

HOUSE BILL NO. 4623

May 23, 2023, Introduced by Reps. Koleszar, Rogers, Wilson, McKinney, Steckloff, Miller, Byrnes, Rheingans, Morgan, Martus, Skaggs, Hope, Brixie, Tyrone Carter, Hood, Paiz, Brenda Carter, Haadsma, Hill, McFall, Morse, Phil Green, Puri, Breen, Farhat and Aiyash and referred to the Committee on Insurance and Financial Services.

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
by amending section 3501 (MCL 500.3501), as amended by 2016 PA 276,
and by adding section 3406z.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 **Sec. 3406z. (1) An insurer that delivers, issues for delivery,**
2 **or renews in this state a health insurance policy shall provide**
3 **coverage for all of the following:**
4 **(a) Ambulatory patient services.**
5 **(b) Emergency services.**

1 (c) Hospitalization.

2 (d) Pregnancy, maternity, and newborn care.

3 (e) Mental health and substance use disorder services,
4 including behavioral health treatment.

5 (f) Prescription drugs.

6 (g) Rehabilitative and habilitative services and devices.

7 (h) Laboratory services.

8 (i) Preventive and wellness services and chronic disease
9 management, as specified by an annual order of the director. The
10 coverage required under this subdivision, as specified by the
11 director's order, includes, but is not limited to, all of the
12 following:

13 (i) Evidence-based items or services that are highly
14 recommended for preventive care and wellness purposes. As used in
15 this subparagraph, "highly recommended" means that the director has
16 determined there is a high certainty the net benefit of the item or
17 service is substantial or moderate or there is a moderate certainty
18 the net benefit is moderate to substantial after consideration of
19 the recommendations issued by the United States Preventive Services
20 Task Force, or a similar organization recognized by the director.

21 (ii) Immunizations that the director determines are recommended
22 with respect to the individual involved after consideration of
23 recommendations from the Advisory Committee on Immunization
24 Practices of the Centers for Disease Control, or a similar
25 organization recognized by the director.

26 (iii) With respect to infants, children, and adolescents,
27 evidence-informed preventive care and screenings that the director
28 determines are supported by the Health Resources and Services
29 Administration, or a similar organization recognized by the

1 director.

2 (iv) With respect to women, additional preventive care and
3 screenings not described in subparagraph (i) that the director
4 determines are supported by the Health Resources and Services
5 Administration, or a similar organization recognized by the
6 director.

7 (j) Pediatric services, including oral and vision care.

8 (2) An insurer that delivers, issues for delivery, or renews
9 in this state a health insurance policy shall not impose any cost-
10 sharing requirements for benefits provided under subsection (1) (i).

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

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

15 Sec. 3501. As used in this chapter:

16 (a) "Affiliated provider" means a health professional,
17 licensed hospital, licensed pharmacy, or any other institution,
18 organization, or person that has entered into a participating
19 provider contract, directly or indirectly, with a health
20 maintenance organization to render 1 or more health services to an
21 enrollee. Affiliated provider includes a person described in this
22 subdivision that has entered into a written arrangement with
23 another person, including, but not limited to, a physician hospital
24 organization or physician organization, that contracts directly
25 with a health maintenance organization.

26 (b) "Basic health services" means medically necessary health
27 services that health maintenance organizations must offer to large
28 employers in at least 1 health maintenance contract. Basic health
29 services include all of the following:

1 (i) Physician services including primary care and specialty
2 care.

3 (ii) Ambulatory **patient** services.

4 (iii) ~~Inpatient hospital~~ **Hospitalization** services.

5 (iv) Emergency health services.

6 (v) Mental health and substance use disorder services,
7 **including behavioral health treatment.**

8 (vi) ~~Diagnostic laboratory and diagnostic and therapeutic~~
9 ~~radiological~~ **Laboratory** services.

10 (vii) Home health services.

11 (viii) Preventive, **wellness, and chronic disease management**
12 health services.

13 (ix) **Pregnancy, maternity, and newborn care.**

14 (x) **Prescription drugs.**

15 (xi) **Rehabilitative and habilitative services and devices.**

16 (c) "Credentialing verification" means the process of
17 obtaining and verifying information about a health professional and
18 evaluating the health professional when the health professional
19 applies to become a participating provider with a health
20 maintenance organization.

21 (d) "Health maintenance contract" means a contract between a
22 health maintenance organization and a subscriber or group of
23 subscribers to provide or arrange for the provision of health
24 services within the health maintenance organization's service area.
25 Health maintenance contract includes a prudent purchaser agreement
26 under section 3405.

27 (e) "Health maintenance organization" means a person that,
28 among other things, does the following:

1 (i) Delivers health services that are medically necessary to
2 enrollees under the terms of its health maintenance contract,
3 directly or through contracts with affiliated providers, in
4 exchange for a fixed prepaid sum or per capita prepayment, without
5 regard to the frequency, extent, or kind of health services.

6 (ii) Is responsible for the availability, accessibility, and
7 quality of the health services provided.

8 (f) "Health professional" means an individual licensed,
9 certified, or authorized in accordance with state law to practice a
10 health profession in ~~his or her~~ **the individual's** respective state.

11 (g) "Health services" means services provided to enrollees of
12 a health maintenance organization under their health maintenance
13 contract.

14 (h) "Service area" means a defined geographical area in which
15 covered health services are generally available and readily
16 accessible to enrollees and where health maintenance organizations
17 may market their contracts.