

SB 358

Senate Bill 358 (S-2) would add Section 3406z to the Insurance Code to prescribe the levels of coverage a health policy insurer would have to offer in the State. The bill also would prescribe how much a plan could deviate from its required actuarial value.

HB 4131

Insurance: health insurers; coverage for health care services provided through telemedicine; modify.

HB 4620

House Bill 4620 would prohibit an insurer that delivers, issues for delivery, or renews a health insurance policy in Michigan from limiting or excluding coverage for an individual by imposing a preexisting condition exclusion on the individual.

HB 4621

House Bill 4621 would require health insurance policies under which dependent coverage is available to offer the dependent

coverage, at the option of the policyholder, until a dependent has reached 26 years of age. The bill would also require an insurer to provide the same benefits, at the same rate or premium, for dependent children as for any other covered dependent. The bill states that it would not require an insurer to make dependent coverage available for the child of a child who is receiving dependent coverage.

HB 4623

House Bill 4623 would require an insurer that delivers, issues for delivery, or renews a health insurance policy in the individual or small group market in Michigan to provide coverage for all of the following:

- Ambulatory patient services.
- Emergency services.
- Hospitalization.
- Pregnancy, maternity, and newborn care.
- Mental health and substance use disorder services, including behavioral health treatment.

House Fiscal Agency HBs 4619 to 4623 as passed by the House Page 3 of 5

- Prescription drugs.
- Rehabilitative and habilitative services and devices.
- Laboratory services.
- Pediatric services, including oral and vision care.

Pediatric oral care would not be required if the insured has dental insurance from another source and provides evidence of coverage to the insurer.

- Preventive and wellness services and chronic disease management services identified by the director of the Department of Insurance and Financial Services (DIFS) as meeting one of the following requirements:

- o Evidence-based items or services if the United States Preventative Services Task Force has rated the item or service as “A” or “B” for the purposes of its recommendations currently in effect with respect to the individual involved.
- o For women, preventive care and screening not described immediately above if the United States Health Resources and

Services Administration has included the care or screening for the purposes of its guidelines. o An immunization with routine use in children, adolescents, and adults if the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention (CDC) has included the immunization for the purposes of its recommendations with respect to the individual involved. o For infants, children, and adolescents, evidence-informed preventive care and screenings if the United States Health Resources and Services Administration has included the care or screening for the purposes of its guidelines.

Midwest hospital M&A market heats up, but faces policy hurdles

Ford Motor Company v. Blue Cross Blue Shield of Michigan and Blue Cross Blue Shield

On May 31, 2023, Ford filed suit against Blue Cross Blue Shield of Michigan (BCBS MI) and the Blue Cross Blue Shield Association (BCBSA) in the U.S. District Court for the Eastern District of Michigan. BCBSA is a national federation of thirty-four local Blue Cross and Blue Shield companies, while

BCBS MI is the Blue Cross and Blue Shield health insurance plan operating in Michigan. The complaint alleges that BCBS MI and BCBSA conspired to allocate territories for exclusive sale of certain health plans in order to fix prices. Ford claims that these horizontal agreements restrained trade and resulted in higher prices for insurance products and services.

Ford's suit relates to multi-district [litigation against BCBS](#) in Alabama involving similar claims that settled for \$2.7 billion dollars in 2020. Although Ford was a class member in the litigation, it opted to pursue its claims independently.

Fed up with exorbitant health costs, employers and workers are taking insurers to court

Michigan Blues plan takes Vermont Blues under its wing in affiliation deal

SB 143 (see companion bill HB 4399)

Labor: fair employment practices; noncompete agreements; prohibit employers from obtaining unless certain conditions are met. Amends sec. 4a of 1984 PA 274 (MCL 445.774a).