



Senate Fiscal Agency
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House Bill 5167 (Substitute H-1 as passed by the House)

Sponsor: Representative Cynthia Neeley

House Committee: Health Policy

Senate Committee: Health Policy

Date Completed: 12-10-24

CONTENT

The bill 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.

Proposed MCL 400.109o

Legislative Analyst: Alex Krabill

FISCAL IMPACT

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 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.

Fiscal Analyst: John P. Maxwell

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

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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.