## SUBSTITUTE FOR HOUSE BILL NO. 5074

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending section 22215 (MCL 333.22215), as amended by 2002 PA 619.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 22215. (1) The commission shall do all of the following:

(a) If determined necessary by the commission, revise, add to,

or delete 1 or more of the covered clinical services listed in

4 section 22203. If the commission proposes to add to the covered

5 clinical services listed in section 22203, the commission shall

6 develop proposed review standards and make the review standards

7 available to the public not less than 30 days before conducting a

8 hearing under subsection (3).



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- (b) Develop, approve, disapprove, or revise certificate of 1 2 need review standards that establish for purposes of section 22225 the need, if any, for the initiation, replacement, or expansion of 3 4 covered clinical services, the acquisition or beginning the 5 operation of a health facility, making changes in bed capacity, or making covered capital expenditures, including conditions, 6 standards, assurances, or information that must be met, 7 8 demonstrated, or provided by a person who applies for a certificate 9 of need. A certificate of need review standard may also establish 10 ongoing quality assurance requirements including any or all of the 11 requirements specified in section 22225(2)(c). Except for nursing home and hospital long-term care unit bed review standards, by 12 13 January 1, 2004, the commission shall revise all certificate of 14 need review standards to must include a requirement that each 15 applicant participate in title XIX of the social security act, 16 chapter 531, 49 Stat. 620, 1396r-6 and 1396r-8 to 1396v.42 USC 1396 17 to 1396w-6. If the commission proposes to develop, approve, 18 disapprove, or revise certificate of need review standards under 19 this subsection, the commission shall make the proposed review 20 standards available to the public not less than 30 days before 21 conducting a hearing under subsection (3).
  - (c) Direct the department to prepare and submit recommendations regarding commission duties and functions that are of interest to the commission including, but not limited to, specific modifications of proposed actions considered under this section.
  - (d) Approve, disapprove, or revise proposed criteria for determining health facility viability under section 22225.
    - (e) Annually assess the operations and effectiveness of the

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- 1 certificate of need program based on periodic reports from the
  2 department and other information available to the commission.
- 3 (f) By January 1 , 2005, and of every 2 years thereafter, odd
  4 year, make recommendations to the joint committee regarding
  5 statutory changes to improve or eliminate the certificate of need
  6 program.
- 7 (g) Upon submission by the department, approve, disapprove, or
  8 revise standards to be used by the department in designating a
  9 regional certificate of need review agency , pursuant to under
  10 section 22226.
  - (h) Develop, approve, disapprove, or revise certificate of need review standards governing the acquisition of new technology.
- (i) In accordance with section 22255, approve, disapprove, or
   revise proposed procedural rules for the certificate of need
   program.
- (j) Consider the recommendations of the department and the
  department of the attorney general as to the administrative
  feasibility and legality of proposed actions under subdivisions
  (a), (b), and (c).
  - (k) Consider the impact of a proposed restriction on the acquisition of or availability of covered clinical services on the quality, availability, and cost of health services in this state.
  - (1) If the commission determines it necessary, appoint standard advisory committees to assist in the development of proposed certificate of need review standards. A standard advisory committee shall complete its duties under this subdivision and submit its recommendations to the commission within 6 months unless a shorter period of time is specified by the commission when the standard advisory committee is appointed. An individual shall serve on no

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- 1 more than 2 standard advisory committees in any 2-year period. The
- 2 composition of a standard advisory committee shall must not include
- 3 a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431, but
- 4 shall must include all of the following:
- 5 (i) Experts with professional competence in the subject matter
  6 of the proposed standard, who shall must constitute a 2/3 majority
  7 of the standard advisory committee.
- 8 (ii) Representatives of health care provider organizations 9 concerned with licensed health facilities or licensed health professions.
- (iii) Representatives of organizations concerned with health
   care consumers and the purchasers and payers of health care
   services.
- - (n) If a standard advisory committee is not appointed by the commission and the commission determines it necessary, submit a request to the department to engage the services of private consultants or request the department to contract with any private organization for professional and technical assistance and advice or other services to assist the commission in carrying out its duties and functions under this part.
  - (o) Within 6 months after the appointment and confirmation of the 6 additional commission members under section 22211, develop, approve, or revise certificate of need review standards governing the increase of licensed beds in a hospital licensed under part 215, the physical relocation of hospital beds from 1 licensed site to another geographic location, and the replacement of beds in a

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1 hospital licensed under part 215.

- (2) The commission shall exercise its duties under this part
  to promote and assure ensure all of the following:
  - (a) The availability and accessibility of quality health services at a reasonable cost and within a reasonable geographic proximity for all people in this state.
  - (b) Appropriate differential consideration of the health care needs of residents in rural counties in ways that do not compromise the quality and affordability of health care services for those residents.
  - (3) Not less than 30 days before final action is taken by the commission under subsection (1)(a), (b), (d), (h), or (o), the commission shall conduct a public hearing on its proposed action. In addition, not less than 30 days before final action is taken by the commission under subsection (1)(a), (b), (d), (h), or (o), the commission chairperson shall submit the proposed action and a concise summary of the expected impact of the proposed action for comment to each member of the joint committee. The commission shall inform the joint committee of the date, time, and location of the next meeting regarding the proposed action. The joint committee shall promptly review the proposed action and submit its
    - (4) The Within 30 days following a public hearing for a proposed action, the commission chairperson shall submit the proposed final action including a concise summary of the expected impact of the proposed final action together with a copy of all written and recorded public testimony to the governor and each member of the joint committee. The governor or the legislature may disapprove the proposed final action within 45 days after the date

- 1 of submission. If the proposed final action is not submitted on a
- 2 legislative session day, the 45 days commence on the first
- 3 legislative session day after the proposed final action is
- 4 submitted. The 45 days shall must include not less than 9
- 5 legislative session days. Legislative disapproval shall must be
- 6 expressed by concurrent resolution which shall must be adopted by
- 7 each house of the legislature. The concurrent resolution shall must
- 8 state specific objections to the proposed final action. A proposed
- 9 final action by the commission under subsection (1)(a), (b), (d),
- 10 (h), or (o) is not effective if it has been disapproved under this
- 11 subsection. If the proposed final action is not disapproved under
- 12 this subsection, it is effective and binding on all persons
- 13 affected by this part upon the expiration of the 45-day period or
- 14 on a later date specified in the proposed final action. As used in
- 15 this subsection, "legislative session day" means each day in which
- 16 a quorum of either the house of representatives or the senate,
- 17 following a call to order, officially convenes in Lansing to
- 18 conduct legislative business.
- 19 (5) The commission shall not develop, approve, or revise a
- 20 certificate of need review standard that requires the payment of
- 21 money or goods or the provision of services unrelated to the
- 22 proposed project as a condition that must be satisfied by a person
- 23 seeking a certificate of need for the initiation, replacement, or
- 24 expansion of covered clinical services, the acquisition or
- 25 beginning the operation of a health facility, making changes in bed
- 26 capacity, or making covered capital expenditures. This subsection
- 27 does not preclude a requirement that each applicant participate in
- 28 title XIX of the social security act, chapter 531, 49 Stat. 620,
- 29 <del>1396r-6 and 1396r-8 to 1396v,</del> 42 USC 1396 to 1396w-6, or a

requirement that each applicant provide covered clinical servicesto all patients regardless of his or her ability to pay.

- (6) If the reports received under section 22221(f) indicate that the certificate of need application fees collected under section 20161 have not been within 10% of 3/4 the cost to the department of implementing this part, the commission shall make recommendations regarding the revision of those fees so that the certificate of need application fees collected equal approximately 3/4 of the cost to the department of implementing this part.
- 10 (7) As used in this section, "joint committee" means the joint 11 committee created under section 22219.



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