

Spotlight on State: Michigan

This is part of a [series of summaries](#) that highlight notable legislation and initiatives in health policy and reform of all 50 states. Check back on The Source as we roll out additional states each week.

See [Michigan](#) state page.

Michigan is one of the few states that bans Most Favored Nation (MFN) clauses in healthcare contracts between providers and health care corporations. The ban resulted from a landmark antitrust enforcement case against Blue Cross Blue Shield of Michigan that settled in 2013. In provider consolidation, the state has a strong certificate of need (CON) law that requires review of impact on health Access, pricing, or competition.

Although the [Michigan Data Collaborative](#), a nonprofit healthcare data organization at the University of Michigan, built a Multi-Payer Claims Database that began collecting data in 2010, the state has not implemented an all-payer claims database (APCD). The Michigan Data Collaborative surveys around forty percent of the Michigan population and includes Medicare, Medicaid, and the state's three largest commercial payers, representing eighty percent of the market in Michigan. In 2015, the state proposed an APCD mandate with the Michigan Health Care Transparency Act, but it failed to pass and has not seen further action since then.

In telehealth, while Michigan law requires coverage parity for telemedicine services, the insurer, not the provider, decides which services may be “appropriately provided” via telemedicine.

See below for an overview of existing Michigan state mandates. Click on citation tab for detailed information of specific statutes (click link to download statute text).