



Senate Fiscal Agency
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BILL ANALYSIS



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Senate Bills 690 through 694 (as introduced 11-14-13)

Sponsor: Senator John Moolenaar (S.B. 690)
Senator Rebekah Warren (S.B. 691)
Senator Tom Casperson (S.B. 692)
Senator Dave Hildenbrand (S.B. 693)
Senator Mike Green (S.B. 694)

Committee: Health Policy

Date Completed: 3-6-14

CONTENT

Senate Bill 690 would amend Part 178 (Physical Therapy) of the Public Health Code to permit a physical therapist or physical therapist assistant to treat an individual without a prescription for physical therapy services, subject to requirements to refer a patient to an appropriate health professional or obtain a prescription under certain circumstances.

Senate Bills 691 through 694 would amend various statutes to provide that an insurer would not have to reimburse for physical therapy service provided without a prescription.

Senate Bill 691 would amend the Nonprofit Health Care Corporation Reform Act. Senate Bill 692 would amend the Prudent Purchaser Act. Senate Bill 693 would amend the Worker's Compensation Disability Act. Senate Bill 694 would amend the Insurance Code.

Senate Bill 690 is tie-barred to all of the other bills, and Senate Bills 691 through 694 are tie-barred to Senate Bill 690.

Senate Bill 690

Under Part 178 of the Public Health Code, an individual may not engage in the practice of physical therapy or practice as a physical therapist assistant unless licensed or otherwise authorized under the Code. A person may engage in the treatment of another individual only upon the prescription of a person who is licensed under Part 166 (Dentistry), 170 (Medicine), 175 (Osteopathic Medicine and Surgery), or 180 (Podiatric Medicine and Surgery). Under the bill, except as described below, a physical therapist or assistant acting under the supervision of a physical therapist could treat an individual without a prescription from a health professional.

"Health professional" would mean an individual who is licensed or otherwise authorized to engage in a health profession under Parts 166, 170, 175, or 180, or an individual holding the equivalent license issued by another state.

The Code requires a physical therapist to refer a patient back to the health professional who issued the prescription for treatment if the physical therapist has reasonable cause to believe that symptoms or conditions are present that require services beyond the scope of

practice of physical therapy. Additionally, a physical therapist must consult with the prescribing health professional if a patient does not show reasonable response to treatment in a time period consistent with the standards of practice as determined by the Michigan Board of Physical Therapy. Under the bill, these provisions would apply to a physical therapist who was treating a patient upon the prescription of a health professional.

The bill would establish similar requirements that would apply to a physical therapist who was treating a patient without a prescription, except the bill would refer to an "appropriate" health professional, rather than the health professional who issued a prescription. Additionally, the bill would require the physical therapist to obtain a prescription from an appropriate health professional to continue treatment beyond 21 days or 10 treatments, whichever occurred first, unless the patient was seeking physical therapy services for the purpose of preventing injury or promoting fitness.

In addition, Part 178 restricts the use of certain words, titles, or letters to those who are authorized to use them under the part. The bill would include "doctor of physiotherapy" and "doctor of physical therapy" among them.

Senate Bill 691

Under the bill, notwithstanding any other provision of the Nonprofit Health Care Corporation Reform Act, which governs Blue Cross Blue Shield of Michigan (BCBSM), if a BCBSM certificate or coverage under a prudent purchaser agreement provided for benefits for services provided by a licensed physical therapist or physical therapist assistant under a licensed physical therapist's supervision, BCBSM would not have to provide benefits or reimburse for a practice of physical therapy service or practice as a physical therapist assistant service unless the service was provided pursuant to a prescription from a health professional.

Senate Bill 692

Under the bill, if coverage under a prudent purchaser agreement provided for benefits for services provided by a licensed physical therapist or physical therapist assistant under a licensed physical therapist's supervision, the Prudent Purchaser Act would not require that coverage or reimbursement to be provided for a practice of physical therapy service or physical therapist assistant service, unless the service was provided pursuant to a prescription from a health professional.

Senate Bill 693

The bill provides that, under the Worker's Disability Compensation Act, an employer would not have to reimburse or cause to be reimbursed charges for physical therapy service unless it was provided by a licensed physical therapist or physical therapist assistant under the supervision of a licensed physical therapist pursuant to a prescription from a health professional.

Senate Bill 694

Under Chapter 31 (Motor Vehicle Personal and Property Protection) of the Insurance Code, personal protection insurance benefits are payable for allowable expenses consisting of all reasonable charges incurred for reasonably necessary products, services, and accommodations for an injured person's care, recovery, or rehabilitation. Under the bill, reimbursement or coverage for expenses within personal protection insurance coverage would not be required for a practice of physical therapy service or practice as a physical therapist assistant service, unless the serve was provided by a licensed physical therapist or

physical therapist assistant under his or her supervision pursuant to a prescription from a health professional.

The bill also would amend Chapters 34 (Disability Insurance Policies) and 36 (Group and Blanket Disability Insurance) to provide that, notwithstanding any other provision of the Code, if coverage under a prudent purchaser agreement provided for benefits or services provided by a licensed physical therapist or physical therapist assistant, an insurer would not have to provide coverage or reimburse for that service unless it was provided pursuant to a prescription from a health professional.

MCL 333.17801 (S.B. 690)
550.1502 & 550.1502a (S.B. 691)
550.53 (S.B. 692)
418.315 (S.B. 693)
500.3107b et al. (S.B. 694)

Legislative Analyst: Julie Cassidy

FISCAL IMPACT

The bills would have no fiscal impact on State or local government. The two minor fiscal implications of the bills would stem from the role of State and local governments as employers and the state's role in State-run health care programs. Should the bills reduce the number of allowable visits to physical therapists, State and local entities could see a slight reduction in cost. However, the population affected would not be large enough to significantly change the fiscal burden for either State or local government.

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.