COVID-19 RESPONSE IN NURSING HOMES

Senate Bill 956 (S-3) as passed by the Senate
Sponsor: Sen. Peter J. Lucido
House Committee: Health Policy
Senate Committee: Health Policy and Human Services
Complete to 7-14-20

SUMMARY:

Senate Bill 956 would amend the Public Health Code to require the Department of Health and Human Services (DHHS), in consultation with the Department of Licensing and Regulatory Affairs (LARA), to assess and report on the state’s response to COVID-19 in nursing homes and plan for any future response. It would also prohibit admission or retention of coronavirus-positive individuals in nursing homes.

Under the bill, DHHS, in consultation with LARA, would have to do all of the following:

- By July 31, 2020, conduct an evaluation of the operation, efficacy, clinical outcomes, and performance of each COVID-19 regional hub (see Background, below) that was implemented and operating during the state response to coronavirus in nursing homes, and provide a detailed report on that evaluation to the House and Senate Health Policy committees.
- By August 15, 2020, develop and submit a plan to those committees, based on relevant and updated guidance from the federal Centers for Disease Control and Prevention (CDC), describing a process to ensure that by September 15, 2020, there are dedicated facilities available for coronavirus-positive patients in each of the eight health care regions in Michigan to provide care for those ineligible for admission at a hospital, nursing home, or adult care facility. If the plan uses regional hubs, it must incorporate any enhancement that DHHS considers appropriate to prevent the spread of coronavirus in nursing homes based on the evaluation.

Coronavirus means severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Additionally, beginning September 15, 2020, a person who has tested positive for coronavirus could not be admitted or retained for care in a nursing home unless either of the following applied:

- The person has since recovered from coronavirus.
- The nursing home is able to provide a designated area and program to demonstrate its ability to retain the person in its facility and provide the necessary care consistent with adequate supply, staffing, and operational capacity at the nursing home. LARA would have to approve the nursing home’s designated area and program before the nursing home would be allowed to retain residents.

MCL 333.21717 and proposed MCL 333.5145

1 https://www.michigan.gov/mdhhs/0,5885,7-339-71548_54783_54826_56171-237197--,00.html
BACKGROUND:

According to current DHHS guidance:

The COVID-19 Regional Hubs are designated facilities or units within existing nursing facilities to care for COVID-19-individuals residing in long-term care facilities who are suspected to have Coronavirus or have been confirmed to have COVID-19 but do not require acute care provided in a hospital. The COVID-19 Regional Hubs are also designed to support the statewide hospital discharge policy and facilitate admission into nursing facilities prepared to treat COVID-19-affected residents.

COVID-19 Regional Hubs are selected at the discretion of MDHHS based on stated factors that include stated willingness to serve as a hub facility, capacity to contribute to local need for services, proximity to acute care facilities experiencing high COVID-19 related demand, physical attributes of the facility to effectively quarantine COVID-19-affected residents, performance history of the facility, and other factors deemed relevant by MDHHS.

COVID-19 Regional Hubs must keep up to date with Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) guidance and recommendations related to COVID-19 and inform employees of any changes.

FISCAL IMPACT:

Senate Bill 956 would have cost implications in the current fiscal year for DHHS for the activities of evaluation, planning, and assisting in implementation of a plan. These activities are not unlike similar tasks that DHHS has undertaken during the current fiscal year related to the COVID-19 pandemic. It is likely that costs for these administrative tasks would be supportable under the current DHHS budget and possibly by federal funds received by the state for costs related to COVID-19 response.

The bill may result in minor administrative costs for LARA. Any resulting costs would likely be sufficiently offset by existing departmental appropriations.

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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.