

NERVE CONDUCTION TESTS AND NEEDLE EMG

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House Bill 4325

Sponsor: Rep. Leslie Mortimer

Committee: Health Policy

Complete to 2-25-05

A SUMMARY OF HOUSE BILL 4325 AS INTRODUCED 2-17-05

The bill would amend Part 170 (Medicine) of the Public Health Code to restrict the performance of needle electromyography or the interpretation of nerve conduction tests to specially trained licensed physicians.

Under the bill, only an individual who was licensed as an allopathic physician (M.D.) or osteopathic physician (D.O.) and who had successfully completed additional training in the performance and interpretation of electrodiagnostic studies as approved by the appropriate board of medicine could perform needle electromyography or interpret nerve conduction tests. "Electrodiagnostic studies" would mean the testing of neuromuscular functions utilizing nerve conduction tests and needle electromyography. It would not include the use of surface electromyography.

The bill would also allow a licensed podiatrist who had successfully completed additional training in the performance and interpretation of electrodiagnostic studies satisfactory to his or her board to conduct such tests. A licensed physical therapist who has been certified by the American Board of Physical Therapy Specialties as an electrophysiologic clinical specialist on the effective date of the bill could perform electrodiagnostic studies to be interpreted by a physician if he or she has been performing electrodiagnostic studies in the state on a consistent basis within the five years immediately preceding the bill's effective date.

A physician would not be allowed to delegate the performance of a needle EMG to another individual unless that individual was licensed to practice medicine or osteopathic medicine and surgery and had also completed the additional training as described above or was a physical therapist who met the requirements in the bill. However, under the provisions of Section 16215, a physician could delegate the performance of nerve conduction tests to a licensed or unlicensed individual who was otherwise qualified by education, training, or experience if those tests were performed under the direct supervision of a physician.

(The health code does not define the term "under the direct supervision of a physician". However, Part 161 of the code, which pertains to individuals licensed or registered under the Public Health Code, defines "supervision", except as otherwise provided in the code, to mean the overseeing of or participation in the work of another individual by a licensed health professional in circumstances in which all of the following conditions exist:

- The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and the licensed health professional.
- The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual in the performance of the individual's functions.
- The provision by the licensed supervising health professional of predetermined procedures and drug protocol.)

MCL 333.17001 et al.

FISCAL IMPACT:

Implementation of the proposed scope of practice changes may have a modest fiscal impact for licensing administration of the affected health occupations by the Department of Community Health.

It is unknown what fiscal impact the bill will have on the state as a payer of health services for Medicaid participants and for employees. A study of 1998 data nationwide indicated that six to 11 percent of electrodiagnostic services were provided by physical therapists. The bill may reduce this rate in Michigan and those services may be administered more often by higher cost providers.

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