## S.B. 273 HOSPITAL ASSESSMENTS

SENATE FLOOR AMENDMENTS

Senator Lyle W. Hillyard proposes the following amendments:

- 1. Page 5, Lines 126 through 132:
  - 126 { (2) For a hospital subject to the assessment imposed by this chapter, and also subject to
  - 127 <u>the corporate franchise or income tax under Title 59, Chapter 7, Corporate Franchise and</u>
  - 128 Income Taxes, all assessments paid under this chapter shall be allowed as a deductible expense
  - 129 <u>under Title 59, Chapter 7, Corporate Franchise and Income Taxes.</u>
  - 130 (2) All assessments paid under this chapter may be included as an allowable cost of a
  - 131 hospital for purposes of any applicable Medicaid reimbursement formula.
  - 132 {(4)} <u>(3)</u> This chapter does not authorize a political subdivision of the state to:

## 2. Page 6, Line 161:

- 161 (2) (a) An annual assessment is {<u>imposed</u>} <u>payable</u> on a quarterly basis for each hospital in an
- *3. Page 6, Lines 169 through 170:* 
  - 169 (d) The annual uniform assessment rate
    - (i) may not generate more than the non-federal
  - 170 <u>share of the annual upper payment limit gap for</u> {<u>each applicable</u>} <u>fiscal year</u> <u>2012; and</u>

(ii) for fiscal year 2010-2011 only:

(A) may not generate more than the non-federal share of the annual upper payment limit gap for the fiscal year; and

(B) \$2,000,000. of the assessment shall be used by the department and the division to offset Medicaid mandatory expenditures.

4. Page 12, Lines 343 through 344:

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343 {<u>(3) The fund shall be separate and distinct from any other special revenue funds.</u>
344 <u>(4)</u>} <u>(3)</u> Money in the fund shall be used:
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5. Page 12, Line 348:

348 {<u>(5) The money in the fund is non-lapsing.</u>}

6. Page 13, Lines 369 through 375:

369 <u>appropriated for fiscal year 2008;</u> {-or-}

(iii) approval of any change in the state Medicaid plan that requires a greater percentage of Medicaid patients to enroll in Medicaid managed care plans than what is required on January 1, 2010;

- 370 {(iii)} (iv) a division change in rules that reduces any of the following below July 1, 2010
- 371 payments:
- 372 (A) aggregate hospital inpatient payments;
- 373 (B) {<u>aggregate outpatient payments;</u>
- 374 <u>(C)</u>} adjustment payment rates; or
- $375 \qquad { (D) } any cost settlement protocol <u>; or</u>$

(v) a division change in rules that reduces the aggregate outpatient payments below July 1, 2011 payments \_\_\_\_\_\_