

Senate Bills 973 and 974 (as introduced 7-30-24)

Sponsor: Senator Mary Cavanagh (S.B. 973)

Senator Jeff Irwin (S.B. 974)

Committee: Health Policy

Date Completed: 9-24-24

CONTENT

Senate Bill 973 would amend Chapter 34 (Disability Insurance Policies) of the Insurance Code to require insurers to provide coverage for contraception and emergency contraception, beginning January 1, 2026.

Senate Bill 974 would amend the Social Welfare Act to require Medicaid to provide coverage for contraception and emergency contraception.

Senate Bill 973

Under the bill, beginning January 1, 2026, an insurer that delivered, issued for delivery, or renewed in Michigan a health insurance policy would have to provide coverage, including point-of-sale at an in-network pharmacy, for contraception and emergency contraception, including over-the-counter contraception and emergency contraception. An insurer would have to provide coverage under the bill regardless of whether the contraception or emergency contraception was a prescription.

"Contraception" would mean a drug, device, or other product, including a hormonal drug, whether administered orally, transdermally, or intravaginally, that is approved by the United States Food and Drug Administration (FDA) to prevent pregnancy. "Emergency contraception" would mean a drug approved by the FDA to prevent pregnancy following unprotected sexual intercourse or a known or suspected contraceptive failure.

Senate Bill 974

Beginning on the bill's effective date, the Department of Health and Human Services (DHHS) would have to provide coverage under Medicaid, including point-of-sale, for contraception and emergency contraception, including over-the-counter contraception and emergency contraception. The DHHS would have to provide coverage under the bill regardless of whether the contraception or emergency contraception was a prescription.

Proposed MCL 500.3406jj (S.B. 973)

Proposed MCL 400.109q (S.B. 974)

Legislative Analyst: Alex Krabill

FISCAL IMPACT

Senate Bill 973

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

Senate Bill 974

There could be a significant though uncertain fiscal impact on the Medicaid program within the DHHS. There would be no fiscal impact on local units of government.

According to the most recent version available of the Medicaid Provider Manual (July 1, 2024): "The Michigan Medicaid Program includes Family Planning services for qualified beneficiaries when the services are determined to be necessary for the health and well-being of the beneficiary... Family planning services are defined as any Medicaid covered contraceptive service, including diagnostic evaluation, drugs, and supplies, for voluntarily preventing or delaying pregnancy... Covered services include an office visit for a complete exam, pharmaceuticals (including some over the counter [OTC] products), supplies and devices when such services are provided by or under the supervision of a medical doctor, osteopath, or eligible family planning provider."

The fiscal impact on the State is uncertain as there is not a clear delineation between the bill's proposed requirements and what is included as current policy within the Michigan Medicaid program. To the extent that the access described in the bill was more extensive than current practices within the DHHS, there could be a fiscal cost to the State.

Fiscal Analysts: Nathan Leaman
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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.