

CANADIAN HEALTH PROFESSIONAL RECIPROCITY

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Senate Bill 1021 (S-1) as reported from House committee

Sponsor: Sen. Wayne Schmidt

House Committee: Ways and Means

Senate Committee: Health Policy and Human Services

Revised 12-5-20

Analysis available at
<http://www.legislature.mi.gov>

BRIEF SUMMARY:

Senate Bill 1021 would amend the Public Health Code to reinstitute the ability for licensed Canadian health professionals to be licensed, registered, or certified in Michigan, provided that they meet the educational, examination, and billing requirements in Michigan law. This endorsement is allowed for health professionals from other states and had been allowed for Canadian health professionals from 2002 until it was allowed to sunset, or expire, in 2012.

The bill provides that the allowance would no longer apply if the Department of Licensing and Regulatory Affairs (LARA), in consultation with the appropriate licensing board, promulgated a rule disallowing its application for Canadian health professionals whose training, educational requirements, or provincial licensure are not substantially similar to those in Michigan.

DETAILED SUMMARY:

Article 15 (Occupations) of the Public Health Code covers the licensure and regulation of health care professionals. Among other things, the article sets forth an endorsement procedure for individuals who are licensed to practice a health profession in another state, who are registered in another state, or who hold a specialty field license or specialty certification from another state, and who apply for licensure, registration, specialty licensure, or specialty certification in Michigan. The applicant must satisfy the relevant professional board or task force—e.g., the Board of Nursing or Board of Pharmacy—that he or she substantially meets the article's requirements and complies with rules promulgated by the board or task force. The applicant must also satisfy the board or task force that the other state maintains standards substantially equivalent to Michigan's standards. Prior to licensing, registering, or certifying the applicant, the board or task force may require the applicant to appear for a personal interview to evaluate his or her relevant qualifications.

Under the bill, an individual who is licensed to practice a health profession in a province of Canada and who applies for licensure in Michigan could be granted an appropriate license upon satisfying the board or task force to which he or she applies as to all of the following:

- That the applicant substantially meets the requirements of Article 15 and rules promulgated under that article for licensure.
- That the applicant is licensed in a province in Canada that maintains standards substantially equivalent to those of Michigan.
- That the applicant completed the educational requirements in Canada or in the United States for licensure in Canada or in the United States. An applicant meeting these requirements who takes and passes a national examination in the United States that is approved by the appropriate Michigan licensing board, or who takes and passes a Canadian national examination approved by the appropriate Michigan licensing board,

would be considered to have met the equivalent standards requirement above, unless the Department of Licensing and Regulatory Affairs (LARA), in consultation with the appropriate licensing board, promulgated a rule disallowing the use of this provision for an applicant licensed in a province in Canada *who does not substantially meet the training or educational requirements expected of an applicant for the same health profession who received his or her education in the United States or who is not licensed in a province in Canada that maintains standards substantially equivalent to those of this state.* (The italicized language was not part of these provisions when they expired in 2012 but would be added by Senate Bill 1021.)

- The applicant will perform the professional services for which he or she bills in this state, and any resulting request for third party reimbursement will originate from the applicant's place of employment in this state.

The board or task force to which the applicant applies could require the applicant to appear personally before it for an interview to evaluate his or her relevant qualifications before granting a license.

Finally, if LARA received an application for licensure under Part 187 (Respiratory Care) from an individual licensed as a respiratory therapist in Canada, LARA would have to consult the international reciprocity agreement executed by the National Board for Respiratory Care and the Canadian Society of Respiratory Therapists in effect on July 1, 2004.

MCL 333.16186

BACKGROUND:

In an effort to address the chronic shortage of health professionals in Michigan, 2002 PA 441 allowed the endorsement procedure in the Public Health Code to apply to licensed Canadian health professionals, in addition to health professionals from other states.¹ 2006 PA 398 extended the original 2007 sunset (expiration date) until 2012.² The bill would remove that sunset and effectively reinstate the provision.

FISCAL IMPACT:

Senate Bill 1021 would not be expected to have an appreciable fiscal impact on any unit of state or local government.

POSITIONS:

Trinity Health indicated support for the bill. (12-1-20)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.

¹ See <http://www.legislature.mi.gov/documents/2001-2002/billanalysis/House/pdf/2001-HFA-4994-4.pdf>

² See <http://www.legislature.mi.gov/documents/2005-2006/billanalysis/House/pdf/2005-HLA-6253-3.pdf>