

SENATE BILL No. 1467

September 20, 2006, Introduced by Senators CHERRY, EMERSON and STAMAS and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
 "Public health code,"
 by amending section 20161 (MCL 333.20161), as amended by 2005 PA
 187.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 20161. (1) The department shall assess fees and other
 2 assessments for health facility and agency licenses and
 3 certificates of need on an annual basis as provided in this
 4 article. Except as otherwise provided in this article, fees and
 5 assessments shall be paid in accordance with the following
 6 schedule:

7 (a) Freestanding surgical outpatient
 8 facilities..... \$238.00 per facility.

1 (b) Hospitals..... \$8.28 per licensed bed.
 2 (c) Nursing homes, county medical
 3 care facilities, and hospital long-term
 4 care units..... \$2.20 per licensed bed.
 5 (d) Homes for the aged..... \$6.27 per licensed bed.
 6 (e) Clinical laboratories..... \$475.00 per laboratory.
 7 (f) Hospice residences..... \$200.00 per license
 8 survey; and \$20.00 per
 9 licensed bed.
 10 (g) Subject to subsection (13),
 11 quality assurance assessment for
 12 nursing homes and hospital long-term
 13 care units..... an amount resulting
 14 in not more than 6%
 15 of total industry
 16 revenues.
 17 (h) Subject to subsection (14),
 18 quality assurance assessment for
 19 hospitals..... at a fixed or variable
 20 rate that generates
 21 funds not more than the
 22 maximum allowable under
 23 the federal matching
 24 requirements, after
 25 consideration for the
 26 amounts in subsection
 27 (14) (a) and (i).

28 (2) If a hospital requests the department to conduct a
 29 certification survey for purposes of title XVIII or title XIX of
 30 the social security act, the hospital shall pay a license fee

1 surcharge of \$23.00 per bed. As used in this subsection, "title
2 XVIII" and "title XIX" mean those terms as defined in section
3 20155.

4 (3) The base fee for a certificate of need is \$1,500.00 for
5 each application. For a project requiring a projected capital
6 expenditure of more than \$500,000.00 but less than \$4,000,000.00,
7 an additional fee of \$4,000.00 shall be added to the base fee.
8 For a project requiring a projected capital expenditure of
9 \$4,000,000.00 or more, an additional fee of \$7,000.00 shall be
10 added to the base fee. The department of community health shall
11 use the fees collected under this subsection only to fund the
12 certificate of need program. Funds remaining in the certificate
13 of need program at the end of the fiscal year shall not lapse to
14 the general fund but shall remain available to fund the
15 certificate of need program in subsequent years.

16 (4) If licensure is for more than 1 year, the fees described
17 in subsection (1) are multiplied by the number of years for which
18 the license is issued, and the total amount of the fees shall be
19 collected in the year in which the license is issued.

20 (5) Fees described in this section are payable to the
21 department at the time an application for a license, permit, or
22 certificate is submitted. If an application for a license,
23 permit, or certificate is denied or if a license, permit, or
24 certificate is revoked before its expiration date, the department
25 shall not refund fees paid to the department.

26 (6) The fee for a provisional license or temporary permit is
27 the same as for a license. A license may be issued at the

1 expiration date of a temporary permit without an additional fee
2 for the balance of the period for which the fee was paid if the
3 requirements for licensure are met.

4 (7) The department may charge a fee to recover the cost of
5 purchase or production and distribution of proficiency evaluation
6 samples that are supplied to clinical laboratories pursuant to
7 section 20521(3).

8 (8) In addition to the fees imposed under subsection (1), a
9 clinical laboratory shall submit a fee of \$25.00 to the
10 department for each reissuance during the licensure period of the
11 clinical laboratory's license.

12 (9) The cost of licensure activities shall be supported by
13 license fees.

14 (10) The application fee for a waiver under section 21564 is
15 \$200.00 plus \$40.00 per hour for the professional services and
16 travel expenses directly related to processing the application.
17 The travel expenses shall be calculated in accordance with the
18 state standardized travel regulations of the department of
19 management and budget in effect at the time of the travel.

20 (11) An applicant for licensure or renewal of licensure
21 under part 209 shall pay the applicable fees set forth in part
22 209.

23 (12) Except as otherwise provided in this section, the fees
24 and assessments collected under this section shall be deposited
25 in the state treasury, to the credit of the general fund.

26 (13) The quality assurance assessment collected under
27 subsection (1)(g) and all federal matching funds attributed to

1 that assessment shall be used only for the following purposes and
2 under the following specific circumstances:

3 (a) The quality assurance assessment and all federal
4 matching funds attributed to that assessment shall be used to
5 finance medicaid nursing home reimbursement payments. Only
6 licensed nursing homes and hospital long-term care units that are
7 assessed the quality assurance assessment and participate in the
8 medicaid program are eligible for increased per diem medicaid
9 reimbursement rates under this subdivision.

10 (b) Except as otherwise provided under subdivision (c),
11 beginning October 1, 2005, the quality assurance assessment is
12 based on the total number of patient days of care each nursing
13 home and hospital long-term care unit provided to nonmedicare
14 patients within the immediately preceding year and shall be
15 assessed at a uniform rate on October 1, 2005 and subsequently on
16 October 1 of each following year, and is payable on a quarterly
17 basis, the first payment due 90 days after the date the
18 assessment is assessed.

19 (c) Within 30 days after ~~the effective date of the~~
20 ~~amendatory act that added this subdivision~~ **SEPTEMBER 30, 2005,**
21 the department shall submit an application to the federal centers
22 for medicare and medicaid services to request a waiver pursuant
23 to 42 CFR 433.68(e) to implement this subdivision as follows:

24 (i) If the waiver is approved, the quality assurance
25 assessment rate for a nursing home or hospital long-term care
26 unit with less than 40 licensed beds or with the maximum number,
27 or more than the maximum number, of licensed beds necessary to

1 secure federal approval of the application is \$2.00 per
2 nonmedicare patient day of care provided within the immediately
3 preceding year or a rate as otherwise altered on the application
4 for the waiver to obtain federal approval. If the waiver is
5 approved, for all other nursing homes and long-term care units
6 the quality assurance assessment rate is to be calculated by
7 dividing the total statewide maximum allowable assessment
8 permitted under subsection (1)(g) less the total amount to be
9 paid by the nursing homes and long-term care units with less than
10 40 or with the maximum number, or more than the maximum number,
11 of licensed beds necessary to secure federal approval of the
12 application by the total number of nonmedicare patient days of
13 care provided within the immediately preceding year by those
14 nursing homes and long-term care units with more than 39, but
15 less than the maximum number of licensed beds necessary to secure
16 federal approval. The quality assurance assessment, as provided
17 under this subparagraph, shall be assessed in the first quarter
18 after federal approval of the waiver and shall be subsequently
19 assessed on October 1 of each following year, and is payable on a
20 quarterly basis, the first payment due 90 days after the date the
21 assessment is assessed.

22 (ii) If the waiver is approved, continuing care retirement
23 centers are exempt from the quality assurance assessment if the
24 continuing care retirement center requires each center resident
25 to provide an initial life interest payment of \$150,000.00, on
26 average, per resident to ensure payment for that resident's
27 residency and services and the continuing care retirement center

1 utilizes all of the initial life interest payment before the
2 resident becomes eligible for medical assistance under the
3 state's medicaid plan. As used in this subparagraph, "continuing
4 care retirement center" means a nursing care facility that
5 provides independent living services, assisted living services,
6 and nursing care and medical treatment services, in a campus-like
7 setting that has shared facilities or common areas, or both.

8 (d) ~~Beginning October 1, 2007, the~~ **THE** department shall no
9 longer assess or collect the quality assurance assessment ~~or~~
10 ~~apply for~~ **IN THE EVENT THAT THE QUALITY ASSURANCE ASSESSMENT IS**
11 **NOT ELIGIBLE FOR** federal matching funds.

12 (e) Beginning May 10, 2002, the department of community
13 health shall increase the per diem nursing home medicaid
14 reimbursement rates for the balance of that year. For each
15 subsequent year in which the quality assurance assessment is
16 assessed and collected, the department of community health shall
17 maintain the medicaid nursing home reimbursement payment increase
18 financed by the quality assurance assessment.

19 (f) The department of community health shall implement this
20 section in a manner that complies with federal requirements
21 necessary to assure that the quality assurance assessment
22 qualifies for federal matching funds.

23 (g) If a nursing home or a hospital long-term care unit
24 fails to pay the assessment required by subsection (1)(g), the
25 department of community health may assess the nursing home or
26 hospital long-term care unit a penalty of 5% of the assessment
27 for each month that the assessment and penalty are not paid up to

1 a maximum of 50% of the assessment. The department of community
2 health may also refer for collection to the department of
3 treasury past due amounts consistent with section 13 of 1941 PA
4 122, MCL 205.13.

5 (h) The medicaid nursing home quality assurance assessment
6 fund is established in the state treasury. The department of
7 community health shall deposit the revenue raised through the
8 quality assurance assessment with the state treasurer for deposit
9 in the medicaid nursing home quality assurance assessment fund.

10 (i) The department of community health shall not implement
11 this subsection in a manner that conflicts with 42 USC 1396b(w).

12 (j) The quality assurance assessment collected under
13 subsection (1)(g) shall be prorated on a quarterly basis for any
14 licensed beds added to or subtracted from a nursing home or
15 hospital long-term care unit since the immediately preceding July
16 1. Any adjustments in payments are due on the next quarterly
17 installment due date.

18 (k) In each fiscal year governed by this subsection,
19 medicaid reimbursement rates shall not be reduced below the
20 medicaid reimbursement rates in effect on April 1, 2002 as a
21 direct result of the quality assurance assessment collected under
22 subsection (1)(g).

23 (l) In **EACH** fiscal year, ~~2005-2006,~~ \$39,900,000.00 of the
24 quality assurance assessment collected pursuant to subsection
25 (1)(g) shall be appropriated to the department of community
26 health to support medicaid expenditures for long-term care
27 services. These funds shall offset an identical amount of general

1 fund/general purpose revenue originally appropriated for that
2 purpose.

3 (14) The quality assurance dedication is an earmarked
4 assessment collected under subsection (1)(h). That assessment and
5 all federal matching funds attributed to that assessment shall be
6 used only for the following purpose and under the following
7 specific circumstances:

8 (a) To maintain the increased medicaid reimbursement rate
9 increases as provided for in subdivision (c). **A PORTION OF THE**
10 **FUNDS COLLECTED FROM THE QUALITY ASSURANCE ASSESSMENT MAY BE USED**
11 **TO OFFSET ANY REDUCTION TO NONREIMBURSED COSTS AS PUBLIC**
12 **EXPENDITURES IN PUBLIC HOSPITALS THAT MAY RESULT FROM THE**
13 **IMPLEMENTATION OF THE ENHANCED MEDICAID PAYMENTS FINANCED BY THE**
14 **QUALITY ASSURANCE ASSESSMENT.**

15 (b) The quality assurance assessment shall be assessed on
16 all net patient revenue, before deduction of expenses, less
17 medicare net revenue, as reported in the most recently available
18 medicare cost report and is payable on a quarterly basis, the
19 first payment due 90 days after the date the assessment is
20 assessed. As used in this subdivision, "medicare net revenue"
21 includes medicare payments and amounts collected for coinsurance
22 and deductibles.

23 (c) Beginning October 1, 2002, the department of community
24 health shall increase the hospital medicaid reimbursement rates
25 for the balance of that year. For each subsequent year in which
26 the quality assurance assessment is assessed and collected, the
27 department of community health shall maintain the hospital

1 medicaid reimbursement rate increase financed by the quality
2 assurance assessments.

3 (d) The department of community health shall implement this
4 section in a manner that complies with federal requirements
5 necessary to assure that the quality assurance assessment
6 qualifies for federal matching funds.

7 (e) If a hospital fails to pay the assessment required by
8 subsection (1)(h), the department of community health may assess
9 the hospital a penalty of 5% of the assessment for each month
10 that the assessment and penalty are not paid up to a maximum of
11 50% of the assessment. The department of community health may
12 also refer for collection to the department of treasury past due
13 amounts consistent with section 13 of 1941 PA 122, MCL 205.13.

14 (f) The hospital quality assurance assessment fund is
15 established in the state treasury. The department of community
16 health shall deposit the revenue raised through the quality
17 assurance assessment with the state treasurer for deposit in the
18 hospital quality assurance assessment fund.

19 (g) In each fiscal year governed by this subsection, the
20 quality assurance assessment shall only be collected and expended
21 if medicaid hospital inpatient DRG and outpatient reimbursement
22 rates and disproportionate share hospital and graduate medical
23 education payments are not below the level of rates and payments
24 in effect on April 1, 2002 as a direct result of the quality
25 assurance assessment collected under subsection (1)(h), except as
26 provided in subdivision (h).

27 (h) The quality assurance assessment collected under

subsection (1)(h) shall no longer be assessed or collected ~~after~~
~~September 30, 2008, or~~ in the event that the quality assurance
 assessment is not eligible for federal matching funds. Any
 portion of the quality assurance assessment collected from a
 hospital that is not eligible for federal matching funds shall be
 returned to the hospital.

(i) In fiscal year 2005-2006, ~~-\$42,400,000.00~~
\$46,400,000.00 of the quality assurance assessment collected
 pursuant to subsection (1)(h) shall be appropriated to the
 department of community health to support medicaid expenditures
 for hospital services and therapy. **BEGINNING IN FISCAL YEAR 2006-**
2007, AND EACH FISCAL YEAR THEREAFTER, \$66,400,000.00 OF THE
QUALITY ASSURANCE ASSESSMENT COLLECTED PURSUANT TO SUBSECTION
(1)(H) SHALL BE APPROPRIATED TO THE DEPARTMENT OF COMMUNITY
HEALTH TO SUPPORT MEDICAID EXPENDITURES FOR HOSPITAL SERVICES AND
THERAPY. These funds shall offset an identical amount of general
 fund/general purpose revenue originally appropriated for that
 purpose.

(15) The quality assurance assessment provided for under
 this section is a tax that is levied on a health facility or
 agency.

(16) As used in this section, "medicaid" means that term as
 defined in section 22207.