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BILL ANALYSIS

Senate Fiscal Agency

Lansing, Michigan 48909

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Senate Bill 1029

Sponsor: Senator Vern Ehlers

Committee: Health Policy

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SUMMARY OF SENATE BILL 1029 as introduced 6-28-90:

The bill would amend the Public Health Code to revise current requirements for licensure of physicians by doing the following:

- Permitting a licensing board to grant a full license to practice medicine to an applicant who had completed requirements for a medical degree at a medical school located outside of the United States or Canada, if the applicant demonstrated certain experience outlined in the bill.
- Requiring that a clinical academic limited license be granted to a person who practiced a health profession only as part of an "academic institution" and only as part of his or her employment with that institution. The bill would delete the current provision on licensing for a clinical academic limited license.
- Requiring that a person granted a clinical academic limited license practice medicine only for an academic institution and under the supervision of one or more fully licensed physicians.
- Providing for the annual renewal of a clinical academic limited license for up to five years.
- Prohibiting a person from teaching or doing research that required the practice of medicine, unless the person was licensed or otherwise authorized under the licensing provisions of Article 15 of the Code.
- Providing that an applicant for a full license to practice medicine who in good faith made a statement as to his or her experience in practicing medicine would not be civilly or criminally liable for that statement.

Clinical Academic Limited License

The Code currently permits a licensing board to grant a clinical academic limited license to a person who functions in that capacity, but who does not hold himself or herself out to the public as being actively engaged in the practice of the health profession or directly solicit patients or clients.

The bill would delete this provision and, instead, would permit a licensing board to grant a clinical academic limited license to a person who practiced the health profession only as part of an "academic institution" and only in connection with his or her employment or other contractual relationship with that academic institution.

The bill specifies that "academic institution" would mean either a) a medical school approved by the licensing board; or b) a hospital licensed under the Code that met the following requirements:

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- Had been the sole sponsor of at least four residency programs accredited by the Accreditation Council for Graduate Medical Education and approved by the Department of Public Health for at least three years immediately preceding the date of an application for a clinical academic limited license or an application for full license to practice medicine (for a person who completed degree requirements at a medical school located outside of the United States or Canada), provided that at least one of the residency programs was in the specialty area of medical practice, or in a specialty area that included the subspecialty of medical practice, in which the applicant for a limited license proposed to practice or in which the applicant for a full license had practiced for the hospital.
- Had spent at least \$2 million for medical education during each of the three years immediately preceding the date of an application for a clinical academic limited license or an application for a full license to practice medicine (for a person who completed degree requirements at a medical school located outside of the U.S. or Canada).

A clinical academic limited license granted by the board, under the bill, for the practice of medicine would have to require that the person practice only for an academic institution and under the supervision of one or more physicians fully licensed under Article 15 of the Public Health Code. A clinical academic limited license would be renewable annually. A person, however, could not practice medicine under one or more clinical academic limited licenses for more than five years.

Full License to Practice Medicine

The bill would permit the Board of Medicine to grant a full license to practice medicine to an applicant who had completed the requirements for a degree in medicine at a medical school located outside the U.S. or Canada, if the applicant demonstrated to the board all of the following:

- That the applicant had practiced medicine for at least 10 years after having completed the requirements for a degree in medicine.
- That the applicant had completed at least three years of postgraduate clinical training in an institution affiliated with a medical school that was listed in the directory of medical schools published by the World Health Organization and was approved by the Department.
- That the applicant had achieved a passing score, as determined by the board, on either of the following: an initial medical licensure examination approved by the board; or, the special purpose examination developed by the National Board of Medical Examiners for the Federation of State Medical Boards or, if the special purpose exam no longer were available, then a board-approved cognitive examination designed to assess current competence for general, undifferentiated medical practice by physicians who held or have held a license to practice medicine in another jurisdiction.
- That the applicant had safely and competently practiced medicine under a clinical academic limited license for one or more academic institutions located in the State for at least two years immediately preceding the date of application for a license, during which time the applicant functioned in the observation and treatment of patients for at least 800 hours per year.

An applicant would have to file with the board a written statement from each academic institution upon which the applicant relied to satisfy the requirement on having practiced medicine under a clinical academic limited license. The statement would have to indicate, at a minimum, that the applicant functioned for the academic institution in the observation and treatment of patients at least 800 hours per year, and in doing so the applicant practiced medicine safely and competently. The bill specifies that a person, who in good faith made a written statement that was filed under this provision, would not be civilly or criminally liable for that statement. The bill also specifies that there would be a rebuttable presumption that a person who made such a written statement had done so in good faith.

MCL 333.16182 et al.

Legislative Analyst: L. Arasim

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: J. Schultz

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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.