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BILL ANALYSIS



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Senate Bill 1006 (as introduced 9-19-24)
Sponsor: Senator Mallory McMorrow
Committee: Health Policy

Date Completed: 9-24-24

CONTENT

The bill would amend Part 215 (Hospitals) of the Public Health Code to require a hospital that operated a maternity unit to ensure that an individual who was giving birth in the hospital had the option, if not medically contraindicated, of having an intrauterine device (IUD) implanted after delivery and before the individual was discharged. A hospital would have to ensure that enough IUDs were in stock and available to meet the bill's requirements.

Proposed MCL 333.21525

BACKGROUND

Intrauterine devices are small, T-shaped plastic devices inserted into the uterus to prevent pregnancy. In the United States, IUDs are divided into two groups: those that contain copper and those that release a type of synthetic compound meant to mimic a hormone produced during pregnancy. Copper IUDs are 99.2% effective while hormonal IUDs are 99.8% effective; however, copper IUDs maintain peak effectiveness longer.¹ The American College of Obstetricians and Gynecologists (ACOG) suggests that benefits to getting long-acting reversible contraception (LARC) in the immediate postpartum period generally include: 1) the patient is known not to be pregnant, constituting a potential opportunity to get LARC;² 2) the patient may be motivated to avoid short-interval pregnancy (live births within 18 months of one another);³ and 3) the patient and clinician are in the same place at the same time, eliminating access barriers such as patients who do not show up for their follow-up visit.

Legislative Analyst: Alex Krabill

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Nathan Leaman

¹ ACOG, *Long-Acting Reversible Contraception Implants and Intrauterine Devices*, November 2017.

² ACOG, *Committee Opinion No. 670: Immediate Postpartum Long-Acting Reversible Contraception*, August 2016.

³ *Id.*

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