9lr2188 CF SB 597

## By: Delegate Pendergrass

Introduced and read first time: February 6, 2019 Assigned to: Health and Government Operations

## A BILL ENTITLED

### 1 AN ACT concerning

# Maryland Health Care Commission – State Health Plan and Certificate of Need for Hospital Capital Expenditures

4 FOR the purpose of altering the frequency at which the Maryland Health Care Commission  $\mathbf{5}$ is required to adopt a State health plan; requiring the State health plan to be 6 consistent with a certain contract; repealing a requirement that the Commission 7 review the State health plan on a certain basis; requiring, annually or on petition by 8 any person, the Commission to assess each State health plan chapter, make a certain 9 determination, and establish a certain priority order and timeline in a certain manner; altering the circumstances under which a certificate of need is required 10 11 before certain capital expenditures are made by or on behalf of a hospital; defining a 12certain term; making conforming and stylistic changes; and generally relating to the 13 State health plan and certificates of need for hospitals.

- 14 BY repealing and reenacting, with amendments,
- 15 Article Health General
- 16 Section 19–118(a) and (b) and 19–120(a) and (k)(1) and (6)(viii)
- 17 Annotated Code of Maryland
- 18 (2015 Replacement Volume and 2018 Supplement)

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

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### Article – Health – General

22 19–118.

(a) (1) [At least every 5 years, beginning no later than October 1, 1983] ON
OR BEFORE OCTOBER 1 EACH YEAR, the Commission shall adopt a State health plan.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



	2 <b>HOUSE BILL 646</b>		
1	(2)	The plan shall [include]:	
$\frac{2}{3}$	CONTRACT;	(I) BE CONSISTENT WITH THE MARYLAND ALL PAYER MODEL	
4 5	certificate of need	[(i)] (II) [The] INCLUDE methodologies, standards, and criteria for review; and	
$6 \\ 7$	[(ii)] (III) [Priority for] <b>PRIORITIZE</b> conversion of acute capacity to alternative uses where appropriate.		
8	(b) Annu	ually or [upon] ON petition by any person, the Commission shall [review]:	
9	(I)	ASSESS EACH State health plan [and publish] CHAPTER;	
10 11	(II) PLAN THAT SHOU	DETERMINE THE CHAPTER OR CHAPTERS OF THE STATE HEALTH ULD BE REVIEWED AND REVISED;	
12 13	(III) TIMELINE OF TH	ESTABLISH, AT A PUBLIC MEETING, THE PRIORITY ORDER AND E STATE HEALTH PLAN CHAPTER REVIEW AND REVISION; AND	
$\begin{array}{c} 14\\ 15\\ 16\end{array}$	(IV) PUBLISH any changes in the STATE HEALTH plan that the Commission considers necessary, subject to the review and approval granted to the Governor under this subtitle.		
17	19–120.		
18	(a) (1)	In this section the following words have the meanings indicated.	
19 20	(2) "Consolidation" and "merger" include increases and decreases in bed capacity or services among the components of an organization that:		
21		(i) Operates more than one health care facility; or	
$\begin{array}{c} 22\\ 23 \end{array}$	(ii) Operates one or more health care facilities and holds an outstanding certificate of need to construct a health care facility.		
$\begin{array}{c} 24 \\ 25 \end{array}$	(3) service.	(i) "Health care service" means any clinically related patient	
26		(ii) "Health care service" includes a medical service.	
27	(4)	"HOSPITAL CAPITAL THRESHOLD" MEANS THE LESSER OF:	
28		(I) 25% OF THE HOSPITAL'S GROSS REGULATED CHARGES FOR	

1	THE IMMEDIATELY PRECEDING YEAR; OR		
2	(II)	\$50,000,000.	
3	<b>[</b> (4) <b>] (5)</b>	"Limited service hospital" means a health care facility that:	
4	(i)	Is licensed as a hospital on or after January 1, 1999;	
$5\\6$	(ii) eliminating the facility's	Changes the type or scope of health care services offered by capability to admit or retain patients for overnight hospitalization;	
7	(iii)	Retains an emergency or urgent care center; and	
8 9	(iv) 19–307.1 of this title.	Complies with the regulations adopted by the Secretary under §	
10	<b>[</b> (5) <b>] (6)</b>	"Medical service" means:	
11	(i)	Any of the following categories of health care services:	
12		1. Medicine, surgery, gynecology, addictions;	
13		2. Obstetrics;	
14		3. Pediatrics;	
15		4. Psychiatry;	
16		5. Rehabilitation;	
17		6. Chronic care;	
18		7. Comprehensive care;	
19		8. Extended care;	
20		9. Intermediate care; or	
21		10. Residential treatment; or	
$22 \\ 23 \\ 24$	(ii) care, or intermediate can the State health plan.	Any subcategory of the rehabilitation, psychiatry, comprehensive re categories of health care services for which need is projected in	

25(k) A certificate of need is required before any of the following capital (1)expenditures are made by or on behalf of a hospital: 26

1 (i) Any expenditure that, under generally accepted accounting 2 principles, is not properly chargeable as an operating or maintenance expense, if:

The expenditure is made as part of an acquisition,
 improvement, or expansion, and, after adjustment for inflation as provided in the
 regulations of the Commission, the total expenditure, including the cost of each study,
 survey, design, plan, working drawing, specification, and other essential activity, is more
 than [\$10,000,000] THE HOSPITAL CAPITAL THRESHOLD;

8 2. The expenditure is made as part of a replacement of any 9 plant and equipment of the hospital and is more than [\$10,000,000] THE HOSPITAL 10 CAPITAL THRESHOLD after adjustment for inflation as provided in the regulations of the 11 Commission;

12 3. The expenditure results in a substantial change in the bed13 capacity of the hospital; or

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

17 (ii) Any expenditure that is made to lease or, by comparable 18 arrangement, obtain any plant or equipment for the hospital, if:

19 1. The expenditure is made as part of an acquisition, 20 improvement, or expansion, and [, after adjustment for inflation as provided in the rules 21 and regulations of the Commission,] the total expenditure, including the cost of each study, 22 survey, design, plan, working drawing, specification, and other essential activity, is more 23 than [\$10,000,000] THE HOSPITAL CAPITAL THRESHOLD;

24 2. The expenditure is made as part of a replacement of any 25 plant and equipment and is more than [\$10,000,000] THE HOSPITAL CAPITAL 26 THRESHOLD after adjustment for inflation as provided in the regulations of the 27 Commission;

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

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

33 (6) This subsection does not apply to:

(viii) A capital expenditure by a hospital, as defined in § 19–301 of this
 title, for a project in excess of [\$10,000,000] THE HOSPITAL CAPITAL THRESHOLD AND

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1 IS for construction or renovation that:  $\mathbf{2}$ 1. May be related to patient care; 3 2.Does not require, over the entire period or schedule of debt 4 service associated with the project, a total cumulative increase in patient charges or  $\mathbf{5}$ hospital rates of more than \$1,500,000 for the capital costs associated with the project as determined by the Commission, after consultation with the Health Services Cost Review 6 7 Commission; 8 3. At least 45 days before the proposed expenditure is made, 9 the hospital notifies the Commission; 10 4. Within 45 days of receipt of the relevant financial А. information, the Commission makes the financial determination required under item 2 of 11 12this item; or 13В. The Commission has not made the financial 14determination required under item 2 of this item within 60 days of the receipt of the 15relevant financial information; and 16 5. The relevant financial information to be submitted by the 17hospital is defined in regulations adopted by the Commission, after consultation with the 18Health Services Cost Review Commission; 19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 20October 1, 2019.