

SENATE BILL 707

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6lr1518
CF HB 1350

By: ~~Senator Middleton~~ **Senators Middleton, Hershey, and Mathias**

Introduced and read first time: February 5, 2016

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted with floor amendments

Read second time: March 26, 2016

CHAPTER _____

1 AN ACT concerning

2 **Freestanding Medical Facilities – Certificate of Need, Rates, and Definition**

3 FOR the purpose of exempting from certain certificate of need requirements the conversion
4 of a certain hospital to a freestanding medical facility in accordance with certain
5 requirements; altering the number of days before the proposed closing or partial
6 closing of a health care facility for the filing of a certain notice by a certain person;
7 altering the requirements for a public informational hearing for a hospital that files
8 a notice of its proposed closing; requiring a certain hospital to hold a public
9 informational hearing if the hospital requests an exemption from certificate of need
10 requirements to convert to a freestanding medical facility; requiring the Maryland
11 Health Care Commission to establish by regulation requirements for certain public
12 informational hearings; requiring, for a hospital seeking to close, partially close, or
13 convert to a freestanding medical facility, that the regulations require the hospital
14 to address certain items at a public informational hearing; requiring a hospital to
15 provide a written summary of a public informational hearing within a certain period
16 of time to certain individuals, entities, and legislative committees; clarifying the
17 circumstances in which a certificate of need is required to establish or operate a
18 freestanding medical facility; authorizing the Commission to approve a site for a
19 freestanding medical facility that is not on a certain site, under certain
20 circumstances; prohibiting a certain hospital from converting to a freestanding
21 medical facility before a certain date; altering the services provided at a freestanding
22 medical facility that may be considered hospital services for purposes of rate-setting;
23 requiring a freestanding medical facility to have a certain license, instead of a
24 certificate of need, to obtain certain rates; altering the definition of “freestanding
25 medical facility” to require a facility to meet the requirements for provider-based

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 status under a certain certification and to exempt, from the requirement that the
 2 facility be physically separate from a hospital or hospital grounds, a freestanding
 3 medical facility established as a result of a certain hospital conversion; requiring the
 4 Department of Health and Mental Hygiene to issue a license to a freestanding
 5 medical facility that receives an exemption from obtaining a certificate of need;
 6 establishing a workgroup on rural health care delivery; providing for the
 7 membership, chair, and staff of the workgroup; requiring the workgroup to oversee
 8 a certain study of health care needs in certain counties and to hold certain public
 9 hearings; providing for the contents of a certain study; requiring the workgroup to
 10 review certain policy options and to report on a certain study and certain
 11 recommendations on or before a certain date; authorizing the use of certain funds for
 12 a certain purpose; and generally relating to freestanding medical facilities.

13 BY repealing and reenacting, without amendments,

14 Article – Health – General
 15 Section 19–120(j)(1) and (k)(1)
 16 Annotated Code of Maryland
 17 (2015 Replacement Volume)

18 BY repealing and reenacting, with amendments,

19 Article – Health – General
 20 Section 19–120(j)(2)(iv), (k)(6)(viii) and (ix) and (7), and (l), 19–201(d), 19–211(c),
 21 19–3A–01, 19–3A–03, and 19–3A–08
 22 Annotated Code of Maryland
 23 (2015 Replacement Volume)

24 BY adding to

25 Article – Health – General
 26 Section 19–120(k)(6)(x) and (o)
 27 Annotated Code of Maryland
 28 (2015 Replacement Volume)

29 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 30 That the Laws of Maryland read as follows:

31 **Article – Health – General**

32 19–120.

33 (j) (1) A certificate of need is required before the type or scope of any health
 34 care service is changed if the health care service is offered:

35 (i) By a health care facility;

36 (ii) In space that is leased from a health care facility; or

37 (iii) In space that is on land leased from a health care facility.

1 (2) This subsection does not apply if:

2 (iv) 1. At least 45 days before increasing or decreasing the
3 volume of one or more health care services, written notice of intent to change the volume of
4 health care services is filed with the Commission;

5 2. The Commission in its sole discretion finds that the
6 proposed change:

7 A. Is pursuant to [the]:

8 I. **THE** consolidation or merger of two or more health care
9 facilities[, the];

10 II. **THE** conversion of a health care facility or part of a facility
11 to a nonhealth–related use[, or the];

12 III. **THE** conversion of a hospital to a limited service hospital;

13 **OR**

14 IV. **THE CONVERSION OF A LICENSED GENERAL**
15 **HOSPITAL TO A FREESTANDING MEDICAL FACILITY IN ACCORDANCE WITH**
16 **SUBSECTION (O)(3) OF THIS SECTION;**

17 B. Is not inconsistent with the State health plan or the
18 institution–specific plan developed and adopted by the Commission;

19 C. Will result in the delivery of more efficient and effective
20 health care services; and

21 D. Is in the public interest; and

22 3. Within 45 days of receiving notice under item 1 of this
23 item, the Commission notifies the health care facility of its finding.

24 (k) (1) A certificate of need is required before any of the following capital
25 expenditures are made by or on behalf of a hospital:

26 (i) Any expenditure that, under generally accepted accounting
27 principles, is not properly chargeable as an operating or maintenance expense, if:

28 1. The expenditure is made as part of an acquisition,
29 improvement, or expansion, and, after adjustment for inflation as provided in the
30 regulations of the Commission, the total expenditure, including the cost of each study,

1 survey, design, plan, working drawing, specification, and other essential activity, is more
2 than \$10,000,000;

3 2. The expenditure is made as part of a replacement of any
4 plant and equipment of the hospital and is more than \$10,000,000 after adjustment for
5 inflation as provided in the regulations of the Commission;

6 3. The expenditure results in a substantial change in the bed
7 capacity of the hospital; or

8 4. The expenditure results in the establishment of a new
9 medical service in a hospital that would require a certificate of need under subsection (i) of
10 this section; or

11 (ii) Any expenditure that is made to lease or, by comparable
12 arrangement, obtain any plant or equipment for the hospital, if:

13 1. The expenditure is made as part of an acquisition,
14 improvement, or expansion, and, after adjustment for inflation as provided in the rules and
15 regulations of the Commission, the total expenditure, including the cost of each study,
16 survey, design, plan, working drawing, specification, and other essential activity, is more
17 than \$10,000,000;

18 2. The expenditure is made as part of a replacement of any
19 plant and equipment and is more than \$10,000,000 after adjustment for inflation as
20 provided in the regulations of the Commission;

21 3. The expenditure results in a substantial change in the bed
22 capacity of the hospital; or

23 4. The expenditure results in the establishment of a new
24 medical service in a hospital that would require a certificate of need under subsection (i) of
25 this section.

26 (6) This subsection does not apply to:

27 (viii) A capital expenditure by a hospital, as defined in § 19–301 of this
28 title, for a project in excess of \$10,000,000 for construction or renovation that:

29 1. May be related to patient care;

30 2. Does not require, over the entire period or schedule of debt
31 service associated with the project, a total cumulative increase in patient charges or
32 hospital rates of more than \$1,500,000 for the capital costs associated with the project as
33 determined by the Commission, after consultation with the Health Services Cost Review
34 Commission;

1 3. At least 45 days before the proposed expenditure is made,
2 the hospital notifies the Commission;

3 4. A. Within 45 days of receipt of the relevant financial
4 information, the Commission makes the financial determination required under item 2 of
5 this item; or

6 B. The Commission has not made the financial
7 determination required under item 2 of this item within 60 days of the receipt of the
8 relevant financial information; and

9 5. The relevant financial information to be submitted by the
10 hospital is defined in regulations adopted by the Commission, after consultation with the
11 Health Services Cost Review Commission; [or]

12 (ix) A plant donated to a hospital, as defined in § 19–301 of this title,
13 that does not require a cumulative increase in patient charges or hospital rates of more
14 than \$1,500,000 for capital costs associated with the donated plant as determined by the
15 Commission, after consultation with the Health Services Cost Review Commission, if:

16 1. At least 45 days before the proposed donation is made, the
17 hospital notifies the Commission;

18 2. A. Within 45 days of receipt of the relevant financial
19 information, the Commission makes the financial determination required under this item
20 (ix) of this paragraph; or

21 B. The Commission has not made the financial
22 determination required under this item (ix) of this paragraph within 60 days of the receipt
23 of the relevant financial information; and

24 3. The relevant financial information to be submitted by the
25 hospital is defined in regulations adopted by the Commission after consultation with the
26 Health Services Cost Review Commission; **OR**

27 **(X) A CAPITAL EXPENDITURE MADE AS PART OF A CONVERSION**
28 **OF A LICENSED GENERAL HOSPITAL TO A FREESTANDING MEDICAL FACILITY IN**
29 **ACCORDANCE WITH SUBSECTION (O)(3) OF THIS SECTION.**

30 (7) Paragraph (6)(vi), (vii), (viii), [and] (ix), **AND (X)** of this subsection may
31 not be construed to permit a facility to offer a new health care service for which a certificate
32 of need is otherwise required.

33 (1) (1) A certificate of need is not required to close any health care facility or
34 part of a health care facility if at least ~~45~~ **90** days before the closing or **IF AT LEAST 45**
35 **DAYS BEFORE THE** partial closing of the health care facility, including a State hospital, a

1 person proposing to close all or part of the health care facility files notice of the proposed
2 closing or partial closing with the Commission.

3 (2) A hospital [located in a county with fewer than three hospitals that files
4 a notice of its proposed closing or partial closing with the Commission] shall hold a public
5 informational hearing in the county where the hospital is located **IF THE HOSPITAL:**

6 (I) **FILES A NOTICE OF THE PROPOSED CLOSING OF THE**
7 **HOSPITAL WITH THE COMMISSION;**

8 (II) **REQUESTS AN EXEMPTION FROM THE COMMISSION UNDER**
9 **SUBSECTION (O)(3) OF THIS SECTION TO CONVERT TO A FREESTANDING MEDICAL**
10 **FACILITY; OR**

11 (III) **IS LOCATED IN A COUNTY WITH FEWER THAN THREE**
12 **HOSPITALS AND FILES A NOTICE OF THE PARTIAL CLOSING OF THE HOSPITAL WITH**
13 **THE COMMISSION.**

14 (3) The Commission may require a health care facility other than a hospital
15 described in paragraph (2) of this subsection that files notice of its proposed closing or
16 partial closing to hold a public informational hearing in the county where the health care
17 facility is located.

18 (4) A public informational hearing required under paragraph (2) or (3) of
19 this subsection shall be held by the health care facility, in consultation with the
20 Commission, within 30 days after [the]:

21 (I) **THE** health care facility files **WITH THE COMMISSION** a notice
22 of its proposed closing or partial closing [with the Commission]; **OR**

23 (II) **THE HOSPITAL FILES WITH THE COMMISSION A NOTICE OF**
24 **INTENT TO CONVERT TO A FREESTANDING MEDICAL FACILITY.**

25 (5) (I) **THE COMMISSION SHALL ESTABLISH BY REGULATION**
26 **REQUIREMENTS FOR A PUBLIC INFORMATIONAL HEARING REQUIRED UNDER**
27 **PARAGRAPH (2) OR (3) OF THIS SUBSECTION.**

28 (II) **FOR A HOSPITAL PROPOSING TO CLOSE, PARTIALLY CLOSE,**
29 **OR CONVERT TO A FREESTANDING MEDICAL FACILITY, THE REGULATIONS SHALL**
30 **REQUIRE THE HOSPITAL TO ADDRESS:**

31 1. **THE REASONS FOR THE CLOSURE, PARTIAL CLOSURE,**
32 **OR CONVERSION;**

1 **2. THE PLAN FOR TRANSITIONING ACUTE CARE**
2 **SERVICES PREVIOUSLY PROVIDED BY THE HOSPITAL TO RESIDENTS OF THE**
3 **HOSPITAL SERVICE AREA;**

4 **3. THE PLAN FOR ADDRESSING THE HEALTH CARE**
5 **NEEDS OF THE RESIDENTS OF THE HOSPITAL SERVICE AREA;**

6 **4. THE PLAN FOR RETRAINING AND PLACING**
7 **DISPLACED EMPLOYEES;**

8 **5. THE PLAN FOR THE HOSPITAL'S PHYSICAL PLANT AND**
9 **SITE; AND**

10 **6. THE PROPOSED TIMELINE FOR THE CLOSURE,**
11 **PARTIAL CLOSURE, OR CONVERSION TO A FREESTANDING MEDICAL FACILITY.**

12 **(6) WITHIN 10 WORKING DAYS AFTER A PUBLIC INFORMATIONAL**
13 **HEARING HELD BY A HOSPITAL UNDER THIS SUBSECTION, THE HOSPITAL SHALL**
14 **PROVIDE A WRITTEN SUMMARY OF THE HEARING TO:**

15 **(I) THE GOVERNOR;**

16 **(II) THE SECRETARY;**

17 **(III) THE GOVERNING BODY OF THE COUNTY IN WHICH THE**
18 **HOSPITAL IS LOCATED;**

19 **(IV) THE LOCAL HEALTH DEPARTMENT AND THE LOCAL BOARD**
20 **OF HEALTH OR SIMILAR BODY FOR THE COUNTY IN WHICH THE HOSPITAL IS**
21 **LOCATED;**

22 **(V) THE COMMISSION; AND**

23 **(VI) SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT**
24 **ARTICLE, THE SENATE FINANCE COMMITTEE, THE HOUSE HEALTH AND**
25 **GOVERNMENT OPERATIONS COMMITTEE, AND THE MEMBERS OF THE GENERAL**
26 **ASSEMBLY WHO REPRESENT THE DISTRICT IN WHICH THE HOSPITAL IS LOCATED.**

27 **(o) (1) EXCEPT AS PROVIDED IN PARAGRAPHS (2) AND (3) OF THIS**
28 **SUBSECTION, A PERSON SHALL HAVE A CERTIFICATE OF NEED ISSUED BY THE**
29 **COMMISSION BEFORE A PERSON ESTABLISHES OR OPERATES A FREESTANDING**
30 **MEDICAL FACILITY.**

1 **(2) A CERTIFICATE OF NEED IS NOT REQUIRED FOR THE**
2 **ESTABLISHMENT OR OPERATION OF A FREESTANDING MEDICAL FACILITY PILOT**
3 **PROJECT ESTABLISHED UNDER § 19-3A-07 OF THIS TITLE.**

4 **(3) (I) A CERTIFICATE OF NEED IS NOT REQUIRED TO ESTABLISH**
5 **OR OPERATE A FREESTANDING MEDICAL FACILITY IF:**

6 **1. THE FREESTANDING MEDICAL FACILITY IS**
7 **ESTABLISHED AS THE RESULT OF THE CONVERSION OF A LICENSED GENERAL**
8 **HOSPITAL;**

9 **2. THROUGH THE CONVERSION, THE LICENSED**
10 **GENERAL HOSPITAL WILL ELIMINATE THE CAPABILITY OF THE HOSPITAL TO ADMIT**
11 **OR RETAIN PATIENTS FOR OVERNIGHT HOSPITALIZATION, EXCEPT FOR**
12 **OBSERVATION STAYS;**

13 **3. EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS**
14 **PARAGRAPH, THE FREESTANDING MEDICAL FACILITY WILL REMAIN ON THE SITE OF,**
15 **OR ON A SITE ADJACENT TO, THE LICENSED GENERAL HOSPITAL;**

16 **4. AT LEAST 45 DAYS BEFORE THE CONVERSION,**
17 **WRITTEN NOTICE OF INTENT TO CONVERT THE LICENSED GENERAL HOSPITAL TO A**
18 **FREESTANDING MEDICAL FACILITY IS FILED WITH THE COMMISSION;**

19 **5. THE COMMISSION IN ITS SOLE DISCRETION FINDS**
20 **THAT THE CONVERSION:**

21 **A. IS ~~NOT INCONSISTENT~~ CONSISTENT WITH THE STATE**
22 **HEALTH PLAN;**

23 **B. WILL RESULT IN THE DELIVERY OF MORE EFFICIENT**
24 **AND EFFECTIVE HEALTH CARE SERVICES;**

25 **C. WILL MAINTAIN ADEQUATE AND APPROPRIATE**
26 **DELIVERY OF EMERGENCY CARE WITHIN THE STATEWIDE EMERGENCY MEDICAL**
27 **SERVICES SYSTEM AS DETERMINED BY THE STATE EMERGENCY MEDICAL SERVICES**
28 **BOARD; AND**

29 **D. IS IN THE PUBLIC INTEREST; AND**

30 **6. WITHIN ~~45~~ 60 DAYS AFTER RECEIVING NOTICE**
31 **UNDER ITEM 4 OF THIS SUBPARAGRAPH, THE COMMISSION NOTIFIES THE LICENSED**
32 **GENERAL HOSPITAL OF THE COMMISSION'S FINDINGS.**

1 **(II) THE COMMISSION MAY APPROVE A SITE FOR A**
 2 **FREESTANDING MEDICAL FACILITY THAT IS NOT ON THE SITE OF, OR ON A SITE**
 3 **ADJACENT TO, THE LICENSED GENERAL HOSPITAL IF:**

4 **1. THE LICENSED GENERAL HOSPITAL IS:**

5 **A. THE ONLY HOSPITAL IN THE COUNTY; OR**

6 **B. ONE OF TWO HOSPITALS IN THE COUNTY THAT ARE**
 7 **PART OF THE SAME MERGED ASSET SYSTEM, AND ARE THE ONLY TWO HOSPITALS IN**
 8 **THE COUNTY; AND**

9 **2. THE SITE IS WITHIN A 5-MILE RADIUS AND IN THE**
 10 **PRIMARY SERVICE AREA OF THE LICENSED GENERAL HOSPITAL.**

11 **(III) NOTWITHSTANDING SUBPARAGRAPH (I) OF THIS**
 12 **PARAGRAPH, A LICENSED GENERAL HOSPITAL LOCATED IN KENT COUNTY MAY NOT**
 13 **CONVERT TO A FREESTANDING MEDICAL FACILITY IN ACCORDANCE WITH**
 14 **SUBPARAGRAPH (I) OF THIS PARAGRAPH BEFORE JULY 1, 2020.**

15 19–201.

16 (d) (1) “Hospital services” means:

17 (i) Inpatient hospital services as enumerated in Medicare
 18 Regulation 42 C.F.R. § 409.10, as amended;

19 (ii) Emergency services, including services provided at[:

20 1. Freestanding medical facility pilot projects authorized
 21 under Subtitle 3A of this title prior to January 1, 2008; and

22 2. A freestanding medical facility issued a certificate of need
 23 by the Maryland Health Care Commission after July 1, 2015] **A FREESTANDING MEDICAL**
 24 **FACILITY LICENSED UNDER SUBTITLE 3A OF THIS TITLE;**

25 (iii) Outpatient services provided at [the] A hospital; [and]

26 **(IV) OUTPATIENT SERVICES, AS SPECIFIED BY THE**
 27 **COMMISSION IN REGULATION, PROVIDED AT A FREESTANDING MEDICAL FACILITY**
 28 **LICENSED UNDER SUBTITLE 3A OF THIS TITLE THAT HAS RECEIVED:**

29 **1. A CERTIFICATE OF NEED UNDER § 19–120(O)(1) OF**
 30 **THIS TITLE; OR**

1 (3) That is an administrative part of a hospital [or related institution], as
2 defined in § 19–301 of this title; AND

3 (4) **THAT MEETS THE REQUIREMENTS FOR PROVIDER–BASED STATUS**
4 **UNDER THE CERTIFICATION FOR AN AFFILIATED HOSPITAL AS SET FORTH BY THE**
5 **CENTERS FOR MEDICARE AND MEDICAID SERVICES IN 42 C.F.R. § 413.65.**

6 19–3A–03.

7 (a) The Department shall issue a license to a freestanding medical facility that:

8 (1) Meets the licensure requirements under this subtitle; and

9 (2) [After July 1, 2015, receives] **RECEIVES** a certificate of need **OR AN**
10 **EXEMPTION FROM OBTAINING A CERTIFICATE OF NEED** from the Maryland Health
11 Care Commission [issued] under § 19–120 of this title.

12 (b) A freestanding medical facility that uses in its title or advertising the word
13 “emergency” or other language indicating to the public that medical treatment for
14 immediately life–threatening medical conditions exist at that facility shall be licensed by
15 the Department before it may operate in this State.

16 (c) Notwithstanding subsection (a)(2) of this section, the Department may not
17 require a freestanding medical facility pilot project to be approved by the Maryland Health
18 Care Commission as a condition of licensure.

19 19–3A–08.

20 (a) This section applies to all payors subject to the rate–setting authority of the
21 Health Services Cost Review Commission, including:

22 (1) Insurers, nonprofit health service plans, and health maintenance
23 organizations that deliver or issue for delivery individual, group, or blanket health
24 insurance policies and contracts in the State;

25 (2) Managed care organizations, as defined in § 15–101 of this article; and

26 (3) The Maryland Medical Assistance Program established under Title 15,
27 Subtitle 1 of this article.

28 (b) A payor subject to this section shall pay rates set by the Health Services Cost
29 Review Commission under Subtitle 2 of this title for hospital services provided at:

30 (1) A freestanding medical facility pilot project authorized under this
31 subtitle prior to January 1, 2008; and

1 (2) A freestanding medical facility [issued a certificate of need by the
2 Maryland Health Care Commission after July 1, 2015] **LICENSED UNDER § 19-3A-03 OF**
3 **THIS SUBTITLE.**

4 SECTION 2. AND BE IT FURTHER ENACTED, That:

5 (a) There is a workgroup on rural health care delivery.

6 (b) The workgroup consists of:

7 (1) the Chair of the Senate Finance Committee and the Chair of the House
8 Health and Government Operations Committee;

9 (2) two members of the Senate of Maryland and two members of the House
10 of Delegates from rural areas of the State, appointed by the President of the Senate and
11 the Speaker of the House of Delegates, respectively;

12 (3) the Secretary of Health and Mental Hygiene, or the Secretary's
13 designee; ~~and~~

14 (4) the Chief Executive Officer of McCready Memorial Hospital, or the
15 Chief Executive Officer's designee;

16 (5) the Chief Executive Officer of Garrett Regional Medical Center, or the
17 Chief Executive Officer's designee; and

18 ~~(4)~~ (6) individuals representing the interests of health care providers,
19 business, labor, State and local government, consumers, and other stakeholder groups,
20 appointed by the Maryland Health Care Commission.

21 (c) The Maryland Health Care Commission shall designate the chair of the
22 workgroup.

23 (d) The Maryland Health Care Commission and the Department of Health and
24 Mental Hygiene shall provide staff for the workgroup.

25 (e) The workgroup shall:

26 (1) oversee a study of rural health care needs in Caroline, Dorchester,
27 Kent, Queen Anne's, and Talbot counties; and

28 (2) hold public hearings to gain community input regarding the health care
29 needs in the five study counties.

30 (f) The study required under subsection (e)(1) of this section shall:

1 (1) be carried out by an entity with expertise in rural health care delivery
2 and planning;

3 (2) examine challenges to the delivery of health care in the five study
4 counties, including:

5 (i) the limited availability of health care providers and services;

6 (ii) the special needs of vulnerable populations;

7 (iii) transportation barriers; and

8 (iv) the economic impact of the closure, partial closure, or conversion
9 of a health care facility;

10 (3) take into account the input gained through the public hearings held by
11 the workgroup;

12 (4) identify opportunities created by telehealth and the Maryland
13 all-payer model contract for restructuring the delivery of health care services; and

14 (5) develop policy options for addressing the health care needs of residents
15 of and improving the health care delivery system in the five study counties.

16 (g) The workgroup shall:

17 (1) review the policy options developed under the study and recommend
18 policies that address:

19 (i) the health care needs of residents of the five study counties; and

20 (ii) improvements to the health care delivery system in the five study
21 counties; and

22 (2) on or before October 1, 2017, report on the findings of the study and the
23 recommendations of the workgroup to the Governor and, in accordance with § 2-1246 of
24 the State Government Article, the General Assembly.

25 SECTION 3. AND BE IT FURTHER ENACTED, That, notwithstanding any other
26 provision of law:

27 (a) Funds in the Maryland Health Benefit Exchange Fund deposited or
28 transferred from the Maryland Health Insurance Plan Fund may be used by the Maryland
29 Health Care Commission in fiscal years 2017 and 2018 to pay for the study of rural health
30 care needs required under Section 2 of this Act.

1 (b) The amount of funds that may be used under subsection (a) of this section may
2 not exceed \$500,000.

3 SECTION ~~2~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take effect
4 July 1, 2016.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.