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Senate Bills 1127 and 1128 (as introduced 11-14-24)

Sponsor: Senator Stephanie Chang

Committee: Health Policy

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CONTENT

<u>Senate Bill 1127</u> 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.

<u>Senate Bill 1128</u> 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 includes 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)

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

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

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Page 1 of 1 sb1127/1128/2324