



Bulletin

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION SUMMER 2025

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



New Leadership for MSMS

PAGE 6

PAGE 10
MSMS House of Delegates

PAGE 14
MOA Updates

PAGE 20
KMF Supports Camp Experiences

Contents

SUMMER • Vol. 110, No. 2



BULLETIN

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

PUBLISHED BY

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

Barry County Medical Society
Kent County Medical Society Alliance
Kent Medical Foundation
Ottawa County Medical Society

*All statements of opinions in
The Bulletin are those of the individual
writers or speakers, and do not necessarily
represent the opinions of the Kent County
Medical Society and the Kent County
Osteopathic Association.*

*The Bulletin reserves the right
to accept or reject advertising copy.
Products and services advertised
in The Bulletin are neither endorsed
nor warranted by the Kent County
Medical Society or the Kent
County Osteopathic Association.*



Members of the MSMS Board and 2025 Delegates watch the installation of Dr. Amit Ghose of Ingham County Medical Society.

KCMS

- Meetings of Interest **3**
- In Memoriam **4**
- President's Message **6**
- Legislation to Curb
State's Drug Prices **8**

KCOA

- Meetings of Interest **14**
- President's Message **15**

Cover Photo

MSMS Board Secretary,
Jayne E Courts, MD,
leads the Oath of Office
for Amit Ghose, MD,
President of the MSMS.

CONTRIBUTORS

- 16** Alliance Heartbeat
- 19** Kent Medical
Foundation
- 20** Kent County
Health Department
Foundation
- 23** Michigan State
University College
of Human Medicine

GET INVOLVED:

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

Learn more about the Kent County Osteopathic Association at www.kcoa-mi.org.

KCMS OFFICERS & DIRECTORS

PRESIDENT

Warren F. Lanphear, MD

TREASURER

Edward P. Fody, MD
OCMS Representative

DIRECTORS

Jayne E. Courts, MD

Megan M. Edison, MD
Director-at-Large

Eric L. Larson, MD
Director-at-Large

REGION 8 DIRECTORS

Eric L. Larson, MD
Kent County Medical Society

Brian R. Stork, MD
Muskegon County Medical Society

SERVING ON MSMS BOARD REPRESENTING WEST MICHIGAN

Jayne E. Courts, MD, FACP
Board Secretary

Edward Fody, MD
Barry County Medical Society

Bryan W. Huffman, MD
*Speaker of the House
(Region 8; Ottawa County)*

Eric L. Larson, MD
Kent County Medical Society

Phillip G. Wise, MD
President-Elect, MSMS

KENT COUNTY MEDICAL SOCIETY DELEGATION

Megan M. Edison, MD

Androni Henry, MD

Antonia Henry, MD

Warren F. Lanphear, MD

Karen Leavitt, MD

Gerald Lee, MD

Rose M. Ramirez, MD

David W. Whalen, MD

Phillip G. Wise, MD

OTTAWA COUNTY DELEGATION

Bryan W. Huffman, MD, Delegate



Join Us

KCMS MEETINGS OF INTEREST

SEPTEMBER 8, 2025

**KCMS/KCOA WEST MICHIGAN COUNTIES
LEGISLATIVE COMMITTEE**

Noon | Virtual meeting

NOVEMBER 3, 2025

**KCMS/KCOA WEST MICHIGAN COUNTIES
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



In Memoriam

MICHAEL T. BODLEY, MD

Michael T. Bodley, MD, was born in 1944. He passed away on June 14, 2025. Dr. Bodley graduated from the University of Michigan with a Bachelor of Science, and his medical degree. He served in the United States Army and went on after college to become a doctor of internal medicine at Spectrum Health.

JOHN COLWILL, MD

Dr. John Charles Colwill passed away on June 16, 2025. He was born in Canada in 1930. He was a 1954 graduate of the University of Toronto's Medical School; he completed his training at Kings County Hospital in Brooklyn, New York in Orthopedic Surgery with a Hand Surgery specialty. John undertook a fellowship in Paris, France, where he translated Professor Marc Leslin's seminal work, "The Hand," from French to English—a testament to his commitment to advancing his medical knowledge. John further enriched his knowledge by traveling to London, studying alongside the era's most respected Orthopedic surgeons. Upon returning to Canada, he worked at the Orthopedic and Arthritic Hospital. He established a Hand Surgery Clinic within the hospital where he gave use back to badly deformed osteoarthritic hands.

John moved his family to Grand Rapids, practicing at (now) Corewell Health Blodgett Hospital. His colleague Dr. Alfred Swanson was the Chief of the Orthopedic Residency Program. John played a role in training, teaching the young medical residents.

John retired from active practice, and did some consulting work for a few years to ease into full retirement.

WALLACE B. DUFFIN, MD

Dr. Wallace Bruce Duffin was born 1933 and passed away on June 10, 2025. At 17, he lied about his age to join the New York Army National Guard as an artilleryman with plans to be a paratrooper. Wally enlisted in the regular Army and not only became a paratrooper, but he was also assigned to the storied "Rakkasans," the 187th Infantry Regiment (Air Assault), and would become an instructor at the jump school. He served in Japan during the Korean War.

Wally would eventually leave the Army and enroll in college. He attended Austin Peay State University in Clarksville, TN as a pre-med double major in chemistry and physics. He attended Vanderbilt University Medical School and moved to Grand Rapids for his medical residency in orthopedics in the 1960's. He was an enlisted soldier, an officer and a gentleman, a doctor, pilot, teacher, gentleman farmer, international big game hunter, government appointee, and competitive shooter well into his 70's. He lived by the motto of the Rakkasans, "Ne Desit Virtus." Let Valor Not Fail.

Soldier, today, you stand relieved. We have the watch!

RICHARD ANDREW HORVITZ, MD

Richard Andrew Horvitz, MD passed away on April 8, 2025. He was born on November 17, 1944. Richard grew up in the Boston area and graduated from Harvard College in 1966. He earned a Master's degree in biochemistry in 1968, followed by a Degree of Medicine in 1972, both from the University of Washington. In 1977, after responding to a "blind box" ad for a job in a "desirable Midwestern city," he and his new wife, Anne moved to Grand Rapids.

Dr. Horvitz worked as a clinical pathologist for 39 years at Butterworth Hospital (later Spectrum Health) until his retirement in 2016. In 2017, Richard was honored with the Spectrum Health Distinguished Physician Society Award, recognizing his extraordinary contributions to patients and families.

JUDITH LOUISE MEYER, MD

Judith Louise Meyer, MD passed away on April 12, 2025. She was born in Grand Rapids on February 26, 1933. Dr. Meyer was a pioneer in the medical industry as a female physician of Obstetrics/Gynecology, breaking barriers when medical schools and hospitals were limiting women. After graduating from Calvin College, she contemplated medical school while attending Michigan State University to obtain a master's in philosophy. She went on to study at Woman's Medical College of Philadelphia.

CONTINUED ON PAGE 5

IN MEMORIAM CONTINUED FROM PAGE 4

After working at Blodgett Hospital’s Cardiac study group one summer during medical school, she returned to Grand Rapids for her internship. She completed her Residency at Woman’s Medical College for her residency and returned to Grand Rapids to begin what became a 35-year private practice career as an OB/GYN in Grandville. In her retirement announcement, Judy admitted she had lost count of how many thousands of babies she had delivered, but she was very proud and thankful for assisting so many mothers and children.

EMMANUEL MANANTAN TENDERO, MD

Emmanuel Manantan Tendo, MD passed away on April 26, 2025. He was born November 23, 1937 in Angeles, Pampanga, Philippines. As a teenager, he left his home to pursue his education in Manila at the University of the Philippines and Far Eastern University Medical School. In 1975, his education brought him to the University of Michigan and Wayne State University. After graduating, Dr. Tendo worked as a child psychiatrist in Grand Rapids.



Doctors Huffman (Ottawa), Lee, Wise, Whalen, and Lanphear of Kent County.

West Michigan County Reps Attend Pre-HOD Caucus



Above, West Michigan Delegates, Dr. Leavitt (Kent), Dr. Bizon (Calhoun), Dr. Courts (Kent), and West Michigan Delegation Chair, Dr. Megan Edison.



Above, Drs. Mills and Rudico (Kalamazoo).

Below, Drs. Musson, E. Rutkowski, Goodwin, T. Rutkowski, and Schultz (Grand Traverse-Benzie-Lellanau).



PRESIDENT'S MESSAGE



Warren F. Lanphear, MD, FACEP
2025 KCMS President

Changing Times In Medicine, Our Leadership

The Kent County Medical Society Delegation again participated in the MSMS House of Delegates. Delegates reviewed Resolutions submitted by most of the county societies. What was highlighted was the passion that Delegates and members have to remedy our profession's challenges that have arisen over the years.

Thank you to the Delegation who attended the all-day Saturday House of Delegates meeting in Lansing and additional evening meetings prior to the House to prepare for the meeting. Of course, the Delegates who authored the Resolutions submitted by Kent County are also appreciated, as is the leadership of Delegation Chair, Megan Edison, MD.

Kent County Medical Society Past President, Phillip Wise, MD was elected as President-Elect for MSMS. Ottawa County Medical Society President, Bryan Huffman, MD was elected Speaker of the House. Congratulations to both of them. In it's 123 year history, the KCMS has nominated 17 of the Presidents of the Michigan State Medical Society. At this year's House of Delegates, Kent County Urologist, Dr. Phillip Wise was elected as President-Elect of the MSMS and in 2026 Dr. Wise will become the 18th representative from Kent County to serve as the President of Michigan State Medical Society.

The House of Delegates is a function of the Michigan State Medical Society and all county medical societies. Resolutions are submitted by Delegate authors who identify issues which need improvement to assist physicians in their care or improve the working relationship between counties and the state medical societies to assist our members.



Dr. Karen Leavitt.

This year, Membership in both county and state societies was discussed due to the decrease of membership numbers and the challenges in providing

CONTINUED ON PAGE 7



Dr. Eric Larson and Dr. Megan Edison present at the Regional Directors Meeting and Resolution Review.

CHANGING TIMES

CONTINUED FROM PAGE 6

the best resources, leadership and relevant services to our members. The KCMS Board welcome input from our members on how to improve our benefits to you.

A summary of all reviewed Resolutions can be found in this *Bulletin* on page 10, or on the MSMS website. I am proud to report that the KCMS Delegation, led by Megan Edison, MD, provided direction in initiating discussion, consideration of alternative models for recruitment and retention and will be participating in future discussions.

Amplifying Local Voices for Stronger Statewide Advocacy

Including County Society Executive input at the MSMS Board meetings will assist in including the counties' perspective on decisions made by the MSMS Board (or via Executive Action)—in both budget and function.

The hope is that both county and state medical societies will be able to provide the most relevant leadership for our members. Your input helps tremendously to direct our energies and resources in pertinent areas to better work for you.

Please stay in touch with your legislators be they state or national and let them know how you feel about Medicaid cuts, vaccine policy, nurse practitioner independent practice, and high pharmaceutical cost. We encourage you to participate in the quarterly Zoom meetings with local legislators hosted by Dr. Jayne Courts.

S E R V I N G H E A L T H C A R E P R O V I D E R S F O R O V E R 3 0 Y E A R S

Your

HEALTHCARE LAW FIRM

Wachler & Associates represents healthcare providers, suppliers, and other entities and individuals in Michigan and nationwide in all areas of health law including, but not limited to:

- Healthcare Corporate and Transactional Matters, including Contracts, Corporate Formation, Mergers, Sales/Acquisitions, and Joint Ventures
- Medicare, Medicaid, and Other Third-Party Payor Audits and Claim Denials
- Licensure, Staff Privilege, and Credentialing Matters
- Provider Contracts
- Billing and Reimbursement Issues
- Stark Law, Anti-Kickback Statute (AKS), and Fraud & Abuse Law Compliance
- Physician and Physician Group Issues
- Regulatory Compliance
- Corporate Practice of Medicine Issues
- Provider Participation/Termination Matters
- Healthcare Litigation
- Healthcare Investigations
- Civil and Criminal Healthcare Fraud
- Medicare and Medicaid Suspensions, Revocations, and Exclusions
- HIPAA, HITECH, 42 CFR Part 2, and Other Privacy Law Compliance

WACHLER ASSOCIATES

wachler.com • 248.544.0888

Legislation to Curb State's Drug Prices

Jayne E. Courts, MD, KCMS and MSMS Board Member, presented to the Senate Committee on Finance, Insurance and Consumer Protection on Senate Bills 3, 4, and 5. These bills support establishing a Prescription Drug Affordability Board (PDAB) in Michigan. The PDAB will review the cost of prescription drugs and if necessary, establish an upper payment limit in Michigan.

Dr. Courts updated legislators noting the cost of medications has become a barrier or patients—preventing them from filling prescriptions, reducing doses, which result in health consequences.

She also highlighted that the cost of medications has become a major barrier for patients, often preventing them from filling prescriptions or leading them to reduce doses, which can result in serious health consequences. She shared personal stories of patients facing medical crises due to unaffordable medications, including instances involving asthma and opioid use disorder treatments. While acknowledging the



Jayne E. Courts, MD, KCMS Legislation Committee Chairperson, presented to the Senate Committee on Finance, Insurance and Consumer Protection.

value of pharmaceutical innovation, she pointed out the industry's substantial profits and urged for a more balanced system that protects patients. The proposed

1/3
of Michigan patients have **skipped medications** due to cost.

PDAB would aim to lower drug costs by targeting pricing issues early in the supply chain, following models already enacted in states like Colorado and Minnesota.

Other Legislation Highlights

60%
of older adults express **concerns over affordability.**

Legislation on Medical Certification of Death Records

The Michigan House passed [House Bills 4077](#) and [4078](#) with overwhelming support to streamline the medical certification process for death records. The bill emphasized a goal to reduce delays in issuing death certificates, which are crucial for funerals, insurance claims, and estate matters. The legislation seeks to alleviate significant burdens on grieving families caused by bureaucratic holdups. Identical legislation was passed by the House last legislative session but never moved in the Senate. MSMS supports the bills.

House Health Policy Votes to Approve PA Licensure Compact

After taking testimony last week, the House Health Policy committee voted Wednesday to approve [House Bill 4309](#). HB 4309 would allow Michigan to join the PA Licensure Compact, enabling physician assistants (PAs) to practice across member states with a single

**SOLID ADVICE.
REAL SOLUTIONS.**
FOR HEALTH CARE BUSINESS.

At The Health Law Partners, our unparalleled knowledge of the business of health care is coupled with timely, practical solutions designed to maximize value.

The HLP attorneys represent clients in substantially all areas of health law, with particular emphasis on:

- Licensure & Staff Privilege Matters
- Health Care Litigation
- Health Care Investigations
- Civil & Criminal False Claims Defense
- Stark, Anti-Kickback, Fraud & Abuse, & Other Regulatory Analyses
- Physician Group Practice Ancillary Services Integration and Contractual Joint Ventures
- Appeals of RAC, Medicare, Medicaid & Other Third Party Payor Claim Denials & Overpayment Demands
- Health Care Contractual, Corporate & Transactional Matters
- Compliance & HIPAA
- Health Care Billing & Reimbursement

MICHIGAN
NEW YORK

TheHLP.com [248.996.8510]

CONTINUED ON PAGE 9

DRUG PRICES CONTINUED FROM PAGE 8

unencumbered license. The compact is intended to address workforce shortages, especially in underserved and rural areas, by streamlining the licensure process and improving access to care both in-person and via telehealth. Representative David Prestin (R-Cedar River) and healthcare professionals emphasized how the compact would help border communities and reduce delays in care. The bill also supports military families by simplifying license transfers for spouses who move frequently.

PAs practicing in Michigan under the compact must still follow Michigan’s collaborative agreement laws and use the “physician assistant” title, regardless of differing rules in their home states.

The Committee also took testimony on [House Bill 4246](#), which would make Michigan a part of the Interstate Nurse Licensure Compact. The bill drew mixed testimony. The Michigan Health and Hospital Association testified in support, pointing to the possibility for improved access in rural hospitals. However, the Michigan Nurses Association opposed the bill, claiming it drives wages down and encourages nurses to practice elsewhere, while doing nothing to improve working conditions or bolster the workforce. The Chair, Representative Curtis VanderWall (R-Ludington), indicates he will take further testimony next week and took no further action. MSMS will continue to monitor the bill.

Michigan Physician Elected 180th President of AMA

Bobby Mukkamala, MD, an otolaryngologist from Flint, Michigan, was sworn in as the 180th president of the American Medical Association (AMA), the nation’s largest and most influential physician organization, on June 10 at the Hyatt Regency Chicago.

Dr. Mukkamala, a member of the Genesee County Medical Society who was diagnosed with an 8-cm brain tumor last November, spoke about the insights he gained as a patient, the challenges facing our health system and communities like Flint, and the generations of sacrifice that led to him becoming the first physician of Indian heritage to lead the AMA.

“A few months ago, I didn’t know if this night would even be possible,” said Dr. Mukkamala in remarks as prepared for delivery. “As I lay in recovery from brain surgery at the Mayo Clinic, with tubes and wires monitoring my every movement, this night—this honor—this opportunity to improve health care seemed a very distant dream.



With friends, family, mentors and former AMA presidents seated behind him, Bobby Mukkamala, MD, the newly inaugurated AMA president, faced the hundreds of delegates gathered in attendance and basked in the glow of a career-defining moment.

“I am here tonight because of the brilliance of many skilled physicians, because of the enduring love and patience of my family and friends, and because our health care system, for all its flaws—and there are many—is still the best in the world for people like me.

“There are tremendous gaps in our health care system that require our attention.

“And it all starts with timely access to care. That’s why continuing to fight for adequate health coverage for our patients is so important.”

MICHIGAN
DELEGATES
SHAPE
THE
FUTURE
OF
HEALTH CARE

The Annual Meeting of the Michigan State Medical Society House of Delegates was held on May 3, 2025, at the Crowne Plaza Lansing West in Lansing. As the policy-making body of the MSMS, the House of Delegates is comprised of County and Specialty Medical Society delegates and alternate delegates. This year's one-day, in-person meeting included the MSMS Board of Directors and 99 delegates from across the state.

A total of 50 resolutions were reviewed by the full House. This is the new policy adopted as a result of the Reference Committee testimony and review, as well as any additional testimony at the meeting.

Visit the msms.org website for additional information and history of the resolutions as well as the result of Board Action Reports and a list of those resolutions referred to the MSMS Board for further study.



REFERENCE COMMITTEE D

Public Health

01-25 - Availability of Xylazine Tests Kits

RESOLVED: That MSMS support the Michigan Department of Health and Human Services making xylazine test strips available free to the public at various venues, including hospital emergency departments, local health departments, pharmacies, and other outlets throughout the state, for the purpose of detecting this intravenous drug adulterant.

03-25 - Preventing Head Injuries Associated with Standing Motorized Scooter Use

RESOLVED: That MSMS support that the Michigan Department of State Police issuing definitive guidance that standing electronic scooters that meet the definition of an "electric skateboard" are governed

under the Michigan Vehicle Code and are therefore, subject to all applicable provisions pertaining to their use including, but not limited to, the use of helmets by people less than 19 years of age when operating standing electronic scooters; and be it further

RESOLVED: That MSMS reaffirms the importance of helmet usage when riding standing motorized scooters.

07-25 - Preserve Access to Contraceptives

RESOLVED: That MSMS replace existing policy, “Preserve Access to Contraceptives” to read as follows: MSMS supports the preservation of access to contraceptive services, including through Title X funds. MSMS opposes Title X eligibility restrictions that limit the ability of facilities that accept Title X funds to provide complete and accurate medical information and comprehensive care including pregnancy options counseling, referrals for abortion care, and abortion care; and be it further

RESOLVED: That MSMS supports state efforts to ensure that Title X care remains funded and accessible in Michigan.

30-25 - Ensuring Accessibility and Inclusivity of CDC Resources

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to encourage the Centers for Disease Control and Prevention to maintain essential medical and public health resources that remain evidence based on their website for continued accessibility to clinicians and patients.

31-25 - Free Menstrual Products in Public Spaces

RESOLVED: That MSMS encourages the State of Michigan to provide free menstrual hygiene products in public restrooms in state-owned buildings.

34-25 - Support for Michigan School Meals Program

RESOLVED: That MSMS supports federal and state efforts to adopt, fund, and implement universal school meal programs that include the provision of breakfast and lunch to all school-aged children and those enrolled in special education programs

up to age 26, free of charge to families, regardless of income.

43-25 - Post Suicide Intervention Teams

RESOLVED: That MSMS support the statewide expansion of post suicide support programs, to ensure that all counties in Michigan have access to trained crisis support personnel to assist families and communities in the aftermath of suicide, including training and program development; and be it further

RESOLVED: That MSMS support the Michigan Department of Health and Human Services exploring funding and resources for the development and expansion of support programs statewide, in alignment with national suicide prevention goals.

08-25 - Substance Use During Pregnancy

RESOLVED: That MSMS amend existing policy, “Substance Use During Pregnancy,” to read as follows: MSMS opposes 1) making the use of controlled substances during pregnancy a felony; and 2) use of a positive drug test in the pregnancy or peripartum period as a disqualifier for coverage under publicly-funded programs or as the sole determinant in family separations, including removing the neonate from the parent during the birth hospitalization.

33-25 - Require Accountability for Inappropriate Prior Authorization and Claim Denials

RESOLVED: That MSMS create an ad hoc committee to explore options to improve Michigan’s prior authorization laws to hold insurers accountable for the inappropriate denial of services. The committee shall be comprised of MSMS members representing a diversity of specialties and trainee levels and shall provide a report with recommendations to the 2026 MSMS House of Delegates.

36-25 - Access to Opioid Agonist Treatment for Incarcerated Persons

RESOLVED: That MSMS advocate for the establishment of mandatory reporting requirements for all Michigan correctional facilities offering MAT, including annual data collection on treatment availability, patient outcomes, overdose rates, and

continuity of care post-release; and be it further

RESOLVED: That MSMS support the creation of an independent oversight committee responsible for monitoring the implementation of MAT programs in Michigan correctional facilities, with authority to assess compliance, identify barriers, and recommend corrective actions; and be it further

RESOLVED: That MSMS support state-funded transitional housing and transportation support for individuals receiving MAT post-release, addressing logistical barriers that contribute to treatment discontinuation, overdose deaths, and recidivism.

41-25 - Nonpharmacological Pain Management Treatments

RESOLVED: That MSMS support reimbursement and coverage for evidence-based non-pharmacological pain management treatments, ensuring access for all beneficiaries; and be it further

RESOLVED: That MSMS support policies ensuring cost-sharing for evidence-based non-pharmacological pain treatments be set at parity with primary care visits to reduce financial barriers for patients



04-25 - Insurance Coverage for Supplemental Screening for Breast Cancer

RESOLVED: That MSMS supports the 2023 United States Food and Drug Administration mandate to report breast density information in screening mammography reports; and be it further

RESOLVED: That MSMS supports legislation that mandates insurance coverage for supplemental screening is evidence based and fits utilization guidelines for breast cancer with MRI and/or Ultrasound in patients with dense breast tissue, if supplemental screening is recommended by a patient’s physician.

17-25 - Standardizing Eye Report Forms to Improve Access to Vision Rehabilitation Services

RESOLVED: That MSMS support standardizing the eye report form to improve access to vision rehabilitation services and remove barriers for individuals living with visual impairment.

19-25 - Medicaid Payment for Health Care Services

RESOLVED: That MSMS advocate with the Michigan Medicaid Program to seek payment for all medical services at a minimum of 100 percent of the geographically-adjusted Medicare Physician Fee Schedule rate; and be it further

RESOLVED: That MSMS advocate for increases in the states' Federal Medical Assistance Percentages or other funding to allow state Medicaid programs to continue serving Medicaid patients.

37-25 - Vaginal Estrogen Treatment for Recurrent Urinary Tract Infections

RESOLVED: That MSMS support Michigan's Medicaid program updating its formulary to cover vaginal estrogen for UTI prevention.

39-25 - Extending Medicaid Postpartum Coverage

RESOLVED: That MSMS supports codifying the extension of Medicaid coverage to 12 months postpartum to individuals who are eligible to enroll during their pregnancy.

REFERENCE COMMITTEE E

Scientific And Educational Affairs

09-25 - Prohibition of Mandatory Requirement of Physicians to Disclose Mental Health Information

RESOLVED: That MSMS advocate for policy reforms that eliminate mandatory disclosures of physician mental health diagnoses while ensuring the availability of confidential, non-punitive health programs that allow physicians to seek care without

fear of professional repercussions; and be it further

RESOLVED: That MSMS support the implementation of alternative monitoring strategies that focus on physician function rather than diagnosis, ensuring that patient safety is maintained without unnecessarily penalizing physicians who proactively manage their mental health.

10-25 – Deepfake Technology and Harm to Physicians and Patients

RESOLVED: That MSMS advocates for and supports state legislation aimed at enhancing the identification and mitigation of harmful and misleading deepfake content disseminated by internet service providers, social media platforms, and search engines, with a particular emphasis on protecting physicians and the integrity of medical practice; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge the AMA to recognize that while there are documented advantages of deepfake technology for medical education, training, and patient engagement, there currently exists a significant regulatory void. This lack of oversight can result in harmful consequences, including the manipulation of patients, the spread of misinformation, and the potential for injury or death; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge our AMA to engage proactively with relevant stakeholders including healthcare professionals, technology developers, government regulators, social media platforms, and the public, to formulate comprehensive federal legislation and regulations regarding deepfake technology. These measures must aim to uphold the integrity of the medical profession against malpractice, increase awareness of the risks associated with deepfake content, and safeguard patient well-being across all communities.

26-25 - Decrease CME Requirements

RESOLVED: That MSMS seek legislation and/or regulatory relief in order to simplify and reduce the quantity of total CME and the mandated training areas for physician licensure.

32-25 - Preventing Sleep Deprivation and Supporting Medical Student Wellness

RESOLVED: That MSMS advocate that medical schools formally adopt work-hour policies for medical students including limits on shift length, mandatory rest periods, and total weekly hours; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask the AMA to support the development of national standards to act as the official guideline for medical student work-hour limits, time off after a 24 hour shift, and work-hour guidelines.

REFERENCE COMMITTEE C

Internal Affairs, Bylaws, and Rules

06-25 - Annual Scorecard to Evaluate the AMA's Impact

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to implement a comprehensive scorecard to measure its effectiveness in key areas including, but not limited to, the following specific metrics:

1. Advocacy Impact: number of federal policies successfully influenced or implemented;
2. House of Delegates Impact: number of AMA policies translated into legislation or federal policy;
3. Physician Engagement: total number of its member physicians directly engaged in advocacy efforts through contact with lawmakers.

15-25 - Resolution Authorship Transparency

RESOLVED: That MSMS add additional documentation space in the header portion of the resolution to both attribute original authorship and the MSMS member(s) adapting the original work for submission to the MSMS House of Delegates submission; and be it further

RESOLVED: That disclosed author conflicts of interest on the resolution submission form be listed within the MSMS notes at the bottom of the printed resolution in

the HOD Handbook; and be it further

RESOLVED: That MSMS add an entry field in the online resolution submission form, for authors to disclose any current, very similar, or pending resolutions at other state medical societies that they are aware of and have that disclosed information listed within the MSMS notes at the bottom of the printed resolution in the HOD Handbook.

16-25 - County and State Medical Society Alliance

RESOLVED: That MSMS create a task force of physicians across the state, in both county and state society leadership, to do the following:

1. Be bold and creative in offering a unified solution to solve this historical issue, and future-proof our organizations so we can focus on our mission together;
2. Utilize MSMS legal counsel to aid in this effort by examining county medical society and state medical society bylaws and offering a clear plan on how to update county and state medical society bylaws to achieve the mutual goals; and
3. Present recommendations to county and state medical societies prior to the 2026 House of Delegates, with any MSMS bylaws changes presented for a first vote at that time.

27-25 - Remove Separate County Requirement for Regional Directors – FIRST READING

RESOLVED: That the MSMS Constitution, Article IX, Section 1a, be amended by addition as follows:

Two Directors (the “Regional Directors”) from each of the nine regions depicted on Exhibit A to the Bylaws (each a “Region” and collectively the “Regions”). The Regional Directors shall be elected by those members holding membership in a county located in that Region. No more than one Regional Director may hold membership in a single county unless a region consists of a single county and unless no such member is available in which case two Regional Directors can come from the same county for that term. One Regional Director must hold membership in a county located in the upper peninsula unless no

such member is available in which case, the two Regional Directors from Region 9 may come from the northern lower peninsula of the state.

28-25 - County Society Executives at MSMS Board of Directors Meetings

RESOLVED: That the MSMS Board of Directors invite a county medical society administrative executive as a non-voting advisor to MSMS Board of Directors meetings.

29-25 - Review of Past Resolutions

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage the AMA Board of Trustees to present, by the 2025 AMA Interim Meeting, a detailed and aggregate report that is easily accessible and includes the following data for the past 10 years; the total number of resolutions submitted and passed; the number of those resolutions specific to advocacy on the sustainability of medical practices; a breakdown of these resolutions by Annual and Interim meetings; and the percentage of resolutions that have been successfully implemented.

The report shall be produced on an annual basis and included in the Interim meeting handbook.

47-25 - Study Medical Society Structures

RESOLVED: That MSMS study the organizational structures, Constitution and Bylaws, and business model of other state medical societies as potential options for improving the efficiency and productivity of our organization.

49-25 - Membership Categories – FIRST READING

RESOLVED: That membership categories be simplified to the following:

1. Active, Half - \$245 Half dues paying would include first- year in practice, spouse of an Active-Full member and part-time
2. Non-dues Paying Members - Non-voting hardship, Government employees, Emeritus and Life

FOR MORE DETAILED INFORMATION ON THE HOUSE OF DELEGATES, VISIT THE MSMS REFERENCE PAGE AT:

www.msms.org/About-MSMS/House-of-Delegates

The amendment to the MSMS Constitution and Bylaws, 2.0 Membership- Classification-Election is as follows, deletions are indicated by strikethroughs.

~~3.20 HONORARY MEMBERS – A component society may elect as an honorary member any person distinguished for service or attainments in medicine or the allied sciences, or who have rendered other services of unusual value to organized medicine or the medical profession. Upon recommendation of a component society, the House of Delegates may elect such persons honorary members of the Society. Honorary members shall pay no dues and shall be without the right to vote or hold office in either this or the component society.~~

~~3.30 NON-RESIDENT MEMBERS – A component society may elect as non-resident members any doctors of medicine residing and practicing outside of the county who are members in good standing of their Michigan component societies. Non-resident members shall not have the right to vote or hold office.~~

~~3.40 AFFILIATE MEMBERS – Component societies may elect to affiliate membership lay persons in areas of endeavor which are related to medicine and medical practice. Affiliate members shall pay no dues and may not vote or hold office. They shall be entitled to receive publications at such rates as the Board of Directors may determine.~~



Join Us

KCOA MEETINGS OF INTEREST

JULY 18-20, 2025

**AMERICAN OSTEOPATHIC ASSOCIATION
HOUSE OF DELEGATES MEETING**
Chicago Marriott

SEPTEMBER 8, 2025

**KCMS/KCOA WEST MICHIGAN COUNTIES
LEGISLATIVE COMMITTEE**
Noon | Virtual meeting

NOVEMBER 3, 2025

**KCMS/KCOA WEST MICHIGAN COUNTIES
LEGISLATIVE COMMITTEE**
Noon | Virtual meeting

ONLINE CALENDAR

GET THE LATEST INFORMATION ON KCOA EVENTS

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

Donate to the Michigan Osteopathic Political Action Committee

MOPAC is the political arm of the Michigan Osteopathic Association and the sole voice of the osteopathic profession in campaigns and elections on the state level. Governed by a committee made up of osteopathic physicians, MOPAC is constantly working to increase our effectiveness in elections and strengthen the clout of the physician community.

DONATION LEVELS	PHYSICIANS	STUDENTS
President's Circle	\$1,000	\$500
Governor's Club	\$500	\$250
Senator's Club	\$250	\$100
Representative's Club	\$100	\$25

Visit the MOA website to make your donation to the Michigan Osteopathic Political Action Committee: www.domoa.org.

KCOA OFFICERS & DIRECTORS

PRESIDENT

William Sanders, DO

VICE PRESIDENT

Jennifer Hemingway, DO

IMMEDIATE PAST PRESIDENT

Adam T. Wolfe, DO

DIRECTORS

Christopher Barnes, DO

Craig Bethune, DO

Paul Harris, DO

Norm Keller, DO

Lance Owens, DO

Jacob Stremers, DO

Laura VanderMolen, DO

KCOA MEMBERS SERVING MOA BOARD

Craig H. Bethune, DO

Adam T. Wolfe, DO

MOA DELEGATION

Craig H. Bethune, DO

Bradley Clegg, DO

Norman Keller, DO

Edward Lee, DO

Gary Marsiglia, DO

William Sanders, DO

C. Eugene Soechtig, DO

Adam T. Wolfe, DO

PRESIDENT'S MESSAGE



William Sanders, DO
2025 KCOA President,
Board of Directors

Summer Break

As I sit down to write this, I'm realizing it is already June. Grand Rapids has already experienced the spring rain and warmer temps typical of June weather.

While this is a fun time and the kids are bouncing off the walls with excitement to be out of school, it is important to remind ourselves that while the kids are taking a break, we as busy physicians should also try to prioritize a break. As a parent, this may be difficult to schedule; however, here are a few quick tips to consider as we hopefully slow our schedules and pace in life.

SELF-CARE

While we are still working or managing family calendars, it may mean that being attentive to prioritizing our calendar will help us accomplish what "has to be done" and what we would like to do to take advantage of our own well-deserved rejuvenation. This can be as simple as setting a limit with how late we wish to work, balancing meals, get-togethers with friends, and sleeping late. Along the way, it could also mean soaking in the West Michigan weather and sun, while simply exercising along with the family.

ATTENTION TO REST

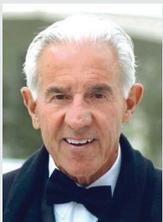
Allowing ourselves to rest conveys a great example for our kids who never seem to want to get rest. Rejuvenating our brain and body is significant to our mental well-being.

MAINTAINING STRUCTURE AND ROUTINES

Maintaining some routine in our calendars assists our children in feeling some predictability—allowing for a calmer approach in returning to the school-year routines. Freedom from indoor classes and timelines provides rest and mental relaxation but having too much time on our hands can easily be hazardous. Regular mealtimes, chores, and bedtimes (as much as possible), help maintain family harmony. Consistent routines can also contribute to lower stress levels.

Enjoy your time this summer.

In Memoriam



FRANK LEONARD SCHMID, DO

Frank Leonard Schmid, DO was born in 1948 in Philadelphia, PA and passed away unexpectedly on June 18, 2025. He completed his undergraduate degree at Penn State University and his medical degree from the Chicago School of

Osteopathic Medicine. He completed his internship at Grand Rapids Osteopathic Hospital.

He founded Edmondson, Rouse and Schmid Family Medicine in Saranac, MI. He retired in 2015. He also served as Director of the Ionia Area Hospice and

completed a Master's Degree in Education and became certified in Geriatric Medicine.

Frank was a proud military veteran and served in the United Marine Corps during the Vietnam War and was honorably discharged in 1973. He rejoined the military with the United States Army Reserve Medical Corps in 2003. He served tours in Afghanistan and Iraq, was awarded the Bronze Star, and rose to the rank of full Colonel. Frank's love for adventure and travel led him to Africa on a medical mission in 1994 with Samaritan's Purse. It was on that trip that he met his future wife Barbara. Frank was an avid runner, completing multiple marathons and the Hawaii Ironman Marathon.



heartbeat

KCMSA Turns Fun Into \$41K in Community Grants

From the photos you may have the impression that the Kent County Medical Society Alliance is all about fun. Lots of smiling faces at the Spring Luncheon, Walking for Health and Fitness, Cocktails and Coffee gatherings, Book Club & Mahjong, the Dine & Donate evening at Olive's Restaurant, and our Trivia Night Fundraising Event on May 1 at the Corner Bar in Rockford, MI. The event was a huge success and lots of fun, but there is more to the Alliance. Trivia Night, our major fundraiser, and other fundraising events support what the Alliance is really about.

The KCMSA Foundation is the philanthropic arm of the Kent County Medical Society Alliance. The Foundation, a 501(c)3 organization, was established in 1997 to receive and disburse funds under the designation as a charity by the IRS. Donations to the foundation are tax-deductible.

Our fundraising efforts allowed the Foundation to disburse \$41,800 in grants this fiscal year.

1. Purchased pediatric wheelchair batteries for **Renew Mobility**.
- 2.. Purchased stethoscopes for **Reach Out to Youth** toolkits containing educational medical supplies.
3. Help build a fence around **Hope Gardens** outdoor learning garden classroom.
- 4.. Provided books and resources for training and promotional materials for **Hope for Single Moms** "Empowering Single Moms" project.
5. Purchased lean protein for those in need through **Heartside Gleaning's** Lean Protein Project.

6. Purchased 3 EMR signature pads for **Our Hope** to use in their new facility.
7. Purchased outpatient counseling support (therapy supplies) for **Wedgwood Christian Services**.
8. Funded **Guiding Light's** Women's Recovery Program to help women without insurance.
9. Provided direct cash assistance for mental and physical health care transportation, copayments and surgical care items through **Transgender Health Fund**.
10. Purchased Self-Care Kit supplies for **Community of Hearts' 4th Annual Happy Seniors Wellness** (Mobile Mental Health Clinic & Relaxation).
11. Purchased a document shredder for their adults with disabilities employment program at **Beyond 26**.
12. Provided funds for Suicide Prevention Podcast (partnership with BeNice) on **WKTV**.
13. Funded materials (iPads, musical instruments, speakers) for **Senior Sing Along**.
14. Provided **No Surrender Running Club** funds for bilingual translation for their program materials.
15. Purchased AED dummies and materials for training for **Down to Defend**.

KCMSA is made up of spouses and partners of physicians from medical school to retirement. Check us out at kcmsalliance.org or email president@kcmsalliance.org.

Looking forward to getting to know you,
Co-Presidents: Blesie Beaumier, Eileen Brader, Sue Muallem, and Nancy Fody

kcmsa Calendar

For the most up-to-date information on events and activities, follow us on Facebook, or contact president@kcmsalliance.org.

Alliance Book Club

The Alliance Book Club meets on the 3rd Tuesday monthly at Schuler Books on 28th Street in Grand Rapids. All readers are welcome.

June 17

The Violin Conspiracy by Brendan Slocumb

September 16

James by Percival Everett and The Adventures of Huckleberry Finn by Mark Twain

Mahjong

Thursdays at 9 am

We want to connect with you!

Join the Alliance online today at:
kcmsalliance.org

Find us on
Facebook

Event Recap spring 2025



March 21: Alliance Members toured Wedgwood Christian Services. Afterwards there was a brief business meeting and on to lunch at Thai Fusion.



May 1: Trivia Night



May 2-3: Alliance members attended the Michigan State Medical Society Alliance Annual meeting in Kalamazoo



continued »



heartbeat

Event Recap spring 2025 continued



May 2-3: Alliance members attended the Michigan State Medical Society Alliance 99th Annual Meeting in Kalamazoo



JOIN KCMSA FOR A

**HEALTH & FITNESS
WALK AROUND REEDS LAKE
WEDNESDAY, JUNE 4 - 9 AM**

CONNECT WITH NATURE
ACT OF SELF-LOVE
VITAMIN D
SPACE TO LET YOUR MIND WANDER
MOVING YOUR BODY FEELS NICE
BE AWAY FROM YOUR SCREENS

WE WILL MEET AT THE D&W (2181 WEALTHY ST., SE) PARKING LOT
ANY QUESTIONS PLEASE EMAIL BLESIEBEAUMIER@GMAIL.COM
STROLLERS AND FOUR LEGGED FRIENDS ARE WELCOME

April 17 and June 4: Health & Fitness Walks



June 9: Dine & Donate at Olive's Restaurant

Attendees of the MSMSA 99th Annual Meeting visit the Western Michigan University Homer Stryker M.D. School of Medicine in Kalamazoo



KENT MEDICAL FOUNDATION



Jayne Courts, MD
2025 Kent Medical
Foundation, Board Chair

KMF Supports Summer Fun

No word more accurately describes a scenario of summer fun than one word—CAMP! This spring the Kent Medical Foundation (KMF) Board is proud to support two different camp programs in West Michigan.

CALVIN HEALTH CAMP FOR BOYS

This program has been funded in the past by KMF for both boys and girls, and we are proud to provide support this year. A grant of just over \$6,000 will provide support for the games, food, t-shirts, and other freebies! The campers are able to learn about their health, nutrition, physical activity, and more in a fun, casual setting. Parents and families appreciate the opportunity for their children to learn with other campers while experiencing new summer activities.

SPECIAL DAYS CAMP

Special Days Camp provides a safe and memorable camping opportunity in a medically supervised environment for children who have experienced cancer. This camp is located in Dimondale, Michigan, and serves more than 200 campers each year. The campers attend from twenty Michigan Counties (including all of the counties served by Kent County Medical Society). The camping activities are adapted to meet the special needs of all campers.

The camp was created in 1978 by Kalamazoo

oncologist, Dr. George Royer. He and his wife, Carole, learned of the special camp model and wanted to start a program in Michigan. The Royer and Lemieux families continue to be involved in this unique camp opportunity.

Special Days Camp ensures no family is left behind due to financial insecurity. All campers' costs are fully covered, from registration fees to essentials like clothing, snacks, or even shoes, so that every child arrives equipped and ready for adventure.

Special Days Camp ensures no family is left behind due to financial insecurity. All campers' costs are fully covered, from registration fees to essentials like clothing, snacks, or even shoes, so that every child arrives equipped and ready for adventure. For many families, this level of care removes a significant burden, allowing kids to experience the joy of summer camp. During other times in the year, the camp hosts a Family Camp and

a Winter Camp Reunion opportunity.

The KMF has granted Special Days Camp a gift of \$5,000 to support children and families fighting cancer.

Thank you to our many dedicated donors who support the Kent Medical Foundation, which allows us to invest in special programs like these two camp programs.





Kristin Oldenberg, MD
Kent County
Health Department
Medical Director

Administrative Rules for Universal Blood Lead Testing in Michigan

Kristin Oldenberg, MD and Brian Hartl, MPH

In October 2023, two laws were passed that require physicians in Michigan to: (1) test, or order a test, for lead in blood of minors at selected ages and with certain risk factors, and (2) ensure that test results are available in minors' certificates of immunization.

This age-based approach to blood lead testing requirements for all children is commonly called "universal testing." The Michigan Department of Health and Human Services (MDHHS) was required by law to develop administrative rules for implementation of the law. These rules went into effect April 30, 2025. While it is best that blood lead testing be ordered or performed in the office of a child's primary care physician, not all children are able to be seen by primary care physicians as recommended. The statute and rules require that any physician treating a minor patient must ensure these crucial tests occur. This article provides general information on the administrative rules, which can be found in their entirety here.

WHAT ARE THE REQUIREMENTS?

- It is the physician's responsibility to test or order the test. The statute imposes the

requirement on any physician treating a minor patient regardless of the physician's specialty.

- Children must be tested at 12 months and 24 months of age or by 72 months of age (age 6) if there is no record of a previous test.
- Children must also be tested as follows:
 - *Between 48 months and 60 months of age (age 4) if they live in the City of Grand Rapids, one of the 82 cities and townships designated by MDHHS as high risk.*
 - *At least once between their most recent test and age 72 months if they are at high risk because they live in a home:*
 - Built before 1978.
 - Where other children with elevated blood lead levels live.

CONTINUED ON PAGE 21



BLOOD LEAD TESTING

CONTINUED FROM PAGE 20

- Children meeting these high risk criteria or those listed below should be tested within three months of when a physician or parent determines that they are at high risk.
 - Lives in or regularly visits a home that had a water test with high lead levels
 - Has contact with an adult whose job or hobby involves exposure to lead
 - Has a caregiver who uses home remedies or imported spices that may contain lead
 - Has behaviors suggesting high risk for lead exposure, including pica and developmental delays



Registry (MCIR) to generate the certificate of immunization, in most cases the child's most recent test result is already on the certificate. This is because all blood lead test results are reported by clinical laboratories to MDHHS, as required by law, and then the results are linked electronically to the child's record in MCIR.

- Because it takes two to four weeks for a laboratory's report of a blood lead test to get uploaded into MDHHS's database, the physician's office may need to manually write the most recent test result on the child's certificate of immunization generated by MCIR, especially a test result performed on a LeadCare® II analyzer at the time of the child's office visit.

Physicians can view MDHHS's free physician-oriented lead training video that includes modules on risk factors by registering in the Learning Management System and searching for "Childhood Lead Exposure: Even a Little is Too Much" in the course catalog. Continuing Medical Education credits (CMEs) are available.

Does the law require a physician to order duplicative tests for any child that is tested at the prescribed ages?

- No. A physician treating a minor patient must ensure that the child is tested at 12 months and 24 months of age, either by testing or ordering the test for a child that has not yet had the test, or by verifying that 12-month and 24-month tests have occurred.
- To make this determination, a physician could review their patient's medical records, review the blood lead testing data available in the child's record in the Michigan Care Improvement Registry (MCIR), discuss with the child's parent or caregiver, or consult with the child's primary care provider.

The law states that the immunization certificate must have a space to indicate 'whether the minor has been tested for lead poisoning' and 'if the physician performs the test described in subdivision (a), [the physician shall] make an entry of the testing on the minor's immunization certificate.' How are these requirements going to be met without burdening physicians and their office staff?

- If the physician uses the Michigan Care Improvement

The Kent County Health Department appreciates the support of the physician community to ensure that lead poisoning in Kent County children is detected early.

The MDHHS Childhood Lead Poisoning Prevention Program (CLPPP) will soon offer free LeadCare® II machines and test kits to medical provider offices. All provider offices may apply for machines and test kits, but priority will be given to provider offices serving children under age 6 in the 82 priority communities identified by MDHHS as high risk, which includes Grand Rapids. An email will be sent to provider offices in the second half of June with a link to apply.

The Kent County Health Department appreciates the support of the physician community to ensure that lead poisoning in Kent County children is detected early. Please remember that all tests that are elevated (≥ 3.5 $\mu\text{g}/\text{dL}$) based on capillary blood must be repeated with a venous test to confirm the elevated level.

For more information about the universal blood lead testing requirements or the opportunity to apply for LeadCare® II machines and test kits, contact the MDHHS Childhood Lead Poisoning Prevention Program at (517) 335-8885 or MDHHS-CLPPP@michigan.gov.



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

May 2025

DISEASE	C=Confirmed P=Probable S=Suspect U=Unknown	This Month	May Cumulative YTD 2025	2020-2024 5-Year Median May
CAMPYLOBACTER	C,P	11	39	32
CANDIDA AURIS	C	2	4	0
CARBAPENEMASE PRODUCING ORGANISM	C	3	8	1
CHICKEN POX ^a	C,P	1	8	6
CHLAMYDIA	C,P,S,U	244	1230	1496
CRYPTOSPORIDIOSIS	C,P	4	11	6
CORONAVIRUS NOVEL, COVID-19	C,P,S	510	4614	10535
HIV	C	2	20	11
SHIGA TOXIN PRODUCING E. COLI	C,P,S	4	12	8
GIARDIASIS	C,P	1	9	11
GONORRHEA	C,P,S,U	66	347	544
H. INFLUENZAE DISEASE, INV	C,P	5	10	2
HEPATITIS A	C	0	0	0
HEPATITIS B (Acute)	C	0	1	0
HEPATITIS C (Acute)	C	1	3	1
HEPATITIS C (Chronic/Unknown)	C	8	28	34
HISTOPLASMOSIS	C,P	6	30	18
INFLUENZA-LIKE ILLNESS ^b	C,P,S	2638	31750	9763
LEGIONELLOSIS	C	3	10	6
LYME DISEASE	C,P,S	6	13	7
MEASLES	C,P	0	1	0
MENINGITIS, ASEPTIC	C	1	2	3
MENINGITIS, BACTERIAL, OTHER ^c	C	1	4	6
MENINGOCOCCAL DISEASE, INV	C,P,S	1	2	0
MUMPS	C,P,S	0	1	0
PERTUSSIS	C,P	10	45	0
SALMONELLOSIS	C,P	4	18	25
SHIGELLOSIS	C,P	0	9	8
STREP, GRP A, INV	C	6	26	12
STREP PNEUMO, INV	C,P	5	37	20
STREPTOCOCCAL TOXIC SHOCK	C,P	0	0	0
SYPHILIS(Congenital)	C,P,S	0	2	1
SYPHILIS (Primary & Secondary)	C,P,S	4	27	24
TOXIC SHOCK	C,P	0	0	0
TUBERCULOSIS	C	2	4	5
WEST NILE VIRUS	C,P	0	0	0
YERSINIA ENTERITIS	C,P	1	7	5

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.



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

Graduation Season

Michigan State University College of Human Medicine celebrated the [commencement](#) of our 2025 graduates on May 10 at the Breslin Center in East Lansing. Nationally, matching into a residency continues to be competitive with the National Resident Matching Program (NRMP) reporting [2025 match data](#) that revealed 20.2% of applicants did not match in the 2025 cycle.

We are proud of a greater than 99.5% residency placements this year for our 182 Spartan MDs. The most popular career choices were emergency medicine and internal medicine (tied at 15%), family medicine (14.4%), psychiatry (9.4%) and surgery (7.2%). This year, 38.9% of the class is pursuing primary care and 59% will be doing their residency in the state of Michigan (with many of those here in West Michigan). Part of the [mission](#) of the College of Human Medicine is its commitment “to educating exemplary physicians and scholars, discovering and disseminating new knowledge, and providing service at home and abroad. We enhance our communities by providing outstanding primary and specialty care, promoting the dignity and inclusion of all people, and responding to the needs of the medically underserved.” In support of that mission, we are proud that we had 13 graduates



from the Rural Physician Program ([RPP](#)), 14 graduates from the Leadership in Medicine for the Underserved Program ([LMU](#)), 14 graduates from the Rural Community Health Program ([R-CHP](#)) and 3 graduates from the Medical Partners in Public Health ([MD-PH](#)).

It was an honor to join in the hooding of new graduates from our campuses for the first time and I felt especially blessed to be joined on stage by Angela Thompson-Busch, MD, PhD, (who most of you I’m sure know is the departing Grand Rapids Community Assistant Dean). Angie has been such an integral part of these students’ academic and professional lives these past few years that it made the afternoon all the more rewarding that we could see these students off together. She also gave me a number of useful tips on how to avoid the typical “rookie” mistakes when placing the hoods! (Thanks Angie!!)

I’ll close by noting that as a sign of my commitment to serving the Grand Rapids campus to the best of my ability in the coming years, I took the plunge and bought my own graduation regalia this year, rather than renting as I’ve done in the past. I look forward to providing the graduation report for years to come!





BREATHE IN SUMMER

Each day, your dedication brings healing, comfort, and hope to those you serve. We're grateful for all you give—may this summer offer you space to rest, reflect, and recharge.