

**FIRST ENGROSSMENT
with Senate Amendments****ENGROSSED HOUSE BILL NO. 1191**

Introduced by

Representatives Devlin, Kreidt, Metcalf

Senators Fischer, J. Lee, Robinson

1 A BILL for an Act to amend and reenact section 23-16-01.1 of the North Dakota Century Code,
2 relating to a moratorium on long-term care bed capacity.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1. AMENDMENT.** Section 23-16-01.1 of the North Dakota Century Code is
5 amended and reenacted as follows:

6 **23-16-01.1. Moratorium on expansion of long-term care bed capacity.**

- 7 1. Notwithstanding sections 23-16-06 and 23-16-10, except when ~~existing beds are~~
8 ~~converted for use by the alzheimer's and related dementia population under the~~
9 ~~projects provided for in section 50-06-14.4 or when a nursing facility converts basic~~
10 ~~care bed capacity licensed after July 1, 2001, as nursing facility capacity to nursing~~
11 ~~facility bed capacity, the state department of health may not issue a license for any~~
12 ~~additional bed capacity above the state's gross licensed capacity of seven~~
13 ~~thousand one hundred forty beds, adjusted by any reduction in beds before~~
14 ~~July 31, 2003, a facility reverts basic care beds to nursing facility beds, nursing~~
15 ~~facility beds may not be added to the state's licensed bed capacity during the~~
16 ~~period between August 1, 2003 2005, and July 31, 2007.~~
- 17 2. Transfers of ~~existing beds from one municipality facility to another municipality~~
18 ~~must be approved if the state department of health licensing requirements are met,~~
19 ~~during the period August 1, 2003, to July 31, 2007. Existing licensed beds~~
20 ~~released by a facility and transferred to another facility entity is permitted.~~
21 Transferred nursing facility beds must become licensed within forty-eight months of
22 transfer. Nursing facility beds transferred before August 1, 2005, which are
23 awaiting nursing facility licensure, may be converted to basic care licensure.

- 1 3. ~~Transfer of existing beds from one municipality facility to a tribal reservation during~~
2 ~~the period August 1, 2003, to July 31, 2007, may occur, only to the extent that the~~
3 ~~facility transferring beds reduces the facility's licensed capacity by an amount~~
4 ~~equal to the number of beds transferred. A tribal facility may seek to participate,~~
5 ~~within forty eight months of any transfer of beds, in the medical assistance~~
6 ~~program. Medical assistance payments may only be made to a medicaid-certified~~
7 ~~tribal facility that agrees to participate and adhere to all federal and state~~
8 ~~requirements of the medical assistance program including participation, screening,~~
9 ~~ratesetting, and licensing requirements. A nursing facility may convert licensed~~
10 ~~nursing facility bed capacity to basic care. If the converted beds remain in the~~
11 ~~same facility and are not transferred, the beds may revert to nursing facility status~~
12 ~~after one year of licensure as basic care beds.~~
- 13 4. ~~Not more than once in a twelve month period, a nursing facility may convert~~
14 ~~licensed nursing facility bed capacity to basic care bed capacity or may convert~~
15 ~~basic care bed capacity licensed after July 1, 2001, as nursing facility capacity to~~
16 ~~licensed nursing facility bed capacity. At least ninety days before the conversion,~~
17 ~~the facility shall notify the state department of health of the facility's intent to~~
18 ~~convert bed capacity. Nursing facility beds that are converted to basic care may be~~
19 ~~transferred as basic care beds. However, upon the transfer, the basic care beds~~
20 ~~may not be relicensed as nursing facility beds.~~
- 21 5. If an Indian tribe acquires nursing facility beds on a reservation, the tribal facility
22 must meet state licensing requirements for those beds within forty-eight months of
23 acquisition. A tribal facility may seek to participate in the medical assistance
24 programs. Medical assistance payments may only be made to a medicaid certified
25 tribal facility that agrees to participate and adhere to all federal and state
26 requirements of the medical assistance program, including participation, screening,
27 ratesetting, and licensing requirements.