



# LEGISLATIVE UPDATE

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## OVERVIEW

The Legislature is in full swing and is scheduled to be in session until its summer break, on or around the end of June. During the months of February and March, the Legislature was busy negotiating and eventually passing appropriations for COVID relief, taking testimony on the upcoming FY 2021-22 budget, and having the House pass and send to the Senate a 15 bill health care access and transparency package. Pressure continues from the GOP controlled Legislature to have the State open up more business, educational, sporting and social activities. On the other hand, the Department of Health and Human Services (DHHS) has resisted such efforts and has been gradually easing restrictions. Unfortunately, Michigan still leads the nation in new COVID cases, even though more people are receiving the COVID vaccine and in spite of the restrictions imposed by DHHS. The relationship between the Legislature and the Administration is frosty at best. Only last week, legislative leaders and the Governor met in person for the first time in eight months. Legislative leaders are generally not including the Governor or her staff in budget negotiations. This atmosphere not only makes it difficult to predict what items will emerge and escape from the Gubernatorial veto, but the same can be said for the \$5.6 billion that will be appropriated from the most recent federal COVID Rescue package.

## LEGISLATION

### Drug Pricing Transparency:

The Speaker of the House made it clear at the beginning of the session that his major priority was passage of a drug pricing transparency package. Unfortunately, a few bills, and two in particular, managed to wangle their way into the package, even though they do not concern drug pricing. HB 4359 would allow nurse anesthetists to practice without supervision of a physician under certain circumstances.

## Legislative Update (cont.)

The other is HB 4355, which would significantly expand the use and availability of telemedicine. Under this bill, an out-of-state provider would be allowed to provide services in Michigan as long as the provider was authorized to practice in his/her jurisdiction and received the consent of the patient. This open ended legislation would in essence eviscerate Michigan's licensing laws and their governing boards. Moreover, this legislation does not address public safety, which should be of paramount concern. The bill passed the House by the slimmest of majorities, only reaching the 56th vote after the vote boards were left open for nearly 45 minutes. I have spoken with the Government Affairs Director of the Michigan State Medical Society (MSMS). MSMS is generally opposed. I have also spoken to the Governor's office and it is, at this time, opposed. I am developing a grassroots message and urge MRS members to contact members of the Senate Health Policy Committee in opposition to the bill.

### 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. Last week, SB 247 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.

### Mammography:

Last month, I reported that I had received word a bill was being drafted that would require insurance coverage for mammography examinations for women 35 years of age and older every calendar year. The current law requires coverage for women 40 years or older. That bill has not yet been introduced, but I am keeping close tabs on the situation.

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