

This is a summary of some legislative issues from Julie Novak, Chief Executive Officer at MSMS plus a couple additional updates at the end.

Senate Bill 1104: Greer Fix

One of the key priorities identified by the MSMS leadership was to implement a legislative fix to the Greer Court ruling dealing with whether hospital charges or payments made by insurers are the appropriate measure of economic damages in a professional liability case. This legislation passed relatively easily out of the Senate, but was a concern to get out of the House due to the abbreviated schedule. Furthermore, some of the growing animosity between the Senate and House over other controversial issues had the potential for derailment. Fortunately, Senate Bill 1104 was voted out of the House Insurance Committee and was placed on the fast track on the House floor and was able to forego the normal procedural restrictions and was able to pass the House 60-48 and in a single day. The bill now heads to the Governor's desk for his signature. While this bill was opposed by the Michigan Association for Justice, this legislation was fairly straight forward and benefitted from the communication of Justice Zahra to the legislature that the Greer Case required legislative intervention to correct. However, what is notable is the swiftness with which this issue was resolved. This issue was essentially identified in July, and was able to pass in spite of the fact that there were only a small number of session days in which to complete the task. According to our partners in at many of the liability carriers, every day that passed without a Greer fix added to the frequency and severity of claims in professional liability cases. Furthermore, fixing Greer means physicians can continue to enjoy a stable liability market in Michigan.

Senate Bill 248: Auto No-Fault

While MSMS was carefully monitoring several issues, there had been no indication that any sort of deal related to auto no-fault was imminent. However, that abruptly changed once it was revealed that the Michigan Health and Hospital Association (MHA), while publicly belonging to the Coalition Protecting Auto No-fault (CPAN), was conducting private meetings with representatives from the auto industry as well as the Senate Majority Leader's office. Consequently, this act breathed life into an issue that was effectively dormant. Gongwer News Services summarized the situation:

"Legislation to overhaul automobile insurance coverage of catastrophic injuries is unexpectedly back in a big way in the final days of the 2017-18 term with a sudden push in the House to move a revised bill thanks to a new ally working with insurers – the Michigan Health and Hospital Association.

The hospitals have agreed to support revised legislation, breaking with their allies in the Coalition Protecting Auto No-Fault, in exchange for two years of legislative peace with no action against them on other priority issues.

The revised versions of SB 248 and SB 249, the unchanged versions of which are pending on the House floor, would place a \$400,000 cap on how much coverage the assigned claims system would provide for those catastrophically injured in a traffic crash where the injured person has no insurance.

The proposal also would put a cap on relatives who provide attendant care to those catastrophically injured in traffic crashes and put in place a fraud authority.

Instrumental to this development was Senate Majority Leader Arlan Meekhof (R-West Olive), multiple sources working the issue said. Mr. Meekhof's spokesperson declined to comment.

However, these same sources said while the support from hospitals has dramatically revived the legislation, supporters are still short of votes in the House, at least for now.

From the hospitals' standpoint, the legislation has the benefit of not imposing a fee schedule, as has been discussed in the past on this issue, nor does it cap benefits for anyone who purchases insurance and suffers a catastrophic injury in a traffic crash, said Chris Mitchell, senior vice president for advocacy for the Michigan Health and Hospital Association. It leaves the Michigan Catastrophic Claims Association in place, another MHA goal, he said."

This unilateral action is perceived by the CPAN as an act of betrayal by MHA, which has benefited from the collective advocacy of CPAN and specifically from member groups like the Michigan Association for Justice (MAJ) which helped to defeat efforts to impose fee schedules upon physicians, hospitals and other providers on multiple occasions. MAJ has essentially negotiated away several aspects of no-fault benefits that do not impact their members to preserve being paid charges and the promise that no additional reforms would be considered for the next two years. The MAJ and other individual constituent groups within CPAN have had similar offers to join with insurers to cut deals at the expense of others, however MHA is the only group that has done so.

Fortunately, the new version of auto no-fault legislation died just one day after MHA struck a deal, thanks, in part, to MSMS's legislative affairs.

Senate Bill 1019: CRNA

MSMS and the Michigan Society of Anesthesiologists (MSA) closely monitored Senate Bill 1019 that would have permitted independent practice for CRNAs. This was another effort of the Michigan Health and Hospital Association (MHA) which exerted a great deal

of pressure to have a hearing on the bill as well as convince the Health Policy Chair to hold a vote. However, the arguments made on behalf of the physician community created a great deal of doubt on a bill that required unprecedented favorable treatment to pass out of the Senate. ***Your letters to the legislators worked.*** The advocates for SB 1019 could never muster sufficient votes to pass the bill out of committee. Furthermore, claims made that there were sufficient votes to pass the bill were refuted when the Chair would conduct his own whip count of the issue. The bill was routinely short between four to six votes. Despite this reality, the advocates for SB 1019 relentlessly pushed for a vote in spite of the direction from the Chair that he would only have a vote if a majority of the Committee would vote in favor. Eventually, the lobbyists for MHA and the Michigan Association of Nurse Anesthetists pushed too hard and House Leadership intervened and notified the House Health Policy Chair that no more hearings were to be scheduled for the remainder of the year. **Consequently, SB 1019 is dead for the session.**

House Bill 4235: Maternal Death Reporting

A joint legislative effort between MSMS and American Congress of Obstetricians and Gynecologists (ACOG) related to better data collection for maternal deaths passed out of the Senate Health Policy Committee and was passed by the full Senate. The bill will now be sent to the Governor.

House Bill 5326: Naloxone Standing Order

Legislation supported by MSMS to make naloxone more easily available to addicts and their family members has passed out of the Senate and was returned to the House where the bill was the subject of a concurrence vote. MSMS offered guidance to create a state-wide standing order signed by a physician as opposed to creating a precedent for independent prescribing authority for pharmacists. This bill is now headed to the Governor for his signature.

House Bill 4598: Midwife Licensure

In spite of opposition from MSMS and other health care groups, House Bill 4598 passed by a fairly comfortable margin. This legislation would create a category of licensure for direct entry midwives or lay midwives. This legislation was likely passed as a byproduct of negotiations relative to the passage of the energy regulation package that had stalled in the House. While this bill is still troubling in that it provides a category of license to midwives and thereby giving the veneer of safety due to their state sanctioned credential, several amendments were added to make the bill less problematic.

Furthermore, MSMS has ascertained that any deal related to this legislation did not include an assurance from the Governor. This means that the possibility of a gubernatorial veto on this issue remains a possibility. While a veto may not be probable at this time, the nature of midwife licensure conflicts with the broader efforts of the governor to deregulate professions where licensure may not be warranted.

Physician Assistants – House Bill 5533

[Click here](#) for more information

Telehealth – Senate Bill 753

[Click here](#) for more information