



Legislative Update

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OVERVIEW

Before leaving for the summer, the Legislature passed, and the Governor signed, the FY 2023-24 State Budget. The appropriation for the Department of Health and Human Services and the Medicaid Program constituted nearly 45 percent of the entire budget. Lawmakers returned on September 6 with a view toward enacting at least some of the Governor's priorities she outlined on August 30. They include committing utilities to being 100 percent carbon free in the next decade, creation of a prescription drug affordability board, and significant improvements in infrastructure. Another of the Governor's priorities, mandating paid parenting and sick leave, will meet with strong resistance even among Democrats who now control both houses.

Democrats also have a challenge to their control of the House, and it is of their own doing. They now hold a 56-54 majority, but 2 of their members are running for local office in a general election this November. If both of those members win their election, the partisan makeup of the House would be 54-54, and many of the Governor's priorities could not be enacted. Moreover, several bills that have passed and been signed into law by the Governor will not become effective until around April 1 of 2024. This is so because the minority Republicans withheld their support for the bills taking immediate effect. Without immediate effect, a bill that is enacted does not take effect until 90 days after final adjournment for the year.

One of those bills not granted immediate effect is moving up the date of Michigan's Presidential Primary to February 27, a measure that President Biden's campaign wanted. However, since it did not get immediate effect, the law would not take effect until well after the February 27 date. For these and a few other reasons, Democrats are giving serious consideration to adjourning for the year in early November instead of late December. By so doing, the Governor could call a special election to fill vacancies in case the 2 state representatives are elected to local office and Michigan presidential primary could be held on February 27. Early adjournment would also mean nurse practitioners would have less time this year to try and get their legislation passed. Stay tuned!

LEGISLATION

Scope of Practice:

On April 20, Senator Jeff Irwin (D-Ann Arbor) introduced SB 279, which is a reintroduction of last session's SB 680. The bill has bipartisan co-sponsorship and has been referred to the Senate Committee on Health Policy. This legislation, in essence, allows nurse practitioners to practice medicine by granting them authority to diagnose and prescribe controlled substances without being under the supervision of a physician. It also specifically allows nurse practitioners to engage in "ordering, performing, supervising and interpreting laboratory and imaging studies."

Physician groups are adamantly opposed to this legislation and are already actively lobbying against it. The MRS Legislative Committee has discussed this bill at length and has alternative language which would not allow nurse practitioners to practice radiology. MRS, along with other physicians, specialty organizations and MSMS, will be waging a very vigorous, grassroots campaign in opposition.

Physician-Led Patient Care Teams:

Rep. Alabas Farhat (D-Dearborn) has introduced HB 4472, which would establish and mandate practice agreements for physician assistants and nurse practitioners. The agreements call for a patient care team led by a physician or physicians. The legislation was introduced at the request of Michigan State Medical Society and is supported by physician specialty groups. It is now with the House Committee on Health Policy.

HB 4071, Oral Chemo Therapy:

Rep. Samantha Steckloff (D-Northville) is sponsoring a bill that requires equal insurance coverage for oral cancer chemo therapy and intravenous therapy. This bill was passed by the House by a vote of 70-37 and is now with the Senate Committee on Health Policy.

HB 4015, Insulin Co-Pay:

Sponsored by Rep. Jennifer Conlin (D-Dexter), places a limit on the co-pay of Insulin at \$35 for every 30-day supply. This bill remains with the House Insurance and Financial Services Committee.

HB 4276, Pharmacy Benefit Manager Regulation

Rep. Farhat has introduced legislation calling for strict regulation of reporting requirements for pharmacy benefit managers. The bill remains with the House Health Policy Committee.

SB 27, Mental Health Parity:

Sponsored by Sen. Sarah Anthony (D-Lansing), requires health insurers to give equal coverage for behavioral health and substance use disorder services as that given for physical health. The bill has been referred to the Senate Committee on Health Policy.

Prior Authorization:

Providers, including physicians, will likely attempt to make further gains to reform the prior authorization practice. I see this occurring late this year or early next.

Radiation Technology Rules:

The Department of Labor and Economic Opportunity (DLEO) is promulgating administrative rules that will establish education and training requirements for operators of ionizing equipment. A public hearing was held on August 16 with MRS former President Ralph Lieto testifying along with members of the Society of Nuclear Medicine, Molecular Imaging and the American Society of Radiologic Technologists. The Department is still contemplating whether to add nuclear medicine within the ambit of these rules.

ACR Michigan Legislative Day:

I ask that members consider designating a Tuesday or Wednesday in late September or October to hold an MRS Legislative Day. Key issues for discussion will be SB 279, the nurse practitioner bill, and HB 4472, the physician-led patient care legislation. Suggested dates include: September 27, October 10, 11, 17, 18, 24 or 25.

