



Senate Fiscal Agency  
P. O. Box 30036  
Lansing, Michigan 48909-7536

## BILL ANALYSIS



Telephone: (517) 373-5383  
Fax: (517) 373-1986

Senate Bill 273 (as introduced 3-23-17)  
Sponsor: Senator Rick Jones  
Committee: Health Policy

Date Completed: 5-16-17

**CONTENT**

**The bill would amend Part 170 (Medicine) and Part 175 (Osteopathic Medicine and Surgery) of the Public Health Code to require physicians who treated a patient for an opioid-related overdose to give to the patient information on substance use disorder services.**

"Substance use disorder services" would mean that term as defined in Section 6230 of the Code (i.e., substance use disorder prevention services or substance use disorder treatment and rehabilitation services, or both, as those terms are defined in the Mental Health Code).

(The Mental Health Code defines "substance use disorder prevention services" as services that are intended to reduce the consequences of substance use disorders in communities by preventing or delaying the onset of substance abuse and that are intended to reduce the progression of substance use disorders in individuals. The definition states that substance use disorder prevention is an ordered set of steps that promotes individual, family, and community health, prevents mental and behavioral disorders, supports resilience and recovery, and reinforces treatment principles to prevent relapse.)

"Substance use disorder treatment and rehabilitation services" means providing identifiable recovery-oriented services including:

- Early intervention and crisis intervention counseling services for individuals who are current or former individuals with substance use disorder.
- Referral services for individuals with substance use disorder, their families, and the general public.
- Planned treatment services, including chemotherapy, counseling, or rehabilitation for individuals psychologically or psychologically dependent upon or abusing alcohol or drugs.)

The bill would take effect 90 days after its enactment.

Proposed MCL 333.17019 & 333.17519

Legislative Analyst: Stephen Jackson

**FISCAL IMPACT**

The bill would have a minor, but likely negative fiscal impact on the Bureau of Community and Health Systems (BCHS) within the Department of Licensing and Regulatory Affairs, and no fiscal impact on local units of government. The bill could introduce some new, but likely minor, costs to the BCHS in the form of additional investigations and enforcement actions

related to the proposed requirements for physicians. These costs would be borne by existing BCHS resources, and could be partially offset by any administrative fines collected from providers found to be in violation of the requirements.

Fiscal Analyst: Josh Sefton

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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.