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## BILL ANALYSIS



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House Bill 5439 (Substitute H-1 as passed by the House)  
Sponsor: Representative Mary Whiteford  
House Committee: Health Policy  
Senate Committee: Health Policy

Date Completed: 4-24-18

**CONTENT**

**The bill would amend the Mental Health Code to do the following:**

- **Require the Department of Health and Human Services (DHHS) to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis.**
- **Permit the DHHS to delegate the creation, operation, and maintenance of the registry to a private entity.**
- **Require the registry to be made available to health plans, psychiatric facilities, caregivers, and others.**
- **Require the DHHS to create a committee to provide guidance on creating, operating, and maintaining the registry.**
- **Require the DHHS to submit quarterly reports on the progress of implementing the registry to the Legislature.**

The bill would take effect 90 days after enactment.

**Psychiatric Bed Registry**

The bill would require the Department of Health and Human Services to establish and administer an electronic inpatient psychiatric bed registry. The registry would have to be a web-based resource to identify available psychiatric beds in the State categorized by patient gender, acuity, age, and diagnosis. The registry would have to be accessible through the Department's website.

The Department could, by contract, delegate creating, operating, and maintaining the registry to a private entity.

Psychiatric facilities and other providers determined by the DHHS would have to provide the DHHS with the number of inpatient psychiatric beds available in those facilities at the time the information was provided. The information would have to be provided by the psychiatric facilities and other providers on a basis as close to real time as possible. Psychiatric facilities and other providers would have to provide the DHHS with the information determined by the Department in consultation with the proposed committee.

("Psychiatric facility" would mean a psychiatric hospital or psychiatric unit licensed under the Code.)

The registry would have to be made accessible to prepaid inpatient health plans, licensed health plans, community mental health services programs, acute care hospitals, psychiatric facilities, and employees and caregivers with other appropriate providers.

### Registry Committee

The Department would have to create a committee to provide guidance on creating, operating, and maintaining the registry. The committee would have to include representatives from the following groups:

- The DHHS.
- The Department of Licensing and Regulatory Affairs.
- Psychiatric facilities.
- End users of the registry.
- Consumers, families, and advocates.
- Law enforcement.

### Department Responsibilities

The DHHS would have to establish requirements for psychiatric facilities and other providers to report information to it, in consultation with the committee.

The Department would have to provide quarterly reports on the progress of implementing the registry beginning the first quarter after the bill took effect. The Department would have to provide the quarterly reports to the chairpersons of the standing committees of the Senate and the House of Representatives responsible for health policy, and to the chairpersons of the Appropriations subcommittees of the Senate and House responsible for the DHHS.

The Department, in consultation with the committee, could establish a policy for the secondary use of registry data.

Proposed MCL 333.1151

Legislative Analyst: Stephen Jackson

### **FISCAL IMPACT**

The bill would have a minor negative fiscal impact on the Department of Health and Human Services, and no fiscal impact on local units of government. Previous registries created by various departments have cost up to \$150,000, and it is likely that the creation of a psychiatric bed registry would require a similar investment. Once the registry was established the DHHS would face minor costs for maintenance and operation. Additionally, the DHHS would face a minor cost to create the committee required in the bill.

Fiscal Analyst: Elyn Ackerman

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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.