

Legislative Analysis



LONG-TERM HEALTH CARE CONTINUUM ACT

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House Bill 5762

Sponsor: Rep. Barb Vander Veen

Committee: Senior Health, Security and Retirement

Complete to 3-6-06

A PRELIMINARY SUMMARY OF HOUSE BILL 5762 AS INTRODUCED 2-28-06

The bill would create the Long-Term Health Care Continuum Act, a new act which would incorporate many provisions currently found in the Public Health Code, as well as provisions from the Adult Foster Care Facility Licensing Act.

The new act contains, in brief outline, the following Articles and Parts:

- Article I contains Part 1, which addresses general definitions, and guides to the interpretation and administration of the act, and is said to be modeled on Parts 11 and 12 of the Public Health Code; and Part 3, which would create a new Long-Term Care Commission, as described later.
- Article III deals with long-term care facilities. Part 31 contains general provisions, derived from Part 201 of the Public Health Code. Part 32 addresses **nursing homes** and is derived from Part 217 of the PHC. Part 33 covers **homes for the aged** and is derived from Part 213 of the PHC. Part 34 deals with **hospices** and is derived from Part 214 of the PHC. Part 35 covers **adult foster care facilities** and is derived from the current Adult Foster Care Facility Licensing Act.
- Article V is concerned with **occupations**. Part 51 contains general provisions derived from Part 161 of the Public Health Code. Part 54 addresses **nursing home administrators**, incorporating provisions from Part 173 of the PHC.
- Parts 173 (nursing home administrators), 213 (homes for the aged), 214 (hospices), and 217 (nursing homes) of the Public Health Code cited above, as well as the entire Adult Foster Care Facility Licensing Act, **would be repealed**. Parts 20173 (criminal history checks of employees) and 20178 (Alzheimer Disease services) of the PHC would also be repealed. Provisions from the repealed portions of the Public Health Code would be incorporated as described above into the new Long-Term Health Care Continuum Act.

Long Term Care Commission

Membership. The bill would create a 30-member Long-Term Care Commission, which would be intended to reflect the geographic and cultural diversity of the state. The commission would contain 25 voting members appointed by the governor. Among the

voting members would be 14 consumers, including seven "primary" consumers (some of whom would have to be users of Medicaid services), with the remainder being "secondary" consumers and representatives of consumer organizations. "Primary consumers" are actual users of long-term care services. "Secondary consumers" are family members and unpaid caregivers of consumers. "Consumers" are defined as individuals seeking or receiving public assistance for long-term care.

Other members to be appointed by the governor include seven providers of long-term health care or representatives of provider organizations; three direct care workers; and one individual from a state university with expertise in LTC research.

The commission would contain the following five non-voting ex-officio members: the state LTC ombudsman; the directors of the departments of Community Health, Human Services, and Labor and Economic Growth or their designated representatives; and a representative of the designated protection and advocacy system.

Voting members would serve for three-year terms or until a successor was appointed (although initial terms would be staggered). The commission would have to meet at least six times per year. A majority of voting members serving would constitute a quorum (as long as eight of those voting members were consumers). Commission members would be entitled to per diem compensation and to reimbursement of actual expense while acting as official representatives of the commission. Per diem compensation and the schedule of reimbursement expenses would be as established and appropriated annually by the legislature.

Commission Duties. The commission would be required to do all of the following:

- ** Serve as an effective and visible advocate for all consumers of long-term care supports and services.
- ** Participate in the preparation and review, prior to submission to the governor, of an ongoing, comprehensive statewide plan and budget for LTC services and support designs, allocations, and strategies to address and meet identified consumer preferences and needs.
- ** Ensure the broadest possible ongoing public participation in statewide planning.
- ** Ensure that broad, culturally competent, and effective public education initiatives are ongoing on LTC issues, choices, and opportunities for direct involvement by the public.
- ** Advise the governor and the legislature regarding changes in federal and state programs, statutes, and policies.
- ** Establish additional advisory committees, councils, or workgroups as deemed helpful or necessary to pursue the commission's mission.

The commission could consult with staff from the Medical Service Administration and the Office of Services to the Aging, if necessary.

Task Forces and Advisory Committees. The commission could appoint task forces and advisory committees when it determined that it was appropriate to provide professional or technical expertise related to a department or commission function or appropriate to provide additional public participation in a department or commission function. The Department of Community Health could request the commission to establish a task force or advisory committee.

An advisory committee to the department or a task force would terminate two years after the date of its creation or renewal unless the commission recommended its continuance. Upon the recommendation of the commission, the department director could reappoint or request reappointment of an advisory committee or task force which otherwise would have been terminated under this subsection. (However, the termination subsection does not apply to advisory councils, commission, boards, task forces, or other advisory bodies not specifically designated as advisory committees.) The commission would review and advise the director on the need for each advisory council, commission, board, task force or body established in the department two years after the effective of this act and every other year thereafter.

FISCAL IMPACT:

The bill would recodify existing portions of the Public Health Code and the Adult Foster Care Licensing Act. It appears the only major change to existing law is the creation of a 30-member Long-Term Care Commission in Part 3 of the bill. The bill provides that the commission shall meet at least six times per year and that commission members are entitled to per diem compensation and reimbursement for actual and necessary expenses. These provisions would increase state costs imposed on the Department of Community Health. Total annual costs would likely be no more than \$20,000 annually. Indirectly, the bill would also increase costs to both the Department of Community Health and Department of Human Services in terms of participation in Commission meetings and possible task forces. Information is not available to estimate these costs.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.