



Senate Fiscal Agency
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BILL ANALYSIS



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Senate Bill 1127 (as reported without amendment)
Senate Bill 1128 (Substitute S-1 as reported)
Sponsor: Senator Stephanie Chang
Committee: Health Policy

(Senate-passed version)
(Senate-passed version)

CONTENT

Senate Bill 1127 would amend the Social Welfare Act to require the Department of Health and Human Services (DHHS) to provide coverage under Medicaid for group prenatal care services beginning on the effective date of the bill.

Senate Bill 1128 (S-1) would amend Chapter 34 (Disability Insurance Policies) of the Insurance Code to require an insurer that delivered, issued for delivery, or renewed in Michigan a health insurance policy to provide coverage for group prenatal care services.

"Group prenatal care services" would mean a series of prenatal care visits provided in a group setting that are based on an evidence-based model that may include health assessments, social and clinical support, and educational activities in a family-centered environment and peer-to-peer interaction that helps pregnant individuals support one another during their pregnancy and into early childhood.

Proposed MCL 400.109t (S.B. 1127)
Proposed MCL.500.3406jj (S.B. 1128)

BRIEF RATIONALE

Becoming a new mother is a process that requires community and medical support for the health of the mother and baby. According to testimony, group prenatal care services are designed to offer such support, bringing together pregnant individuals to engage in support groups, child birth classes, and visits with a medical provider. Reportedly, these services have many positive benefits, such as decreasing the rate of pre-term births, gestational diabetes, and postpartum depression. To assist Michigan residents in the process of becoming a mother, the bills' required insurance coverage for group prenatal care services has been suggested.

Legislative Analyst: Alex Krabill

FISCAL IMPACT**Senate Bill 1127**

There would likely be minimal fiscal impact on the Medicaid program within the DHHS. There would be no fiscal impact on local units of government.

The Fiscal Year 2024-25 budget includes \$10.0 million ongoing Gross funding and \$2.5 million Gross one-time funding for the operation of the CenteringPregnancy group-based perinatal care visits.

The fiscal impact on the State would be minimal as the DHHS budget includes existing funding for this type of program. To the extent that the definition in the bill of "group prenatal care

services" met the same criteria as the existing CenteringPregnancy program within the State's Medicaid program and there were available providers and participant slots throughout the State there would be no fiscal impact.

Senate Bill 1128 (S-1)

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

Date Completed: 12-12-24

Fiscal Analyst: Nathan Leaman
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