



**House
Legislative
Analysis
Section**

House Office Building, 9 South
Lansing, Michigan 48909
Phone: 517/373-6466

**REVISE DESIGN STANDARDS FOR
HEALTH FACILITIES/AGENCIES**

**House Bill 5761 as enrolled
Public Act 683 of 2002
Second Analysis (1-9-03)**

**Sponsor: Rep. Thomas M. George
House Committee: Health Policy
Senate Committee: Health Policy**

THE APPARENT PROBLEM:

The Michigan Public Health Code, which was enacted in 1978, contains references to the standards and rules “required for federal assistance under the federal hospital and medical facilities amendments of 1964.” In Michigan the basis of these standards and rules is a document titled “Minimum Standards of Construction and Equipment for Hospitals and Medical Care Facilities,” published by the state’s Department of Public Health in November 1978. However, since 1986 the Department of Public Health (now the Department of Community Health) and, more recently, the Department of Consumer and Industry Services have supplemented and revised these standards as necessary to keep pace with changes in the evolving understanding of best practices for constructing health care facilities.

From September 1995 through January 1998, the Health Facilities Design Standards Committee, formed under the guidance of CIS’s Division of Health Facilities and Services, held monthly meetings to comprehensively review and propose updated standards. This committee was composed of designers, consultants, health care professionals, and government officials from the following organizations and agencies: the American Institute of Architects (Michigan), the Michigan Society for Healthcare Engineering, the Bureau of Health Systems and the Office of Fire Safety of the Department of Consumer and Industry Services, the Academy of Architecture for Health, the Michigan Health and Hospital Association, the Michigan Society of Infection Control, the Michigan Society of Professional Engineers, the Associated General Contractors of America (Detroit), the Michigan Association of Homes and Services for the Aging, and the Health Care Association of Michigan. The committee also formed a Long Term Care Subcommittee consisting of representatives from the organizations and agencies above as well as representatives of the Michigan Public Health

Institute, the St. Lawrence Dimondale Center, the Detroit Medical Center Nursing Centers, the Oakview Medical Care Facility, and the Saginaw Geriatrics Home. The product of the committees’ efforts is the 1998 publication, “Minimum Design Standards for Health Care Facilities in Michigan,” which sets forth updated minimum standards for the design of new and renovated health facilities, systems, and equipment. The document includes general standards for health care facilities as well as specific standards for each of the following: health care facility sites, equipment, construction, record drawings and manuals, hospitals (general requirements), nursing facilities, outpatient facilities, rehabilitation facilities, psychiatric hospitals, and mobile, transport, and relocatable units. The document also includes an appendix, which provides information intended generally to clarify the standards.

According to committee testimony, the updated standards have been developed on a “consensus basis,” and the industry has already accepted and voluntarily complied with the standards. Legislation has been introduced to update the Public Health Code to reflect what has become standard practice.

THE CONTENT OF THE BILL:

The Public Health Code requires a person to obtain a construction permit from the Michigan Department of Consumer and Industry Services (CIS) before contracting for and initiating a construction project involving new construction, additions, modernization, or conversion of a health facility or agency with a capital expenditure of \$1 million or more. CIS is also authorized to promulgate rules to require construction permits and the submission of plans for other construction projects—i.e., projects costing less than \$1 million—in order to protect the public health, safety, and welfare. CIS’s “review and

House Bill 5761 (1-9-03)

approval of architectural plans and narrative” for any such project must require that the project be designed and constructed in accord with applicable statutory and other regulatory requirements. Currently the code states that the standards and rules relating to construction, additions, modernization, or conversion of hospitals may not be less strict than those required for federal assistance under the federal hospital and medical facilities amendments of 1964.

House Bill 5761 would amend the code to replace the current minimum standards for construction, additions, modernization, or conversion of hospitals—i.e., those set forth in the federal hospital and medical facilities amendments of 1964—with the standards set forth in the March 1998 publication titled “Minimum Design Standards for Health Care Facilities in Michigan”. The new standards would be incorporated by reference. The bill would also specify that CIS had to apply these standards, at a minimum, when reviewing and approving a construction permit for a health facility or agency. However, CIS could promulgate rules that are more stringent than the new standards if necessary to protect the public health, safety, and welfare. Finally, the bill would update certain references to the federal Social Security Act.
MCL 333.20145 and 333.21523

BACKGROUND INFORMATION:

The updated document, “Minimum Design Standards for Health Care Facilities in Michigan,” may be found at the CIS website: www.cis.state.mi.us/bhs/hfes/pdfs/standard.pdf.

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, the bill would have no fiscal impact on the state or local units of government. (1-8-03)

ARGUMENTS:

For:

According to the foreword to “Minimum Design Standards for Health Care Facilities,” the basis for the standards is the 1996-97 edition of the “Guidelines for Design and Construction of Hospital and Health Care Facilities,” published by the American Institute of Architects Academy of Architecture for Health, with assistance from the federal Department of Health and Human Services. The foreword also states that those guidelines have been accepted by the Joint Commission on

Accreditation of Health Care Organizations, the American Hospital Association, and the Health Care Financing Administration. Moreover, spokespersons for both CIS and the Michigan Health and Hospital Association confirm that health care facilities are already complying with the updated state standards. Essentially, the bill would simply bring the state’s health code up to date with standards that architects, designers, health care professionals, and government officials agree are the appropriate standards for the construction and renovation of health care facilities, systems, and equipment. If there was good reason to doubt that those standards sufficed to protect public health, safety, and welfare, CIS could promulgate rules to supplement the standards.

Analyst: J. Caver

■ 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.