting physicians in maintaining a work-life balance while learning from colleagues.

We appreciated a financial update from Jeff Heitzman, CFP, ChFC of Heitzman and Associates along with Luke Roach, Financial Planner, provided an update on typical financial information for early-investing families, and recommendations for wise investment planning for the Residents. As partners to the KCOA and KCMS, the Heitzman team will be a part of future KCOA Socials and education. You may reach out to them directly at www.heitzman-associates.com/about.

Below, attendees learned more on financial planning and college savings.



Relaxing with Resident friends.

Michigan Osteopathic Association. Dr. Wolfe is a Board Member of the MOA and welcomes the involvement of our Residents to both KCOA and the MOA. Residents can shape the programs. Please join us for the MOA House of Delegates and other programs that are offered. Learn more at www.domoa.org.

An April or spring Resident Connection will be publicized when details are confirmed. Thank you for your continued involvement in the KCOA! Happy Spring!



Resident Connections with colleagues and the Heitzman and Associates team.

MICHIGAN OSTEOPATHIC ASSOCIATION



Updated 2/23/26

May 14-17, 2026

Somerset Inn, Troy, MI

www.domoa.org/spring

Approved for 30 AOA Category 1-A Credits

Tentative Agenda – Subject to Change

Thursday, May 14 (5 credits) Registration Hours 12:00-6:15 pm Exhibitor Hours 12:00-6:15 pm Tri-County Reception 6:15-7:15 pm		
1-6:15 pm	Afternoon Sessions	Moderator: Mary Goldman, DO
1-2 pm	Osteopathic Manipulative Treatment, Perrin Technique	Ryan Christensen, DO
2-3 pm	Osteopathic Manipulative Treatment	Mary Goldman, DO
3-4 pm	Lumps & Bumps: Oral Pathology	Jeffery Johnston, DDS, MS, FACD
4-4:15 pm	<i>Break</i>	
4:15-6:15 pm	4:15 pm Building a Foundation of Human Dignity 5:15 pm End of Life Ethics and Physician Assisted Suicide (meets MI LARA medical ethics requirement)	Kristin Collier, MD
Friday, May 15 (8-10 credits) Registration 6:30 am-6:00 pm Exhibitor Hours 7:00 am-6:00 pm Council of Interns and Residents TBD OMM Treatment Center 8:00 am-5:00 pm Luncheon (physicians, students) 12:30-1:30 pm Student Program TBD 49ers Meeting 4:00-6:00 pm Alumni Receptions TBD		
7 am-12:15 pm	Morning Sessions	Moderator: Gregg Silberg, DO
7-8 am	Breakfast (reserved for product theater)	Speaker TBD
8-9 am	Basic Acupuncture & OMM	Lawrence Prokop, DO, FAAPM&R, FAOCPMR-D, FAOASM
9-10 am	Acupuncture	Kat Barber
10-10:15 am	<i>Break, visit with exhibitors</i>	
10:15-11:15 am	Cardiology Update	Chad Link, DO, FACC, FACOI
11:15 am-12:15 pm	Concussion Management Update	Nathan Fitton, DO, CAQ Sports Medicine
12:15-12:30 pm	<i>Break, visit with exhibitors</i>	
12:30-1:30 pm	Luncheon (reserved for product theater) Presentation	Moderator: Kathleen Rollinger, DO Speaker TBD

Approved for up to 30+ AOA Category 1-A Credits
 30+ AMA PRA Category 1 Credit(s)TM anticipated

Tentative Agenda – Subject to Change

	AOA Update	Robert Piccinini, DO, dFACN, AOA President
1:30-1:45 pm	<i>Break, visit with exhibitors</i>	
1:45-6 pm	Afternoon Sessions	Moderator: Gregg Silberg, DO
1:45-2:45 pm	Infectious Disease Update	Caitlyn Deering, DO
2:45-3:45 pm	Infectious Disease Update	Peter Gulick, DO, FACOI, FIDSA, MACOI
3:45-4 pm	<i>Break, visit with exhibitors</i>	
4-5 pm	AI in Medicine	Lance Owens, DO
5-6 pm	MASLD/MASH	Michael Valitutto, DO
Saturday, May 16 (8-10 credits) Registration Hours 6:30 am-6:00 pm Exhibitor Hours 7:00 am-6:00 pm Presidents Reception TBD		
7 am-12:15 pm	Morning Sessions	Moderator: Elizabeth Swenor, DO, FACLM, DipACLM, FAAMFM
7-8 am	Breakfast (reserved for product theater)	Speaker TBD
8-9 am	Lifestyle & Menopause	Ashley Houghteling, FNP
9-10 am	Menopause in 2026	Carrie Leff, DO
10-10:15 am	<i>Break, visit with exhibitors</i>	
10:15-11:15 am	Culinary Medicine “Spices”	Christina Lucas-Vougiouklakis, DO, DipALM, FACLM
11:15 am-12:15 pm	MeRT Wave Neurosciences Diagnosis and Treatment	Ramona Wallace, DO, IFMCP
12:15-12:30 pm	<i>Break, visit with exhibitors</i>	
12:30-6 pm	Afternoon Sessions	Moderator: Mary Goldman, DO & Students
12:30-1:30 pm	Luncheon (reserved for product theater)	Speaker TBD
1:30-1:45 pm	<i>Break, visit with exhibitors</i>	
1:45-3:45 pm	Cranial OMM	Jay Danto, DO
3:45-4 pm	<i>Break, visit with exhibitors</i>	
4-6 pm	Physician Personal Finances	Speakers TBD
Sunday, May 17 (6 credits) Registration Hours 7:30 am-2:45 pm Hotel Checkout 12:00 pm Conference Concludes 2:45 pm		
8 am-12:15 pm	Morning Sessions	Moderator: Harold Friedman, DO
8-9 am	Breakfast & CME Anatomy of a Licensing Case	Dan Schulte, JD
9-9:15 am	<i>Break</i>	
9:15-10:15 am	Politics in Medicine	Kevin McKinney, McKinney & Associates
10:15-11:15 am	Pain & Symptom Management (meets 1 hour MI LARA requirement)	David Neff, DO
11:15 am-12:15 pm	Pain & Symptom Management (meets 1 hour MI LARA requirement)	Juliette Perzhinsky, MD, MSc, FACP, FASM
12:15-12:45 pm	30 Minute Lunch Break	
12:45-2:45 pm	Afternoon Sessions	Moderator: David Neff, DO
12:45-1:45 pm	Pain & Symptom Management (meets 1 hour MI LARA requirement)	Michael Danic, DO, FASA, FASM
1:45-2:45 pm	Implicit Bias Training (meets 1 hour MI LARA requirement)	MI Health Council
2:45 pm	Conference Concludes!	

Approved for up to 30+ AOA Category 1-A Credits
30+ AMA PRA Category 1 Credit(s)TM anticipated

MEDICAID, MONEY, AND MANDATES: Inside Michigan's 2026–2027 Health Budget Debate



Recently, Governor Gretchen Whitmer released her FY 2027 executive budget recommendation, highlighting what may be one of the most consequential health care budgets in recent state history. During the presentation, State Budget Director Jen Flood emphasized Michigan's structural fiscal challenges, including increased state responsibilities stemming from federal policy changes. At the center of the proposal is a straightforward reality: sustaining Medicaid in Michigan will require additional state revenue as federal support declines.

A \$41 Billion Health Department Under Pressure

The Governor's proposed FY 2027 budget includes approximately **\$41 billion** for the Michigan Department of Health and Human Services (MDHHS), reflecting growing cost pressures tied to federal policy changes.

New federal requirements for eligibility and program compliance are expected to increase state administrative costs by tens of millions of dollars. Beginning in FY 2027, Michigan will also face higher administrative responsibilities for SNAP, further adding to state-level program costs.

To meet expanded Medicaid eligibility verification and compliance responsibilities, the administration anticipates hiring several hundred additional staff members—an operational shift that underscores how federal reforms are reshaping state-level health administration.

Source: Michigan State Medical Society

More Than \$800 Million in New or Expanded Taxes

Within this constrained fiscal landscape, the Governor has proposed **more than \$800 million in new or expanded taxes** aimed at sustaining Medicaid and offsetting reductions in federal support. The administration projects approximately **\$804 million** in new revenue.

The targeted increases include:

- Higher taxes on tobacco products
- A new tax on vaping products
- Expanded taxes on internet gaming and sports betting
- A proposed digital advertising tax

Of particular relevance to the health care sector, increased tobacco taxes and a new vape tax are expected to generate **more than \$300 million combined**. A portion of that revenue would support the Medicaid Benefits Trust Fund, as well as cancer prevention, smoking cessation, and children's health programs. Revenue from internet gaming and sports betting would largely be directed toward Medicaid financing.

For physicians and providers, these revenue streams are not abstract line items—they are directly tied to the stability of Medicaid reimbursement and the sustainability of safety-net services.

Behavioral Health and Workforce Stability

Despite fiscal constraints, the proposal maintains investments in behavioral health infrastructure. Funding is included to operationalize the new Southeast Michigan State Psychiatric Hospital, bringing hundreds of psychiatric beds online, alongside continued support for psychiatric residential treatment capacity.

The budget also preserves wage increases for direct care workers, a critical move as pandemic-era federal wage supports expire. Workforce stability remains a central concern, particularly in long-term care and behavioral health settings where staffing shortages directly affect access.

Prevention and Long-Term Outcomes

The administration continues to emphasize upstream investment. Revenue from tobacco-related taxes would help fund cancer prevention and smoking cessation initiatives, while continued support for early childhood education and literacy programs reflects a broader strategy linking education, prevention, and long-term health outcomes.

In the Governor's framing, protecting Medicaid is only one part of the equation; investing in prevention is another way to manage long-term cost growth.

What It Means for Michigan Physicians

The implications are substantial. Stability of Medicaid reimbursement, the strength of behavioral health services, and the future of essential public health programs are all at stake. How policymakers address the anticipated funding pressures will directly influence provider compensation, patient access to care, and administrative requirements for years to come.

BCBSM ANNOUNCES REIMBURSEMENT REDUCTION for Non-preventive E/M Services Billed with Modifier 25

Blue Cross Blue Shield of Michigan (BCBSM) has announced a significant reimbursement policy change affecting non-preventive evaluation and management (E/M) services billed with Modifier 25 when performed on the same date of service as a procedure. The new policy was outlined in the [February 2026 edition of The Record](#).

Effective for services rendered on or after May 1, 2026, BCBSM will reduce reimbursement for applicable E/M services by 50% when they are billed with modifier 25 alongside a procedure that has a 0, 10, or 90 day global surgical period.

This policy applies to patients enrolled in:

- Blue Cross Blue Shield of Michigan
- Blue Care Network
- Medicare Plus BlueSM (participating providers only)
- BCN AdvantageSM (participating providers only)
- Blue Cross and Blue Shield Federal Employee Program[®]

The reimbursement reduction applies to the office/outpatient E/M codes 99202–99205 and 99212–99215 when appropriately appended with modifier 25. Currently, BCBSM reimburses these E/M services at 100% of the allowed amount when billed with modifier -25 on the same day as a procedure. Under the new policy, payment for the E/M service will be reduced by half. According to BCBSM, the change is intended to avoid paying the practice expense component twice, once through the E/M

service and again through the procedure's global payment, which aligns with what the plan describes as industry benchmarks aimed at reducing wasteful spending.

The policy excludes preventive and administrative E/M services as well as emergency department E/M codes 99281–99285.

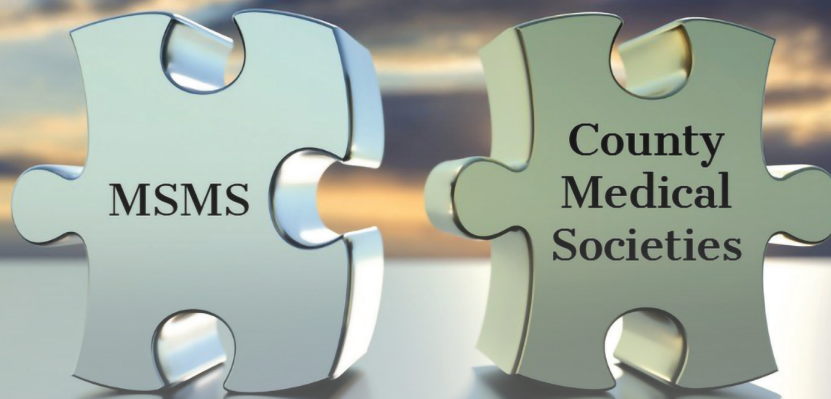
This change may disproportionately affect procedural and surgical specialties, as well as medical specialties that routinely perform office-based procedures on the same day as a separately identifiable evaluation. Practices that rely on modifier 25 to accurately reflect medically necessary, distinct E/M work may experience notable revenue reductions beginning in 2026.

The Michigan State Medical Society (MSMS) is aware of this policy update and questions BCBSM's rationale for reducing payment for modifier 25 E/M services. MSMS is actively engaging with BCBSM to challenge the accuracy of the plan's assumptions, highlight the impact on patient access, and advocate for appropriate reimbursement when physicians provide legitimate, separately identifiable E/M services.

MSMS will continue to work with affected specialty societies to reverse this policy and share updates as discussions progress. In the meantime, if you have questions or are willing to share an example of the potential impact to your practice, please email Dara J. Barrera, MSMS Director of Health Quality, Equity and Technology at djbarrera@msms.org.

Source: MSMS Medigram (February 5, 2026)





MSMS Reorganization Task Force's Recommendations to the 2026 House of Delegates

As previously reported, the Michigan State Medical Society (MSMS) is confronting substantial structural, financial, and membership challenges that threaten its long-term sustainability. In response, the Reorganization Task Force, appointed by the MSMS Board of Directors pursuant to resolutions adopted by the 2025 House of Delegates (HOD), was charged with developing recommendations to modernize governance, increase operational efficiency, and strengthen member engagement.

Following extensive analysis and deliberation, the Task Force and Board now recommend a series of comprehensive structural reforms intended to position MSMS for success over the next decade. Because these changes require amendments to the organization's bylaws, they will be presented to the HOD for action.

The recommendations include:

- Replacing the House of Delegates with an all-member, year-round policy forum
- Eliminating mandatory dual membership and chartering of county medical societies
- Eliminating the Judicial Commission and requirement that county medical societies maintain a peer review and ethics committee
- Reducing the size of the MSMS Board of Directors from 36 to 13 members, focusing on skill-based rather than representational governance

The MSMS Board of Directors also approved a second session of the House of Delegates for the bylaws changes associated with the Reorganization Report the afternoon of April 18, 2026.

To provide additional information, MSMS hosted a Member Forum on February 10, 2026. A recording of the presentation can be viewed here: [YouTube Channel](#).

County Medical Societies and the physicians they represent face uncertain but important decisions about the future of organized medicine in Michigan. These decisions must be made with equal state and county medical society input and must be communicated transparently with our unified membership to receive robust feedback prior to adoption.

The question isn't just about the restructuring of the state medical society – it's about ensuring physicians across the state of Michigan have a strong and coordinated voice.

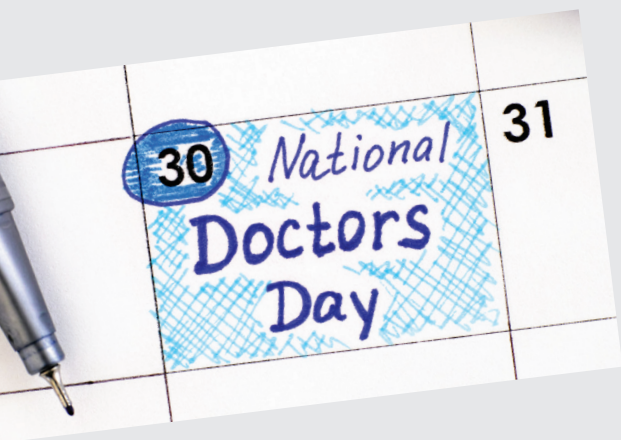

The 2026 House of Delegates Meeting will be totally virtual.

To have a voice on what happens to the future of organized medicine in Michigan, you are encouraged to take part in the following meetings:

- Online Written Forum – March 13 – March 24, 2026
- Ways and Means and Officer Speeches – Thursday, March 19, 2026 | 6:00 pm
- Reference Committee on Internal Affairs (C) – Wednesday, March 25, 2026 | 6:00 pm
- Reference Committee on Payer and Legislative Advocacy (A and B) – Tuesday, March 31, 2026 | 6:00 pm
- Reference Committee on Public Health and Education (D and E) – Monday, April 6, 2026 | 6:00 pm
- Blue Report – Friday, April 10, 2026
- General session to act on the Reference Committee recommendations (the Blue Report) - Saturday, April 18, 2026 | 8:00 am



— HAPPY —
N A T I O N A L
**DOCTORS’
DAY**



Celebrate
National Doctors’ Day

MARCH 30

March 30 marks National Doctors’ Day — a moment to recognize the skill, dedication, and leadership physicians bring to their patients, their profession, and their communities.

First observed in 1933 by Dr. Charles B. Almond in Winder, Georgia, National Doctors’ Day began as a simple expression of gratitude. Over the decades, it has evolved into a national acknowledgment of the indispensable role physicians play in advancing health, science, and patient care.

Physicians do far more than diagnose and treat disease. They guide patients through life’s most complex and vulnerable moments, lead clinical innovation and research, mentor future clinicians, and shape the policies and systems that define

modern health care. Their influence extends beyond individual encounters to the broader health and well-being of communities across the country.

National Doctors’ Day offers an opportunity not only to express appreciation, but also to reaffirm support for the profession — for the time, training, responsibility, and resilience required to practice medicine at the highest level. While March 30 provides a formal occasion for recognition, the contributions of physicians merit acknowledgment and support throughout the year.

We are proud to celebrate the physicians who serve our patients, strengthen our health system, and advance the future of medicine.



Matthew Emery, MD
Community Assistant Dean
Michigan State University
College of Human Medicine

A Year of Growth and Curricular Evolution

Last year at this time, I submitted my first report to the Kent County Medical Society’s quarterly newsletter. As I reflect on my first year as community assistant dean for the Grand Rapids campus, I’m struck by how quickly it has gone—and how rewarding it has been to connect with medical education champions across West Michigan.

In 2026, I look forward to embracing new opportunities to further strengthen the bond between the College of Human Medicine and our valued partners in West Michigan.

SHARED DISCOVERY CURRICULUM UPDATES: WHAT’S CHANGING FOR OUR COMMUNITY CLINICAL PARTNERS

Our latest significant curriculum revision—Shared Discovery Curriculum (SDC 2.0)—is well underway. The class matriculating in 2025 is now finishing its first year, and implementation will follow them as they progress year by year, with full implementation expected by 2028–2029.

NOTEWORTHY CHANGES TO IMPACT OUR CLINICAL AFFILIATES AND PRECEPTORS

- **Earlier start to clerkships:** As SDC 2.0 rolls out, third-year clerkships will begin as early as late March or early April for students who are consistently meeting specific academic milestones, and no later than early July for

all students. This adjustment arises from the USMLE Step 1 change to pass/fail, which has elevated the importance of Step 2 scores in residency applications. Getting those scores sooner, will in turn, improve our students’ ability to plan effectively for the fourth-year curriculum and preparation for the residency application cycle.

- **Longer core clerkship:** In a change from SDC 1.0, most clerkships will (re)expand from 4 to 6 weeks (the exception being Psychiatry, which will remain a 4-week rotation). We are finalizing the redesigned clerkship structures now. Next, we will begin to work closely with our clinical partners on operational details to ensure a smooth transition for learners and sites.

ADVANTAGES FOR STUDENTS:

- Students will get their USMLE Step 2 scores back sooner and have more time to study for Step 2: Since the USMLE Step 1 exam became pass-fail, there has been increased attention to Step 2 scores by residency programs reviewing applicants.
- More time for electives in the third year: Students will benefit from having more opportunities for career exploration and completing sub-internships towards the end of their third year that will help their residency application. Students will also have more opportunities to explore clinical experiences that will help prepare them for residency.

IN OTHER NEWS

In March, Match week is coming up and a final decision from MSU President Kevin M. Guskiewicz is imminent. I’ll provide updates on both in the next College of Human Medicine update!





KENT MEDICAL FOUNDATION



Jayne Courts, MD
2026 Kent Medical
Foundation, Board Chair

Being Strong for Those Managing the Greatest of Challenges

Thank you to the many donors who supported the 2025 Annual Holiday Campaign fundraiser. A list of donors is shown on page 19, and the KMF Board is proud to have your endorsement and generosity.

For the last *Bulletin* magazine, I shared how important our donors' support has been for many nonprofit endeavors we are proud to endorse. One of the highlighted grants supports a unique program led by local cosmetologists and beauty professionals who volunteer their time to care for women and girls undergoing cancer treatment.

As physicians, we understand the many changes that occur during treatment—including skin changes, energy levels and, of course, hair loss. Through this program, “Beautiful Volunteers” generously donate their time to help women select, fit, and style wigs, along with providing complimentary salon services.

KMF Board Trustee Brian Janssen and I had the opportunity to visit the Beautiful You Salon with our guide, Marketing Director, Bonnie Grevenoged and Founder, Pam Westers. The Kent Medical Foundation Board is proud to support the program which assists women and



Volunteers welcome guests to Beautiful You salon.

The included photos will give you an idea of the tremendous love and respect shown to “clients” who are our “patients.” What a special experience to “feel” the heartwarming, comforting and compassion shown for local patients who benefit from the kindness demonstrated. In an August 2025 Fox 17 West Michigan news story, Ms. Westers noted that the first year of the featured services, “the salon served eight women. Since then, more than 6,000 have received services.” Not only are the services offered by compassionate technicians, a few have had personal experience to truly



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KMF President, Jayne Courts, MD and KMF Past President and Board Member, Brian Janssen tour the Beautiful You salon.

BEING STRONG

CONTINUED FROM PAGE 16

empathize empathize with the patients. We were pleased to meet a young college student who endured childhood cancer and shared that “as a faithful volunteer she has come back to Beautiful You by Profile to help—as it “feels like home—since I spent so much time here when I was dealing with cancer.”

We also met other volunteer staffer who shared their personal cancer battle and victory with us. Giving back signifies their strength in supporting other women fighting cancer and seeking and receiving solace.

The KMF Board of Trustees appreciate your support so that we may strengthen programs such as this in our region. The Beautiful You Mondays Program hosted a gala in Grand Rapids on Friday, April 17, to build support for its mission.

IN THE NEWS

Learn more about Beautiful You by Profile in this FOX 17 West Michigan feature: <https://www.fox17online.com/pay-it-forward/more-than-a-new-look-how-this-womans-salon-helps-cancer-fighters-feel-beautiful>.



A salon volunteer shares the various services available to pamper cancer patients.

The KMF Board of Trustees appreciate your support so that we may strengthen programs such as this in our region.

Gracious Spaces Farm Presents
The Grand Rapids Jazz Orchestra
Sponsored by the Kent Medical Foundation

KMF



GRAND RAPIDS
JAZZ ORCHESTRA

Anema Family Friesians
Cell: 616.308.8493
10388 Kalamazoo Ave
Caledonia, MI 49316
graciouspacesfarm@gmail.com

Summer Concerts 2026

JUNE 14 | JULY 12 | AUGUST 9 | SEPTEMBER 13

5:30 PM – 7:30 PM

Fun for the whole family! | Bring a picnic basket and chair | Enjoy beautiful music on the farm | All concerts free!

Donations support GRJO and GRACIOUS SPACES FARM

Formerly NMS, Kent County

- NEW NAME, SAME GREAT PURPOSE
nmskentcountry.org | New Website Coming Soon!



THANK YOU

THE KENT MEDICAL FOUNDATION BOARD OF TRUSTEES WOULD LIKE TO THANK YOU FOR YOUR CONTINUED SUPPORT! YOUR CONTRIBUTIONS TO THE ANNUAL HOLIDAY CARD CAMPAIGN ALLOW US TO PROVIDE MEANINGFUL GIFTS TO OUR COMMUNITY THROUGHOUT THE YEAR.

Dr. Brad and Irene Betz
William Beute, MD
Christopher and Amylynn Buchach
Patricia and Davis Dalton, DO
Harvey DeMaagd, MD
Patrick and Deborah Droste
Ned and Nancy Fody
Dr. Gregory and Kathy M. Forzley
Vicente and Meridell Gracias

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Dr. James and Janet Watkins
David and Vicki Whalen
Jerry and Kathy Wittingen



heartbeat

Help Us Reach \$25,000 for Community Health

You may already know that the KCMS Alliance is the organization for physician spouses and partners in Kent County. Alliance members share a special bond



and we show it in our social and community projects. If you are a spouse or partner of a medical student, resident, practicing physician, retired physician, or deceased physician,

this is your organization. Our goals are to connect and grow through camaraderie, education, philanthropy, community engagement, and advocacy.

But, did you know that KCMSA established a Foundation in 1997 that has funded over \$1.5 million in community grants since its inception? So far, this fiscal year the KCMSA Foundation has already funded \$24,490 this fall in mini-grants to community organizations. Applications for mini-grants (up to \$3000) are due August 15, October 15, February 15, and May 15. Grants are open to 501(c)3 organizations in the Greater Kent County area. Priority is given to requests that provide health education, medical services, medical supplies or promote social welfare and demonstrate a relationship between the proposal and the goal of the KCMSA Foundation. Are you wondering how those mini-grants are funded?

Save the Date: April 23, 2026



KENT COUNTY
MEDICAL SOCIETY
ALLIANCE
FOUNDATION

Trivia night

FUNDRAISER



Tickets: kcmsalliance.org/give

Join us April 23rd for our Trivia Night FUNdraiser at the Corner Bar in Rockford, MI. This year our goal is to raise \$25,000 through sponsorship and ticket sales. Interested? We also need volunteers. If the Trivia Night or any of our goals speak to you, please consider becoming a member of the Kent County Medical Society Alliance at <https://kcmsalliance.org/join-now> or scan the QR code. Questions? president@kcmsalliance.org. Hope to see you soon.

Alliance Book Club

We meet on the 3rd Tuesday monthly at Schuler Books on 28th Street in Grand Rapids. All readers are welcome!

4 | 21 **The Measure**
by Nikki Erlick

5 | 19 **The God of Small Things**
by Arundhati Roy

6 | 16 **Theo of Golden**
by Allen Levi

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YOUTUBE
www.kcmsalliance.org

Event Recap winter 2025

December 12, 2025: KCMSA Holiday Open House

One of our members shared her lovely home. Board members who brought lots of tasty treats. Everyday essentials and personal care items were collected for Guiding Light's Women's Recovery Program. Donations were collected before and during the KCMSA members holiday gathering. Guiding Light is a free addiction rehabilitation facility that helps men and women with sober living and job placement.



January 11: Walk for Fitness and Health

Roselle Park, Ada



February 6: Dégagé Ministries

Members volunteered at Dégagé Ministries to cook and serve lunch. Dégagé offers hope and opportunity to those facing homelessness and poverty in Grand Rapids through meals, shelter, hygiene, ID assistance, advocates, and workforce development.



February 20: KCMSA and MSMSA Meeting

KCMSA members met with Michigan State Medical Society Alliance board to plan the upcoming MSMSA 100th Anniversary meeting at the Grand Hotel May 29-31, 2026.

March 5: KCMSA March Membership Meeting

Members gathered at the Children's Healing Center in Grand Rapids, a unique recreational facility offering a safe, clean environment for children with weakened immune systems and their families. The evening included a guided tour followed by a brief meeting.



February 9: Licari's Money Making Monday

Many KCMSA members and friends dined at Licari's Sicilian Pizza Kitchen. They were rewarded with delicious Sicilian fare, and 20% of proceeds from food purchases were donated to the KCMSA Foundation Mini-Grant Program.





Kristin Oldenberg,
MD, FACOG
Kent County
Health Department
Medical Director

Invasive Group A Streptococcal Infections Increase in Kent County

Kristin Oldenberg, MD, FACOG and Julie Payne, MPH

Kent County has experienced a substantial and ongoing increase in invasive Group A Streptococcal (iGAS) infections since 2021, consistent with national trends reported by the Centers for Disease Control and Prevention (CDC) and published analyses in JAMA.¹²

Local surveillance indicates both higher case counts and a shift toward more severe disease presentations compared with national patterns.

KEY LOCAL FINDINGS

- Rapid increase in cases: Confirmed iGAS infections more than tripled in Kent County between 2020 and 2024.¹
- Older adults disproportionately affected: Adults ≥65 years have the highest incidence locally, with rates nearly double those reported nationally.¹²
- Racial disparities: Black residents are disproportionately represented among iGAS cases relative to population size.²
- Greater disease severity:
 - Bloodstream infections (bacteremia) now account for approximately 60% of cases, substantially higher than national averages.¹²
 - Increases in septic shock and pneumonia have also been observed.¹
 - ICU admissions have become more frequent, reflecting more severe clinical illness.¹
- Common risk factors locally:
 - Acute skin breakdown and chronic wounds³
 - Heart disease, diabetes, obesity, and smoking³
 - Alcohol and other substance use³
 - Residence in long-term care facilities or housing instability¹³
 - Many patients have multiple overlapping risk factors³

CLINICAL IMPLICATIONS

Providers should be alert to the increased likelihood

of rapid progression and invasive disease, particularly among adults with underlying conditions or social risk factors.¹³ iGAS should be considered early in patients presenting with:

- Rapidly worsening soft-tissue infections⁴
- Severe pain disproportionate to exam findings⁴
- Fever, hypotension, or signs of sepsis¹⁴
- Skin breakdown, injection sites, or chronic wounds³
- Recent residence in congregate settings (e.g., LTCFs)¹

RECOMMENDED ACTIONS FOR CLINICIANS

- **Early recognition and treatment**
 - Maintain a high index of suspicion for iGAS.¹²
 - Promptly obtain blood cultures and initiate empiric therapy when invasive infection is suspected.¹⁴
- **Patient education:** Counsel patients to seek immediate care for worsening redness, swelling, pain, fever, or systemic symptoms.¹ Discourage self-treatment of deep or infected wounds.³
- **Wound care and prevention:** Reinforce proper wound cleaning, covering, and monitoring—especially for patients managing wounds at home.³
- **Harm reduction and outreach:** Support referral to syringe-service programs, wound-care clinics, and community outreach resources for people who use drugs.³
- **Infection control:** Reinforce hygiene and wound-care practices in healthcare and long-term care settings.¹

PUBLIC HEALTH MESSAGE

The rise in iGAS in Kent County reflects a convergence of post-

CONTINUED ON PAGE 23

pandemic immunity gaps, emerging Group A *Streptococcus* emm strains, substance use, socioeconomic stressors, chronic disease burden, and barriers to timely wound care.¹²³ Early clinical recognition and preventive counseling are critical to reducing severe outcomes and mortality.¹⁴

¹Centers for Disease Control and Prevention. Increase in invasive group A *Streptococcal*

infections, United States. CDC Health Alert Network (HAN). 2023–2024.

²Lynfield R, et al. Invasive group A *Streptococcal* infections in the United States, 2013–2022. *JAMA*. 2024;331(5):430–439.

³O’Loughlin RE, et al. Risk factors for invasive group A streptococcal disease among adults—United States. *Clin Infect Dis*. 2021;73(11):e3718–e3726.

⁴Stevens DL, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections. *Clin Infect Dis*. 2014;59(2):e10–e52.

Lyme Disease: Emerging Endemicity, Clinical Guidance

Kristin Oldenberg, MD, FACOG and Julie Payne, MPH

Newly reviewed data from the Kent County Health Department (2025) demonstrate a 1,857% increase in Lyme disease cases over the past 10 years in Kent County, Michigan. The first reported case occurred in 2002. This rise parallels the geographic expansion of the black-legged tick (*Ixodes scapularis*) across Michigan.

Black-legged ticks were first documented in Michigan in the late 1990s in Menominee County (Upper Peninsula).¹ By the early 2000s, ticks were identified in the southwestern Lower Peninsula. Spread has been attributed to deer, small mammals, domestic animals, and migratory birds transporting ticks across the Great Lakes. By 2025, Lyme disease has expanded northward from Indiana and inland from the Lake Michigan shoreline, establishing transmission risk in Kent County.

LOCAL EPIDEMIOLOGY (2025)

A total of 237 cases were reported. Age distribution included 10–19 years: 56 (23.6%); 20–49 years: 85 (35.9%); 50–79 years: 94 (39.7%); and 80+ years: 2 (0.8%). There were 145 male cases (61.2%) and 92 female cases (38.8%). Most cases (81.4%) reported exposure in Michigan, and 61.2% reported exposure in Kent County. Case geographic clustering was noted in Rockford (49341) with 31 cases, Ada (49301) with 29 cases, and Lowell (49331) with 25 cases for the top three zip codes. Cases resided there but may have acquired the disease elsewhere.

Clinical manifestations included Lyme arthritis in 187 cases (78.9%), erythema migrans in 107 cases (45.2%), Bell’s Palsy in 12 cases (5.06%), and atrioventricular block in 4 cases (1.7%). Thirteen Lyme cases (5.5%) required hospitalization, ranging from 1 to 9 days, with an average stay of 4 days. No cases of meningitis, encephalitis, or Radiculoneuropathy were reported.

CLINICAL GUIDANCE FOR PROVIDERS (CDC-ALIGNED FOR ENDEMIC AREAS)²

- **Endemic definition:** A disease that is consistently present in a certain region. Michigan is now considered an endemic state. Incidence of cases and tick distribution are considered, and then clinicians are advised to follow endemic area diagnostic treatment approaches.
- **When to treat:** Patients with erythema migrans should be treated immediately without laboratory testing. Patients with compatible symptoms such as fever, fatigue, headache, or chills and a history of tick exposure should be treated with a low threshold.
- **First-line treatment:** Recommended antibiotics include doxycycline (preferred), amoxicillin, or cefuroxime axetil. Duration for early localized disease is 10–14 days.
- **When to test:** Testing is not recommended for patients with classic erythema migrans or low-risk patients without exposure. Testing should be considered for patients with atypical symptoms and likely exposure risk.
- **Post-tick bite prophylaxis:** A single dose of doxycycline (200 mg for adults) is recommended only if all of the following criteria are met: *Ixodes* tick identified, attachment for 36 hours or more, removal within 72 hours, exposure in an endemic area, and no contraindications.
- **Recognizing disseminated disease:** Clinicians should consider Lyme disease in patients presenting with facial palsy, meningitis symptoms, carditis, or large joint arthritis. Treatment duration is 14–21 days, with intravenous therapy reserved for severe cases.
- **Avoid over-treatment:** Standard antibiotic courses are effective. Prolonged or repeated antibiotic therapy is not recommended.

¹Lantos PM, Tsao J, Nigrovic LE, Auwaerter PG, Fowler VG, Ruffin F, Foster E, Hickling G. Geographic Expansion of Lyme Disease in Michigan, 2000–2014. *Open Forum Infect Dis*. 2017 Jan 9;4(1):ofw269. doi: 10.1093/ofid/ofw269. PMID: 28480261; PMCID: MC5412582.

²<https://www.cdc.gov/lyme/hcp/clinical-care/index.html>



Notifiable Disease Report

Kent County Health Department
700 Fuller N.E.
Grand Rapids, Michigan 49503

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

**December
2025**

DISEASE	C=Confirmed P=Probable S=Suspect U=Unknown	This Month	December Cumulative YTD 2025	2020-2024 5-Year Median December
CAMPYLOBACTER	C,P	10	152	114
CANDIDA AURIS	C	1	8	1
CARBAPENEMASE PRODUCING ORGANISM	C	2	12	3
CHICKEN POX ^a	C,P	0	16	17
CHLAMYDIA	C,P,S,U	250	2929	3646
COVID-19	C,P,S	1131	9168	44484
CRYPTOSPORIDIOSIS	C,P	2	24	24
GIARDIASIS	C,P	1	35	38
GONORRHEA	C,P,S,U	73	871	1348
H. INFLUENZAE DISEASE, INV	C,P	0	13	9
HEPATITIS A	C	0	0	2
HEPATITIS B (Acute)	C	0	2	1
HEPATITIS C (Acute)	C	0	0	2
HEPATITIS C (Chronic/Unknown)	C	9	54	116
HISTOPLASMOSIS	C,P	2	50	47
HIV	C	4	41	43
INFLUENZA-LIKE ILLNESS ^b	C,P,S	3946	44635	16629
LEGIONELLOSIS	C	2	20	18
LYME DISEASE	C,P,S	5	238	64
MEASLES	C,P	0	4	0
MENINGITIS, ASEPTIC	C	2	12	11
MENINGITIS, BACTERIAL, OTHER ^c	C	2	9	12
MENINGOCOCCAL DISEASE, INV	C,P,S	0	3	0
MUMPS	C,P,S	0	1	1
PERTUSSIS	C,P	3	63	1
SALMONELLOSIS	C,P	7	78	70
SHIGELLOSIS	C,P	1	25	20
SHIGA TOXIN PRODUCING E. COLI	C,P,S	1	30	29
STREP, GRP A, INV	C	6	52	43
STREPTOCOCCAL TOXIC SHOCK	C,P	0	0	0
STREP PNEUMO, INV	C,P	5	57	45
SYPHILIS (Congenital)	C,P,S	0	4	2
SYPHILIS (Primary & Secondary)	C,P,S	4	59	57
TOXIC SHOCK	C,P	0	0	0
TUBERCULOSIS	C	1	12	12
WEST NILE VIRUS	C,P	0	12	1
YERSINIA ENTERITIS	C,P	0	13	12

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. based on CDC surveillance case definitions.