

**HOSPITAL PROVIDER TAX AMENDMENTS**

2011 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: David Clark**

Senate Sponsor: Allen M. Christensen

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**LONG TITLE**

**General Description:**

This bill amends the Hospital Provider Assessment Act to amend provisions related to the repeal of the assessment.

**Highlighted Provisions:**

This bill:

- ▶ amends provisions related to the repeal of the hospital provider assessment.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

AMENDS:

**26-36a-208**, as enacted by Laws of Utah 2010, Chapter 179

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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **26-36a-208** is amended to read:

**26-36a-208. Repeal of assessment.**

(1) The repeal of the assessment imposed by this chapter shall occur upon the certification by the executive director of the department that the sooner of the following has occurred:

(a) the effective date of any action by Congress that would disqualify the assessment imposed by this chapter from counting towards state Medicaid funds available to be used to

30 determine the federal financial participation;

31 (b) the effective date of any decision, enactment, or other determination by the  
32 Legislature or by any court, officer, department, or agency of the state, or of the federal  
33 government that has the effect of:

34 (i) disqualifying the assessment from counting towards state Medicaid funds available  
35 to be used to determine federal financial participation for Medicaid matching funds; or

36 (ii) creating for any reason a failure of the state to use the assessments for the Medicaid  
37 program as described in this chapter; and

38 (c) the effective date of:

39 (i) an appropriation for any state fiscal year from the General Fund for hospital  
40 payments under the state Medicaid program that is less than the amount appropriated for state  
41 fiscal year [~~2011~~] 2012;

42 (ii) the annual revenues of the state General Fund budget return to the level that was  
43 appropriated for fiscal year 2008;

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

47 (A) to implement accountable care organizations in the state plan; and

48 (B) by other managed care enrollment requirements in effect on or before January 1,  
49 2012;

50 (iv) a division change in rules that reduces any of the following below July 1, [~~2010~~]  
51 2011 payments:

52 (A) aggregate hospital inpatient payments;

53 (B) adjustment payment rates; or

54 (C) any cost settlement protocol; or

55 (v) a division change in rules that reduces the aggregate outpatient payments below  
56 July 1, 2011 payments.

57 (2) If the assessment is repealed under Subsection (1), money in the fund that was

58 derived from assessments imposed by this chapter, before the determination made under  
59 Subsection (1), shall be disbursed under Section 26-36a-205 to the extent federal matching is  
60 not reduced due to the impermissibility of the assessments. Any funds remaining in the special  
61 revenue fund shall be refunded to the hospitals in proportion to the amount paid by each  
62 hospital.