

SUBSTITUTE FOR
HOUSE BILL NO. 4623

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
(MCL 500.100 to 500.8302) by adding section 3406bb.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 3406bb. (1) An insurer that delivers, issues for
2 delivery, or renews in the individual or small group market in this
3 state a health insurance policy shall provide coverage for all of
4 the following:
- 5 (a) Ambulatory patient services.
 - 6 (b) Emergency services.
 - 7 (c) Hospitalization.
 - 8 (d) Pregnancy, maternity, and newborn care.
 - 9 (e) Mental health and substance use disorder services,

1 including behavioral health treatment.

2 (f) Prescription drugs.

3 (g) Rehabilitative and habilitative services and devices.

4 (h) Laboratory services.

5 (i) Preventive and wellness services and chronic disease
6 management identified by the director as meeting a requirement
7 under this subdivision. Coverage for an item or service is not
8 required under this subdivision unless the item or service is 1 or
9 more of the following:

10 (i) Evidence-based items or services if the United States
11 Preventive Services Task Force has rated the item or service as "A"
12 or "B" for the purposes of its recommendations currently in effect
13 with respect to the individual involved.

14 (ii) An immunization with routine use in children, adolescents,
15 and adults if the Advisory Committee on Immunization Practices of
16 the United States Centers for Disease Control and Prevention has
17 included the immunization for the purposes of its recommendations
18 with respect to the individual involved.

19 (iii) With respect to infants, children, and adolescents,
20 evidence-informed preventive care and screenings if the United
21 States Health Resources and Services Administration has included
22 the care or screening for the purposes of its guidelines.

23 (iv) With respect to women, preventive care and screenings not
24 described in subparagraph (i) if the United States Health Resources
25 and Services Administration has included the care or screening for
26 the purposes of its guidelines.

27 (j) Pediatric services, including oral and vision care.
28 Pediatric oral care, as required under this subdivision, is not
29 required if an insured has dental insurance from another source and

1 provides evidence of the coverage to the insurer.

2 (2) Except as otherwise allowed under 45 CFR 147.130

3 (a) (2) (i), (ii), and (iii), an insurer that delivers, issues for
4 delivery, or renews in this state a health insurance policy shall
5 not impose any cost-sharing requirements for benefits provided
6 under subsection (1) (i).

7 (3) Benefits provided under subsection (1) are subject to all
8 requirements applicable to those benefits under this chapter.

9 (4) This section does not limit the requirements to provide
10 additional benefits under this chapter.

11 (5) This section does not require an insurer that has a
12 network of providers to provide benefits for items or services
13 described in subsection (1) that are delivered by an out-of-network
14 provider or preclude an insurer that has a network of providers
15 from imposing cost-sharing requirements for items or services
16 described in subsection (1) that are delivered by an out-of-network
17 provider. If an insurer does not have in its network a provider who
18 can provide an item or service described in subsection (1), the
19 insurer must cover the item or service when performed by an out-of-
20 network provider, and may not impose cost sharing with respect to
21 the item or service.

22 (6) This section does not prevent an insurer from using
23 reasonable medical management techniques to determine the
24 frequency, method, treatment, or setting for an item or service
25 described in subsection (1) to the extent not specified in the
26 relevant recommendation or guideline. To the extent not specified
27 in a recommendation or guideline, an insurer may rely on the
28 relevant clinical evidence base and established reasonable medical
29 management techniques to determine the frequency, method,

1 treatment, or setting for coverage of a recommended preventive
2 health service.

3 (7) This section does not require an insurer to cover items of
4 the United States Preventive Services Task Force that have been
5 downgraded to a "D" rating, or any item or service during the plan
6 year that is subject to a safety recall or is otherwise determined
7 to pose a significant safety concern by a federal agency authorized
8 to regulate the item or service.

9 (8) This section does not apply to a short-term or 1-time
10 limited duration policy or certificate of not more than 6 months as
11 described in section 2213b, or to a grandfathered plan as that term
12 is defined in 45 CFR 147.140.

13 (9) Any changes to the items and services required under
14 subsection (1)(i) must take effect for the plan year that begins on
15 or after the date that is 1 year after the date the recommendation
16 or guideline is issued.