



Senate Fiscal Agency  
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## BILL ANALYSIS



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Senate Bills 414 and 415 (as passed by the Senate)

Sponsor: Senator Stephanie Chang (S.B. 414)

Senator Ruth Johnson (S.B. 415)

Committee: Health Policy

Date Completed: 8-18-25

### **RATIONALE**

Becoming a new mother is a process that requires community and medical support for the health of the mother and baby. Group prenatal care services are designed to offer such support, bringing together pregnant individuals to engage in support groups, childbirth classes, and visits with a medical provider. According to testimony before the Senate Committee on Health Policy, they also have many positive benefits, such as decreasing the rate of pre-term births, increasing newborns' health, improving detection and treatment of postpartum depression, and addressing maternal racial disparities. To improve the health and wellbeing of Michigan's new mothers, requiring insurance coverage for group prenatal care services has been suggested.

### **CONTENT**

Senate Bill 414 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.

Senate Bill 415 would amend the Social Welfare Act to require the Department of Health and Human Services to provide coverage under Medicaid for group prenatal care services beginning on the bill's effective date.

"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 500.3406ss (S.B. 414)

Proposed MCL 400109t (S.B. 415)

### **PREVIOUS LEGISLATION**

*(This section does not provide a comprehensive account of previous legislative efforts on this subject matter.)*

Senate Bills 414 and 415 are respectively reintroductions of Senate Bills 1128 and 1127 of the 2023-2024 Legislative Session. Senate Bills 1128 and 1127 passed the Senate and were referred to the House but received no further action.

### **ARGUMENTS**

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### **Supporting Argument**

Requiring group prenatal services would help rural residents. According to testimony before the Senate Committee on Health Policy, many rural hospitals have recently discontinued their obstetric-gynecological services or closed altogether. This negatively affects rural residents' access to maternal care in Michigan. In-person and telehealth group prenatal services would provide an opportunity to access maternal care in rural communities, and so the bills should pass so coverage for these services would be required.

### **Opposing Argument**

Requiring Medicaid to cover group prenatal care services would reduce funding for other services. Medicaid is undergoing a series of cuts at the Federal level and every dollar matters. Dollars should be allocated to programs with proven results, and reportedly, group prenatal care services yield a mix of positive and negative results. Medicaid funding spent on these services could be better used in other sectors of the healthcare space, and so the bills should not require spending on these services.

**Response:** According to testimony, the American College of Obstetrics and Gynecology has updated previous conclusions about the results of group prenatal services. It is now believed that group prenatal services are positive if participation is not mandatory. The bills would not require new mothers to participate in these services.

Legislative Analyst: Alex Krabill

### **FISCAL IMPACT**

#### **Senate Bill 414**

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

#### **Senate Bill 415**

There would be no fiscal impact on the State's Medicaid program and no fiscal impact on local units of government. As of April 1, 2025, Michigan's Medicaid provider manual allows for coverage for a maximum of 12 total in-person group sessions per pregnant beneficiary in addition to the required individual professional maternity visits. To qualify for Medicaid reimbursement, the group sessions must be in addition to, and not replace, the individual prenatal physical assessment visit, the group sessions must be 90 to 120 minutes, and provider documentation must support the actual time the pregnant individual spent in the group session.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.