

# HOUSE BILL No. 5219

November 2, 2017, Introduced by Rep. LaFave and referred to the Committee on Insurance.

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding sections 20921b, 20921c,  
20932a, 20932b, and 21542.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           **SEC. 20921B. (1) BEFORE TRANSPORTING A NONEMERGENCY PATIENT IN**  
2 **AN AMBULANCE THAT IS A ROTARY AIRCRAFT, AN AMBULANCE OPERATION**  
3 **SHALL DO ALL OF THE FOLLOWING:**  
4           **(A) PROVIDE THE NONEMERGENCY PATIENT, OR THAT PATIENT'S**  
5 **REPRESENTATIVE, ALL OF THE FOLLOWING INFORMATION:**  
6           **(i) WHETHER THE AMBULANCE OPERATION IS A PARTICIPATING**  
7 **PROVIDER WITH THE NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN.**

1           (ii) A GOOD-FAITH ESTIMATE OF THE COST FOR TRANSPORTING THE  
2 NONEMERGENCY PATIENT.

3           (iii) THAT THE NONEMERGENCY PATIENT HAS A RIGHT TO BE  
4 TRANSPORTED BY A METHOD OTHER THAN AN AMBULANCE THAT IS A ROTARY  
5 AIRCRAFT.

6           (B) COMPLETE THE NOTICE DESCRIBED IN SUBSECTION (2) AND, AFTER  
7 COMPLETING THE NOTICE, OBTAIN ON THE NOTICE THE SIGNATURE OF THE  
8 NONEMERGENCY PATIENT, OR THAT PATIENT'S REPRESENTATIVE,  
9 ACKNOWLEDGING THAT THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
10 REPRESENTATIVE, HAS RECEIVED, HAS READ, AND UNDERSTANDS THE NOTICE.  
11 AN AMBULANCE OPERATION SHALL RETAIN A COPY OF THE NOTICE REQUIRED  
12 UNDER THIS SUBDIVISION FOR NOT LESS THAN 7 YEARS.

13           (2) THE NOTICE REQUIRED UNDER SUBSECTION (1) (B) MUST BE IN NOT  
14 LESS THAN 12-POINT TYPE AND IN SUBSTANTIALLY THE FOLLOWING FORM:

15           "I HAVE BEEN PROVIDED THE FOLLOWING GOOD-FAITH ESTIMATE OF THE  
16 COST OF TRANSPORTATION BY THE AMBULANCE THAT IS A ROTARY AIRCRAFT  
17 THAT WILL BE PROVIDED TO ME BY \_\_\_\_\_ (INSERT NAME OF  
18 AMBULANCE OPERATION): \_\_\_\_\_ (INSERT GOOD-FAITH COST ESTIMATE).

19           I HAVE BEEN NOTIFIED BY \_\_\_\_\_ (INSERT NAME OF  
20 AMBULANCE OPERATION) THAT THE AMBULANCE THAT IS A ROTARY AIRCRAFT  
21 THAT IS TRANSPORTING ME \_\_\_\_\_ (IS OR IS NOT) A PARTICIPATING  
22 PROVIDER WITH MY HEALTH BENEFIT PLAN.

23           I WAS INFORMED BY \_\_\_\_\_ (INSERT NAME OF AMBULANCE  
24 OPERATION) THAT I HAVE THE RIGHT TO REQUEST TRANSPORTATION FROM AN  
25 AMBULANCE OPERATION THAT IS A PARTICIPATING PROVIDER WITH MY HEALTH  
26 BENEFIT PLAN.

27           I AM AWARE THAT IF MY HEALTH BENEFIT PLAN PROVIDES COVERAGE

1 FOR TRANSPORTATION BY AN AMBULANCE THAT IS A ROTARY AIRCRAFT OR  
2 COVERAGE FOR TRANSPORTATION PROVIDED BY \_\_\_\_\_ (INSERT  
3 NAME OF AMBULANCE OPERATION), I MAY BE SUBJECT TO A DEDUCTIBLE, A  
4 COPAYMENT, OR COINSURANCE. IF THE AMBULANCE OPERATION IS NOT A  
5 PARTICIPATING PROVIDER WITH MY HEALTH BENEFIT PLAN, I HAVE BEEN  
6 INFORMED THAT I MAY BE RESPONSIBLE FOR THE COSTS OF BEING  
7 TRANSPORTED BY THE AMBULANCE OPERATION THAT ARE NOT COVERED BY MY  
8 HEALTH BENEFIT PLAN.

9 I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO BE TRANSPORTED  
10 BY A METHOD OTHER THAN AN AMBULANCE THAT IS A ROTARY AIRCRAFT.

11 \_\_\_\_\_  
12 (PATIENT'S OR PATIENT REPRESENTATIVE'S SIGNATURE) (DATE)  
13 \_\_\_\_\_  
14 (TYPE OR PRINT PATIENT'S OR PATIENT REPRESENTATIVE'S NAME)".

15 (3) UPON THE REQUEST OF A NONEMERGENCY PATIENT'S HEALTH  
16 BENEFIT PLAN OR THIRD PARTY ADMINISTRATOR, AN AMBULANCE OPERATION  
17 SHALL PROVIDE A COPY OF THE NOTICE REQUIRED UNDER SUBSECTION (1) (B)  
18 TO THE PERSON DESIGNATED IN THE NONEMERGENCY PATIENT'S HEALTH  
19 BENEFIT PLAN OR TO THE THIRD PARTY ADMINISTRATOR.

20 (4) IF THE AMBULANCE OPERATION FAILS TO PROVIDE A NONEMERGENCY  
21 PATIENT WITH THE NOTICE REQUIRED UNDER SUBSECTION (1) (B), THE  
22 AMBULANCE OPERATION SHALL ACCEPT THE AMOUNT COVERED BY THE  
23 NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN FOR TRANSPORTING THE  
24 NONEMERGENCY PATIENT AS PAYMENT IN FULL, OTHER THAN COINSURANCE,  
25 COPAYMENTS, OR DEDUCTIBLES.

26 (5) IF THE PATIENT IS AN EMERGENCY PATIENT, THE AMBULANCE  
27 OPERATION SHALL ACCEPT THE AMOUNT COVERED BY THE EMERGENCY

1 PATIENT'S HEALTH BENEFIT PLAN FOR TRANSPORTING THE EMERGENCY  
2 PATIENT AS PAYMENT IN FULL, OTHER THAN COINSURANCE, COPAYMENTS, OR  
3 DEDUCTIBLES.

4 (6) AS USED IN THIS SECTION AND SECTION 20921C:

5 (A) "HEALTH BENEFIT PLAN" MEANS THAT TERM AS DEFINED IN  
6 SECTION 21501.

7 (B) "PARTICIPATING PROVIDER" MEANS THAT TERM AS DEFINED IN  
8 SECTION 21501.

9 (C) "PATIENT'S REPRESENTATIVE" MEANS THAT TERM AS DEFINED IN  
10 SECTION 21501.

11 (D) "THIRD PARTY ADMINISTRATOR" MEANS THAT TERM AS DEFINED IN  
12 SECTION 2 OF THE THIRD PARTY ADMINISTRATOR ACT, 1984 PA 218, MCL  
13 550.902.

14 SEC. 20921C. IF A PATIENT AT A HOSPITAL REQUESTS  
15 TRANSPORTATION FROM AN AMBULANCE OPERATION THAT IS A PARTICIPATING  
16 PROVIDER WITH THE PATIENT'S HEALTH BENEFIT PLAN, AN AMBULANCE THAT  
17 IS A ROTARY AIRCRAFT THAT IS OPERATED BY THE AMBULANCE OPERATION  
18 SHALL HAVE THE RIGHT TO LAND AT THE DESTINATION HOSPITAL FOR THE  
19 PURPOSE OF TRANSPORTING THE PATIENT, REGARDLESS OF WHETHER THE  
20 AMBULANCE OPERATION IS A CONTRACTED PROVIDER WITH THE ORIGINATING  
21 HOSPITAL OR THE DESTINATION HOSPITAL.

22 SEC. 20932A. (1) BEFORE TRANSPORTING A NONEMERGENCY PATIENT IN  
23 AN AIRCRAFT TRANSPORT VEHICLE, AN AIRCRAFT TRANSPORT OPERATION  
24 SHALL DO ALL OF THE FOLLOWING:

25 (A) PROVIDE THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
26 REPRESENTATIVE, ALL OF THE FOLLOWING INFORMATION:

27 (i) WHETHER THE AIRCRAFT TRANSPORT OPERATION IS A

1 PARTICIPATING PROVIDER WITH THE NONEMERGENCY PATIENT'S HEALTH  
2 BENEFIT PLAN.

3 (ii) A GOOD-FAITH ESTIMATE OF THE COST FOR TRANSPORTING THE  
4 NONEMERGENCY PATIENT.

5 (iii) THAT THE NONEMERGENCY PATIENT HAS A RIGHT TO BE  
6 TRANSPORTED BY A METHOD OTHER THAN AN AIRCRAFT TRANSPORT VEHICLE.

7 (B) COMPLETE THE NOTICE DESCRIBED IN SUBSECTION (2) AND, AFTER  
8 COMPLETING THE NOTICE, OBTAIN ON THE NOTICE THE SIGNATURE OF THE  
9 NONEMERGENCY PATIENT, OR THAT PATIENT'S REPRESENTATIVE,  
10 ACKNOWLEDGING THAT THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
11 REPRESENTATIVE, HAS RECEIVED, HAS READ, AND UNDERSTANDS THE NOTICE.  
12 AN AIRCRAFT TRANSPORT OPERATION SHALL RETAIN A COPY OF THE NOTICE  
13 REQUIRED UNDER THIS SUBDIVISION FOR NOT LESS THAN 7 YEARS.

14 (2) THE NOTICE REQUIRED UNDER SUBSECTION (1) (B) MUST BE IN NOT  
15 LESS THAN 12-POINT TYPE AND IN SUBSTANTIALLY THE FOLLOWING FORM:

16 "I HAVE BEEN PROVIDED THE FOLLOWING GOOD-FAITH ESTIMATE OF THE  
17 COST OF TRANSPORTATION BY THE AIRCRAFT TRANSPORT VEHICLE THAT WILL  
18 BE PROVIDED TO ME BY \_\_\_\_\_ (INSERT NAME OF AIRCRAFT  
19 TRANSPORT OPERATION): \_\_\_\_\_ (INSERT GOOD-FAITH COST ESTIMATE).

20 I HAVE BEEN NOTIFIED BY \_\_\_\_\_ (INSERT NAME OF  
21 AIRCRAFT TRANSPORT OPERATION) THAT THE AIRCRAFT TRANSPORT VEHICLE  
22 TRANSPORTING ME \_\_\_\_\_ (IS OR IS NOT) A PARTICIPATING PROVIDER WITH  
23 MY HEALTH BENEFIT PLAN.

24 I WAS INFORMED BY \_\_\_\_\_ (INSERT NAME OF AIRCRAFT  
25 TRANSPORT OPERATION) THAT I HAVE THE RIGHT TO REQUEST  
26 TRANSPORTATION FROM AN AIRCRAFT TRANSPORT OPERATION THAT IS A  
27 PARTICIPATING PROVIDER WITH MY HEALTH BENEFIT PLAN.

1 I AM AWARE THAT IF MY HEALTH BENEFIT PLAN PROVIDES COVERAGE  
 2 FOR TRANSPORTATION BY AN AIRCRAFT TRANSPORT VEHICLE OR COVERAGE FOR  
 3 TRANSPORTATION PROVIDED BY \_\_\_\_\_ (INSERT NAME OF AIRCRAFT  
 4 TRANSPORT OPERATION), I MAY BE SUBJECT TO A DEDUCTIBLE, A  
 5 COPAYMENT, OR COINSURANCE. IF THE AIRCRAFT TRANSPORT OPERATION IS  
 6 NOT A PARTICIPATING PROVIDER WITH MY HEALTH BENEFIT PLAN, I HAVE  
 7 BEEN INFORMED THAT I MAY BE RESPONSIBLE FOR THE COSTS OF BEING  
 8 TRANSPORTED BY THE AIRCRAFT TRANSPORT OPERATION THAT ARE NOT  
 9 COVERED BY MY HEALTH BENEFIT PLAN.

10 I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO BE TRANSPORTED  
 11 BY A METHOD OTHER THAN AN AIRCRAFT TRANSPORT VEHICLE.

12 \_\_\_\_\_  
 13 (PATIENT'S OR PATIENT REPRESENTATIVE'S SIGNATURE) (DATE)

14 \_\_\_\_\_  
 15 (TYPE OR PRINT PATIENT'S OR PATIENT REPRESENTATIVE'S NAME)".

16 (3) UPON THE REQUEST OF A NONEMERGENCY PATIENT'S HEALTH  
 17 BENEFIT PLAN OR THIRD PARTY ADMINISTRATOR, AN AIRCRAFT TRANSPORT  
 18 OPERATION SHALL PROVIDE A COPY OF THE NOTICE REQUIRED UNDER  
 19 SUBSECTION (1) (B) TO THE PERSON DESIGNATED IN THE NONEMERGENCY  
 20 PATIENT'S HEALTH BENEFIT PLAN OR TO THE THIRD PARTY ADMINISTRATOR.

21 (4) IF THE AIRCRAFT TRANSPORT OPERATION FAILS TO PROVIDE A  
 22 NONEMERGENCY PATIENT WITH THE NOTICE REQUIRED UNDER SUBSECTION  
 23 (1) (B), THE AIRCRAFT TRANSPORT OPERATION SHALL ACCEPT THE AMOUNT  
 24 COVERED BY THE NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN FOR  
 25 TRANSPORTING THE NONEMERGENCY PATIENT AS PAYMENT IN FULL, OTHER  
 26 THAN COINSURANCE, COPAYMENTS, OR DEDUCTIBLES.

27 (5) IF A PATIENT IS AN EMERGENCY PATIENT, THE AIRCRAFT

1 TRANSPORT OPERATION SHALL ACCEPT THE AMOUNT COVERED BY THE  
2 EMERGENCY PATIENT'S HEALTH BENEFIT PLAN FOR TRANSPORTING THE  
3 EMERGENCY PATIENT AS PAYMENT IN FULL, OTHER THAN COINSURANCE,  
4 COPAYMENTS, OR DEDUCTIBLES.

5 (6) AS USED IN THIS SECTION AND SECTION 20932B:

6 (A) "HEALTH BENEFIT PLAN" MEANS THAT TERM AS DEFINED IN  
7 SECTION 21501.

8 (B) "PARTICIPATING PROVIDER" MEANS THAT TERM AS DEFINED IN  
9 SECTION 21501.

10 (C) "PATIENT'S REPRESENTATIVE" MEANS THAT TERM AS DEFINED IN  
11 SECTION 21501.

12 (D) "THIRD PARTY ADMINISTRATOR" MEANS THAT TERM AS DEFINED IN  
13 SECTION 2 OF THE THIRD PARTY ADMINISTRATOR ACT, 1984 PA 218, MCL  
14 550.902.

15 SEC. 20932B. IF A PATIENT AT A HOSPITAL REQUESTS  
16 TRANSPORTATION FROM AN AIRCRAFT TRANSPORT OPERATION THAT IS A  
17 PARTICIPATING PROVIDER WITH THE PATIENT'S HEALTH BENEFIT PLAN, AN  
18 AIRCRAFT TRANSPORT VEHICLE THAT IS OPERATED BY THE AIRCRAFT  
19 TRANSPORT OPERATION SHALL HAVE THE RIGHT TO LAND AT THE DESTINATION  
20 HOSPITAL FOR THE PURPOSE OF TRANSPORTING THE PATIENT, REGARDLESS OF  
21 WHETHER THE AIRCRAFT TRANSPORT OPERATION IS A CONTRACTED PROVIDER  
22 WITH THE ORIGINATING HOSPITAL OR THE DESTINATION HOSPITAL.

23 SEC. 21542. (1) IF A HOSPITAL HAS THE INFRASTRUCTURE NECESSARY  
24 TO ALLOW AN AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A  
25 ROTARY AIRCRAFT TO LAND AT THE HOSPITAL, THE HOSPITAL SHALL GRANT  
26 THE RIGHT TO LAND AT THE HOSPITAL TO AN AIRCRAFT TRANSPORT VEHICLE  
27 OR AMBULANCE THAT IS A ROTARY AIRCRAFT, THAT IS A PARTICIPATING

1 PROVIDER WITH A PATIENT'S HEALTH BENEFIT PLAN. IF A HOSPITAL DENIES  
 2 AN AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY  
 3 AIRCRAFT THE RIGHT TO LAND AT THE HOSPITAL, THE HOSPITAL SHALL,  
 4 WITHIN 10 DAYS AFTER THE DENIAL, PROVIDE TO THE PERSON DESIGNATED  
 5 IN THE PATIENT'S HEALTH BENEFIT PLAN WRITTEN DOCUMENTATION  
 6 EXPLAINING THE REASON FOR THE DENIAL. A HOSPITAL SHALL NOT DENY AN  
 7 AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT  
 8 THE RIGHT TO LAND AT THE HOSPITAL FOR THE PURPOSE OF ALLOWING AN  
 9 AIRCRAFT TRANSPORT VEHICLE THAT IS A CONTRACTED PROVIDER WITH THE  
 10 HOSPITAL OR AMBULANCE THAT IS A ROTARY AIRCRAFT THAT IS A  
 11 CONTRACTED PROVIDER WITH THE HOSPITAL TO REMAIN ON STANDBY.

12 (2) IN ADDITION TO THE SANCTIONS SET FORTH IN SECTION 20165, A  
 13 HOSPITAL THAT VIOLATES THIS SECTION IS LIABLE TO THE AIRCRAFT  
 14 TRANSPORT OPERATION OR AMBULANCE OPERATION FOR THE COST OF  
 15 TRANSPORTING THE PATIENT BY THAT OPERATION'S AIRCRAFT TRANSPORT  
 16 VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO THE EXTENT THAT  
 17 THE COST EXCEEDS THE AMOUNT COVERED BY THE PATIENT'S HEALTH BENEFIT  
 18 PLAN.

19 Enacting section 1. This amendatory act takes effect 90 days  
 20 after the date it is enacted into law.

21 Enacting section 2. This amendatory act does not take effect  
 22 unless all of the following bills of the 99th Legislature are  
 23 enacted into law:

24 (a) Senate Bill No. \_\_\_\_\_ or House Bill No. 5217 (request no.  
 25 01698'17 \*).

26 (b) Senate Bill No. \_\_\_\_\_ or House Bill No. 5218 (request no.  
 27 01699'17 \*).