



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536

BILL  ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986

Senate Bills 112, 113, and 114 (as enacted)
House Bills 4203, 4204, and 4205 (as enacted)
Sponsor: Senator Curtis Hertel, Jr. (S.B. 112)
Senator Jim Marleau (S.B. 113)
Senator Margaret E. O'Brien (S.B. 114)
Representative Mike Callton, D.C. (H.B. 4203)
Representative Joseph Graves (H.B. 4204)
Representative Andy Schor (H.B. 4205)
Senate Committee: Families, Seniors and Human Services
House Committee: Health Policy

PUBLIC ACTS 92, 93, & 94 of 2015
PUBLIC ACTS 89, 90, & 91 of 2015

Date Completed: 7-8-15

RATIONALE

Several Michigan statutes have used the term "crippled children" or "crippled child" to refer to children with special health care needs, and to establish the qualification of those children for certain programs and services. While the word "crippled" might once have been widely acceptable as describing a variety of maladies, over time it has acquired a narrow and negative connotation. Some people believe the word is an offensive and pejorative descriptor, and it was suggested that Michigan law instead should refer to children or youth "with special health care needs".

CONTENT

House Bill 4205 amended Part 58 (Crippled Children) of the Public Health Code to do the following:

- Replace the term "crippled child" with "child or youth with special health care needs", and revise the definition.
- Revise the requirements for a program of services for children or youth with special health care needs.
- Require the Department of Health and Human Services (DHHS), in implementing the program of services, to develop systems of care that meet certain criteria.
- Revise requirements for the promulgation of rules with regard to facilities, treatment centers, medical specialists, and other providers.
- Revise requirements for the investigation of a child's eligibility for services under Part 58 and a financial assessment to determine cost-sharing responsibilities.
- Delete a requirement that the Department of Treasury keep money received from the Federal government under Part 58 in the "Crippled Children's Fund".
- Require charges for the medical care and treatment of a child or youth with special health care needs, paid by the child, parent, or spouse, to be deposited in the "Parent Participation Fund".

The bill also repealed a section of the Code that created the Crippled Children's Advisory Committee, and changed the heading of Part 58 to "Children and Youth with Special Health Care Needs".

In addition, the bill amended Part 177 (Pharmacy Practice and Drug Control) of the Code to require a person to be licensed or otherwise authorized by Article 15 (Occupations)

of the Code in order to serve as a pharmacist technician after October 1, 2015, instead of after June 30, 2015.

Senate Bill 112 amended Public Act 29 of 1957, which provides for the disposition of certain files and records in the probate court, to refer to a "child or youth with special health care needs" rather than "crippled or afflicted children".

Senate Bills 113 and 114 amended Public Act 137 of 1921, which authorizes counties to contract for the care and treatment of certain children, to refer to a child or children "with special health care needs" rather than a "crippled" child or children.

House Bill 4203 amended Public Act 327 of 1931, which governs various types of corporations, to refer to a hospital for the care or relief of children and youth with special health care needs, rather than a hospital for crippled children.

House Bill 4204 amended the Social Welfare Act to refer to a program of services for children and youth with special health care needs, rather than a program of services for crippled children.

The Senate bills and House Bills 4203 and 4204 were tie-barred to House Bill 4205. All of the bills took effect on June 25, 2015.

House Bill 4205

Definition

Previously, under Part 58 of the Public Health Code, "crippled child" meant a single or married individual under 21 years of age whose activity is or may become so restricted by disease or deformity as to reduce his or her normal capacity for education and self-support. Under the bill, that is the definition of "child or youth with special health care needs" except that the bill refers to a "specified medical condition" rather than a "deformity".

Program of Services

The bill requires the DHHS to develop, extend, and improve certain services for children or a child or youth with special health care needs. Previously, Part 58 required the Department to develop, extend, and improve services for "crippled children". Under the bill, to the extent possible, the Department must provide services to prevent diseases and specified medical conditions that reduce an individual's normal capacity for education and self-support. Previously, the services included preventing, insofar as possible, crippling conditions.

The bill requires the DHHS to establish and administer a program of services for children and youth with special health care needs and children who suffer from conditions that lead to special health care needs because of disease or specified medical condition. Previously, the Department had to establish and administer a program of services for crippled children and children who were suffering from conditions that lead to crippling.

Under the bill, the DHHS must carry out the program for the purposes of providing medical care and treatment to improve or maintain health and enhance the quality of life for children and youth with special health care needs. Previously, the DHHS had to carry out the program for the purposes of providing medical and physical care for crippled children and for making them self-sustaining in whole or in part rather than dependent on the public for support.

The DHHS must do certain things in implementing and maintaining programs and services under Part 58. The bill also requires the Department to develop systems of care that are community-based, comprehensive, culturally competent, coordinated, and family-centered.

Rule Promulgation

The bill requires the DHHS to promulgate rules to provide for the monitoring of the availability and quality of facilities, treatment centers, medical and surgical specialists, and other providers for children or youth with special health care needs.

Previously, Part 58 required the DHHS to promulgate rules that did the following:

- Prescribed requirements for the approval of facilities and treatment centers, medical and surgical specialists, and other providers.
- Regulated the conduct of clinics; handling of cases; fixing of treatment fees, charges for correctional equipment, and institutional rates; and prescribing procedures for audit and payment of bills.

Investigation

Part 58 allows a person authorized by rule to apply to the DHHS for services for a child under Part 58, and previously required the DHHS to undertake a financial investigation. Under the bill, the Department must investigate secure medical evidence as to the child's condition.

Previously, upon receiving the financial and medical reports, the DHHS had to promptly consider the matter and make a determination of eligibility. The bill provides instead that, upon completion of the medical investigation, the DHHS promptly must make a determination of medical eligibility. If the Department determines that a child or youth with special health care needs is medically eligible for services under Part 58, it then must perform a financial assessment to determine cost-sharing responsibilities.

Funds

The Department of Treasury is required to receive money granted to the State by the Federal government under Part 58. The bill deleted a requirement that the Department keep that money in a special fund known as the "Crippled Children's Fund".

Under the bill, all or part of the charges for the medical care and treatment of a child or youth with special health care needs (rather than a crippled child) must be paid to the Department of Treasury by the child, parent, or spouse, if that individual has the ability to pay. The bill also requires the Department to receive these payments and keep that money in the "Parent Participation Fund".

Repeal

The bill repealed Section 5811 of the Public Health Code, which created the Crippled Children's Advisory Committee. (Executive Reorganization Order 1996-1, which created the Department of Community Health (DCH), transferred all authority, powers, duties, functions, and responsibilities of the Advisory Committee to the DCH Director. Executive Reorganization Order 2015-1, which created the Department of Health and Human Services, transferred all authority, powers, duties, functions, and budgetary resources of the DCH Director to the Director of the DHHS.)

Senate Bill 112

Public Act 29 of 1957 allows a probate court to order the destruction of certain files and records if more than six years have passed since the last order of the court in the case. Under the bill, that provision applies to proceedings taken for the hospitalization of a child or youth with special health care needs under Part 58 of the Public Health Code. Previously, it applied to proceedings taken for the hospitalization of crippled or afflicted children under Part 58.

Senate Bills 113 & 114

Public Act 137 of 1921 allows a county board of commissioners to enter into agreements for up to one year with one or more agencies, institutions, or hospitals to receive aid, care for, support,

maintain, treat, cure, or relieve any poor, sick, distressed, abandoned, or needy child or children living within the county who may be referred by a judge of the family division of circuit court (family court). Senate Bill 113 includes children or youth with special health care needs in that provision, which previously referred to a crippled child or children.

If a county enters into a contract described above, a family court judge must refer the child or children to the proper agency, institution, or hospital with which the county has contracted. Senate Bill 114 refers in that provision to a child or youth with special health care needs rather than to a crippled child or children.

House Bill 4203

Under Public Act 327 of 1931, when land or other property worth \$5,000 or more is given, granted, devised, or bequeathed to three or more trustees for the purpose of founding or endowing a type of hospital described in the Act, the trustees may incorporate under the Act as a trustee corporation. Under the bill, that provision includes a hospital for the care or relief of "children and youth with special health care needs". Previously, the provision referred to the care or relief of "crippled children".

House Bill 4204

The Social Welfare Act requires a county department to administer a public welfare program. Among other things, that program must serve to furnish the court, on request, with investigational services concerning the hospitalization of certain children. Under the bill, that provision applies to services concerning the hospitalization of children under the program of services for "children and youth with special health care needs" established under Part 58 of the Public Health Code. Previously, the provision referred to services concerning the hospitalization of children under the program of services for "crippled children" established under Part 58.

MCL 720.551 (S.B. 112)
722.501 (S.B. 113)
722.503 (S.B. 114)
450.157 (H.B. 4203)
400.55 (H.B. 4204)
333.5801 et al. (H.B. 4205)

ARGUMENTS

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

The bills modernize language that many consider derogatory. The term "crippled" carries a stigma, implying a physical or mental inability or shortcoming. Children who have disabilities or are ill should not be referred to in that manner. The appropriate way to refer to children whose health conditions may warrant special treatment is "children and youth with special health care needs".

Use of the word "crippled" also is limiting in scope for today's standard of care. Although the Public Health Code's definition of "crippled child" refers to a child restricted by disease or deformity, the outdated term "crippled" implies paralysis or physical deformity. Children might need specialized health care because of a rare illness or developmental delay, not just limited mobility issues. That need for special care, and not a child's debilitating condition, should be what is emphasized in statute and State programs and services. While some might consider changing the language in statute to be merely symbolic, it actually is very meaningful to clients or patients who are children, their families, and health care providers. Children and youths should be recognized in Michigan statutes in a respectful and accurate way.

Legislative Analyst: Patrick Affholter

FISCAL IMPACT

The bills will have no fiscal impact on State or local government.

Fiscal Analyst: Steve Angelotti

A1516\12ea

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.