



Senate Fiscal Agency
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BILL ANALYSIS



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House Bill 5217 (Substitute S-1 as reported)
House Bill 5218 (Substitute S-1 as reported)
House Bill 5219 (Substitute S-1 as reported)
Sponsor: Representative Joseph N. Bellino, Jr. (H.B. 5217)
Representative Tom Barrett (H.B. 5218)
Representative Beau Matthew LaFave (H.B. 5219)
House Committee: Insurance
Senate Committee: Insurance

CONTENT

The bills would amend the Public Health Code to establish requirements that would apply to the transportation of a patient by an aircraft transport vehicle or an ambulance that was a rotary aircraft (aerial transport).

House Bill 5217 (S-1) provides that a hospital would have to require that a patient be transported by an ambulance that was a motor vehicle, instead of an aircraft, unless there was medical necessity to transport the patient by aircraft.

House Bill 5218 (S-1) would require a hospital, before ordering the aerial transport of a nonemergency patient, to do the following:

- Disclose to the patient, or his or her representative, whether the aerial transport operation was a participating provider in the patient's health care plan, the cost of the different methods of transport, and the patient's right to be transported by a motor vehicle.
- Require the hospital to complete a notice described in the bill, obtain the signature of the nonemergency patient or his or her representative, and retain a copy of the notice for at least seven years.

The bill also would do the following:

- Provide that a hospital and ordering physician would be immune from civil liability for injury or damage arising out of the decision of a patient or patient's representative to use a method of transport other than the one ordered.
- Require a hospital, after ordering aerial transport of an emergency or nonemergency patient, to give the patient's health benefit plan documentation explaining why transporting the patient by motor vehicle was medically inappropriate.
- Provide that a hospital that violated the bill's requirements would be liable to the aerial transport operation for the costs that exceeded the amount covered by the patient's health benefit plan.

House Bill 5219 (S-1) would do the following:

- Require an ambulance operation or aircraft transport operation to provide a nonemergency patient, or the patient's representative, with certain information before conducting aerial transport.

- Require the ambulance operation or aircraft transport operation to complete a notice described in the bill, obtain the signature of the nonemergency patient or his or her representative, and retain a copy of the notice for at least seven years.
- Require the ambulance operation or aircraft transport operation to accept the amount covered by the patient's health benefit plan for transporting the patient as payment in full, other than coinsurance, copayments, or deductibles, under certain circumstances.
- Require a hospital to grant landing access to an ambulance operation or aircraft transport operation that was a participating provider with the patient's health benefit plan if that hospital had the infrastructure to do so.

Under each of the bills, in addition to the sanctions set forth in the Code, a hospital that violated the bill's provisions would be liable to the aircraft transport operation or ambulance operation for the cost of transporting the patient to the extent that the cost exceeded the amount covered by the patient's health benefit plan.

MCL 333.20919 et al.
333.21501 et al.
Proposed MCL 20921b et al.

Legislative Analyst: Drew Krogulecki

FISCAL IMPACT

The bills would have a minor negative fiscal impact on the Department of Licensing and Regulatory Affairs. The bills would create additional requirements for hospitals, which could lead to sanctions through the Department in the case of violations. However, current funding would likely cover the cost of administering these sanctions.

The bills would have an indeterminate fiscal impact on local governments that operate emergency vehicle services. The local government could experience a change in operations costs, dependent on the emergency services provided.

Date Completed: 6-11-18

Fiscal Analyst: Elizabeth Raczkowski