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BILL ANALYSIS



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Senate Bill 213 (as introduced 3-2-17)
Sponsor: Senator Peter MacGregor
Committee: Health Policy

Date Completed: 3-6-17

CONTENT

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

- **Allow a health professional providing a telehealth service to prescribe a controlled substance if permitted to do so by his or her health profession.**
- **Require a health professional who prescribed a drug to comply with requirements concerning referrals and follow-up services.**
- **Require the Department of Licensing and Regulatory Affairs to promulgate rules to implement the Code's provisions regarding telehealth services.**

The Code provides that a health professional providing a telehealth service may prescribe a drug to a patient if the health professional is a prescriber and the drug is not a controlled substance. Under the bill, a health care professional providing a telehealth service would be allowed to prescribe a controlled substance if the health professional met the requirements applicable to that health profession for prescribing a controlled substance.

The bill also would require a health professional who prescribed a drug to comply with both of the following:

- If the health professional considered it medically necessary, he or she would have to provide the patient with a referral for other health care services geographically accessible to the patient, including emergency services.
- After providing a telehealth service, the health professional, or a health professional acting under the delegation of another health professional, would have to make himself or herself available to provide follow-up health care services to a patient or refer the patient to another health professional for follow-up health care services.

Under the Code, the Department of Licensing and Regulatory Affairs, in consultation with a health profession licensing board, may promulgate rules to implement the provisions of the Code concerning telehealth services. The bill, instead, would require the Department to promulgate such rules.

(Public Act 359 of 2016 amends the Code, effective March 29, 2017, to regulate the provision of telehealth services. In addition to restricting the prescription of drugs and authorizing the promulgation of rules, the amendments prohibit a health professional from providing a telehealth service without obtaining consent for treatment, unless the patient is an inmate under the jurisdiction of the Department of Corrections; and allow a disciplinary subcommittee to restrict the ability of a health professional to provide telehealth services if he or she violates the regulations.

"Telehealth service" means a health care service that is provided through telehealth. "Telehealth" means 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. It includes telemedicine, as defined in the Insurance Code (the use of an electronic medium to link patients with health care professionals in different locations).

"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.)

MCL 333.16285 & 333.16287

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have a minor, but negative fiscal impact on the Department of Licensing and Regulatory Affairs (LARA), and no fiscal impact on local units of government. Under the bill, LARA would be required to promulgate administrative rules regarding telehealth services. Rule promulgation would result in some new administrative costs that would likely be minor, but would vary with the relative complexity of the rules promulgated. These costs would be borne by existing resources within LARA.

Fiscal Analyst: Josh Sefton

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