**LEGISLATIVE UPDATE**
(Updated March 28, 2014 by Bill Sullivan)

**LEGISLATION**

**Appropriations**

The Governor introduced his budget for fiscal year 2015 on February 5 (Senate Bill 763 and House Bill 5313). The budget included $15.7 million ($4.7 million state and 11 million federal) so that the following counties can be added to the Healthy Kids Dental Program: Kalamazoo and Macomb. In addition, the budget recommendation includes $7 million state money for adult dental Medicaid and $151,000 state money for donated dental services. The budget is currently working its way through the legislative process.

**Criminal**

**Senate Bill 250** (Hansen) – provides for penalties for assaulting a health care worker. The original bill was focused on health care workers in emergency situations. The Senate passed bill focuses on all health care workers, regardless of it being an emergency situation or not.

Status: House Committee on Criminal Justice

**Senate Bill 360** (Hansen) – enacts sentencing guidelines for crime of assaulting or battering a health care professional.

Status: House Committee on Criminal Justice

**Education**

**House Bills 4136 and 4137** (Foster, Ananich – respectively) – provides for eligibility for a loan repayment grant program and establishes criteria for award and repayment of grants for certain primary health care professionals and students. This includes dentistry.

Status: House Education Committee

**Senate Bills 648 and 649** (Moolenaar, Marleau – respectively) – expands the eligibility criteria for loan repayment grant program to certain health professionals and students (includes dentists) and increases the grant amount. The bills also require a report to the legislature on the adequacy of the maximum award amount for grant.

Status: House Appropriations Committee

**Insurance**

**House Bill 4129** (Kelly) – prohibits a requirement that marketing health care coverage be through an exchange.

Status: House Health Policy Committee

**House Bill and 4191 and 4192** (Haines, Shirkey – respectively) – this prohibits an insurance company from going back more than one year to deny a previously paid claim.
Status:  House Insurance Committee

**House Bill 4274 and 4275** (Haines) – would require that a standardized prior authorization form be used for prescription drugs.
**Status:** Senate Insurance Committee

**House Bill 4612** (Lund) – reforms Michigan’s Auto No-Fault law. The MDA belongs to the Coalition Protecting Auto No-Fault which opposes this bill.
**Status:** House Floor

**Senate Bills 61 and 62** (Hune) – these are the Blue Cross reform bills. The new law does not require per claim participation, but BCBS will continue this practice.
**Status:** Signed into law as **Public Act 4** and **Public Act 5** of 2013.

**Senate Bills 178 and 179** (Schuitmaker) – would require that a standardized prior authorization form be used for prescription drugs.
**Status:** Signed into law as **Public Act 30** and **Public Act 31** of 2013.

**Senate Bill 333** (Marleau) – requires department of community health to establish a health care transparency database.
**Status:** Senate Health Policy. The MDA is working with Sen. Marleau on issues pertaining to dentistry.

**Senate Bill 647** (Kahn) – expands theft prevention authority to include insurance fraud and house within automobile insurance placement facility.
**Status:** Senate Insurance Committee

**Medicaid/Welfare**

**House Bill 4548** (MacMaster) – expands covered providers to include licensed dental hygienists. This would allow a dental hygienist to directly bill and receive payment from Medicaid.
**Status:** House Health Policy Committee

**House Bill 4714** (Lori) – provides for Medicaid eligibility expansion and sunsets under certain conditions.
**Status:** The bill has been signed by the Governor as **PA 107 of 2013**.

**Senate Bill 18** (Kahn) – creates a Medicaid inspector general to develop criminal investigations associated with fraud.
**Status:** Senate Appropriations Committee

**Senate Bill 41** (Caswell) – prohibits Michigan from complying with federal law allowing expansion of Medicaid to 133 percent of the federal poverty level.
**Status:** Senate Appropriations Committee
**Senate Bill 70** (Schuitmaker) – require residency in Michigan for not less than one year in order to receive financial or medical assistance.
Status: Senate Families, Seniors, and Human Services Committee

**Senate Bill 422** (Caswell) – creates a state health plan for low-income individuals.
Status: Bill was defeated in a Senate floor vote.

**Regulatory**

**House Bill 4249** (Poleski) – would prohibit local governments from requiring businesses to provide paid sick leave.
Status: House Floor

**House Bill 4524** (Haines) – requires health care professionals to wear identification cards and regulates advertising. The MDA worked with the bill sponsor to exempt dental offices. However, offices using a dental CT will not be exempt.
Status: House Health Policy Committee

**House Bill 4641** (McMillan) – would eliminate “unreasonable” occupational regulations.
Status: House Committee on Regulatory Reform

**House Bill 4865** (MacGregor) – creates rules by which mobile dentists must operate.
Status: Senate Health Policy Committee. Passed the House of Representatives on a vote of 105-3 and the Senate on a vote of 37-0. The bill now goes to the Governor.

*2010 MDA House of Delegates Resolution - 15H-10. (Adopted)*

Resolved, that Michigan Dental Association seek statutory regulation of mobile dental facilities in the state of Michigan to maintain patient safety, define the appropriate standard of care in this delivery setting, and provide for quality assurance in the dental services rendered in mobile dental facilities.

The Michigan Dental Association will seek this statutory regulation in collaboration with the Michigan Department of Community Health and the State Board of Dentistry.

Additional resolutions were adopted that provided specific parameters for mobile dental facilities. The entire package of resolutions adopted addressing this issue can be viewed beginning on page 6.

**House Bill 4768** (Crawford) – prohibits the DEQ from establishing or enforcing a limitation for the amount or concentration of sodium in groundwater or an effluent limitation for the amount or concentration of sodium in a groundwater discharge.
Status: Signed into law as PA 180 of 2013.

**House Bill 5048** (Brunner) – creates penalties for practicing a health profession under the influence of alcohol or a controlled substance.
Status: Signed into law as PA 224 of 2013.
House Bill 5248 (Haines) – authorizes use of certain military experience as the basis for waiver of certain fees for licensure as a dental assistant.
Status: Senate Committee on Veterans, Military Affairs and Homeland Security

Senate Bill 2 (Jansen) – would allow licensed advanced practice registered nurses to prescribe or administer certain controlled substances. In addition, it would allow them to refer patients to pathology and occupational/physical therapy.
Status: House Health Policy

Senate Bill 180 (Green) – would include the administration of anesthesia by a nurse anesthetist in the definition of “practicing of nursing”.
Status: Senate Health Policy

Senate Bill 394 (Hune) – prohibits effluent limitations for sodium in groundwater discharges.
Status: Senate Committee on Natural Resources, Environment & Great Lakes

Senate Bills 568, 569, 570 (Marleau) – these bills would change the boards for medicine and osteopathic medicine. They create patient care teams, of which a physician’s assistant or an advanced practice registered nurse, must belong to in order to practice.
Status: Senate Health Policy Committee

Senate Bills 575, 576 (Schuitmaker) and 577, 578 (Jones) – would change the way health professional licensing boards operate disciplinary subcommittees.
Status: Passed House and Senate. Bill is before Governor.

Senate Bill 597 (Warren) – would require that in order to receive or renew a health care professional license a person would have to show they have training in recognizing and reporting signs of human trafficking.
Status: House Committee on Criminal Justice

Senate Bill 635 (Proos) – requires nursing homes and homes for the aged to provide private exams for on-site medical or dental treatment.
Status: Senate Health Policy Committee

Senate Bill 704 (Hune) – allows for compounded drugs to be issued to health provider offices for their emergency kits.
Status: Senate Health Policy

Tax/Fees

House Bill 4604 (Ananich) – provides for a tax credit of up to $5,000 per year for donated medical, dental or optometric services.
Status: House Tax Committee

House Bill 4787 (Lori) – modifies certificate of need fees and assessments. This would increase the CON fee on a dental CT from $1500 to $3000.
Status: Signed into law as Public Act 137 of 2013.

**Senate Bill 335** (Kahn) – repeals health insurance claims assessment sunset. Keeps the rate at 1%.
Status: Signed into law as Public Act 58 of 2013.

**Tort**

**House Bill 4354** (Walsh) – limits liability for emergency treatment rendered in a hospital. This would include dentists.
Status: House Judiciary Committee

**Senate Bill 136** (Moolenaar) – allows for health care payers, health facilities, and health providers to decline to provide or pay for certain objectionable health care services.
Status: Senate Floor

**MDA Issues**

- **Non-Covered Services Issue** – The MDA Board has implemented its grassroots operation to improve member involvement with legislative issues.
  Status: The CGIA has discussed the issue and will be making recommendations to the MDA Board regarding future action.

  *2012 MDA House of Delegates Resolution - 13H-12 (Adopted; Consent Calendar)*
  Resolved, that the MDA pursue all available avenues to prohibit the practice of allowing insurance companies to set fees on services they do not cover.

- **Statutory Mandate for Michigan Oral Health Program** – The MDA sent a letter to the Governor for his 2012 special health care message and this program was highlighted. The main issue here is funding.
  Status: The MDA will continue working with Governor and other interested parties on this.

  *2012 MDA House of Delegates Resolution – 15H-12 (Adopted; Consent Calendar)*

- **Dental CT/Certificate of Need Commission** – The CT Standards Advisory Committee (SAC) voted to continue regulating dental CTs at their November 17, 2010 meeting. The full CON Commission approved the CT SAC recommendation on March 24, 2011. After working with the MDA, the Department of Community Health posted new instructions specifically for dentists on their website. The CON website now has a link for dentists separate from the regular CON process. The separate instructions should make the application process easier.

  In addition, both the State House and State Senate had formed groups to look at reforms to the entire CON system. The MDA has met with members and staff in the House and Senate on this issue. The House Workgroup reported on their work to the House Health Policy Committee on November 5, 2013. Basically, they said they would not be making any
recommendations to change or not change the CON system because there is more analysis that needs to be done. The Workgroup did not lay out any future plans. The State Senate is working on a CON reform bill.

Status: MDA staff is working with Sen. Arlen Meekhof on getting the dental CT exempted from the CON process.

*2012 MDA House of Delegates Resolution - 11H-12 (Adopted)
Resolved, that the Michigan Dental Association work to streamline or eliminate the actions of the Certificate of Need Commission with regard to the practice of dentistry.

• Payment Accountability and Take Back (MSMS initiative) – would allow insurance companies to issue payment jointly to patient and dentist and would place limits on when and how an insurance company can do “take back”. CGIA and the MDA Board voted in September of 2010 to support MSMS initiatives. Take Back legislation was introduced in the 2011-2012 term but was not passed. The “take back” bill was introduced again in 2013 and it includes a non-profit dental corporation.

Status: See House Bill 4192.

*2012 MDA House of Delegates Resolution - 09H-12 (Adopted; Consent Calendar)
Resolved, that the Michigan Dental Association supports the Michigan State Medical Society initiatives to address payment accountability and audit time limits for insurers, and be it further

Resolved, that the MDA seek to add those carriers covered by the Non Profit Corporation Dental Act to the legislation.

• Public Act 161 – The Department of LARA has discovered that the Advisory Committee was abolished in 2009. So, the Committee will cease meeting.

Status: the MDA is waiting for a legislative opportunity to open on this issue.

*2012 MDA House of Delegates Resolution – 18H-12 (Adopted; Consent Calendar)
Resolved, that the Michigan Dental Association pursue further changes, including the possibility of legislation, to improve PA 161 consistent with the access core values.

• New Revenue Sources Dedicated to Funding Public Oral Health Programs – The original resolution on this came to the 2010 MDA House of Delegates from the Special Committee on Access to Care and was also contained in the “United Voice” report. The 2010 MDA House of Delegates appointed the House Committee on Access Funding to further research this issue and provide its recommendation to the 2011 House of Delegates. The House Committee on Access Funding hired Anderson Economic Group to do a full economic and political analysis on the feasibility of pursuing a new revenue source. The report and Committee’s recommendation was to refer this issue to CGIA for monitoring.

Status: MDA staff is monitoring the political climate. The MDA House of Delegates passed the following resolution:

*2011 MDA House of Delegates Resolution – 14H-11 (Adopted as Amended)
Resolved, that the MDA Committee on Governmental and Insurance Affairs will monitor the political and economic climate to determine when it might be feasible to pursue new revenue sources dedicated to funding public oral health programs in the State of Michigan, and be it further

Resolved, that at such a time, the MDA Committee on Governmental and Insurance Affairs will provide the MDA Board of Trustees and House of Delegates its recommendation on the appropriate revenue source and legislative strategy.

- **Expansion of Healthy Kids Dental Using Existing Resources** – MDA staff has met with the Governor’s office and key legislators on this issue. The Governor mentioned the HKD program in his special message on health care and said HKD should be given strong consideration for full funding. The Governor has proposed expanding HKD to all remaining counties.
  Status: Please see the budget update under the “Appropriations” section in this report.

  *2012 MDA House of Delegates Resolution – 10H-12 (Adopted as Amended)*

  Resolved, that the MDA advocate for increased funding for Healthy Kids Dental to include all 83 Michigan counties and for inclusion of any willing Michigan licensed dentist in the Healthy Kids Dental Program, regardless of their participation status in any other programs by the program administrator.

- **Decision-Makers on Dental Claims** – The ADA forwarded a resolution to the states that called for EOBs to contain detailed contact information on the persons making decisions on dental claims. The MDA Board did not feel this was a practical idea because it would make it very difficult for insurance companies to find dentists to serve as reviewers. Instead, the Board passed a resolution to the House of Delegates. The HOD adopted that resolution, which is below. The MDA checked with the two largest dental insurance companies in the state, Delta Dental and Blue Cross, and their policies require their final claims determinations are made by licensed US dentists.
  Status: Completed.

  *2012 MDA House of Delegates Resolution – 23H-12 (Adopted; Consent Calendar)*

  Resolved, that the MDA pursue requiring that any individual making the final decision regarding accepting or rejecting a dental claim for a dental benefit plan/company must be a licensed dentist in the United States, preferably within the jurisdiction of the dentist treating the patient in accordance with applicable state law.

- **Handheld Dental X-Ray Units** – Currently in Michigan, handheld x-ray units are allowed for limited use (such as for special needs patients). The MDA is working on allowing for the general use of these units. Meetings have taken place with the Radiation Safety Section, Michigan Department of Licensing and Regulatory Affairs. They are open to listening to arguments to allow for general use, but want data and studies to show that there is a clinical benefit for using these units.
  Status: The MDA is working with the Department on this issue.
Resolved, that the Michigan Dental Association supports the use of NOMAD handheld x-ray systems in all settings.

- **Public Health Code Review** – the Governor appointed an advisory committee to review the Public Health Code and make recommendations to him on what areas of the Code should be looked at closer for possible review. Once the Governor decides what areas will undergo closer scrutiny, workgroups will be appointed to look at those areas. The MDA will try to get people appointed to the relevant workgroups.

  **Status:** In preparation for the review, the MDA has appointed a workgroup to review the Code and make recommendations to the MDA Board regarding any changes the MDA would like to see. The workgroup is currently working on recommendations.