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BILL ANALYSIS



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Senate Bill 435 (as introduced 5-12-21)
Sponsor: Senator Michael D. MacDonald
Committee: Health Policy and Human Services

Date Completed: 5-13-21

CONTENT

The bill would amend the Public Health Code to expand the list of designated physician specialty areas that qualify under the essential health provider repayment program and grant program for minority students administered by the Department of Health and Human Services (DHHS), and to modify and prescribe various definitions.

The bill is tie-barred to Senate Bill 246, which would amend the Code to modify the maximum amount of debt or expense that the DHHS could pay on behalf of a designated health professional through a health provider repayment program

Designated Physician Specialty Areas

Section 2705 of the Code requires the DHHS to administer an essential health provider repayment program for designated professionals who have incurred a debt or expenses as a result of a loan taken to attend a medical school, dental school, nursing program for the training of certified nurse midwives, certified nurse practitioners, or clinical nurse specialists-certified, or physician's assistant program or as a result of providing services in a health resource shortage area. Section 2707 requires the DHHS to administer a grant program for minority students enrolled in medical schools, dental schools, nursing programs, or physician's assistant programs.

For the programs created in Sections 2705 and 2707, the DHHS may recruit only physicians who are qualified or students who are training to become qualified in one or more of the specified designated physician specialty areas. The bill would include in the list of designated physician specialty areas behavioral sciences and geriatrics.

Definitions

The Code defines "designated nurse" as a certified nurse midwife, certified nurse practitioner, or clinical nurse specialist-certified. The bill would refer to a "designated *advanced practice registered nurse*".

"Mental health professional program" would mean an accredited program for the training of individuals to become a designated mental health professional.

The bill would define "designated mental health professional" as an individual who is qualified in the area of mental illness or developmental disabilities and who is one of the following: a) a nurse; b) a psychologist; c) a licensed master's social worker; d) a licensed professional

counselor; or e) a marriage and family therapist. "Psychologist" would mean an individual licensed to engage in the practice of psychology under Part 182 (Psychology) of the Code. "Licensed master's social worker" would mean an individual who is licensed under Part 185 (Social Work) of the Code to engage in the practice of social work at the master's level. "Licensed professional counselor" would mean an individual who was licensed under Part 181 (Counseling) of the Code to engage in the practice of counseling without supervision. "Marriage and family therapist" would mean an individual who was licensed under Part 169 (Marriage and Family Therapy) of the Code to engage in the practice of marriage and family therapy.

MCL 333.2701 & 333.2711

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

This bill would have no fiscal impact on the Department of Health and Human Services or local units of government. The number of loan repayment contracts that the DHHS enters into with eligible medical providers under Michigan Compiled Laws (MCL) 333.2705 is limited by the yearly appropriation to the Michigan Essential Health Provider Program. Expanding the definition of eligible health professional to include mental health professionals would increase the potential pool of applicants but would have no impact on the number of contracts that the DHHS can enter into, assuming a flat appropriation level in future fiscal years. A recent funding history of the Michigan Essential Health Provider program is below.

The provision of the bill that would extend the low-income minority student grant program under MCL 333.2707 to mental health professionals would have no fiscal impact as that program has not been funded and so has not been implemented.

Fiscal Year	Provider Contracts	Gross	GF/GP	Federal	Private
FY 2013-2014	92	2,491,300	1,000,000	1,236,300	255,000
FY 2014-2015	104	3,591,300	1,500,000	1,236,300	855,000
FY 2015-2016	69	3,591,300	1,500,000	1,236,300	855,000
FY 2016-2017	67	3,591,300	1,500,000	1,236,300	855,000
FY 2017-2018	86	3,591,300	1,500,000	1,236,300	855,000
FY 2018-2019	84	3,591,300	1,500,000	1,236,300	855,000
FY 2019-2020	126	4,519,600	2,428,300	1,236,300	855,000
FY 2020-2021	91	3,519,600	1,428,300	1,236,300	855,000
FY 2021-2022 ^b	N/A ^a	3,519,600	1,428,300	1,236,300	855,000

^aUnavailable until the close of the fiscal year.

^bThis amount reflects the Executive proposed, Senate Subcommittee Proposed, and House Subcommittee Proposed funding level.

Fiscal Analyst: Elyn Ackerman

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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.