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# Legislative Update

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## OVERVIEW

On September 22, the Legislature passed a Budget for FY 2021-22. Passage of the Budget came just a little over a week before the end of the fiscal year (September 30) and was officially presented to the Governor on September 28. On the final day of the FY 2020-21 fiscal year, the Governor signed it with several line item vetoes and declarations stating that certain boilerplate provisions were not enforceable as being violative of the State Constitution. The biggest single department budget was that of the Department of Health and Human Services (DHHS) which totaled nearly \$32 billion of the nearly \$70 billion in state spending. Still left unspent is nearly \$11 billion which Michigan derived from its share of the federal COVID Recovery dollars from the Trump Administration, and COVID Rescue funds from the Biden Administration. In addition, the State's General Fund is flush due to unexpectedly high tax revenue. At this time, it is believed these excess funds will be appropriated through a series of supplemental funding bills to be enacted later this year into next, and possibly beyond. There now appears to be some consensus among Democrats and Republicans about how to apply the funds. There is also growing momentum for infrastructure and, in particular, a dramatic increase in behavioral health beds, especially for young people. With regard to policy, there are efforts in both Houses to revamp the way behavioral health services are administered. There are also rumors afoot that specialty nurses will once again attempt to expand their scope of practice which could include order and interpreting imaging. MRS leadership is working with MSMS to combat any such effort.

## LEGISLATION

### Prior Authorization:

Last year, Sen. Curt VanderWall (R-Ludington), the Chair of the Senate Health Policy Committee, introduced legislation calling for procedures and protocols to be established before the use of prior authorization by insurance companies. MRS has been a member of the "Health Can't Wait" coalition which has been advocating prior authorization reform. Unfortunately, major insurers such as Blue Cross/Blue Shield were successful in amending last session's version of the legislation to the point where even the Coalition opposed its passage. Consequently, the bill died at the end of session. In March, Sen. VanderWall introduced SB 247, a revised version of last session's bill. While SB 247 is not as strong as last session's bill as originally introduced, it is still supported by the Coalition. SB 247 has unanimously passed the Senate and was sent to the House. In an attempt to get the best final product, it is anticipated that legislation on the subject will also be introduced in the House, which will be more to the Coalition's liking. The strategy here is to leverage the House legislation in negotiations with the Senate.

### Scope of Practice:

As of this date, there has not been legislation expanding the practice of chiropractic. However, we are continuing to be vigilant. We fully expect specialty nurses to embark on an effort to expand their scope. As you recall, in the recent past they sought to engage in interpreting imaging.

### Upgrade Standards for Radiographic Technologists:

HB 5116, sponsored by Rep. Rodney Wakeman (R-Saginaw) establishes education and training standards for those who operate sophisticated imaging equipment. Currently, Michigan is an outlier among states, mandating requirements for only mammography and CT operation. MRS is supportive but has suggestions as to how to make the bill stronger. The legislation is with the House Health Policy Committee where a hearing is expected this fall.

### Essential Health Provider Legislation:

SB 246, sponsored by Sen. VanderWall, would increase the debt limit the State would pay for an individual who has taken part in the essential health provider repayment program from \$200,000 to \$300,000 over a ten-year period. SB 435, sponsored by Sen. Michael MacDonald (R-Macomb), expands the list of health care professions that would qualify for the program to include behavioral sciences. These bills have passed the Senate and are now with the House Committee on Health Policy where a hearing is expected this week.

## **REGULATORY**

At its September 16 meeting, the Certificate of Need Commission voted the proposed language for PET Scanners be sent to the Governor and the Legislature's Joint Committee on Administrative Rules for its statutory 45-day review period. The proposed language allows applicants for PET services to a consulting agreement with physician services and not just hospitals.

The Commission's informal MRI work group is headed by Suresh Mukherji, M.D., former MRS President. The work group has broken up into four subgroups that will be reviewing standards and reporting back to the Commission.

## **OTHER**

### Legislative Day:

Thanks to all those who participated in the MRS Legislative Day. We met with the Chair of the Senate Health Policy and Human Services Committee, the Vice-Chair, the ranking Minority Party members and members of the DHHS Subcommittee on Appropriations. MRS members explained what it takes to be a radiologist, the concerns they've heard about creeping scope, and about the need to upgrade standards for operators of imaging equipment.

### Centennial:

My office is working with the Governor's office toward preparation of a Gubernatorial Proclamation recognizing and honoring the MRS on its 100th year of service to patients and the profession.