

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 656

BY WAYS AND MEANS COMMITTEE

AN ACT

1 RELATING TO THE IDAHO HOSPITAL ASSESSMENT ACT; AMENDING SECTION 56-1401,
2 IDAHO CODE, TO REVISE LEGISLATIVE INTENT; AMENDING SECTION 56-1402,
3 IDAHO CODE, TO DEFINE A TERM; AMENDING SECTION 56-1403, IDAHO CODE,
4 TO REVISE THE APPROPRIATION STATUS OF THE HOSPITAL ASSESSMENT FUND
5 AND TO PROVIDE ADDITIONAL PURPOSES FOR THE FUND; AMENDING SECTION
6 56-1404, IDAHO CODE, TO REVISE HOW ASSESSMENTS ARE TO BE DETERMINED
7 FOR ALL HOSPITALS AND FOR PRIVATE IN-STATE HOSPITALS AND TO REVISE
8 HOW THE ASSESSMENT BASE IS DETERMINED; AMENDING SECTION 56-1406,
9 IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE HOW THE UPPER PAYMENT
10 LIMIT DISTRIBUTIONS ARE TO BE DETERMINED FOR CERTAIN YEARS; REPEALING
11 SECTIONS 56-1401, 56-1402, 56-1403, 56-1404 AND 56-1406, IDAHO CODE,
12 RELATING TO THE IDAHO HOSPITAL ASSESSMENT ACT; AMENDING CHAPTER 14,
13 TITLE 56, IDAHO CODE, BY THE ADDITION OF NEW SECTIONS 56-1401, 56-1402,
14 56-1403, 56-1404 AND 56-1406, IDAHO CODE, TO PROVIDE A SHORT TITLE AND
15 LEGISLATIVE INTENT, TO DEFINE TERMS, TO ESTABLISH AND PROVIDE FOR THE
16 HOSPITAL ASSESSMENT FUND, TO PROVIDE FOR HOSPITAL ASSESSMENTS AND TO
17 PROVIDE FOR INPATIENT AND OUTPATIENT ADJUSTMENT PAYMENTS; PROVIDING
18 LEGISLATIVE INTENT; PROVIDING A SUNSET DATE; PROVIDING AN EFFECTIVE
19 DATE; AND REPEALING SECTION 2, CHAPTER 91, LAWS OF 2008.
20

21 Be It Enacted by the Legislature of the State of Idaho:

22 SECTION 1. That Section 56-1401, Idaho Code, be, and the same is hereby
23 amended to read as follows:

24 56-1401. SHORT TITLE -- LEGISLATIVE INTENT. (1) This chapter shall be
25 known and may be cited as the "Idaho Hospital Assessment Act."

26 (2) It is the intent of the legislature to encourage the maximization
27 of financial resources eligible and available for medicaid services by
28 establishing a fund within the Idaho department of health and welfare to
29 receive private hospital assessments to use in securing federal matching
30 funds under federally prescribed upper payment limit and disproportionate
31 share hospital programs and to maximize reimbursement for allowable costs
32 available through the state medicaid plan.

33 (3) It is also the intent of the legislature to assess private hospitals
34 to maintain adequate state trustee and benefit funds.

35 SECTION 2. That Section 56-1402, Idaho Code, be, and the same is hereby
36 amended to read as follows:

37 56-1402. DEFINITIONS. As used in this chapter:

38 (1) "Allowable costs" means the costs actually incurred by the
39 hospital that are reasonable in amount and necessary and proper to the
40 efficient delivery of services. The allowability of costs is governed by the

1 applicable medicare principles of reimbursement for provider costs as set
 2 forth in 42 CFR 413.

3 (2) "Department" means the department of health and welfare.

4 (23) "Disproportionate share hospital" means a hospital that serves a
 5 disproportionate share of medicaid low-income patients as compared to other
 6 hospitals as determined by department rule.

7 (34) "Governmental entity" means and includes the state and its
 8 political subdivisions.

9 (45) "Hospital" is as defined in section 39-1301(a), Idaho Code.

10 (56) "Political subdivision" means a county, city, municipal
 11 corporation or hospital taxing district and, as used in this chapter,
 12 shall include state licensed hospitals established by counties pursuant to
 13 chapter 36, title 31, Idaho Code, or jointly by cities and counties pursuant
 14 to chapter 37, title 31, Idaho Code.

15 (67) "Private hospital" means a hospital that is not owned by a
 16 governmental entity.

17 (78) "Upper payment limit" means a limitation established by federal
 18 regulations, 42 CFR 447.272 and 42 CFR 447.321, that disallows federal
 19 matching funds when state medicaid agencies pay certain classes of hospitals
 20 an aggregate amount for inpatient and outpatient hospital services that
 21 would exceed the amount that would be paid for the same services furnished by
 22 that class of hospitals under medicare payment principles.

23 SECTION 3. That Section 56-1403, Idaho Code, be, and the same is hereby
 24 amended to read as follows:

25 56-1403. HOSPITAL ASSESSMENT FUND ESTABLISHED. (1) There is hereby
 26 created in the office of the state treasurer a dedicated fund to be known
 27 as the hospital assessment fund, hereinafter "fund," to be administered by
 28 the department of health and welfare, hereinafter "department." The state
 29 treasurer shall invest idle moneys in the fund and any interest received on
 30 those investments shall be returned to the fund.

31 (2) Moneys in the fund shall consist of:

32 (a) All moneys collected or received by the department from hospital
 33 assessments required by this chapter;

34 (b) All federal matching funds received by the department as a result
 35 of expenditures made by the department that are attributable to moneys
 36 deposited in the fund;

37 (c) Any interest or penalties levied in conjunction with the
 38 administration of this chapter; and

39 (d) Any appropriations, federal funds, donations, gifts or moneys from
 40 any other sources.

41 (3) The fund is created for the purpose of receiving moneys in
 42 accordance with this section and section 56-1404, Idaho Code. The fund
 43 shall not be used to replace any moneys appropriated to the Idaho medical
 44 assistance program by the legislature. Moneys in the fund, which are deemed
 45 to be perpetually appropriated, shall be distributed by the department
 46 ~~subject to appropriation~~ for the following purposes only:

47 (a) Payments to hospitals as required under Idaho's medical assistance
 48 program as set forth in sections 56-209b through 56-209d, Idaho Code;

1 (b) Reimbursement of moneys collected by the department from hospitals
2 through error or mistake in performing the activities authorized under
3 Idaho's medical assistance program;

4 (c) Payments of administrative expenses incurred by the department or
5 its agent in performing the activities authorized by this chapter;

6 (d) Payments made to the federal government to repay excess payments
7 made to hospitals from the fund if the assessment plan is deemed out of
8 compliance and after the state has appealed the findings. Hospitals
9 shall refund the payments in question to the assessment fund. The state
10 in turn shall return funds to both the federal government and hospital
11 providers in the same proportion as the original financing. Individual
12 hospitals shall be reimbursed based on the proportion of the individual
13 hospital's assessment to the total assessment paid by all hospitals.
14 If a hospital is unable to refund payments, the state shall develop a
15 payment plan and deduct moneys from future medicaid payments;

16 (e) Transfers to any other fund in the state treasury, provided such
17 transfers shall not exceed the amount transferred previously from that
18 other fund into the hospital assessment fund; ~~and~~

19 (f) Making refunds to hospitals pursuant to section 56-1410, Idaho
20 Code;

21 (g) Payments to hospitals that restore allowable costs; and

22 (h) Provide state matching funds for department medicaid trustee
23 and benefit expenditures to the extent that a general fund shortfall
24 exists or as limited by the maximum assessment as set forth in section
25 56-1404(4), whichever is less.

26 SECTION 4. That Section 56-1404, Idaho Code, be, and the same is hereby
27 amended to read as follows:

28 56-1404. ASSESSMENTS. (1) All hospitals, except those exempted under
29 section 56-1408, Idaho Code, shall make payments to the fund in accordance
30 with this chapter. Subject to section 56-1410, Idaho Code, an annual
31 assessment on both inpatient and outpatient services is determined for each
32 qualifying hospital for each state fiscal years ~~2009, 2010 and 2011~~, in
33 an amount calculated by multiplying the rate, as set forth in subsections
34 (2) (b), ~~and~~ (3) (b) and (4) (b) of this section, by the assessment base, as set
35 forth in subsection ~~(5)~~ of this section.

36 (2) (a) The department shall calculate the private hospital upper
37 payment limit gap for both inpatient and outpatient services. The
38 upper payment limit gap is the difference between the maximum allowable
39 payments eligible for federal match, less medicaid payments not
40 financed using hospital assessment funds. The upper payment limit gap
41 shall be calculated separately for hospital inpatient and outpatient
42 services. Medicaid disproportionate share payments shall be excluded
43 from the calculation.

44 (b) The department shall calculate the upper payment limit assessment
45 rate for each state fiscal years ~~2009, 2010 and 2011~~ to be the percentage
46 that, when multiplied by the assessment base as defined in subsection
47 ~~(5)~~ of this section, equals the upper payment limit gap determined in
48 paragraph (a) of this subsection.

1 (3) (a) The department shall calculate the disproportionate share
2 allotment amount to be paid to private in-state hospitals.

3 (b) The department shall calculate the disproportionate share
4 assessment rate for private in-state hospitals to be the percentage
5 that, when multiplied by the assessment base as defined in subsection
6 (56) of this section, equals the amount of state funding necessary to
7 pay the private in-state hospital disproportionate share allotment
8 determined in paragraph (a) of this subsection.

9 (4) (a) The department shall calculate the restoration of costs amount
10 and the amount to maintain adequate state trustee and benefit funds.

11 (b) The department shall calculate the assessment rate for restoring
12 allowable costs to private in-state hospitals and to maintain adequate
13 state trustee and benefit funds to be the percentage that, when
14 multiplied by the assessment base as defined in subsection (6) of
15 this section, equals the amount of state funding necessary to pay the
16 allowable costs and to maintain the state trustee and benefit funds
17 determined in paragraph (a) of this subsection.

18 (5) For private in-state hospitals, the assessments calculated
19 pursuant to subsections (2), ~~and~~ (3) and (4) of this section shall not be
20 greater than two and one-half percent (2.5%) of the assessment base as
21 defined in subsection (56) of this section.

22 (56) The assessment base shall be the hospital's net patient revenue
23 for the applicable period. "Net patient revenue" for state fiscal year
24 2010~~9~~ shall be determined using the most recent data available from
25 each hospital's fiscal year 2004~~5~~ medicare cost report on file with the
26 department on June 30, 200~~8~~9, without regard to any subsequent adjustments
27 or changes to such data. Net patient revenue for each state fiscal year 2010
28 thereafter shall be determined in the same manner using the most recent data
29 available a rolling yearly schedule for each hospital's fiscal year 2005
30 medicare cost report on file with the department on June 30, ~~2009~~ of each
31 subsequent year, without regard to any subsequent adjustments or changes
32 to such data. ~~Net patient revenue for state fiscal year 2011 shall be~~
33 ~~determined using the most recent data available from each hospital's fiscal~~
34 ~~year 2006 medicare cost report on file with the department on June 30, 2010,~~
35 ~~without regard to any subsequent adjustments or changes to such data.~~

36 SECTION 5. That Section 56-1406, Idaho Code, be, and the same is hereby
37 amended to read as follows:

38 56-1406. INPATIENT AND OUTPATIENT ~~ADJUSTMENT~~ UPPER PAYMENTS LIMIT
39 DISTRIBUTIONS. All hospitals, except those exempted under section 56-1408,
40 Idaho Code, shall be eligible for inpatient and outpatient adjustments as
41 follows:

42 (1) For state fiscal year 2009, the inpatient upper payment limit gap
43 for private hospitals shall be divided by medicaid inpatient days for the
44 same hospitals from calendar year 2007 to establish an average per diem
45 adjustment rate. Each hospital shall receive an annual payment distribution
46 that is equal to the average per diem adjustment rate multiplied by the
47 hospital's calendar year 2007 medicaid inpatient days. For purposes of
48 this section, "hospital medicaid inpatient days" are days of inpatient
49 hospitalization paid for by the Idaho medical assistance program for

1 the applicable calendar year. For fiscal year 2010, calendar year 2008
 2 inpatient hospital medicaid days shall be utilized to determine the hospital
 3 inpatient ~~adjustment upper~~ payment limit distributions. For state fiscal
 4 years 2011, 2012 and 2013, calendar years 2009, 2010 and 2011 hospital
 5 medicaid inpatient days shall be utilized respectively to determine the
 6 hospital inpatient ~~adjustment upper~~ payment limit distributions. In
 7 the event that either the inpatient upper payment limit gap for private
 8 hospitals or the available hospital assessment funding is lower than
 9 anticipated, the department shall apply an across-the-board factor such
 10 that the inpatient upper ~~adjustments~~ payment limit distributions are
 11 maximized, financed entirely from hospital assessment funding, and do
 12 not exceed the Idaho inpatient upper payment limit for private hospitals.
 13 ~~Payments Distributions~~ shall be made no later than thirty (30) days after the
 14 receipt of the last deposit of the hospital assessment required in section
 15 56-1404, Idaho Code.

16 (2) For state fiscal year 2009, the outpatient upper payment limit
 17 gap for private hospitals shall be divided by medicaid outpatient hospital
 18 reimbursement for the same hospitals from calendar year 2007 to establish
 19 an average percentage adjustment rate. Each hospital, except those
 20 exempt under section 56-1408, Idaho Code, shall receive an annual ~~payment~~
 21 distribution that is equal to the average percentage adjustment rate
 22 multiplied by the hospital's calendar year 2007 hospital medicaid
 23 outpatient reimbursement. For purposes of this section, "hospital
 24 outpatient reimbursement" is reimbursement for hospital outpatient
 25 services paid for by the Idaho medical assistance program for the applicable
 26 calendar year. For state fiscal year 2010, calendar year 2008 hospital
 27 medicaid outpatient reimbursement shall be utilized to determine the
 28 outpatient hospital ~~adjustment upper~~ payment limit distribution. For
 29 state fiscal year 2011, calendar year 2009 hospital medicaid outpatient
 30 reimbursement shall be utilized to determine the outpatient hospital
 31 ~~adjustment upper~~ payment limit distributions. In the event that either the
 32 outpatient upper payment limit gap for private hospitals or the available
 33 hospital assessment funding is lower than anticipated, the department shall
 34 apply an across-the-board factor, such that outpatient adjustment payments
 35 are maximized, financed entirely from hospital assessment funding, and do
 36 not exceed the Idaho outpatient upper payment limit for private hospitals.
 37 ~~Payments Distributions~~ shall be made no later than thirty (30) days after the
 38 receipt of the last deposit of the hospital assessments required in section
 39 56-1404, Idaho Code.

40 SECTION 6. That Sections 56-1401, 56-1402, 56-1403, 56-1404 and
 41 56-1406, Idaho Code, be, and the same are hereby repealed.

42 SECTION 7. That Chapter 14, Title 56, Idaho Code, be, and the same
 43 is hereby amended by the addition thereto of NEW SECTIONS, to be known and
 44 designated as Sections 56-1401, 56-1402, 56-1403, 56-1404 and 56-1406,
 45 Idaho Code, and to read as follows:

46 56-1401. SHORT TITLE -- LEGISLATIVE INTENT. (1) This chapter shall be
 47 known and may be cited as the "Idaho Hospital Assessment Act."

1 (2) It is the intent of the legislature to encourage the maximization
2 of financial resources eligible and available for medicaid services by
3 establishing a fund within the Idaho department of health and welfare to
4 receive private hospital assessments to use in securing federal matching
5 funds under federally prescribed upper payment limit and disproportionate
6 share hospital programs available through the state medicaid plan.

7 56-1402. DEFINITIONS. As used in this chapter:

8 (1) "Department" means the department of health and welfare.

9 (2) "Disproportionate share hospital" means a hospital that serves a
10 disproportionate share of medicaid low-income patients as compared to other
11 hospitals as determined by department rule.

12 (3) "Governmental entity" means and includes the state and its
13 political subdivisions.

14 (4) "Hospital" is as defined in section 39-1301(a), Idaho Code.

15 (5) "Political subdivision" means a county, city, municipal
16 corporation or hospital taxing district and, as used in this chapter,
17 shall include state licensed hospitals established by counties pursuant to
18 chapter 36, title 31, Idaho Code, or jointly by cities and counties pursuant
19 to chapter 37, title 31, Idaho Code.

20 (6) "Private hospital" means a hospital that is not owned by a
21 governmental entity.

22 (7) "Upper payment limit" means a limitation established by federal
23 regulations, 42 CFR 447.272 and 42 CFR 447.321, that disallows federal
24 matching funds when state medicaid agencies pay certain classes of hospitals
25 an aggregate amount for inpatient and outpatient hospital services that
26 would exceed the amount that would be paid for the same services furnished by
27 that class of hospitals under medicare payment principles.

28 56-1403. HOSPITAL ASSESSMENT FUND ESTABLISHED. (1) There is hereby
29 created in the office of the state treasurer a dedicated fund to be known
30 as the hospital assessment fund, hereinafter "fund," to be administered by
31 the department of health and welfare, hereinafter "department." The state
32 treasurer shall invest idle moneys in the fund and any interest received on
33 those investments shall be returned to the fund.

34 (2) Moneys in the fund shall consist of:

35 (a) All moneys collected or received by the department from hospital
36 assessments required by this chapter;

37 (b) All federal matching funds received by the department as a result
38 of expenditures made by the department that are attributable to moneys
39 deposited in the fund;

40 (c) Any interest or penalties levied in conjunction with the
41 administration of this chapter; and

42 (d) Any appropriations, federal funds, donations, gifts or moneys from
43 any other sources.

44 (3) The fund is created for the purpose of receiving moneys in
45 accordance with this section and section 56-1404, Idaho Code. The fund
46 shall not be used to replace any moneys appropriated to the Idaho medical
47 assistance program by the legislature. Moneys in the fund shall be

1 distributed by the department subject to appropriation for the following
2 purposes only:

3 (a) Payments to hospitals as required under Idaho's medical assistance
4 program as set forth in sections 56-209b through 56-209d, Idaho Code;

5 (b) Reimbursement of moneys collected by the department from hospitals
6 through error or mistake in performing the activities authorized under
7 Idaho's medical assistance program;

8 (c) Payments of administrative expenses incurred by the department or
9 its agent in performing the activities authorized by this chapter;

10 (d) Payments made to the federal government to repay excess payments
11 made to hospitals from the fund if the assessment plan is deemed out of
12 compliance and after the state has appealed the findings. Hospitals
13 shall refund the payments in question to the assessment fund. The state
14 in turn shall return funds to both the federal government and hospital
15 providers in the same proportion as the original financing. Individual
16 hospitals shall be reimbursed based on the proportion of the individual
17 hospital's assessment to the total assessment paid by all hospitals.
18 If a hospital is unable to refund payments, the state shall develop a
19 payment plan and deduct moneys from future medicaid payments;

20 (e) Transfers to any other fund in the state treasury, provided such
21 transfers shall not exceed the amount transferred previously from that
22 other fund into the hospital assessment fund; and

23 (f) Making refunds to hospitals pursuant to section 56-1410, Idaho
24 Code.

25 56-1404. ASSESSMENTS. (1) All hospitals, except those exempted under
26 section 56-1408, Idaho Code, shall make payments to the fund in accordance
27 with this chapter. Subject to section 56-1410, Idaho Code, an annual
28 assessment on both inpatient and outpatient services is determined for each
29 qualifying hospital for state fiscal years 2009, 2010 and 2011, in an amount
30 calculated by multiplying the rate, as set forth in subsections (2) (b) and
31 (3) (b) of this section, by the assessment base, as set forth in subsection
32 (5) of this section.

33 (2) (a) The department shall calculate the private hospital upper
34 payment limit gap for both inpatient and outpatient services. The
35 upper payment limit gap is the difference between the maximum allowable
36 payments eligible for federal match, less medicaid payments not
37 financed using hospital assessment funds. The upper payment limit gap
38 shall be calculated separately for hospital inpatient and outpatient
39 services. Medicaid disproportionate share payments shall be excluded
40 from the calculation.

41 (b) The department shall calculate the upper payment limit assessment
42 rate for state fiscal years 2009, 2010 and 2011 to be the percentage
43 that, when multiplied by the assessment base as defined in subsection
44 (5) of this section, equals the upper payment limit gap determined in
45 paragraph (a) of this subsection.

46 (3) (a) The department shall calculate the disproportionate share
47 allotment amount to be paid to private in-state hospitals.

48 (b) The department shall calculate the disproportionate share
49 assessment rate for private in-state hospitals to be the percentage

1 that, when multiplied by the assessment base as defined in subsection
2 (5) of this section, equals the amount of state funding necessary to
3 pay the private in-state hospital disproportionate share allotment
4 determined in paragraph (a) of this subsection.

5 (4) For private in-state hospitals, the assessments calculated
6 pursuant to subsections (2) and (3) of this section shall not be greater
7 than two and one-half percent (2.5%) of the assessment base as defined in
8 subsection (5) of this section.

9 (5) The assessment base shall be the hospital's net patient revenue
10 for the applicable period. "Net patient revenue" for state fiscal year
11 2009 shall be determined using the most recent data available from each
12 hospital's fiscal year 2004 medicare cost report on file with the department
13 on June 30, 2008, without regard to any subsequent adjustments or changes
14 to such data. Net patient revenue for state fiscal year 2010 shall be
15 determined using the most recent data available for each hospital's fiscal
16 year 2005 medicare cost report on file with the department on June 30, 2009,
17 without regard to any subsequent adjustments or changes to such data. Net
18 patient revenue for state fiscal year 2011 shall be determined using the most
19 recent data available from each hospital's fiscal year 2006 medicare cost
20 report on file with the department on June 30, 2010, without regard to any
21 subsequent adjustments or changes to such data.

22 56-1406. INPATIENT AND OUTPATIENT ADJUSTMENT PAYMENTS. All
23 hospitals, except those exempted under section 56-1408, Idaho Code, shall be
24 eligible for inpatient and outpatient adjustments as follows:

25 (1) For state fiscal year 2009, the inpatient upper payment limit gap
26 for private hospitals shall be divided by medicaid inpatient days for the
27 same hospitals from calendar year 2007 to establish an average per diem
28 adjustment rate. Each hospital shall receive an annual payment that is
29 equal to the average per diem adjustment rate multiplied by the hospital's
30 calendar year 2007 medicaid inpatient days. For purposes of this section,
31 "hospital medicaid inpatient days" are days of inpatient hospitalization
32 paid for by the Idaho medical assistance program for the applicable calendar
33 year. For fiscal year 2010, calendar year 2008 inpatient hospital medicaid
34 days shall be utilized to determine the hospital inpatient adjustment
35 payment. For state fiscal year 2011, calendar year 2009 hospital medicaid
36 inpatient days shall be utilized to determine the hospital inpatient
37 adjustment payment. In the event that either the inpatient upper payment
38 limit gap for private hospitals or the available hospital assessment funding
39 is lower than anticipated, the department shall apply an across-the-board
40 factor such that the inpatient payment adjustments are maximized, financed
41 entirely from hospital assessment funding, and do not exceed the Idaho
42 inpatient upper payment limit for private hospitals. Payments shall be made
43 no later than thirty (30) days after the receipt of the last deposit of the
44 hospital assessment required in section 56-1404, Idaho Code.

45 (2) For state fiscal year 2009, the outpatient upper payment limit
46 gap for private hospitals shall be divided by medicaid outpatient hospital
47 reimbursement for the same hospitals from calendar year 2007 to establish
48 an average percentage adjustment rate. Each hospital, except those exempt
49 under section 56-1408, Idaho Code, shall receive an annual payment that

1 is equal to the average percentage adjustment rate multiplied by the
2 hospital's calendar year 2007 hospital medicaid outpatient reimbursement.
3 For purposes of this section, "hospital outpatient reimbursement" is
4 reimbursement for hospital outpatient services paid for by the Idaho medical
5 assistance program for the applicable calendar year. For state fiscal year
6 2010, calendar year 2008 hospital medicaid outpatient reimbursement shall
7 be utilized to determine the outpatient hospital adjustment payment. For
8 state fiscal year 2011, calendar year 2009 hospital medicaid outpatient
9 reimbursement shall be utilized to determine the outpatient hospital
10 adjustment payment. In the event that either the outpatient upper payment
11 limit gap for private hospitals or the available hospital assessment funding
12 is lower than anticipated, the department shall apply an across-the-board
13 factor, such that outpatient adjustment payments are maximized, financed
14 entirely from hospital assessment funding, and do not exceed the Idaho
15 outpatient upper payment limit for private hospitals. Payments shall be
16 made no later than thirty (30) days after the receipt of the last deposit of
17 the hospital assessments required in section 56-1404, Idaho Code.

18 SECTION 8. LEGISLATIVE INTENT. It is the intent of the Legislature that
19 Sections 1, 2, 3, 4, 5 and 8 of this act shall be exempt from any freeze on
20 Medicaid price increases mandated by legislative intent language contained
21 in the appropriation for the Department of Health and Welfare for Medical
22 Assistance Services for fiscal year 2011 or by any other Idaho law. The
23 authority and duties granted to the department in chapter 14, title 56,
24 Idaho Code, and the rulemaking authority granted to the department setting
25 hospital reimbursement rates shall not be affected by any such freeze.

26 SECTION 9. The provisions of Section 8 of this act shall be null, void
27 and of no force and effect on and after July 1, 2012.

28 SECTION 10. Sections 6 and 7 of this act shall be in full force and
29 effect on and after July 1, 2012.

30 SECTION 11. That Section 2, Chapter 91, Laws of 2008, be, and the same is
31 hereby repealed.