



Senate Fiscal Agency  
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## BILL ANALYSIS



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Senate Bill 641 (Substitute S-3 as reported)  
Sponsor: Senator Jim Ananich  
Committee: Health Policy and Human Services

**CONTENT**

The bill would amend the Social Welfare Act to do the following:

- Require the Department of Health and Human Services (DHHS) to ensure the availability of accessible, quality health care for individuals with sickle cell disease or thalassemia who were enrolled in certain Medicaid managed care organizations (MCOs).
- Require the DHHS to require, by the fiscal year (FY) 2024 contract year, comprehensive health care program Medicaid MCOs to implement a sickle cell disease quality strategy and a thalassemia quality strategy for children and adults with sickle cell disease.
- Require the DHHS to leverage the State sickle cell disease surveillance system to provide an annual report to the Legislature, and to post the report on its website.
- Require the DHHS, and in partnership with the comprehensive health care program Medicaid MCOs, to identify, document, and share, by January 1, 2025, best practices regarding sickle cell disease care management and care coordination and thalassemia care management and care coordination with Medicaid-enrolled primary care and sickle cell disease or thalassemia specialty providers with a goal of improving services for members with sickle cell disease or thalassemia and their families.
- Require the DHHS to develop, by January 1, 2025, a plan for improving the transition from pediatric care to adult care, and a plan for helping qualified beneficiaries maintain Medicaid coverage under another eligibility category, in order to maintain continuity of care.
- Require the DHHS to develop, by January 1, 2024, guidelines to incorporate sickle cell disease performance standards and measures and thalassemia performance standard and measures into contract for the contract year 2025.

Legislative Analyst: Stephen P. Jackson

**FISCAL IMPACT**

The bill would have an indeterminate negative fiscal impact on the DHHS and no fiscal impact on local units of government. The DHHS would incur increased administrative costs resulting from the development and documentation of best practices for sickle cell disease and thalassemia care management for primary care and sickle cell disease and thalassemia specialty providers. Additionally, the DHHS would incur costs related to the development of a comprehensive assessment tool for individuals with sickle cell disease and thalassemia. Costs would depend on if the contract the DHHS entered into required the development of a new assessment tool or if it required the modification of an existing assessment tool.

The treatment of sickle cell disease is covered by the State's Medicaid and Healthy Michigan Program, as well as through the Children's Special Health Care Services (CSHCS) Program. The FY 2021-22 enacted budget included \$6.6 million to expand CSHCS medical care and

treatment to the, approximately, 400 adults in Michigan diagnosed with sickle cell disease who are not covered by Medicaid or other health insurance coverage.

Date Completed: 6-22-22

Fiscal Analyst: Ellyn Ackerman