



Senate Fiscal Agency
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BILL



ANALYSIS

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Senate Bill 270 (Substitute S-2 as reported)
Sponsor: Senator Steven Bieda
Committee: Health Policy

CONTENT

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

- Prohibit a licensed prescriber from prescribing a Schedule 2 to 5 controlled substance to a patient unless the prescriber was in a bona fide prescriber-patient relationship with the patient, beginning March 31, 2018.
- Require a licensed prescriber who prescribed a controlled substance to provide follow-up care to the patient.
- If the licensed prescriber were unable to provide follow-up care, require him or her to refer the patient to the patient's primary care provider or, if the patient did not have a primary care provider, to another licensed prescriber who was geographically accessible to the patient for follow-up care.
- Allow the Department of Licensing and Regulatory Affairs to promulgate rules describing circumstances in which a bona fide prescriber-patient relationship would not be required for the prescription of a Schedule 2 to 5 controlled substance.

The bill would define "bona fide prescriber-patient relationship" as a treatment or counseling relationship between a prescriber and patient in which 1) the prescriber has reviewed the patient's relevant medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation conducted in person or via telehealth; and 2) the prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards.

MCL 333.7303a et al.

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have a minor, but likely negative fiscal impact on the Bureau of Community and Health Systems (BCHS) within the Department of Licensing and Regulatory Affairs, and no fiscal impact on local units of government. The bill could introduce some new, but likely minor, costs to the BCHS in the form of additional investigations and enforcement actions related to the proposed requirements for health care providers. These costs would be borne by existing BCHS resources, and could be partially offset by any administrative fines collected from providers found to be in violation of the new requirements. The bill also could introduce new costs related to rule promulgation.

Date Completed: 6-8-17

Fiscal Analyst: Josh Sefton