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REGULATORY IMPACT STATEMENT and COST-BENEFT ANALYSIS (RIS)

Agency Information:

Department name:

Licensing and Regulatory Affairs

Bureau name:

Bureau of Professional Licensing

Name of person filling out RIS:

Weston MacIntosh

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Rule Set Information:

ARD assigned rule set number:

2020-36 LR

Title of proposed rule set:

Medicine - General Rules

Comparison of Rule(s) to Federal/State/Association Standared:

1. Compare the proposed rules to parallel federal rules or standards set by a state or national licensing agency or accreditation association, if any exist.

There are no parallel federal rules or standards set by a state or national licensing agency or accreditation association.

A. Are these rules required by state law or federal mandate?

The rules must be promulgated under state law, including MCL 333.16145, 333.16148, 333.16174, 333.16204, 333.16215, 333.16287, 333.17031, 333.17033, 333.17048, and 333.17076, as well as Executive Reorganization Nos. 1991-9, 1996-2, 2003-1 and 2011-4, MCL 338.3501, 445.2001, 445.2011, and 445.2030.

No federal mandate demands the rules.

B. If these rules exceed a federal standard, please identify the federal standard or citation, describe why it is necessary that the proposed rules exceed the federal standard or law, and specify the costs and benefits arising out of the deviation.

The rules do not exceed a federal standard or law.

2. Compare the proposed rules to standards in similarly situated states, based on geographic location, topography, natural resources, commonalities, or economic similarities.

Licensure of medical doctors is necessary in Michigan under MCL 333.17011. The rules specify the conditions and requirements for licensure, relicensure, renewal, and continuing education.

All 7 of the other Great Lakes states have rules regulating the licensing of medical doctors, as listed below:

- Illinois – Applicants for licensure must possess good moral character, graduate from a medical education program, hold a current certification at the time of application for licensure/examination from the Educational Commission for Foreign Medical Graduates (ECFMG) if the applicant is a graduate of a medical college outside of the United States or Canada, complete postgraduate clinical training, and successfully pass Steps 1, 2, and 3 of the United States Medical Licensing Examination (USMLE) prior to obtaining full licensure.

- Indiana – Applicants for licensure must not have a conviction for a crime that has a direct bearing on the applicant's ability to practice competently, possess the degree of doctor of medicine from an approved medical school, submit a notarized copy of a certificate issued to the applicant by the ECFMG if the applicant is a graduate of a school of medicine outside the United States or Canada, complete postgraduate clinical training, and successfully pass Steps 1, 2, and 3 of the USMLE prior to obtaining full licensure.

- Minnesota – Applicants for licensure must show good moral character, not be under license suspension or revocation by the licensing board of the jurisdiction in which the misconduct occurred, have graduated from an accredited medical school, hold a current certification at the time of application for licensure/examination from the ECFMG if the applicant is a graduate of a medical college outside of the United States or Canada, complete clinical medical training, and successfully pass Steps 1, 2, and 3 of the USMLE prior to obtaining full licensure.

- New York – Applicants for licensure must possess good moral character, have graduated from an accredited medical program, hold a current certification at the time of application for licensure/examination from the ECFMG if the applicant is a graduate of a non-accredited medical college, complete postgraduate clinical training, and successfully pass Steps 1, 2, and 3 of the USMLE prior to obtaining full licensure.

- Ohio – Applicants for licensure must possess good moral character, have graduated from an accredited medical school, hold a current certification from the ECFMG if the applicant is a graduate of a foreign medical school, complete postgraduate clinical training, and successfully pass Steps 1, 2, and 3 of the USMLE prior to obtaining full licensure.

- Pennsylvania – Applicants for licensure must possess good moral character, have graduated from an accredited medical college or an unaccredited medical college if the applicant holds a current certification from the ECFMG, complete postgraduate clinical training, and successfully pass Steps 1, 2, and 3 of the USMLE prior to obtaining full licensure.

- Wisconsin – Applicants for licensure must have graduated from an accredited medical college, hold a current certification from the ECFMG if the applicant is not a graduate of an accredited medical college, complete postgraduate clinical training, and successfully pass Steps 1, 2, and 3 of the USMLE prior to obtaining full licensure.

When compared to other Great Lakes states, Michigan’s licensure requirements for medical doctors are like other Great Lakes states.

A. If the rules exceed standards in those states, please explain why and specify the costs and benefits arising out of the deviation.

Statute demands promulgation of rules related to licensure. The rules do not exceed the licensing requirements of other states.

3. Identify any laws, rules, and other legal requirements that may duplicate, overlap, or conflict with the proposed rules.

There are no federal regulations for licensing of medical doctors. There are no other laws, rules, or other legal requirements that duplicate, overlap, or conflict with the proposed rules.

A. Explain how the rules have been coordinated, to the extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter. This section should include a discussion of the efforts undertaken by the agency to avoid or minimize duplication.

Review of applicable statutory law avoided unnecessary duplication in the rules.

4. If MCL 24.232(8) applies and the proposed rules are more stringent than the applicable federally mandated standard, a statement of specific facts that establish the clear and convincing need to adopt the more stringent rules and an explanation of the exceptional circumstances that necessitate the more stringent standards is required.

There is no applicable federal mandate that demands the rules.

5. If MCL 24.232(9) applies and the proposed rules are more stringent than the applicable federal standard, either the statute that specifically authorizes the more stringent rules or a statement of the specific facts that establish the clear and convincing need to adopt the more stringent rules and an explanation of the exceptional circumstances that necessitate the more stringent standards is required.

There is no applicable federal mandate for these rules.

6. Identify the behavior and frequency of behavior that the proposed rules are designed to alter.

The specific topics that the proposed rules address, and the purpose of the proposed rules is set forth below:

R 338.2401. This rule pertains to definitions. It sets forth an explanation of specific terms used throughout the rule set. The rule revision clarifies definitions and the meaning of terms used in the rule set.

R 338.2407. This rule pertains to telehealth. It sets forth the requirements for telehealth services. The rule addition supplies conditions related to patient consent, prescribing drugs, referrals, and follow-up care.

R 338.2409. This rule pertains to prescribing of drugs by physician's assistants. It sets forth the requirements for prescribing of drugs by physician's assistants. The rule revision supplies conditions that include use of the physician's assistant's name and DEA number in connection with controlled substances.

R 338.2411. This rule pertains to delegation of prescribing controlled substances to an advanced practice registered nurse. It sets forth the requirements for delegation of controlled substances prescribing to an advanced practice registered nurse. The rule revision allows patients to receive a total of up to a 90-day supply of a schedule 2 controlled substance.

R 338.2413. This rule pertains to detecting human trafficking. It sets forth the requirements for training on identifying victims of human trafficking. The rule revision inserts a date of promulgation.

R 338.2421. This rule pertains to accreditation standards for medical schools and residency programs. It sets forth the standards for accreditation of medical schools and postgraduate training programs. The rule revision updates accreditation standards.

R 338.2423. This rule pertains to medical doctor license applications for United States and Canadian graduates. It sets forth the requirements for licensure for United States and Canada graduates. The rule revision includes grammatical changes as well as clarification for submission of the postgraduate certificate of completion.

R 338.2425. This rule pertains to medical doctor license applications for foreign graduates. It sets forth the requirements for licensure of foreign graduates. The rule revision clarifies the need for proof of passing all parts of the USMLE, as well as conditions for submission of the postgraduate certificate of completion.

R 338.2427. This rule pertains to applications for licensure by endorsement. It sets forth the requirements for licensure by endorsement. The rule revision adds a good standing prerequisite, as well as a 2-year postgraduate clinical training requirement for applicants with less than 10 years of active practice.

R 338.2429. This rule pertains to applications for educational limited licenses. It sets forth the requirements for an educational limited license. The rule revision clarifies that foreign applicants must pass parts 1 and 2 of the USMLE.

R 338.2431. This rule pertains to examinations and limitations. It sets forth the required examination number of attempts allowed and the period for completion. The rule revision imposes a 3-attempt limitation and 7-year period for passing the entire examination, as well as criteria for consideration by the board of a variance from the 7-year period limitation.

R 338.2435. This rule pertains to applications for a clinical academic license. It sets forth the requirements for a clinical academic license. The rule revision includes the prerequisite of proof of appointment, as well as either verification of pending medical school graduation or ECFMG certification, with evidence of proper medical school education and proof of passage of parts 1 and 2 of the USMLE.

R 338.2437. This rule pertains to relicensure. It sets forth the requirements for relicensure. The rule revision adds criteria related to good moral character and fingerprinting as conditions for relicensure, as well as other relevant criteria, depending on the circumstances of the applicant.

R 338.2441. This rule pertains to license renewals. It sets forth the requirements for renewal of a license. The rule revision includes grammatical changes.

R 338.2443. This rule pertains to acceptable continuing education and limitations. It sets forth the requirements for continuing education. The rule revision includes required continuing education on controlled substances prescribing, as well as specialty board activities as added avenues for earning continuing education.

A. Estimate the change in the frequency of the targeted behavior expected from the proposed rules.

Promulgation of rules related to licensure is necessary under statute. This supplies a regulatory framework for the practice of medicine. The proposed changes supply greater clarity to licensees and aid in understanding the requirements of the rules.

B. Describe the difference between current behavior/practice and desired behavior/practice.

Statute regulates the practice of medicine. This mandates licensure for provision of those services. The rules update standards of educational programs and add clarifications, including the requirements of supplying fingerprints and proving good moral character for the purposes of relicensure. These additions will make compliance easier for applicants and licensees.

C. What is the desired outcome?

Regulation is necessary for individuals who wish to practice as medical doctors. By improving and clarifying the rules, applicants and licensees should find compliance easier. This should result in fewer questions, fewer regulatory problems, and greater safety and protection of the public.

7. Identify the harm resulting from the behavior that the proposed rules are designed to alter and the likelihood that the harm will occur in the absence of the rule.

The use of outdated rules that do not comport with statutes governing the medical profession creates conflict and confusion for medical doctors. The proposed rules update previously adopted rules. Changes made specifically address the following:

R 338.2401 pertains to definitions. Terms used in the rule set, without further clarification, can create confusion for applicants and licensees. The proposed changes supply clarification for the use of terms used throughout the set.

R 338.2407 pertains to telehealth. Statute mandates creation of a rule on telehealth. The new rule outlines conditions for telehealth services by a medical doctor, to protect patients.

R 338.2409 pertains to prescribing of drugs by physician's assistants. The circumstances under which a physician's assistant may prescribe drugs requires procedure. The rule has the conditions for drug prescribing by physician's assistants.

R 338.2411 pertains to delegation of prescribing controlled substances to an advanced practice registered nurse. Delegation of prescribing of controlled substances required clarification. The rule will allow patients to receive a total of up to a 90-day supply of a schedule 2 controlled substance.

R 338.2413 pertains to detecting human trafficking. A rule without specific compliance dates can create confusion for applicants and licensees. Including specific dates of promulgation aids applicants and licensees in following this rule.

R 338.2421 pertains to accreditation standards for medical schools and residency programs. Outdated standards supply little help or guidance about proper training of medical doctors. The updated standards ensure future licensees are properly qualified.

R 338.2423 pertains to medical doctor license applications for United States and Canadian graduates. Unclear timetables for submission of documents can create unnecessary confusion over handling of applications. Added information for submission of the postgraduate certificate of completion helps with processing.

R 338.2425 pertains to medical doctor license applications for foreign graduates. Clarification about passing all parts of the USMLE creates consistency within the rule set. Further, added information for submission of the postgraduate certificate of completion helps with processing of applications.

R 338.2427 pertains to applications for licensure by endorsement. Increased protection of the public occurs when an applicant must show good standing in another state. Adding clarification about good standing addresses public protection concerns.

R 338.2429 pertains to applications for educational limited licenses. Updating standards for foreign graduates USMLE requirements to parallel United States and Canadian graduates adds consistency to the rule set.

R 338.2431 pertains to examinations. Testing limitations without consideration of the circumstances of an applicant can lead to unfair outcomes. Adding specific criteria that would allow certain applicants to request a variance from the board for the period to complete the USMLE avoids unnecessary penalization.

R 338.2435 pertains to applications for a clinical academic license. Clarification of qualifications and circumstances for issuance of the license were necessary. Alignment with statute, as well as citation to related statutes, helps with compliance with the rule.

R 338.2437 pertains to relicensure. The prior version of the rule did not include all statutory requirements for relicensure. The proposed changes incorporate the needed statutory requirements under MCL 333.16201.

R 338.2441 pertains to license renewal. Unclear requirements create ambiguity about the conditions for renewal. The revisions clarify the renewal requirements for licensees.

R 338.2443 pertains to acceptable continuing education and limitations. Clarification of required continuing education activities, as well as the addition of other approved continuing education providers, aids the licensee in continuing education compliance.

A. What is the rationale for changing the rules instead of leaving them as currently written?

The proposed rule set updates outdated standards, corrects typographical errors, and supplies clarity to all rules on licensure.

8. Describe how the proposed rules protect the health, safety, and welfare of Michigan citizens while promoting a regulatory environment in Michigan that is the least burdensome alternative for those required to comply.

The proposed rules supply a regulatory mechanism for the practice of medicine. To protect the health, safety, and welfare of Michigan's citizens, it is important that members of the profession adhere to educational and professional standards.

9. Describe any rules in the affected rule set that are obsolete or unnecessary and can be rescinded.

Rescission of R 338.2403, the English language requirement rule, is necessary, as a new rule will address the requirement under the Public Health Code – General Rules.

Rescission of R 338.2405, the name of practitioner, display name rule, is necessary, as MCL 333.16191 and MCL 333.16221 already address it.

Rescission of R 338.2433, the examination eligibility, limitation on attempts rule, is necessary, as consolidation of the relevant information will take place under another rule that also addresses the USMLE.

10. Please provide the fiscal impact on the agency (an estimate of the cost of rule imposition or potential savings for the agency promulgating the rule).

There is no expected fiscal impact on the agency for promulgating the proposed rules.

11. Describe whether or not an agency appropriation has been made or a funding source provided for any expenditures associated with the proposed rules.

There has been no agency appropriation for the proposed rules because there are no expected agency expenditures associated with the proposed rules.

12. Describe how the proposed rules are necessary and suitable to accomplish their purpose, in relationship to the burden(s) the rules place on individuals. Burdens may include fiscal or administrative burdens, or duplicative acts.

The proposed rules supply a mechanism for the licensing and regulation of individuals in this state, as mandated by statute. Applicants and licensees will continue to have a cost related burden associated with licensing, renewal, or relicensure. The cost of licensure for an Educational Limited Medical Doctor is $90.15. The cost of renewal for an Educational Limited Medical Doctor is $31.80. The cost of licensure for a Clinical Academic Medical Doctor is $90.15. The cost of renewal for a Clinical Academic Medical Doctor is $31.80. The cost of licensure for a Licensed Medical Doctor by examination or endorsement is $360.55. The cost of renewal for a Licensed Medical Doctor is $302.25. The cost of relicensure for a Licensed Medical Doctor is $380.55.

A. Despite the identified burden(s), identify how the requirements in the rules are still needed and reasonable compared to the burdens.

The rules are necessary to supply a mechanism for licensing and regulation of the profession. The rules are not more restrictive than allowed by statute. Despite the cost related burden of licensing, the rules and regulations are necessary to supply a framework of standards for educational and licensure requirements.

13. Estimate any increase or decrease in revenues to other state or local governmental units (i.e. cities, counties, school districts) as a result of the rule. Estimate the cost increases or reductions for other state or local governmental units (i.e. cities, counties, school districts) as a result of the rule. Include the cost of equipment, supplies, labor, and increased administrative costs in both the initial imposition of the rule and any ongoing monitoring.

There is no expected increase or decrease in revenues to other state or local government units, nor are there cost increases or reductions on other state or local government units expected because of the proposed rules. There is no expected increase or decrease in revenues to other state or local government units, nor are there cost increases or reductions on other state or local government units expected because of the proposed rules.

14. Discuss any program, service, duty, or responsibility imposed upon any city, county, town, village, or school district by the rules.

The proposed rules do not impose any program, service, duty, or responsibility upon any city, county, town, village, or school district.

A. Describe any actions that governmental units must take to be in compliance with the rules. This section should include items such as record keeping and reporting requirements or changing operational practices.

No action is necessary for governmental units to follow the rule(s).

15. Describe whether or not an appropriation to state or local governmental units has been made or a funding source provided for any additional expenditures associated with the proposed rules.

State and local government units will incur no added expenditures because of implementing the proposed rules. Therefore, no appropriation or funding source is necessary.

16. In general, what impact will the rules have on rural areas?

There is no expected disparate impact on rural areas because of the proposed rules.

A. Describe the types of public or private interests in rural areas that will be affected by the rules.

There is no expected disparate impact of public or private interests on rural areas because of the proposed rules.

17. Do the proposed rules have any impact on the environment? If yes, please explain.

No, the proposed rules will have no impact on the environment.

18. Describe whether and how the agency considered exempting small businesses from the proposed rules.

The public health code authorizes the board and the department to regulate individuals with medical doctor licenses, not small businesses. Even if a licensee's practice qualified as a small business, the department could not exempt his or her small business because it would create disparity in the regulation of the profession.

19. If small businesses are not exempt, describe (a) the manner in which the agency reduced the economic impact of the proposed rules on small businesses, including a detailed recitation of the efforts of the agency to comply with the mandate to reduce the disproportionate impact of the rules upon small businesses as described below (in accordance with MCL 24.240(1)(a-d)), or (b) the reasons such a reduction was not lawful or feasible.

There is no expected economic impact on small businesses because of the proposed rules. The proposed rules affect individual licensees rather than small businesses.

A. Identify and estimate the number of small businesses affected by the proposed rules and the probable effect on small businesses.

The department does not collect or have access to information that would allow it to find and estimate the potentially affected number of small businesses. It is impossible to estimate the number of small businesses affected by the proposed rules. The only small businesses affected by these rules are health practitioners practicing in small business settings. The department does not track or have access to this type of information since it is not a data repository. The rules do not affect the operation of the small business. The probable impact on small business is small.

B. Describe how the agency established differing compliance or reporting requirements or timetables for small businesses under the rules after projecting the required reporting, record-keeping, and other administrative costs.

Because the proposed rules pertain to individuals and not small businesses, they do not have differing compliance or reporting requirements or timetables for small businesses. They are unnecessary for the proposed rules.

C. Describe how the agency consolidated or simplified the compliance and reporting requirements for small businesses and identify the skills necessary to comply with the reporting requirements.

The proposed rules do not impose any reporting requirements.

D. Describe how the agency established performance standards to replace design or operation standards required by the proposed rules.

The agency did not set up performance standards to replace design or operation standards.

20. Identify any disproportionate impact the proposed rules may have on small businesses because of their size or geographic location.

The proposed rules affect individual licensees rather than small businesses. Therefore, there is no expected disproportionate impact on small businesses based on size or geographic location because of the rules.

21. Identify the nature of any report and the estimated cost of its preparation by small businesses required to comply with the proposed rules.

The proposed rules do not need any reports.

22. Analyze the costs of compliance for all small businesses affected by the proposed rules, including costs of equipment, supplies, labor, and increased administrative costs.

There is no expectation of an effect on small businesses because of the proposed rules, nor are there any added costs, because the proposed rules apply to individuals and not businesses.

23. Identify the nature and estimated cost of any legal, consulting, or accounting services that small businesses would incur in complying with the proposed rules.

The proposed rules, which apply to individuals and not businesses, should not create a need for any legal, consulting, or accounting services for small businesses to be able to follow the proposed rules.

24. Estimate the ability of small businesses to absorb the costs without suffering economic harm and without adversely affecting competition in the marketplace.

Since the rules affect individual licensees rather than small businesses, there is no expected cause of economic harm or for the rules to adversely affect a small business' competition in the marketplace.

25. Estimate the cost, if any, to the agency of administering or enforcing a rule that exempts or sets lesser standards for compliance by small businesses.

The proposed rules impose requirements on individual licensees rather than small businesses. Even if a licensee's practice qualifies as a small business, the department could not exempt his or her small business because it would create disparity in regulation of the profession. Therefore, exempting or setting lesser standards of competence for small businesses are not in the best interest of the public.

26. Identify the impact on the public interest of exempting or setting lesser standards of compliance for small businesses.

The department is not able to exempt licensees that own a small business. If the department exempted small businesses, it would create a disparity in the regulation of a profession and have a negative impact on public safety.

27. Describe whether and how the agency has involved small businesses in the development of the proposed rules.

Development of the proposed rules involved consultation with the Michigan Board of Medicine, whose members include small business employees.

A. If small businesses were involved in the development of the rules, please identify the business(es).

Development of the proposed rules involved consultation with the Michigan Board of Medicine, whose members include small business employees.

28. Estimate the actual statewide compliance costs of the rule amendments on businesses or groups.

There are no small businesses affected by the proposed rules. Those affected are individuals who are engaged in the practice of medicine.

A. Identify the businesses or groups who will be directly affected by, bear the cost of, or directly benefit from the proposed rules.

Licensees bear the cost and receive the benefit from the proposed rules.

B. What additional costs will be imposed on businesses and other groups as a result of these proposed rules (i.e. new equipment, supplies, labor, accounting, or recordkeeping)? Please identify the types and number of businesses and groups. Be sure to quantify how each entity will be affected.

There will be no expected added costs imposed upon licensees because of compliance with these proposed rules.

29. Estimate the actual statewide compliance costs of the proposed rules on individuals (regulated individuals or the public). Include the costs of education, training, application fees, examination fees, license fees, new equipment, supplies, labor, accounting, or recordkeeping.

Applicants and licensees will continue to have a cost related burden associated with licensing, renewal, or relicensure. The cost of licensure for an Educational Limited Medical Doctor is $90.15. The cost of renewal for an Educational Limited Medical Doctor is $31.80. The cost of licensure for a Clinical Academic Medical Doctor is $90.15. The cost of renewal for a Clinical Academic Medical Doctor is $31.80. The cost of licensure for a Licensed Medical Doctor by examination or endorsement is $360.55. The cost of renewal for a Licensed Medical Doctor is $302.25. The cost of relicensure for a Licensed Medical Doctor is $380.55.

A. How many and what category of individuals will be affected by the rules?

The rules affect all individuals who seek licensure as medical doctors.

B. What qualitative and quantitative impact do the proposed changes in rules have on these individuals?

The fees involved will be like those incurred in other regulated professions.

30. Quantify any cost reductions to businesses, individuals, groups of individuals, or governmental units as a result of the proposed rules.

There are no expected reductions in costs to businesses, individuals, groups of individuals, or governmental units because of the proposed rules.

31. Estimate the primary and direct benefits and any secondary or indirect benefits of the proposed rules. Please provide both quantitative and qualitative information, as well as your assumptions.

The proposed rules use clear, concise language, and implement the statutory requirements for licensing. The clear, concise language allows the public, licensees, and schools to better understand the requirements for licensure.

32. Explain how the proposed rules will impact business growth and job creation (or elimination) in Michigan.

There is no expected significant impact on business growth, job growth, or job elimination because of the rules.

33. Identify any individuals or businesses who will be disproportionately affected by the rules as a result of their industrial sector, segment of the public, business size, or geographic location.

The department does not expect any disproportionate effect on any individuals or businesses by their industrial sector, segment of the public, business size, or geographical location.

34. Identify the sources the agency relied upon in compiling the regulatory impact statement, including the methodology utilized in determining the existence and extent of the impact of the proposed rules and a cost-benefit analysis of the proposed rules.

Liaison Committee on Medical Education (LCME):
http://lcme.org/

Accreditation Council for Graduate Medical Education (ACGME):
https://www.acgme.org/

College of Family Physicians of Canada:
https://www.cfpc.ca/Home/

Royal College of Physicians and Surgeons of Canada:
http://www.royalcollege.ca/rcsite/home-e

Canadian Medical Association:
https://www.cma.ca/

United States Medical Licensing Examination (USMLE):
https://www.usmle.org/

Educational Commission for Foreign Medical Graduates (ECFMG):
https://www.ecfmg.org/

World Directory of Medical Schools
https://www.wdoms.org/

Special Purpose Exam (SPEX):
https://www.fsmb.org/spex-plas/

Coalition for Physician Enhancement (CPE):
http://cpe.memberlodge.org/

Illinois:
https://www.idfpr.com/profs/Physicians.asp

Indiana:
https://www.in.gov/pla/medical.htm

Minnesota:
https://mn.gov/boards/medical-practice/

New York:
http://www.op.nysed.gov/prof/med/

Ohio:
https://med.ohio.gov/

Pennsylvania:
https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Pages/default.aspx

Wisconsin:
https://dsps.wi.gov/pages/Professions/Physician/Default.aspx

A. How were estimates made, and what were your assumptions? Include internal and external sources, published reports, information provided by associations or organizations, etc., which demonstrate a need for the proposed rules.

Since statute mandates the rules, no estimate was necessary.

35. Identify any reasonable alternatives to the proposed rules that would achieve the same or similar goals.

Since statute mandates the rules, there are no reasonable alternatives to the proposed rules.

A. Please include any statutory amendments that may be necessary to achieve such alternatives.

Since statute mandates the rules, there are no reasonable alternatives to the proposed rules.

36. Discuss the feasibility of establishing a regulatory program similar to that proposed in the rules that would operate through private market-based mechanisms. Please include a discussion of private market-based systems utilized by other states.

Since statute mandates the rules, private market-based systems cannot serve as an alternative. The licensing and regulation of medical doctors are state functions, so a regulatory program independent of state intervention cannot be set up. One could consider medical professional associations as regulatory mechanisms that are independent of state intervention; however, these professional organizations would provide the public with significantly less protection because membership in these organizations is voluntary. This means an individual who meets the membership requirements, but does not join, would still be able to practice and there would be no way to ensure his or her competency or hold them accountable for harm done to clients.

36. Discuss the feasibility of establishing a regulatory program similar to that proposed in the rules that would operate through private market-based mechanisms. Please include a discussion of private market-based systems utilized by other states.

Since statute mandates the rules, there are no reasonable alternatives to the proposed rules. There were no alternatives that the department considered to achieve the intended changes. They are necessary for the administration and enforcement of the licensing process.

38. As required by MCL 24.245b(1)(c), please describe any instructions regarding the method of complying with the rules, if applicable.

The rules include the instructions for compliance.