



# HOUSE BILL No. 5458

November 30, 1995, Introduced by Reps. McManus, Horton, Green, Rocca, Goschka, Whyman, Ryan, Gnodtke, Hammerstrom, Lowe, Gernaat, Middaugh, Dalman, Voorhees, Jaye, Baade, Harder, Griffin, Olshove, Geiger, Ciaramitaro, McBryde, Mathieu, Sikkema, Byl, Gustafson, Rhead, Weeks, Kaza, Bodem, Cropsey, Porreca, Owen, DeMars, Palamara, Walberg, DeLange, Randall, London, Jellema, Kukuk, Perricone, Llewellyn and Gagliardi and referred to the Committee on Human Services.

A bill to amend Act No. 280 of the Public Acts of 1939,  
entitled as amended  
"The social welfare act,"  
as amended, being sections 400.1 to 400.119b of the Michigan  
Compiled Laws, by adding section 109d.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Section 1. Act No. 280 of the Public Acts of 1939, as  
2 amended, being sections 400.1 to 400.119b of the Michigan  
3 Compiled Laws, is amended by adding section 109d to read as  
4 follows:

5 SEC. 109D. (1) AS USED IN THIS SECTION:

6 (A) "ABORTION" MEANS THE INTENTIONAL USE OF AN INSTRUMENT,  
7 DRUG, OR OTHER SUBSTANCE OR DEVICE TO TERMINATE A WOMAN'S  
8 PREGNANCY FOR A PURPOSE OTHER THAN TO INCREASE THE PROBABILITY OF  
9 A LIVE BIRTH, TO PRESERVE THE LIFE OR HEALTH OF THE CHILD AFTER

1 LIVE BIRTH, OR TO REMOVE A DEAD FETUS. ABORTION DOES NOT INCLUDE  
2 THE USE OR PRESCRIPTION OF A DRUG OR DEVICE INTENDED AS A  
3 CONTRACEPTIVE.

4 (B) "ABORTION SERVICES" MEANS ANY PROCEDURE, DIAGNOSTIC  
5 TEST, COUNSELING, OR OTHER ANCILLARY SERVICE RELATED TO THE PER-  
6 FORMANCE OF AN ABORTION.

7 (C) "MEDICAID RECIPIENT" MEANS AN INDIVIDUAL RECEIVING BENE-  
8 FITS UNDER THE PROGRAM OF MEDICAL ASSISTANCE ADMINISTERED BY THE  
9 DEPARTMENT UNDER THIS ACT.

10 (D) "PATIENT" MEANS A MEDICAID RECIPIENT ENROLLED IN A  
11 HEALTH MAINTENANCE ORGANIZATION, CAPITATED CLINIC PLAN, OR PHYSI-  
12 CIAN SPONSORED PLAN.

13 (E) "PRIMARY CARE PHYSICIAN" MEANS THE PHYSICIAN WITH PRI-  
14 MARY RESPONSIBILITY FOR A PATIENT'S MEDICAL CARE OR CARE MANAGE-  
15 MENT VIA REFERRALS TO OTHER HEALTH CARE PROVIDERS.

16 (2) A PRIMARY CARE PHYSICIAN SHALL NOT REFER A PATIENT TO A  
17 PROVIDER OF ABORTION SERVICES IF THE PATIENT OR PRIMARY CARE PHY-  
18 SICIAN HAS REASON TO BELIEVE THE PATIENT MAY BE PREGNANT.

19 (3) A PRIMARY CARE PHYSICIAN IS RESPONSIBLE FOR MAKING A  
20 DETERMINATION OF PREGNANCY IF A PATIENT SEEKS A MEDICAL ASSESS-  
21 MENT FROM THE PRIMARY CARE PHYSICIAN FOR A SUSPECTED PREGNANCY.  
22 A PRIMARY CARE PHYSICIAN MAY REFER THE PATIENT TO ANOTHER PHYSI-  
23 CIAN OR HEALTH CARE PROVIDER QUALIFIED TO MAKE A PREGNANCY DETER-  
24 MINATION ONLY IF THAT PHYSICIAN OR HEALTH CARE PROVIDER IS NOT A  
25 PROVIDER OF ABORTION SERVICES.

26 (4) EXCEPT AS PROVIDED IN SUBSECTION (5), A PRIMARY CARE  
27 PHYSICIAN WHO DOES NOT PROVIDE PRENATAL AND OBSTETRIC CARE AND

1 WHO IS RESPONSIBLE FOR A PATIENT WHO IS KNOWN TO BE PREGNANT  
2 SHALL NOT REFER THAT PATIENT TO ANOTHER PHYSICIAN FOR PREGNANCY  
3 RELATED CARE UNLESS THE OTHER PHYSICIAN PROVIDES PRENATAL AND  
4 OBSTETRIC CARE.

5 (5) A PRIMARY CARE PHYSICIAN IS EXEMPT FROM THE REQUIREMENTS  
6 OF SUBSECTION (4) IF THE PHYSICIAN DETERMINES BOTH THAT A PATIENT  
7 IS PREGNANT AND THAT CONTINUATION OF THE PREGNANCY POSES A THREAT  
8 TO THE LIFE OF THE PATIENT. A PHYSICIAN WHO MAKES A DETERMINA-  
9 TION UNDER THIS SUBSECTION SHALL INCLUDE IN THE PATIENT'S MEDICAL  
10 RECORD A WRITTEN SUMMARY OF THE FACTORS INDICATING THAT CONTINUA-  
11 TION OF THE PREGNANCY WOULD POSE A THREAT TO THE PATIENT'S LIFE.