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SFA**BILL ANALYSIS**

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House Bill 4994 (Substitute S-1 as reported)
Sponsor: Representative Artina Tinsley Hardman
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 4-9-02

RATIONALE

There have been and continue to be reported shortages of health care professionals, particularly in certain disciplines and in certain parts of the State. To satisfy this need, many people believe that Michigan should recruit Canadian health professionals, since Canada's training requirements are said to be comparable to those of this State. Evidently, however, the process of licensing or registering foreign health professionals can be cumbersome and time-consuming.

Article 15 (Occupations) of the Public Health Code establishes general criteria for individuals seeking licensure, registration, or specialty certification in a health profession. For example, an applicant must be at least 18 years old and have a working knowledge of the English language. The education, experience, and/or training requirements that an individual must meet are established by the board that regulates a specific health profession, such as the Board of Nursing, the Board of Medicine, or the Board of Dentistry. These boards also determine the process by which someone may become licensed, registered, or certified in Michigan if he or she graduated from a school that is not accredited or approved by a Michigan board. Typically, foreign applicants must satisfy national and/or regional testing requirements and undergo a credential evaluation. The criteria are different for each health profession, however, and the entire process can take months, if not years.

Unlike foreign health professionals, individuals who are licensed or registered in another state are extended certain reciprocity under Article 15. Such a person can be granted licensure, registration, or specialty certification in

Michigan upon satisfying the board or task force to which he or she applies as to both of the following: The applicant substantially meets the requirements of Article 15 and rules promulgated by the board or task force for licensure, registration, or specialty certification; and, the applicant is licensed, registered, or certified in another state that maintains standards substantially equivalent to those of this State.

This reciprocity is not available to individuals licensed, registered, or certified in another country. Two years ago, however, when there were reports of widespread shortages of nurses, Public Act 256 of 2000 amended Article 15 to allow the Michigan Board of Nursing, until October 1, 2004, to grant a nonrenewable temporary license to an applicant for a license to practice as a registered professional nurse (RPN) if the applicant is licensed as an RPN by an equivalent licensing board or authority in Canada. Reportedly, while Public Act 256 has helped to ease the shortage of nurses, it has not eliminated the problem, and other health professions remain understaffed. It has been suggested that these shortages could be reduced if health professionals licensed in Canada were allowed to obtain a license in Michigan, in the same manner that individuals from other states may become licensed.

CONTENT

The bill would amend the Public Health Code to provide that, until January 1, 2004, a health professional licensed to practice in Canada could be granted a license in Michigan, after meeting certain requirements.

Specifically, until January 1, 2004, an applicant who was licensed to practice in Canada would have to be licensed in a province that maintained standards substantially equivalent to those of Michigan. The applicant also would have to have completed the educational requirements for licensure in Canada or the United States. An applicant who met this requirement, and who passed a national examination in the United States or in Canada that was approved by the appropriate licensing board, would be considered to have met the requirement that an applicant be licensed in a province that maintained standards substantially equivalent to those of Michigan. This provision would not apply if the Department of Consumer and Industry Services, in consultation with the appropriate licensing board, promulgated rules to disallow use of the provision for an applicant licensed in a province of Canada.

The bill also would require the applicant to perform the professional services for which he or she billed in Michigan. Any resulting request for third party reimbursement would have to originate from the applicant's place of employment in Michigan.

MCL 333.16186

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

There is a shortage of health professionals in the State and nationally, meaning that health systems in Michigan and other states must look outside their borders to obtain adequate staff. As a result, many health facilities, particularly those in the Detroit metropolitan area, have resorted to recruiting Canadian health professionals, who have training that is similar to the training this State requires of its health professionals. It has been pointed out that Michigan's certification process for foreign applicants, while necessary, is stringent and can cause delays that hamper hospitals' ability to recruit and hire the number of Canadian health professionals they need. Canadian-trained medical professionals are highly qualified, and Canadian licensing requirements are sufficiently stringent that it makes sense to focus recruitment efforts there. In order to

compete with other states in procuring such people, Michigan needs a more streamlined licensing process, one that will allow a Canadian-licensed and Canadian- or U.S.-trained medical professional to seek endorsement immediately and directly through the relevant professional board. The bill would accomplish this by allowing medical professionals trained in Canada or the United States and licensed in Canada to be eligible for licensure by reciprocity, in the same way that individuals licensed in other states are licensed in Michigan.

Opposing Argument

The shortages of certain health professionals is continuing and troublesome. This is a problem that is in need of a long-term solution, one that would address why certain positions in health care no longer attract sufficient numbers of students, and why certain geographic areas experience chronic shortages of qualified professionals. The bill offers only a short-term fix for a problem that likely will not go away soon.

Response: Before policy-makers devise a long-term remedy, the State needs an assessment of the scope of the problem, and steps that may be necessary to address it. In the meantime, the bill would provide a way for health professionals licensed in Canada expeditiously to obtain a license in Michigan, and thus would provide a temporary solution to help ease the current shortage.

Legislative Analyst: George Towne

FISCAL IMPACT

If the bill were to encourage increased applications for Michigan licenses by Canadian health professionals, license application revenue received by the Department of Consumer and Industry Services could increase; however, the amount of impact is unknown. The bill would have no impact on local government.

Fiscal Analyst: Elizabeth Pratt

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.