

THE BULLETIN

MAY 2020 VOLUME 97, NUMBER 5

- ◆ The Evolution of Practice Transformation
- ◆ Big Changes Coming to Auto No-Fault
- ◆ Take Action: Provide COVID-19 Immunity to Physicians



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THE BULLETIN

MAY 2020 VOLUME 97, NUMBER 5

READ BY 96% OF GCMS MEMBERS

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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.

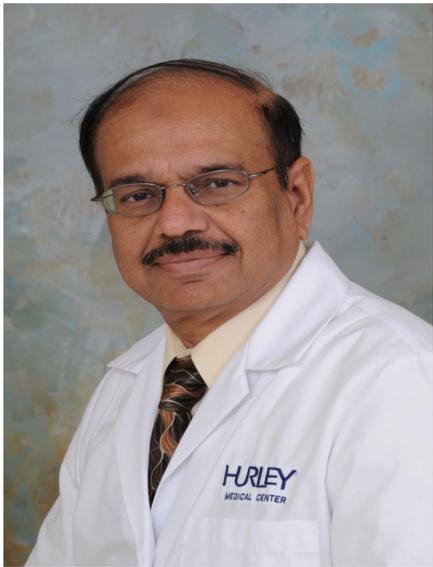
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Qazi Azher , MD

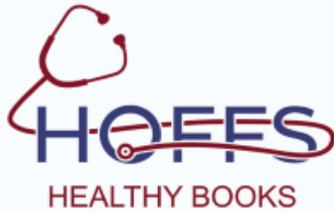
The Evolution of Practice Transformation

Practice transformation is a concept that has been around for the past decade. Groups like CMS, the AMA and Blue Cross Blue Shield of Michigan have supported pilot projects and supplied tools that have led to incremental changes in areas such as patient-centered medical homes and telemedicine, among others. In the face of the COVID-19 pandemic, and once our shuttered practices re-open in this new, uncharted future, the practice of medicine will race past these small modifications and will undergo a full-blown transfiguration. The question is- are we, as physicians, ready and willing to lead the change?

I believe that physicians are uniquely positioned to help design the future of health care because of our understanding of the needs of our patients and our unwavering commitment to seeing those needs met. For far too long, that commitment has been challenged by outside forces. The precious time spent with our patients has been chipped away by an ever-growing bureaucratic hammer. Perhaps now with social distancing guidelines and expanded telemedicine capabilities, some of that time can be recaptured.

In order to make sure that we are at the forefront of this change, we at GCMS must ensure that the voice of the physician rises above the rest. The best way to do this is to make sure that organized medicine has an even more active, vibrant base to draw upon for advocacy support. During this pandemic, your GCMS leadership has played a crucial role in advocating for you as you courageously fought for your patients. Now, we need the support of our current members to expand our efforts, making sure that we grow into the largest, most diverse membership possible to affect the kind of change that our members require and your patients deserve.

Daniel Day Lewis said, *“At some point in your life, if you're lucky, you get to design the way in which things evolve.”* There is no question that the practice of medicine has begun an evolution- the question is, are we willing to be actively involved in designing that transformation?



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MEETINGS

Board of Directors, 5/26
6:00 pm, *virtual meeting*

Legislative Liaison Committee, 6/1
8:00 am, *virtual meeting*

Practice Managers
8:00 am, GCMS Office
POSTPONED

Community & Environmental Health Committee, 6/10
12:30pm, *virtual meeting*

Board of Directors, 6/23
6:00pm, *details pending*

*Save
the Date*

President's Ball
November 7th, 2020

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ADVOCACY



SB 899 Ensures Physicians are Provided Immunity Regarding Medical Liability due to COVID-19

For the past few months, physicians across the state have worked tirelessly to better understand this novel coronavirus and treat the afflicted who are suffering. Every day, they are doing their best to adapt to the fluid and rapidly changing circumstances surrounding this pandemic, all the while risking their lives and the lives of their families along the way.

Physicians everywhere are doing their absolute best to provide quality care during an extremely challenging and nearly unprecedented time, and at the very least, they deserve the protection they need given these extenuating circumstances.

SB 899 provides that protection—legislation that ensures physicians and other health care providers responding to the coronavirus pandemic are provided immunity regarding medical liability while working through these extremely challenging and nearly unprecedented times.

It's the support and protection Michigan's health care community needs and deserves. Contact your lawmakers today and urge them to support SB 899.



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ATTENTION: GCMS Practice Managers

▶ GCMS addresses issues of serious concern for medical practices!

GCMS Practice Manager meetings are held on the 1st Thursday of each month from 8am to 10am for practice managers and staff of all *member physicians*, in the Rapport Conference Room at the **Genesee County Medical Society, 4438 Oak Bridge Drive, Suite B, Flint, MI 48532.**

Please email executivedirector@gcms.org or call [810-733-9923](tel:810-733-9923) to RSVP!

June 4, 2020 POSTPONED "Roundtable Discussions"

Presenter

Stacie J. Saylor, CPC, CPB. Reimbursement Advocate
Health Care Delivery, Michigan State Medical Society

July 2, 2020

– No Meeting – Have a safe and happy summer!

August 6, 2020

Presenter(s)

"Meridian Health Plan Update"

Kristen Gaseski, Manager of Network Development
Valerie Southall, Provider Network Development Representative
Jeffrey A. Holzhausen, Director of Network Development

Don't let your practice manager miss these valuable meetings!

Email the GCMS office at executivedirector@gcms.org or call [810-733-9923](tel:810-733-9923) to RSVP!

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



DIRECTOR'S MESSAGE

"The friend in my adversity I shall always cherish most. I can better trust those who helped to relieve the gloom of my dark hours than those who are so ready to enjoy with me the sunshine of my prosperity."

– **Ulysses S. Grant**

We have all faced the gloom of dark hours over the past few months as the dramatic impact of COVID-19 has touched every aspect of our personal and professional lives and the lives of those that we serve.

Now, more than ever, the future seems daunting, with more questions than answers about how and when to safely return to work, gather with friends and family, resume our everyday lives.

In this time of uncertainty, GCMS cherishes for our solid partnership with our members. We are both proud and humbled to be your advocates as you courageously face this pandemic head-on.

Just as you have never wavered in your commitment to your patients and this community, we have also been working tirelessly on your behalf, providing critical information for your continued safety, the safety of your patients and the viability of your practices. GCMS leadership has regularly teamed up with our partners in organized medicine, as well as local, state and

national experts, to discuss the public health impact of this pandemic and encourage clear, evidence-based decision making to key players

at every level of government. We've also worked with our partners to advocate for state and federal financial support for our members and their practices, for telehealth equity, and for liability protection in this unprecedented situation.

In the days and weeks ahead, we will start to emerge from these difficult times.

As we travel toward an uncharted future, our newly strengthened bonds will lead us to the sunshine of our prosperity.



Angie Kempainen, CAE

All in One Page: Prepare your Practice for COVID-19



- Covid-19 update at Michigan State Medical Society: [MSMS](#)
- Check this for clinics and health care facilities: [CDC resources](#)
- Guidelines to prevent the spread of COVID-19 in your practice: [Guides from WHO](#)
- AMA advice for COVID-19: [AMA advice for practices](#)
- Mental health resources for physicians and other staff: information from [the AMA](#) and [The Center for the Study of Traumatic Stress](#)
- Minimize exposure and implement standard and transmission-based precautions: [Interim infection prevention and control recommendations](#)
- How to manage your personal protective equipment (PPE):
- [CDC Strategies for Optimizing PPE and supply of N95 respirators](#)
- Prioritize urgent and emergency visits to help manage the supply of PPE: [CMS recommendations on non-essential procedures](#)
- Who should be tested for COVID-19 and how to get them tested: [Evaluating and testing for COVID-19](#)
- Physicians should **immediately** notify their local or state health department in the event of a PUI for COVID-19: Find your [state](#) and [Genesee County](#) health department contacts
- Suggestions on management of patients with COVID-19: [Clinical guidance from the CDC](#)
- Currently Available Investigational and therapeutic treatment options: Treatment guidelines from [NIH](#) and [CDC](#)
- Risky population for COVID-19: [People at Risk for Serious Illness from COVID-19](#)
- Return to work for health care workers: [Interim CDC guidance](#) (note that federal guidance may be adapted by state or local health departments to respond to rapidly changing local circumstances.)
- Inform travelers: [CDC travel notices](#)
- Medicare providers: [CMS Medicare FAQ](#)
- Coverage and benefits related to COVID-19: [CMS Medicaid FAQ](#)
- CMS Medicare [Fact Sheet](#) for TELEMEDICINE
- [AMA quick guide](#) TELEMEDICINE

Edward Christy MD, CMD, FACP, AGSF, FAAHPM, MBA

COVID-19



Recent CMS Communications Regarding COVID-19

Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic (4/30/20)

Targeted Audience: Healthcare Providers

Key Points:

- CMS announces new rules to support and expand COVID-19 diagnostic testing for Medicare and Medicaid beneficiaries that includes: no longer requiring an order from the treating physician or other practitioner for beneficiaries to get COVID-19 tests and certain laboratory tests required as part of a COVID-19 diagnosis; allowing pharmacists to perform certain COVID-19 tests if they are enrolled in Medicare as a laboratory; and covering certain serology (antibody) tests and laboratory processing of certain FDA-authorized tests that beneficiaries self-collect at home.
- CMS has taken multiple steps to allow hospitals to provide services in other healthcare facilities and sites that aren't part of the existing hospital, and to set up temporary expansion sites to help address patient needs such as: enabling freestanding inpatient rehabilitation facilities to accept patients from acute-care hospitals experiencing a surge; inpatient psychiatric facilities and inpatient rehabilitation facilities can admit more patients to alleviate pressure on acute-care hospital bed capacity; and long-term acute-care hospitals can now accept any acute-care hospital patients and be paid at a higher Medicare payment rate.
- CMS continues to remove barriers for hiring and retaining physicians, nurses, and other healthcare professionals to keep staffing levels high at hospitals, health clinics, and other facilities such as allowing NPs, PAs, and clinical nurse specialists to order home health services and physical and occupational therapists to delegate maintenance therapy services to physical and occupational therapy assistants in outpatient settings.

- CMS directed an expansion of telehealth services in the Medicare fee-for-service program so that doctors and other providers can deliver a wider range of care to beneficiaries in their homes that includes: waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services; broadening the list of covered services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians, and waiving the video requirement for certain telephone evaluation and management services.

For additional information see:

- [CMS Press Release](#)
- [Additional Background: Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge](#)
- [CMS: Coronavirus Waivers & Flexibilities](#)

CMS Announces Independent Commission to Address Safety and Quality in Nursing Homes (4/30/20)

Targeted Audience: Nursing Homes

Key Points:

- CMS announced a new independent Commission that will conduct a comprehensive assessment of the nursing home response to the 2019 Novel Coronavirus (COVID-19) pandemic and provide independent recommendations to the contractor to review and report to CMS to help inform immediate and future responses to COVID-19 in nursing homes.
- The Commission will include leading industry experts, family members, clinicians, resident/patient advocates, medical ethicists, administrators, academicians, infection control and prevention professionals, state and local authorities, and other selected experts and is expected to convene in late May.
- The Commission will develop recommendations on three key tasks: putting nursing home residents first by ensuring they are protected from COVID-19 and improving the responsiveness of care delivery to maximize the quality of life for residents; strengthening efforts to enable rapid and effective identification and mitigation of COVID-19 transmission (and other infectious disease) in nursing homes; and enhancing strategies to improve compliance with infection control policies in response to COVID-19.

For additional information see:

- [CMS Press Release](#)
- [Ensuring Safety and Quality in America's Nursing Homes](#)

New Frequently Asked Questions on EMTALA (4/30/20)

Targeted Audience: Healthcare Providers

Key Points:

- CMS issued Frequently Asked Questions (FAQs) clarifying requirements and considerations for hospitals and other providers related to the Emergency Medical Treatment and Labor Act (EMTALA) during the COVID-19 pandemic.
- The FAQs address questions around patient presentation to the emergency department, EMTALA applicability across facility types, qualified medical professionals, medical screening exams, patient transfer and stabilization, telehealth, and other topics.

For additional information see:

- [Emergency Medical Treatment and Labor Act \(EMTALA\) Requirements and Implications Related to COVID-19 \(Revised\)](#)

Other CMS COVID-19 Communications Issued to Date

CMS Adds New COVID-19 Clinical Trials Improvement Activity to the Quality Payment Program (4/28/20)

Targeted Audience: Clinicians

White House Testing Blueprint (4/28/20)

Targeted Audience: All Americans

CMS Reevaluates Accelerated Payment Program and Suspends Advance Payment Program (4/26/20)

Targeted Audience: Healthcare Providers

Trump Administration Releases COVID-19 Telehealth Toolkit to Accelerate State Use of Telehealth in Medicaid and CHIP (4/23/20)

Targeted Audience: State Medicaid & CHIP

Trump Administration Launches New Toolkit to Help States Navigate COVID-19 Health Workforce Challenges (4/22/20)

Targeted Audience: State and Local Healthcare Stakeholders

CMS Issues Guidance Allowing Independent Freestanding Emergency Departments to Provide Care to Medicare and Medicaid Beneficiaries during the COVID-19 Public Health Emergency (4/21/20)

Targeted Audience: Independent Freestanding Emergency Departments (IFEDs)

CMS Releases Additional Blanket Waivers for Long-Term Care Hospitals, Rural Health Clinics, Federally Qualified Health Centers and Intermediate Care Facilities (4/21/20)

Targeted Audience: Long-Term Care Hospitals (LTCHs), Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Trump Administration Champions Reporting of COVID-19 Clinical Trial Data through Quality Payment Program, Announces New Clinical Trials Improvement Activity (4/20/20)

Targeted Audience: Clinicians

Trump Administration Announces New Nursing Homes COVID-19 Transparency Effort (4/19/20)

Targeted Audience: Nursing Facilities

CMS Issues Recommendations to Re-Open Health Care Systems in Areas with Low Incidence of COVID-19 (4/19/20)

Targeted Audience: Health Care Systems

CMS Implements CARES Act Hospital Payment and Inpatient Rehabilitation Facility Waivers (4/16/20)

Targeted Audience: Hospitals, Long-Term Care Hospitals (LTCHs), and Inpatient Rehabilitation Facilities (IRFs)

CMS Approves Additional State Medicaid Waivers and Amendments to Give States Flexibility to Address Coronavirus Pandemic (4/16/20)

Targeted Audience: All States

Delay of the 2020 HOS & HOS-M Surveys for 2021 Frailty Score Calculation (4/15/20)

Targeted Audience: All PACE organizations and Medicare Advantage organizations sponsoring FIDE SNPs

2019 Novel Coronavirus (COVID-19) Long-Term Care Facility (LTC) Transfer Scenarios (4/15/20)

Targeted Audience: Long-Term Care Facilities and State Survey Agencies

CMS Increases Medicare Payment for High-Production Coronavirus Lab Tests (4/15/20)

Targeted Audience: All Stakeholders

2019 Novel Coronavirus (COVID-19) Long-Term Care Facility (LTC) Transfer Scenarios (4/14/20)

Targeted Audience: Long-Term Care Facilities and State Survey Agencies

CMS Office Hours on COVID-19 (4/13/20)

Targeted Audience: All Stakeholders

Trump Administration Announces Expanded Coverage for Essential Diagnostic

Services Amid COVID-19 Public Health Emergency (4/11/20)

Targeted Audience: Healthcare Providers

Applicability of diagnoses from telehealth services for risk adjustment (4/10/20)

Targeted Audience: All Medicare Advantage, Cost, PACE, and Demonstration Organizations

Trump Administration Acts to Ensure U.S. Healthcare Facilities Can Maximize Frontline Workforces to Confront COVID-19 Crisis (4/9/20)

Targeted Audience: Hospitals and Physicians

CMS Issues New Wave of Infection Control Guidance Based on CDC Guidelines to Protect Patients and Healthcare Workers from COVID-19 (4/8/20)

Targeted Audience: Healthcare Workers

CMS Approves Approximately \$34 Billion for Providers with the Accelerated/Advance Payment Program for Medicare Providers in One Week (4/7/20)

Targeted Audience: Medicare Providers

Non-Emergent, Elective Medical Services and Treatment Recommendations (4/7/20)

Targeted Audience: Healthcare Providers

COVID-19 Update Call (4/7/20)

Target Audience: All Medicare fee-for-service providers and interested stakeholders

Special Open-Door Forum addressing Telehealth in Medicare during COVID-19 (4/7/20)

Targeted Audience: Healthcare Providers

Special Open-Door Forum: CMS Hospital Without Walls (4/7/20)

Targeted Audience: All Stakeholders

Dear Clinician Letter (4/6/20)

Targeted Audience: Healthcare Providers

Lessons from The Front Lines: COVID-19 (4/6/20)

Targeted Audience: All Stakeholders

Guidance for Processing Attestations from Ambulatory Surgical Centers (ASCs) Temporarily Enrolling as Hospitals during the COVID-19 Public Health Emergency (4/4/20)

Targeted Audience: Ambulatory Surgical Centers (ASCs)

CMS Approves Additional State Medicaid Waivers and Amendments to Give States Flexibility to Address Coronavirus Pandemic (4/4/20)

Targeted Audience: All States

FLINTREGISTRY



Get Connected.
Get Supported.
Get Counted.

People who used Flint water from April 25, 2014 to October 15, 2015 can participate in a voluntary secure registry that will refer them to programs and other resources aimed at minimizing the effects of lead on their health, while promoting wellness and recovery.

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The Flint Registry is a resource to see how the people of Flint are doing and provide support for those impacted by the water crisis. After completing a survey, individuals are referred to services that promote health and development such as education, health and nutrition programs. Support, especially for children, includes referral to Genesee Health System Neurodevelopment Center of Excellence – a new, no-cost child development assessment center.

The Flint Registry is modeled after other public health registries like the World Trade Center Disaster Registry. The Flint Registry is for anyone who was exposed to lead-contaminated water because they worked, lived, went to school, or daycare identified as an address on the Flint water system from **April 25, 2014 – October 15, 2015**, including children who were prenatally exposed. The Flint Registry is for all ages.

Want to learn more? Visit our website at flintregistry.org or call 833-GO-FLINT.

WHAT IS THE LOGO ALL ABOUT?



The logo represents the Sankofa bird, a mythical African bird from the Akan tribe in Ghana. The bird is flying forward, yet looking back, and carrying an egg in its mouth. It is symbolic of always needing to move forward, but never forgetting what happened in the past, and prioritizing the young. The logo suggestion was made by a Flint resident.



Michigan State University College of Human Medicine received funding for this work from the Centers for Disease Control and Prevention (CDC), Grant #NUE2EH001370.



COMMIT TO FIT!

Virtual Fitness Guide

Commit to Fit!



Visit commit2fit.com to track all of your physical activity and keep track of your fitness goal!

University of Michigan - Flint



Click [HERE](#) for daily workouts!

Crim Fitness Foundation



Visit crim.org for a variety of yoga and mindfulness practices!

Ascension Genesys Athletic Club



Click [HERE](#) for intense & moderate workout videos!

YMCA - 360



Visit ymca360.org for fitness classes of all ages!

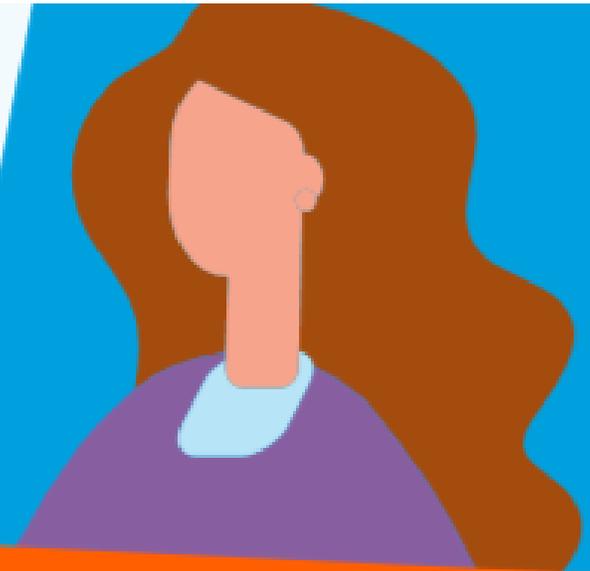
Arthritis Foundation



Click [HERE](#) for arthritis exercises!

COMMUNITY TOOLKIT

OPIOIDS: WHAT YOU NEED TO KNOW



ABOUT OPIOID ADDICTION

Genesee County Opioid Prevention Project



GREATER FLINT HEALTH COALITION



KnowMoreGenesee.org

OPIOIDS: WHAT YOU NEED TO KNOW

If you have recently been prescribed an opioid, are concerned about or struggling with opioid addiction or know somebody that is, this resource will help you better understand opioids. Know more about opioids and get help if needed.

Opioid Epidemic

The opioid epidemic, a growing nationwide public emergency, does not discriminate the individuals and communities that it impacts. Genesee County is no exception. According to the Michigan Department of Health and Human Services, 131 Genesee County residents died of an opioid overdose in 2017, up from 120 in 2016¹.

Many more are treated for an opioid overdose. As community members, parents, neighbors, and friends, there is an opportunity to become better informed and help those struggling with addiction.

What are Opioids?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.² While many people benefit from using prescription opioid pain medications to manage pain under a health care provider's

direction, there is a risk of dependence and addiction. There is also a risk to the community when prescription drugs are diverted for improper use by others.

Know the Risks and Side Effects of Opioid Use

Prescription opioids have a serious risk of addiction and overdose, especially with long term use. The use of prescription opioids can have a number of side effects even when taken as directed. They include:

- Tolerance – meaning you might need to take more of a medication for the same pain relief
- Physical dependence – meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness

- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating³

Know the Signs and Symptoms of Opioid Addiction or Overdose

Opioid addiction is a disease that affects your brain and your behavior. At first you have control over your choice to start using drugs, however over time your brain actually changes in certain ways creating an urge to use the drug. There are many signs and symptoms of opioid misuse and addiction. They can include: poor coordination, drowsiness, shallow or slow breathing rate, nausea, vomiting, constipation, physical agitation, poor decision making, abandoning responsibilities, slurred speech, sleeping more or less than normal, mood swings, euphoria (feeling high), irritability, depression, lowered motivation, and anxiety attacks.⁴



¹ "The Opioid Epidemic in Michigan." Michigan Substance Use Disorder Data Repository, mi-suddr.com/opioids/.

² "What Are Opioids?" HHS.gov, www.hhs.gov/opioids/prevention/index.html.

³ "Prescription Opioids: What You Need to Know." CDC, www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf

⁴ "Opioid Addiction - Pain Relief - Signs of Addiction." Familydoctor.org, www.familydoctor.org/condition/opioid-addiction/.

It is important to recognize the signs and symptoms of an opioid overdose and act fast to help save a life. Signs of an overdose include:

- Small, constricted "pinpoint pupils"
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue, or cold skin

An opioid overdose requires immediate medical attention. If you think someone is experiencing an overdose, even if you aren't sure, it is best to treat it like an overdose. Follow these steps:

- Call 911 immediately
- Administer naloxone, if available
- Try to keep the person awake and breathing
- Lay the person on their side to prevent choking
- Stay with him or her until emergency workers arrive⁵

Know Naloxone and the Law

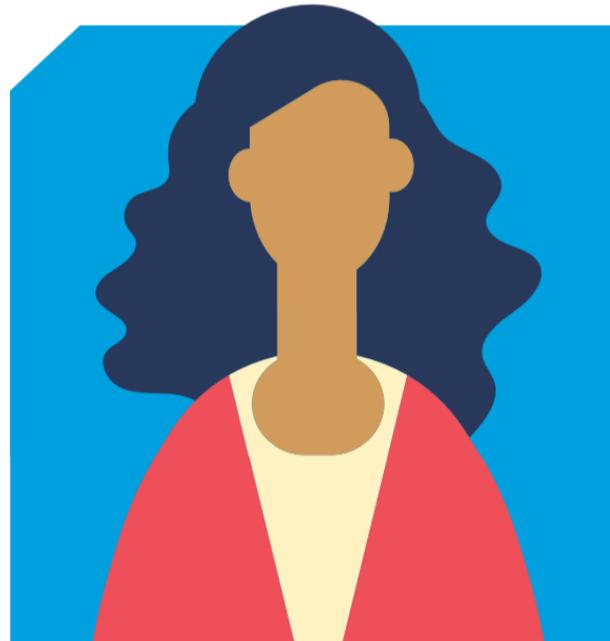
Naloxone is a medicine that rapidly reverses an opioid overdose. It can quickly restore normal breathing to a person if their breathing has slowed or stopped due to an opioid overdose. Naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder. Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected. If you or a loved one is at risk for an opioid overdose, it is important that you have naloxone on hand. Talk to your physician or pharmacist about naloxone when receiving a prescription for opioids.⁶

During a drug overdose, a quick response can save a life. However, people illegally using drugs sometimes do not seek medical

attention during an overdose for fear of alerting police of their illegal drug use. In order to prioritize saving lives, Michigan passed a Good Samaritan law in 2016. Michigan's Good Samaritan law prevents drug possession charges against those that seek medical assistance for an overdose in certain circumstances. This law makes saving lives the priority during a drug overdose, not criminal prosecutions of illegal drug users⁷.

Know that You Have Treatment Options for Managing Pain

Although prescription pain medications can be effective at treating certain types of pain, there are different treatment options and



therapies available. Opioids are not the first-line treatment for chronic pain, with the exception of cancer treatment, palliative care, and end-of-life care. Nonopioid treatments can provide relief to those suffering from chronic pain and are safer. Talk to your doctor about your options to best manage your pain. Alternative treatments may include:

- Acupuncture
- Chiropractic care
- Cognitive behavioral therapy
- Massage therapy
- Meditation and relaxation
- Physical therapy
- Yoga⁸

Know How to Practice Responsible Use of Opioids

Whether you are currently taking opioids or considering opioids to treat (acute) pain after surgery or for chronic pain, it is important that you take steps to protect yourself, your loved ones, and your community.

- Be proactive to learn about your options and communicate with your doctor.
- Be honest with your doctor about your health, drug, and alcohol history, as well as your family history.

⁵ "Preventing an Opioid Overdose." CDC, www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf

⁶ National Institute on Drug Abuse. "Naloxone." NIDA, 1 Jan. 2019, www.drugabuse.gov/publications/drugfacts/naloxone.

⁷ "Michigan's Good Samaritan Law." MDHHS, www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584_79585_79587_79590-409680--,00.html

⁸ "RX Pain Medications, Know The Options, Get the Facts." SAMHSA, <https://store.samhsa.gov/system/files/sma17-5053-1.pdf>

KNOW MORE ABOUT OPIOID ADDICTION

- Always follow your pain care plan and keep your appointments for follow-up care.
- Never take opioids in higher amounts or more often than prescribed.
- Do not combine opioids with alcohol or other drugs that cause drowsiness, such as: benzodiazepines, muscle relaxants, and sleep aids.
- Never share or sell prescription opioids.⁹

Know How to Properly Store and Dispose of Opioids

Learn how to properly store and dispose of unused medications. Always keep your opioids in a safe, locked place, out of reach of family, children, visitors, and pets. Always keep your opioids in their original labeled container, even when you travel. Remember your children and grandchildren! Keep them safe.

If you have unused opioids at the end of your treatment, take steps to safely dispose of them to protect your family and community. Find an approved prescription drug collection site near you, find a medication Take Back event, or properly use your household trash as a last resort. Prescription drug drop boxes can be found at the following Genesee County locations:

- Burton City Police Department, 4090 Manor Drive
Mon-Fri 9:00am-5:00pm
- Clio City Police Department, 505 W. Vienna Street
Mon-Fri 8:00am-4:00pm
- Davison City Police Department, 200 E. Flint Street
Mon-Fri 8:00am-12:00pm & 1:00pm-4:00pm
- Fenton City Police Department, 301 S. Leroy Street
Available 24 hours
- Flint Police Department, 210 E. Fifth Street
Mon-Fri 10:00am-6:00pm
- Flint Township Police Department, 5200 Norko Drive
Available 24 hours
- Flushing City Police Department, 725 E. Main Street
Mon-Fri 9:00am-4:30pm
- Genesee Township Police Department, 7244 N. Genesee Road
Mon-Fri 9:00am-5:00pm
- Grand Blanc Township Police Department, 5405 S. Saginaw Street
Available 24 hours
- Mott Community College Public Safety, 1401 E. Court Street
In front of Public Safety Building
- Metro Police Authority, 5420 Hill 23 Drive
*Mon-Fri 9:00am-5:00pm*¹⁰



Know That There is Support Available

Remember that opioid addiction is a disease and those suffering should be treated with care and compassion as with any other disease. It is a chronic brain disease that can be managed with medical treatment. Talk to your doctor for help and refer to the **Quick Reference Referral Guide for Substance Use Treatment** locations. Consider finding a support group to come together with others facing addiction and the road to recovery. It may be helpful to learn from the experiences of others and receive emotional and social support.

- Genesee County Families Against Narcotics holds weekly Nar-Anon support meetings every Thursday evening at 7pm. 3515 North Belsay Road, Flint, MI 48506. All are welcome to attend. www.familiesagainstnarcotics.org/genesee
- Additional Genesee County Narcotics Anonymous meeting sites and times can be found online at www.michigan-na.org/flint-area/meetings/

Take the next steps to seek treatment for yourself or your loved one. There is help.

⁹ "RX Pain Medications, Know The Options, Get the Facts." SAMHSA, <https://store.samhsa.gov/system/files/sma17-5053-1.pdf>

¹⁰ "Proper Disposal: Stop Prescription Abuse." Proper Disposal | Stop Prescription Abuse, www.stopprescriptionabuse.com/proper-disposal.html

April 2019

Quick Reference Referral Guide *for Substance Use Treatment*

KnowMoreGenesee.org



ABOUT OPIOID ADDICTION

Genesee County Opioid Prevention Project



KNOW MORE ABOUT OPIOID ADDICTION

As a Genesee County provider encountering changes in legislation regarding utilization of the Michigan Automated Prescription System (MAPS), and navigating the substance use treatment system with your patients, the Greater Flint Health Coalition and its Mental Health & Substance Use Task Force offer this referral guide as an introductory resource.

The First Step: Accessing Substance Use Treatment

1 If an individual has **Medicaid, is uninsured, and/or has general questions**, they may call or visit (during business hours) **the Genesee Health System Access Center** at:

- 810-257-3740 (crisis line available 24/7)
- TTY 810-232-6310
- Toll-Free 877-346-3648
- 420 W. Fifth Avenue, Flint, MI 48503 – Open Monday through Friday, 8 am. to 5 p.m.

Please have the following information available when calling to expedite the process:

- Name, date of birth, social security number
- Medical insurance card or numbers, including Medicaid (if applicable)
- Names of current medicines and doctors

- Guardianship or court papers (if applicable)
- Special education or other school records (if applicable)
- Drug (quantity, frequency)
- Services needed (detox, inpatient, outpatient)

Fees for services are based on a person's ability to pay; therefore, staff will need to know the household income and number of dependents of the person seeking help. A coverage determination will be made at the time of the screening. Staff will let you know if you can expect to have any cost for your services. No one will be denied services based on their inability to pay.

2 If an **individual has insurance other than Medicaid**, call the insurance plan directly to determine covered services and providers.

Substance Use Treatment Centers in Genesee County and Surrounding Areas

GENESEE COUNTY RESIDENTIAL CENTERS

Above the Water House

4105 Keyes Street, Flint, MI 48504
(810) 877-2907
Women's recovery housing for females with addiction/alcoholism with mild to moderate psychological impairments.

Flint Odyssey House

529 M.L. King Avenue, Flint, MI 48503
(810) 238-5888
Medication assisted treatment, withdrawal management, long-term residential treatment, outpatient services, recovery housing, women's specialty services, adolescent treatment services.

Kairos Health Care, Holy Cross

8218 N. Jennings Road
Mt. Morris, MI 48458
(844) 452-4767
Corcoran House Residential Treatment for Women

Life Challenge Ministries

Life Challenge of Southeastern Michigan
17667 Pierson Street, Detroit, MI 48219
1230 Dupont St, Flint, MI 48504
(844) 355-LIFE
info@lcministries.org

One-year residential program for men and women with drug, alcohol, and other life-controlling addictions. Affiliated with Teen Challenge USA, International, our goal is more than rehabilitation, Faith based program.

New Paths Inc.

765 E. Hamilton Avenue, Flint, MI 48505
(810) 233-5340
newpaths.org
Short and long-term residential treatment, withdrawal management, outpatient services, recovery housing, 23-hour sobering facility, Court ordered treatment programming.

Salvation Army Adult Rehabilitation (Men Only)

2200 N. Dort Highway, Flint, MI 48506
(810) 234-2678
Long-term residential program, spiritual base, work therapy, group and individual counseling, leisure time activities.





GENESEE COUNTY OUTPATIENT CENTERS & SUPPORT SERVICES

**Bio-Med Behavioral Health
Care INC. - Flint**

1044 Gilbert Road, Flint, MI 48532
(810) 733-7623
Outpatient, integrated treatment,
medication assisted treatment.

Catholic Charities

901 Chippewa Street, Flint, MI 48503
(810) 232-9950
Outpatient SUD treatment, Court
ordered treatment programming.

**Families Against Narcotics –
Genesee County Chapter**

(810) 397-7175
familiesagainstnarcotics.org
Information regarding prescription drug
abuse, local resources, family support
network. Available to answer questions
regarding substance use and steps to
seek treatment.

**Genesee Community
Health Center**

422 W. 4th Avenue, Flint, MI 48503
(810) 496-5777
Integrated health care, treatment
services for co-occurring disorders,
medication assisted treatment
(Suboxone, Vivitrol).

**Hamilton Community
Health Center**

Multiple Locations
(810) 406-HCHN (4246)
Outpatient, substance abuse counseling,
Vivitrol program.

Holy Cross Services

4318 Miller Road, Flint, MI 48507
(810) 249-9924
Outpatient SUD treatment, recovery
housing.



Hope Network

1110 Eldon Baker Drive, Flint, MI 48503
(810) 232-2766
Free family and addiction services.

Insight Wellness Center

4400 S. Saginaw St., Ste. 1370
Flint, MI 48507
(810) 223-0199
Medication assisted treatment, outpatient
SUD treatment, services for co-occurring
disorders, pain management, physical therapy.

Meridian Health Services

1289-D S. Linden Road, Flint, MI 48532
(810) 620-7501
Outpatient care, integrated treatment,
and family therapy.

New Oakland Family Center

2401 South Linden Road,
Flint, MI 48507
(810) 957-4310
Intensive outpatient counseling
(dual diagnosis – mental health and
substance use disorder).

**Remedy Exchange Programs
(outreach services)**

12745 S. Saginaw, Suite 806-144
Grand Blanc, MI 48439
(810) 449-0159
remedyexchange@gmail.com
PRIME for Life is a program that helps
youth and adults learn how to reduce
their risk of alcohol and other drug
related problems throughout life.

Sacred Heart - Flint

2091 Professional Drive,
Flint, MI 48532
(810) 732-1652
Outpatient, integrated treatment,
medication assisted treatment
(Methadone, Vivitrol), women's
specialty.

The Serenity House of Flint

954 Church Street, Flint, MI 48502
(810) 893-1276
Informational, holistic options for
recovery from addictions.

RESOURCES OUTSIDE OF GENESEE COUNTY

Brighton Center for Recovery

12851 Grand River Road
Brighton, MI 48116
(810) 227-1211
brightonrecovery.org
Inpatient and intensive outpatient.
Provides residential, outpatient, dual diagnosis, and detox services. Will accept private insurance, cash, and Medicare.

Dawn Farms

6633 Stoney Creek Road
Ypsilanti, MI 48197
(734) 485-8725
Adolescent (17+) and adult residential, outpatient. Non-medicated, 12-step based detox is FREE to anyone, even if they do not stay for residential treatment. Transitional housing.

Grace Centers of Hope

35 E. Huron Street, Pontiac, MI 48342
(855) HELP-GCH
Adult residential, family and life-skills programs.



Henry Ford Maplegrove Center

6773 W Maple Road
West Bloomfield, MI 48322
(248) 661-6100
henryford.com
Outpatient and inpatient for adults.
Outpatient only for adolescents.

Kairos Healthcare Adolescents

3400 South Washington Road
Saginaw, MI 48601
(989) 755-1072
Adolescent and adult residential, integrated treatment, informational, prevention and problem assistance, outpatient screening assessment referral and follow-up.

Meridian Health Services

1255 N Oakland Blvd
Waterford, MI 48327
(248) 599-8999
Detox, adult residential, inpatient and outpatient care, integrated treatment, and family therapy.

Sacred Heart – Memphis

400 Stoddard Road
Memphis, MI 48041
(888) 804-7472 Admissions
(888) 802-7472 Admin
Adult residential, detox inpatient, case management, early intervention, integrated treatment, peer recovery and support, screening assessment referral and follow-up, Methadone.
Residential admissions:
(888) 804-7472 or (734) 284-0070
Monday-Friday, 8:30am-5:00pm
Emergency admissions:
(888) 804-7472, ext. 266, weekdays, weekends, and holidays. Sliding fee scale, Medicaid, ABW, and most health insurance.

Salvation Army Harbor Light

42590 Stepnitz Drive
Clinton Township, MI 48036
(586) 954-1838
Adult residential/outpatient, case management, detox, screening assessment referral and follow-up.

Serenity Therapy Center

745 Barclay Circle, #305
Rochester Hills, MI 48307
(586) 219-7010
serenityhelp.com
Outpatient, addiction counseling, family therapy, and interventions.

Teen Challenge of Western Michigan

440 Pontaluna Road
Muskegon, MI 49444
Men's Phone: (231) 798-7927
Women's Phone: (231) 798-2702
Email: info@wm-tc.com
wm-tc.com/contact-us
One year residential program. Faith based.

Vision Quest Recovery

Port Huron, MI
info@visionquestrecovery.com
Program Director: (810) 937-6279
Assistant Program Director:
(248) 421-8143
Transitional housing program, 12-step program, structure, guidelines.

Disclaimer: Resource details provided by Families Against Narcotics. All information was accurate at time of printing. Information is subject to change.

This program is supported by the Michigan Health Endowment Fund.

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

HAPPY BIRTHDAY DOCTOR!

**J
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Anthony Miltich, MD.....	1	Nitin Malhotra, MD.....	6	Ambreen Sattar, MD.....	18
P. C. Shetty, MD.....	1	Edilberto Moreno, MD.....	7	Ronald Sparschu, MD.....	21
James Graham, MD.....	1	Ravikumar Peddireddy, MD.....	10	John MacKenzie, MD.....	22
Siva Sankaran, MD.....	1	Tommy Stevens, MD.....	11	Ethiraj Raj, MD.....	22
Bala Aysola, MD.....	1	Raouf Mikhail, MD.....	11	James Ostrander, MD.....	24
Sunilkumar Rao, DO.....	1	Stephen Burton, MD.....	12	Michael Kia, MD.....	25
Fayez Kotob, MD, MBA.....	2	Jitendra Katneni, MD.....	12	Stacey McEwen, MD.....	25
Kunal Singh, MD.....	2	Sudhir Arumanla, MD.....	12	Alan Rice, MD.....	26
T Trevor Singh, MD.....	3	Edmund Louvar, MD.....	12	Sasikala Vemuri, MD.....	26
Sudarsan Misra, MD.....	4	Shah-Naz Khan, MD, FRCSC.....	12	Andrew Henke, MD.....	26
Ernesto Duterte, MD.....	4	Brooke Spencer-Trotter, MD.....	12	Dale Wilson, MD.....	26
Yazdi Sidhwa, MD.....	4	Marigowda Nagaraju, MD.....	14	Julio Badin, MD.....	28
My Le Shaw, MD.....	4	Gary Keoleian, MD.....	14		
Brian Bhagat, MD.....	4	Madhusudana Tummala, MD.....	14		



HAPPY BIRTHDAY DOCTOR!

**M
A
Y**

Matthew Sardelli, MD.....	1	Clifford Cox, MD.....	13	Christopher Tykocki, DO.....	18
Michael Zerafa, MD.....	1	Mehmet Agabigum, MD.....	13	Alicia Franco-Imperial, MD.....	18
Sylvia Kosciolek, MD.....	5	Lawrence Reynolds, MD.....	14	Crumsan Nundkuma, MD.....	18
Mohamadalli Amlani, MD.....	5	Edwin Gullekson, MD.....	14	Paul Adams, MD.....	19
Venkata Puttagunta, MD.....	5	Neil Friedman, MD.....	14	Michael Giacalone, Jr., MD.....	24
Melissa Hamp, MD.....	6	William Thompson, Jr., MD.....	15	Barry DeWitt, MD.....	29
Jeffrey Mitchinson, MD.....	6	Paul Morin, MD.....	15	Virgilio Bonet, MD.....	29
Christopher Murray, DO.....	7	Michael Danic, DO.....	16	Sami Khan, MD.....	30
Genevieve Sierminski, MD.....	7	Babatunde Almaroof, MD.....	16	James Aills, MD.....	30
Dong-Wha Ohm, MD.....	7	Mustafa Akpinar, MD.....	16	Caroline Mathew, MD.....	31
Linval Fleetwood, MD.....	8	Gerald Fulton, MD.....	17	Nestor Tomycz, MD.....	31



Medical Society Foundation

Consider a donation to the Medical Society Foundation for all of your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time you tell others how much their health- really means to you.

The Medical Society Foundation funds have been used to support the charitable activities of the Genesee County Medical Society.

Contributions can also be made in memory of an individual or to honor someone.

For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact **GCMS at 733-9923** or email executivedirector@gcms.org

Medical Society Foundation Mission Statement: The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.

Mail your donations to:

Medical Society Foundation

4438 Oak Bridge Drive, Suite B

Flint, MI 48532-5400

Big Changes Coming to Michigan's New Auto No-Fault Law

You and your patients may have noticed a barrage of communication from your auto insurers in recent months. That is because on July 2, 2020, Michigan drivers will be presented with new options for Personal Injury Protection coverage stemming from the 2019 overhaul of Michigan's auto no-fault law. WCMS is

sharing the following information to aid our members in weighing their options. We also urge you to share this information with your patients as they decide on their new Personal Injury Protection coverage.

Since 1972, Michigan had been one of only 12 auto no-fault states in the U.S. (and the only state in the nation that required unlimited lifetime medical coverage in auto insurance policies), meaning that all victims of motor vehicle accidents were guaranteed payment of insurance benefits, regardless of fault. The 2019 changes will have serious implications for drivers, victims, and the medical community. This July, Michigan drivers must select the level of their personal injury protection coverage- in July 2021, 2022, and 2023, the medical community will be heavily impacted by new fee schedules that will reduce current charges for medical care down to Medicare reimbursement rates.

The Coalition Protecting Auto No-Fault (CPAN), is a broad coalition of health care associations (including MSMS), patient advocates and accident survivors committed to preserving Michigan's model auto no-fault insurance system. CPAN opposed the auto no-fault changes and fought to ensure that the legislation would protect accident victims and drivers, not auto insurance companies' profits. Despite this, the law moved swiftly through the legislature without opportunity for public comment and was signed by the Governor.

In Michigan, drivers are required to carry these three coverages: personal injury protection; property protection; and residual liability insurance - bodily injury and property damage. And, though Michigan is still a no-fault state, this law significantly changes how the insurance system will operate, and has serious consequences for physicians and your patients.

Personal Injury Protection (PIP)

Currently, if you are hurt in an auto accident, this part of your no-fault policy will pay all reasonably necessary medical expenses with no maximum limit. It will also pay up to 85% of the income you would have earned if you had not been hurt, for up to three years. However, the amount that you would be paid for lost income is limited and the limit is revised annually.



As a result of the changes passed in 2019, it will no longer be mandated that auto insurance policies include unlimited PIP in your coverage. Drivers will be required to choose between policies with unlimited PIP coverage, or with PIP lifetime limits of \$250,000, \$500,000 (limited to \$50,000 for those drivers covered by Medicaid). Seniors on Medicare and individuals covered by other health insurance with less than a \$6,000 deductible can choose not to purchase any PIP coverage at all.

The revision also required insurers to reduce charges for the PIP component of a customer's policy by an average of at least 45% for policies with a \$50,000 PIP coverage limit, 35% for policies with a \$250,000 PIP limit, and 20% percent for policies with a \$500,000 PIP limit. Those who choose unlimited PIP coverage would get at least a 10% discount over current rates. However, there was no mandated length of time that

Reimbursement for medical care given to crash victims will be capped at twice the amount prescribed for federal Medicare reimbursements (subject to some adjustments). Limits would also be applied to reimbursements for long term care costs, including a cap of 56 hours a week on "attendant care" hours provided by friends and relatives, and payments to others capped at the amounts prescribed by the state's workers compensation insurance law.

Property Protection (PPI)

No-fault will pay up to \$1 million for damage your car does in Michigan to other people's property, such as buildings and fences. It will also pay for damage your car does to another person's properly parked vehicle. It does not pay for any other damage to cars.

Residual Liability Insurance - Bodily Injury and Property Damage

The no-fault law protects insured persons from being sued as a result of an auto accident except in certain special situations. In general, you can only be sued:

- a. if you cause an accident in Michigan in which someone is killed, seriously injured, or permanently disfigured;
- b. if you are involved in an accident in Michigan with a non-resident who is an occupant of a motor vehicle not registered in Michigan;
- c. if you are involved in an accident in another state; or
- d. for up to \$1,000 if you are 50% or more at fault in an accident which causes damages to another person's car which are not covered by insurance.

The required minimum coverage no-fault policy will pay up to certain amounts if a driver is found legally responsible. Although you may purchase additional coverage with higher limits, the minimum coverage offers:

- Up to \$20,000 for a person who is hurt or killed in an accident.
- Up to \$40,000 for each accident if several people are hurt or killed.
- Up to \$10,000 for property damage in another state

The 2019 revisions increase from \$500 to \$3,000 the limit on damages for which a person may sue under a “mini-tort” exception to the no fault insurance law’s general prohibition on vehicle crash lawsuits.

Trial lawyers will be prohibited from suing insurance companies for reimbursement claims that have not been authorized or are not late, or if the attorney improperly solicited a case (“ambulance chasing”).

Insurers will be prohibited from setting rates on the basis of home ownership, educational level attained, occupation or credit score (but could use “credit information”). Zip codes would also be barred as a rate-setting factor, but insurers may still group ratings by 'territory.'

Under current law, Michigan insurance companies must file rate structure changes with the state but can start using them right away ("file and use"). The bill would require auto insurers to wait 90 days before using new rates they have filed, unless regulators approve them sooner.

CPAN and its members continue to urge lawmakers that their work on auto insurance reform is not yet done. Visit [CPAN](https://test.michiganvotes.org/2019-SB-1) for more information.



WHO LOSES? EVERYONE (EXCEPT BIG AUTO INSURANCE COMPANIES)



Consumers: Drivers that purchase policies with PIP caps who sustain catastrophic injuries will spend their benefits within a few weeks, if not sooner. Yet many of those drivers will require care for the rest of their lives. Meanwhile, any dollars saved through reduced PIP premiums will likely be offset by increases in liability premiums required under the new law.

65+



Seniors: Seniors on Medicare who opt out of injury protections will lose access to long-term care, residential treatment programs, case management services, vehicle modifications, and more.



Urban residents: The reduction in PIP premiums is based on the statewide average. So, if you live in an area with historically high rates like Detroit, the reduction you'll see will be significantly less than residents in other areas.



Medical providers: The post-acute care industry, which provides rehabilitation services to victims after they leave the hospital, will be destroyed by the arbitrary fee schedule imposed by this law. It will force many care providers to close their doors, layoff thousands of employees and hurt Michigan's economy.



Motorcyclists: The new law eliminates guaranteed lifetime coverage for motorcyclists involved in car crashes—instead, if they are in an accident, their level of care will depend on the level of coverage carried by the car driver who caused the accident – regardless of the level of PIP coverage they purchased under their own auto policy.



Pedestrians and Cyclists: The new law caps at \$250,000 the amount of care you will receive if you're a pedestrian, cyclist, senior who no longer drives, children riding in uninsured vehicles, or anyone involved in a car accident who doesn't have auto insurance.



Taxpayers: With fewer benefits available, more accident victims will be forced into medical bankruptcy and onto Medicaid, which is paid for by Michigan taxpayers.



Businesses: Michigan businesses renewing their fleet insurance are already experiencing significant increases in their premiums due to the legal exposure the PIP choice options create. In addition, healthcare insurance will likely increase as health insurers will need to shoulder the costs of auto accident injuries.

Families: The new law will limit reimbursements for family members who care for accident victims to 56 hours per week. Many of these victims require around-the-clock care, and family members often have to quit their jobs to care for them. Now they will be forced to hire outside agencies to care for their loved ones, however families may not be able to find an agency that is willing to service auto injury patients because of the new fee schedule.

MI Auto Insurance
PROMISE



protectnofault.org

Application Code: _____

State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org

Join
GCMS/MSMS

Renew
Membership

- I am in my first year of practice post-residency. I work 20 hours or less per week.
 I am in my second year of practice post-residency. I am currently in active military duty.
 I am in my third year of practice post-residency. I am in full, active practice.
 I have moved into Michigan; this is my first year practicing in the state. I am a resident/fellow.

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

*Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

*Birth Date: ____/____/____ Birth Country _____ MI Medical License #: _____ ME #: _____

Medical School _____ Graduation Year: _____ ECFMG # (if applicable) _____

Residency Program _____ Program Completion Year _____

Fellowship Program _____ Program Completion Year _____

Hospital Affiliation _____

• Primary Specialty _____ Board Certified: Yes No

• Secondary Specialty _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

Within the last five years, have you been convicted of a felony crime?: Yes No If "yes," please provide full information: _____

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?: Yes No

If "yes," please provide full information: _____

I agree to support the County Medical Society Constitution and Bylaws, the Michigan State Medical Society Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date: _____

County Medical Society Use Only
Reviewed and Approved by: _____