



Michigan Osteopathic Association

Report for 2021 HOD

COUNCIL ON GOVERNMENTAL AFFAIRS

Craig Bethune, DO, Chair

The unexpected onslaught of the COVID-19 pandemic in early March 2020 upended all Michiganders' lives. The Governor issued a State of Emergency through Executive Orders given to the Executive Office, through the Michigan Constitution and by statute. Governor Whitmer proceeded over the course of the next several weeks to issue 187 Executive Orders that addressed our daily lives ranging from the stay-at-home (lockdown) order, to health care delivery, school closings and the requirement for remote learning, how businesses could function, and limiting state and local government to working remotely. These unprecedented times which called for unprecedented measures, were not overwhelmingly embraced by the public nor the impacted parties. MOA made numerous attempts to provide input to the Administration, including the Executive Office, on several Executive Orders that were issued impacting health care. Unfortunately, often the input was in response to an order that had already been issued. The national political theater over the pandemic reached down to the state level, and the restrictions put in place quickly resulted in significant protests, civil unrest, and sharp partisanship in state government.

The Legislative session was also dramatically altered with many session days canceled and the beginning of work-from-home mandates. The Legislature quickly disagreed with the authority the Governor used under two statutes, which caused major political consternation and a legal fight ending up in the Michigan Supreme Court. Most normal legislative business was put on hold, and only pandemic measures were rushed through the process. The state budget process also got bogged down, not reaching agreement between the Governor and both legislative Republican leaders until early fall. The omnibus budget appropriations were not signed into law on September 30, which was the last day before a state government shutdown would have occurred. Even after the November general election, the lame duck session was unusually quiet. Only during the last day of session did SB 612 (Prior Authorization) pass the Senate, with no time for the House to consider the measure. Likewise, SB 826 (adding PAs/NPs into the Mental Health Code) failed to get traction in the House during the remaining days of the lame duck session.

The surprise billing legislative package (HB 4459-60, and 4990-91) did get traction during the summer months when the legislature did resume some session days, and despite continued concerns by physician groups, it was passed and signed into law in late October.

On immunization issues, MOA continued to work with the Parent Information Network (PIN) to advocate for the state funding of the I Vaccinate Campaign, which is a collaborative campaign between the Franny Strong Foundation and the Department of Health and Human Services. It was critical to not only maintain the

current funding levels, but to fight for an increase in funding, given that there was an alarming decline of childhood vaccinations due to a significant drop off in wellness checks during the initial lockdown. A total of \$2.5 million was ultimately directed to this campaign, much of it coming from the first Federal Stimulus funding, to bolster the campaigns outreach in the state. MOA also supported the introduction of SBs 979-981, which would require schools to provide 12th grade immunization reporting. While the policy was overwhelmingly supported in a statewide survey, the bills were not taken up in the Senate Health Policy Committee.

On Auto No-Fault Insurance, MOA continues to take an active role with the Coalition to Protect Auto No-Fault (CPAN) as the major reforms passed in June of 2019 were going into effect. Under P.A. 21 of 2019, the Department of Insurance and Financial Services (DIFS) had to promulgate rules to establish a process for utilization review. CPAN pointed out that the proposed rule set granted DIFS with certain authority that was clearly absent from the statute. Providers were granted in the statute a direct cause of action in court in case of a dispute on reimbursement. However, the rules stated providers must first exhaust the department's appeals process before they can go to court. CPAN was unsuccessful in convincing the Legislature's Joint Committee on Administrative Rules of these concerns, and the committee ultimately declined to reject the rules, allowing them to be submitted to the Secretary of State for implementation. MOA also supported two bills, SB 1233 and HB 5858, which would have addressed the problem in the statute establishing a 45 percent reduction in reimbursement for providers for non-Medicare coded services. The bills died in session, and are expected to be reintroduced and hopefully taken up before the effective date of July 2022 for these new fee caps.

Your Council on Governmental Affairs and Board will continue to watch these issues, and to vigorously participate in the conversations around Michigan's budgeting priorities and process as our state works its way through pandemic recovery and shapes the course of Michigan health care going forward. We need and urge the participation of all MOA members in alerting us to challenges and helping to craft and promote solutions in the interests of our profession and all Michigan people.

