

LEGAL Alert

Telemedicine in Michigan: What Physicians Need to Know

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Telemedicine continues to evolve as an innovative means of providing patients with enhanced access to quality medical care through the use of technology in medically appropriate circumstances, and as an alternative to conventional in-person encounters. Although there is no universal definition, “telemedicine” is often used to describe the furnishing of clinical health care services to patients from distant sites through the use of electronic information and telecommunications technologies. Another term, “telehealth,” is commonly used to refer to a wider range of clinical and non-clinical health services furnished by technology.

Limitations on Commercial Health Plan Coverage for Telemedicine Services

The Michigan Insurance Code was amended in 2012 to facilitate insurance coverage for telemedicine services. The Insurance Code prohibits health insurers and HMOs from requiring face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or HMO. Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise lawfully authorized to engage in his or her health care profession in the state where the patient is located. Telemedicine services are subject to all terms and conditions of the policy, certificate, or contract covering the patient including, but not limited to, required copayments, coinsurances, deductibles, and other approved amounts. MCL § 500.3476(1).

“Telemedicine,” as defined in the Insurance Code, means “the use of an electronic media to link patients with health care professional in different locations.” To qualify as telemedicine for purposes of the Insurance Code, the health care professional must be able to examine the patient “via a [HIPAA]-compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.” MCL § 500.3476(2). Previously, Michigan law limited the definition of “telemedicine” to the use of telecommunications systems which were “real-time” and enabled patients to interact with the off-site health care professional “at the time the services are provided.” However, on June 24, 2020 the Michigan legislature enacted a series of bills intended to expand access to telehealth for the Medicaid population, including House Bill 5412 (Public Act 97 of 2020), which amended the Insurance Code’s definition of telemedicine to remove the real-time limitation and expand the technology which may be used in telemedicine to include store and forward online messaging.

Importantly, in order for telemedicine services to be covered by an insurer, HMO, or self-funded plan, the services must comply with all requirements specified by the payer, which may choose to cover telemedicine services only in limited circumstances. Physicians will need to check each payer's coverage and reimbursement criteria, including the CPT codes and modifiers which the payer will accept, whether the payer requires prior authorization, whether physicians are prohibited from billing patients for telemedicine services if not covered by the payer, and whether the payer has established additional standards that must be satisfied as a condition of payment. In addition, physicians should consider temporary coverage and reimbursement criteria which may be in place for the duration of the COVID-19 pandemic.

Michigan Public Health Code

The Michigan Public Health Code regulates specified aspects of "telehealth" for purposes of health professional licensing. The Public Health Code defines "telehealth" as the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. MCL §333.16283(c). The statute provides that "telehealth" may include, but is not limited to, "telemedicine" as defined in Michigan's Insurance Code.

Under the Public Health Code, a health professional may not provide a "telehealth service" (i.e., a health care service provided through telehealth) without directly or indirectly obtaining consent for treatment, except that this requirement does not apply to a health professional who is providing a telehealth service to an inmate under the jurisdiction of the Department of Corrections and housed at a correctional facility. MCL §333.16284.

In addition, a health professional who is providing a telehealth service to a patient may prescribe the patient a drug if:

- (1) the health professional is a "prescriber" who is acting within the scope of his or her practice in prescribing the drug;
- (2) if the health professional is prescribing a drug that is a controlled substance, the health professional meets the requirements of the Public Health Code applicable to a health professional for prescribing a controlled substance;

- (3) if the health professional considers it medical necessary, the health professional provides the patient with a referral for other health care services that are geographically accessible to the patient, including, but not limited to, emergency services; and
- (4) after providing a telehealth service, the health professional, or a health professional who is acting under the delegation of the delegating health professional, makes himself or herself available to provide follow-up health care services to the patient or refer the patient to another health professional for follow-up health care services. MCL §333.16285.

The Public Health Code authorizes a disciplinary subcommittee to place restrictions or conditions on a health professional's ability to provide a telehealth service if the disciplinary subcommittee finds that the health professional has violated the patient consent or prescribing requirements for telehealth services. The Department of Licensing and Regulatory Affairs, in consultation with the applicable licensing board, may further promulgate rules to implement the telehealth provisions of the Public Health Code.

The Public Health Code does not require new or additional third party reimbursement for health care services rendered by a health professional through telehealth, limit the provision of a health care service otherwise allowed by law, or authorize a health care service otherwise prohibited by law.

Michigan Mental Health Code

On June 24, 2020, as part of the legislation intended to expand access to telehealth for the Medicaid population, the Michigan legislature enacted House Bill 5414 (Public Act 99 of 2020) which adds the Insurance Code's amended definition for "telemedicine" to the Mental Health Code. The legislation also specifies that a "recipient" for purposes of the Mental Health Code includes someone receiving mental health services "either in person or through telemedicine" from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility or from a provider that is under contract with MDHHS or a community mental health services program. Physicians and other behavioral health professionals who are not employed by or under contract, directly or indirectly, with MDHHS or a community mental health services program are not regulated by these provisions of the Mental Health Code.

Medicare and Medicaid Telemedicine Standards

Medicare

Medicare Part B reimburses for qualifying telemedicine services (e.g., office visits, virtual check-ins, e-visits, psychotherapy, consultations, etc.) only under the following circumstances:

- (1) Telemedicine services must be furnished by a licensed physician or other practitioner (i.e., the distant site practitioner) to an eligible beneficiary via an interactive audio and video telecommunications system that permits two-way, real-time interactive communication between the physician or other practitioner and the patient.
Note: In light of the recent Michigan legislation discussed above, this standard is more restrictive than what the Michigan Insurance Code presently requires for reimbursement by health plans regulated under the Code.
- (2) Telemedicine services must be furnished to a Medicare beneficiary at a qualifying originating site located in a health professional shortage area located either outside of a Metropolitan Statistical Area or in a rural census tract, or in a county outside of a Metropolitan Statistical Area. These geographic requirements do not apply to (i) home dialysis monthly ESRD-related clinical assessments furnished on or after January 1, 2019 at certain originating sites, (ii) services furnished for purposes of diagnosis, evaluation or treatment of symptoms of acute stroke on or after January 1, 2019, or (iii) services furnished to an individual with substance use disorder diagnosis, for purposes of treatment of a substance use disorder or a co-occurring mental health disorder.

42 C.F.R. § 410.78

Eligible originating sites include the offices of physicians or practitioners; hospitals; critical access hospitals; rural health clinics; federally qualified health centers; hospital-based or CAH-based Renal Dialysis Centers (including satellites); skilled nursing facilities; community mental health centers; renal dialysis facilities (only for home dialysis monthly ESRD-related clinical assessments); the home of an individual (only for home dialysis ESRD-related clinical assessments, or for purposes of substance use disorder or a co-occurring mental health disorder furnished on or after July 1, 2019 to an individual with a substance use disorder diagnosis); and mobile stroke units (only for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke). 42 C.F.R. § 410.78.

The Centers for Medicare & Medicaid Services (CMS) annually revises Medicare's standards for reimbursement for telemedicine services. When submitting claims to Medicare for telemedicine services, physicians and other practitioners will need to use the appropriate CPT or HCPCS code for the professional service along with the telemedicine modifier GT, "via interactive audio and video telecommunications systems." Medicare's list of covered telemedicine services is available on the CMS website.

Michigan Medicaid Program

The Michigan Medicaid Program imposes limitations on telemedicine similar to Medicare, with some differences. For example, while Michigan Medicaid's list of eligible originating sites is similar to Medicare's, Michigan Medicaid does not require an originating site to be located either outside of a Metropolitan Statistical Area or in a rural census tract, or in a county outside of a Metropolitan Statistical Area.

On June 24, 2020, the Michigan legislature enacted House Bills 5415 and 5416 (Public Acts 100 and 101 of 2020) to expand access to telehealth services for beneficiaries of the Medicaid and Healthy Michigan Plan programs. Under Public Act 100 of 2020, MDHHS must provide coverage for remote patient monitoring services through the Medicaid and Healthy Michigan Plan programs. "Remote patient monitoring" means digital technology to collect medical and other forms of health data from an individual in one location and electronically transmit that information via a HIPAA-compliance, secure system to a health care provider in a different location for assessment and recommendations. Under Public Act 101 of 2020, beginning October 1, 2020, telemedicine services are covered under the Medicaid and Healthy Michigan Plan programs if the originating site is an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider.

Claims to Medicaid for telemedicine services also use the telemedicine modifier GT. Procedure code and modifier information is contained in the MDHHS Telemedicine Services Database available on the MDHHS website. Distant site providers (i.e., physicians or other licensed practitioners) must be enrolled in Michigan Medicaid and its CHAMPS claims processing system.

There are no prior authorization requirements when providing telemedicine services for Medicaid fee-for-service beneficiaries. However, authorization requirements for beneficiaries enrolled in health plans contracted to the Michigan Medicaid Program may vary. Under Public Act 101 of 2020, the distant provider or organization is responsible for verifying a recipient's identification and program eligibility, and must ensure that the information is available to the primary care provider. Physicians and other practitioners must also check with individual Medicaid health plans for any authorization, coverage or other requirements.

Temporary Changes to Telemedicine During the COVID-19 Pandemic

Michigan Executive Orders on Telemedicine

To encourage the use of telehealth during the COVID-19 pandemic, Governor Whitmer has issued multiple executive orders which clarify, re-confirm and/or relax various requirements for health professionals utilizing telehealth to provide care to patients. For example, under Executive Order 2020-138, all health care providers are authorized and encouraged to use telehealth services when medically appropriate and upon obtaining patient consent, as follows:

- (1) Health professionals are permitted to obtain a patient's verbal consent for telehealth services in lieu of written consent, provided that the patient's verbal consent is documented in the patient's medical record before providing telehealth services.
- (2) A physician is not required to conduct an in-person examination before prescribing medication or ordering the administration of medication, including controlled substances other than methadone. *Note: This is consistent with recent federal Drug Enforcement Agency (DEA) guidance which acknowledges that the federal Controlled Substance Act's requirement that a prescriber conduct at least one in-person examination before prescribing controlled substances to a patient by means of the internet does not apply during a declared public health emergency, such as the present COVID-19 public health emergency.*
- (3) Health care providers must continue to abide by applicable guidance issued by the Substance Abuse and Mental Health Services Administration (SAMHSA), CMS and DEA when providing telehealth services.
- (4) A controlled substance license issued under part 73 of the Public Health Code, MCL §333.7301 et seq. is sufficient to authorize a licensee to prescribe, administer, or dispense a controlled substance to treat a drug-dependent person enrolled in a drug treatment and rehabilitation program, regardless of whether the program is in-patient, out-patient, office-based, or another format.
- (5) If a health care provider determines that an in-person evaluation, examination or visitation is not feasible due to the COVID-19 pandemic, the use of two-way interactive video technology satisfies the requirement of an in-person evaluation, examination, or visitation under certain parts of the Estates and Protected Individuals Code, MCL §700.5301 et seq., and the Mental Health Code, MCL §330.1400 et seq., MCL §330.1498a et seq., MCL §330.1500 et seq., and MCL §330.2000 et seq. If no two-way interactive video technology is available, and a health care provider determines that another remote participation tool is clinically appropriate, the use of that remote participation tool satisfies this requirement.
- (6) The restrictions of MCL §500.3476 of the Insurance Code requiring telehealth services to be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health profession in the state where the patient is located is temporarily suspended to the extent necessary to allow a medical professional licensed and in good standing (i.e., the professional's licenses is not suspended, revoked or subject to pending disciplinary action) in a state other than Michigan to use telehealth when treating patients in Michigan without a license to practice medicine in Michigan.
- (7) Strict compliance with certain sections of the Michigan Medical Marihuana Act, MCL §333.26421 et seq., is temporarily suspended only to the extent necessary to allow relevant medical evaluations to be conducted via telemedicine.

Other executive orders, including Executive Order 2020-145, set forth various safeguards to protect Michigan workers from COVID-19, also encourage outpatient health care facilities, including clinics, primary care physician offices, and dental offices to employ telehealth and telemedicine to the greatest extent possible.

Medicare and Medicaid

On March 6, 2020, the federal Coronavirus Preparedness and Response Supplemental Appropriations Act was signed into law. The law permits the Department of Health and Human Services (HHS) to waive certain Medicare telehealth payment requirements during the COVID-19 public health emergency to allow beneficiaries in all areas of the country, not just those located in rural areas, to receive telehealth services, including at their home. This waiver is not limited to the treatment of patients with COVID-19. In addition, to the extent that a patient is required to have a prior established relationship with a particular practitioner, HHS issued FAQ guidance stating that it will not conduct audits to ensure that such a prior relationship existed for claimed submitted during the public health emergency. The waiver further allows the use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID-19 public health emergency. HHS clarified that Medicare pays the same amount for telehealth services as it would if the service were furnished in-person.

Michigan Public Act 100 of 2020 codified provisions set forth in Executive Order 2020-86, which, prior to its rescission, required coverage for telehealth services under the Michigan Medicare/Medicaid Assistance Program and Healthy Michigan Plan if the originating site is an in-home setting or any other originating site allowed in the Medicaid Provider Manual or considered appropriate by the provider.

Commercial Health Plans

To expand access to telemedicine during the COVID-19 pandemic, many insurance plans, including Blue Cross Blue Shield of Michigan, Blue Care Network of Michigan, Priority Health, Meridian, CVS Health, McLaren, and Health Alliance Plan, also announced that they will cover and encourage the use of virtual care and telemedicine, as well as waive cost-sharing for COVID-19 testing.

Michigan Executive Order 2020-86, prior to its rescission, also authorized and encouraged private insurance carriers to reimburse for telehealth services by requiring coverage for virtual check-ins and e-visits without imposing any additional requirements inconsistent with guidance issued by CMS.

Physicians should monitor for additional announcements and guidance from various health plans regarding any changes to coverage or reimbursement requirements during the COVID-19 pandemic.

Other Guidance

The HHS Office of Civil Rights (OCR) issued guidance which provides flexibility for HIPAA compliance when providing telehealth services during the COVID-19 public health emergency. Under the guidance, HIPAA-covered health providers may, in good faith, provide telehealth services to patients using remote communication technologies, such as Zoom, Apple FaceTime, Facebook Messenger or Skype, for telehealth services, even if the application or technology does not fully comply with HIPAA rules. However, applications such as Facebook Live, TikTok and similar video communications are not permissible because they are public facing applications. The guidance also states that OCR will not impose penalties for noncompliance with HIPAA rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 public health emergency, or due to the lack of having a business associate agreement with permissible video communication vendors.

Additional guidance issued by OCR states that as a matter of enforcement discretion, the OCR will not impose potential penalties for violations of certain provisions of the HIPAA Privacy Rule against covered health care providers or their business associates for uses and disclosures of protected health information by business associates for public health and health oversight activities during the COVID-19 public health emergency.

Telemedicine Recommended Practices

Listed below are recommended practices and issues which Michigan physicians should be aware of when furnishing telemedicine services. Although exceptions to these recommended practices may be recognized by Executive Orders or other state or federal guidance for purposes of ensuring patient access to care during the COVID-19 pandemic, such exceptions should be considered temporary and may be relied upon only to the extent necessary to ensure continued patient access to care. Practices and issues are not presented in any order of priority.

- **Use Telemedicine in Medically Appropriate Circumstances**

Telemedicine should be used only in medically appropriate circumstances. To mitigate professional liability and licensing risk exposures, physicians should not use telemedicine when the prevailing medical standard of practice calls for an in-person encounter. In the event of medical emergencies, patients should be directed to hospital emergency rooms or to dial 911.

- **Licensing Compliance**

A physician or other health care professional must be licensed, registered or otherwise authorized by law to engage in his or her health care profession in the state where the patient is located, unless expressly provided otherwise by law.

- **Prescribing Medications Generally—Michigan Law**

Physicians must exercise professional judgment and discretion before deciding whether to prescribe medications on the basis of a telemedicine encounter. There must be an existing and valid physician-patient relationship. Michigan is one of a handful of states that do not, by statute or regulation, mandate an in-person examination before a physician may prescribe medications. Nevertheless, a physician may have an exposure to a professional liability claim, as well as a licensing action, if the standard of medical practice would require an in-person examination before prescribing medication. In contrast to prescriptions issued pursuant to a bona fide telemedicine encounter, the Michigan Board of Pharmacy, the National Association of Boards of Pharmacy, and the Federation of State Medical Boards all consider prescriptions issued pursuant only to an internet questionnaire to be invalid, because there is no existing physician-patient relationship when the physician and patient have not interacted except on the basis of an online questionnaire. During the COVID-19 public health emergency, physicians should continue to monitor updates to Executive Orders to further ensure compliance with applicable telemedicine laws when prescribing medications.

- **Prescribing Medications—Controlled Substances**

Physicians must exercise caution before prescribing controlled substances during a telemedicine encounter, in light of Michigan controlled substance laws and intentionally restrictive U.S. Drug Enforcement Administration compliance obligations and law enforcement risks designed to combat unlawful diversion and internet mills. Under Michigan law, physicians must comply with all requirements for prescribing controlled substances, whether treating a patient in-person or via telemedicine, including, but not limited to, (1) establishing a bona fide prescriber-patient relationship before prescribing controlled substances (which may be achieved through telehealth), (2) if prescribing a controlled substance in a quantity which exceeds a 3-day supply, obtaining and reviewing the patient's MAPS report, (3) if prescribing an opioid to a patient, provide the patient with the statutorily-required information on opioids and obtain the patient's signed "Start Talking" consent form, and (4) providing and/or referring the patient for follow

up care. Under federal law, a prescription for a controlled substance cannot be lawfully prescribed on the basis of a telemedicine encounter unless the prescribing physician has conducted at least one (1) in-person medical evaluation of the patient, subject to limited exceptions that will not be available to most physicians and other prescribers. An "in-person medical evaluation" means a medical evaluation that is conducted with the patient in the physical presence of the practitioner, without regard to whether portions of the evaluation are conducted by other health professionals. Even if the minimum one (1) in-person encounter requirement is satisfied, the prescription must be issued for a legitimate medical purpose in the usual course of the prescriber's professional practice, which are longstanding legal requirements applicable to all prescriptions for controlled substances. Federal law provides that nothing is construed to imply or suggest that a one (1) in-person medical evaluation demonstrates compliance with these standards; i.e., all of the facts and circumstances surrounding the issuance of the prescription must be evaluated. Prescribers who fail to comply with the in-person medical evaluation requirement, and any pharmacy that knowingly or intentionally fills such a prescription, violated the Controlled Substances Act. Moreover, if a physician prescribes a controlled substance in violation of Michigan or federal law, a disciplinary subcommittee may place restrictions or conditions on the physician's ability to provide telemedicine services.

- **Professional Liability Insurance Coverage**

Physicians should review their professional liability policies to confirm coverage for telemedicine services or whether exclusions may apply. Physicians should specifically determine whether or not services furnished to patients located outside of Michigan are covered. The insurer or insurance agent should be contacted as needed and to determine whether the insurer has any recommended risk management practices.

- **Informed Consent**

As in any conventional encounter, informed consent must be obtained with respect to a telemedicine encounter. Physicians are required under Michigan law to obtain a patient's consent for treatment in order to furnish telehealth services. Physicians are responsible to ensure that patients are aware of the potential benefits and risks associated with receiving services via telemedicine, and that the patient consents to receiving treatment via telehealth. Evidence of the patient's informed consent should be maintained in the patient's medical record, as is the case for a conventional in-person encounter.

- **Maintain Medical Records for Telemedicine Services**

Michigan licensed physicians are obligated to maintain medical records for telemedicine services as they would for any conventional, face-to-face encounter. There is no exception from professional liability or licensing risks for failure to do so.

- **Comply with Third Party Payer Billing Requirements**

Before furnishing and billing payers for telemedicine services, physicians need to understand and to comply with each payer's requirements. In general, each payer has the right to establish its own terms and conditions.

- **Mitigate Post Payment Audit Risks**

As in any encounter, it is critical for physicians to accurately document in the clinical record all clinical and other information required substantiate the claim as coded and billed. Physicians furnishing services by telemedicine are exposed to post payment audit risks as they are for services furnished during conventional encounters.

- **Use HIPAA Compliant Technology which is Reliable**

Physicians are responsible to comply with HIPAA's privacy and security rules when furnishing telemedicine services. Physicians should verify whether their telecommunications vendors use HIPAA compliant technology. In addition, the technology must be reliable. If the telecommunications equipment is defective or otherwise fails during a patient encounter, the patient or physician may receive inaccurate information, which could result in injury to the patient. Physicians should seek to negotiate vendor responsibility within their contracts to encourage a high level of technology performance. In addition, physicians should determine whether they have liability insurance coverage in such circumstances.

Frequently Asked Questions

Q: Can a Michigan licensed physician furnish telemedicine to an existing patient who is attending college out of state? What about existing "snowbird" patients who are wintering out of state?

A: Physicians need to consider licensing, insurance coverage/reimbursement, and professional liability issues before furnishing services to existing patients who are out of state.

According to a recent survey by the Federation of State Medical Boards, all states, plus the medical boards of District of Columbia, Puerto Rico, and the Virgin Islands, require that physicians engaging in telemedicine either must be licensed in the state in which the patient is located or must acquire from such state a special purpose license, telemedicine license or certificate, or license to practice medicine across state lines to allow for the practice of telemedicine. Sunshine states requiring out-of-state physicians to be fully licensed include Arizona, California, and Florida. Physicians who are licensed in Michigan, but not in the state where the patient is located, risk violating that other state's licensing laws by furnishing services via telemedicine. If such a violation is proven, the physician will be at risk for additional disciplinary action for violating Michigan's licensing laws regarding out-of-state enforcement actions against physicians. It is unclear whether state medical boards may construe certain acts, such as renewing prescriptions for existing patients when located outside of Michigan, as requiring the physician to be licensed in that other jurisdiction. Because telemedicine licensing standards continue to evolve, physicians should periodically determine whether there have been any changes in the licensing laws of relevant jurisdictions.

Michigan's Public Health Code does not explicitly address whether a Michigan licensed physician would violate Michigan's licensing standards by furnishing telemedicine services to patients located out of state with whom the physician has an established physician/patient relationship. In such circumstances, Michigan physicians should continue

to follow the requirements of the Michigan Public Health Code unless administrative rules to the contrary are issued. As noted in the preceding paragraph, a physician's compliance with Michigan's licensing standards will not excuse a physician's failure to comply with licensing requirements established by the state in which the patient is located.

Although Michigan's Insurance Code prohibits insurers in Michigan from requiring face-to-face contact between a physician and patient for services appropriately provided through telemedicine, the Code provides that telemedicine services must be provided by a physician who is licensed, registered, or otherwise lawfully authorized to engage in his or her health care profession in the state where the patient is located. If the physician is not lawfully authorized to practice in the state where the patient is located (i.e., which is not necessarily the same as being affirmatively prohibited from doing so), the insurer will not be required to pay the physician for the service and may have the right to recoup any payment made for such services.

From a professional liability standpoint, physicians should ensure that any service furnished via telemedicine is appropriately furnished by such means and conforms to the applicable standard of professional practice. Physicians should consult their professional liability insurers or agents on whether or not they will be covered for services furnished by telemedicine to patients who are located in states other than Michigan.

Q: Can a Michigan licensed physician use telemedicine to care for patients in Michigan while the physician is out of state?

A: It is advisable for Michigan-licensed physicians, before furnishing telemedicine services to patients located in Michigan from a state in which they are not licensed, to confirm whether or not the other state may require them to be licensed, or whether an exemption from licensure may be available

State licensing laws typically provide limited exceptions from licensure for out-of-state licensed physicians who engage in activities for which the state would otherwise require them to be licensed. However, these exceptions are typically narrow, normally apply to patients located in the same state as the physician, and may not extend to telemedicine services furnished over state lines. For example, Michigan's Public Health Code has limited exceptions for out-of-state licensed physicians who render medical care in a time of disaster or at the scene of an emergency, or who, in an exceptional circumstance, are called in for consultation or treatment by a health professional in Michigan, or who practice while attending meetings or conducting lectures or demonstrations under the auspices of professional associations or training institutions in Michigan and do not maintain an office or designate a place to meet patients or receive calls in Michigan.



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