



Senate Fiscal Agency
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House Bills 5167 and 5168 (Substitute H-1 as passed by the House)

Sponsor: Representative Cynthia Neeley (H.B. 5167)

Representative Kimberly Edwards (H.B. 5168)

House Committee: Health Policy

Senate Committee: Health Policy

CONTENT

House Bill 5167 (H-1) would amend the Social Welfare Act to specify that an individual who was pregnant or within a postpartum period would be eligible under Medicaid for a blood pressure monitor designed for use during pregnancy and fitted to the individual.

House Bill 5168 (H-1) would amend Chapter 34 (Disability Insurance Policies) of the Insurance Code to require an insurer that delivered, issued for delivery, or renewed a health insurance policy in the State to cover a blood pressure monitor for a pregnant or postpartum insured, subject to applicable cost-sharing, including deductible, co-insurance, or co-pay provisions.

Proposed MCL 400.109o (H.B. 5167)

Proposed MCL 500.3406kk (H.B. 5168)

BRIEF RATIONALE

According to testimony, it is not uncommon for pregnant individuals to develop preeclampsia, a serious blood pressure condition that can develop during pregnancy. Detecting elevated blood pressure during a patient's perinatal (around birth) and postpartum (post-birth) checkups can help a patient avoid negative consequences associated with preeclampsia. Some people believe a blood pressure monitor should be covered under Medicaid and private insurance so there is less of a financial barrier for pregnant individuals to understand if they are at risk for preeclampsia.

Legislative Analyst: Alex Krabill

FISCAL IMPACT

House Bill 5167 (H-1)

There could be a maximum full Fiscal Year 2024-25 impact on the Medicaid program within the Department of Health and Human Service of \$2.3 million Gross and \$0.8 million General Fund/General Purpose.¹ There would be no fiscal impact on local units of government.

From calendar year 2023 from the Provisional Natality data from the United States Centers for Disease Control and Prevention, there were approximately 36,200 Medicaid covered mother deliveries (this includes only one mother for pregnancies with multiple births). The October 2024 Michigan Medicaid Provider Fee Schedule for Current Procedural Terminology code A4670 for an automatic blood pressure monitors is a rate of \$62.30 per unit. The high-end fiscal impact is mitigated by the fact that Medicaid already covers automatic blood

¹ The Federal Medical Assistance Percentage for Fiscal Year 24-25 for Michigan is 65.13% Federal share.

pressure monitors for certain Medicaid beneficiaries. According to the most recent version available of the Medicaid Provider Manual (October 1, 2024):

"Manual or automatic blood pressure monitors are covered for beneficiaries of any age with uncontrolled blood pressure when all the treatment plan requires the beneficiary to self-monitor and record blood pressure readings at a minimum of once daily and the beneficiary has any of the following conditions: 1) history of heart disease, congenital heart defects, or stroke; 2) a neurological condition that affects blood pressure; 3) a medication regimen is present that affects blood pressure; 4) blood pressure fluctuations due to renal disease; 5) medications are titrated based on daily blood pressure readings; 6) hypertensive disorders in pregnancy, childbirth, or the puerperium period; 7) hypertension, despite beneficiary compliance with the treatment plan (i.e., adherence to medication regimen, dietary changes, smoking cessation, etc.)."

It is unknown how many beneficiaries qualify under the existing Medicaid policy would be counted in the expanded coverage requirements listed in the bill that could lower the potential fiscal cost.

House Bill 5168 (H-1)

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

Date Completed: 12-13-24

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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.