

## MEDICAID COVERAGE FOR PRENATAL CARE SERVICES

Phone: (517) 373-8080  
<http://www.house.mi.gov/hfa>

**House Bill 5027 as introduced**  
**Sponsor: Rep. Laurie Pohutsky**  
**Committee: Health Policy**  
**Complete to 10-18-23**

Analysis available at  
<http://www.legislature.mi.gov>

### SUMMARY:

House Bill 5027 would amend the Social Welfare Act to require the Department of Health and Human Services (DHHS) to establish standards and guidelines for providing prenatal care services under Medicaid. DHHS would have to consult with prenatal care providers and local medical experts for guidance on how these services should be covered. The following would apply to the DHHS standards and guidelines:

- Coverage would have to be aligned with generally accepted standards of care by professional practice, including recommendations from the American College of Obstetricians and Gynecologists (ACOG)<sup>1</sup> and the American College of Medical Genetics and Genomics (ACMG).<sup>2</sup>
- All pregnant patients would have to be given access to noninvasive prenatal testing according to ACOG and ACMG recommended guidelines. The DHHS standards and guidelines could not limit access, availability, or coverage for the test based on the patient's age or baseline risk.
- All pregnant patients and those planning a pregnancy would have to be given access to expanded carrier screening<sup>3</sup> that is intended for use in a global population that encompasses over 100 inheritable autosomal recessive and X-linked conditions with a carrier frequency<sup>4</sup> of approximately greater than or equal to 1/200 in any ethnic group. The DHHS standards and guidelines could not limit access, availability, or coverage for the screening based on the patient's family history or ethnic background.

Proposed MCL 400.109o

### FISCAL IMPACT:

House Bill 5027 would likely have no fiscal impact on the Department of Health and Human Services or the Michigan Medicaid program. Article 6 of 2023 PA 119, the annual DHHS appropriations, includes \$6.0 million Gross (\$900,700 GF/GP) to reinstate the Plan First! Medicaid-funded family planning service. Genomic testing services would presumably be

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<sup>1</sup> <https://www.acog.org/>

<sup>2</sup> <https://www.acmg.net/>

<sup>3</sup> The method used to identify those at risk of having a child with an autosomal recessive or X-linked genetic disorder. See <https://medlineplus.gov/genetics/understanding/inheritance/inheritancepatterns/> X-linked disorders include Duchene muscular dystrophy, hemophilia A, and Fabry disease: <https://www.ncbi.nlm.nih.gov/books/NBK557383/> Autosomal recessive disorders include sickle cell disease, cystic fibrosis, phenylketonuria (PKU), and Tay-Sachs disease: <https://www.columbiadoctors.org/health-library/multimedia/carrier-test-autosomal-recessive-conditions/>

<sup>4</sup> Defined as the proportion of individuals in a population who have a single copy of a specific recessive genetic variant. (Carrier frequency of greater than or equal to 1/200 would mean at least one in 200 people is a carrier.)

covered under the reimplemented program. For reference, in 2021 Medicaid-funded births in Michigan totaled 39,585.<sup>5</sup>

Legislative Analyst: Rick Yuille  
Fiscal Analyst: Kent Dell

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.

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<sup>5</sup> <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/>