



Senate Fiscal Agency
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BILL



ANALYSIS

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Senate Bill 753 (Substitute S-2 as reported)
Sponsor: Senator Peter MacGregor
Committee: Health Policy

CONTENT

The bill would amend the Public Health Code to do the following:

- Require a health professional to consult with a patient or obtain the patient's consent before providing a health care service via electronic information and telecommunication technologies ("telehealth").
- Allow a health professional providing a telehealth service to prescribe a drug, if he or she were a prescriber and the drug were not a controlled substance.
- Authorize a disciplinary subcommittee to restrict the ability of a health professional to provide telehealth services if he or she violated the bill's requirements.
- Authorize the Department of Licensing and Regulatory Affairs to promulgate rules to implement the bill's provisions.
- Provide that the bill would not require new or additional third-party reimbursement of services rendered by a professional through telehealth, limit the provisions of health care services otherwise allowed by law, or authorize a health care service otherwise prohibited by law.

The bill would take effect 90 days after enactment.

Proposed MCL 333.16283-333.16288

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bill would have a minor, but likely negative fiscal impact on the Department of Licensing and Regulatory Affairs (LARA), and no fiscal impact on local units of government. The Bureau of Community and Health Systems within LARA would incur some minor administrative costs associated with administration of the bill's provisions and promulgation of rules regarding telehealth services. To the extent that telehealth services could generate additional complaints against health care professionals, the Bureau would incur costs associated with investigation of those complaints.

Telehealth services are used by the State's Medicaid program. It appears that the bill would not alter the ability of Medicaid providers to use telehealth methods, so the bill should have no fiscal impact on the State's Medicaid program.

Date Completed: 4-20-16

Fiscal Analyst: Steve Angelotti
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