



Senate Fiscal Agency  
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House Bills 5169 through 5171 (Substitute H-1 as passed by the House)

Sponsor: Representative Rachel Hood (H.B. 5169)  
Representative Brenda Carter (H.B. 5170)  
Representative Kristian Grant (H.B. 5171)

House Committee: Health Policy  
Senate Committee: Health Policy

Date Completed: 12-11-24

## **CONTENT**

**House Bill 5169 (H-1)** would amend Part 91 (General Provisions) of the Public Health Code to do the following:

- Require a health professional to offer a mental health screening at a follow-up appointment or well child visit to an individual who had given birth during the individual's postpartum period if the visit occurred in a pediatric or obstetric and gynecological setting and the health professional believed the screening was appropriate for the individual.
- Allow the Department of Health and Human Services (DHHS) to develop a tool to be used by mental health professionals offering a mental health screening.
- Allow a health professional who determined that an individual who had given birth could need mental health resources to provide the individual with specified mental health resources, like referrals the professional considered appropriate.

**House Bill 5170 (H-1)** would amend Chapter 34 (Disability Insurance Policies) of the Insurance Code to require a health insurer in Michigan to provide coverage for mental health screenings during the postpartum period as proposed in **House Bill 5169 (H-1)**.

**House Bill 5171 (H-1)** would amend the Social Welfare Act to specify that Medicaid eligible individuals could receive mental health screenings during the postpartum period as proposed in **House Bill 5169 (H-1)**.

House Bill 5170 and House Bill 5171 are tie-barred to **House Bill 5169**, which is described in more detail below.

### **House Bill 5169 (H-1)**

Under the Public Health Code, beginning January 1, 2026, all the following would apply:

- A health professional would have to offer the mental health screening described below to an individual who had given birth at a follow-up appointment or well child visit during the individual's postpartum period if the health professional were seeing the individual in a pediatric or obstetric and gynecological setting and the health professional determined at the follow-up appointment or well child visit that a mental health screening was appropriate for the individual.
- A health professional other than a health professional described above could offer the mental health screening described below to an individual who had given birth at a follow-

up appointment or well child visit during the individual's postpartum period or until the child reached the age of 12 months.

The DHHS could develop a tool to be used by health professionals offering a mental health screening. A health professional also could conduct the mental health screening by using an evidenced-based screening tool to assess an individual's maternal mental health or other postpartum risk factors.

If a health professional determined that an individual who had given birth could need mental health resources in addition to a mental health screening above, the health professional could provide the individual with any of the following mental health resources:

- Mental health resources that were developed by the DHHS.
- Information on postpartum mental health conditions and their symptoms.
- Treatment options for postpartum mental health conditions.
- Referrals considered appropriate by the health professional for the individual.
- If the health professional determined that the individual could need additional support or services, any other information considered appropriate by the health professional to support the individual.

"Health professional" would mean an individual who is licensed, registered, or otherwise authorized to engage in a health profession under Article 15 (Occupations) of the Code.

Proposed MCL 333.9137 (H.B. 5169)  
Proposed MCL 500.340600 (H.B. 5170)  
MCL 400.109

Legislative Analyst: Alex Krabill

## **FISCAL IMPACT**

### **House Bill 5169 (H-1)**

The bill would have a negative fiscal impact on the DHHS if the DHHS chose to develop a mental health screening tool for use by health professionals; otherwise, there would be no fiscal impact. The impact to the DHHS would depend on the cost to develop, implement and maintain a screening tool for use during postpartum appointments. Local units of government could see a negative fiscal impact from increased administrative and training costs for the implementation of a mental health screening tool.

### **House Bill 5170 (H-1)**

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

### **House Bill 5171 (H-1)**

There could be a maximum full Fiscal Year (FY) 2025-26 impact on the Medicaid program within the DHHS of \$4.2 million Gross and \$1.5 million General Fund/General Purpose.<sup>1</sup> 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).

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<sup>1</sup> The Federal Medical Assistance Percentage for FY25-26 for Michigan is 65.30% Federal share.

Approximately 31,900 of those mothers were 21 years of age or older and the remaining 4,300 were 20 years old or younger.

The October 2024 Michigan Medicaid Provider Fee Schedule for Current Procedural Terminology code 90791 is for an initial psychiatric diagnostic evaluation without medical service and resembles the language in the bill for mental health screening. The October 2024 Michigan Medicaid Provider Fee Schedule has a non-facility fee of \$163.13 for patients between 0 to 21 and \$110.12 non-facility fee for patients ages 21 to 124. The fiscal impact assumes that the psychiatric evaluation would be completed by a medical practitioner outside of a hospital.

There also would be a potential cost for the DHHS to develop and/or implement a mental health screening tool for new mothers. The cost for this tool is uncertain but likely minimal given existing resources available on postpartum mental health conditions and symptoms.

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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.