#### By: **Delegate Smigiel** Introduced and read first time: February 10, 2006

Assigned to: Health and Government Operations

### A BILL ENTITLED

### 1 AN ACT concerning

2

### Health Facilities - Certificates of Need - Repeal

3 FOR the purpose of repealing a certain requirement for a certain State health plan

4 relating to the certificate of need program; repealing certain requirements for

5 local health planning agencies relating to certificate of need planning; repealing

requirements that certain health facilities obtain a certificate of need in order to
build a new facility or expand a facility; repealing certain powers and duties of

build a new facility of expand a facility; repeating certain powers and duties of
 the Maryland Health Care Commission relating to issuance of certificates of

9 need; repealing certain provisions relating to certificates of need; altering

10 certain definitions; repealing certain definitions; and generally relating to

11 certificates of need for health facilities.

12 BY repealing and reenacting, with amendments,

### 13 Article - Health - General

14 Section 2-105(c), 2-401(a), 19-114, 19-116(b)(1), 19-118, 19-119, 19-319(c),

- 15 19-3B-04, 19-4A-05, and 19-906(c)
- 16 Annotated Code of Maryland
- 17 (2005 Replacement Volume and 2005 Supplement)
- 18 BY repealing
- 19 Article Health General
- 20 Section 19-120 through 19-129, inclusive, and 19-404(e)
- 21 Annotated Code of Maryland
- 22 (2005 Replacement Volume and 2005 Supplement)

23 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

- 24 MARYLAND, That the Laws of Maryland read as follows:
- 25

## Article - Health - General

26 2-105.

27 (c) The Secretary shall adopt and revise as necessary a State health 28 improvement plan that includes the following:

1 2	system;	(1)	A descr	iption of	the components that should comprise the health care	
3		(2)	The goa	als and po	plicies for Maryland's health care system; AND	
4 5	services not	[(3) regulated			unmet needs and excess services for facilities and of need program; and	
6 7	for the healt	(4)] h care sy	(3) stem.	An asse	essment of the financial resources required and available	
8	2-401.					
9	(a)	A local	health pl	anning ag	gency SHALL DEVELOP [shall:	
10 11	[resources;	(1) and	Develop	p] a local	health plan by assessing local health needs and	
12 13		(2) or certific		1	to the development of statewide criteria and ealth planning] RESOURCES.	
14	19-114.					
15 16	(a) indicated.	In this l	Part II of	this subti	tle the following words have the meanings	
18	<ul> <li>17 (b) [(1)] "Ambulatory surgical facility" means any center, service, office,</li> <li>18 facility, or office of one or more health care practitioners or a group practice, as</li> <li>19 defined in § 1-301 of the Health Occupations Article, that:</li> </ul>					
20			[(i)]	(1)	Has two or more operating rooms;	
21 22	services to	patients v	[(ii)] who do no	(2) ot require	Operates primarily for the purpose of providing surgical overnight hospitalization; and	
23 24	surgical fac	ility.	[(iii)]	(3)	Seeks reimbursement from payors as an ambulatory	
27	practitioner	rs or a gro of need re	oup practi quiremen	ce with t	this subtitle, the office of one or more health care wo operating rooms may be exempt from the this subtitle if the Commission finds, in its	
29 30	safety, and	quality o	(i) f the surg		nd operating room is necessary to promote the efficiency, ices offered; and	
31	<b>C</b> 1		(ii)	The off	ice meets the criteria for exemption from the certificate	

- 32 of need requirements as an ambulatory surgical facility in accordance with 33 regulations adopted by the Commission.

1 (c) 2 Commissi				ns a certification of public need issued by the bittle for a health care project.	
3 (d)]	(C)	(1)	"Health	care facility" means:	
4		(i)	A hospi	tal, as defined in § 19-301(g) of this title;	
5		(ii)	A limite	d service hospital, as defined in § 19-301(e) of this title;	
6		(iii)	A relate	d institution, as defined in § 19-301 of this title;	
7		(iv)	An amb	ulatory surgical facility;	
			viduals, th	tient facility that is organized primarily to help in the rough an integrated program of medical and nt professional supervision;	
11		(vi)	A home	health agency, as defined in § 19-401 of this title; AND	
12		(vii)	A hospi	ce, as defined in § 19-901 of this title[; and	
13 14 Part II of	this subtitle	(viii) e requires		er health institution, service, or program for which this rate of need].	
15	(2)	"Health	care faci	lity" does not include:	
16 17 certified,	by the First	(i) Church		tal or related institution that is operated, or is listed and Scientist, Boston, Massachusetts;	
			ubtitle, a	purpose of providing an exemption from a certificate of facility to provide comprehensive care g care, as defined by Article 70B of the Code, if:	
<ol> <li>Except as provided under § 19-123 of this subtitle, the</li> <li>facility is for the exclusive use of the provider's subscribers who have executed</li> <li>continuing care agreements and paid entrance fees that are at least equal to the</li> <li>lowest entrance fee charged for an independent living unit or an assisted living unit</li> <li>before entering the continuing care community, regardless of the level of care needed</li> <li>by the subscribers at the time of admission;</li> </ol>					
27 28 communi	ty; and		2.	The facility is located on the campus of the continuing care	
29 30 communi	ty does not	exceed:	3.	The number of comprehensive care nursing beds in the	
31 32 communi	ty having le	ess than 3	A. 00 indep	24 percent of the number of independent living units in a endent living units; or	
33 34 communi	ty having 3	00 or mo	B. re indepe	20 percent of the number of independent living units in a ndent living units;	

UNOFFICIAL COPY (	OF HOUSE BILL 1420
-------------------	--------------------

			Except for a facility to provide kidney transplant services or atment facility, as defined by rule or regulation of the lealth and Human Services;
	kidney disease treatmore related institution;		(III) Except for kidney transplant services or programs, the ns and services provided by or on behalf of a hospital
	dentistry under Title 4 practicing dentistry.	[(v)] I of the H	(IV) The office of one or more individuals licensed to practice lealth Occupations Article, for the purposes of
	[(e)] (D) certified, or otherwise health care services.		care practitioner" means any individual who is licensed, zed under the Health Occupations Article to provide
13 14	[(f)] (E) designates as appropr		service area" means an area of this State that the Governor planning and developing of health services.
	[(g)] (F) jurisdiction or a body planning functions.		health planning agency" means the health department of a ted by the local health department to perform health
18 19	[(h)] (G) services.	"State h	ealth plan" means the State health plan for facilities and
20	19-116.		
	(b) (1) must provide, the] TH other information that	HE Comr	tion to information that an applicant for a certificate of need nission may request, collect, and report any statistical or
24 25	this Part II of this sub	(i) otitle; and	Is needed by the Commission to perform its duties described in
26		(ii)	Is described in regulations of the Commission.
27	19-118.		
28 29	(a) [(1)] Commission shall add		every 5 years, beginning no later than October 1, 1983, the te health plan.
30	[(2)	The plan	n shall include:
31 32	need review; and	(i)	The methodologies, standards, and criteria for certificate of
33 34	where appropriate.]	(ii)	Priority for conversion of acute capacity to alternative uses

1 (b) Annually or upon petition by any person, the Commission shall review the

2 State health plan and publish any changes in the plan that the Commission considers 3 necessary, subject to the review and approval granted to the Governor under this

4 subtitle.

5 (c) The Commission shall adopt rules and regulations that ensure broad 6 public input, public hearings, and consideration of local health plans in development 7 of the State health plan.

8 [(d) (1) The Commission shall develop standards and policies consistent with 9 the State health plan that relate to the certificate of need program.

10 (2) The standards:

11(i)Shall address the availability, accessibility, cost, and quality of12 health care; and

13(ii)Are to be reviewed and revised periodically to reflect new14 developments in health planning, delivery, and technology.

15 (3) In adopting standards regarding cost, efficiency, cost-effectiveness,
16 or financial feasibility, the Commission shall take into account the relevant
17 methodologies of the Health Services Cost Review Commission.]

18 [(e)] (D) Annually, the Secretary shall make recommendations to the 19 Commission on the plan. The Secretary may review and comment on State

20 specifications to be used in the development of the State health plan.

21 [(f)] (E) All State agencies and departments, directly or indirectly involved 22 with or responsible for any aspect of regulating, funding, or planning for the health 23 care industry or persons involved in it, shall carry out their responsibilities in a 24 manner consistent with the State health plan and available fiscal resources.

[(g)] (F) In carrying out their responsibilities under this Part II of this subtitle
for hospitals, the Commission and the Secretary shall recognize, but may not apply,
develop, or duplicate standards or requirements related to quality which have been
adopted and enforced by national or State licensing or accrediting authorities.

29 [(h) The Commission shall transfer to the Department of Health and Mental
30 Hygiene health planning functions and necessary staff resources for licensed entities
31 in the State health plan that are not required to obtain a certificate of need or an
32 exemption from the certificate of need program.]

33 19-119.

(a) The Commission shall develop and adopt an institution-specific plan to
 guide possible capacity reduction.

36 (b) The institution-specific plan shall address:

1 2 beds;	(1)	Accurate bed count data for licensed beds and staffed and operated
3 4 a hospital-	(2) specific b	Cost data associated with all hospital beds and associated services on pasis;
5	(3)	Migration patterns and current and future projected population data;
6	(4)	Accessibility and availability of beds;
7	(5)	Quality of care;
8 9 for the area	(6) a served b	Current health care needs, as well as growth trends for such needs, by each hospital;
10	(7)	Hospitals in high growth areas; and
11	(8)	Utilization.
12 (c) 13 give prior		development of the institution-specific plan the Commission shall conversion of acute capacity to alternative uses where appropriate.
		[The Commission shall use the institution-specific plan in reviewing applications for conversion, expansion, consolidation, or pital services in conjunction with the State health plan.
19 State Gov 20 for identif	ernment A Tying any	If there is a conflict between the State health plan and any rule or by the Commission in accordance with Title 10, Subtitle 1 of the Article to implement an institution-specific plan that is developed excess capacity in beds and services, the provisions of whichever cently adopted shall control.
		(2) Immediately upon adoption of the institution-specific plan the begin the process of incorporating the institution-specific plan into n and shall complete the incorporation within 12 months.
	a in subse	(3) A State health plan developed or adopted after the e institution-specific plan into the State health plan shall include action (b) of this section in addition to the criteria in § 19-118 of
29 19-319.		
30 (c) 31 Subtitle 1 32 institution		The applicant shall have a certificate of need, as required under le, for the hospital, residential treatment center, or related erated.

33 (2)] The hospital, residential treatment center, or related institution to be34 operated shall:

1 [(i)] (1)Be an accredited hospital or accredited residential 2 treatment center; or 3 [(ii)] (2)Meet the requirements that the Secretary adopts under 4 this subtitle and Subtitle 12 of this title. 5 19-3B-04. An applicant for a license shall: 6 (a) 7 Submit an application to the Secretary; and (1)Pay to the Secretary the application fee set by the Secretary through 8 (2)9 regulation. 10 (b) The application shall: 11 Be on a form and accompanied by any supporting information that (1)12 the Secretary [requires, including documentation that the Maryland Health Care 13 Commission has determined that the freestanding ambulatory care facility either 14 received a certificate of need or is exempt from certificate of need requirements;] 15 REQUIRES; and Be signed and verified by the applicant. 16 (2)17 19-404. 18 The provisions of this section do not waive the requirement for a home [(e) 19 health agency to obtain a certificate of need.] 20 19-4A-05. 21 To qualify for a license, an applicant: 22 Shall show that the residential service agency will provide (1)23 appropriate home health care providers to sick or disabled individuals who may be 24 provided care in the individual's residence, instead of in a hospital; AND 25 Shall meet any additional requirements that the Department (2)26 ADOPTS. [adopts; and (3) May not be required to meet the requirements of Subtitle 1 of this 27 28 title for certificate of need.] 29 19-906.

30 (c) [(1) Except for a limited licensee, the applicant shall have a certificate of 31 need, as required under Subtitle 1 of this title, for the hospice care program to be 32 operated.

1 (2) The Secretary, in consultation with the Maryland Health Care 2 Commission, shall specify those jurisdictions in which a general hospice is authorized 3 to provide home-based hospice services.

4 (3) A general hospice may not be licensed to provide home-based hospice 5 services in a jurisdiction unless the general hospice or an entity acquired by the 6 general hospice provided home-based hospice services to a patient in the jurisdiction 7 during the 12-month period ending December 31, 2001.

8 (4) Notwithstanding paragraph (3) of this subsection:

9 (i) A general hospice may provide home-based hospice services to a 10 specific patient outside of the jurisdictions in which the hospice is licensed if the 11 Maryland Health Care Commission approves the service provision; and

12 (ii) A general hospice that is a hospital-based hospice or that had 13 an affiliation agreement before April 5, 2003 with a health care facility or health care 14 system may serve patients immediately upon discharge from the hospital, health care 15 facility, or health care system, regardless of the jurisdiction in which the patient 16 resides.

17 (5) Upon the notification by the Maryland Health Care Commission of 18 the issuance of a certificate of need to a general hospice, the Secretary shall append to 19 the general hospice license any additional jurisdictions in which the general hospice 20 may provide home-based hospice services.

21 (6)] The hospice care program to be operated and its medical director 22 shall meet the requirements that the Secretary adopts under this subtitle.

SECTION 2. AND BE IT FURTHER ENACTED, That Section(s) 19-120
 through 19-129, inclusive, of Article - Health - General of the Annotated Code of
 Maryland be repealed.

SECTION 3. AND BE IT FURTHER ENACTED, That the publisher of the Annotated Code of Maryland, in consultation with and subject to the approval of the Department of Legislative Services, shall correct, with no further action required by the General Assembly, cross-references and terminology rendered incorrect by this Act or by any other Act of the General Assembly of 2006 that affects provisions enacted by this Act. The publisher shall adequately describe any such correction in an editor's note following the section affected.

33 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect34 July 1, 2006.