



SENATE BILL No. 336

February 4, 1993, Introduced by Senators EHLERS,GEAKE
and MC MANUS and referred to the Committee on Health
Policy.

A bill to amend Act No. 368 of the Public Acts of 1978,
entitled as amended
"Public health code,"
as amended, being sections 333.1101 to 333.25211 of the Michigan
Compiled Laws, by adding sections 17090, 17091, 17092, 17093,
17094, 17095, 17096, 17097, and 17098.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Section 1. Act No. 368 of the Public Acts of 1978, as
2 amended, being sections 333.1101 to 333.25211 of the Michigan
3 Compiled Laws, is amended by adding sections 17090, 17091, 17092,
4 17093, 17094, 17095, 17096, 17097, and 17098 to read as follows:

5 SEC. 17090. THE DEPARTMENT OF PUBLIC HEALTH, IN COOPERATION
6 WITH THE DEPARTMENT OF COMMERCE, THE INSURANCE BUREAU, THE
7 MICHIGAN BOARD OF MEDICINE, AND THE MICHIGAN BOARD OF OSTEOPATHIC

1 MEDICINE AND SURGERY, SHALL ESTABLISH A MEDICAL LIABILITY
2 DEMONSTRATION PROJECT PURSUANT TO SECTIONS 17091 TO 17095.

3 SEC. 17091. THE MEDICAL SPECIALTY ADVISORY COMMITTEE ON
4 ANESTHESIOLOGY IS CREATED IN THE DEPARTMENT OF COMMERCE. THE
5 COMMITTEE CONSISTS OF 7 MEMBERS APPOINTED AS FOLLOWS:

6 (A) THE DEPARTMENT OF PUBLIC HEALTH, IN CONSULTATION WITH
7 THE MICHIGAN BOARD OF MEDICINE AND THE MICHIGAN BOARD OF OSTEO-
8 PATHIC MEDICINE AND SURGERY, SHALL APPOINT 1 CERTIFIED NURSE
9 ANESTHETIST, 1 PHYSICIAN WHO PRACTICES IN A TERTIARY HOSPITAL, 1
10 PHYSICIAN WHO PRACTICES IN A MEDIUM SIZED HOSPITAL, AND 1 PHYSI-
11 CIAN WHO PRACTICES PRIMARILY IN A RURAL AREA. AT LEAST 1 OF THE
12 PHYSICIANS APPOINTED UNDER THIS SUBDIVISION SHALL BE AN OSTEO-
13 PATHIC PHYSICIAN.

14 (B) THE GOVERNOR, IN CONSULTATION WITH APPROPRIATE HEALTH
15 PROFESSIONAL ORGANIZATIONS, SHALL APPOINT 1 PHYSICIAN WHO SPE-
16 CIALIZES IN ANESTHESIOLOGY.

17 (C) THE MAJORITY LEADER OF THE SENATE SHALL APPOINT 1 PUBLIC
18 MEMBER WHO REPRESENTS THE INTERESTS OF HEALTH INSURERS AND HEALTH
19 BENEFITS PROVIDERS.

20 (D) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
21 APPOINT 1 PUBLIC MEMBER WHO REPRESENTS THE INTERESTS OF CONSUMERS
22 OF HEALTH CARE.

23 SEC. 17092. THE MEDICAL SPECIALTY ADVISORY COMMITTEE ON
24 OBSTETRICS AND GYNECOLOGY IS CREATED IN THE DEPARTMENT OF
25 COMMERCE. THE COMMITTEE CONSISTS OF 9 MEMBERS APPOINTED AS
26 FOLLOWS:

1 (A) THE DEPARTMENT OF PUBLIC HEALTH, IN CONSULTATION WITH
2 THE MICHIGAN BOARD OF MEDICINE, SHALL APPOINT 1 PHYSICIAN WHO
3 PRACTICES IN A TERTIARY HOSPITAL, 1 PHYSICIAN WHO PRACTICES PRI-
4 MARILY IN A RURAL AREA, AND 1 PHYSICIAN WHO SPECIALIZES IN FAMILY
5 PRACTICE.

6 (B) THE DEPARTMENT OF PUBLIC HEALTH, IN CONSULTATION WITH
7 THE MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY, SHALL
8 APPOINT 1 OSTEOPATHIC PHYSICIAN WHO PRACTICES IN A MEDIUM SIZED
9 HOSPITAL AND 1 OSTEOPATHIC PHYSICIAN WHO PRACTICES PRIMARILY IN A
10 RURAL AREA.

11 (C) THE GOVERNOR SHALL APPOINT 1 PHYSICIAN WHO SPECIALIZES
12 IN OBSTETRICS AND GYNECOLOGY AND 1 PUBLIC MEMBER WHO REPRESENTS
13 ALLIED HEALTH PROFESSIONALS.

14 (D) THE MAJORITY LEADER OF THE SENATE SHALL APPOINT 1 PUBLIC
15 MEMBER WHO REPRESENTS THE INTERESTS OF HEALTH INSURERS AND HEALTH
16 BENEFITS PROVIDERS.

17 (E) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
18 APPOINT 1 PUBLIC MEMBER WHO REPRESENTS THE INTERESTS OF CONSUMERS
19 OF HEALTH CARE.

20 SEC. 17093. THE MEDICAL SPECIALTY ADVISORY COMMITTEE ON
21 EMERGENCY MEDICINE IS CREATED IN THE DEPARTMENT OF COMMERCE. THE
22 COMMITTEE CONSISTS OF 9 MEMBERS APPOINTED AS FOLLOWS:

23 (A) THE DEPARTMENT OF PUBLIC HEALTH, IN CONSULTATION WITH
24 THE MICHIGAN BOARD OF MEDICINE AND THE MICHIGAN COLLEGE OF EMER-
25 GENCY PHYSICIANS, SHALL APPOINT 3 PHYSICIANS WHO SPECIALIZE IN
26 EMERGENCY MEDICINE; 1 OF WHOM PRACTICES IN A HOSPITAL THAT IS
27 DESIGNATED AS A TRAUMA CENTER; 1 OF WHOM PRACTICES IN AN

1 UNAFFILIATED COMMUNITY HOSPITAL WITH 125 OR FEWER LICENSED BEDS
2 AND LOCATED IN A COUNTY WITH A POPULATION OF LESS THAN 100,000;
3 AND 1 OF WHOM PRACTICES IN A HOSPITAL THAT IS NOT DESIGNATED AS A
4 TRAUMA CENTER AND IS LOCATED IN A COUNTY WITH A POPULATION OF
5 LESS THAN 100,000.

6 (B) THE DEPARTMENT OF PUBLIC HEALTH, IN CONSULTATION WITH
7 THE MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY AND THE
8 MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS, SHALL APPOINT 1 OSTEO-
9 PATHIC PHYSICIAN WHO SPECIALIZES IN EMERGENCY MEDICINE.

10 (C) THE GOVERNOR SHALL APPOINT 2 PHYSICIANS WHO ARE CERTI-
11 FIED BY A NATIONAL PROFESSIONAL ORGANIZATION OF EMERGENCY PHYSI-
12 CIANS, AT LEAST 1 OF WHOM SPECIALIZES IN EMERGENCY MEDICINE, AND
13 1 PUBLIC MEMBER WHO REPRESENTS THE INTERESTS OF ALLIED HEALTH
14 PROFESSIONALS.

15 (D) THE MAJORITY LEADER OF THE SENATE SHALL APPOINT 1 PUBLIC
16 MEMBER WHO REPRESENTS THE INTERESTS OF HEALTH INSURERS AND HEALTH
17 BENEFITS PROVIDERS.

18 (E) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
19 APPOINT 1 PUBLIC MEMBER WHO REPRESENTS THE INTERESTS OF CONSUMERS
20 OF HEALTH CARE.

21 SEC. 17094. THE ADVISORY COMMITTEES CREATED IN SECTIONS
22 17091 TO 17093 ARE SUBJECT TO SECTIONS 16131 TO 16141 IN THE SAME
23 MANNER AS THE MICHIGAN BOARD OF MEDICINE.

24 SEC. 17095. (1) EACH ADVISORY COMMITTEE CREATED IN SECTIONS
25 17091 TO 17093 SHALL DEVELOP PRACTICE PARAMETERS AND RISK MANAGE-
26 MENT PROTOCOLS FOR ITS MEDICAL SPECIALTY.

1 (2) IN DEVELOPING PRACTICE PARAMETERS UNDER SUBSECTION (1),
2 EACH ADVISORY COMMITTEE SHALL DEFINE APPROPRIATE CLINICAL
3 INDICATIONS AND METHODS OF TREATMENT FOR THE MEDICAL SPECIALTY
4 RELATING TO THAT ADVISORY COMMITTEE.

5 (3) IN DEVELOPING RISK MANAGEMENT PROTOCOLS UNDER
6 SUBSECTION (1), EACH ADVISORY COMMITTEE SHALL ESTABLISH STANDARDS
7 OF PRACTICE DESIGNED TO AVOID MALPRACTICE CLAIMS AND TO INCREASE
8 THE DEFENSIBILITY OF MALPRACTICE CLAIMS THAT ARE BROUGHT AGAINST
9 MEMBERS OF THAT MEDICAL SPECIALTY.

10 (4) IN DEVELOPING PRACTICE PARAMETERS AND RISK MANAGEMENT
11 PROTOCOLS UNDER SUBSECTION (1), THE MEDICAL SPECIALTY ADVISORY
12 COMMITTEE ON OBSTETRICS AND GYNECOLOGY CREATED IN SECTION 17092
13 SHALL INCLUDE PRACTICE PARAMETERS AND RISK MANAGEMENT PROTOCOLS
14 RELATED TO MATERNITY AND PRENATAL CARE, LABOR, DELIVERY, AND
15 POSTPARTUM CARE.

16 (5) EACH ADVISORY COMMITTEE SHALL MAKE THE PRACTICE PARAME-
17 TERS AND RISK MANAGEMENT PROTOCOLS DEVELOPED UNDER SUBSECTION (1)
18 CONSISTENT WITH APPROPRIATE STANDARDS OF CARE AND LEVELS OF
19 QUALITY.

20 (6) EACH ADVISORY COMMITTEE SHALL SUBMIT THE PRACTICE PARAM-
21 ETERS AND RISK MANAGEMENT PROTOCOLS DEVELOPED UNDER
22 SUBSECTION (1) TO THE MICHIGAN BOARD OF MEDICINE AND TO THE
23 MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY. THE MICHIGAN
24 BOARD OF MEDICINE AND THE MICHIGAN BOARD OF OSTEOPATHIC MEDICINE
25 AND SURGERY EACH SHALL REVIEW THE PRACTICE PARAMETERS AND RISK
26 MANAGEMENT PROTOCOLS SUBMITTED UNDER THIS SUBSECTION. IF A BOARD
27 APPROVES THE PRACTICE PARAMETERS AND RISK MANAGEMENT PROTOCOLS,

1 IT SHALL PROMULGATE THEM AS RULES. AT A MINIMUM, THE PRACTICE
2 PARAMETERS AS PROMULGATED SHALL BE EQUIVALENT TO NATIONAL PRAC-
3 TICE GUIDELINES AVAILABLE FOR MEDICAL SPECIALTY SOCIETIES.

4 SEC. 17096. (1) BY MARCH 1, 1994, EACH ADVISORY COMMITTEE
5 CREATED UNDER SECTIONS 17091 TO 17093 SHALL SUBMIT A WRITTEN
6 REPORT TO THE STANDING COMMITTEES IN THE SENATE AND THE HOUSE OF
7 REPRESENTATIVES WITH JURISDICTION OVER MATTERS PERTAINING TO
8 PUBLIC HEALTH AND TO THE STANDING COMMITTEES IN THE SENATE AND
9 THE HOUSE OF REPRESENTATIVES WITH JURISDICTION OVER JUDICIARY
10 MATTERS A REPORT CONTAINING THE PRACTICE PARAMETERS AND RISK MAN-
11 AGEMENT PROTOCOLS SUBMITTED AND PROMULGATED UNDER SECTION 17095.

12 (2) AS PART OF THE REPORT REQUIRED UNDER SUBSECTION (1),
13 EACH ADVISORY COMMITTEE SHALL REPORT THE EXTENT TO WHICH THE RISK
14 MANAGEMENT PROTOCOLS PROMULGATED UNDER SECTION 17095 REDUCE THE
15 PRACTICE OF DEFENSIVE MEDICINE.

16 SEC. 17097. A PHYSICIAN OR AN OSTEOPATHIC PHYSICIAN WHO
17 PRACTICES IN A MEDICAL SPECIALTY AREA FOR WHICH PRACTICE PARAME-
18 TERS AND RISK MANAGEMENT PROTOCOLS HAVE BEEN PROMULGATED AS RULES
19 UNDER SECTION 17095, AND WHO ELECTS TO PARTICIPATE IN THE MEDICAL
20 LIABILITY DEMONSTRATION PROJECT ESTABLISHED UNDER SECTIONS 17090
21 TO 17095 AND PRACTICE UNDER THOSE RULES SHALL FILE WRITTEN NOTICE
22 OF THE ELECTION ON A FORM PROVIDED BY THE DEPARTMENT WITH HIS OR
23 HER BOARD.

24 SEC. 17098. (1) THE DEPARTMENT OF PUBLIC HEALTH, IN CONSUL-
25 TATION WITH THE MICHIGAN BOARD OF MEDICINE AND THE MICHIGAN BOARD
26 OF OSTEOPATHIC MEDICINE AND SURGERY, SHALL APPOINT AN ECONOMIC
27 ADVISORY COMMITTEE TO ESTABLISH THE METHODOLOGY FOR EVALUATING

1 THE EFFECT OF THE MEDICAL LIABILITY DEMONSTRATION PROJECT
2 ESTABLISHED UNDER SECTIONS 17090 TO 17095 ON THE COST, UTILIZA-
3 TION, AND PRACTICE OF DEFENSIVE MEDICINE. BY JANUARY 1, 1995,
4 THE ECONOMIC ADVISORY COMMITTEE SHALL REPORT THE METHODOLOGY
5 ESTABLISHED UNDER THIS SUBSECTION TO THE MICHIGAN BOARD OF MEDI-
6 CINE AND THE MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY.

7 (2) BY DECEMBER 1, 1999, THE DEPARTMENT OF PUBLIC HEALTH,
8 THE MICHIGAN BOARD OF MEDICINE, AND THE MICHIGAN BOARD OF OSTEO-
9 PATHIC MEDICINE AND SURGERY SHALL SUBMIT A JOINT REPORT TO THE
10 GOVERNOR AND TO THE LEGISLATURE. THE REPORT REQUIRED UNDER THIS
11 SUBSECTION SHALL INCLUDE THE RESULTS OF THE MEDICAL LIABILITY
12 DEMONSTRATION PROJECT INCLUDING, BUT NOT LIMITED TO, THE IMPACT
13 OF THE MEDICAL LIABILITY DEMONSTRATION PROJECT ON THE INCIDENCE
14 OF THE PRACTICE OF DEFENSIVE MEDICINE AND THE CONSEQUENT IMPACT,
15 IF ANY, ON THE COST OF HEALTH CARE.

16 Section 2. This amendatory act shall not take effect unless
17 all of the following bills of the 87th Legislature are enacted
18 into law:

19 (a) Senate Bill No. 334.

20

21 (b) Senate Bill No. 335.

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