



2020 Lame Duck Tracker – Week 1 Update

Open Meetings Acts – No Reason Virtual Meeting – HB 6207 (Passed out of House Govt Operations Committee, awaits final approval on House Floor)

The bill would extend the ability for local boards to meet remotely, for any reason, through March 31, 2021. It would also allow a local ordinance declaring a local emergency approved by a “local chief administrative officer,” sufficient to allow for remote meetings. MAC, the Michigan Municipal League and Michigan Townships Association need modifications to the changes approved in October to ensure all jurisdictions, governing bodies and administrative officers would have the ability to declare local emergencies.

FY21 COVID Supplemental Budget Request (No bill number yet, State Budget Office sent request to Legislature on 12/4/20)

Last week State Budget Direct Chris Kolb sent a Coronavirus supplemental budget request on behalf of the Governor to the legislature, included in that request is an extension of the direct care wage increase through the second quarter of the '21 Fiscal Year.

Crisis Stabilization Units – HB 5832 (NO ACTION LAST WEEK, remains on the Senate Floor)

HB 5832 creates crisis stabilization units, CSUs modernize the MH code regarding crisis services. Currently, there are too many grey areas around prescreening units, what they can do and not do and with the inpatient bed issue there is a need for change. These units are not required, they just provide the system another tool in the crisis continuum.

Before the bill passed the House CMHA was able to add the following amendments:

- * Required as part of the certification standards that DHHS will develop any entity operating a CSU that would like to receive payment for the public mental health population must have a formal agreement in place with their local CMH, which will allow management of the risk of runaway costs.
- * Removed a requirement that was added into the bill mandating face-to-face psychiatric supervision at a similar level as an inpatient setting (the language did not allow for telehealth services).

Universal Credentialing – HB 5178 (NO ACTION LAST WEEK, remains on the Senate Floor)

On Thursday, September 24, the Senate Health Policy Committee approved HB 5178, which would require DHHS to establish, maintain, and revise, as necessary, a uniform CMH services credentialing program for State department or agency use. The State department's or agency's credentialing and recredentialing process would have to comply with national standards.

SB 813 – Reporting for Inpatient Units (passed out of House Health Policy committee on 12/2/20, referred to House Ways and Means Committee)

On September 30, the full Senate approved SB 813, which would require the DHHS to investigate all deaths reported by a psychiatric hospital or psychiatric unit that were the result of suicide or where the cause of death was reported as unknown.

HB 5615 – Reporting for Inpatient Units (passed out of House Health Policy committee on 12/2/20, referred to House Ways and Means Committee)

Similar to SB 813, psychiatric hospital death reporting. It moves responsibility for hospital licensing from LARA to MDHHS and expands what has to be reported to the state when it comes to psych hospital deaths.

Certificate of Need – SB 672 & 673 (NO ACTION LAST WEEK, remains in House Ways and Means Committee)

On Thursday, September 24, the House Health Policy committee approved the Certificate of Need package. The House committee did amend SB 672, which would eliminate the Certificate of Need (CON) process for all psychiatric inpatient beds in hopes that it would increase access and availability across the state. Below is the amendment:

- * Eliminates the Certificate of Need requirement for psychiatric beds in counties with less than 40,000 residents. Additionally, the bill eliminates the certificate of need requirement for psychiatric beds for the entire state after 5-years.

SB 673 would remain unchanged and requires that a psychiatric hospital or psychiatric unit accept public patients and maintain 50% of beds available to public patients as a condition of licensure.

Mental Health Professionals – SB 826 (passed out of House Health Policy committee on 12/2/20, referred to House Ways and Means Committee)

Bill would clarify PA/NPs role in the mental health code. The bill is described as an improvement to MH access, it has much more of an impact for hospitals than CMHs.

The three main changes would be:

1. Define PA/NP as mental health professions in the MH code. The current MH code currently defines “mental health professional” as a physician, psychologist, RN, MSW, licensed professional counselor, or a licensed marriage and family therapist.
2. Include PA/NP in the MH code as providers able to initiate safety restraints. This barrier only exists for patients receiving care in a psychiatric setting. PA/NP can protect their patients (and other providers) by issuing safety restraints in every other medical setting.
3. Include PA/NPs in the MH code as providers able to issue initial certification for a temporary emergency hold or transfer to a psychiatric facility. PAs and NPs can provide this critically important care in most states.

PRTF – HB 5298 (NO ACTION LAST WEEK, remains in the Senate Health Policy Committee)

Bill would require the Department of Health and Human Services (DHHS) to establish psychiatric residential treatment facilities (PRTFs) for Medicaid patients under age 21, subject to appropriation of sufficient funding.

Mental Health First Aid – Senate Bill 41 (Passed out of Senate Education Committee on 12/2/20, now waits action on Senate Floor)

Bill would require mental health first aid training as a component of teacher’s continuing education and professional development. The instruction would, in part, identify risk factors and warning signs for mental illness and SUD. The legislation saw a hearing in the Senate Education and Career Readiness Committee on Tuesday, October 6. Not vote has been held.

Senate Bill 898 (NO ACTION LAST WEEK, bill remains in Senate Health Policy Committee)

Bill would require insurers to have parity in coverage for telehealth services. A hearing was held in the Senate Health and Human Services committee but no votes have been taken.

Preparole Mental Health Discharge Planning – HB 4700 (NO ACTION LAST WEEK, remains on the Senate Floor)

House Bill 4700 would amend the Corrections Code to require a prerelease mental health discharge plan to be created for each prisoner who is receiving mental health services or mental health prescription medication before he or she is released on parole. DOC could seek consultative services from the Department of Health and Human Services (DHHS) in creating a plan for a prisoner.

A prerelease mental health discharge plan would have to include all of the following:

- A mental health assessment that includes the use of assessment tools specified in the bill (e.g., a generalized anxiety disorder seven-item scale and an opioid risk tool).
- Identification of risk factors related to transportation, housing, and family stress.

- An appointment scheduled after the prisoner's release with a mental health professional capable of providing postrelease mental health prescription medication and other mental health services.
- If the prisoner is receiving mental health prescription medication at the time of the discharge planning, steps that will provide the prisoner access to that medication between his or her release and the postrelease appointment with the mental health professional.
- An assessment of eligibility upon release for enrollment in Medicaid or Medicare. If eligible, information on enrollment must be provided.
- Goals and activities that address the needs and barriers identified under the above.
- A list of care team members that will support the prisoner as he or she transitions out of prison. This would include community health or social program providers.
- Input from the prisoner and a communication plan for the duration of parole.

Medicaid Reimbursement for Alcohol Use Disorder Treatment – HB 5408 (Passed out of House Ways and Means Committee on 12/1/20, awaits final approval on House Floor)

The intent of the bill is to create a legislative fix requiring Medicaid to cover the cost of seeing a prescriber for individuals with an alcohol use disorder (reimbursing some MAT services in the same fashion as opioid use disorder).

Inpatient Bed Registry / MiCAL (NO ACTION LAST WEEK, bill remains in House Ways and Means Committee)

HB 6188 – A state-operated registry of available inpatient psychiatric beds, crisis residential beds, or substance use disorder beds must report all data collected for that registry to the department or the entity operating or maintaining the access line under contract with the department. (passed out of House Health Policy Committee on 11/10/20)

HB 6189 – The department must provide all of the information listed on the registry under this section to the contractor or entity that operates or maintains the Michigan crisis and access line. (passed out of House Health Policy Committee on 11/10/20)