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MEDICAID FUNDED ABORTIONS

House Bill 5458

Sponsor: Rep. Michelle McManus

Committee: Human Services

Complete to 12-6-95

A SUMMARY OF HOUSE BILL 5458 INTRODUCED 11-30-95

The bill would amend the Social Welfare Act to regulate the referral of Medicaid patients in managed care plans to providers of abortion services. The provisions of the bill would apply to a Medicaid patient enrolled in a health maintenance organization, capitated clinic plan, or physician sponsored plan. The bill would distinguish between "abortion" and "abortion services" as follows: "abortion" would be defined to mean the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus; abortion would not include the use or prescription of a drug or device intended as a contraceptive. "Abortion services" would be defined under the bill to mean any procedure, diagnostic test, counseling, or other ancillary service related to the performance of an abortion.

Under the bill, the following restrictions would be placed on a primary care physician (defined under the bill to mean a physician with primary responsibility for a patient's medical care or care management, via referrals to other health care providers):

****A primary care physician would be prohibited from referring a patient to a provider of abortion services if the patient or primary care physician had reason to believe the patient might be pregnant.**

****A primary care physician would be responsible for making a pregnancy determination if a patient sought a medical assessment from the primary care physician for a suspected pregnancy; the physician could refer the patient to another physician or health care provider qualified to make a pregnancy determination only if that physician or health care provider was not a provider of abortion services.**

**** A primary care physician who did not provide prenatal and obstetric care, and who was responsible for a patient who was known to be pregnant, would be prohibited from referring that patient to another physician for pregnancy-related care unless the other physician provided prenatal and obstetric care. An exception to this prohibition would apply in situations where the physician determined that a patient was pregnant and that continuation of the pregnancy posed**

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a threat to the life of the patient. In such situations, the physician would have to include in the patient's medical record a written summary of the factors indicating that continuation of the pregnancy would pose a threat to the patient's life.

MCL 400.109d

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