1 A bill to be entitled 2 An act relating to certificate of need; amending s. 408.032, F.S.; revising 3 definitions; deleting definitions of "capital 4 5 expenditure and "major medical equipment"; 6 amending s. 408.033, F.S.; deleting provisions 7 relating to the State Health Council and duties thereof; amending ss. 408.035 and 408.036, 8 9 F.S., relating to certificate-of-need review of 10 health care related projects; revising applicability; providing for review for 11 construction of a replacement facility at a 12 13 different location; eliminating review for capital expenditures, acquisitions of major 14 15 medical equipment, donations, land acquisitions for construction of health care facilities and 16 17 provider offices, and emergency projects and 18 unforseen health hazards; exempting from review 19 certain facility renovations and the termination of health care services; amending 20 21 s. 408.037, F.S.; requiring substantial compliance with application requirements; 22 23 amending ss. 408.038 and 408.0455, F.S.; correcting and conforming references; amending 24 25 s. 408.039, F.S.; revising and conforming the 26 provisions relating to application process; 27 requiring substantial compliance with letter of 28 intent requirements; revising timeframes for 29 completing an incomplete application and for 30 granting or denying certificates; amending s. 408.040. F.S.; increasing period of validity of

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certificates and eliminating extensions; amending s. 408.042, F.S.; deleting provisions relating to transfer or sale of certain facilities and certificates; amending s. 408.043, F.S.; deleting special provisions relating to osteopathic acute care hospitals and validity of certain certificates; amending ss. 189.415, 240.5121, 395.604, 408.702, and 641.60, F.S.; correcting and conforming references to reflect elimination of the Statewide Health Council and transfer of duties from the former Department of Health and Rehabilitative Services to the Agency for Health Care Administration; correcting cross references; repealing ss. 186.003(9) and 186.503(9), F.S., relating to definitions of "State Health Council"; repealing s. 395.0191(10), F.S., relating to proving certain nondiscrimination to obtain a certificate of need; repealing s. 408.0366, F.S., relating to facilities not requiring certificates of need; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Subsections (1), (4), (15), and (20) of section 408.032, Florida Statutes, are amended, and a new subsection (1) is added to said section, to read: 408.032 Definitions.--As used in ss. 408.031-408.045, the term:

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 $\underline{\mbox{(1)}}$ "Agency" means the Agency for Health Care Administration.

(1) "Capital expenditure" means an expenditure, including an expenditure for a construction project undertaken by a health care facility as its own contractor, which, under generally accepted accounting principles, is not properly chargeable as an expense of operation and maintenance; or an expenditure which exceeds the minimum as specified in s. 408.036(1)(c), changes the bed capacity of the facility, or substantially changes the services or service area of the health care facility, health service provider, or hospice, and which includes the cost of the studies, surveys, designs, plans, working drawings, specifications, initial financing costs, and other activities essential to acquisition, improvement, expansion, or replacement of the plant and equipment. The agency shall, by rule, adjust the capital expenditure threshold annually using an appropriate inflation index.

(4) "Department" means the Agency for Health Care Administration.

(15) "Major medical equipment" means equipment which is used to provide medical and other health services, which has been approved for general usage by the United States Food and Drug Administration for less than 3 years and which costs in excess of \$1 million. The agency shall, by rule, adjust the equipment threshold annually using an appropriate inflation index.

(20) "Agency" means the department or agency which has responsibility for health planning and health regulation.

Section 2. Paragraphs (b) and (g) of subsection (1), subsection (2), paragraphs (a), (b), and (f) of subsection

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(3), and subsection (4) of section 408.033, Florida Statutes, are amended to read:

408.033 Local and state health planning .--

- (1) LOCAL HEALTH COUNCILS. --
- (b) Each local health council may:
- 1. Develop a district or regional area health plan that is consistent with the objectives and strategies in the state health plan, but that shall permit each local health council to develop strategies and set priorities for implementation based on its unique local health needs. The district or regional area health plan must contain preferences for the development of health services and facilities, which may be considered by the agency in its review of certificate-of-need applications. The district health plan shall be submitted to the agency and updated periodically. The district health plans shall use a uniform format and be submitted to the agency according to a schedule developed by the agency in conjunction with the Statewide Health Council and the local health councils. The schedule must provide for coordination between the development of the state health plan and the district health plans and for the development of district health plans by major sections over a multiyear period. The elements of a district plan which are necessary to the review of certificate-of-need applications for proposed projects within the district may be adopted by the agency as a part of its rules.
- 2. Advise the agency on health care issues and resource allocations.
- 3. Promote public awareness of community health needs, emphasizing health promotion and cost-effective health service selection.

- 4. Collect data and conduct analyses and studies related to health care needs of the district, including the needs of medically indigent persons, and assist the agency and other state agencies in carrying out data collection activities that relate to the functions in this subsection.
- 5. Monitor the onsite construction progress, if any, of certificate-of-need approved projects and report council findings to the agency on forms provided by the agency.
- 6. Advise and assist any regional planning councils within each district that have elected to address health issues in their strategic regional policy plans with the development of the health element of the plans to address the health goals and policies in the State Comprehensive Plan.
- 7. Advise and assist local governments within each district on the development of an optional health plan element of the comprehensive plan provided in chapter 163, to assure compatibility with the health goals and policies in the State Comprehensive Plan and district health plan. To facilitate the implementation of this section, the local health council shall annually provide the local governments in its service area, upon request, with:
- a. A copy and appropriate updates of the district
 health plan;
- b. A report of hospital and nursing home utilization statistics for facilities within the local government jurisdiction; and
- c. Applicable agency rules and calculated need methodologies for health facilities and services regulated under s. 408.034 for the district served by the local health council.

- 8. Monitor and evaluate the adequacy, appropriateness, and effectiveness, within the district, of local, state, federal, and private funds distributed to meet the needs of the medically indigent and other underserved population groups.
- 9. In conjunction with the Department of Health and Rehabilitative Services and Statewide Health Council, plan for services at the local level for persons infected with the human immunodeficiency virus.
- 10. Provide technical assistance to encourage and support activities by providers, purchasers, consumers, and local, regional, and state agencies in meeting the health care goals, objectives, and policies adopted by the local health council.
- 11. Provide the agency with data required by rule for the review of certificate-of-need applications and the projection of need for health services and facilities in the district.
- and receive, in furtherance of its health planning functions, funds, grants, and services from governmental agencies and from private or civic sources and to perform studies related to local health planning in exchange for such funds, grants, or services. Each local health council shall, no later than January 30 of each year, render an accounting of the receipt and disbursement of such funds received by it to the agency. The agency shall consolidate all such reports and submit such consolidated report to the Legislature no later than March 1 of each year. Funds received by a local health council pursuant to this paragraph shall not be deemed to be a

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substitute for, or an offset against, any funding provided pursuant to subsection(2)(3).

(2) STATEWIDE HEALTH COUNCIL. -- The Statewide Health Council is hereby established as a state-level comprehensive health planning and policy advisory board. For administrative purposes, the council shall be located within the agency. The Statewide Health Council shall be composed of: the State Health Officer; the Deputy Director for Health Policy and Cost Control and the Deputy Director for Health Quality Assurance of the department; the director of the Health Care Board; the Insurance Commissioner or his designee; the Vice Chancellor for Health Affairs of the Board of Regents; three chairmen of regional planning councils, selected by the regional planning councils; five chairmen of local health councils, selected by the local health councils; four members appointed by the Governor, one of whom is a consumer over 60 years of age, one of whom is a representative of organized labor, one of whom is a physician, and one of whom represents the nursing home industry; five members appointed by the President of the Senate, one of whom is a representative of the insurance industry in this state, one of whom is the chief executive officer of a business with more than 300 employees in this state, one of whom represents the hospital industry, one of whom is a primary care physician, and one of whom is a nurse, and five members appointed by the Speaker of the House of Representatives, one of whom is a consumer who represents a minority group in this state, one of whom represents the home health care industry in this state, one of whom is an allied health care professional, one of whom is the chief executive officer of a business with fewer than 25 employees in this state, and one of whom represents a county social services

program that provides health care services to the indigent.

Appointed members of the council shall serve for 2-year terms commencing October 1 of each even-numbered year. The council shall elect a president from among the members who are not state employees. The Statewide Health Council shall:

- (a) Advise the Governor, the Legislature, and the department on state health policy issues, state and local health planning activities, and state health regulation programs;
- subgoals, quantifiable objectives, strategies, and resource requirements to implement the goals and policies of the health element of the State Comprehensive Plan. The plan must assess the health status of residents of this state; evaluate the adequacy, accessibility, and affordability of health services and facilities; assess government-financed programs and private health care insurance coverages; and address other topical local and state health care issues. Within 2 years after the health element of the State Comprehensive Plan is amended, and by July 1 of every 3rd year, if it is not amended, the Statewide Health Council shall submit the state health plan to the Executive Office of the Governor, the secretary of the department, the President of the Senate, and the Speaker of the House of Representatives;
- (c) Promote public awareness of state health care issues and, in conjunction with the local health councils, conduct public forums throughout the state to solicit the comments and advice of the public on the adequacy, accessibility, and affordability of health care services in this state and other health care issues;

 (d) Consult with local health councils, the Department of Insurance, the Department of Health and Rehabilitative Services, and other appropriate public and private entities, including health care industry representatives regarding the development of health policies;

- (e) Serve as a forum for the discussion of local health planning issues of concern to the local health councils and regional planning councils;
- (f) Review district health plans for consistency with the State Comprehensive Plan and the state health plan;
- (g) Review the health components of agency functional plans for consistency with the health element of the State Comprehensive Plan, advise the Executive Office of the Governor regarding inconsistencies, and recommend revisions to agency functional plans to make them consistent with the State Comprehensive Plan;
- (h) Review any strategic regional plans that address health issues for consistency with the health element of the State Comprehensive Plan, advise the Executive Office of the Governor regarding inconsistencies, and recommend revisions to strategic regional policy plans to make them consistent with the State Comprehensive Plan;
- (i) Assist the Department of Community Affairs in the review of local government comprehensive plans to ensure consistency with policy developed in the district health plans;
- (j) With the assistance of the local health councils, conduct public forums and use other means to determine the opinions of health care consumers, providers, payors, and insurers regarding the state's health care goals and policies and develop suggested revisions to the health element of the

State Comprehensive Plan. The council shall submit the proposed revisions to the health element of the State Comprehensive Plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by February 1, 1993, and shall widely circulate the proposed revisions to affected parties. The council shall periodically assess the progress made in achieving the goals and policies contained in the health element of the State Comprehensive Plan and report to the department, the Governor, the President of the Senate, and the Speaker of the House of Representatives; and

(k) Conduct any other functions or studies and analyses falling under the duties listed above.

(2) funding.--

- (a) The Legislature intends that the cost of local health councils and the Statewide Health Council be borne by application fees for certificates of need and by assessments on selected health care facilities subject to facility licensure by the Agency for Health Care Administration, including abortion clinics, assisted living facilities, ambulatory surgical centers, birthing centers, clinical laboratories except community nonprofit blood banks, home health agencies, hospices, hospitals, intermediate care facilities for the developmentally disabled, nursing homes, and multiphasic testing centers and by assessments on organizations subject to certification by the agency pursuant to chapter 641, part III, including health maintenance organizations and prepaid health clinics.
- $\,$ (b)1. A hospital licensed under chapter 395, a nursing home licensed under chapter 400, and an assisted living

facility licensed under chapter 400 shall be assessed an annual fee based on number of beds.

- 2. All other facilities and organizations listed in paragraph (a) shall each be assessed an annual fee of \$150.
- 3. Facilities operated by the Department of Health and Rehabilitative Services or the Department of Corrections and any hospital which meets the definition of rural hospital pursuant to s. 395.602 are exempt from the assessment required in this subsection.
- (f) The agency shall deposit in the Health Care Trust Fund all health care facility assessments that are assessed under this subsection and proceeds from the certificate-of-need application fees which are sufficient to maintain the aggregate funding level for the local health councils and the Statewide Health Council as specified in the General Appropriations Act. The remaining certificate-of-need application fees shall be used only for the purpose of administering the Health Facility and Services Development Act.
- $\underline{\text{(3)}}$ (4) DUTIES AND RESPONSIBILITIES OF THE $\underline{\text{AGENCY}}$ DEPARTMENT.--
- (a) The <u>agency</u> department, in conjunction with the Statewide Health Council and the local health councils, is responsible for the planning of all health care services in the state and for assisting the Statewide Health Council in the preparation of the state health plan.
- (b) The <u>agency</u> department shall develop and maintain a comprehensive health care database for the purpose of health planning and for certificate-of-need determinations. The <u>agency</u> department or its contractor is authorized to require the submission of information from health facilities, health

service providers, and licensed health professionals which is determined by the <u>agency</u> department, through rule, to be necessary for meeting the <u>agency's</u> department's responsibilities as established in this section.

- (c) The <u>agency</u> department shall assist personnel of the local health councils in providing an annual orientation to council members about council member responsibilities.
- (d) The agency department shall contract with the local health councils for the services specified in subsection (1). All contract funds shall be distributed according to an allocation plan developed by the agency department that provides for a minimum and equal funding base for each local health council. Any remaining funds shall be distributed based on adjustments for workload. The agency department may also make grants to or reimburse local health councils from federal funds provided to the state for activities related to those functions set forth in this section. The agency department may withhold funds from a local health council or cancel its contract with a local health council which does not meet performance standards agreed upon by the agency department and local health councils.

Section 3. Subsections (1) and (3) of section 408.035, Florida Statutes, are amended to read:

408.035 Review criteria.--

- (1) The agency shall determine the reviewability of applications and shall review applications for certificate-of-need determinations for health care facilities and services, <u>and</u> hospices, and health maintenance organizations in context with the following criteria:
- (a) The need for the health care facilities and services and hospices being proposed in relation to the

applicable district plan and state health plan, except in emergency circumstances which pose a threat to the public health.

- (b) The availability, quality of care, efficiency, appropriateness, accessibility, extent of utilization, and adequacy of like and existing health care services and hospices in the service district of the applicant.
- (c) The ability of the applicant to provide quality of care and the applicant's record of providing quality of care.
- (d) The availability and adequacy of other health care facilities and services and hospices in the service district of the applicant, such as outpatient care and ambulatory or home care services, which may serve as alternatives for the health care facilities and services to be provided by the applicant.
- (e) Probable economies and improvements in service that may be derived from operation of joint, cooperative, or shared health care resources.
- (f) The need in the service district of the applicant for special equipment and services which are not reasonably and economically accessible in adjoining areas.
- (g) The need for research and educational facilities, including, but not limited to, institutional training programs and community training programs for health care practitioners and for doctors of osteopathy and medicine at the student, internship, and residency training levels.
- (h) The availability of resources, including health manpower, management personnel, and funds for capital and operating expenditures, for project accomplishment and operation; the effects the project will have on clinical needs of health professional training programs in the service

district; the extent to which the services will be accessible to schools for health professions in the service district for training purposes if such services are available in a limited number of facilities; the availability of alternative uses of such resources for the provision of other health services; and the extent to which the proposed services will be accessible to all residents of the service district.

- (i) The immediate and long-term financial feasibility of the proposal.
- (j) The special needs and circumstances of health maintenance organizations.
- (k) The needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the service district in which the entities are located or in adjacent service districts. Such entities may include medical and other health professions, schools, multidisciplinary clinics, and specialty services such as open-heart surgery, radiation therapy, and renal transplantation.
- (1) The probable impact of the proposed project on the costs of providing health services proposed by the applicant, upon consideration of factors including, but not limited to, the effects of competition on the supply of health services being proposed and the improvements or innovations in the financing and delivery of health services which foster competition and service to promote quality assurance and cost-effectiveness.
- (m) The costs and methods of the proposed construction, including the costs and methods of energy provision and the availability of alternative, less costly, or more effective methods of construction.

- (n) The applicant's past and proposed provision of health care services to Medicaid patients and the medically indigent.
- (o) The applicant's past and proposed provision of services which promote a continuum of care in a multilevel health care system, which may include, but is not limited to, acute care, skilled nursing care, home health care, and assisted living facilities.
- (3) For any application authorized by s. 381.706(2)(j) or (k) involving an approved facility based on a certificate-of-need application filed prior to December 31, 1984, the department shall approve such application unless the proposed consolidation or division would result in a facility or facilities not meeting the criterion of financial feasibility or unless the consolidation or division would result in beds or services being moved more than 15 miles from their original certificated location.

Section 4. Section 408.036, Florida Statutes, as amended by sections 93-214, 94-206, and 95-418, Laws of Florida, is amended to read:

408.036 Projects subject to review.--

- (1) APPLICABILITY.--Unless exempt under subsection (3), all health-care-related projects, as described in paragraphs (a)-(k)(a)-(n), are subject to review and must file an application for a certificate of need with the <u>agency department</u>. The <u>agency department</u> is exclusively responsible for determining whether a health-care-related project is subject to review under ss. 408.031-408.045.
- (a) The addition of beds by new construction or alteration.

(b) The new construction or establishment of additional health care facilities, including a replacement health care facility when the proposed project site is not located on the same site as the existing health care facility.

(c) A capital expenditure of \$1 million or more by or on behalf of a health care facility or hospice for a purpose directly related to the furnishing of health services at such facility; provided that a certificate of need is not required for an expenditure to provide an outpatient health service, or to acquire equipment or refinance debt, for which a certificate of need is not otherwise required under this subsection. The department shall, by rule, adjust the capital expenditure threshold annually using an appropriate inflation index.

(c)(d) The conversion from one type of health care facility to another, including the conversion from one level of care to another, in a skilled or intermediate nursing facility, if the conversion effects a change in the level of care of 10 beds or 10 percent of total bed capacity of the skilled or intermediate nursing facility within a 2-year period. If the nursing facility is certified for both skilled and intermediate nursing care, the provisions of this paragraph do not apply.

 $\underline{\text{(d)}}_{\text{(e)}}$ Any $\underline{\text{increase}}$ $\underline{\text{change}}$ in licensed bed capacity.

 $\underline{\text{(e)}(f)}$ The establishment of a hospice, or the direct provision of such services by a health care facility or health maintenance organization for those other than the subscribers of the health maintenance organization.

(g) An acquisition by or on behalf of a health care facility or health maintenance organization, by any means, which acquisition would have required review if the

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acquisition had been by purchase, including an acquisition at less than fair market value if the fair market value is greater than the capital expenditure threshold.

(f) (h) The establishment of a long-term care hospital, or inpatient institutional health services by a health care facility, or a substantial change in such services., or the obligation of capital expenditures for the offering of, or a substantial change in, any such services which entails a capital expenditure in any amount, or an annual operating cost of \$500,000 or more. The department shall, by rule, adjust the annual operating cost threshold annually using an appropriate inflation index.

(g)(i) The acquisition by any means of an existing health care facility by any person, unless the person provides the agency department with at least 30 days' written notice of the proposed acquisition, which notice is to include the services to be offered and the bed capacity of the facility, and unless the agency department does not determine, within 30 days after receipt of such notice, that the services to be provided and the bed capacity of the facility will be changed.

(j) The acquisition, by any means, of major medical equipment by a health maintenance organization or health care facility to the extent that the health maintenance organization or health care facility is not exempt under former s. 381.713(1).

(h)(k) An increase in the cost of a project for which a certificate of need has been issued when the increase in cost exceeds the limits set forth in paragraph (c), paragraph 29 $\frac{\text{(h)}, \text{ or }}{\text{s. }}$ 408.032, or 20 $\frac{10}{10}$ percent of the originally approved cost of the project, whichever is less, except that a

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cost overrun review is not necessary when the cost overrun is less than $$20,000$ \div 10,000$.

 $\underline{\text{(i)}}$ (1) A change in the number of psychiatric or rehabilitation beds.

- (j)(m) The establishment of tertiary health services.
- $\frac{(k)(n)}{n}$ A transfer of a certificate of need, in which case an expedited review must be conducted according to rule and in accordance with s. 408.042.
- (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.--Unless exempt pursuant to subsection (3), projects subject to an expedited review shall include, but not be limited to:
- (a) Cost overruns <u>as defined in paragraph (1)(h)</u>, unless such cost overruns are caused by a change in service or scope which the <u>agency</u> department determines are otherwise reviewable.
 - (b) Research, education, and training programs.
- (c) Donations, when market value equals or exceeds the applicable capital expenditure thresholds for operating expenditures, or major medical equipment, as defined in this act.
- (d) Acquisition of land which is to be used for the construction of a health care facility, or office facilities for health care providers.
 - (e) Termination of a health care service.
 - (c)(f) Shared services contracts or projects.
 - (d) A transfer of a certificate of need.
- (h) Emergency projects and unforeseen major public health hazards.
- 29 (i) A 50-percent increase in nursing home beds for a
 30 facility incorporated and operating in this state for at least
 31 60 years on or before July 1, 1988, which has a licensed

nursing home facility located on a campus providing a variety of residential settings and supportive services. The increased nursing home beds shall be for the exclusive use of the campus residents. Any application on behalf of an applicant meeting this requirement shall be subject to the base fee of \$5,000 provided in s. 408.038.

 $\underline{\text{(e)}(j)}$ Combination within one nursing home facility of the beds or services authorized by two or more certificates of need issued in the same planning subdistrict.

 $\underline{(f)}$ (k) Division into two or more nursing home facilities of beds or services authorized by one certificate of need issued in the same planning subdistrict. Such division shall not be approved if it would adversely affect the original certificate's approved cost.

The <u>agency</u> department shall develop rules to implement the provisions for expedited review, including time schedule, application content, and application processing.

- (3) EXEMPTIONS.--Upon request, supported by such documentation as the <u>agency department</u> requires, the <u>agency department</u> shall grant an exemption from the provisions of subsection (1):
- (a) For any expenditure by or on behalf of a health care facility for any part of the physical plant which is not to be directly used for providing health services or housing health care providers. This exemption applies to expenditures for parking facilities, meeting rooms, cafeterias, administrative data processing facilities, research buildings, landscaping, and similar projects, but does not apply to expenditures for office facilities for health care providers.

- (b) For any expenditure to eliminate or prevent safety hazards as defined by federal, state, or local codes.
- (c) For any expenditure to replace any part of a facility or equipment which is destroyed as a result of fire, civil disturbance, or storm or any other act of God.
- (d) For any expenditure to acquire major medical equipment that is a substantially identical replacement for existing equipment being taken out of service.
- (e) For the initiation or expansion of obstetric services after July 1, 1988.
- (a)(f) For any expenditure to replace or renovate any part of a health care licensed nursing facility, provided that the number of licensed beds will not increase and, in the case of a replacement facility, the project site is the same as the facility being replaced.
- (g) For providing respite care services. As used in this paragraph, the term "respite care" means short-term care in a licensed health care facility which is personal or custodial in nature and is provided by reason of chronic illness, physical infirmity, or advanced age for the purpose of temporarily relieving family members of the burden of providing care and attendance in the home. In providing respite care, the health care facility must be the primary caregiver. An individual may be admitted to a respite care program in a hospital without regard to inpatient requirements relating to admitting order and attendance of a member of a medical staff.
- (b)(h) For hospice services provided by a rural hospital, as defined in s. 395.602, or for swing beds in such rural hospital in a number that does not exceed one-half of its licensed beds.

(c)(i) For the conversion of licensed acute care hospital beds to Medicare and Medicaid certified skilled nursing beds in a rural hospital as defined in s. 395.602, so long as the conversion of the beds does not involve the construction of new facilities. The total number of skilled nursing beds, including swing beds, may not exceed one-half of the total number of licensed beds in the rural hospital as of July 1, 1993. Certified skilled nursing beds designated under this paragraph, excluding swing beds, shall be included in the community nursing home bed inventory. A rural hospital which subsequently decertifies any acute care beds exempted under this paragraph shall notify the agency of the decertification, and the agency shall adjust the community nursing home bed inventory accordingly.

(d)(j) For the addition of nursing home beds at a skilled nursing facility that is part of a retirement community that provides a variety of residential settings and supportive services and that has been incorporated and operated in this state for at least 65 years on or before July 1, 1994. All nursing home beds must not be available to the public but must be for the exclusive use of the community residents.

(e)(k) For an increase in the bed capacity of a nursing facility licensed for at least 50 beds as of January 1, 1994, under part II of chapter 400 which is not part of a continuing care facility if, after the increase, the total licensed bed capacity of that facility is not more than 60 beds and if the facility has been continuously licensed since 1950 and has received a superior rating on each of its two most recent licensure surveys.

(f) For the termination of health care services.

A request for exemption under this subsection may be made at any time and is not subject to the batching requirements of this section.

Section 5. Subsections (1) and (4) of section 408.037, Florida Statutes, are amended to read:

408.037 Application content.--An application for a certificate of need shall contain:

- (1) A detailed description of the proposed project and statement of its purpose and need in relation to the applicant's long-range plan $\underline{\text{and}}$, the local health plan, and the state health plan.
- (4) A certified copy of a resolution by the board of directors of the applicant, or other governing authority if not a corporation, authorizing the filing of the application; authorizing the applicant to incur the expenditures necessary to accomplish the proposed project; certifying that if issued a certificate, the applicant shall accomplish the proposed project within the time allowed by law and at or below the costs contained in the application; and certifying that the applicant shall license and operate the facility. An applicant shall substantially comply with the requirements of this subsection.

Section 6. Section 408.038, Florida Statutes, is amended to read:

408.038 Fees.--The <u>agency</u> department shall assess fees on certificate-of-need applications. Such fees shall be for the purpose of funding the Statewide Health Council, the functions of the local health councils, and the activities of the <u>agency</u>, department and shall be allocated as provided in s. 408.033. The fee shall be determined as follows:

- (1) A minimum base fee of \$5,000.
- (2) In addition to the base fee of \$5,000, 0.015 of each dollar of proposed expenditure, except that a fee may not exceed \$22,000.

Section 7. Section 408.039, Florida Statutes, 1996 Supplement, is amended to read:

408.039 Review process.--The review process for certificates of need shall be as follows:

- (1) REVIEW CYCLES.--The <u>agency</u> department by rule shall provide for applications to be submitted on a timetable or cycle basis; provide for review on a timely basis; and provide for all completed applications pertaining to similar types of services <u>or</u>, facilities, or equipment affecting the same service district to be considered in relation to each other no less often than two times a year.
 - (2) LETTERS OF INTENT.--
- (a) At least 30 days prior to filing an application, a letter of intent shall be filed by the applicant with the agency local health council and the department, respecting the development of a proposal subject to review. No letter of intent is required for expedited projects as defined by rule by the agency department.
- (b) The <u>agency</u> department shall provide a mechanism by which applications may be filed to compete with proposals described in filed letters of intent.
- (c) Letters of intent shall describe the proposal with specificity, including proposed capital expenditures, number of beds sought, if any, services, specific subdistrict location, identification of the applicant, including the names of those with controlling interest in the applicant, and such other information as the department may by rule prescribe. An

applicant shall substantially comply with the requirements contained in this paragraph. The letter of intent shall contain a certified copy of a resolution by the board of directors of the applicant, or other governing authority if not a corporation, authorizing the filing of the application described in the letter of intent; authorizing the applicant to incur the expenditures necessary to accomplish the proposed project; certifying that if issued a certificate, the applicant shall accomplish the proposed project within the time allowed by law and at or below the costs contained in the application; and certifying that the applicant shall license and operate the facility.

- (d) Within 14 days after filing a letter of intent, the applicant shall publish a notice of filing to be published in a newspaper of general circulation in the area affected by the proposal. The notice of filing shall be published once a week for 2 consecutive weeks on forms and in the format and content specified by the department by rule. Within 21 days after the filing of letters of intent, the agency, the department shall publish notice of the filing of letters of intent in the Florida Administrative Weekly and notice that, if requested, a public hearing shall be held at the local level within 21 days after the application is deemed complete. Notices under this subsection shall contain due dates applicable to the cycle for filing applications and for requesting a hearing.
 - (3) APPLICATION PROCESSING. --
- (a) An applicant shall file an application with the agency department, and shall furnish a copy of the application to the local health council and the agency department. Within 10 15 days after the applicable application filing deadline

established by <u>agency</u> department rule, the staff of the <u>agency</u> department shall determine if the application is complete. If the application is incomplete, the staff shall request specific information from the applicant necessary for the application to be complete; however, the staff may make only one such request. If the requested information is not filed with the department within $\underline{11}$ $\underline{21}$ days of the receipt of the staff's request, the application shall be deemed incomplete and deemed withdrawn from consideration.

- (b) Upon the request of any applicant or substantially affected person within 14 days after notice that an application has been filed, a public hearing may be held at the agency's department's discretion if the agency department determines that a proposed project involves issues of great local public interest. The public hearing shall allow applicants and other interested parties reasonable time to present their positions and to present rebuttal information. A recorded verbatim record of the hearing shall be maintained. The public hearing shall be held at the local level within 21 days after the application is deemed complete.
 - (4) STAFF RECOMMENDATIONS. --
- (a) The <u>agency's</u> <u>department's</u> review of and final agency action on applications shall be in accordance with the district plan, and statutory criteria, and the implementing administrative rules. In the application review process, the <u>agency department</u> shall give a preference, as defined by rule of the <u>agency department</u>, to an applicant which proposes to develop a nursing home in a nursing home geographically underserved area.
- (b) Within $\overline{75}$ 60 days after all the applications in a review cycle are determined to be complete, the agency

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department shall issue its State Agency Action Report and Notice of Intent to grant a certificate of need for the project in its entirety, to grant a certificate of need for identifiable portions of the project, or to deny a certificate of need. The State Agency Action Report shall set forth in writing its findings of fact and determinations upon which its decision is based. If a finding of fact or determination by the agency department is counter to the district plan of the local health council, the agency department shall provide in writing its reason for its findings, item by item, to the local health council and the Statewide Health Council. If the agency department intends to grant a certificate of need, the State Agency Action Report or the Notice of Intent shall also include any conditions which the agency department intends to attach to the certificate of need. The agency department shall designate by rule a senior staff person, other than the person who issues the final order, to issue State Agency Action Reports and Notices of Intent.

- (c) The <u>agency</u> department shall publish its proposed decision set forth in the Notice of Intent in the Florida Administrative Weekly within 14 days after the Notice of Intent is issued.
- (d) If no administrative hearing is requested pursuant to subsection (5), the State Agency Action Report and the Notice of Intent shall become the final order of the <u>agency</u> department. The <u>agency</u> department shall provide a copy of the final order to the appropriate local health council.
 - (5) ADMINISTRATIVE HEARINGS. --
- (a) Within 21 days after publication of notice of the State Agency Action Report and Notice of Intent, any person authorized under paragraph (b) to participate in a hearing may

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file a request for an administrative hearing; failure to file a request for hearing within 21 days of publication of notice shall constitute a waiver of any right to a hearing and a waiver of the right to contest the final decision of the agency department. A copy of the request for hearing shall be served on the applicant.

(b) Hearings shall be held in Tallahassee unless the administrative law judge determines that changing the location will facilitate the proceedings. In administrative proceedings challenging the issuance or denial of a certificate of need, only applicants considered by the agency department in the same batching cycle are entitled to a comparative hearing on their applications. Existing health care facilities may initiate or intervene in such administrative hearing upon a showing that an established program will be substantially affected by the issuance of a certificate of need to a competing proposed facility or program within the same service area as defined by rule district, provided that existing health care providers, other than the applicant, have no standing or right to initiate or intervene in an administrative hearing involving a health care project which is subject to certificate-of-need review solely on the basis of s. 408.036(1)(c). The agency department shall assign proceedings requiring hearings to the Division of Administrative Hearings of the Department of Management Services within 10 days after the time has run to request a hearing. Except upon unanimous consent of the parties or upon the granting by the administrative law judge of a motion of continuance, Hearings shall commence within 60 days after the administrative law judge has been assigned. All non-state-agency parties shall bear their own expense of

preparing a transcript. In any application for a certificate of need which is referred to the Division of Administrative Hearings for hearing, the administrative law judge shall complete and submit to the parties a recommended order as provided in ss. 120.569 and 120.57. The recommended order shall be issued within 30 days after the receipt of the proposed recommended orders or the deadline for submission of such proposed recommended orders, whichever is earlier. The division shall adopt procedures for administrative hearings which shall maximize the use of stipulated facts and shall provide for the admission of prepared testimony.

- (c) The <u>agency</u> department shall issue its final order within 45 days after receipt of the recommended order.
- (d) If the <u>agency</u> department fails to take action within the time specified in paragraph (4)(a) or paragraph (5)(c), or as otherwise agreed to by the applicant and the department, the applicant may take appropriate legal action to compel the <u>agency</u> department to act. When making a determination on an application for a certificate of need, the <u>agency</u> department is specifically exempt from the time limitations provided in s. 120.60(1).
 - (6) JUDICIAL REVIEW. --
- (a) A party to an administrative hearing for an application for a certificate of need has the right, within not more than 30 days after the date of the final order, to seek judicial review in the District Court of Appeal pursuant to s. 120.68. The <u>agency department</u> shall be a party in any such proceeding.
- (b) In such judicial review, the court shall affirm the final order of the <u>agency department</u>, unless the decision

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is arbitrary, capricious, or not in compliance with ss. 408.031-408.045.

(c) The court, in its discretion, may award reasonable attorney's fees and costs to the prevailing party if the court finds that there was a complete absence of a justiciable issue of law or fact raised by the losing party.

Section 8. Subsection (2) of section 408.040, Florida Statutes, is amended to read:

408.040 Conditions and monitoring.--

(2)(a) Unless the applicant has commenced construction, if the project provides for construction, unless the applicant has incurred an enforceable capital expenditure commitment for a project, if the project does not provide for construction, or unless subject to paragraph (b), a certificate of need shall terminate 18 months 1 year after the date of issuance, except in the case of a multifacility project, as defined in s. $408.032(15)\frac{408.032(17)}{1}$, where the certificate of need shall terminate 2 years after the date of issuance. The department may extend the period of validity of the certificate for an additional period of up to 6 months, upon a showing of good cause, as defined by rule, by the applicant for the extension. The agency department shall monitor the progress of the holder of the certificate of need in meeting the timetable for project development specified in the application with the assistance of the local health council as specified in s. 408.033(1)(b)5., and may revoke the certificate of need, if the holder of the certificate is not meeting such timetable and is not making a good faith effort, as defined by rule, to meet it. (b) A certificate of need issued to an applicant

holding a provisional certificate of authority under chapter

651 shall terminate 18 months 1 year after the applicant receives a valid certificate of authority from the Department of Insurance. The certificate-of-need validity period may be extended by the department for an additional period of up to 6 months upon a showing of good cause, as defined by rule, by the applicant for the extension.

- (c) The certificate-of-need validity period for a project shall be extended by the <u>agency</u> department, to the extent that the applicant demonstrates to the satisfaction of the <u>agency</u> department that good faith commencement of the project is being delayed by litigation or by governmental action or inaction with respect to regulations or permitting precluding commencement of the project.
- (d) If an application is filed to consolidate two or more certificates as authorized by s. $408.036(2)\underline{(e)(j)}$ or to divide a certificate of need into two or more facilities as authorized by s. $408.036(2)\underline{(f)(k)}$, the validity period of the certificate or certificates of need to be consolidated or divided shall be extended for the period beginning upon submission of the application and ending when final agency action and any appeal from such action has been concluded. However, no such suspension shall be effected if the application is withdrawn by the applicant.

Section 9. Section 408.042, Florida Statutes, is amended to read:

408.042 Limitation on transfer.--The holder of a certificate of need shall not charge a price for the transfer of the certificate of need to another person that exceeds the total amount of the actual costs incurred by the holder in obtaining the certificate of need. Such actual costs must be documented by an affidavit executed by the transferor under

oath. A holder who violates this subsection is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082, or by a fine not exceeding \$10,000, or both. Nothing in this section shall be construed to prevent or alter the value of a transfer or sale by an existing facility of a certificate of need obtained before June 17, 1987, when such facility is transferred with the certificate of need.

Section 10. Subsections (1) and (3) of section 408.043, Florida Statutes, are amended to read:

408.043 Special provisions.--

application is made for a certificate of need to construct or to expand an osteopathic acute care hospital, the need for such hospital shall be determined on the basis of the need for and availability of osteopathic services and osteopathic acute care hospitals in the district. When a prior certificate of need to establish an osteopathic acute care hospital has been issued in a district, and the facility is no longer used for that purpose, the department may continue to count such facility and beds as an existing osteopathic facility in any subsequent application for construction of an osteopathic acute care hospital.

(3) VALIDITY OF CERTIFICATE OF NEED.——A certificate of need issued by the department for nursing home facilities of 100 beds or more prior to February 14, 1986, is valid, provided that such facility has expended at least \$50,000 in reliance upon such certificate of need, excluding legal fees, prior to the initiation of proceedings under the Administrative Procedure Act subsequent to February 14, 1986, contesting the validity of the certificate of need. If such nursing home certificate of need includes beds that have not

yet been licensed as of June 17, 1987, such beds shall not be considered or utilized in the determination of need or included in the inventory of licensed or approved nursing home beds by the department, with respect to applications filed before June 17, 1987. This subsection shall only apply to nursing home beds. Nothing contained herein shall be construed to deny action pursuant to s. 120.69, or to eliminate any conditions of the certificate of need or time requirements to commence construction, including any authorized extensions.

Section 11. Subsection (1) of section 408.0455, Florida Statutes, is amended to read:

408.0455 Effect of ss. 408.031-408.045; rules; health councils and plans; pending proceedings.--

(1) Nothing contained in ss. 408.031-408.045 is intended to repeal or modify any of the existing rules of the Department of Health and Rehabilitative Services, which shall remain in effect and shall be enforceable by the Agency for Health Care Administration; the existing composition of the local health councils and the Statewide Health Council; or the state health plan; or any of the local district health plans, unless, and only to the extent that, there is a direct conflict with the provisions of ss. 408.031-408.045.

Section 12. Subsection (3) of section 189.415, Florida Statutes, is amended to read:

189.415 Special district public facilities report.--

(3) A special district proposing to build, improve, or expand a public facility which requires a certificate of need pursuant to chapter 408 shall elect to notify the appropriate local general-purpose government of its plans either in its 5-year plan or at the time the letter of intent is filed with

and Rehabilitative Services pursuant to s. 408.039. 2 Section 13. Paragraph (i) of subsection (4) of section 3 240.5121, Florida Statutes, is amended to read: 4 5 240.5121 Cancer control and research.--(4) FLORIDA CANCER CONTROL AND RESEARCH ADVISORY 6 7 COUNCIL; CREATION; COMPOSITION. --8 (i) The council shall approve each year a program for 9 cancer control and research to be known as the "Florida Cancer Plan" which shall be consistent with the State Health Plan 10 developed by the Statewide Health Council and integrated and 11 12 coordinated with existing programs in this state. 13 Section 14. Subsection (1) of section 395.604, Florida 14 Statutes, is amended to read: 15 395.604 Other rural hospital programs.--(1) The agency may license rural primary care 16 17 hospitals subject to federal approval for participation in the 18 Medicare and Medicaid programs. Rural primary care hospitals 19 shall be treated in the same manner as emergency care 20 hospitals and rural hospitals with respect to ss. 395.605(2)-(8)(a), 408.033(2)(b)3.(3)(b)3., and 408.038.21 22 Section 15. Subsection (1) of section 408.702, Florida

the Agency for Health Care Administration Department of Health

(1) There is hereby created a community health purchasing alliance in each of the 11 health service planning districts established under s. $408.032\underline{(4)(5)}$. Each alliance must be operated as a state-chartered, nonprofit private organization organized pursuant to chapter 617.

408.702 Community health purchasing alliance;

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Statutes, is amended to read:

establishment.--

Section 16. Paragraph (c) of subsection (1) of section 641.60, Florida Statutes, 1996 Supplement, is amended to read: 641.60 Statewide Managed Care Ombudsman Committee. --(1) As used in ss. 641.60-641.75: (c) "District" means one of the health service planning districts as defined in s. 408.032(4)(5). Section 17. Subsection (9) of section 186.003, Florida Statutes, and subsection (9) of section 186.503, Florida Statutes, as amended by chapter 95-280, Laws of Florida, and subsection (10) of section 395.0191, Florida Statutes, are hereby repealed. Section 18. That portion of section 143 of chapter 95-418, Laws of Florida, appearing as section 408.0366, Florida Statutes, is hereby repealed. Section 19. This act shall take effect July 1, 1997.

HOUSE SUMMARY Eliminates the Statewide Health Council and responsibilities thereof. Eliminates certificate of need requirements for capital expenditures, acquisitions of major medical equipment, donations, land acquisitions for health care facilities or provider offices, and emergency projects and unforseen health hazards. Requires certificates for replacement facilities to be located at a new site and for an increase, rather than a change, in a facility's licensed bed capacity, and increases the allowable project cost increase where a certificate has already been issued. Exempts certain renovations and the termination of a health care service from certificate requirements. Requires substantial compliance with application and letter of intent requirements. Revises timeframes for determinations of completeness and for completing an incomplete application. Allows 75 rather than 60 days for grant or denial of applications by the Agency for Health Care Administration. Increases from 1 year to 18 months the period of validity of certificates, and eliminates 6-month extensions. Removes special provisions relating to certificates for osteopathic acute provisions relating to certificates for osteopathic acute care hospitals and to validity of certificates issued for certain nursing homes. Repeals an exemption for establishment of a Medicare-certified home health agency by a continuing care facility or a retirement community or residential facility meeting specified criteria. 2.6