SUBSTITUTE FOR

SENATE BILL NO. 235

A bill to amend 1978 PA 368, entitled "Public health code," by amending section 16221 (MCL 333.16221), as amended by 2004 PA 214.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 16221. The department may investigate activities related 2 to the practice of a health profession by a licensee, a registrant, 3 or an applicant for licensure or registration. The department may 4 hold hearings, administer oaths, and order relevant testimony to be 5 taken and shall report its findings to the appropriate disciplinary 6 subcommittee. The disciplinary subcommittee shall proceed under 7 section 16226 if it finds that 1 or more of the following grounds 8 exist:

9 (a) A violation of general duty, consisting of negligence or10 failure to exercise due care, including negligent delegation to or

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supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition that impairs, or may impair, the ability to safely and skillfully practice the health profession.

5 (b) Personal disqualifications, consisting of 1 or more of the6 following:

7 (i) Incompetence.

8 (ii) Subject to sections 16165 to 16170a, substance abuse as9 defined in section 6107.

10 (iii) Mental or physical inability reasonably related to and 11 adversely affecting the licensee's ability to practice in a safe 12 and competent manner.

13 (*iv*) Declaration of mental incompetence by a court of competent14 jurisdiction.

(v) Conviction of a misdemeanor punishable by imprisonment for a maximum term of 2 years; a misdemeanor involving the illegal delivery, possession, or use of a controlled substance; or a felony. A certified copy of the court record is conclusive evidence of the conviction.

20 (vi) Lack of good moral character.

(vii) Conviction of a criminal offense under sections 520b to
520g SECTION 520E OR 520G of the Michigan penal code, 1931 PA 328,
MCL 750.520b to 750.520g 750.520E AND 750.520G. A certified copy of
the court record is conclusive evidence of the conviction.

(viii) Conviction of a violation of section 492a of the Michigan
penal code, 1931 PA 328, MCL 750.492a. A certified copy of the
court record is conclusive evidence of the conviction.

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(ix) Conviction of a misdemeanor or felony involving fraud in
 obtaining or attempting to obtain fees related to the practice of a
 health profession. A certified copy of the court record is
 conclusive evidence of the conviction.

5 (x) Final adverse administrative action by a licensure,
6 registration, disciplinary, or certification board involving the
7 holder of, or an applicant for, a license or registration regulated
8 by another state or a territory of the United States, by the United
9 States military, by the federal government, or by another country.
10 A certified copy of the record of the board is conclusive evidence
11 of the final action.

12 (xi) Conviction of a misdemeanor that is reasonably related to 13 or that adversely affects the licensee's ability to practice in a 14 safe and competent manner. A certified copy of the court record is 15 conclusive evidence of the conviction.

16 (xii) Conviction of a violation of section 430 of the Michigan
17 penal code, 1931 PA 328, MCL 750.430. A certified copy of the court
18 record is conclusive evidence of the conviction.

19 (xiii) CONVICTION OF A CRIMINAL OFFENSE UNDER SECTION 520B,
20 520C, 520D, OR 520F OF THE MICHIGAN PENAL CODE, 1931 PA 328, MCL
21 750.520B, 750.520C, 750.520D, AND 750.520F. A CERTIFIED COPY OF THE
22 COURT RECORD IS CONCLUSIVE EVIDENCE OF THE CONVICTION.

(c) Prohibited acts, consisting of 1 or more of the following:
(i) Fraud or deceit in obtaining or renewing a license or
registration.

26 (*ii*) Permitting the license or registration to be used by an27 unauthorized person.

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(*iii*) Practice outside the scope of a license.

(*iv*) Obtaining, possessing, or attempting to obtain or possess
a controlled substance as defined in section 7104 or a drug as
defined in section 7105 without lawful authority; or selling,
prescribing, giving away, or administering drugs for other than
lawful diagnostic or therapeutic purposes.

7 (d) Unethical business practices, consisting of 1 or more of8 the following:

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(*i*) False or misleading advertising.

10 (*ii*) Dividing fees for referral of patients or accepting
11 kickbacks on medical or surgical services, appliances, or
12 medications purchased by or in behalf of patients.

13 (*iii*) Fraud or deceit in obtaining or attempting to obtain third14 party reimbursement.

15 (e) Unprofessional conduct, consisting of 1 or more of the 16 following:

17 (i) Misrepresentation to a consumer or patient or in obtaining
18 or attempting to obtain third party reimbursement in the course of
19 professional practice.

20 (*ii*) Betrayal of a professional confidence.

21 (*iii*) Promotion for personal gain of an unnecessary drug,
22 device, treatment, procedure, or service.

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(*iv*) Either of the following:

(A) A requirement by a licensee other than a physician that an
individual purchase or secure a drug, device, treatment, procedure,
or service from another person, place, facility, or business in
which the licensee has a financial interest.

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1 (B) A referral by a physician for a designated health service 2 that violates section 1877 of part D of title XVIII of the social 3 security act, 42 USC 1395nn , or a regulation promulgated under 4 that section. Section 1877 of part D of title XVIII of the social 5 security act, FOR PURPOSES OF THIS SUBPARAGRAPH, 42 USC 1395nn -6 and the regulations promulgated under that section - as they exist on June 3, 2002 , are incorporated by reference. for purposes of 7 this subparagraph. A disciplinary subcommittee shall apply section 8 9 1877 of part D of title XVIII of the social security act, 42 USC 10 1395nn - and the regulations promulgated under that section 11 regardless of the source of payment for the designated health 12 service referred and rendered. If section 1877 of part D of title XVIII of the social security act, 42 USC 1395nn , or a regulation 13 14 promulgated under that section is revised after June 3, 2002, the 15 department shall officially take notice of the revision. Within 30 16 days after taking notice of the revision, the department shall 17 decide whether or not the revision pertains to referral by 18 physicians for designated health services and continues to protect 19 the public from inappropriate referrals by physicians. If the 20 department decides that the revision does both of those things, the 21 department may promulgate rules to incorporate the revision by 22 reference. If the department does promulgate rules to incorporate 23 the revision by reference, the department shall not make any 24 changes to the revision. As used in this subparagraph, "designated 25 health service" means that term as defined in section 1877 of part 26 D of title XVIII of the social security act, 42 USC 1395nn , and 27 the regulations promulgated under that section and "physician"

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means that term as defined in sections 17001 and 17501.

2 (v) For a physician who makes referrals pursuant to section 1877 of part D of title XVIII of the social security act, 42 USC 3 4 1395nn - or a regulation promulgated under that section, refusing 5 to accept a reasonable proportion of patients eligible for medicaid 6 and refusing to accept payment from medicaid or medicare as payment in full for a treatment, procedure, or service for which the 7 physician refers the individual and in which the physician has a 8 9 financial interest. A physician who owns all or part of a facility 10 in which he or she provides surgical services is not subject to 11 this subparagraph if a referred surgical procedure he or she 12 performs in the facility is not reimbursed at a minimum of the 13 appropriate medicaid or medicare outpatient fee schedule, including 14 the combined technical and professional components.

15 (f) Beginning June 3, 2003, the department of consumer and industry services shall prepare the first of 3 annual reports on 16 17 the effect of this amendatory act 2002 PA 402 on access to care for 18 the uninsured and medicaid patients. The department shall report on 19 the number of referrals by licensees of uninsured and medicaid 20 patients to purchase or secure a drug, device, treatment, 21 procedure, or service from another person, place, facility, or 22 business in which the licensee has a financial interest.

(g) Failure to report a change of name or mailing addresswithin 30 days after the change occurs.

25 (h) A violation, or aiding or abetting in a violation, of this26 article or of a rule promulgated under this article.

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(i) Failure to comply with a subpoena issued pursuant to this

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part, failure to respond to a complaint issued under this article
 or article 7, failure to appear at a compliance conference or an
 administrative hearing, or failure to report under section 16222 or
 16223.

5 (j) Failure to pay an installment of an assessment levied
6 pursuant to the insurance code of 1956, 1956 PA 218, MCL 500.100 to
7 500.8302, within 60 days after notice by the appropriate board.

8 (k) A violation of section 17013 or 17513.

9 (1) Failure to meet 1 or more of the requirements for licensure10 or registration under section 16174.

11 (m) A violation of section 17015 or 17515.

12 (n) A violation of section 17016 or 17516.

13 (o) Failure to comply with section 9206(3).

14 (p) A violation of section 5654 or 5655.

15 (q) A violation of section 16274.

16 (r) A violation of section 17020 or 17520.

17 (s) A violation of the medical records access act, 2004 PA 47,

18 MCL 333.26261 TO 333.26271.

19 (t) A violation of section 17764(2).

20 Enacting section 1. This amendatory act does not take effect
21 unless all of the following bills of the 96th Legislature are
22 enacted into law:

23 (a) House Bill No. 4411.

24 (b) House Bill No. 4412.

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