

MILITARY MEDICAL PERSONNEL PILOT PROGRAM AND MILITARY MEDICS ACT

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House Bills 4023 and 5052 as introduced

Sponsor: Rep. Diana Farrington

Committee: Military, Veterans and Homeland Security

Complete to 10-29-19

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

SUMMARY:

Taken together, House Bills 4023 and 5052 would establish programs in which medical military personnel could practice and perform certain delegated tasks under the supervision of certain health professionals.

House Bill 4023 would amend the Public Health Code to allow the Department of Licensing and Regulatory Affairs (LARA) to establish a pilot program in which *military medical personnel* could practice and perform certain delegated acts, tasks, or functions under the supervision of a licensed physician or podiatrist. The bill would also expressly allow a physician or podiatrist to delegate an act, task, or function to military medical personnel participating in the pilot program.

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, or corpsman in the U.S. Navy or U.S. Coast Guard and who was discharged or released from that service under conditions other than dishonorable.

All of the following would apply to the pilot program:

- The delegation of an act, task, or function to military medical personnel would have to reflect their level of training and experience.
- The supervising physician or podiatrist would retain responsibility for the care of the patient.
- Any of the following could participate in the pilot program:
 - A physician or podiatrist.
 - A professional corporation, limited liability company, or partnership of a physician or podiatrist.
 - A commercial enterprise that has medical facilities for its employees that are supervised by one or more physicians or podiatrists.
 - A hospital licensed under the code.
- LARA, in collaboration with the Department of Military and Veterans Affairs (DMVA), would have to establish general requirements for participating military medical personnel, licensees, and employers.

The bill would take effect 90 days after enactment.

MCL 333.16215 and proposed MCL 333.16215a

House Bill 5052 would create a new act, the Military Medics Act, which would require DMVA, in collaboration with LARA, to establish a program in which military medical personnel could practice and perform certain delegated acts, tasks, or functions under the supervision of a licensed physician, podiatrist, or chiropractor.

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

- The delegation of an act, task, or function to military medical personnel would have to reflect their level of training and experience and would be subject to section 16215 of the Public Health Code, which concerns delegation of such acts, tasks, or functions.
- The supervising physician, podiatrist, or chiropractor would retain responsibility for the care of the patient.
- Any of the following could participate in the pilot program:
 - A physician, podiatrist, or chiropractor.
 - A professional corporation, limited liability company, or partnership of a physician, podiatrist, or chiropractor.
 - A commercial enterprise that has medical facilities for its employees that are supervised by one or more physicians, podiatrists, or chiropractors.
 - A hospital licensed under the Public Health Code.
 - A commercial enterprise that has medical facilities for its employees who are supervised by one or more physicians or podiatrists.
- DMVA, in collaboration with LARA, would have to establish general requirements for participating military medical personnel, physicians, podiatrists, chiropractors, and employers.

The bill is tie-barred to HB 4023, which means that it could not take effect unless HB 4023 were also enacted into law.

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 pilot project 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.

House Bill 4023 would not be expected to have a significant impact on expenditures or revenues for LARA or any unit of local government. Any costs associated with the pilot program described in the bill would likely be supported by existing departmental appropriations.

House Bill 5052 would not have a significant fiscal impact on LARA.

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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.