



# SENATE BILL No. 766

July 21, 1993, Introduced by Senator KELLY 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 21541 and 21542; and to repeal certain parts of the act on specific dates.

## 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 21541 and 21542 to  
4 read as follows:

5 SEC. 21541. (1) EXCEPT AS OTHERWISE PROVIDED IN THIS SUB-  
6 SECTION AND SUBSECTION (5), A HOSPITAL THAT ADMITS RESIDENT  
7 PHYSICIANS TO PRACTICE SHALL NOT SCHEDULE A RESIDENT PHYSICIAN  
8 WITH DIRECT PATIENT CARE RESPONSIBILITIES TO WORK MORE THAN AN

1 AVERAGE OF 80 HOURS PER WEEK OVER A PERIOD OF 4 CONSECUTIVE  
2 WEEKS. IF A HOSPITAL DOES NOT SCHEDULE A RESIDENT PHYSICIAN TO  
3 WORK THE MAXIMUM NUMBER OF HOURS ALLOWED UNDER THIS SUBSECTION IN  
4 A PERIOD OF 4 CONSECUTIVE WEEKS, ANOTHER HOSPITAL MAY SCHEDULE  
5 THE RESIDENT PHYSICIAN TO WORK THE REMAINING NUMBER OF HOURS UP  
6 TO THE MAXIMUM ALLOWED UNDER THIS SUBSECTION. THIS SUBSECTION  
7 DOES NOT APPLY IF THE RESIDENT PHYSICIAN IS PROVIDING DIRECT  
8 PATIENT CARE IN THE EMERGENCY DEPARTMENT OF A HOSPITAL.

9 (2) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (6), IN A  
10 PERIOD OF 48 CONSECUTIVE HOURS, A HOSPITAL MAY SCHEDULE A RESI-  
11 DENT PHYSICIAN WITH DIRECT PATIENT CARE RESPONSIBILITIES TO WORK  
12 UP TO 36 CONSECUTIVE HOURS. IF A HOSPITAL SCHEDULES A RESIDENT  
13 PHYSICIAN WITH DIRECT PATIENT CARE RESPONSIBILITIES TO WORK A  
14 PERIOD OF LESS THAN 36 CONSECUTIVE HOURS UNDER THIS SUBSECTION,  
15 THEN THE HOSPITAL MAY SCHEDULE THE RESIDENT PHYSICIAN TO WORK IN  
16 THE IMMEDIATELY SUBSEQUENT PERIOD OF 48 CONSECUTIVE HOURS FOR A  
17 NUMBER OF HOURS, WHETHER CONSECUTIVE OR NOT, EQUAL TO NOT MORE  
18 THAN 36 MINUS THE NUMBER OF CONSECUTIVE HOURS THE RESIDENT PHYSI-  
19 CIAN WORKED IN THE PRECEDING PERIOD OF 48 CONSECUTIVE HOURS.

20 (3) A HOSPITAL THAT ADMITS RESIDENT PHYSICIANS TO PRACTICE  
21 SHALL DEVELOP A SPECIFIC, WRITTEN POLICY PERTAINING TO SCHEDULES  
22 AND LIMITS OF RESPONSIBILITY OF RESIDENT PHYSICIANS WITH DIRECT  
23 PATIENT CARE RESPONSIBILITIES DURING WORK PERIODS OF 24 CONSECU-  
24 TIVE HOURS INCLUDING, BUT NOT LIMITED TO, RESPONSIBILITY FOR THE  
25 EVALUATION OF NEW PATIENTS.

1 (4) SUBJECT TO SUBSECTION (5), SUBSECTION (1) APPLIES TO ALL  
2 HOSPITAL SERVICES INCLUDING, BUT NOT LIMITED TO, ALL OF THE  
3 FOLLOWING HOSPITAL SERVICES:

4 (A) ANESTHESIOLOGY.

5 (B) FAMILY PRACTICE.

6 (C) MEDICAL.

7 (D) SURGICAL.

8 (E) OBSTETRIC.

9 (F) PEDIATRIC.

10 (G) A HOSPITAL SERVICE, OTHER THAN THOSE LISTED IN SUBDIVI-  
11 SIONS (A) TO (F) AND EMERGENCY SERVICES, WITH HIGH PATIENT TURN-  
12 OVER OR ACUTELY ILL PATIENTS, OR BOTH.

13 (5) SUBSECTION (1) DOES NOT APPLY TO HOSPITAL SERVICES,  
14 OTHER THAN THOSE LISTED IN SUBSECTION (4), IN WHICH THE RESIDENT  
15 PHYSICIANS HAVE ADEQUATE PERIODS OF REST INCLUDING, BUT NOT  
16 LIMITED TO, PSYCHIATRIC SERVICES. A HOSPITAL THAT IMPLEMENTS A  
17 RESIDENT PHYSICIAN'S HOURS POLICY THAT DIFFERS FROM THE REQUIRE-  
18 MENTS OF SUBSECTIONS (1) AND (2) FOR A SERVICE DESCRIBED IN THIS  
19 SUBSECTION SHALL DOCUMENT ITS POLICY IN WRITING.

20 (6) A HOSPITAL THAT ADMITS RESIDENT PHYSICIANS TO PRACTICE  
21 AND HAS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT THAT PROVIDES  
22 SERVICES TO MORE THAN 15,000 PATIENTS PER YEAR SHALL NOT SCHEDULE  
23 A RESIDENT PHYSICIAN TO WORK IN THE EMERGENCY ROOM OR EMERGENCY  
24 DEPARTMENT MORE THAN 1 PERIOD OF 12 CONSECUTIVE HOURS PER  
25 ROTATION.

26 (7) IF A RESIDENT PHYSICIAN HAS WORKED A PERIOD OF  
27 CONSECUTIVE HOURS LIMITED UNDER SUBSECTION (2) OR A PERIOD OF 12

1 CONSECUTIVE HOURS AS DESCRIBED IN SUBSECTION (6), ANOTHER  
2 HOSPITAL SHALL NOT SCHEDULE THE RESIDENT PHYSICIAN TO WORK IN  
3 VIOLATION OF SUBSECTION (2) OR (6).

4 (8) EACH HOSPITAL THAT ADMITS RESIDENT PHYSICIANS TO PRAC-  
5 TICE SHALL HAVE AVAILABLE AT ALL TIMES INTRAVENOUS SERVICES,  
6 PHLEBOTOMY SERVICES, AND MESSENGER AND TRANSPORTATION SERVICES  
7 SUFFICIENT TO MEET REASONABLE AND EXPECTED DEMANDS.

8 (9) THE DEPARTMENT MAY PROMULGATE RULES TO IMPLEMENT THIS  
9 SECTION. THE RULES SHALL INCLUDE, BUT ARE NOT LIMITED TO, DEFINI-  
10 TIONS OF THE FOLLOWING WORDS AND PHRASES FOR PURPOSES OF THIS  
11 SECTION:

12 (A) "ACUTELY ILL PATIENTS".

13 (B) "ADEQUATE PERIODS OF REST".

14 (C) "HIGH PATIENT TURNOVER".

15 (D) "ROTATION".

16 SEC. 21542. (1) THE TASK FORCE ON HOSPITAL MANAGEMENT AND  
17 PHYSICIAN RESIDENT EDUCATION IS CREATED IN THE DEPARTMENT. THE  
18 TASK FORCE CONSISTS OF 15 MEMBERS. THE GOVERNOR SHALL APPOINT  
19 THE TASK FORCE MEMBERS WITH THE ADVICE AND CONSENT OF THE SENATE,  
20 AS FOLLOWS:

21 (A) SIX MEMBERS SHALL BE PHYSICIANS, 4 OF WHOM SHALL BE RES-  
22 IDENT PHYSICIANS AT THE TIME OF THEIR APPOINTMENT. AT LEAST 1 OF  
23 THE MEMBERS APPOINTED UNDER THIS SUBDIVISION SHALL BE AN OSTEO-  
24 PATHIC PHYSICIAN.

25 (B) FOUR MEMBERS SHALL BE REPRESENTATIVES OF HOSPITALS.

26 (C) THREE MEMBERS SHALL BE REPRESENTATIVES OF THE INSURANCE  
27 INDUSTRY.

1 (D) TWO MEMBERS SHALL BE REPRESENTATIVES OF THE  
2 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR ITS SUC-  
3 CESSOR ORGANIZATION.

4 (2) THE MEMBERS OF THE TASK FORCE SHALL SERVE FOR A TERM OF  
5 2 YEARS. THE GOVERNOR SHALL FILL A VACANCY ON THE TASK FORCE IN  
6 THE SAME MANNER AS THE ORIGINAL APPOINTMENT FOR THE BALANCE OF  
7 THE UNEXPIRED TERM.

8 (3) THE TASK FORCE SHALL DO ALL OF THE FOLLOWING:

9 (A) FILE AN ANNUAL REPORT ON THE OPERATION OF SECTION 21541  
10 WITH THE SENATE AND HOUSE STANDING COMMITTEES WITH JURISDICTION  
11 OVER MATTERS PERTAINING TO PUBLIC HEALTH.

12 (B) RECOMMEND TO THE DEPARTMENT AND TO THE LEGISLATURE  
13 CHANGES TO THE REQUIREMENTS OF SECTION 21541, IF CHANGES ARE CON-  
14 SIDERED NECESSARY BY THE TASK FORCE. IN MAKING ITS RECOMMENDA-  
15 TIONS UNDER THIS SUBDIVISION, THE TASK FORCE SHALL CONSIDER THE  
16 GUIDELINES ISSUED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDI-  
17 CAL EDUCATION, IF AVAILABLE.

18 (4) THIS SECTION IS REPEALED EFFECTIVE UPON THE EXPIRATION  
19 OF 2 YEARS AFTER ITS EFFECTIVE DATE.