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By: Delegate Nathan-Pulliam Delegates Nathan-Pulliam and Rawlings	
ntroduced and read first time: February 23, 1996	
Assigned to: Environmental Matters	
Committee Report: Favorable with amendments	
House action: Adopted	
Read second time: March 22, 1996	

CHAPTER ____

- 1 AN ACT concerning
- 2 State Health Resources Planning Commission Certificate of Need Ambulatory
- 3 Freestanding Primary Care Facilities Study
- 4 FOR the purpose of requiring certain ambulatory primary care facilities to obtain a certificate of need from the Health Resources Planning Commission under certain 5 6 circumstances; defining a certain term; altering a certain definition; providing for 7 the construction of this Act; providing for the application of this Act; and generally 8 relating to requiring certain ambulatory primary care facilities to obtain a certificate 9 of need: requiring the Health Resources Planning Commission, in consultation with 10 the Department of Health and Mental Hygiene and the Health Services Cost 11 Review Commission, to conduct a certain study concerning the impact on certain 12 freestanding primary care facilities and other primary care providers of certain laws, 13 regulations, and waivers that would authorize or require the enrollment of 14 Maryland Medical Assistance Program recipients into managed care plans or organizations; requiring the Health Resources Planning Commission to submit a 15 16 certain report by a certain date; providing for the termination of this Act; and 17 generally relating to requiring the Health Resources Planning Commission to conduct a certain study. 18
- 19 BY repealing and reenacting, with amendments,
- 20 Article Health General
- 21 Section 19-101, 19-115(j)(7), and 19-118(f)
- 22 Annotated Code of Maryland
- 23 (1990 Replacement Volume and 1995 Supplement)

1	Preamble
2 3	WHEREAS, Preventive and primary health care services are essential to the optimum health of Maryland's citizens; and
4 5	WHEREAS, The availability of preventive and primary health care services is necessary to reduce the cost of health care for all Marylanders; and
6 7	WHEREAS, The health care delivery system is most efficient when health care facilities are in the proper proportion to health care need; and
8 9	WHEREAS, The costs of building and maintaining health care facilities should be targeted to locations where health care is not adequately available; and
10 11	WHEREAS, Duplicative health care facilities in any location create inefficiency in health care expenditures; and
12 13	WHEREAS, Maryland's certificate of need program is nationally recognized as a model for planning and distribution of health care facilities; and
	WHEREAS, The Maryland Health Resources Planning Commission and the Maryland Health Services Cost Review Commission have successfully controlled hospital-based health care costs; and
	WHEREAS, Changes in public policy and private industry are increasing the significance of primary and preventive health care in controlling health care costs; now, therefore,
20 21	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
22	Article - Health - General
23	19-101.
24	(a) In Part I of this subtitle the following words have the meaningsindicated.
27	(B) "AMBULATORY PRIMARY CARE FACILITY" MEANS ANY CENTER, SERVICE, OFFICE, FACILITY, OR OFFICE OF ONE OR MORE HEALTH CARE PRACTITIONERS OR A GROUP PRACTICE, AS DEFINED IN § 1-301 OF THE HEALTH OCCUPATIONS ARTICLE, THAT:
29 30	(1) IS NOT LICENSED AS A HOSPITAL OR A PART OF A HOSPITAL OR NURSING HOME;
	(2) HAS A SEPARATE STAFF FUNCTIONING UNDER THE DIRECTION OF A CLINIC ADMINISTRATOR OR HEALTH OFFICER AND IS ORGANIZED TO PROVIDE AMBULATORY PRIMARY HEALTH CARE SERVICES;
36	(3) OPERATES FOR THE PURPOSE OF PROVIDING PRIMARY HEALTH CARE SERVICES TO PATIENTS NEEDING HEALTH CARE SERVICES THAT ADDRESS A PATIENT'S GENERAL HEALTH NEEDS, INCLUDING THE COORDINATION OF CARE FOR THE PREVENTION OF DISEASE, THE PROMOTION AND MAINTENANCE OF

	HEALTH, THE TREATMENT OF ILLNESS, AND, WHEN APPROPRIATE, THE REFERRAL TO SPECIALISTS FOR MORE INTENSIVE HEALTH CARE SERVICES;
3	(4) OPERATES FOR THE PURPOSE OF PROVIDING PRIMARY HEALTH
	CARE SERVICES THAT INCLUDE DIAGNOSTIC, TREATMENT, CONSULTATIVE,
	REFERRAL, AND PREVENTIVE HEALTH CARE SERVICES THAT ARE GENERALLY
	RENDERED BY GENERAL PRACTITIONERS, FAMILY PRACTITIONERS, INTERNISTS,
	OBSTETRICIANS, GYNECOLOGISTS, PEDIATRICIANS, AND MID LEVEL
	PRACTITIONERS, SUCH AS PHYSICIAN ASSISTANTS, NURSE CLINICIANS, AND NURSE
	PRACTITIONERS;
10	(5) OPERATES AS AN INDEPENDENT PRACTICE ASSOCIATION SITE,
11	STAFF MODEL SITE, OR GROUP MODEL SITE OF A HEALTH MAINTENANCE
12	ORGANIZATION, MEDICAL SERVICES ORGANIZATION, MANAGED CARE
13	ORGANIZATION, OR PHYSICIAN/HOSPITAL ORGANIZATION; AND
14	(6) SEEKS REIMBURSEMENT FROM PAYORS AS AN INDIVIDUAL
15	PHYSICIAN OFFICE, GROUP PRACTICE, FEDERALLY QUALIFIED HEALTH CENTER,
16	MARYLAND QUALIFIED HEALTH CENTER, OR FREESTANDING CLINIC.
17	[(b)] (C) (1) "Ambulatory surgical facility" means any center, service, office,
18	facility, or office of one or more health care practitioners or a grouppractice, as defined
19	in § 1-301 of the Health Occupations Article, that:
20	(i) Has two or more operating rooms;
21	(ii) Operates primarily for the purpose of providing surgical services to
22	patients who do not require overnight hospitalization; and
23	(iii) Seeks reimbursement from payors as an ambulatory surgical
24	facility.
25	(2) For purposes of this subtitle, the office of one or more health care
	practitioners or a group practice with two operating rooms may be exempt from the
	certificate of need requirements under this subtitle if the Commission finds, in its sole
28	discretion, that:
29	(i) A second operating room is necessary to promote the efficiency,
30	safety, and quality of the surgical services offered; and
31	(ii) The office meets the criteria for exemption from the certificate of
32	need requirements as an ambulatory surgical facility in accordance withregulations
33	adopted by the Commission.
34	(3) "AMBULATORY SURGICAL FACILITY" DOES NOT INCLUDE AN
35	AMBULATORY PRIMARY CARE FACILITY.
36	[(c)] (D) "Certificate of need" means a certification of public needissued by the
37	Commission under this subtitle for a health care project.
38	[(d)] (E) "Commission" means the State Health Resources Planning Commission.

1	[(e)] (F) "Federal Act" means the National Health Planning and Resources
2	Development Act of 1974 (Public Law 93-641), as amended.
3	[(f)] (G) (1) "Health care facility" means:
4	(i) A hospital, as defined in § 19-301 of this title;
5	(ii) A related institution, as defined in § 19-301 of thistitle;
6	(iii) An ambulatory surgical facility;
7	(IV) AN AMBULATORY PRIMARY CARE FACILITY;
	[(iv)] (V) An inpatient facility that is organized primarily to help in the rehabilitation of disabled individuals, through an integrated program of medical and other services provided under competent professional supervision;
11	[(v)] (VI) A home health agency, as defined in § 19-401 ofthis title;
12	[(vi)] (VII) A hospice, as defined in § 19-901 of this title; and
13 14	[(vii)] (VIII) Any other health institution, service, orprogram for which Part I of this subtitle requires a certificate of need.
15	(2) "Health care facility" does not include:
16 17	(i) A hospital or related institution that is operated, oris listed and certified, by the First Church of Christ Scientist, Boston, Massachusetts;
	(ii) For the purpose of providing an exemption from a certificate of need under § 19-115 of this subtitle, a facility to provide comprehensive care constructed by a provider of continuing care, as defined by Article 70B of the Code, if:
	1. The facility is for the exclusive use of the provider's subscribers who have executed continuing care agreements for the purpose of utilizing independent living units or domiciliary care within the continuing carefacility;
	2. The number of comprehensive care nursing beds in the facility does not exceed 20 percent of the number of independent livingunits at the continuing care community; and
27 28	3. The facility is located on the campus of the continuing care facility;
	(iii) Except for a facility to provide kidney transplant services or programs, a kidney disease treatment facility, as defined by rule or regulation of the United States Department of Health and Human Services;
	(iv) Except for kidney transplant services or programs, the kidney disease treatment stations and services provided by or on behalf of a hospital or related institution; or
35 36	(v) The office of one or more individuals licensed to practice dentistry

1	[(g)] (H) "Health care practitioner" means a person who is licensed, certified, or
2	otherwise authorized under the Health Occupations Article to provide medical services in
	the ordinary course of business or practice of a profession.
4	[(h)] (I) "Health service area" means an area of this State that the Governor
	designates as appropriate for planning and developing of health services.
J	designates as appropriate for planning and developing of health services.
6	[(i)] (I) "I goal health planning agangy" means a hody that the Commission
	[(i)] (J) "Local health planning agency" means a body that the Commission
	designates to perform health planning and development functions for a health service
8	area.
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9	19-115.
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	or expand its ambulatory surgical capacity OR ITS AMBULATORY PRIMARY CARE
12	CAPACITY in any setting owned or controlled by the hospital without obtaining a
13	certificate of need from the Commission.
14	19-118.
15	(f) (1) If any party or interested person requests an evidentiary hearing with
16	respect to a certificate of need application for any health care facility other than an
	ambulatory surgical facility OR AMBULATORY PRIMARY CARE FACILITY and the
	Commission, in accordance with criteria it has adopted by regulation, considers an
	evidentiary hearing appropriate due to the magnitude of the impact thatthe proposed
	project may have on the health care delivery system, the Commission or a committee of
	the Commission shall hold the hearing in accordance with the contested case procedures
22	of the Administrative Procedure Act.
12	(2) Francisco annotad in this continuous in a contation of anti-d booth of
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	Commission to implement the provisions of this section, the review of an application for
	a certificate of need for an ambulatory surgical facility OR AMBULATORYPRIMARY
	CARE FACILITY is not subject to the contested case procedures of Title 10, Subtitle 2 of
27	the State Government Article.
28	, , ,
29	Act to Title 19, Subtitle 1 of the Health - General Article do not apply to any person:
30	(1) Requiring a determination from the State Health Resources Planning
31	Commission of whether a certificate of need is required to build a new ambulatory
32	primary care facility or to expand existing ambulatory primary care capacity in any setting
33	that has requested or received the determination on or before June 30, 1996 and has
	obligated not less than \$25,000 in reliance on that determination on orbefore June 30,
	1996; or
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36	(2) Certified by Medicare to receive reimbursement as an ambulatory
	primary care facility on or before June 30, 1996.
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38	SECTION 2 AND BE IT ELIPTHED ENACTED. That nothing in this Act may be
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	construed to require any existing and operating ambulatory primary carefacility to obtain
	a certificate of need if the facility has previously requested and received a determination
4 I	from the State Health Resources Planning Commission that the facility is exempt from

- 1 >>> the certificate of need requirements, unless the facility seeks to expand its primary care
- 2 capacity after July 1, 1996.
- 3 (a) The Health Resources Planning Commission, in consultation with the
- 4 Department of Health and Mental Hygiene and the Health Services Cost Review
- 5 Commission, shall study the impact on existing community health centersand other
- 6 primary care providers of any law, regulation, grant of a federal waiver, and any other
- 7 governmental action that authorizes or requires the enrollment of Maryland Medical
- 8 <u>Assistance Program recipients into managed care plans or organizations.</u>
- 9 (b) The study shall include an assessment of the current availability and
- 10 accessibility of primary care services necessary to serve the Medicaid population and the
- 11 uninsured and the ability of education programs in primary care specialities, including
- 12 <u>medical residencies</u>, to provide clinical training sites.
- 13 (c) The Health Resources Planning Commission shall submit a report on the
- 14 results of its investigation and study, together with any resulting policy recommendations,
- 15 to the Secretary of Health and Mental Hygiene, the Governor, and, subject to § 2-1312 of
- 16 the State Government Article, the General Assembly on or before November 1, 1996.
- 17 SECTION 4. 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 18 July 1, 1996. It shall remain effective for a period of 1 year and, at the end of June 30,
- 19 1997, with no further action required by the General Assembly, this Actshall be
- 20 abrogated and of no further force and effect.