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House Bill 5119 (Substitute H-2 as reported without amendment)

Sponsor: Representative Carl M. Williams

House Committee: Health Policy

Senate Committee: Families and Human Services

## **CONTENT**

The bill would amend the Social Welfare Act to require the Department of Community Health (DCH), beginning October 1, 2007, to ensure that, as a condition of participation and funding, all health professionals, health facilities, and HMOs that receive Medicaid payments were in substantial compliance with Federal standards for lead screening for children enrolled in Medicaid.

The bill would require the DCH to determine the Statewide average of lead screening tests being performed on Medicaid-enrolled children on October 1, 2007, and determine whether the rate was substantially in compliance with Federal standards. If the rate were below 80%, the DCH Director would have to present to the Senate and House Health Policy Committees a written report detailing why the rate was not in substantial compliance with Federally required standards for lead screening, and the DCH recommendations for improving the rate.

If the Statewide lead screening testing rate were not at least 80% for Medicaid-enrolled children by October 1, 2007, the DCH could use funds appropriated for Medicaid managed care or Medicaid fee for services to contract with community agencies to provide the tests needed to reach the 80% rate. A contracting organization that met or surpassed contract performance requirements would be entitled to share in financial bonuses awarded under the performance bonus program and receive at least 10% of the beneficiaries who did not voluntarily select a specific health plan at the time of managed care enrollment, in addition to any other auto assignments to which the organization was entitled.

Proposed MCL 400.111k Legislative Analyst: Julie Koval

## **FISCAL IMPACT**

The fiscal impact on State and local units of government is indeterminate. Funds currently appropriated for Medicaid managed care or Medicaid fee for service could be allocated to community agencies to provide lead screening tests in the event that the statewide lead screening rate was less than 80%. If this bill increased the number of tests provided and the number of children identified as having elevated blood lead levels, it could lead to an increase in medical and remediation costs.

Date Completed: 3-18-04 Fiscal Analyst: Dana Patterson