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BILL ANALYSIS

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House Bill 6392 (as reported without amendment)

Sponsor: Representative Rick Shaffer

House Committee: Health Policy

Senate Committee: Health Policy

CONTENT

The bill would amend the Public Health Code to allow an individual who was retired from the active practice of dental hygiene, optometry, psychology, or dentistry, who wished to donate his or her expertise for the care and treatment of indigent and needy individuals or individuals in medically underserved areas, to obtain a special volunteer license, as the Code permits retired physicians to do.

Under the Code, a physician who provides medical care under a special volunteer license is not liable in a civil action for personal injury or death proximately caused by the professional negligence or malpractice of the physician in providing the care, if both of the following apply:

- The care is provided at a health facility or agency that provides at least 75% of its care annually to medically indigent individuals.
- The physician does not receive and does not intend to receive compensation for providing the care.

The immunity from liability does not apply if the physician's negligent conduct or malpractice were gross negligence.

The bill would extend these provisions to the additional individuals who could obtain a volunteer license under the bill.

MCL 333.16184 & 333.16185

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The State would incur additional administrative cost as a result of expanding the volunteer licensure program to additional health professions and processing additional applications for this license. The Department of Community Health would not collect an application fee that would offset most of these costs, as it does with most licensure programs.

Permitting retired health professionals to donate their services to indigent residents would likely increase the number of health care options available to low-income and uninsured individuals. This could lead to a small but positive impact upon fee-for-service Medicaid cost for the State and reduce the amount of uncompensated care provided to indigent individuals by publicly operated medical facilities.

Date Completed: 12-7-06

Fiscal Analyst: David Fosdick

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Analysis available @ <http://www.michiganlegislature.org>

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