

Michigan Office of Administrative Hearings and Rules

Administrative Rules Division (ARD)

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**REGULATORY IMPACT STATEMENT
and COST-BENEFIT ANALYSIS (RIS)**

Agency Information:

Department name:

Licensing and Regulatory Affairs

Bureau name:

Bureau of Professional Licensing

Name of person filling out RIS:

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Rule Set Information:

ARD assigned rule set number:

2023-57 LR

Title of proposed rule set:

Public Health Code – General Rules

Comparison of Rule(s) to Federal/State/Association Standard

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.

Each state establishes its own requirements for health care professional licensure, registration, and renewal. Consequently, there are no federal rules or standards set by a state or national license agency or accreditation association to which the proposed rules can be compared.

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

MCL 333.16194 requires that the department prescribe the expiration dates for licenses and registrations for health care professions.

MCL 333.16174 requires the department to establish the minimum standards for determining if an applicant for licensure or registration has a working knowledge of the English language.

The rules are not required by federal mandate.

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 proposed rules do not exceed a federal standard.

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

The proposed rules are consistent with the standards required by the public health code. All states in the Great Lakes region establish the length of a license or registration cycle and license or registration renewal dates.

On July 9, 2020, Governor Whitmer issued Executive Directive 2020-07 requiring the department to establish implicit bias training standards for health care professionals. The training is intended to improve equity in the delivery of health care to Michigan citizens. The proposed amendments to the implicit bias training rule will clarify who must complete the training and how the training must be conducted to ensure that an applicant, licensee, or registrant completes the proper training, so Michigan citizens do not encounter barriers or disparities in the access to or in the delivery of health care services. Most states in the Great Lakes region do not require implicit bias training for licensure, registration, or renewal. Illinois requires a one-hour implicit bias training for health care professionals. Minnesota requires implicit bias training for those health care workers in direct contact with obstetrics patients. Bills have been introduced in several other states in the Great Lakes region that would require implicit bias training for health care professionals, but they have not become law.

MCL 333.16174(1)(d) requires an individual licensed or registered under article 15 of the public health code have a working knowledge of the English language. It further requires that the department establish the minimum standards for that purpose. The rule establishing these standards will be amended to assist an applicant in meeting these standards for licensure or registration.

Most states in the Great Lakes region do not require that an applicant for licensure or registration to demonstrate that they have a working knowledge of the English language, as is required by Michigan statute. All states in the Great Lakes region have an English proficiency requirement for those applying for certain health care licenses, such as nurses, physicians, dentists, and physical therapists.

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

Most states in the Great Lakes region do not require implicit bias training for licensure, registration, or renewal. Illinois requires a one-hour implicit bias training for health care professionals. Minnesota requires implicit bias training for those health care workers in direct contact with obstetrics patients. Bills have been introduced in several other states in the Great Lakes region that would require implicit bias training for health care professionals, but they have not become law.

The cost of completing implicit bias training varies, and many boards permit the training hours earned to also satisfy continuing education hours required by statute for license renewal. Additionally, any cost incurred by the licensee or registrant is outweighed by the benefit to Michigan citizens to ensure that they do not encounter barriers or disparities in the access to or in the delivery of health care services.

Most states in the Great Lakes region do not require an applicant for licensure or registration to demonstrate that they have a working knowledge of the English language, as is required by Michigan statute. All states in the Great Lakes region have an English proficiency requirement for those applying for certain health care licenses, such as nurses, physicians, dentists, and physical therapists. Any cost that an applicant incurs to satisfy this rule is outweighed by the benefit to Michigan citizens who are able to communicate effectively with their health care providers.

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

There are no laws, rules, or other legal requirements that may 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.

There is no need to coordinate these rules with other federal, state, or local laws because there are no federal, state, or local laws applicable to the same activity or subject matter.

4. If MCL 24.232(8) applies and the proposed rules are more stringent than the applicable federally mandated standard, provide a statement of specific facts that establish the clear and convincing need to adopt the more stringent rules.

MCL 24.232(8) does not apply.

5. If MCL 24.232(9) applies and the proposed rules are more stringent than the applicable federal standard, provide either the Michigan 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.

MCL 24.232(9) does not apply.

Purpose and Objectives of the Rule(s)

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

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule remove licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses from the rule as these license types are moving to triennial expiration and renewal. The behavior and frequency this change is intended to alter is to permit these licensees to renew their licenses every 3 years instead of every 2 years.

R 338.7002: The current rule pertains to licenses and registrations that expire and renew triennially. The proposed changes to the rule add licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses to this rule as these license types are moving to triennial expiration and renewal. The behavior and frequency this change is intended to alter is to permit these licensees to renew their licenses every 3 years instead of every 2 years.

R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods will be added to assist an applicant in meeting the statutory requirement that a licensee or registrant must have a working knowledge of the English language. The frequency of the behavior is not expected to change.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards and that training cannot be carried forward from one licensing cycle to the next. The proposed rules are intended to ensure that a licensee or registrant obtains the required number of training hours during each renewal cycle, and that the licensee learns additional information by not repeating the same training multiple times within a renewal cycle.

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

The frequency of the targeted behavior, license renewal, will decrease for midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licensees because they will no longer be required to renew their licenses every 2 years; they will be required to renew their licenses every 3 years.

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

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule remove licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses from the rule as these license types are moving to triennial expiration and renewal. The difference between the current behavior and the desired behavior is that the licensee will renew their license every 3 years instead of every 2 years.

R 338.7002: The current rule pertains to licenses and registrations that expire and renew triennially. The proposed changes to the rule add licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses to this rule as these license types are moving to triennial expiration and renewal. The difference between the current behavior and desired behavior is that the licensees or registrants will renew their licenses every 3 years instead of every 2 years.

R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods will be added to assist an applicant in meeting the statutory requirement that a licensee or registrant must have a working knowledge of the English language. The difference between the current behavior and the desired behavior is that an applicant seeking relicensure or reregistration after a lapse of more than 3 years will understand that they must demonstrate a working knowledge of the English language, and all applicants will have additional choices of exams to take to demonstrate that they possess a working knowledge of the English language.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards, and that training cannot be carried forward from one licensing cycle to the next. The difference between the current behavior and the desired behavior is that a licensee or registrant will obtain the required number of training hours during each renewal cycle, and that they will learn additional information by not repeating the same training multiple times within a renewal cycle.

C. What is the desired outcome?

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule remove licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses from the rule as these license types are moving to triennial expiration and renewal. The desired outcome is that a licensee or registrant will be able to renew their license less frequently, which will reduce the regulatory impact on the licensee.

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R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods will be added to assist an applicant in meeting the statutory requirement that a licensee or registrant must have a working knowledge of the English language. The desired outcome is that an applicant seeking relicensure or reregistration after a lapse of more than 3 years will understand that they must demonstrate a working knowledge of the English language, and all applicants will have additional exam choices to select to demonstrate that they possess a working knowledge of the English language.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards, and that training cannot be carried forward from one licensing cycle to the next. The desired outcome is that a licensee or registrant will obtain the required number of training hours during each renewal cycle, and that they will learn additional information by not repeating the same training multiple times within a renewal cycle.

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.

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule remove licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses from the rule as these license types are moving to triennial expiration and renewal. The rule is designed to alter the frequency of renewal and to reduce the regulatory impact on a licensee and registrants. If the rule is not changed, the licensee would be required to continue completing the renewal application process every 2 years.

R 338.7002: The current rule pertains to licenses and registrations that expire and renew triennially. The proposed changes to the rule would add licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses to this rule as these license types are moving to triennial expiration and renewal. The rule is designed to alter the frequency of renewal and to reduce the regulatory impact on licensees and registrants. If the rule is not changed, the licensee or registrant would be required to continue completing the renewal process every 2 years.

R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods will be added to assist an applicant in meeting the statutory requirement that a licensee or registration must have a working knowledge of the English language. If the rule is not changed to clarify that an applicant for relicensure or reregistration must meet these requirements if they have been lapsed for more than 3 years, the applicant may fail to fulfill all requirements necessary to obtain relicensure or reregistration.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards, and that training cannot be carried forward from one licensing cycle to the next. The harm that could result if the rule is not amended is that a licensee or registrant may not accumulate the required hours of implicit bias training necessary to renew their license or registration.

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

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule remove licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses from the rule as these license types are moving to triennial expiration and renewal. The rationale for changing the rule is that the licensing cycle for these professions cannot be changed without changing the rule.

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R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods will be added to assist an applicant in meeting the statutory requirement that a licensee or registration must have a working knowledge of the English language. The rationale for changing the rule is that an applicant may not understand that they need to take an English proficiency test to be relicensed or reregistered.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards, and that training cannot be carried forward from one licensing cycle to the next. The rationale for making the change is to assist a licensee or registrant in accumulating the implicit bias training required for renewal.

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.

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule remove licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses from the rule as these license types are moving to triennial expiration and renewal. The health, safety, and welfare of Michigan citizens is protected by providing a beginning and end date to the license and registration length of health care professionals. This change in the rule decreases the burden on licensees moving from a 2-year cycle to a 3-year cycle by eliminating the frequency of completing the renewal process to reduce the regulatory impact on a licensee.

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R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods are added to assist an applicant in meeting the statutory requirement that a licensee or registration must have a working knowledge of the English language. The health, safety, and welfare of Michigan citizens is protected by ensuring the health care professional rendering services can communicate effectively with them. There is no less burdensome way to satisfy the requirements of statute.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards, and that training cannot be carried forward from one licensing cycle to the next. The health, safety, and welfare of Michigan citizens protected by reducing barriers or disparities in access to or in the delivery of health care services. The amended rule clarifies which applicants must have completed the training and how the requirements of the training may be satisfied. There is no less burdensome way to train health care professionals on how to recognize and mitigate their own implicit biases.

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

There are no rules in the affected rule set that are obsolete or unnecessary and can be rescinded.

Fiscal Impact on the Agency

Fiscal impact is an increase or decrease in expenditures from the current level of expenditures, i.e. hiring additional staff, higher contract costs, programming costs, changes in reimbursements rates, etc. over and above what is currently expended for that function. It does not include more intangible costs for benefits, such as opportunity costs, the value of time saved or lost, etc., unless those issues result in a measurable impact on expenditures.

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).

The proposed rules are not expected to have a fiscal impact on the agency.

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

No agency appropriation has been made or a funding source provided because there are no 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.

R 338.7001a: The current rule pertains to licenses and registrations that expire and renew biennially. The proposed changes to the rule add licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses to this rule as these license types are moving to triennial expiration and renewal. The proposed changes to the rule would not impose any new burden on individuals.

R 338.7002: The current rule pertains to licenses and registrations that expire and renew triennially. The proposed changes to the rule would add licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licenses to this rule as these license types are moving to triennial expiration and renewal. The proposed changes to the rules would not impose any new burden on individuals.

R 338.7002b: The current rule pertains to the standards for demonstrating that an applicant has a working knowledge of the English language. The proposed changes clarify that this rule is also applicable to those applying for relicensure or reregistration if they have been lapsed for more than 3 years. Additionally, 3 new testing methods will be added to assist an applicant in meeting the statutory requirement that a licensee or registration must have a working knowledge of the English language. The proposed rule does not impose any new burden on an individual because the statute requires that all licensees and registrants must demonstrate that they have a working knowledge of the English language. The amendment is being made for clarity.

R 338.7004: The current rule pertains to the standards established for implicit bias training. The proposed changes clarify that the same training cannot be used multiple times during the same renewal cycle to meet the standards, and that training cannot be carried forward from one licensing cycle to the next. The amendment does not impose any new burden on an individual as all continuing education for renewal has the same restrictions. The amendment is being made for clarity.

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

There are no new identified burdens in the proposed rules.

Impact on Other State or Local Governmental Units

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 are no anticipated increases or decreases in revenues or cost increases or reductions to other state or local governmental units.

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

There are no anticipated or intended programs, services, duties, or responsibilities imposed on any city, town, village, or school district as a result of these proposed rules.

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.

There are no anticipated actions that a governmental unit must take to comply with the proposed rules.

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.

No appropriations have been made to any state or local governmental units as a result of the proposed rules. No additional expenditures are associated with the proposed rules.

Rural Impact

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

The proposed rules impose requirements on individual licensees and registrants regardless of where they live. Even if a licensee's or registrant's workplace is in a rural area, the department could not vary the requirements based on their location because it would create a disparity in the regulation of the professions governed by these rules.

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

The proposed rules will not impact public or private interests in rural areas.

Environmental Impact

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

The proposed rules do not have any impact on the environment.

Small Business Impact Statement

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

The department did not consider exempting small businesses because they are not impacted by the proposed rules.

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.

The rules cannot exempt small businesses because the rules do not directly regulate small businesses. The rules regulate individual licensees and registrants.

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

It is estimated that no small businesses are affected by the proposed rules, so there is no probable effect on a small business that can be identified.

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.

The agency did not establish separate compliance or reporting requirements for small businesses. The proposed rules will apply to all individual licensees and registrants. The rules were drafted to be the least burdensome on all affected individuals.

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 agency did not consolidate or simplify compliance and reporting requirements for small businesses and there are no skills necessary to comply with reporting requirements because there are no reporting requirements imposed on small business. The proposed rules do not impact small businesses.

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

The agency did not establish performance standards to replace design or operation standards required by these rules.

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

The proposed rules do not impact small business. They impact an individual licensee or registrant. Therefore, there is no disproportionate impact on a small business because of its size or geographic location.

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

A small business is not required to prepare any report under the proposed rules, so it is estimated that a small business will incur no cost in preparing a report to comply with the proposed rules.

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 are no expected costs for equipment, supplies, labor, or administrative costs that a small business would incur in complying with the proposed rules.

The rules impact licensees and registrants and not small 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.

There are no expected costs for legal, consulting, or accounting services that a small business would incur in complying with 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.

There are no expected costs to a small business that will cause economic harm to a small business or the marketplace as a result of the proposed rules.

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.

If a rule exempted or set lesser standards for compliance by a small business, there would be no cost to the agency for administering or enforcing that rule because the rules do not apply to a business of any size. The rules apply to individuals practicing a health care profession in Michigan.

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

Licensure and registration of health care professions is required by statute. Statute also requires that the department establish the length of a renewal cycle and the license or registration expiration date. Statute also requires that a licensee or registrant demonstrate a working knowledge of the English language and that the department establish the standards that the licensee or registrant must meet. Finally, Executive Directive 2020-07 requires the department to establish implicit bias training standards for health care professionals.

If the department could exempt or set lesser standards for small businesses employing a health care profession, it would create a disparity in the regulation of health care professionals and would expose Michigan citizens to harm from an unlicensed or unregistered person who has not demonstrated that they are qualified to render such care.

Ensuring that all businesses employ licensed or registered health care professionals is in the public's best interest.

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

The department did not involve any small businesses in the development of the proposed amended rules.

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

No small businesses were involved in the development of the rules.

Cost-Benefit Analysis of Rules (independent of statutory impact)

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

There are no estimated compliance costs with these rule amendments on businesses or groups.

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

No businesses or groups will be directly affected or benefitted by the proposed rules. No additional costs will be imposed on any businesses or groups.

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.

No additional costs will be imposed on any businesses or groups.

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.

It is estimated that the proposed rules impose no new actual statewide compliance costs on regulated individuals or on the public.

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

The citizens of Michigan will be affected by the rules because the proposed rules ensure that an applicant has a working knowledge of the English language before being licensed or registered to facilitate better communication. They will also be protected from encountering barriers or disparities in access to or in the delivery of health care services because their health care professionals will have been trained to be aware of the impact of implicit bias.

All licensees and registrants are affected by the proposed rules as the rules provide for updated renewal cycles, amended standards for demonstrating that the individual possesses a working knowledge of the English language, and makes amendments to the requirements for implicit bias training.

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

The qualitative impact of the proposed rules on the citizens of Michigan will be that they can be ensured that the licensed or registered health care provider will be able to effectively communicate with them in English, and that the health care provider has been trained to protect them from encountering barriers or disparities in access to or in the delivery of health care services. It is not anticipated that there would be any quantitative impact on the citizens of Michigan as a result of the proposed rules because licensees and registrants must already maintain an active license or registration, licensees and registrants must already demonstrate that they have a working knowledge of the English language, and licensees and registrants must already take implicit bias training for license renewal, so there is no new cost involved that may be passed along to patients or clients.

The qualitative impact on marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licensees will be the convenience of only having to complete the renewal process every 3 years instead of every 2 years which reduces the regulatory impact on these licensees. It is anticipated that there will be no quantitative impact on any licensees and registrants because they must already renew at the end of their renewal cycle. They must already demonstrate a working knowledge of the English language to be licensed or registered, and they must complete implicit bias training to renew their license or registration.

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

There are no cost reductions to businesses, individuals, groups of individuals, or governmental units as a result 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 qualitative primary and direct and secondary or indirect benefit of the proposed rules on the citizens of Michigan will be that they can be ensured that the licensed or registered health care provider will be able to effectively communicate with them in English, and that the health care provider has been trained to protect them from encountering barriers or disparities in access to or in the delivery of health care services. It is not anticipated that there would be any quantitative primary and direct or secondary or indirect benefit to Michigan citizens as a result of the proposed rules because licensees and registrants must already maintain an active license or registration, licensees and registrants must already demonstrate that they have a working knowledge of the English language, and licensees and registrants must already take implicit bias training for license renewal, so there are no new costs involved that may be passed along to patients or clients.

The qualitative primary and direct and secondary or indirect benefit of the proposed rules to licensed midwifery, marriage and family therapy, physical therapy, physician's assistants, respiratory care, and sanitarian licensees will be the convenience of only having to complete the renewal process every 3 years instead of every 2 years which reduces the regulatory impact on these licensees. It anticipated that there will be no quantitative primary and direct and or secondary or indirect benefit of the proposed rules to any licensees and registrants because they must already renew at the end of their renewal cycle. They must already demonstrate a working knowledge of the English language to be licensed or registered and complete implicit bias training to renew their license or registration.

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

The rules are not expected to have an impact on business growth, job creation, or job elimination in Michigan.

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 individuals or businesses to be disproportionately impacted by the rules as a result of their industrial sector, segment of the public, business size, or geographic 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.

Illinois: <https://www.ilga.gov/commission/jcar/admincode/068/068011300E05000R.html>;
<https://idfpr.illinois.gov/profs/nursing.html>

Indiana: <http://iga.in.gov/legislative/laws/2018/ic/titles/025#25-1>;
<http://iga.in.gov/legislative/2020/bills/house/1250#document-026c392e>

Kentucky: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=44609>;
<https://kbml.ky.gov/physician/Documents/Requirements%20for%20MD%20and%20DO%20Licensure.pdf>;
<https://www.cgfns.org/licensure/kentucky/>

Minnesota: https://www.revisor.mn.gov/rules/6305.0400/?keyword_type=all&keyword=nurse+english;
<https://www.health.state.mn.us/communities/practice/resources/equitylibrary/facebook-bias.html>;
<https://www.revisor.mn.gov/statutes/cite/144.1461>; <https://www.revisor.mn.gov/statutes/cite/147.037>

New York: <https://www.op.nysed.gov/about/general-information-policies>;
https://www.op.nysed.gov/sites/op/files/2023-05/RN_licensed_in_another_state.pdf

Ohio: <http://codes.ohio.gov/oac/4723-7-04v1>; [https://med.ohio.gov/apply-and-renew/licenses-and-certifications/01-physician-\(md,-do,-dpm\)](https://med.ohio.gov/apply-and-renew/licenses-and-certifications/01-physician-(md,-do,-dpm))

Pennsylvania: <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter17/chap17toc.html&d=>;

Wisconsin: http://docs.legis.wisconsin.gov/code/admin_code/pt/2/01/8/c;
<https://dsps.wi.gov/Credentialing/Health/info3087.pdf>

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

Since the rules are required by statute or Executive Directive, no estimates were made.

Alternative to Regulation

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

Since the rules are required by statute or Executive Directive, there are no reasonable alternatives to the proposed rules.

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

For the rules required by statute or Executive Directive, a statutory change or Executive Directive change would be needed to provide an alternative.

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.

The rules are required by statute, so private market-based systems cannot serve as an alternative. The department is charged with establishing the renewal dates for licensees and registrants. Private market-based systems cannot be used for this purpose because they are not used for licensing or registration.

There are professional organizations that establish criteria for membership, but these organizations would provide the public with significantly less protection because membership in many of these organizations is voluntary. This means an individual who meets the membership requirements but does not join one of the professional organizations would be able to practice, and there would be no way to ensure that licensees and registrants would hold current, valid licenses or registrations.

No other states in the Great Lakes region use a private, market-based system to license, register, or regulate licensed and registered health care professionals.

37. Discuss all significant alternatives the agency considered during rule development and why they were not incorporated into the rules. This section should include ideas considered both during internal discussions and discussions with stakeholders, affected parties, or advisory groups.

Since the rules are specifically required by statute or Executive Directive, there are no alternatives to the proposed rules that the agency could consider. They are necessary for the administration and enforcement of the licensing process.

Additional Information

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

The instructions for compliance are included in the rules.