Legislative Analysis



COVERED CAPITAL EXPENDITURES

Phone: (517) 373-8080 http://www.house.mi.gov/hfa

Senate Bill 669 (proposed substitute H-1) Sponsor: Sen. Curtis S. VanderWall House Committee: Health Policy

Analysis available at http://www.legislature.mi.gov

Senate Committee: Health Policy and Human Services

Complete to 9-24-20

SUMMARY:

Senate Bill 669 would amend the Public Health Code to raise the threshold amount for capital expenditures to be considered covered capital expenditures to \$10.0 million.

Currently under the code, a person must obtain a construction permit from the Department of Licensing and Regulatory Affairs (LARA) when working on certain health facility projects with a capital expenditure of \$1.0 million or more, and other projects as LARA determines necessary to protect the public health, safety, and welfare. If a project requires a construction permit for either of these reasons but does not require a *certificate of need* (CON), LARA must require the applicant to submit information LARA deems necessary to assure that the capital expenditure for the project is not a *covered capital expenditure*.

Certificate of need is defined in the code as a certificate issued under Part 222 (Certificates of Need) authorizing a new health facility, a change in bed capacity, the initiation, replacement, or expansion of a covered clinical service, or a covered capital expenditure that is issued in accordance with Part 222.

Covered capital expenditure is defined as a capital expenditure of \$2.5 million or more, as adjusted annually by the Department of Health and Human Services (DHHS), by a person for a health facility for a single project, excluding the cost of nonfixed medical equipment, that includes or involves the acquisition, improvement, expansion, addition, conversion, modernization, new construction, or replacement of a clinical service area.

<u>The bill</u> would raise the threshold for a capital expenditure to be considered a covered capital expenditure to \$10.0 million or more, adjusted annually.

Under current statute, a hospital does not need to obtain a CON, but must provide certain information to LARA, before relocating beds from a hospital to a freestanding surgical outpatient facility under certain specific conditions. Additionally, such a hospital cannot transfer more than 35% of its licensed beds to another hospital or freestanding surgical outpatient facility more than one time under these provisions if the hospital (or another hospital under common control with the hospital) is located in a city with a population of

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¹ The adjusted threshold amount for 2020 is \$3,375,000. See https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106-372419--,00.html

750,000 or more.² The bill would remove the provision that now limits those transfers for a hospital located in a city of that size.

The bill would also remove a requirement that, within six months of the appointment and confirmation of six additional commission members, the CON commission develop standards for use of certain hospital beds. Those members were added by 2002 PA 619.³

Finally, the code currently requires DHHS to annually adjust the \$2.5 million threshold for covered capital expenditures to reflect changes in the consumer price index (CPI).

The bill would increase the threshold to \$10.0 million and retain the requirement to adjust it annually to reflect changes in the CPI.

MCL 333.20145 et seq.

FISCAL IMPACT:

A fiscal analysis is in progress.

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

² <u>Note</u>: No Michigan city currently has a population of 750,000 or more. This provision presumably applied only to Detroit, which has an estimated population of 670,031. See https://www.census.gov/quickfacts/fact/table/detroitcitymichigan,MI/PST045219

³ House Fiscal Agency analysis of 2002 PA 619/SB 1436: http://www.legislature.mi.gov/documents/2001-2002/billanalysis/House/pdf/2002-HFA-1436-x5.pdf