

House Bill 4525

Sponsor: Rep. Michael J. Bennane

Committee: Public Health

Complete to 9-6-91

A SUMMARY OF HOUSE BILL 4525 AS INTRODUCED 3-11-91

The bill would amend the Public Health Code, adding a new section that would require the Department of Public Health (DPH) to create a "health hotline," a toll-free telephone number that provided information to callers about free or low-cost services (including dental, mental health, and respite services) in their counties.

The bill would require certain providers of free or low-cost health services to give the DPH certain information, and would require the DPH, within one year after the bill took effect, to send out questionnaires to providers which providers could use to give the department the required information. (The definition of "provider" in the bill would not include individuals, but would include charitable organizations and government agencies such as the Departments of Public Health, Mental Health, and Social Services; local health departments; county community mental health programs and departments of social services; health facilities or agencies; and anyone under contract with a state department providing such services.)

Providers of free or low-cost health services would have to give the DPH the following information:

- * a list of the specific services available from the provider;
- * any eligibility requirements or fees for each service;
- * the address, telephone number, and hours of operation of each facility where each service was available;
- * the name and telephone number of someone who could give more information on each service; and
- * the specific area covered (the DPH would have to classify the information by county and could classify it in other ways that would make it easier to locate available services).

After the first year of the program, the DPH would have to send a questionnaire to each new provider and to other providers, upon request, to update their information. If any of the provider's information changed, the provider would have to notify the DPH (orally or in writing) within one month of the change.

The DPH would have to keep a record of the level of provider participation for the first two years of the program. At the end of that time, the department would have to submit a report to the legislature describing the level of provider participation and suggesting ways to encourage full participation.

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