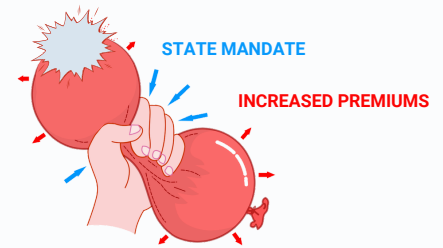


NO MORE MANDATES

Michigan Insurance Mandates Increase Premiums:

The number of health insurance mandates imposed by lawmakers in Michigan is rising sharply, leading to higher premiums for Michiganders. **Some 73 different new state mandates** have been introduced during this legislative session. While some mandates may aim to improve health care outcomes, they inevitably increase costs, create inconsistencies in coverage, and restrict health plans' ability to tailor benefits to customers' needs and budgets.



Michigan Insurance Mandates are Hidden Taxes:

State mandates passed by lawmakers effectively turn health plans into hidden tax collectors. These mandates force health plans to raise premiums to cover the costs imposed by policymakers. If state lawmakers believed in the value of these mandates, why isn't the state footing the bill? Instead, policymakers hide behind these mandates, making health plans increase premiums as a hidden tax on their customers. **Customers are tired of hidden taxes from the government.**

Michigan Insurance Mandates Should be a May, Not a Must:

To make matters worse, customers have no say in whether they want the new state-mandated health care coverage added to their policy - it's automatically included. Even if the customer doesn't want the newly mandated coverage, they're still forced to pay for it. **Customers deserve the right to choose the coverage that best fits their needs,** not be burdened with unwanted mandates.



Michigan Insurance Mandates Outnumber the Feds:

Under the Affordable Care Act (ACA), the federal government set a uniform standard of 10 essential health benefits that all health plans must cover. These universal health care benefits were designed to ensure health plans provide essential, consistent and predictable benefits, making health care insurance affordable for all Americans.

10 Federal Health Care Benefits

- | | |
|--|--|
| 1 Ambulatory patient services | 6 Prescription drugs |
| 2 Emergency services | 7 Rehabilitative and habilitative services and devices |
| 3 Hospitalization | 8 Laboratory services |
| 4 Maternity and newborn care | 9 Preventive and wellness services & chronic disease management |
| 5 Mental health and substance use disorder services | 10 Pediatric services, including oral and vision care |

Since the passage of the ACA, Michigan lawmakers have passed numerous new state mandates that exceed the 10 federal essential health benefit standards. **These state mandates are increasing annually,** driving up health insurance premiums and creating a patchwork of varying coverages for customers.

The number of bills mandating health plans to offer new coverage, new benefits, new services, and change utilization management rules is increasing at an alarming rate. To date, **73 bills have been introduced** imposing new state mandates on health plans.

HOUSE MANDATE BILLS

- 1**
- HB 4015** – Mandates the amount health plans can charge customers for a monthly copay of insulin, regardless of cost
 - HB 4071** – Mandates health plans cover oral chemotherapy and caps cost-sharing, regardless of cost
 - HB 4707** – Mandates health plans cover all sorts of new mental health services and how much they should reimburse service providers, regardless of cost, availability of providers, or whether the provider is in-network
 - HB 5027** – Mandates that a health plan cover certain prenatal screenings, regardless of cost
 - HB 5340** – Mandates health plan cover PrEP, regardless of cost.
 - HB 5339** – Mandates how health plans interact with their own network doctors when they order more expensive medical procedures or medicine for their customers
 - HB 5338** – Mandates that health plans to factor any rebates into the customer’s cost-sharing amount at the pharmacy counter, forcing health plans to subsidize the cost of high-priced drugs
 - HB 5343** – Mandates how health plans allow a provider into their network
 - HB 5344** – Mandates how health plans allow a provider to access their network
 - HB 5345** – Mandates health plans to report to the state on federal mental health parity regulations, which the federal government already requires
 - HB 5346** – Mandate health plans to report to the state on federal mental health parity regulations, which the federal government already requires
 - HB 4131** – Mandates health plan coverage of telehealth the same as if the service were provided in-person
 - HB 4579** – Mandate health plans coverage of telehealth the same as if the service were provided in-person
 - HB 4434** – Mandates health plans cover a 90-day supply of certain prescription drugs
 - HB 4619** – Mandates health plans institute non-discriminatory policies for gender, sexual orientation, etc
 - HB 4620** – Mandate health plans prohibit preexisting conditions
 - HB 4621** – Mandates health plans provide for dependent coverage
 - HB 4622** – Mandates health plans don’t impose annual and lifetime dollar limits on policies
 - HB 4623** – Mandates health plans provide minimum federal coverage benefits
 - HB 4719** – Mandates health plans no longer use copay accumulators policies to limit coupons for costly drugs, effectively allowing drug manufacturers to manipulate formularies
 - HB 5013** – Mandates health plan coverage of a 12-month supply of contraceptives
 - HB 5435** – Mandates health plans provide coverage for pharmacist-prescribed contraceptives
 - HB 5076** – Mandates health plans provide coverage for amino acid-based elemental formula
 - HB 5312** – Mandates health plans to cover mammograms for their customers at a younger age than medically recommended
 - HB 5313** – Mandates health plans to expand coverage of pap smears
 - HB 5315** – Mandates health plans cover annual colonoscopies
 - HB 4893** – Mandates single-payer health insurance
 - HB 5167** – Mandates health plans provide blood pressure coverage
 - HB 5168** – Mandates health plans provide blood pressure coverage
 - HB 5169** – Mandates health plans provide blood pressure coverage
 - HB 5170** – Mandates health plans provide blood pressure coverage
 - HB 5171** – Mandates health plans provide blood pressure coverage
 - HB 4944** – Mandates health plans cover hearing aids
 - HB 4963** – Mandates health plans provide coverage of hearing aid services and devices
 - HB 5773** – Mandates health plans provide coverage of non-FDA approved treatment for pediatric autoimmune neuropsychiatric disorders
 - HB 5891** – Mandates an annual open enrollment period for Medigap plans and dictates the premium rate charged based on age of an individual
 - HB 5970** – Mandates health plans provide Medicaid coverage of pharmacogenomic testing
 - HB 5971** – Mandates that health plans limit cost-sharing at 50% of the cost of the health care service
 - HB 5972** – Mandates third-party administrators cap cost-sharing at 50% of the cost of the health care service
 - HB 5973** – Mandates health plan administrators cap cost-sharing at 50% of the cost of the health care service
 - HB 5956** – Mandates health plans implement a provider anti-discrimination policy
 - HB 6047** – Mandates health plans cover IVF treatments
 - HB 6048** – Mandates health plans cover IVF treatments
 - HB 6126** – Mandates health plans cover autism spectrum disorders without age limitations
 - 45** **HB 6048** – Mandates health plans cover autism spectrum disorders without age limitations

SENATE MANDATE BILLS

- 46** **SB 27** – Mandates health plans adhere to the federal Mental Health Parity and Addiction Equity Act
SB 336 – Mandates health plans ensure their in-network providers have a staffing plan for nurses
SB 357 – Mandates health plans prohibit the rescission of coverage
SB 358 – Mandates health plans provide coverage equivalent to the percentage of the full actuarial value of benefits
SB 633 – Mandates health plans sell insurance on a state-based exchange
SB 634 – Mandates health plans sell insurance on a state-based exchange
SB 635 – Mandates health plans sell insurance on a state-based exchange
SB 636 – Mandates health plans sell insurance on a state-based exchange
SB 637 – Mandates health plans to participate in a reinsurance program
SB 685 – Mandates health plans provide 90-day prescription drug coverage
SB 738 – Mandates health plans cover high-cost genetic and immunotherapies with unsubstantiated efficacy, including for off-label uses
SB 774 – Mandates health plans cover cranial hair prostheses
SB 775 – Mandates health plans cover cranial hair prostheses
SB 827 – Mandates health plans reimburse licensed midwives
SB 833 – Mandates health plans cover inpatient psychiatric admissions
SB 953 – Mandates health plans cover newborn hearing screening for congenital cytomegalovirus
SB 973 – Mandates health plans cover contraceptives, including over-the-counter, without a prescription
SB 974 – Mandates Medicaid health plans cover contraceptives, including over-the-counter, without a prescription
SB 987 – Mandates health plans cover certain contraceptives (IUDs/LARCs) and the way health plans pay for them
SB 988 – Mandates health plans cover certain contraceptives (IUDs/LARCs) and the way health plans pay for them
SB 993 – Mandates health plans cover pharmacist-administered immunizations and lab tests
SB 1030 – Mandates health plans cover non-FDA approved treatments of PANDAS
SB 1057 – Mandates health plans cover perinatal and gynecological services
SB 1058 – Mandates health plans cover ultrasound procedures and fetal nonstress tests performed in certain locations.
SB 1126 – Mandates coverage of new mental health services and imposes new requirements on health plan clinical review criteria
SB 1143 – Mandates health plans do not deny, or condition coverage related to a Medicare supplement policy
SB 1182 – Mandates health plans cover services related to fertility preservation
73 **SB 1183** – Mandates Medicaid health plans cover related to fertility preservation

STOP THE MANDATES



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