Act No. 253
Public Acts of 2000
Approved by the Governor
June 29, 2000

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STATE OF MICHIGAN 90TH LEGISLATURE REGULAR SESSION OF 2000

Introduced by Senator Johnson

ENROLLED SENATE BILL No. 1211

AN ACT to amend 1978 PA 368, entitled "An act to protect and promote the public health; to codify, revise, consolidate, classify, and add to the laws relating to public health; to provide for the prevention and control of diseases and disabilities; to provide for the classification, administration, regulation, financing, and maintenance of personal, environmental, and other health services and activities; to create or continue, and prescribe the powers and duties of, departments, boards, commissions, councils, committees, task forces, and other agencies; to prescribe the powers and duties of governmental entities and officials; to regulate occupations, facilities, and agencies affecting the public health; to regulate health maintenance organizations and certain third party administrators and insurers; to provide for the imposition of a regulatory fee; to promote the efficient and economical delivery of health care services, to provide for the appropriate utilization of health care facilities and services, and to provide for the closure of hospitals or consolidation of hospitals or services; to provide for the collection and use of data and information; to provide for the transfer of property; to provide certain immunity from liability; to regulate and prohibit the sale and offering for sale of drug paraphernalia under certain circumstances; to provide for the implementation of federal law; to provide for penalties and remedies; to provide for sanctions for violations of this act and local ordinances; to repeal certain acts and parts of acts; to repeal certain parts of this act; and to repeal certain parts of this act on specific dates," by amending sections 20106, 20124, 20161, and 22205 (MCL 333.20106, 333.20124, 333.20161, and 333.22205), sections 20106 and 20161 as amended by 1996 PA 267 and section 22205 as amended by 1993 PA 88.

The People of the State of Michigan enact:

Sec. 20106. (1) "Health facility or agency", except as provided in section 20115, means:

- (a) An ambulance operation, aircraft transport operation, nontransport prehospital life support operation, or medical first response service.
 - (b) A clinical laboratory.
 - (c) A county medical care facility.
 - (d) A freestanding surgical outpatient facility.
 - (e) A health maintenance organization.
 - (f) A home for the aged.
 - (g) A hospital.
 - (h) A nursing home.
 - (i) A hospice.
 - (j) A hospice residence.
- (k) A facility or agency listed in subdivisions (a) to (h) located in a university, college, or other educational institution.

- (2) "Health maintenance organization" means that term as defined in section 3501 of the insurance code of 1956, 1956 PA 218, MCL 500.3501.
- (3) "Home for the aged" means a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility that provides room, board, and supervised personal care to 21 or more unrelated, nontransient, individuals 60 years of age or older. Home for the aged includes a supervised personal care facility for 20 or fewer individuals 60 years of age or older if the facility is operated in conjunction with and as a distinct part of a licensed nursing home.
- (4) "Hospice" means a health care program that provides a coordinated set of services rendered at home or in outpatient or institutional settings for individuals suffering from a disease or condition with a terminal prognosis.
- (5) "Hospital" means a facility offering inpatient, overnight care, and services for observation, diagnosis, and active treatment of an individual with a medical, surgical, obstetric, chronic, or rehabilitative condition requiring the daily direction or supervision of a physician. Hospital does not include a mental health hospital licensed or operated by the department of community health or a hospital operated by the department of corrections.
- (6) "Hospital long-term care unit" means a nursing care facility, owned and operated by and as part of a hospital, providing organized nursing care and medical treatment to 7 or more unrelated individuals suffering or recovering from illness, injury, or infirmity.

Sec. 20124. The advisory commission shall:

- (a) Approve rules relating to the licensure and certification of health facilities and agencies other than health maintenance organizations and the administration of this article before their promulgation.
 - (b) Receive reports of licenses denied, limited, suspended, or revoked pursuant to this article.
- (c) Advise the department as to administration of health facility and agency licensure and certification functions, including recommendations with respect to licensing actions.
- (d) Biennially conduct a review and prepare a written evaluation of health facility and agency licensure and certification functions performed by the department, including appropriate recommendations. The recommendations shall give particular attention to policies as to public disclosure and nondiscrimination and the standardization and integration of rules common to more than 1 category of health facility or agency.
 - (e) Review complaints made under section 20176.
 - (f) Provide other assistance the department reasonably requests.

Sec. 20161. (1) Fees for health facility and agency licenses and certificates of need shall be assessed on an annual basis by the department as provided in this act. Except as otherwise provided in this article, fees shall be paid in accordance with the following fee schedule:

(a) Freestanding surgical outpatient facilities	\$ 238.00 per facility.
(b) Hospitals	\$ 8.28 per licensed bed.
(c) Nursing homes, county medical care facilities, and hospital long-term care units	\$ 2.20 per licensed bed.
(d) Homes for the aged	\$ 6.27 per licensed bed.
(e) Clinical laboratories	\$ 475.00 per laboratory.
(f) Hospice residences	200.00 per license survey; \$20.00 per licensed bed.

- (2) If a hospital requests the department to conduct a certification survey for purposes of title XVIII or title XIX of the social security act, the hospital shall pay a license fee surcharge of \$23.00 per bed.
- (3) The base fee for a certificate of need is \$750.00 for each application. For a project requiring a projected capital expenditure of more than \$150,000.00 but less than \$1,500,000.00, an additional fee of \$2,000.00 shall be added to the base fee. For a project requiring a projected capital expenditure of \$1,500,000.00 or more, an additional fee of \$3,500.00 shall be added to the base fee.
- (4) If licensure is for more than 1 year, the fees described in subsection (1) shall be multiplied by the number of years for which the license is issued, and the total amount of the fees shall be collected in the year in which the license is issued.
- (5) Fees described in this section are payable to the department at the time an application for a license, permit, or certificate is submitted. If an application for a license, permit, or certificate is denied or if a license, permit, or certificate is revoked before its expiration date, the fees paid to the department shall not be refunded.
- (6) The fee for a provisional license or temporary permit shall be the same as for a license. A license may be issued at the expiration date of a temporary permit without an additional fee for the balance of the period for which the fee was paid if the requirements for licensure are met.

- (7) The department may charge a fee to recover the cost of purchase or production and distribution of proficiency evaluation samples that are supplied to clinical laboratories pursuant to section 20521(3).
- (8) In addition to the fees imposed under subsection (1), a fee of \$25.00 shall be submitted to the department for each reissuance during the licensure period of a clinical laboratory license.
- (9) Except for the licensure of clinical laboratories, not more than half the annual cost of licensure activities as determined by the department shall be provided by license fees.
- (10) The application fee for a waiver under section 21564 shall be \$200.00 plus \$40.00 per hour for the professional services and travel expenses directly related to processing the application. The travel expenses shall be calculated in accordance with the state standardized travel regulations of the department of management and budget in effect at the time of the travel.
- (11) An applicant for licensure or renewal of licensure under part 209 shall pay the applicable fees set forth in part 209.
 - (12) The fees collected under this section shall be deposited in the state treasury, to the credit of the general fund.

Sec. 22205. (1) "Health facility", except as otherwise provided in subsection (2), means:

- (a) A hospital licensed under part 215.
- (b) A psychiatric hospital, psychiatric unit, or partial hospitalization psychiatric program licensed under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.
 - (c) A nursing home licensed under part 217 or a hospital long-term care unit as defined in section 20106(6).
 - (d) A freestanding surgical outpatient facility licensed under part 208.
 - (e) A health maintenance organization issued a license or certificate of authority in this state.
 - (2) "Health facility" does not include the following:
- (a) An institution conducted by and for the adherents of a church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing.
 - (b) A health facility or agency located in a correctional institution.
 - (c) A veterans facility operated by the state or federal government.
 - (d) A facility owned and operated by the department of mental health.
- (3) "Initiate" means the initiation of a covered clinical service by a person if the covered clinical service has not been offered in compliance with this part or former part 221 on a regular basis by that person at the location where the covered clinical service is to be offered within the 12-month period immediately preceding the date the covered clinical service will be offered.
- (4) "Medical equipment" means a single equipment component or a related system of components that is used for clinical purposes.

This act is ordered to take immediate effect.

	Carol Morey Viventi
	Secretary of the Senate.
	Clerk of the House of Representatives.
Approved	
Governor	