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House Bills 4043 and 4044 (as passed by the House)  
Sponsor: Representative Mary Whiteford  
House Committee: Health Policy  
Senate Committee: Health Policy and Human Services

Date Completed: 4-29-21

## **CONTENT**

### **House Bill 4044 would amend the Mental Health Code to do the following:**

- **Require the contractor operating or maintaining the Michigan Crisis and Access Line (MiCAL) to inform individuals seeking behavioral health care that electronic inpatient psychiatric bed registry data may not be accurate and bed availability is not guaranteed.**
- **Require a State-operated registry of available inpatient psychiatric beds, crisis residential beds, or substance use disorder beds to report all data collected for that registry to the Department of Health and Human Services (DHHS) or the entity operating or maintaining MiCAL under contract with the DHHS.**
- **Specify that a health facility, health professional, or contractor could not be held civilly or criminally liable for inaccurate registry data that was shared under the bill.**

**House Bill 4043 would amend the Mental Health Code to require the DHHS to provide all of the information listed on the electronic inpatient psychiatric bed registry to the contractor or entity that operated or maintained MiCAL.**

### **House Bill 4044**

Section 165 of the Mental Health Code requires the DHHS to establish and make available to the public a mental health telephone access line known as MiCAL. The access line must be available 24 hours a day, seven days a week. A contractor operating or maintaining MiCAL must meet a list of prescribed obligations. The bill also would require a contractor maintaining MiCAL to inform individuals seeking behavioral health care that bed registry data may not be accurate and bed available is not guaranteed.

Section 165 requires the DHHS to work with the Department of Licensing and Regulatory Affairs (LARA) and the contractor operating or maintaining MiCAL to use the most current provider information available. Instead, under the bill, LARA would have to provide behavioral health provider licensure data to the DHHS. The DHHS could use this data and work with the contractor operating or maintaining MiCAL to use the most current provider information available.

Additionally, the bill would require a State-operated registry of available inpatient psychiatric beds, crisis residential beds, or substance use disorder beds to report all data collected for that registry to the DHHS or the entity operating or maintaining MiCAL under contract with

the DHHS. A health facility, health professional, or contractor could not be held civilly or criminally liable for inaccurate registry data that was shared under the bill.

### **House Bill 4043**

Section 151 of the Mental Health Code requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry. The registry must be a web-based resource to identify available psychiatric beds in the State categorized by patient gender, acuity, age, and diagnosis. Psychiatric facilities and other providers determined by the DHHS must provide the Department with the number of inpatient psychiatric beds available in those facilities at the time the information is provided.

The bill would require the DHHS to provide all of the information listed on the registry to the contractor or entity that operated or maintained MiCAL.

MCL 330.1151 (H.B. 4043)  
330.1165 (H.B. 4044)

Legislative Analyst: Stephen Jackson

### **FISCAL IMPACT**

#### **House Bill 4043**

The bill would have a minor negative fiscal impact on the DHHS and no fiscal impact on local units of government. Under the bill, the DHHS would have to provide information to the contractor operating MiCAL that the Department already collects. This would result in an increase in administrative requirements, but no additional data collection requirements.

#### **House Bill 4044**

The bill would have no fiscal impact on the DHHS and no fiscal impact on local units of government. The bill would have a minor negative fiscal impact on LARA resulting from additional administrative requirements of compiling and transmitting data to the DHHS. This would not add additional data collection requirements as the data required to be provided to the DHHS under the bill already is collected by LARA.

Fiscal Analyst: Ellyn 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.