

## MILITARY MEDICS AND CORPSMEN PROGRAM

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**House Bill 4023 (H-2) as referred to second committee**  
**House Bill 5052 (H-1) as referred to second committee**

Analysis available at  
<http://www.legislature.mi.gov>

**Sponsor: Rep. Diana Farrington**  
**1st Committee: Military, Veterans and Homeland Security**  
**2nd Committee: Ways and Means**  
**Complete to 1-30-20**

### SUMMARY:

House Bills 4023 and 5052 would create a program to allow military medical personnel to practice and perform certain delegated acts, tasks, or functions under the supervision of a physician, podiatrist, or chiropractor in a qualified medical setting.

**House Bill 5052** would create a new act, the Military Medics and Corpsmen Program Act, which would require the Department of Military and Veterans Affairs (DMVA), in collaboration with the Department of Licensing and Regulatory Affairs (LARA), to establish a Military Medic and Corpsmen Program in which *military medical personnel* could practice and perform certain delegated acts, tasks, or functions under the supervision of a physician, podiatrist, or chiropractor in a *qualified medical setting*.

*Military medical personnel* would mean an individual who has recently served as a medic in the U.S. Army, medical technician in the U.S. Air Force, corpsman in the U.S. Navy, or health services technician in the U.S. Coast Guard (or has recently served in one of these positions in a reserve branch or in the Michigan National Guard) and who was discharged or released from that service under conditions other than dishonorable.

*Qualified medical setting* would mean any of the following:

- A hospital licensed under Article 17 of the Public Health Code.
- A medical facility that is owned or operated by a professional corporation, professional limited liability company, or partnership of a physician, podiatrist, or chiropractor.
- A medical facility that is owned or operated by a commercial enterprise that has medical facilities for its employees that are supervised by one or more physicians or podiatrists.

All of the following would apply to the program created under the new act:

- The delegation of an act, task, or function to military medical personnel would have to reflect their level of training or experience and would be subject to section 16215 of the Public Health Code (which pertains to delegation of such acts, tasks, or functions).
- The supervising physician, podiatrist, or chiropractor would retain responsibility for the care of the patient.
- DMVA, in collaboration with LARA, would have to establish general requirements for military medical personnel, physicians, podiatrists, chiropractors, and employers participating in the program. The requirements would have to include requiring

military medical personnel to participate in a health-related educational program at the time of their participation in the program.

DMVA could promulgate rules in collaboration with LARA to implement the new act.

**House Bill 4023** would amend section 16215 of the Public Health Code to allow a physician, podiatrist, or chiropractor to delegate an act, task, or function to military personnel if the physician, podiatrist, or chiropractor and the military medical personnel are participating in the Military Medic and Corpsmen Program.

MCL 333.16215

The bills are tie-barred to one another, which means that neither can take effect unless both are enacted.

### **FISCAL IMPACT:**

House Bills 4023 and 5052 would create potentially significant but, as of yet, undetermined costs for the Michigan Veterans Affairs Agency (MVAA) that may not be able to be supported with existing appropriations to the agency. The program required under the bills may require additional staff members and other program related costs. The MVAA reports that it is working on an estimate of what resources would be required under the bills, including whether additional staff members would be necessary. Any additional FTE positions required for the administration of the program would cost approximately \$100,000 annually.

The bills would not be expected to have a significant impact on expenditures or revenues for LARA or any unit of local government. Any costs to LARA associated with the program described in the bills would likely be supported by existing departmental appropriations.

### **POSITIONS:**

A representative of the Michigan Veterans Affairs Agency testified in support of the bills. (10-29-19)

The following organizations indicated support for the bills (11-5-19):

- American Legion Department of Michigan
- Michigan Podiatric Medical Association

Legislative Analyst: E. Best  
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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.