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BILL ANALYSIS

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House Bill 4325 (Substitute H-1 as passed by the House)  
Sponsor: Representative Leslie Mortimer  
House Committee: Health Policy  
Senate Committee: Health Policy

Date Completed: 10-11-05

### **CONTENT**

**The bill would amend Parts 170 (Medicine) and 175 (Osteopathic Medicine and Surgery) of the Public Health Code to allow needle electromyography to be performed and nerve conduction tests to be interpreted only by a licensed physician with additional training in electrodiagnostic studies.**

The bill would define "electrodiagnostic studies" as the testing of neuromuscular functions using nerve conduction tests and needle electromyography. The term would not include the use of surface electromyography.

Under the bill, unless otherwise provided, only an individual who was licensed as a physician and who had successfully completed additional training in the performance and interpretation of electrodiagnostic studies that was satisfactory to the Board of Medicine, or the Board of Osteopathic Medicine and Surgery, as applicable, could perform needle electromyography or interpret nerve conduction tests.

The bill would prohibit a physician from delegating the interpretation of nerve conduction tests to another individual unless he or she were licensed under Article 15 (Occupations) of the Code to engage in the practice of medicine or osteopathic medicine and surgery and had successfully completed the additional training. The bill also would prohibit a physician from delegating the performance of needle electromyography to another individual unless he or she were licensed to engage in the practice of medicine or osteopathic medicine and surgery and had successfully completed the additional training, or were otherwise authorized under the bill.

The bill would allow a physician, in accordance with Section 16215, to delegate the performance of nerve conduction tests to a licensed or unlicensed individual who was otherwise qualified by education, training, or experience, if the tests were conducted under the direct supervision of a physician.

(Under Section 16215, a licensee may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions that fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee may not delegate an act, task, or function that, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee.)

Under the bill, a physical therapist who was licensed under Article 15 and certified by the American Board of Physical Therapy Specialties as an electrophysiologic clinical specialist on the bill's effective date could perform electrodiagnostic studies that were to be interpreted by a physician, if he or she had been performing electrodiagnostic studies in Michigan on a consistent basis within the five years immediately preceding the bill's effective date.

A podiatrist or chiropractor who was licensed under Article 15 and had successfully completed additional training in the performance and interpretation of electrodiagnostic studies that was satisfactory to his or her respective board could conduct electrodiagnostic studies that were within his or her scope of practice.

The bill specifies that it would not require new or additional third-party reimbursement or mandated worker's compensation benefits for services rendered by an individual authorized to conduct electrodiagnostic studies under the bill.

MCL 333.17001 et al.

Legislative Analyst: Julie Koval

### **FISCAL IMPACT**

State licensing boards could see an increase in administrative cost associated with ensuring that physicians had completed the necessary training in electrodiagnostic techniques under the bill. The bill also could lead to a slight, indeterminate increase in the cost of providing electromyography for Medicaid beneficiaries, State and local employees enrolled in health benefit plans, and patients in government-operated medical facilities as physicians replaced some lower-cost providers currently administering this procedure.

Fiscal Analyst: David Fosdick

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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.