

Senate Fiscal Agency  
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**SFA****BILL ANALYSIS**

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House Bill 4482 (Substitute S-1 as reported)  
House Bill 4483 (Substitute S-1 as reported)  
House Bill 4484 (Substitute S-1 as reported)  
Sponsor: Representative Jim Howell (H.B. 4482)  
Representative Judith Scranton (H.B. 4483)  
Representative Patricia Birkholz (H.B. 4484)  
House Committee: Health Policy  
Senate Committee: Health Policy

### **CONTENT**

The bills would amend three statutes to require health insurers to permit a dependent minor of an insured or enrollee to select and have access to a pediatrician for general pediatric care if the insurer required the insured or enrollee to designate a participating primary care provider; the insurer provided for dependent care coverage; and the pediatrician were a participating provider. An insurer could not require prior authorization or referral for access to a participating pediatrician, but an insurer could require prior authorization or referral for access to a nonparticipating pediatrician.

House Bill 4482 (S-1) would amend the Nonprofit Health Care Corporation Reform Act, which regulates Blue Cross and Blue Shield of Michigan. House Bill 4483 (S-1) would amend the Insurance Code, which regulates private insurers. House Bill 4484 (S-1) would amend the Public Health Code, in regard to health maintenance organizations.

Proposed MCL 550.1401g (H.B. 4482)  
Proposed MCL 500.3406n (H.B. 4483)  
Proposed MCL 333.21053e (H.B. 4484)

Legislative Analyst: G. Towne

### **FISCAL IMPACT**

It is unclear as to what the potential fiscal impact of these bills may be. Subsection (1) of each bill says that if the health care entity "requires" a member to designate a primary care provider, then the entity "shall" permit a minor to access a "pediatrician" for pediatric care services, which by definition are health care services rendered to a young person. Though Subsection (2) of each bill states that the entity "may" require prior authorization or "referral" to nonparticipating pediatricians, it would appear to be problematic to conclude that the health care entity could routinely deny payment given the mandate expressed in Subsection (1).

Under current circumstances, these issues may be moot if the number of existing general "pediatricians" and payment differentials between them and other family practitioners are nominal. However, if future events (such as a tightening by the American Academy of Pediatrics or the American Board of Pediatrics as to what constitutes the definition of "pediatrician") should skew this distribution, then affected health entities could end up either facing a higher payment differential in meeting the requirement of these bills or eliminating their internal requirement that their enrollees designate a primary care provider. This, of course, could lead to increased "doctor shopping" and discontinuities in care. Managed care had been originally seen to combat both of these events, which had historically been considered to drive up health care costs.

Date Completed: 10-18-99

Fiscal Analyst: J. Walker