

HOUSE BILL No. 4888

June 5, 1997, Introduced by Reps. Martinez, Bobier, Hale, Willard, Wojno, Hanley, Anthony and Bogardus and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding sections 21541 and 21542;
and to repeal acts and parts of acts.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 21541. (1) EXCEPT AS OTHERWISE PROVIDED IN THIS SUB-
2 SECTION AND SUBSECTION (5), A HOSPITAL THAT ADMITS RESIDENT PHY-
3 SICIANS TO PRACTICE SHALL NOT SCHEDULE A RESIDENT PHYSICIAN WITH
4 DIRECT PATIENT CARE RESPONSIBILITIES TO WORK MORE THAN AN AVERAGE
5 OF 80 HOURS PER WEEK OVER A PERIOD OF 4 CONSECUTIVE WEEKS. IF A
6 HOSPITAL DOES NOT SCHEDULE A RESIDENT PHYSICIAN TO WORK THE MAXI-
7 MUM NUMBER OF HOURS ALLOWED UNDER THIS SUBSECTION IN A PERIOD OF
8 4 CONSECUTIVE WEEKS, ANOTHER HOSPITAL MAY SCHEDULE THE RESIDENT
9 PHYSICIAN TO WORK THE REMAINING NUMBER OF HOURS UP TO THE MAXIMUM
10 ALLOWED UNDER THIS SUBSECTION. THIS SUBSECTION DOES NOT APPLY IF

1 THE RESIDENT PHYSICIAN IS PROVIDING DIRECT PATIENT CARE IN THE
2 EMERGENCY DEPARTMENT OF A HOSPITAL.

3 (2) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (6), IN A
4 PERIOD OF 48 CONSECUTIVE HOURS, A HOSPITAL MAY SCHEDULE A RESI-
5 DENT PHYSICIAN WITH DIRECT PATIENT CARE RESPONSIBILITIES TO WORK
6 UP TO 36 CONSECUTIVE HOURS. IF A HOSPITAL SCHEDULES A RESIDENT
7 PHYSICIAN WITH DIRECT PATIENT CARE RESPONSIBILITIES TO WORK A
8 PERIOD OF LESS THAN 36 CONSECUTIVE HOURS UNDER THIS SUBSECTION,
9 THEN THE HOSPITAL MAY SCHEDULE THE RESIDENT PHYSICIAN TO WORK IN
10 THE IMMEDIATELY SUBSEQUENT PERIOD OF 48 CONSECUTIVE HOURS FOR A
11 NUMBER OF HOURS, WHETHER CONSECUTIVE OR NOT, EQUAL TO NOT MORE
12 THAN 36 MINUS THE NUMBER OF CONSECUTIVE HOURS THE RESIDENT PHYSI-
13 CIAN WORKED IN THE PRECEDING PERIOD OF 48 CONSECUTIVE HOURS.

14 (3) A HOSPITAL THAT ADMITS RESIDENT PHYSICIANS TO PRACTICE
15 SHALL DEVELOP A SPECIFIC, WRITTEN POLICY PERTAINING TO SCHEDULES
16 AND LIMITS OF RESPONSIBILITY OF RESIDENT PHYSICIANS WITH DIRECT
17 PATIENT CARE RESPONSIBILITIES DURING WORK PERIODS OF 24 OR MORE
18 CONSECUTIVE HOURS INCLUDING, BUT NOT LIMITED TO, RESPONSIBILITY
19 FOR THE EVALUATION OF NEW PATIENTS.

20 (4) SUBJECT TO SUBSECTION (5), SUBSECTION (1) APPLIES TO ALL
21 HOSPITAL SERVICES INCLUDING, BUT NOT LIMITED TO, ALL OF THE FOL-
22 LOWING HOSPITAL SERVICES:

- 23 (A) ANESTHESIOLOGY.
- 24 (B) FAMILY PRACTICE.
- 25 (C) MEDICAL.
- 26 (D) SURGICAL.

1 (E) OBSTETRIC.

2 (F) PEDIATRIC.

3 (G) A HOSPITAL SERVICE, OTHER THAN THOSE LISTED IN SUBDIVI-
4 SIONS (A) TO (F) AND EMERGENCY SERVICES, WITH HIGH PATIENT TURN-
5 OVER OR ACUTELY ILL PATIENTS, OR BOTH.

6 (5) SUBSECTION (1) DOES NOT APPLY TO HOSPITAL SERVICES,
7 OTHER THAN THOSE LISTED IN SUBSECTION (4), IN WHICH THE RESIDENT
8 PHYSICIANS HAVE ADEQUATE PERIODS OF REST INCLUDING, BUT NOT
9 LIMITED TO, PSYCHIATRIC SERVICES. A HOSPITAL THAT IMPLEMENTS A
10 RESIDENT PHYSICIAN'S HOURS POLICY THAT DIFFERS FROM THE REQUIRE-
11 MENTS OF SUBSECTIONS (1) AND (2) FOR A SERVICE DESCRIBED IN THIS
12 SUBSECTION SHALL DOCUMENT ITS POLICY IN WRITING.

13 (6) A HOSPITAL THAT ADMITS RESIDENT PHYSICIANS TO PRACTICE
14 AND HAS AN EMERGENCY ROOM OR EMERGENCY DEPARTMENT THAT PROVIDES
15 SERVICES TO MORE THAN 15,000 PATIENTS PER YEAR SHALL NOT SCHEDULE
16 A RESIDENT PHYSICIAN TO WORK IN THE EMERGENCY ROOM OR EMERGENCY
17 DEPARTMENT MORE THAN 1 PERIOD OF 12 CONSECUTIVE HOURS PER
18 ROTATION.

19 (7) IF A RESIDENT PHYSICIAN HAS WORKED A PERIOD OF CONSECU-
20 TIVE HOURS LIMITED UNDER SUBSECTION (2) OR A PERIOD OF 12 CONSEC-
21 UTIVE HOURS AS DESCRIBED IN SUBSECTION (6), ANOTHER HOSPITAL
22 SHALL NOT SCHEDULE THE RESIDENT PHYSICIAN TO WORK IN VIOLATION OF
23 SUBSECTION (2) OR (6).

24 (8) EACH HOSPITAL THAT ADMITS RESIDENT PHYSICIANS TO PRAC-
25 TICE SHALL HAVE AVAILABLE AT ALL TIMES INTRAVENOUS SERVICES,
26 PHLEBOTOMY SERVICES, AND MESSENGER AND TRANSPORTATION SERVICES
27 SUFFICIENT TO MEET REASONABLE AND EXPECTED DEMANDS.

1 (9) THE DEPARTMENT MAY PROMULGATE RULES TO IMPLEMENT THIS
2 SECTION. THE RULES SHALL INCLUDE, BUT ARE NOT LIMITED TO, DEFINI-
3 TIONS OF THE FOLLOWING WORDS AND PHRASES FOR PURPOSES OF THIS
4 SECTION:

5 (A) "ACUTELY ILL PATIENTS".

6 (B) "ADEQUATE PERIODS OF REST".

7 (C) "HIGH PATIENT TURNOVER".

8 (D) "ROTATION".

9 SEC. 21542. (1) THE TASK FORCE ON HOSPITAL MANAGEMENT AND
10 PHYSICIAN RESIDENT EDUCATION IS CREATED IN THE DEPARTMENT. THE
11 TASK FORCE CONSISTS OF 15 MEMBERS. THE GOVERNOR SHALL APPOINT
12 THE TASK FORCE MEMBERS WITH THE ADVICE AND CONSENT OF THE SENATE,
13 AS FOLLOWS:

14 (A) SIX MEMBERS SHALL BE PHYSICIANS, 4 OF WHOM SHALL BE RES-
15 IDENT PHYSICIANS AT THE TIME OF THEIR APPOINTMENT. AT LEAST 1 OF
16 THE MEMBERS APPOINTED UNDER THIS SUBDIVISION SHALL BE AN OSTEO-
17 PATHIC PHYSICIAN.

18 (B) FOUR MEMBERS SHALL BE REPRESENTATIVES OF HOSPITALS.

19 (C) THREE MEMBERS SHALL BE REPRESENTATIVES OF THE INSURANCE
20 INDUSTRY.

21 (D) TWO MEMBERS SHALL BE REPRESENTATIVES OF THE ACCREDIT-
22 ATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR ITS SUCCESSOR
23 ORGANIZATION.

24 (2) THE MEMBERS OF THE TASK FORCE SHALL SERVE FOR A TERM OF
25 2 YEARS. THE GOVERNOR SHALL FILL A VACANCY ON THE TASK FORCE IN
26 THE SAME MANNER AS THE ORIGINAL APPOINTMENT FOR THE BALANCE OF
27 THE UNEXPIRED TERM.

1 (3) THE TASK FORCE SHALL DO ALL OF THE FOLLOWING:

2 (A) FILE AN ANNUAL REPORT ON THE OPERATION OF SECTION 21541
3 WITH THE SENATE AND HOUSE STANDING COMMITTEES WITH JURISDICTION
4 OVER MATTERS PERTAINING TO PUBLIC HEALTH.

5 (B) RECOMMEND TO THE DEPARTMENT AND TO THE LEGISLATURE
6 CHANGES TO THE REQUIREMENTS OF SECTION 21541, IF CHANGES ARE CON-
7 SIDERED NECESSARY BY THE TASK FORCE. IN MAKING ITS RECOMMENDA-
8 TIONS UNDER THIS SUBDIVISION, THE TASK FORCE SHALL CONSIDER THE
9 GUIDELINES ISSUED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDI-
10 CAL EDUCATION, IF AVAILABLE.

11 (4) THIS SECTION IS REPEALED EFFECTIVE UPON THE EXPIRATION
12 OF 2 YEARS AFTER ITS EFFECTIVE DATE.