



Senate Fiscal Agency  
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House Bills 5412, 5413, and 5416 (Substitute H-2 as reported without amendment)  
House Bills 5414 and 5415 (Substitute H-1 as reported without amendment)

Sponsor: Representative Hank Vaupel (H.B. 5412)  
Representative Douglas C. Wozniak (H.B. 5413)  
Representative Phil Green (H.B. 5414)  
Representative Frank Liberati (H.B. 5415)  
Representative Mary Whiteford (H.B. 5416)

House Committee: Health Policy  
Ways and Means  
Senate Committee: Health Policy and Human Services

### **CONTENT**

House Bill 5416 (H-2) would amend the Social Welfare Act to specify that, beginning October 1, 2020, telemedicine services would be covered under the medical assistance program and Healthy Michigan program if the originating site were an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual or any established site considered appropriate by the provider.

House Bill 5412 (H-2), House Bill 5413 (H-2), and House Bill 5414 (H-1) would amend the Insurance Code, the Nonprofit Health Care Corporation Reform Act, and the Mental Health Code, respectively, to modify the definition of telemedicine.

House Bill 5415 (H-1) would amend the Social Welfare Act to require the Department of Health and Human Services (DHHS) to provide coverage for remote patient monitoring services through the medical assistance program and Health Michigan program.

MCL 500.3476 (H.B. 5412)  
MCL 550.1401k (H.B. 5413)  
MCL 330.1100c & 330.1100d (H.B. 5414)  
Proposed MCL 400.105g (H.B. 5415)  
Proposed MCL 400.105h (H.B. 5416)

Legislative Analyst: Tyler VanHuyse

### **FISCAL IMPACT**

The bills would make telemedicine and remote patient monitoring services fully available to Medicaid clients, including those enrolled in the Medicaid expansion, the Healthy Michigan Plan. The bills would lead to greater access to telemedicine services and would be expected to lead to a marginal increase in demand for Medicaid services in both the managed care and fee-for-service realms. This increased demand would lead to a corresponding marginal increase in costs for Medicaid. There is the possibility that easier access also could lead to improved outcomes for clients and those improved outcomes could lead to a marginal reduction in Medicaid expenditures. Given that, the fiscal impact of the bills is indeterminate, but the magnitude of any impact would be very small compared to the overall cost of the Medicaid program.

Date Completed: 6-8-20

Fiscal Analyst: Steve Angelotti

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Bill Analysis @ [www.senate.michigan.gov/sfa](http://www.senate.michigan.gov/sfa)

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