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House Bill 5166 (as passed by the House)
Sponsor: Representative Stephanie Young
House Committee: Health Policy
Senate Committee: Health Policy

Date Completed: 12-10-24

CONTENT

The bill would amend Part 91 (General Provisions) of the Public Health Code to require the Department of Health and Human Services (DHHS) to maintain a perinatal quality collaborative (PQC) to support and improve maternal and infant health outcomes in Michigan.

Specifically, the DHHS would have to maintain a PQC (see **BACKGROUND**) to support and improve maternal and infant health outcomes in Michigan by doing all the following:

- Promoting quality improvement efforts.
- Identifying processes and mobilizing resources.
- Advancing equity.
- Implementing and expanding care for families affected by perinatal substance use disorder.
- Expanding and improving access to quality and respectful care and support throughout the pregnancy and postpartum period.

The statewide PQC would have to establish regional PQCs for prosperity regions in Michigan. Each regional PQC would have to designate a lead agency within its region to invite qualified persons within the region to participate in the regional PQC. Subject to appropriation, the DHHS would have to provide resources to each regional PQC and require each regional PQC to do all the following:

- Convene qualified persons and other interested persons within the region for regular meetings to review qualitative and quantitative data within the region on maternal and infant health outcomes.
- Develop plans of action to improve birth outcomes for pregnant individuals, infants, and families using strategies proven to address the prosperity region's primary perinatal challenges.
- Engage families and communities in developing the plans of action described above.

"Prosperity region" would mean each of the ten prosperity regions identified by the DHHS on the effective date of the bill.

"Qualified person" would mean a person or governmental entity that provides services and supports to individuals during the perinatal period, including health facilities or agencies, health professionals, local health departments, home visitation programs, insurers, families, community-based organizations, and federally recognized tribes.

Proposed MCL 333.9130

BACKGROUND

Generally, perinatal care refers to care during pregnancy and up to a year after birth. In 2011, the Centers for Disease Control and Prevention (CDC) began funding state-based PQC, which are networks of perinatal care providers and public health professionals working to improve outcomes for women and newborns through continuous quality improvement.¹ In 2015, the DHHS announced that it would begin a Michigan-based PQC (MIPQC).² Today, the MIPQC receives Federal funding from the CDC.³

Legislative Analyst: Alex Krabill

FISCAL IMPACT

The bill would have an indeterminate fiscal impact on the DHHS, although the magnitude of the impact would depend on the level of appropriation by the Legislature. The Fiscal Year 2024-25 department budget included \$5.0 million Gross in ongoing funding for grants to local perinatal quality collaboratives, as well as \$5.0 million Gross in one-time funding. If the Legislature were to increase funding for perinatal quality collaboratives in future fiscal years, the bill would have a negative fiscal impact on the DHHS.

Local units of government could experience a negative fiscal impact as a result of the bill if the bill resulted in additional administrative costs to support local perinatal quality collaboratives that weren't covered by the grants provided to the local collaboratives.

Fiscal Analyst: Ellyn Ackerman

¹ CDC, "*Developing and Sustaining Perinatal Quality Collaboratives: A Resource Guide for States*", March 2016.

² DHHS, "*Michigan Perinatal Quality Collaborative (MI PQC)*". Retrieved November 2024.

³ CDC Maternal Infant Health, "*State Perinatal Quality Collaboratives*", May 15, 2024.