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BILL



ANALYSIS

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Senate Bill 753 (Substitute S-1)
Sponsor: Senator Peter MacGregor
Committee: Health Policy

Date Completed: 4-11-16

CONTENT

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

- **Require a health professional to consult with a patient 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 certain conditions were met.**
- **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.**

The bill would define "telehealth" as the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. The term would include telemedicine as defined in Section 3476 of the Insurance Code. (Under that section, "telemedicine" means the use of an electronic medium to link patients with health care professionals in different locations. The health care professional must be able to examine the patient via a real-time, interactive audio and/or video telecommunications system and the patient must be able to interact with the offsite health care professional at the time the services are provided.)

"Health professional" would mean an individual who is engaging in the practice of a health profession. "Telehealth service" would mean a health care service that is provided through telehealth.

The bill would prohibit a health professional from providing a telehealth service without first consulting with the patient. This provision would not apply to a health profession who was providing a telehealth service to an inmate who was under the jurisdiction of the Department of Corrections and was housed in a correctional facility.

A health professional who was providing a telehealth service could prescribe the patient a drug if the health professional were a prescriber, the drug were not a controlled substance, and the drug were not prescribed for the purpose of inducing an abortion. ("Prescriber" would mean that term as defined in Section 17708 of the Code. Under that section, "prescriber" means a licensed dentist; licensed doctor of medicine, osteopathic medicine and surgery, or

podiatric medicine and surgery; a licensed optometrist certified to administer and prescribe therapeutic pharmaceutical agents; a licensed veterinarian; or another licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating licensed doctor of medicine or osteopathic medicine and surgery.)

In a manner consistent with and in addition to the provisions set forth in Part 161 (General Provisions) of the Code, a disciplinary subcommittee could place restrictions or conditions on a health professional's ability to provide telehealth services if the subcommittee found that a health professional had violated the bill's provisions.

The Department of Licensing and Regulatory Affairs, in consultation with a health profession licensing board, could promulgate rules to implement the bill's provisions.

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 Services within LARA would incur some minor administrative costs associated with administration of the bill 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.

Fiscal Analyst: Steve Angelotti
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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.