

# HOUSE BILL No. 4077

February 2, 1989, Introduced by Reps. Berman, Rocca, DeMars, Hertel, Dolan, Brown, Emerson, Munsell, Stabenow, Jondahl, Johnson, Krause, Saunders, Emmons, Crandall, Gire, Runco, Gubow and Kilpatrick and referred to the Committee on Insurance.

A bill to amend section 21003 of Act No. 368 of the Public Acts of 1978, entitled as amended  
"Public health code,"  
as amended by Act No. 354 of the Public Acts of 1982, being  
section 333.21003 of the Michigan Compiled Laws.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1       Section 1. Section 21003 of Act No. 368 of the Public Acts  
2 of 1978, as amended by Act No. 354 of the Public Acts of 1982,  
3 being section 333.21003 of the Michigan Compiled Laws, is amended  
4 to read as follows:

5       Sec. 21003. (1) "Basic health services" means:

6       (a) Physician services including consultant and referral  
7 services by a physician, but not including psychiatric services.

8       (b) Ambulatory services.

1 (c) Inpatient hospital services, other than those for the  
2 treatment of mental illness.

3 (d) Emergency health services.

4 (e) Outpatient mental health services, not fewer than 20  
5 visits per year.

6 (f) Intermediate and outpatient care for substance abuse  
7 pursuant to the following:

8 (i) In the case of group contracts, if the fees for a group  
9 contract would be increased by 3% or more because of the provi-  
10 sion of services under this subdivision, the group subscriber  
11 shall have the option to decline the services. In the case of  
12 individual contracts, if the total fees for all individual con-  
13 tracts would be increased by 3% or more because of the provision  
14 of the services required under this subdivision in all of those  
15 contracts, the named subscriber of each such contract shall have  
16 the option to decline the services required to be provided under  
17 this subdivision.

18 (ii) Charges, terms, and conditions for the services  
19 required to be provided under this subdivision shall not be less  
20 favorable than the maximum prescribed for any other comparable  
21 service.

22 (iii) The services required to be provided under this subdi-  
23 vision shall not be reduced by terms or conditions which apply to  
24 other services in a contract, group or individual. This subpara-  
25 graph shall not be construed to prohibit contracts that provide  
26 for deductibles and copayment provisions for services for  
27 intermediate and outpatient care for substance abuse.

1       (iv) The services required to be provided under this  
2 subdivision shall, at a minimum, provide for up to \$1,656.00 in  
3 services for intermediate and outpatient care for substance abuse  
4 per individual per year. This minimum shall be adjusted annually  
5 by March 31 each year in accordance with the annual average per-  
6 centage increase or decrease in the United States consumer price  
7 index for the 12-month period ending the preceding December 31.

8       (v) As used in this subdivision, "intermediate care",  
9 "outpatient care", and "substance abuse" have those meanings  
10 ascribed to them in section 3425 of the insurance code of 1956,  
11 Act No. 218 of the Public Acts of 1956, being section 500.3425  
12 of the Michigan Compiled Laws.

13       (g) Diagnostic laboratory and diagnostic and therapeutic  
14 radiological services.

15       (h) Home health services.

16       (i) Preventive health services.

17       (J) BREAST CANCER SCREENING MAMMOGRAPHY, BREAST CANCER DIAG-  
18 NOSTIC SERVICES, BREAST CANCER TREATMENT SERVICES, AND BREAST  
19 CANCER REHABILITATIVE SERVICES. AS USED IN THIS SUBDIVISION:

20       (i) "BREAST CANCER DIAGNOSTIC SERVICES" MEANS A PROCEDURE  
21 INTENDED TO AID IN THE DIAGNOSIS OF BREAST CANCER, DELIVERED ON  
22 AN IN-PATIENT OR OUT-PATIENT BASIS, INCLUDING BUT NOT LIMITED TO  
23 MAMMOGRAPHY, SURGICAL BREAST BIOPSY, AND PATHOLOGIC EXAMINATION  
24 AND INTERPRETATION.

25       (ii) "BREAST CANCER REHABILITATIVE SERVICES" MEANS A PROCE-  
26 DURE INTENDED TO IMPROVE THE RESULT OF, OR AMELIORATE THE  
27 DEBILITATING CONSEQUENCES OF, TREATMENT OF BREAST CANCER,

1 DELIVERED ON AN IN-PATIENT OR OUT-PATIENT BASIS, INCLUDING BUT  
2 NOT LIMITED TO RECONSTRUCTIVE PLASTIC SURGERY, PHYSICAL THERAPY,  
3 BREAST PROSTHESIS, AND PSYCHOLOGICAL AND SOCIAL SUPPORT  
4 SERVICES.

5 (iii) "BREAST CANCER SCREENING MAMMOGRAPHY" MEANS A STANDARD  
6 2-VIEW PER BREAST, LOW-DOSE RADIOGRAPHIC EXAMINATION OF THE  
7 BREASTS, USING EQUIPMENT DESIGNED AND DEDICATED SPECIFICALLY FOR  
8 MAMMOGRAPHY, IN ORDER TO DETECT UNSUSPECTED BREAST CANCER.

9 (iv) "BREAST CANCER TREATMENT SERVICES" MEANS A PROCEDURE  
10 INTENDED TO TREAT CANCER OF THE HUMAN BREAST, DELIVERED ON AN  
11 IN-PATIENT OR OUT-PATIENT BASIS, INCLUDING BUT NOT LIMITED TO  
12 SURGERY, RADIATION THERAPY, CHEMOTHERAPY, HORMONAL THERAPY, AND  
13 RELATED MEDICAL FOLLOW-UP SERVICES.

14 (2) "Commissioner" means the commissioner of insurance.