

SENATE BILL 597

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9lr1668
CF HB 646

By: **Senators Kelley, Feldman, Guzzone, Klausmeier, and Reilly**

Introduced and read first time: February 4, 2019

Assigned to: Finance

Committee Report: Favorable

Senate action: Adopted

Read second time: March 15, 2019

CHAPTER _____

1 AN ACT concerning

2 **Maryland Health Care Commission – State Health Plan and Certificate of Need**
3 **for Hospital Capital Expenditures**

4 FOR the purpose of altering the frequency at which the Maryland Health Care Commission
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
10 manner; altering the circumstances under which a certificate of need is required
11 before certain capital expenditures are made by or on behalf of a hospital; defining a
12 certain 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)

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

21 **Article – Health – General**

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 19–118.

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

4 (2) The plan shall [include]:

5 (I) **BE CONSISTENT WITH THE MARYLAND ALL PAYER MODEL**
6 **CONTRACT;**

7 [(i)] (II) [The] **INCLUDE** methodologies, standards, and criteria for
8 certificate of need review; and

9 [(ii)] (III) [Priority for] **PRIORITIZE** conversion of acute capacity to
10 alternative uses where appropriate.

11 (b) Annually or [upon] **ON** petition by any person, the Commission shall [review]:

12 (I) **ASSESS EACH** State health plan [and publish] **CHAPTER;**

13 (II) **DETERMINE THE CHAPTER OR CHAPTERS OF THE STATE HEALTH**
14 **PLAN THAT SHOULD BE REVIEWED AND REVISED;**

15 (III) **ESTABLISH, AT A PUBLIC MEETING, THE PRIORITY ORDER AND**
16 **TIMELINE OF THE STATE HEALTH PLAN CHAPTER REVIEW AND REVISION; AND**

17 (IV) **PUBLISH** any changes in the **STATE HEALTH** plan that the
18 Commission considers necessary, subject to the review and approval granted to the
19 Governor under this subtitle.

20 19–120.

21 (a) (1) In this section the following words have the meanings indicated.

22 (2) “Consolidation” and “merger” include increases and decreases in bed
23 capacity or services among the components of an organization that:

24 (i) Operates more than one health care facility; or

25 (ii) Operates one or more health care facilities and holds an
26 outstanding certificate of need to construct a health care facility.

27 (3) (i) “Health care service” means any clinically related patient
28 service.

29 (ii) “Health care service” includes a medical service.

1 **(4) “HOSPITAL CAPITAL THRESHOLD” MEANS THE LESSER OF:**

2 **(I) 25% OF THE HOSPITAL’S GROSS REGULATED CHARGES FOR**
3 **THE IMMEDIATELY PRECEDING YEAR; OR**

4 **(II) \$50,000,000.**

5 **[(4)] (5)** “Limited service hospital” means a health care facility that:

6 (i) Is licensed as a hospital on or after January 1, 1999;

7 (ii) Changes the type or scope of health care services offered by
8 eliminating the facility’s capability to admit or retain patients for overnight hospitalization;

9 (iii) Retains an emergency or urgent care center; and

10 (iv) Complies with the regulations adopted by the Secretary under §
11 19–307.1 of this title.

12 **[(5)] (6)** “Medical service” means:

13 (i) Any of the following categories of health care services:

14 1. Medicine, surgery, gynecology, addictions;

15 2. Obstetrics;

16 3. Pediatrics;

17 4. Psychiatry;

18 5. Rehabilitation;

19 6. Chronic care;

20 7. Comprehensive care;

21 8. Extended care;

22 9. Intermediate care; or

23 10. Residential treatment; or

24 (ii) Any subcategory of the rehabilitation, psychiatry, comprehensive
25 care, or intermediate care categories of health care services for which need is projected in

1 the State health plan.

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

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

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

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

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

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

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

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

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

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

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

1 (6) This subsection does not apply to:

2 (viii) A capital expenditure by a hospital, as defined in § 19–301 of this
 3 title, for a project in excess of **[\$10,000,000] THE HOSPITAL CAPITAL THRESHOLD AND**
 4 **IS** for construction or renovation that:

5 1. May be related to patient care;

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

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

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

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

19 5. The relevant financial information to be submitted by the
 20 hospital is defined in regulations adopted by the Commission, after consultation with the
 21 Health Services Cost Review Commission;

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
 23 October 1, 2019.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.