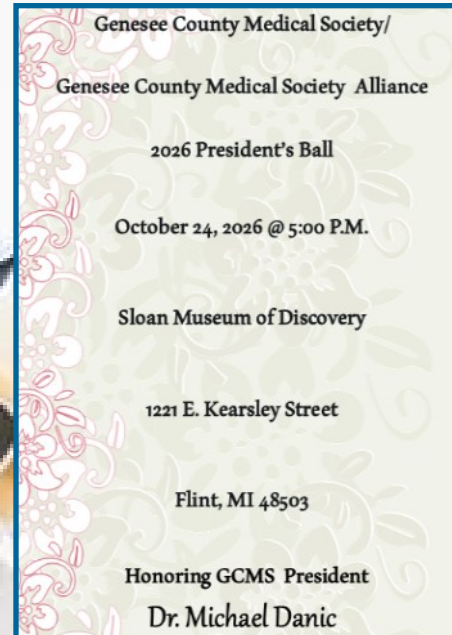


the BULLETIN

September 2026



TICKETS ARE STILL AVAILABLE

THE IMPORTANCE OF EARLY DETECTION DURING Afib—

By Dr. M. Khalil Kanjwal

RED LIGHT THERAPY—WHAT ARE THE BENEFITS?

MEDICAID CHANGES, AGAIN ...
We have another update!!



Organized Medicine's Leading Edge

*THE BULLETIN is published monthly by:
The Genesee County Medical Society*

GCMS OFFICERS 2026

Michael Danic, DO, President
Paul Kocheril, MD, Immediate Past President
Ethirij Raj, MD, Immediate Past President
Michela Corsi, MD President Elect
John Hebert, MD, Treasurer
Rama Rao, MD, Secretary

BOARD MEMBERS

Edward Christy, MD
Paul Kocheril, MD
Omar Khorfan, MD
Macksood Aftab, DO
Rama Rao, MD
John Hebert, MD
Mary Marshall, MD
Michael Giacalone, Jr., MD
Gary Johnson, MD
Elmahdi Saeed, MD
John Waters, MD
Varsha Moudgal, MD
Alison Kinning, MD
Balal Tarakji, MD
Sajid Chaudhry, MD
Gerald Natzke, DO
Omar Khorfan, DO
John Kuhn, MD
Michael Kia, DO
Matt Pichert, MD

EXECUTIVE DIRECTOR

David Hoff, MA, CCP

EXECUTIVE ASSISTANT

Melissa Keller

SEPTEMBER 2026 VOLUME 109 NUMBER 9

THE BULLETIN

FEATURE ARTICLES

READ BY 96% OF GCMS MEMBERS

PRESIDENT'S BALL	11
Guest Article	13
GCMSA	33
COVID-19 Resources	43

REGULARS

GCMS Meetings	3
President Message	4
Executive Director	5

Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN

Published by the Genesee County Medical Society Publication Office
4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-9923

Buy subscription \$60 per year. Member subscription included with Society dues. Contributions to **THE BULLETIN** are always welcome. Forward news extracts or material of interest to the staff before the 1st of the month. All statements or comments in **THE BULLETIN** are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.



GCMS Meetings

Practice Manager's Meeting

October 8th , 2026
9:00 A.M.

GCMS/GCMSA President's Ball

Sloan Museum Exhibit Room
October 24TH , 2026
5:00 P.M.

Board of Director's

October 27th , 2026
6:00 P.M

***All meetings are via Zoom unless otherwise
noted**

Your **HEALTH CARE LAW FIRM**



Wachler & Associates represents healthcare providers, suppliers, and other individuals in Michigan and nationally in all areas of health care law, including:

- **Provider Contracting**
- **RAC, Medicare, Medicaid and Commercial Payor Audits**
- **Billing and Reimbursement**
- **Stark Law, Anti-Kickback Statute, and Fraud & Abuse Compliance**
- **Licensure, Staff Privilege and Credentialing**
- **Physician and Physician Group Issues**
- **Corporate and Transactional Matters**
- **Regulatory Compliance**
- **Healthcare Litigation**
- **Healthcare Investigations**
- **Fraud and False Claims Defense**
- **Provider Participation/Termination Matters**
- **HIPAA and HITECH Compliance**

WACHLER
ASSOCIATES

SERVING HEALTHCARE PROVIDERS FOR OVER 30 YEARS

248.544.0888 • wachler.com

A WORD FROM OUR GCMS PRESIDENT

Dear Colleagues,

Recently, the Genesee County Medical Society board gathered at Sagano's Steakhouse with 20 physicians for an evening of conversation, shared stories, and fellowship. Physicians from all three county hospitals were represented, along with our president-elect, Dr. Michela Corsi, medical director of the Genesee County Health Department. It was a reminder of how meaningful it is to sit together, reconnect, and learn from one another.

Our conversations reflected the work we share and our commitment to those suffering most in Genesee County. We exchanged experiences caring for patients with complex conditions and learned about new growth opportunities in the region. These discussions brought the needs of our community into focus and reinforced the value of connecting physicians across hospitals, specialties, and public health.

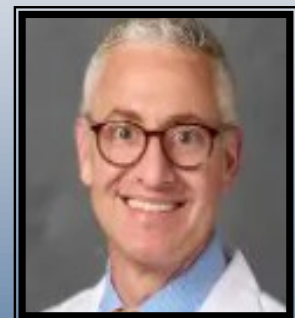
We also explored ways to make it easier for medical students and residents to become involved in the society. Their voices, energy, and ideas are essential to our future, and we want them to experience the professional support and friendships that organized medicine can offer. Welcoming an orthopedic group into the society for the first time in years was another encouraging sign of renewed engagement.

Genesee County has long been a center of medical excellence, a place where physicians have come to build their practices, raise their families, and strengthen their community. That legacy continues through the physicians who show up every day for their patients and for one another.

I believe we are well positioned for the future. Our goal is to make the Genesee County Medical Society the strongest and most relevant medical society in Michigan: connected to our members, responsive to our community, and welcoming to the next generation of physicians. Evenings like this remind us that the work begins with fellowship and grows through participation.

Thank you for being part of it.

Michael Danic, DO, FASA, FASAM
President, Genesee County Medical Society



DR. MICHAEL DANIC, D.O.
GCMS PRESIDENT

A WORD FROM OUR GCMS EXECUTIVE DIRECTOR

A Genesee County Medical Society Board of Directors Meeting to Remember

September 22, 2026 the Genesee County Medical Society hosted its annual live Board of Directors meeting.

The meeting was held in a reserved room at Sagano's Steakhouse in Flint.

Each grill seated ten guests; it was necessary to utilize 3 grills for this event with over 20 attendees.

The majority of GCMS Board members were in attendance.

The evening was held as a meet and greet, each member having an opportunity to meet and talk live to other board members.

Physicians also discussed issues with their practice with each other and exchanged contact information.

The camaraderie for this dinner was excellent among the physicians in attendance.

In attendance was GCMS President Dr. Michael Danic, President Elect Dr. Michela Corsi, and Immediate Past President Dr. Paul Kocheril.



Dr. Matthew Pichert the newest member to the GCMS Board of Directors, attended his first meeting. Matt commented to me after the dinner:

“What a fun night!! I was all prepared to talk business and instead we had so much fun.”



Dr. Mary Marshall stated “Thank you for getting everything coordinated David and Melissa. It was a great evening and it is so good to get to visit with our Board Members.”



A special guest was invited to join the GCMS dinner, Dr. Pino Colone.

Dr. Colone had been a GCMS Board Member for many years prior to relocating.



The live annual GCMS Board of Directors Meeting is another excellent means for physicians to network.

The evening is sponsored by GCMS as a thank you for the time, dedication, and commitment from all Board Members.

The Genesee County Medical Society meets eight times per year. Seven Zoom meetings an hour in duration and one live meet and greet per year.

The GCMS Board is recessed July, August, November, and December, although many board members attend the annual President's Ball formal event in the fall.

This year the President's Ball honoring outgoing President Dr. Michael Danic will be held October 24, 2026 5pm at Sloan Museum of Discovery.

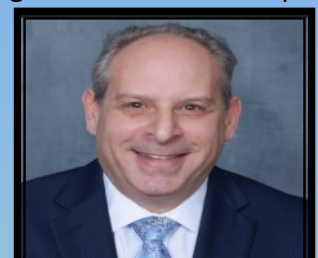
Tickets are \$100 each and can be obtained by contacting David Hoff or Melissa Keller.

If you are a member of GCMS and would like more information on how to join the Board of Directors, please contact David Hoff.

Genesee County Membership fee has been reduced from \$415 to \$150 making it affordable for all physicians in Genesee County to join.

Please consider a GCMS membership.

executivedirector@gcms.org



DAVID HOFF, MA, CCP
GCMS EXECUTIVE DIRECTOR



Thank You!

David & Melissa



Medicaid changes coming

Henry Ford Health wants to help you stay informed about upcoming changes to Medicaid. Starting Jan. 1, 2027, changes to coverage renewal timing, work activity requirements and retroactive coverage will take effect. The Michigan Department of Health and Human Service will contact Medicaid members ages 19–64 directly. For questions, call the Henry Ford Health Medicaid Re-determination team at [\(313\) 874-7854](tel:3138747854).

Congratulations to Dr. Michael Danic, Chief of Staff at Henry Ford Genesys Hospital, who was honored by the [Michigan State Medical Society](#) as its August Member Spotlight.

MSMS recognized Dr. Danic for his dedication to strengthening healthcare in Flint and Genesee County — from improving perioperative care to expanding compassionate, evidence-based treatment for substance use disorders.

Well-deserved recognition for a physician making a real difference in our community!





Important Update: BCBSM Incident-to Billing Changes Now in Effect

With the first phase of Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network's (BCN) revised incident-to billing policy now in effect, physician practices should ensure they understand the new billing requirements and upcoming credentialing deadlines. Practices should take particular note of the new requirement to use modifier SA on applicable incident-to claims. For practices that participate in the Physician Group Incentive Plan (PGIP) and planning to transition eligible practitioners from incident-to billing to direct billing should make sure these practitioners are credentialed by September 23, 2026, in order to be eligible to earn Value Based Reimbursement (VBR) beginning in early 2027.

For dates of service on or after September 1, 2026, practitioners who are eligible to enroll directly with BCBSM or BCN but continue to provide services under an incident-to arrangement must have modifier SA appended to each applicable procedure code. Modifier SA identifies that the service was performed incident-to a supervising practitioner rather than personally furnished by the practitioner under whose billing information the claim is submitted. Practices should review their EHR, practice management and clearinghouse workflows to ensure modifier SA is being applied and transmitted correctly on applicable claims in accordance with BCBSM/BCN requirements.

During this transition period, applicable services billed incident-to with modifier SA will continue to be reimbursed based on the submitting practitioner's applicable payment rate. However, practices should be aware of an important distinction: claims submitted with modifier SA are not eligible for value-based reimbursement (VBR), including PGIP incentives. This means that while the underlying service may continue to be paid at the submitting practitioner's rate, the claim will not generate additional VBR that may otherwise be associated with eligible services.

The use of modifier SA also gives BCBSM and BCN the ability to distinguish services personally performed by the billing practitioner from those furnished incident-to by another eligible practitioner. Practices that rely heavily on incident-to billing should consider the potential impact that exclusion from VBR may have on overall reimbursement, particularly when a significant volume of services is provided by advanced practice or other practitioners who are eligible to enroll and bill independently. As practices prepare for the next phase of the policy, they should evaluate whether continuing to bill eligible practitioners incident-to until the March 1, 2027, deadline, or transitioning those practitioners to direct billing sooner is the most appropriate approach for their organization.

With the first phase of the policy now in effect, below is a recap of the steps practices should take:

- Review their billing, credentialing and enrollment processes to ensure they are prepared for both the current requirements and the next phase of implementation.
- Identify all practitioners whose services are currently billed incident-to and determine which practitioners are eligible for direct BCBSM/BCN enrollment;
- Verify that modifier SA is being appropriately reported on applicable claims; and
- Submit any necessary credentialing applications as soon as possible if they want those practitioners to be included in the PGIP snapshot by the September 23, 2026, deadline;
- Consider the potential reimbursement implications of continuing to bill eligible practitioners incident-to, including the loss of VBR on claims submitted with modifier SA versus direct billing.

MSMS remains actively engaged with BCBSM and continues to seek clarification on implementation issues affecting physician practices. As additional guidance becomes available, MSMS will keep members informed of important developments, deadlines and steps practices can take to prepare for the March 1, 2027 phase of the policy.

For more information, contact Dara Barrera, Director, Health Quality, Equity and Technology at [517-336-5770](tel:517-336-5770) or djbarrera@msms.org.

Resource:

BCBSM [Frequently Asked Questions document](#)



GENESEE COUNTY
**MEDICAL
SOCIETY**
Established 1841

Genesee County Medical Society

Presents:

GCMS/GCMSA

2026 President's Ball

Honoring GCMS President

Dr. Michael Danic

October 24, 2026@ 5:00 P.M.

Sloan Museum of Discovery

1221 E Kearsley St. Flint , Mi

48503

Sponsorship Opportunities:

Premiere

\$10,000 Level Sponsor

Includes two tables of 8 (16 seats).

One Full-Page Ad in the January 2027

**GCMS Bulletin, special mention in
advertising and promotions relating to the
President's Ball, acknowledgement in the
event program and at the podium
sponsorship of a Town Hall Meeting.**

Platinum

\$5,000 Level Sponsor

Includes one table of 8

One Full-Page Ad in the

**January 2027 Bulletin, a special
mention in advertising and
promotions relating to
the President's Ball, acknowledgement
in the event program and at the podium.**

Gold

\$2,500 Level Sponsor

Includes one table of 8

One Half- Page Ad in the January 2027

**GCMS Bulletin, a special mention in
advertising and promotions relating to the
President's Ball, acknowledgement
in the event program and at the podium.**

Silver

\$1,500 Level Sponsor

Includes seating for 4

**One Half- Page Ad in the January 2027 GCMS
Bulletin, a special mention in advertising
and promotions relating to the
President's Ball, acknowledgement
in the event program and at the podium.**

Bronze

\$750 Level Sponsor

Includes seating for 2

**One Half-Page Ad in the January 2027 GCMS
Bulletin, a special mention in advertising and
promotions relating to the President's Ball,
acknowledgement in the event program
and at the podium.**

Popper

Generous Donation Sponsor (over \$500)

Includes seating for 2 A special

**mention in advertising and
promotions relating to the
President's Ball, acknowledgement
in the event program and at
the podium.**

You are cordially invited to:

*Genesee County Medical
Society/*

*Genesee County
Medical Society
Alliance*

2026 President's Ball

October 24, 2026 @ 5:00 P.M.

*Sloan Museum of
Discovery*

1221 E. Kearsley Street

Flint, MI 48503

Honoring GCMS President

Dr. Michael Danic

\$100.00 Per Ticket

Please R.S.V.P

executivedirector@gcms.org

By October 10th, 2026



(Black Tie Optional)

*(You will receive an
Invoice for the amount of
tickets purchased)*

GUEST ARTICLE

Spotlighting the importance of early detection during AFib Awareness Month

By Dr. M. Khalil Kanjwal

Atrial Fibrillation (AFib) is a common condition that is a growing concern as our population ages. Affecting millions of Americans, this heart condition results from the upper chambers of the heart beating too fast and contracting erratically. AFib Awareness Month shines a spotlight on the significance of early diagnosis and implementation of a care plan focused on minimizing risks while prioritizing high quality of life for your patients.

While there is no cure for AFib, an early diagnosis and a treatment plan will do wonders in managing symptoms and helping prevent risk of serious complications like a stroke or heart failure. As doctors, we need to be fierce defenders and strong advocates for our patients.

With our heightened attention to patients exhibiting a racing or irregular heartbeat and understanding the signs of AFib, we can be the difference in our patients' futures. Diagnosing AFib can be difficult due to varying symptoms and intermittent occurrences.

Advantages of AFib Clinics

Patients can greatly benefit from AFib Clinics that are specially equipped to assess symptoms and identify causes and offer an alternative to needing regular hospital visits. While considered a common heart condition, it is actually only relatively recently identified. AFib Clinics are on the leading edge of innovation, employing the latest procedures and treatment protocols that provide the best care personalized for each patient.

Our ultimate goal is improving the quality of life for our patients. AFib is treatable and we must endeavor to establish individual treatment approaches that may include regular checkups, medication and addressing contributing factors such as blood pressure, weight, exercise, sleep issues, etc.

For conditions requiring heart rhythm treatments, our team at Genesys Hospital are at the forefront of innovation with the most advanced technology solutions. Heart rhythm treatments include cardioversion, ablation, and devices such as pacemakers. We take our commitment to our patients seriously and respond aggressively to symptoms with treatments that focus on the best outcomes.

Diagnosing AFib

While AFib can become an issue at any age, it appears most often as we age. Other contributing factors include weight, high blood pressure, smoking, heavy alcohol use, diabetes and heart problems. The risk in younger adults comes primarily from thyroid disorders and sleep apnea. Risks increase for women with high blood pressure and heart disease and for men with coronary artery disease and previous heart attacks.

Symptoms that should signal a concern are a racing heart rate, pounding heart, shortness of breath, chest pain and fatigue. To confirm your diagnosis of AFib, consider having your patient use one of these devices for monitoring heart rates – smart watch, wearable fitness tracker, heart monitor or other devices that measure blood flow.

Collaboration and innovation are key to combating AFib. Staying alert to the latest successes and sharing best practices are vital to exceptional patient care. Our patients rely on us to deliver them the best outcomes. They deserve nothing less than our very best!

The Genesys Hospital AFib Clinic team has been at the forefront of the most advanced procedures to deliver patients the best outcomes. This impressive track record of published research and presentations follow. The team is currently working on an Atrial fibrillation/Atrial Flutter Registry. In the planning stages, future work will include continuing to build registries and data as well as working toward creating resident teams for TAVR Registry and Watchman registry.

Published:

1. **Costa AJ**, Laxina I, Hakim F, Kanjwal K. Right side accessory pathway mediated cardiomyopathy treated with amiodarone: First adult case report. *American Journal of Therapeutics*. 2026;33(4):e330-e333. doi:10.1097/MJT.0000000000002161.
2. **Costa AJ**, Hakim F, Burchell J, Nettle M, Kanjwal K. Fluoroless ablation of a coronary sinus–related accessory pathway without coronary sinus angiogram in a patient with multiple prior failed ablations. *Innovations in Cardiac Rhythm Management*. 2026. doi:10.19102/icrm.2026.17091.
3. **Costa AJ**, Wakeley M, Hakim F, Kanjwal K. Vein of Marshall alcohol ablation facilitated by a 10-French bidirectional catheter supported by Glide Advantage Wire. *Pacing and Clinical Electrophysiology*. 2026. doi:10.1111/pace.70318. PMID: 42390730.
4. **Costa AJ II**, R Dabir, Hakim F, Kanjwal K. Staged Hybrid Convergent Ablation With Adjunctive Vein of Marshall Ethanol Infusion Resulting in Recovery of Left Ventricular Function After Failed Prior Ablation in Long-Standing Persistent Atrial Fibrillation. Published
5. Kour R, **Costa AJ II**, Jamal S, Hakim F, Imtiaz H, Kanjwal K. Fluoroless Workflow for Pulsed Field Ablation of Atrial Fibrillation Using the Sphere-9 and VARIPULSE Catheters. *J Clin Med*. 2026;15(17):6838. doi:10.3390/jcm15176838.
6. **Imtiaz H**, **Costa AJ**, Mohammed AS, Hakim F, Kour R, Saeed B, Kanjwal K. Left bundle branch area pacing versus biventricular pacing for cardiac resynchronization therapy: A meta-analysis of RCTs. *Pacing and Clinical Electrophysiology*. 2026. doi:10.1111/pace.70444. PMID: 4276246

Poster Presentations

7. **Costa AJ**, **Imtiaz H**, **Kour R**, **Hakim F**, **Kanjwal K**. Combined Bachmann Bundle Area Pacing and Left Bundle Branch Area Pacing: Early Feasibility and Clinical Outcome. 10-patient case series. ACC Michigan, 2026.
8. **Costa AJ**, **Imtiaz H**, **Kour R**, **Hakim F**, **Kanjwal K**. Dual Physiologic Pacing with Bachmann Bundle Area and Left Bundle Branch Area Pacing: Acute Results from a 50-Patient Consecutive

Series. 50-patient consecutive series. Accepted Abstract/Poster presentation, American Heart Association (AHA) Scientific Sessions, 2026

Submitted:

Costa AJ II, Hakim F, Kanjwal K. Comprehensive Cardiac Electrical Synchronization Through Dual Physiologic Pacing: Feasibility, Electrical Remodeling, and Early Clinical Outcomes: A Retrospective Study. Submitted to PACE 2026.

Costa AJ II, Hakim F, Kanjwal K. Atrial Fibrillation Termination with CTI Ablation Alone: A Case Series. Submitted to Journal of Arrhythmia.

Costa AJ II, Kanjwal M, Hakim F. Transient Sinus Arrest as a Novel Autonomic Response to RSPV Pulse Field Ablation: Case Series and Mechanistic Insights. Submitted to HeartRhythm Case Reports, 2026.

Jamal S, Costa AJ, Hakim F, Kanjwal K. Impact of Diabetes Mellitus on Inpatient Outcomes of Cardiac Resynchronization Therapy: A Nationwide Inpatient Analysis. **Submitted.**

Jamal S, Costa AJ, Hakim F, Kanjwal K. Double-Wire Cannulation of a Severely Tortuous Coronary Sinus Ostium for Vein of Marshall Ethanol Ablation in a Patient with Recurrent Atypical Atrial Flutter. **Submitted.**

Left bundle and Bachman Genesys Registry



Dr. M. Khalil Kanjwal is an Electrophysiologist at Henry Ford Genesys Hospital. He specializes in Internal Medicine and Cardiac Electrophysiology. His expertise in heart health is performed at the Henry Ford Genesys Heart Center AFib Clinic in Grand Blanc. Genesys Hospital's AFib program was recently recognized by the American Heart Association for delivering patients state-of-the-art treatments.



A Prescription for Health, Hope, and Opportunity

Cash for Moms and Babies

Rx Kids is Now Available in Nine Genesee County Communities

Share With Your Patients!

Rx Kids is a proven maternal and infant health program that provides direct support during pregnancy and early infancy, helping families meet basic needs during one of the most important periods for life. Rx Kids has already reached thousands of families, improving maternal and infant health and strengthening family financial stability.

Pregnant mothers and families with newborns are eligible in the following communities:

♥ City of Burton

♥ City of Clio

♥ City of Flint

♥ City of Montrose

♥ City of Mount Morris

♥ Flint Charter Township

♥ Genesee Charter Township

♥ Montrose Charter Township

♥ Mount Morris Charter Township

Eligible families receive \$1,500 during pregnancy, and babies receive \$500 a month during infancy.

Share with your patients!

Learn more at RxKids.org





If you have patients who have benefited from **Genesee Health Plan (GHP)** or if you have partnered with **GHP**, we would love to hear from you. We are collecting testimonials from patients, physicians, and community partners to help tell our story and share the impact we have made over the last 25 years.

Click to share your story: [Genesee Health Plan Member Testimonial Submission – Fill out form](#)



What is the Health Care Services Millage?

- The millage provides funding to **Genesee Health Plan (GHP)** for basic, affordable health care coverage for Genesee County residents age 19 and older
- Through the millage, the coverage GHP provides includes **doctor visits, mental health counseling, prescription drugs, labs, mammograms, and cancer screenings** and **treatment**, as well as **dental care** for seniors, veterans and adults
- Over the past 25 years, **one in four** Genesee County residents has received coverage through GHP



Millage Details

- **This is a Renewal** of the existing millage-not a new tax
- Genesee County voters have approved the Health Care Services Millage three times: 2006, 2012, and 2018
- Property tax rate: .80 mills
- Duration: 5 years

For more information contact GHP at 844-232-7740 or visit geneseehealthplan.org

GREAT THINGS ARE
HAPPENING AT
GCMS.. STAY TUNED!!!

From the **AMA** 

People have less depression, anxiety after cutting ultraprocessed food intake



[HealthDay](#) (9/24, Thompson) reports, “People had less depression and anxiety after cutting their ultraprocessed food intake by more than 85%,” according to a new pilot study. “For the study, researchers recruited 20 participants diagnosed with depression. Among them, 14 also had anxiety.” Researchers found “that when people cut down on ultra-processed food, they scored significantly lower on three measures for depression. They also had modestly improved anxiety scores.” The [results](#) were published in JAMA Psychiatry.

PROCESSED FOODS CAN CAUSE
INFLAMMATION WHICH IS A SOURCE
OF MOST CHRONIC ILLNESSES AS
WELL AS STRESS.

Accepting New Patients



Ahmad Munir, MD
Board Certified in:
General & Interventional Cardiology
Specializing in:
Structural & Heart Valve Diseases

Munir Heart & Valve Clinic
1335 South Linden Rd. Suite A
Flint, MI 48532
To schedule an appointment:
810-875-9616

So
easy!

New Members can earn up
to **\$150** just for joining.



Sovita Credit Union is dedicated
to those who devote their lives to
education and healthcare
including their immediate families.

Sovita[®]
CREDIT UNION



Federally insured
by NCUA.



scan for details



Become a member: call 810.720.8300 • visit a branch office • go to [sovitacu.org](https://www.sovitacu.org)



Fighting for Physicians

Harad W

2027 proposed Medicare fee schedule: What physicians need to know

The AMA breaks down key changes that could take effect Jan. 1, including a modified version of plan scrapped eight years ago [after physicians and other stakeholders raised serious concerns.](#)



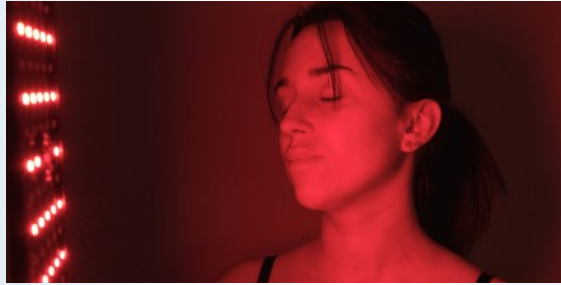
This year we are proud to announce that that medical students can join at no charge to help grow and reach more people in our community.

Please contact

executivedirector@gcms.org

for more information.

WHAT RED LIGHT THERAPY CAN AND CAN NOT DO!!



6 things patients should know about red light therapy

Red light therapy can produce more collagen

The therapy "really turns on genes that make more collagen," Dr. Masse said. "They can use an ultrasound, for example, to measure the density of your collagen, and then this profilometry where they literally go and measure the depth of your wrinkles. That helps quantify those changes in collagen."

"What's harder to gauge is scientifically measured changes enough to see a clinical change when you're actually looking in the mirror," she said. "The truth is there is a difference on a microscopic level, but not everybody will feel that there's a clinical difference as well."

Some red light therapy masks also feature blue light

"Blue light has a much shorter wavelength and is even more superficial in how it penetrates, so it really just targets your epidermis—that top-most layer of skin, and it targets something different," Dr. Masse said. "It targets porphyrins, and those are molecules that are made by the bacteria that cause acne on our skin. When blue light hits those porphyrins, it makes something called reactive oxygen species, and those are toxic to the bacteria on our skin. And so there's less bacteria, then there's less acne. Whereas you have a lot of indications for red light, blue light is predominantly right now being used for acne-specific treatment."

Red light therapy can help with some hair loss

"We have really good data for androgenetic alopecia, which is a specific type of hair loss," Dr. Masse said. "A misconception is that it's great for all types of hair loss, and we just don't have that data. We have data for androgenetic, which is female or male pattern hair loss. It shifts your hair from the kind of static phase or the shedding phase to the growth phase, or what we call the anagen phase. So more hair is entering that growth phase and growing."

Red light therapy is safe for most people

"It's very safe," Dr. Masse said. "The most common side effects we see are a little bit of temporary redness or maybe a little bit of mild, temporary skin pain."

"One population that really should be a little bit more cautious about it are skin-of-color patients, and we know that they are at higher risk—when using these masks specifically—of redness that persists, permanent discoloration, or even blistering," she said. For patients of color, Dr. Masse recommended "starting with lower, shorter treatment times, and then working up as you can tolerate slowly."

Red light therapy can help some cancer patients

"We know that one of the biggest benefits of red light therapy that has been documented is for something called mucositis, which is severe inflammation of the mucosal lining of your GI tract, mouth included," Dr. Masse said. "A lot of these world-known cancer centers will actually have red light treatments for people who have really inflamed mouths—oral mucositis—just to help them deal with some of the side effects of chemotherapy."

"Most people don't use it for oral inflammation," she said, "but the data points to the fact that it probably does work."

Red light therapy doesn't replace basic care

It's important for patients to understand that this therapy is "meant to be an adjunct treatment to other things that you're doing," Dr. Masse said. "Probably at least a few times a month I'll have an acne patient come into my clinic, and they'll say, 'You know, I don't wash my face consistently twice a day every day, but should I get this mask?' I just want to say, 'Well, please, let's commit to washing your face first. I promise you that will give you better results.'"

Red light therapy, she said, is not a "monotherapy" for skin care.

"You can compare it directly to any of the other products out there, because it's not meant to replace them. It's not meant to do what those other products do. It's meant to work in tandem with them," Dr. Masse said. "There are definitely some proven benefits, but at the same time, it just shouldn't be the only thing that you're doing."

Have you gotten
your ticket yet?



Celebrate outgoing/
incoming Presidents

Great food!

Join us for a
relaxing evening!

Dr. Robyn Garcia | Maternal-Fetal Medicine

Expertise and specialized care for every pregnancy.

Hurley Medical Center welcomes **Dr. Robyn Garcia, Maternal-Fetal Medicine specialist**, bringing advanced expertise and compassionate, personalized care to moms and babies throughout pregnancy.

Board certified in both **Obstetrics & Gynecology and Maternal-Fetal Medicine**, Dr. Garcia provides specialized care for pregnancies that may require additional monitoring, expertise or support. Her approach combines clinical expertise with a commitment to listening to each patient, answering questions and creating an individualized plan of care.

Dr. Garcia earned her medical degree from Ross University School of Medicine, completed her residency at Detroit Medical Center–Wayne State University, and completed her Maternal-Fetal Medicine fellowship at the University of Texas Health Science Center at Houston.

At Hurley, our Maternal-Fetal Medicine specialists work closely with patients and their care teams to monitor maternal health and fetal development, identify and manage potential complications, and provide the specialized care needed to help moms and babies have the healthiest pregnancy possible.

Specialized expertise. Personalized care. Peace of mind for your pregnancy.

HURLEY MEDICAL CENTER



Dr. Robyn Garcia | Maternal-Fetal Medicine



MEMBERSHIP

Membership in the Genesee County Medical Society (GCMS) gives you the opportunity to share resources, discuss ideas, and network with some of the most active and respected physicians in the state. You will receive news and information via The Bulletin magazine, meetings, faxes, and emails. Because GCMS is politically aggressive, it can provide its members with myriad opportunities to shape the future of medicine locally, as well as on a state and national level.

When you join GCMS you also join



CLICK TO LEARN MORE AND JOIN

TOP 7 REASONS TO JOIN

1. GCMS is an aggressive advocate on behalf of member physicians with third-party-payers.
2. GCMS is an aggressive advocate on behalf of its members physicians and their patients with state and federal legislatures.
3. When specific issues arise that require immediate action, email blasts are instituted to communicate directly with over 1500 email recipients.
4. GCMS convenes monthly meetings with Practice Managers in an effort to head off problems for physician practices and to find solutions to those that are identified.
5. GCMS is a national leader by providing leadership at the state and federal level through volunteer physicians, staff, and Alliance member involvement leadership positions.
6. GCMS is disproportionality influential on behalf of its member physicians and their patients.
7. GCMS holds quarterly meetings with federal and state legislators and communicates with them at other times on as as-needed basis.

PHONE: (810) 733-9923

ADDRESS: 4438 OAK BRIDGE DRIVE, SUITE B, FLINT, MI 48532

Exciting News on GCMS Membership



GCMS is pleased to announce a reduced annual membership fee of \$150.

Retirees, Residents, and Students no charge.

GCMS is one of the most robust medical societies in the state with a powerful Legislative Advocacy meeting and an effective Office Managers Meeting.

Please consider a GCMS membership

For membership contact:

executivedirector@gcms.org

David Hoff - Executive Director



Exceptional outpatient imaging

Your choice of where to refer your patients for imaging is a direct reflection on your practice. RMI is Michigan's leading outpatient imaging provider because we offer:



The complete range of diagnostic and women's imaging services, including the most advanced 3D mammography, 4D MRI, high-resolution CT, PET imaging and more.



The only outpatient centers to be ACR accredited for quality and safety in every single category



Recognized as an ACR Breast Center of Excellence



Most insurance and Medicare accepted



Recognized as an ACR Prostate Center of Excellence



A more comfortable, spa-like environment for a noticeably superior patient experience



Extremely competitive cash pricing – often 3X less than other medical centers



Evening and weekend appointments available

Clinicians experience flexible scheduling, fast report turnaround, subspecialty radiology expertise, 24x7x365 portal access and doctors who always have time to consult with them.

Refer your patients to RMI with confidence!



Schedule an RMI Exam Today!

Novi • Royal Oak • Southgate • Flint • Fenton
Grand Blanc • Davison • Lapeer • Petoskey

rmipc.net |   



A Breakthrough in Lung Cancer Diagnostics

The ION Endoluminal System represents the next frontier in robotic-assisted lung cancer diagnostics.

Specifically designed to navigate the complexities of the lung, the ION system enables physicians to obtain tissue samples from deep within the lung with remarkable accuracy.

- Ultra-thin, maneuverable catheter allows access to hard-to-reach areas of the lung.
- Unmatched stability and precision significantly outperform traditional manual biopsy techniques.
- 50% of all lung biopsy in the US will be done with ION Robotic Bronchoscopy this year.
- Early detection of even the smallest tumors enhances outcomes and reduces risk. Lower complication rates, including reduced risk of lung collapse.

"This groundbreaking tool provides physicians with a safer, more efficient way to diagnose lung cancer earlier, ultimately improving survival rates and patient care."

Rick Barker,
Director of Respiratory & Neurology Services

For referrals, contact Hurley Lung Center at 810.262.9309.



LUNG CENTER

HURLEY

Osteopathic Physician (DO) Licensure Requirements

Each osteopathic physician is required to accumulate 150 hours of continuing education in activities approved by the board during the 3 years immediately preceding the application for renewal of which a minimum of 60 hours of the required 150 hours must be earned through Category 1 programs. Following are other license requirements for:

Controlled Substance Licenses:

Opioids and Other Controlled Substances Awareness Training Standards for Prescribers and Dispensers of Controlled Substances

This is a one-time training that is separate from continuing education for an individual seeking a controlled substance license or who is licensed to prescribe or dispense controlled substances.

Licensees that prescribe or dispense controlled substances who renewed in 2019 must complete training by January 2023; renewals for 2020 by 2024, renewals for 2021 by 2025. Beginning in September 2019, completion of the training is a requirement for initial licensure.

Training content must cover all of the following topics:

- ◆ Use of opioids and other controlled substances.
- ◆ Integration of treatments.
- ◆ Alternative treatments for pain management.
- ◆ Counseling patients on the effects and risks associated with using opioids and other controlled substances.
- ◆ The stigma of addiction.
- ◆ Utilizing the Michigan Automated Prescription System (MAPS).
- ◆ State and federal laws regarding prescribing and dispensing controlled substances.
- ◆ Security features and proper disposal requirements for prescriptions.

For Medical Licenses:

Training Standards for Identifying Victims of Human Trafficking

This is a one-time training that is separate from continuing education. Licensees renewing for 2017 must complete training by renewal in 2020; renewals for 2018 by 2021, and renewals for 2019 by 2022. Beginning in 2021, completion of the training is a requirement for initial licensure.

Training content shall cover all of the following:

- ◆ Understanding the types and venues of human trafficking in this state or the United States.
- ◆ Identifying victims of human trafficking in health care settings.
- ◆ Identifying the warning signs of human trafficking in health care settings for adults and minors.
- ◆ Resources for reporting the suspected victims of human trafficking.

Education on Pain and Symptom Management

A minimum of 3 hours of continuing education every 3-year relicensure cycle. At least 1 of the 3 hours must include controlled substances prescribing.

Continuing education hours may include, but are not limited to, any of the following areas:

- ◆ Public health burden of pain.
- ◆ Ethics and health policy related to pain.
- ◆ Michigan pain and controlled substance laws.
- ◆ Pain definitions.
- ◆ Basic sciences related to pain including pharmacology.
- ◆ Clinical sciences related to pain.
- ◆ Specific pain conditions.
- ◆ Clinical physician communication related to pain.
- ◆ Management of pain, including evaluation and treatment and nonpharmacological and pharmacological management.
- ◆ Ensuring quality pain care and controlled substances prescribing.
- ◆ Michigan programs and resources relevant to pain.

Medical Ethics

A minimum of one-hour of continuing education every 3-year relicensure cycle.

Implicit Bias

A minimum of 3 hours every 3-year relicensure cycle. New licensees need 2 hours within the 5 years immediately preceding.

Renewals from June 1, 2022 – May 31, 2023, need 1 hour; renewals from June 1, 2023 – May 31, 2024, need 2 hours; renewals from June 1, 2024 – May 31, 2025, need 3 hours. Then after, every 3-year renewal cycle will need to report 3 hours. (Any hours after June 2021 can be used.)

Training must include strategies to reduce disparities in access to and delivery of health care services and the administration of pre- and post-test implicit bias assessments.

Acceptable modalities of training include asynchronous teleconference or webinars, in addition to live activities and live webinars.

Training content must include, but is not limited to, 1 or more of the following topics:

- ◆ Information on implicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and cultural sensitivity.
- ◆ Strategies to remedy the negative impact of implicit bias by recognizing and understanding how it impacts perception, judgment, and actions that may result in inequitable decision making, failure to effectively communicate, and result in barriers and disparities in the access to and delivery of health care services.
- ◆ The historical basis and present consequences of implicit biases based on an individual's characteristics.
- ◆ Discussion of current research on implicit bias in the access to and delivery of health care services.

Medical Doctor (MD) Licensure Requirements

Each medical doctor is required to complete 150 hours of continuing education in courses or programs approved by the board of which a minimum 75 hours of the required 150 hours must be earned in courses or programs designated as Category 1 programs. Other license requirements are listed here:

Controlled Substance Licenses

Opioids and Other Controlled Substances Awareness Training Standards for Prescribers and Dispensers of Controlled Substances

This is a one-time training that is separate from continuing education for an individual seeking a controlled substance license or who is licensed to prescribe or dispense controlled substances.

Licensees that prescribe or dispense controlled substances who renewed in 2019 must complete training by January 2023; renewals for 2020 by 2024, renewals for 2021 by 2025. Beginning in September 2019, completion of the training is a requirement for initial licensure.

Training content must cover all of the following topics:

- ◆ Use of opioids and other controlled substances.
- ◆ Integration of treatments.
- ◆ Alternative treatments for pain management.
- ◆ Counseling patients on the effects and risks associated with using opioids and other controlled substances.
- ◆ The stigma of addiction.
- ◆ Utilizing the Michigan Automated Prescription System (MAPS).
- ◆ State and federal laws regarding prescribing and dispensing controlled substances.
- ◆ Security features and proper disposal requirements for prescriptions.

Medical Licenses

Training Standards for Identifying Victims of Human Trafficking

A one-time training, separate from continuing education. Licensees renewing for 2017 must complete training by renewal in 2020; renewals for 2018 by 2021, and renewals for 2019 by 2022. Beginning in 2021, completion of the training is a requirement for initial licensure. Training content shall cover all of the following:

- ◆ Understanding the types and venues of human trafficking in this state or the United States.
- ◆ Identifying victims of human trafficking in health care settings.
- ◆ Identifying the warning signs of human trafficking in health care settings for adults and minors.
- ◆ Resources for reporting the suspected victims of human trafficking.

Education on Pain and Symptom Management

A minimum of 3 hours of continuing education every 3-year relicensure cycle. At least 1 of the 3 hours must include controlled substances prescribing. Continuing education hours may include, but are not limited to, any of the following areas:

- ◆ Public health burden of pain.
- ◆ Ethics and health policy related to pain.
- ◆ Michigan pain and controlled substance laws.
- ◆ Pain definitions.
- ◆ Basic sciences related to pain including pharmacology.
- ◆ Clinical sciences related to pain.
- ◆ Specific pain conditions.
- ◆ Clinical physician communication related to pain.
- ◆ Management of pain, including evaluation and treatment and nonpharmacological and pharmacological management.
- ◆ Ensuring quality pain care and controlled substances prescribing.
- ◆ Michigan programs and resources relevant to pain.

Medical Ethics

A minimum of one-hour of continuing education every 3-year relicensure cycle.

Implicit Bias

A minimum of 3 hours every 3-year relicensure cycle. New licensees need 2 hours within the 5 years immediately preceding.

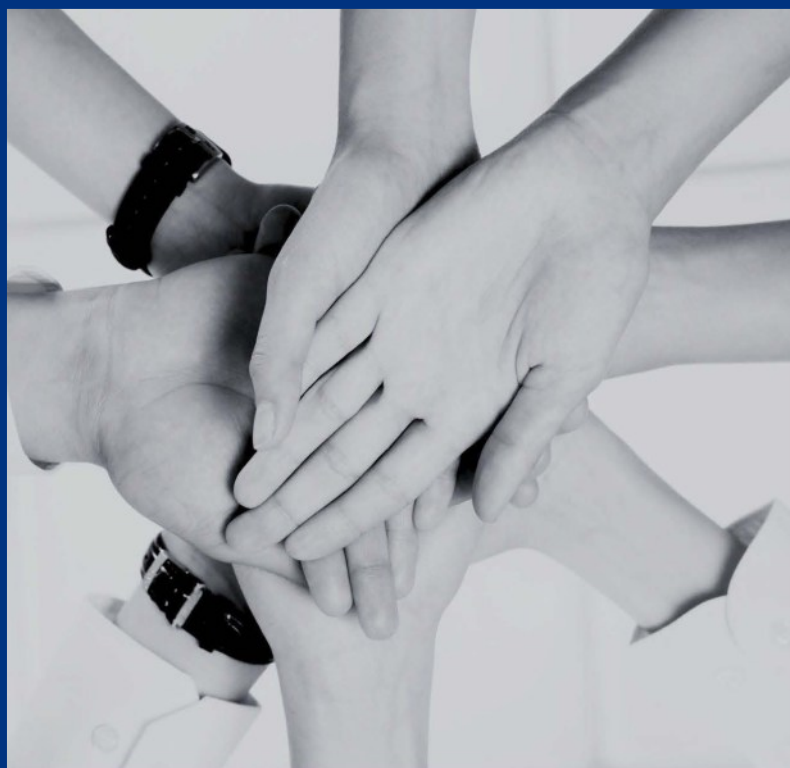
Renewals from June 1, 2022 - May 31, 2023, need 1 hour; renewals from June 1, 2023 - May 31, 2024, need 2 hours; renewals from June 1, 2024 - May 31, 2025, need 3 hours. Then after, every 3-year renewal cycle will need to report 3 hours. (Any hours after June 2021 can be used.)

Training must include strategies to reduce disparities in access to and delivery of health care services and the administration of pre- and post-test implicit bias assessments.

Acceptable modalities of training include asynchronous teleconference or webinars, in addition to live activities and live webinars.

Training content must include, but is not limited to, 1 or more of the following topics:

- ◆ Information on implicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and cultural sensitivity.
- ◆ Strategies to remedy the negative impact of implicit bias by recognizing and understanding how it impacts perception, judgment, and actions that may result in inequitable decision making, failure to effectively communicate, and result in barriers and disparities in the access to and delivery of health care services.
- ◆ The historical basis and present consequences of implicit biases based on an individual's characteristics.
- ◆ Discussion of current research on implicit bias in the access to and delivery of health care services.



Join GCMSA

Genesee County Medical
Society Alliance

MISSION STATEMENT

To make a positive difference in the lives of Genesee County residents by promoting healthy lifestyles and education through partnerships with GCMS and local community organizations, as well as providing a supportive network to medical families.



Dues

\$30 per year

Who We Are?

Physician's spouses who strive to make our county a better place for ourselves, our families, and our community.

Since 1938 GCMS Alliance's programs and services have offered something for every physician's spouse. As a member, you have a voice in one of the most highly organized and involved health organizations in the community, the state of Michigan, and in the nation.

What We Do?

- Involved in the Genesee County Free Medical Clinic & Healing Hands 5K Run/Walk.
- Helps the GCMS in its legislative efforts for quality health care.
- Provides supplies to the YWCA women's shelter
- Raises funds for Peace Day & scholarships
- Organize social events such as international luncheons, book clubs, friendship gatherings, and more!



Get in Touch



810-516-6016



rulaali@aol.com



<http://www.gcmsalliance.org>



[the_Alliance_GCMSA](#)

GCMS is focused on improving the future of medicine. Our resource's and meetings are a great way to learn about medical advancements and potential treatments. Click the link below for more information.



WWW.GCMS.ORG

Help is Here

GHS

Genesee HEALTH SYSTEM



Begin Services Today

CUSTOMER SERVICES

1040 W. Bristol Road
Flint, MI 48507

Monday – Friday, 8 A.M. – 5 P.M.

(810) 257-3705

TTY: (810) 257-1346

BEHAVIORAL HEALTH URGENT CARE

Call Us

Crisis Line
810-257-3740



Walk-in Care &
Mobile Crisis Teams
810-496-5500
TTY 810-232-6310

Text Us

Text GHS to
WEGOTU (934688)

Visit Us

1040 W. Bristol Road
Flint, MI 48507
MTA Bus Route 11

www.genhs.org



A red stamp with a distressed texture. It features a circular border with five stars. In the center, the word "ATTENTION" is written in bold, white, sans-serif capital letters within a rectangular frame.

ATTENTION

A bright yellow starburst shape with many sharp points.

9:00 A.M.

****Via
Zoom**

**ATTENTION: PRACTICE MANAGERS IT'S ESSENTIAL
NOW MORE THAN EVER THAT YOU JOIN US..
AND OFFICE STAFF!**

**Genesee County Medical Society addresses issues of concern
for medical professionals!**

Please join GCMS and SOVITA in monthly meetings for
practice managers and office staff of *all member physicians*.

Please email executivedirector@gcms.org to RSVP,

YOU WILL RECEIVE A ZOOM INVITE

NEXT MEETING DATE:

OCTOBER 8TH , 2026— 9:00 A.M.

*You do not want your Practice Manager to miss out
on these valuable meetings!*







3/4/2025

Important Update: MMR Vaccination Guidelines

We are deeply saddened by the recent death of a child in Texas due to measles, a disease that can be prevented through vaccination. This loss reminds us how important it is to protect our communities.

Texas is currently facing a measles outbreak with 146 confirmed cases as of February 28th. This situation is a stark reminder that measles is still a serious threat, even though it was thought to be eliminated in the U.S. in 2000.

Vaccines are our best defense against measles. The MMR vaccine, when given in two doses at the appropriate time, stops over 97% of measles infections. Our community is vulnerable, with an [81% MMR vaccination](#) rate which is significantly lower than recommended rate for community immunity. This makes it one of our most powerful tools to keep people healthy.

To help our healthcare teams respond to this situation, we are sharing an important update on vaccination guidelines. This information will help us better serve and protect our community during this challenging time.

MMR Vaccination Guidelines

Presumed Immunity and Vaccination Recommendations:

- Adults born before 1957 are generally presumed to have immunity to measles, mumps, and rubella.
- Healthcare workers should receive 2 doses of MMR vaccine.
- Certain medical conditions may require 2 doses of MMR as per CDC guidelines.
- The minimum spacing is 28 days.

Special Considerations:

- Adults vaccinated in the 1960s with an inactivated or unknown type of measles vaccine should receive at least one dose of MMR.

Current Childhood Immunization Schedule:

- One dose of the MMR vaccine is 93% protective against measles.
- There is currently no need to deviate from the current recommended childhood immunization schedule.
- Children can wait until age 4 for the second dose, especially given no evidence of transmission in our community.
- One dose will also help protect against severe disease if infected.

Early Vaccination for Infants:

- There is no need to start vaccination earlier than age 1 given the current state of the outbreak. We will notify you immediately if this recommendation changes.



- CDC recommends that infants >6 months and <12 years who are **traveling internationally** should receive a dose of MMR vaccine prior to travel.
- Given the current outbreak, we recommend this dose for infants **traveling** with their parents to **West Texas**.
- Any dose given before 12 months does **NOT** count toward the MMR series (0 dose).
- Children will still need two doses following the normal childhood immunizations schedule.

Contraindications:

MMR and other live vaccines should NOT be given to individuals with:

- Pregnancy
- HIV infection with CD4 count <15% or <200m
- Severe immunodeficiency (consult with healthcare provider)
- Certain immunosuppressant medications, including:
 - High-dose steroids (≥2 weeks of daily 20 mg or 2 mg/kg body weight of prednisone or equivalent)
 - Specific biologics (e.g., Humira)
 - Chemotherapy
- Recent receipt of antibody-containing blood products (within past 11 months)

Additional Resources:

- [Measles, Mumps, and Rubella \(MMR\) Vaccination | CDC](#)
- [Measles Preparedness Toolkit](#)

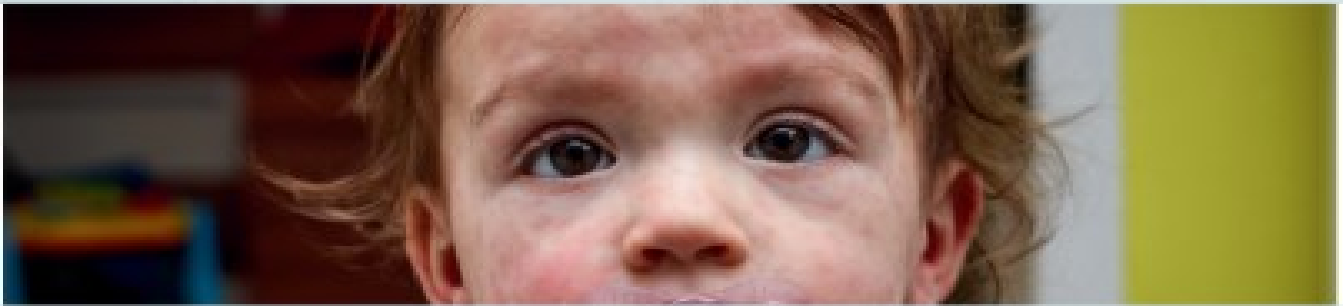
We will continue to monitor the situation closely and provide updates as necessary. For comprehensive information on contraindications and precautions, please consult our [immunizations team](#) or refer to official [CDC guidelines](#).

Sincerely,

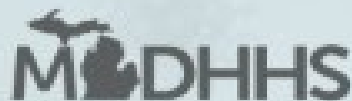
Michela Corsi, MD, MPH, MA
Medical Director, Genesee County Health Department

[Click here for full guide](#)

Measles Preparedness Toolkit



Health Care Providers Guide to In-Office
Testing and Prevention



GENESEE COUNTY
HEALTH DEPARTMENT

DISCONTINUATION-Measles-IgM Testing



Michigan Department of Health & Human Services

Laboratory System Partner,

Effective immediately, the MDHHS Bureau of Laboratories (BOL) will no longer offer measles IgM testing due to a manufacturer kit recall. Specimens submitted for measles IgM testing will be forwarded to partner laboratories for testing.

Measles RT-PCR and measles IgG testing are not impacted and remain available at the BOL.

For questions regarding this change, please contact:

Virology Section Manager, Dr. Katie Margulieux, MargulieuxK@michigan.gov 517-335-8099, or

Viral Serology Unit Manager, Kristine Smith, SmithK8@michigan.gov 517-335-8100.

Laboratory System Partner,

Starting April 14, 2026, the MDHHS Bureau of Laboratories is offering measles IgM testing on serum samples. Please request prior approval through the MDHHS Bureau of Infectious Disease Prevention at 517-335-8165. To order measles testing, refer to test requisition form [MDHHS-6084](#).

Ship specimens either cold (2-8°C) or frozen (<-20°C), packed in a Styrofoam container with frozen cold packs. If sample processing is delayed >48 hours, specimens must be frozen and shipped on dry ice to remain frozen during transport.

Shipping supplies for specimens sent to the BOL for testing may be ordered through the [Laboratory Kit Order Tracking System \(LKOTS\)](#). Select Kit 8A for serum shipping supplies and Kit 45 for Viral PCR testing. Serum samples may be packaged along with NP/OP swabs in VTM for PCR testing. Individual items (e.g. Styrofoam coolers, cold packs, collection tubes, etc.) may be ordered as needed by contacting mdhhslab@michigan.gov.

For serum submission instructions refer to [DCH-0812](#).

For NP/OP swabs in VTM submission instructions refer to [DCH-0772](#).

For additional questions, please contact the Virology Section Manager, Dr. Katie Margulieux at margulieuxk@michigan.gov or 517-335-8099



DAVID HOFF
CEO

(810) 407-4921

hoffshealthybooks@gmail.com

hoffshealthybooks.com

Certified QuickBooks
Online ProAdvisor

- Provide bookkeeping and general ledger entry input for QuickBooks Online.
- Generate income reports as needed.
- Perform budgeting and fixed cost analysis.
- Offer payroll services.
- Provide QuickBooks Online set up and consulting.

Your Membership at Work

- ♦ GCMS hosts monthly Practice Manager's meeting discussing complicated insurance issues in round table discussions with various insurance companies. If you find on-going insurance issues, please reach out to GCMS staff at executivedirector@gcms.org and we can connect that insurance company representative with our hard working Practice Managers.
 - ♦ GCMS staff helped Genesee County residents with contacts, resources and explanations.
 - ♦ GCMS Membership Committee has collaborated and has a plan in place to reach out to and meet with various practices in Genesee County. If you have colleagues that are not yet GCMS members, please connect with them!
- **** A flyer of GCMS benefits can be provided to you.



For Daily Genesee County Covid-19 Numbers

[Coronavirus \(COVID-19\) Data Dashboard for Genesee County](#)



For Reporting



EMPLOYERS + SCHOOL ADMINISTRATORS:

Do you need to report a laboratory-confirmed positive COVID-19 case?

Click the button to email the Communicable Disease team at GCHD-CD@gchd.us or call (810) 257-1017



For State of Michigan Covid-19 Information

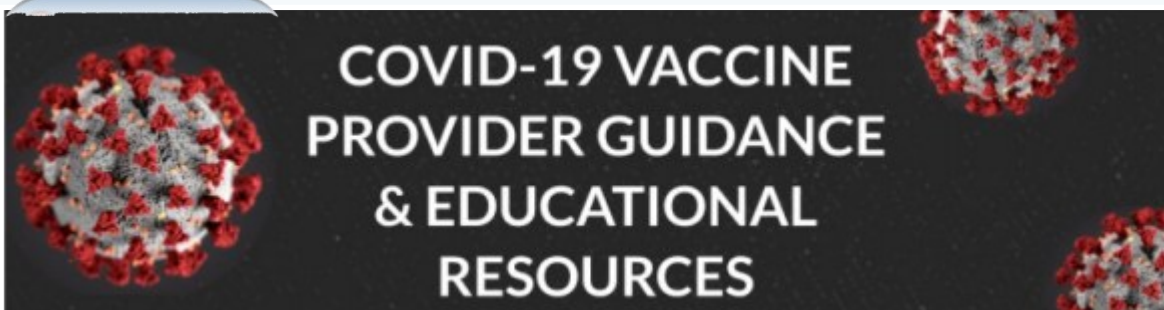




**COVID-19 VACCINE
BREAKTHROUGH**



CLICK HERE



COVID-19 VACCINE

The COVID-19 pandemic demonstrates how diseases without vaccines can devastate economic and public health. Vaccines have reduced and, in some cases, eliminated many diseases. In the U.S., there is currently no approved vaccine to prevent COVID-19. MDHHS is working with the CDC and Michigan stakeholders to prepare and plan for when the vaccine is available. The initial draft of our state's plan is now available and will be updated often in the coming months. Visit regularly for the most recent information on the COVID-19 vaccine and Michigan's preparations.

COVID-19 VACCINE PLAN



CLICK HERE

COVID-19 VACCINE RESOURCES

IMMUNIZATIONS DURING COVID-19

CDC FAQs

PROVIDER GUIDANCE & EDUCATION

Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the underserved, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

In your Trust, "Grantor directs Trustee to distribute ___% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation."

In your Will, "I give, devise and bequeath ___% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation."

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.



**Don't
Forget!**
Donations
are tax
deductible!

Please contact GCMS at 733-9923 or email executivedirector@gcms.org



Do you have an advertising NEED?

- Are you a Physician and you are a member of GCMS and you have a new practice in Michigan?
- Do you have a medical practice and you are a member of GCMS and your office has relocated?
- Do you have a business that serves Michigan and business slow?

Let Genesee County Medical Society help!

Genesee County Medical Society Bulletin **(ONLINE MAGAZINE)**

Your ad will be featured in the Genesee County Medical Society monthly bulletin that is provided to 1,500+ viewers. The Bulletin can also be found on the GCMS website, and is also published through Calameo virtual magazine. ([HTTPS://En.Calameo.com/](https://en.calameo.com/))

1/2-page ad \$195/month

3/4-page ad \$290/month

Full page ad \$350/month

A link to the business website or email can be added for **NO** additional fee.

Click here

to connect with GCMS, we can provide your advertising needs!



****all ads placed by Physicians or Medical Practices must have a GCMS membership.**

MEDICAL SOCIETY FOUNDATION



Did you know that all donations made to the **Medical Society Foundation** are 100% Tax-deductible? If you are interested in donating, or if you have any further questions, please contact executivedirector@gcms.org Thank you!



Mainstreaming Addiction Treatment Act/Medication Access and Training Expansion Act and Corresponding State Modifications

June 21, 2023

To all controlled substance licensees:

Most practitioners are now aware that Congress has passed the Mainstreaming Addiction Treatment (MAT) Act that removed the federal "DATA 2000" or "DATA-Waiver Program," and the Medication Access and Training Expansion (MATE) Act that established a one-time training on substance use disorder for practitioners who prescribe controlled substances when they obtain or renew their Drug Enforcement Administration (DEA) registration. In light of these changes, which are intended to educate practitioners and reduce barriers to obtaining medications for opioid use disorder (OUD) by eliminating burdens on providers who currently prescribe medications and new providers who wish to treat patients with OUD, the Bureau of Professional Licensing (BPL) would like to convey the following corresponding changes at the state level:

- The new DEA one-time 8-hour training requirement is effective June 27, 2023. Effective on this date, or the date on which the DEA requires the 8-hour training in the event the effective date is delayed, and until further notice, a practitioner required to attend a one-time opioid and controlled substances awareness training by the state's Controlled Substances Rules, may use the 8 hours of training that is accepted by the DEA for their controlled substances registration to also meet the state's required one-time training on opioids and other controlled substances awareness.
- In addition, R 338.3163 that limits prescribing, dispensing and administering a controlled substance to an individual with a substance use disorder will not be enforced by BPL until the rule is either modified or rescinded. This rule limited the circumstances under which a practitioner could treat an individual with substance use disorder, as well as the number of individuals that could be treated. All other laws and rules, both federal and state, must still be followed.

For more information about the elimination of the DATA-Waiver Program, and DEA's 8-hour substance disorder training, please refer to the following websites:

<https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement>

https://www.deadiversion.usdoj.gov/pubs/docs/MATE_training.html

! [MATE Training Letter Final.pdf \(usdoj.gov\)](#)

Questions may be sent to : BPLHelp@michigan.gov.

Thank you,

Bureau of Professional Licensing
Licensing Division



CONNECT WITH US..

[Genesee County Medical Society \(GCMS\) | Flint MI |](#)
[Facebook](#)



[Wix | LinkedIn](#)



WWW.GCMS.ORG