

HOUSE BILL No. 4080

January 28, 1997, Introduced by Reps. Crissman, McBryde and Goschka and referred to the Committee on Insurance.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending section 21004 (MCL 333.21004), as amended by 1982 PA
354, and by adding section 21053c.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 21004. (1) "EMERGENCY HEALTH SERVICES" MEANS SERVICES
2 PROVIDED TO AN ENROLLEE FOR A CONDITION, INCLUDING SEVERE PAIN,
3 THAT A PRUDENT LAY PERSON POSSESSING AN AVERAGE KNOWLEDGE OF
4 HEALTH AND MEDICINE COULD REASONABLY EXPECT TO RESULT IN SERIOUS
5 IMPAIRMENT TO HIS OR HER HEALTH.

6 (2) "Enrollee" means an individual who is entitled to
7 receive health maintenance services under a health maintenance
8 contract.

9 SEC. 21053C. (1) A HEALTH MAINTENANCE ORGANIZATION SHALL
10 PROVIDE COVERAGE IN EACH GROUP AND INDIVIDUAL CONTRACT FOR

1 MEDICALLY NECESSARY EMERGENCY HEALTH SERVICES UP TO THE POINT OF
2 STABILIZATION PROVIDED TO AN ENROLLEE BY A NONPARTICIPATING EMER-
3 GENCY DEPARTMENT IF EITHER OF THE FOLLOWING APPLIES:

4 (A) DUE TO CIRCUMSTANCES BEYOND THE ENROLLEE'S CONTROL, THE
5 ENROLLEE WAS UNABLE TO GO TO A PARTICIPATING EMERGENCY DEPARTMENT
6 IN A TIMELY FASHION WITHOUT SERIOUS IMPAIRMENT TO HIS OR HER
7 HEALTH.

8 (B) A PRUDENT LAY PERSON POSSESSING AN AVERAGE KNOWLEDGE OF
9 HEALTH AND MEDICINE WOULD HAVE REASONABLY BELIEVED THAT HE OR SHE
10 WOULD BE UNABLE TO GO TO A PARTICIPATING EMERGENCY DEPARTMENT IN
11 A TIMELY FASHION WITHOUT SERIOUS IMPAIRMENT TO HIS OR HER
12 HEALTH.

13 (2) A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE COVERAGE
14 IN EACH GROUP AND INDIVIDUAL CONTRACT FOR MEDICALLY NECESSARY
15 SERVICES PROVIDED TO AN ENROLLEE BY A NONPARTICIPATING EMERGENCY
16 DEPARTMENT AFTER STABILIZATION OF THE ENROLLEE IF EITHER OF THE
17 FOLLOWING HAS OCCURRED:

18 (A) THE EMERGENCY PHYSICIAN CONTACTS THE HEALTH MAINTENANCE
19 ORGANIZATION IN A TIMELY FASHION TO SEEK PRIOR AUTHORIZATION FOR
20 ANY ADDITIONAL SERVICES BEYOND STABILIZATION THAT MAY BE PROMPTLY
21 REQUIRED OR ARE NEEDED TO EFFECT A SAFE TRANSFER OF THE
22 ENROLLEE. AS USED IN THIS SUBDIVISION, "TIMELY FASHION" MEANS
23 EITHER OF THE FOLLOWING:

24 (i) THE EMERGENCY PHYSICIAN SUCCESSFULLY CONTACTED THE
25 HEALTH MAINTENANCE ORGANIZATION AND DID NOT RECEIVE A DENIAL FROM
26 THE PLAN WITHIN 30 MINUTES OF CONTACTING THE PLAN, UNLESS THE
27 PLAN CAN DOCUMENT THAT IT HAD MADE A GOOD FAITH EFFORT BUT WAS

1 UNABLE TO REACH THE EMERGENCY PHYSICIAN WITHIN 30 MINUTES AFTER
2 RECEIVING THE REQUEST FOR AUTHORIZATION.

3 (ii) THAT DESPITE A DOCUMENTED GOOD FAITH EFFORT BY THE
4 EMERGENCY PHYSICIAN, HE OR SHE WAS UNABLE TO REACH THE ENROLLEE'S
5 HEALTH MAINTENANCE ORGANIZATION WITHIN 30 MINUTES AFTER THE INI-
6 TIAL EXAMINATION OF THE ENROLLEE OR, IF THE ENROLLEE NEEDED TO BE
7 STABILIZED, WITHIN 30 MINUTES AFTER STABILIZATION.

8 (B) THE HEALTH MAINTENANCE ORGANIZATION DOES NOT IMMEDIATELY
9 ARRANGE FOR AN ALTERNATE PLAN OF TREATMENT FOR THE ENROLLEE IF
10 THE NONPARTICIPATING EMERGENCY PROVIDER AND THE ORGANIZATION
11 CANNOT COME TO AN AGREEMENT ON WHICH SERVICES ARE NECESSARY
12 BEYOND THOSE IMMEDIATELY NEEDED TO STABILIZE THE ENROLLEE.

13 (3) AS USED IN THIS SECTION, "STABILIZATION" MEANS THE POINT
14 AT WHICH NO MATERIAL DETERIORATION OF A CONDITION IS LIKELY,
15 WITHIN REASONABLE MEDICAL PROBABILITY, TO RESULT FROM OR OCCUR
16 DURING TRANSFER OF THE PATIENT TO ANOTHER FACILITY.