

**SUBSTITUTE FOR
SENATE BILL NO. 641**

A bill to amend 1939 PA 280, entitled
"The social welfare act,"
(MCL 400.1 to 400.119b) by adding section 106c.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 106c. (1) The department shall ensure the availability of
2 accessible, quality health care for individuals with sickle cell
3 disease or thalassemia and who are enrolled in Medicaid managed
4 care organizations that have a contract with the department to
5 provide services to Medicaid members in the comprehensive health
6 care program.

7 (2) Not later than the fiscal year 2024 contract year, the
8 department shall require comprehensive health care program Medicaid
9 managed care organizations to implement a sickle cell disease



1 quality strategy and a thalassemia quality strategy for children
2 and adults with sickle cell disease or thalassemia that includes,
3 but is not limited to, the following components:

4 (a) Measurable goals to improve the identification of members
5 with sickle cell disease or thalassemia within 180 days after
6 enrolling in the contracted health plan.

7 (b) Care coordination strategies and supports to help members
8 with sickle cell disease or thalassemia access sickle cell disease
9 or thalassemia specialists and other related care supports.

10 (c) A training curriculum to educate primary care providers on
11 sickle cell disease and thalassemia, including information on
12 emergency warning signs and complications, evidence-based practices
13 and treatment guidelines, and when to make referrals to specialty
14 sickle cell disease or thalassemia treatment providers.

15 (d) Performance measures relative to access to care and
16 available therapies, engagement in treatment, and outcomes for
17 individuals with sickle cell disease or thalassemia, with the
18 metrics to be reported annually by the comprehensive health care
19 program Medicaid managed care organizations and with incentive
20 payments attached to the measures.

21 (3) The department shall also do the following:

22 (a) Leverage the state sickle cell disease surveillance system
23 to provide an annual report to the senate and house appropriations
24 committees and the senate and house fiscal agencies, that includes
25 identifying gaps and quality in services, access to care trends,
26 uptake of disease modifying therapies, health outcomes, insurance
27 enrollment figures of children and adults, and disparities. The
28 department must publish this report on the department's website.

29 (b) Not later than January 1, 2025, and in partnership with



1 the comprehensive health care program Medicaid managed care
2 organizations, identify, document, and share best practices
3 regarding sickle cell disease care management and care coordination
4 and thalassemia care management and care coordination with
5 Medicaid-enrolled primary care and sickle cell disease or
6 thalassemia specialty providers with a goal of improving services
7 for members with sickle cell disease or thalassemia and their
8 families.

9 (c) Leveraging the department Public Health Strategic Plan to
10 Address Sickle Cell Disease Across the Lifespan 2015-2018 and the
11 entities and its strategic planning participants, enter into a
12 contract not later than January 1, 2022, with a publicly funded
13 university, in consultation with the Medicaid managed care
14 organizations comprehensive health care program, to develop a
15 sickle cell disease-focused comprehensive assessment tool, a
16 thalassemia-focused comprehensive assessment tool, or a supplement
17 to an existing comprehensive assessment tool to screen members
18 identified with sickle cell disease or thalassemia for
19 comorbidities, medical history for the treatment of sickle cell
20 disease or thalassemia including disease-modifying medications and
21 pain management, psychosocial history, barriers to accessing or
22 completing treatments, social supports, other care coordinators
23 working with the member, community resources being used or needed,
24 quality of life, and personal preferences for engagement with a
25 care coordinator.

26 (d) Not later than January 1, 2025, develop a plan for
27 improving the transition from pediatric care to adult care and a
28 plan for helping qualified beneficiaries maintain Medicaid coverage
29 under another eligibility category, in order to maintain continuity



1 of care.

2 (4) Not later than January 1, 2024, the department must
3 develop guidelines to incorporate sickle cell disease performance
4 standards and measures and thalassemia performance standards and
5 measures into contracts for the contract year 2025. The guidelines
6 must include a mechanism to incentivize plans to meet the included
7 standards and measures. The department must publicly report the
8 included standards and performance measures annually.

