By: Delegates Pendergrass, Hammen, Frank, Hubbard, A. Kelly, and Pena–Melnyk

Introduced and read first time: February 10, 2012 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments House action: Adopted Read second time: March 27, 2012

CHAPTER _____

1 AN ACT concerning

Maryland Health Care Commission – Cardiac Surgery and Percutaneous Coronary Intervention Services

4 FOR the purpose of requiring, with a certain exception, a certificate of need for the $\mathbf{5}$ establishment of percutaneous coronary intervention (PCI) services; requiring, 6 beginning on a certain date, an acute general hospital to have a certificate of 7conformance before the hospital may establish primary <u>emergency</u> PCI services 8 or nonprimary elective PCI services; prohibiting the Maryland Health Care 9 Commission from issuing a certificate of conformance unless the Commission 10 finds that the proposed primary emergency PCI services or proposed 11 nonprimary <u>elective</u> PCI services meet certain standards; providing that a 12certificate of conformance is not required, notwithstanding certain provisions of 13 this Act, for an acute general hospital to establish primary emergency PCI 14 services or elective PCI services under certain circumstances; requiring an acute eare general hospital that provides cardiac surgery or PCI services under 15certain authorization to obtain and maintain a certificate of ongoing 16 17performance to continue to provide cardiac surgery services, primary emergency 18 PCI services, or nonprimary <u>elective</u> PCI services; requiring an acute general 19 hospital that is providing nonprimary elective PCI services under a research 20waiver issued by the Commission and does not meet certain requirements to obtain a certificate of conformance for its nonprimary elective PCI services 2122before it may obtain a certificate of ongoing performance to provide the 23nonprimary elective PCI services; requiring the Commission to adopt certain 24regulations; requiring the regulations to include certain items; requiring the

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



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$rac{1}{2}$	<u>Commission to establish a clinical advisory group for a certain purpose;</u> requiring the Commission to develop certain recommended regulations, post the
3	recommended regulations on its Web site, and submit the recommended
4	regulations to the Governor and certain legislative committees for review and
5	<u>comment</u> ; establishing certain parameters for the process established by the
6	Commission for issuing a certificate of conformance; authorizing a certain
7	hospital, notwithstanding certain provisions of this Act, to provide nonprimary
8	elective PCI services until the Commission takes ertain actions a certain
9	action; requiring the Commission to consider a certain factor in issuing a
10	certificate of conformance; requiring a certain process and a certain requirement
11	established in regulation to operate and be implemented in certain manners;
12	providing that certain requirements of this Act do not apply to a hospital that
13	provided cardiac surgery services and PCI services on a certain date until the
14	Commission takes certain actions; defining certain terms; and generally
15	relating to the regulation of cardiac surgery and percutaneous coronary
16	intervention services by the Maryland Health Care Commission.
17	BY repealing and reenacting, without amendments,
18	Article – Health – General
19	Section 19–120(j)(1)
20	Annotated Code of Maryland
21	(2009 Replacement Volume and 2011 Supplement)
22	BY repealing and reenacting, with amendments,
23	Article – Health – General
24	Section $19-120(j)(2)$
25	Annotated Code of Maryland
26	(2009 Replacement Volume and 2011 Supplement)
27	BY adding to
28	Article – Health – General
29	Section 19–120.1
30	Annotated Code of Maryland
31	(2009 Replacement Volume and 2011 Supplement)
32	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

- 33 MARYLAND, That the Laws of Maryland read as follows:
- 34

Article – Health – General

35 19–120.

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36 (j) (1) A certificate of need is required before the type or scope of any 37 health care service is changed if the health care service is offered:

38 (i) By a health care facility;

1	(ii) In space that is leased from a health care facility; or
2	(iii) In space that is on land leased from a health care facility.
3	(2) This subsection does not apply if:
4 5	(i) The Commission adopts limits for changes in health care services and the proposed change would not exceed those limits;
6 7 8	(ii) The proposed change and the annual operating revenue that would result from the addition is entirely associated with the use of medical equipment;
9 10	(iii) The proposed change would establish, increase, or decrease a health care service and the change would not result in the:
$\frac{11}{12}$	1. Establishment of a new medical service or elimination of an existing medical service;
13 14	2. Establishment of [an open heart] A CARDIAC surgery, organ transplant surgery, or burn or neonatal intensive health care service;
$15\\16\\17$	3. EXCEPT AS PROVIDED IN § 19–120.1 OF THIS SUBTITLE, ESTABLISHMENT OF PERCUTANEOUS CORONARY INTERVENTION SERVICES;
16	SUBTITLE, ESTABLISHMENT OF PERCUTANEOUS CORONARY INTERVENTION
16 17 18	SUBTITLE, ESTABLISHMENT OF PERCUTANEOUS CORONARY INTERVENTION SERVICES; [3.] 4. Establishment of a home health program,
 16 17 18 19 20 21 22 	SUBTITLE, ESTABLISHMENT OF PERCUTANEOUS CORONARY INTERVENTION SERVICES; [3.] 4. Establishment of a home health program, hospice program, or freestanding ambulatory surgical center or facility; or [4.] 5. Expansion of a comprehensive care, extended care, intermediate care, residential treatment, psychiatry, or rehabilitation medical service, except for an expansion related to an increase in total bed capacity in
 16 17 18 19 20 21 22 23 24 25 	SUBTITLE, ESTABLISHMENT OF PERCUTANEOUS CORONARY INTERVENTION SERVICES; [3.] 4. Establishment of a home health program, hospice program, or freestanding ambulatory surgical center or facility; or [4.] 5. Expansion of a comprehensive care, extended care, intermediate care, residential treatment, psychiatry, or rehabilitation medical service, except for an expansion related to an increase in total bed capacity in accordance with subsection (h)(2)(i) of this section; or (iv) 1. At least 45 days before increasing or decreasing the volume of one or more health care services, written notice of intent to change the

	4 HOUSE BILL 1141
$\frac{1}{2}$	B. Is not inconsistent with the State health plan or the institution–specific plan developed and adopted by the Commission;
$\frac{3}{4}$	C. Will result in the delivery of more efficient and effective health care services; and
5	D. Is in the public interest; and
$6 \\ 7$	3. Within 45 days of receiving notice under item 1 of this item, the Commission notifies the health care facility of its finding.
8	19–120.1.
9 10	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
11 12 13 14	(2) "CERTIFICATE OF CONFORMANCE" MEANS AN APPROVAL ISSUED BY THE COMMISSION THAT ALLOWS AN ACUTE GENERAL HOSPITAL TO ESTABLISH <u>PRIMARY</u> <u>EMERGENCY</u> PCI SERVICES OR NONPRIMARY <u>ELECTIVE</u> PCI SERVICES WITHOUT A CERTIFICATE OF NEED.
15 16 17 18 19	(3) "CERTIFICATE OF ONGOING PERFORMANCE" MEANS AN APPROVAL ISSUED BY THE COMMISSION THAT THE CARDIAC SURGERY SERVICES, PRIMARY <u>EMERGENCY</u> PCI SERVICES, OR NONPRIMARY <u>ELECTIVE</u> PCI SERVICES PROVIDED BY AN ACUTE GENERAL HOSPITAL MEET STANDARDS EVIDENCING CONTINUED QUALITY.
20 21 22 23 24 25 26	(4) (1) "Nonprimary Elective PCI" means PCI capable of relieving coronary vessel narrowing associated with coronary artery disease unrelated to ST-segment-elevation myocardial infarction (also known as "nonprimary PCI") includes PCI provided to a patient who is not suffering from an acute coronary syndrome, but whose condition is appropriately treated with PCI based on regulations established by the Commission.
27	(II) "Nonprimary PCI" includes elective PCI.
28	(5) <u>"Emergency PCI" (also known as "primary PCI")</u>
29	INCLUDES PCI CAPABLE OF RELIEVING CORONARY VESSEL NARROWING
30	ASSOCIATED WITH STEMI OR, AS DEFINED BY THE COMMISSION IN
31	REGULATIONS, STEMI EQUIVALENT.
32	(5) (6) "PCI" MEANS PERCUTANEOUS CORONARY
33	INTERVENTION.

(6) (7) (I) "PERCUTANEOUS CORONARY INTERVENTION"
 MEANS A PROCEDURE IN WHICH A CATHETER IS INSERTED INTO A BLOOD
 VESSEL AND GUIDED TO THE SITE OF THE NARROWING OF A CORONARY ARTERY
 TO RELIEVE CORONARY NARROWING.
 (II) "PERCUTANEOUS CORONARY INTERVENTION"

6 INCLUDES A VARIETY OF CATHETER-BASED TECHNIQUES, INCLUDING BALLOON
7 ANGIOPLASTY.

8 (7) "PRIMARY PCI" MEANS PCI CAPABLE OF RELIEVING 9 CORONARY VESSEL NARROWING ASSOCIATED WITH ST-SEGMENT-ELEVATION 10 MYOCARDIAL INFARCTION.

11(8) "STEMI"(ST-SEGMENT-ELEVATIONMYOCARDIAL12INFARCTION) MEANS A TYPE OF HEART ATTACK OR MYOCARDIAL INFARCTION13THAT IS CAUSED BY A PROLONGED PERIOD OF BLOCKED BLOOD SUPPLY, WHICH14AFFECTS A LARGE AREA OF THE HEART MUSCLE AND CAUSES CHANGES ON AN15ELECTROCARDIOGRAM AND IN THE BLOOD LEVELS OF KEY CHEMICAL16MARKERS.

17 (B) (1) BEGINNING JULY 1, 2012, BEFORE AN ACUTE GENERAL 18 HOSPITAL MAY ESTABLISH PRIMARY EMERGENCY PCI SERVICES OR 19 NONPRIMARY ELECTIVE PCI SERVICES, THE HOSPITAL SHALL OBTAIN A 20 CERTIFICATE OF CONFORMANCE FROM THE COMMISSION.

21 (2) THE COMMISSION MAY NOT ISSUE A CERTIFICATE OF 22 CONFORMANCE UNLESS THE COMMISSION FINDS THAT THE PROPOSED 23 PRIMARY EMERGENCY PCI SERVICES OR PROPOSED NONPRIMARY ELECTIVE 24 PCI SERVICES:

25 (I) ARE CONSISTENT WITH THE STATE HEALTH PLAN FOR 26 FACILITIES AND SERVICES;

27(II) WILL RESULT IN THE DELIVERY OF MORE EFFICIENT28AND EFFECTIVE HEALTH CARE SERVICES; AND

29

(III) ARE IN THE PUBLIC INTEREST.

30(C) NOTWITHSTANDING SUBSECTION (B) OF THIS SECTION, A31CERTIFICATE OF CONFORMANCE IS NOT REQUIRED FOR AN ACUTE GENERAL32HOSPITAL TO ESTABLISH PRIMARY EMERGENCY PCI SERVICES IF:

33(1) THE ACUTE GENERAL HOSPITAL WAS PROVIDING PRIMARY34EMERGENCY PCI SERVICES ON JANUARY 1, 2012; AND

THE COMMISSION DETERMINES THAT THE **PRIMARY** 1 (2) $\mathbf{2}$ EMERGENCY PCI SERVICES ARE CONSISTENT WITH THE STATE HEALTH PLAN 3 FOR FACILITIES AND SERVICES. 4 (D) NOTWITHSTANDING SUBSECTION (B) OF THIS SECTION, A CERTIFICATE OF CONFORMANCE IS NOT REQUIRED FOR AN ACUTE GENERAL $\mathbf{5}$ HOSPITAL TO ESTABLISH ELECTIVE PCI SERVICES IF: 6 7 ON JANUARY 1, 2012, THE ACUTE GENERAL HOSPITAL WAS (1) 8 PROVIDING ELECTIVE PCI SERVICES THROUGH THE C-PORT E REGISTRY UNDER AUTHORITY OF A RESEARCH WAIVER ISSUED BY THE COMMISSION; 9 10 THE COMMISSION FINDS THAT THE C-PORT E STUDY (2) 11 PRODUCED RESULTS THAT SHOULD GUIDE PUBLIC POLICY; AND 12(3) THE COMMISSION DETERMINES THAT THE ELECTIVE PCI SERVICES PROVIDED BY THE ACUTE GENERAL HOSPITAL CONTINUE TO BE 13 14 **CONSISTENT WITH:** THE REQUIREMENTS OF THE C-PORT E REGISTRY; 15**(I)** 16 AND 17(II) EXCEPT FOR THE REQUIREMENTS UNDER COMAR 18 10.24.05.05, THE REQUIREMENTS FOR MAINTAINING A RESEARCH WAIVER UNDER COMAR 10.24.05 AND 10.24.17, TABLE A-1. 19 20THIS SUBSECTION APPLIES TO AN ACUTE CARE (1) (D) (E) GENERAL HOSPITAL THAT PROVIDES CARDIAC SURGERY OR PCI SERVICES 2122**UNDER:** 23**(I)** A CERTIFICATE OF NEED ISSUED UNDER § 19–120 OF 24THIS SUBTITLE: 25**(II)** A CERTIFICATE OF CONFORMANCE ISSUED UNDER THIS 26SECTION; OR 27(III) AN EXCEPTION FROM THE CERTIFICATE OF CONFORMANCE REQUIREMENTS UNDER SUBSECTION (C) OR (D) OF THIS 28SECTION. 2930 (2) AN ACUTE GENERAL HOSPITAL SHALL OBTAIN AND MAINTAIN 31A CERTIFICATE OF ONGOING PERFORMANCE TO CONTINUE TO PROVIDE:

1	(I) CARDIAC SURGERY SERVICES;
2	(II) PRIMARY <u>EMERGENCY</u> PCI SERVICES; OR
3	(III) NONPRIMARY <u>Elective</u> PCI services.
4	(E) (F) AN ACUTE GENERAL HOSPITAL THAT IS PROVIDING
5	NONPRIMARY ELECTIVE PCI SERVICES UNDER A RESEARCH WAIVER ISSUED BY
6	THE COMMISSION AND DOES NOT MEET THE REQUIREMENTS OF SUBSECTION
7	(D) OF THIS SECTION SHALL OBTAIN A CERTIFICATE OF CONFORMANCE FOR ITS
8	NONPRIMARY <u>ELECTIVE</u> PCI SERVICES BEFORE THE ACUTE GENERAL
9	HOSPITAL MAY OBTAIN A CERTIFICATE OF ONGOING PERFORMANCE TO
10	PROVIDE THE NONPRIMARY <u>ELECTIVE</u> PCI SERVICES.
11	(F) (G) (1) THE COMMISSION SHALL ADOPT REGULATIONS
12	THROUGH AN UPDATE TO THE STATE HEALTH PLAN FOR FACILITIES AND
13	SERVICES TO IMPLEMENT THIS SECTION.
14	(2) THE REGULATIONS SHALL:
15	(I) ADDRESS QUALITY, ACCESS, AND COST;
16	(II) ESTABLISH A PROCESS AND MINIMUM STANDARDS FOR
17	OBTAINING A CERTIFICATE OF CONFORMANCE;
18	(III) ESTABLISH A PROCESS AND MINIMUM STANDARDS FOR
19	OBTAINING AND MAINTAINING A CERTIFICATE OF ONGOING PERFORMANCE;
20	(IV) SET AN APPROPRIATE TIME PERIOD FOR THE
21	EXPIRATION OF A CERTIFICATE OF ONGOING PERFORMANCE; AND
22	(V) REQUIRE, AS A CONDITION OF THE ISSUANCE OF A
23	CERTIFICATE OF CONFORMANCE OR A CERTIFICATE OF ONGOING
24	PERFORMANCE TO AN ACUTE GENERAL HOSPITAL WITHOUT ON-SITE CARDIAC
25	SURGERY SERVICES, THAT AN THE ACUTE GENERAL HOSPITAL AGREE TO
26	VOLUNTARILY RELINQUISH ITS AUTHORITY TO PROVIDE CARDIAC SURGERY
27	SERVICES, PRIMARY EMERGENCY PCI SERVICES, OR NONPRIMARY ELECTIVE
28	PCI SERVICES IF THE HOSPITAL FAILS TO MEET THE APPLICABLE STANDARDS
29	ESTABLISHED BY THE COMMISSION <u>;</u>
30	(M) FERADISEL A DECCERCE FOR AN ACUME CENTERAL
	(VI) ESTABLISH A PROCESS FOR AN ACUTE GENERAL
31	HOSPITAL THAT IS OUT OF COMPLIANCE WITH MINIMUM STANDARDS FOR A

32 <u>CERTIFICATE OF ONGOING PERFORMANCE TO RETURN TO GOOD STANDING;</u>

2 FOR AN ACUTE GENERAL HOSPITAL LOCATED IN A PART OF THE STATE THAT 3 DOES NOT HAVE SUPPICIENT ACCESS TO EMERGENCY PCI SERVICES, HAVE 4 PROVIDED EMERGENCY PCI SERVICES IN ACCORDANCE WITH ESTABLISHED 5 STANDARDS BEFORE SEEKING A CERTIFICATE OF CONFORMANCE FOR 6 ELECTIVE PCI SERVICES; 7 (VIII) PROHIBIT AN ACUTE GENERAL HOSPITAL FROM 8 PROVIDING ELECTIVE PCI SERVICES UNLESS THE ACUTE GENERAL HOSPITAL 9 ALSO PROVIDES EMERGENCY PCI SERVICES; 10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE 11 STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, 12 AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY 13 GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUESECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT 17 REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR 18 FORCE ON PRACTICE GUIDELINES AND THE AMERICAN 19 CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 10 IXI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 10 CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 11 (XI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 12 (XI) F	1	(VII) REQUIRE THAT AN ACUTE GENERAL HOSPITAL, EXCEPT
3 DOES NOT HAVE SUFFICIENT ACCESS TO EMERGENCY PCI SERVICES, HAVE 4 PROVIDED EMERGENCY PCI SERVICES IN ACCORDANCE WITH ESTABLISHED 5 STANDARDS BEFORE SEEKING A CERTIFICATE OF CONFORMANCE FOR 6 ELECTIVE PCI SERVICES; 7 (VIII) PROHIBIT AN ACUTE GENERAL HOSPITAL FROM 8 PROVIDING ELECTIVE PCI SERVICES UNLESS THE ACUTE GENERAL HOSPITAL ALSO PROVIDES EMERGENCY PCI SERVICES; 10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE 11 STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY 12 GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT 15 REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR 16 PERCUTANEOUS CORONARY INTERVENTION (REPORT OF THE AMERICAN 17 COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 18 TASK FORCE ON PRACTICE GUIDELINES AND THE SOCIETY FOR 19 CANDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS), OF DIFFICULT OR 20 COMPLICATED CASES AND FOR RANDOMLY SELECTED CASES; AND 21 (X) FOR A CERTIFICATE OF CONFORMANCE, PERFORMANCE, 21 (X) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE		
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6 ELECTIVE PCI SERVICES; 7 (VIII) PROHIBIT AN ACUTE GENERAL HOSPITAL FROM PROVIDING ELECTIVE PCI SERVICES UNLESS THE ACUTE GENERAL HOSPITAL ALSO PROVIDES EMERGENCY PCI SERVICES; 10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR PERCUTANEOUS CORONARY INTERVENTION (REPORT OF THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION TASK FORCE ON PRACTICE GUIDELINES AND THE SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS), OF DIFFICULT OR COMPLICATED CASES AND FOR RANDOMLY SELECTED CASES; AND 21 (XI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE PCI SERVICES, GIVE WEIGHT TO THE EXPERIENCE, PERFORMANCE, INVESTMENT, AND SCOPE OF INTERVENTIONAL CAPABILITIES OF AN APPLICANT HOSPITAL THAT WAS PROVIDING EMERGENCY PCI SERVICES ON JANUARY 1, 2012. 26 (3) (I) THE COMMISSION SHALL ESTABLISH A CLINICAL ADVISORY GROUP TO ADVISE THE COMMISSION AND RECOMMEND STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, AND ELECTIVE PCI SERVICES FOR INCLUSION IN REGULATIONS ADOPTED UNDER THIS SUBSECTION. 31 (II) THE CLINICAL ADVISORY GROUP SHALL BE COMPOSED OF EXPERTS IN CARDIAC SURGERY SERVICES AND PCI SERVICES, INCLUDING: 33 1. CLINICIANS AND REPRESENTATIVES FROM HOSPITALS IN THE STATE WITH AND WITHOUT ON-SITE CARDIAC SURGERY		
7 (VIII) PROHIBIT AN ACUTE GENERAL HOSPITAL FROM 8 PROVIDING ELECTIVE PCI SERVICES UNLESS THE ACUTE GENERAL HOSPITAL 9 ALSO PROVIDES EMERGENCY PCI SERVICES; 10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE 11 STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, 12 AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY 13 GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT 15 REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR 16 PERCUTANEOUS CORONARY INTERVENTION (REPORT OF THE AMERICAN 17 COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 18 TASK FORCE ON PRACTICE GUIDELINES AND THE SOCIETY FOR 19 CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS), OF DIFFICULT OR 20 COMPLICATED CASES AND FOR RANDOMLY SELECTED CASES; AND 21 (XI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 22 PCI SERVICES, GIVE WEIGHT TO THE EXPERIENCE, PERFORMANCE, 23 INVESTMENT, AND SCOPE OF INTERVENTIONAL CAPABILITIES OF AN APPLICANT 40SPITAL THAT WAS PROVIDING EMERGENCY PCI SERVICES ON JANUARY 1, 2012. (3) (1) THE COMMISSION SHALL ESTABLISH A CLINICAL	5	STANDARDS BEFORE SEEKING A CERTIFICATE OF CONFORMANCE FOR
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8 PROVIDING ELECTIVE PCI SERVICES UNLESS THE ACUTE GENERAL HOSPITAL 9 ALSO PROVIDES EMERGENCY PCI SERVICES; 10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE 11 STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, 21 AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY 13 GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT 15 REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR 16 PERCUTANEOUS CORONARY INTERVENTION (REPORT OF THE AMERICAN 17 COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 18 TASK FORCE ON PRACTICE GUIDELINES AND THE SOCIETY FOR 16 CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS), OF DIFFICULT OR 10 COMPLICATED CASES AND FOR RANDOMLY SELECTED CASES; AND 21 (XI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 22 PCI SERVICES, GIVE WEIGHT TO THE EXPERIENCE, PERFORMANCE, 23 INVESTMENT, AND SCOPE OF INTERVENTIONAL CAPABILITIES OF AN APPLICANT 24 (3) (1) THE COMMISSION SHALL ESTABLISH A CLINICAL 25 ADVISORY GROUP TO ADVISE THE COMMISSION AND RECOMMEND STANDARDS 26 (3) (1) THE CLINICAL ADVISORY GROUP		
9 ALSO PROVIDES EMERGENCY PCI SERVICES; 10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE 11 STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, 12 AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY 13 GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT 15 REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR 16 PERCUTANEOUS CORONARY INTERVENTION (REPORT OF THE AMERICAN 17 COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 18 TASK FORCE ON PRACTICE GUIDELINES AND HE SOCIETY FOR 19 CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS), OF DIFFICULT OR 20 COMPLICATED CASES AND FOR RANDOMLY SELECTED CASES; AND 21 (X) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 22 PCI SERVICES, GIVE WEIGHT TO THE EXPERIENCE, PERFORMANCE, 23 INVESTMENT, AND SCOPE OF INTERVENTIONAL CAPABILITIES OF AN APPLICANT 24 HOSPITAL THAT WAS PROVIDING EMERGENCY PCI SERVICES ON JANUARY 1, 25 2012. 26 (3) (1) THE COMMISSION AND RECOMMEND STANDARDS 38 FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, AND ELECTIVE		<u>(VIII)</u> Prohibit an acute general hospital from
10 (IX) INCORPORATE, TO THE EXTENT APPROPRIATE, THE 11 STANDARDS FOR CARDIAC SURGERY SERVICES, EMERGENCY PCI SERVICES, 12 AND ELECTIVE PCI SERVICES RECOMMENDED BY THE CLINICAL ADVISORY 13 GROUP ESTABLISHED UNDER PARAGRAPH (3) OF THIS SUBSECTION; 14 (X) INCLUDE REQUIREMENTS FOR PEER OR INDEPENDENT 15 REVIEW, CONSISTENT WITH THE ACCF/AHA/SCAI GUIDELINES FOR 16 PERCUTANEOUS CORONARY INTERVENTION (REPORT OF THE AMERICAN 17 COLLEGE OF CARDIOLOGY FOUNDATION/AMERICAN HEART ASSOCIATION 18 TASK FORCE ON PRACTICE GUIDELINES AND THE SOCIETY FOR 19 CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS), OF DIFFICULT OR 20 COMPLICATED CASES AND FOR RANDOMLY SELECTED CASES; AND 21 (XI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 21 (XI) FOR A CERTIFICATE OF CONFORMANCE FOR ELECTIVE 22 PCI SERVICES, GIVE WEIGHT TO THE EXPERIENCE, PERFORMANCE, 23 INVESTMENT, AND SCOPE OF INTERVENTIONAL CAPABILITIES OF AN APPLICANT 24 HOSPITAL THAT WAS PROVIDING EMERGENCY PCI SERVICES ON JANUARY I, 25 2012. 26 (3) (1) THE COMMISSION SHALL ESTABLISH A CLINICAL 27 ADVISORY GROUP TO ADVISE THE COMMISSION AND RECOMMEND STANDARDS	8	
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17 College of Cardiology Foundation/American Heart Association 18 Task Force on Practice Guidelines and the Society For 19 Cardiovascular Angiography and Interventions), of difficult or 20 Complicated cases and for randomly selected cases; and 21 (xi) For a certificate of conformance for elective 22 PCI services, give weight to the experience, performance, 23 investment, and scope of interventional capabilities of an applicant 24 Hospital that was providing emergency PCI services on January 1, 25 2012. 26 (3) (1) The Commission shall establish a clinical 27 Advisory group to advise the Commission and recommend standards 28 For cardiac surgery services, emergency PCI services, and elective 29 PCI services for inclusion in regulations adopted under this 30 subsection. 31 (II) The clinical advisory group shall be composed 32 of experts in cardiac surgery services and PCI services, including: 33 1. Clinicians and representatives from 34 Hospitals in the State with and without on-site cardiac surgery		
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	35	SERVICES AND WITH AND WITHOUT PCI SERVICES;

1 AT LEAST ONE REPRESENTATIVE OF AN ACUTE 2. $\mathbf{2}$ GENERAL HOSPITAL THAT IS NOT PART OF A MERGED ASSET SYSTEM AND 3 **PROVIDES ONLY EMERGENCY PCI SERVICES; AND** 4 3. **OTHER PERSONS WITH NEEDED EXPERTISE FROM** $\mathbf{5}$ **INSIDE AND OUTSIDE THE STATE.** 6 ON OR BEFORE SEPTEMBER 30, 2013, AFTER (4) **(I)** 7OBTAINING ADVICE FROM THE CLINICAL ADVISORY GROUP AND OTHER <u>APPROPRIATE STAKE</u>HOLDERS, THE COMMISSION SHALL: 8 9 1. **DEVELOP RECOMMENDED REGULATIONS UNDER** 10 THIS SUBSECTION; 11 2. POST THE RECOMMENDED REGULATIONS ON ITS 12WEB SITE FOR PUBLIC COMMENT; AND 13 3. SUBMIT THE RECOMMENDED REGULATIONS TO 14THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE **GOVERNMENT ARTICLE, THE SENATE FINANCE COMMITTEE AND THE HOUSE** 15HEALTH AND GOVERNMENT OPERATIONS COMMITTEE. 16 17THE SENATE FINANCE COMMITTEE AND THE HOUSE **(II)** HEALTH AND GOVERNMENT OPERATIONS COMMITTEE SHALL HAVE 60 DAYS 18 19 FROM RECEIPT OF THE RECOMMENDED REGULATIONS FOR REVIEW AND 20COMMENT. 21SECTION 2. AND BE IT FURTHER ENACTED, That the process established 22by the Maryland Health Care Commission for issuing a certificate of conformance, as required under § 19–120.1 of the Health – General Article, as enacted by Section 1 of 23this Act: 2425(1)shall be similar to the process through which the Commission 26grants an exemption from certificate of need requirements for merged asset systems; 27and 28(2)may not allow interested party status; and 29shall consider, for a certificate of conformance to establish elective (3)30 PCI services, applications from acute general hospitals that were providing emergency PCI services on January 1, 2012, before considering applications from other acute 31general hospitals. 32

1	SECTION 3. AND BE IT FURTHER ENACTED, That, in making a decision to
2	issue a certificate of conformance, the Maryland Health Care Commission shall
3	consider the circumstances of a hospital that is the sole hospital in a county.
4	SECTION 3. <u>4.</u> AND BE IT FURTHER ENACTED, That , notwithstanding :
5	(a) <u>Notwithstanding</u> any other provision of this Act, an acute general
6	hospital whose research waiver for nonprimary elective PCI services was extended by
7	the Maryland Health Care Commission under COMAR 10.24.05 and that continues to
8	meet the requirements under COMAR 10.24.05 may provide nonprimary <u>elective</u> PCI
9 10	services <u>under the authorization that existed on January 1, 2012</u> , until the Commission:
$\begin{array}{c} 11 \\ 12 \end{array}$	(1) makes one of the determinations or findings provided under COMAR 10.24.05.05; and
13	(2) depending on the results of the C-PORT E study and the
14	Commission's actions taken under COMAR 10.24.05.05A(1) and B, a determination
15	under § 19–120.1(d)(3) of the Health – General Article, as enacted by Section 1 of this
16	<u>Act;</u>
17	(2) considers the hospital's application under $ 19-120.1(b) $ of the
18	Health – General Article, as enacted by Section 1 of this Act, for a certificate of
19	conformance for its nonprimary <u>elective</u> PCI services <u>; or</u>
20	(3) makes a determination under COMAR 10.24.05 to terminate the
21	hospital's authority to provide elective PCI services.
22	(b) On or before December 31, 2012, the Commission shall determine for
23	each hospital providing elective PCI services on January 1, 2012, through the C-PORT
24	E registry under authority of a research waiver issued by the Commission, whether
25	the conditions of § 19–120.1(d)(3) of the Health – General Article are satisfied.
26	SECTION 5. AND BE IT FURTHER ENACTED, That the process established
27	in regulation under § 19–120.1(g)(2)(vi) of the Health – General Article, as enacted by
28	Section 1 of this Act, for an acute general hospital that is out of compliance with
29	minimum standards for a certificate of ongoing performance to return to good standing
30	shall operate in a manner consistent with the process and underlying principles that:
31	(1) guided the Maryland Health Care Commission in its oversight of
32	hospitals providing emergency PCI services and elective PCI services under a waiver
33	and a research waiver, respectively; and
34	(2) provided a reasonable opportunity for an acute general hospital
35	that was out of compliance with performance standards to come into compliance.

1	SECTION 6. AND BE IT FURTHER ENACTED, That the requirement
2	established in regulation under § 19–120.1(g)(2)(v) of the Health – General Article, as
3	enacted by Section 1 of this Act, as a condition of the issuance of a certificate of
4	conformance or a certificate of ongoing performance for an acute general hospital
5	without on-site cardiac surgery services to agree to voluntarily relinquish its
$\frac{6}{7}$	authority to provide emergency PCI services or elective PCI services if the hospital
$\frac{7}{8}$	<u>fails to meet the applicable standards established by the Maryland Health Care</u> Commission, shall:
0	<u>Commission, shan.</u>
9	(1) be implemented in a manner consistent with the regulations and
10	underlying principles of the Commission in its oversight of hospitals providing
11	emergency PCI services and elective PCI services under a waiver and a research
12	waiver, respectively; and
13	(2) require an acute general hospital without on-site cardiac surgery
14	services to:
15	(i) notify the Commission of the occurrence of specified events;
16	and <u>intervence of specifica events</u> .
10	
17	(ii) <u>subject to Section 5 of this Act, on written notice from the</u>
18	<u>Commission, immediately relinquish its authority to provide PCI services.</u>
10	
19	SECTION 7. AND BE IT FURTHER ENACTED, That:
20	(a) The requirements of § 19–120.1(e) of the Health – General Article, as
$\begin{array}{c} 20\\ 21 \end{array}$	(a) <u>The requirements of § 19–120.1(e) of the Health – General Article, as</u> enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac
20	(a) The requirements of § 19–120.1(e) of the Health – General Article, as
$\begin{array}{c} 20\\ 21 \end{array}$	(a) <u>The requirements of § 19–120.1(e) of the Health – General Article, as</u> enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac
20 21 22	(a) <u>The requirements of § 19–120.1(e) of the Health – General Article, as</u> enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until:
20 21 22 23	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical
20 21 22 23 24 25 26	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as
20 21 22 23 24 25	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate
20 21 22 23 24 25 26 27	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services and PCI services at acute general hospitals with on–site cardiac surgery services;
20 21 22 23 24 25 26 27 28	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services and PCI services at acute general hospitals with on–site cardiac surgery services; (2) the Commission develops recommendations for actions, including
20 21 22 23 24 25 26 27 28 29	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services and PCI services at acute general hospitals with on–site cardiac surgery services; (2) the Commission develops recommendations for actions, including any changes in State law, that are necessary to enhance the Commission's ability to
20 21 22 23 24 25 26 27 28 29 30	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services and PCI services at acute general hospitals with on–site cardiac surgery services:
20 21 22 23 24 25 26 27 28 29 30 31	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services; (2) the Commission develops recommendations for actions, including any changes in State law, that are necessary to enhance the Commission's ability to monitor ongoing performance and compliance with quality standards related to cardiac surgery services at hospitals with on–site cardiac surgery
20 21 22 23 24 25 26 27 28 29 30	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services and PCI services at acute general hospitals with on–site cardiac surgery services:
20 21 22 23 24 25 26 27 28 29 30 31	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services; (2) the Commission develops recommendations for actions, including any changes in State law, that are necessary to enhance the Commission's ability to monitor ongoing performance and compliance with quality standards related to cardiac surgery services at hospitals with on–site cardiac surgery
20 21 22 23 24 25 26 27 28 29 30 31 32	 (a) The requirements of § 19–120.1(e) of the Health – General Article, as enacted by Section 1 of this Act, do not apply to a hospital that provided cardiac surgery services and PCI services on January 1, 2012, until: (1) the Maryland Health Care Commission consults with the clinical advisory group established under § 19–120.1(g)(3) of the Health – General Article, as enacted by Section 1 of this Act, and other appropriate stakeholders on appropriate standards for ongoing performance for cardiac surgery services and PCI services at acute general hospitals with on–site cardiac surgery services; (2) the Commission develops recommendations for actions, including any changes in State law, that are necessary to enhance the Commission's ability to monitor ongoing performance and compliance with quality standards related to cardiac surgery services;

35 accordance with § 2–1246 of the State Government Article, the Senate Finance 36 Committee and the House Health and Government Operations Committee; and

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$\frac{1}{2}$	(ii) posts the report on its Web site for a 60-day review and comment period; and
$\frac{3}{4}$	(4) the Commission adopts regulations to implement the recommendations.
$5 \\ 6$	(b) <u>The Commission shall report its recommendations and post its report</u> <u>under subsection (a)(3) of this section on or before December 1, 2013.</u>
$7 \\ 8$	(c) <u>The report, recommendations, and regulations under subsection (a) of</u> <u>this section shall include:</u>
9 10 11	(1) <u>a mechanism for an acute general hospital with on-site cardiac</u> <u>surgery services that is out of compliance with performance standards for cardiac</u> <u>surgery services or PCI services to return to good standing; and</u>
$12 \\ 13 \\ 14$	(2) <u>a process through which the authority for an acute general hospital</u> with on-site cardiac surgery services to provide cardiac surgery services and PCI services may be revoked for failure to meet performance standards.
$\begin{array}{c} 15\\ 16 \end{array}$	SECTION 4. 8. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2012.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.