

By Representatives Albright, Lippman, Wiles and Peaden

1 A bill to be entitled
2 An act relating to certificates of need;
3 amending s. 408.032, F.S.; deleting the
4 definition of the terms "health maintenance
5 organization" and "major medical equipment" for
6 purposes of the review for a certificate of
7 need by the Agency for Health Care
8 Administration; redefining the term "health
9 care facility" to include a hospice and
10 long-term care hospital; defining the terms
11 "home health agency," "long-term care
12 hospital," and "respite care"; amending s.
13 408.035, F.S., relating to review criteria;
14 revising provisions; deleting reference to
15 hospice and health maintenance organizations;
16 adding replacement of facilities as reviewable
17 activity; deleting a requirement to approve
18 certain facility consolidations or divisions;
19 amending s. 408.036, F.S., relating to health
20 care projects that are subject to
21 certificate-of-need review; requiring the
22 review of certain replacement health care
23 facilities; requiring the review of
24 Medicare-certified home health agencies;
25 providing an exception; eliminating
26 certificate-of-need review for projects
27 exceeding a specified expenditure threshold and
28 for acquisition of major medical equipment;
29 requiring certificate-of-need review of cost
30 increases exceeding a specified threshold and
31 for increase in number of psychiatric or

1 rehabilitation beds; deleting a reference to
2 expedited review of transfer of a certificate
3 of need; modifying requirements relating to
4 expedited review of cost overruns; eliminating
5 the expedited review of donations, acquisition
6 of land for health care facilities or health
7 care provider offices, and termination of
8 health care services; eliminating the expedited
9 review of emergency projects and unforeseen
10 major public health hazards; requiring
11 expedited review of replacement of certain
12 health care facilities; eliminating the
13 exemption from review granted for certain
14 facilities not directly used for health care
15 services; eliminating expedited review of
16 expenditures to address safety hazards, repair
17 of facility or equipment resulting from certain
18 occurrences, and replacement of major medical
19 equipment; deleting an obsolete date relating
20 to expansion of obstetric services; requiring
21 expedited review of replacing or renovating
22 health care facilities; exempting from review
23 certain facilities establishing
24 Medicare-certified home health agencies
25 contingent upon specified future actions,
26 inmate health care facilities, the termination
27 of a health care service, delicensure of beds,
28 adult inpatient diagnostic cardiac
29 catheterization services, and certain
30 expenditures for outpatient services; amending
31 s. 408.037, F.S.; revising requirements for the

1 detailed description and financial projection;
2 requiring that an applicant for a certificate
3 of need certify that it will license and
4 operate the health care facility; requiring
5 that certain applicants for a certificate of
6 need be the licenseholder of the health care
7 facility; deleting requirements with respect to
8 the applicant's board of directors; amending s.
9 408.039, F.S.; revising the scope of review
10 cycles and requirements for an applicant with
11 respect to letters of intent and administrative
12 hearings; eliminating review of equipment from
13 review cycles; eliminating a requirement that
14 letters of intent be filed with local health
15 councils; revising content requirements of
16 letters of intent; revising publication
17 requirements for letters of intent; providing a
18 timeframe with respect to administrative
19 hearings; providing timeframes for submitting
20 recommended orders and a final order; amending
21 s. 408.040, F.S.; extending the length of time
22 that a certificate of need remains effective;
23 deleting authority to extend the time that a
24 certificate of need remains valid; amending s.
25 408.042, F.S.; increasing the validity period
26 of a certificate of need; amending s. 408.043,
27 F.S.; deleting a provision providing for the
28 validity of a certificate of need; providing
29 that private accreditation is not required for
30 issuance or maintenance of a certificate of
31 need; amending s. 408.0455, F.S.; providing for

1 continuation of certain rules and pending
2 administrative or judicial proceedings;
3 amending s. 408.702, F.S., relating to project
4 monitoring and community health purchasing
5 alliances; conforming cross references;
6 amending ss. 400.602 and 641.60, F.S., relating
7 to hospice licensure for certain entities and
8 the Statewide Managed Care Ombudsman Committee;
9 conforming cross references; repealing ss.
10 408.0365 and 408.0366, F.S., relating to
11 certain exemptions from certificate-of-need
12 regulation; providing applicability; providing
13 an effective date.

14
15 Be It Enacted by the Legislature of the State of Florida:

16
17 Section 1. Section 408.032, Florida Statutes, is
18 amended to read:

19 408.032 Definitions.--As used in ss. 408.031-408.045,
20 the term:

21 (1) "Agency" means the Agency for Health Care
22 Administration.

23 (2)(1) "Capital expenditure" means an expenditure,
24 including an expenditure for a construction project undertaken
25 by a health care facility as its own contractor, which, under
26 generally accepted accounting principles, is not properly
27 chargeable as an expense of operation and maintenance, which
28 is made to change; or an expenditure which exceeds the minimum
29 as specified in s. 408.036(1)(c), changes the bed capacity of
30 the facility, or substantially change ~~changes~~ the services or
31 service area of the health care facility, health service

1 provider, or hospice, and which includes the cost of the
2 studies, surveys, designs, plans, working drawings,
3 specifications, initial financing costs, and other activities
4 essential to acquisition, improvement, expansion, or
5 replacement of the plant and equipment. ~~The agency shall, by~~
6 ~~rule, adjust the capital expenditure threshold annually using~~
7 ~~an appropriate inflation index.~~

8 (3)~~(2)~~ "Certificate of need" means a written statement
9 issued by the agency evidencing community need for a new,
10 converted, expanded, or otherwise significantly modified
11 health care facility, health service, or hospice.

12 (4)~~(3)~~ "Commenced construction" means initiation of
13 and continuous activities beyond site preparation associated
14 with erecting or modifying a health care facility, including
15 procurement of a building permit applying the use of
16 agency-approved construction documents, proof of an executed
17 owner/contractor agreement or an irrevocable or binding forced
18 account, and actual undertaking of foundation forming with
19 steel installation and concrete placing.

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

22 (5) "District" means a health service planning
23 district composed of the following counties:

24 District 1.--Escambia, Santa Rosa, Okaloosa, and Walton
25 Counties.

26 District 2.--Holmes, Washington, Bay, Jackson,
27 Franklin, Gulf, Gadsden, Liberty, Calhoun, Leon, Wakulla,
28 Jefferson, Madison, and Taylor Counties.

29 District 3.--Hamilton, Suwannee, Lafayette, Dixie,
30 Columbia, Gilchrist, Levy, Union, Bradford, Putnam, Alachua,
31 Marion, Citrus, Hernando, Sumter, and Lake Counties.

1 District 4.--Baker, Nassau, Duval, Clay, St. Johns,
2 Flagler, and Volusia Counties.

3 District 5.--Pasco and Pinellas Counties.

4 District 6.--Hillsborough, Manatee, Polk, Hardee, and
5 Highlands Counties.

6 District 7.--Seminole, Orange, Osceola, and Brevard
7 Counties.

8 District 8.--Sarasota, DeSoto, Charlotte, Lee, Glades,
9 Hendry, and Collier Counties.

10 District 9.--Indian River, Okeechobee, St. Lucie,
11 Martin, and Palm Beach Counties.

12 District 10.--Broward County.

13 District 11.--Dade and Monroe Counties.

14 (6) "Expedited review" means the process by which
15 certain types of applications are not subject to the review
16 cycle requirements contained in s. 408.039(1), and the letter
17 of intent requirements contained in s. 408.039(2).

18 (7) "Health care facility" means a hospital, long-term
19 care hospital, skilled nursing facility, hospice, intermediate
20 care facility, or intermediate care facility for the
21 developmentally disabled. A facility relying solely on
22 spiritual means through prayer for healing is not included as
23 a health care facility.

24 ~~(8) "Health maintenance organization" means a health~~
25 ~~care provider organization defined and authorized in part I of~~
26 ~~chapter 641.~~

27 (8)~~(9)~~ "Health services" means diagnostic, curative,
28 or rehabilitative services and includes alcohol treatment,
29 drug abuse treatment, and mental health services.

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1 (9) "Home health agency" means an organization, as
2 defined in s. 400.462(4), that is certified or seeks
3 certification as a Medicare home health service provider.

4 (10) "Hospice" or "hospice program" means a hospice as
5 defined in part VI of chapter 400.

6 (11) "Hospital" means a health care facility licensed
7 under chapter 395.

8 (12) "Institutional health service" means a health
9 service which is provided by or through a health care facility
10 and which entails an annual operating cost of \$500,000 or
11 more. The agency shall, by rule, adjust the annual operating
12 cost threshold annually using an appropriate inflation index.

13 (13) "Intermediate care facility" means an institution
14 which provides, on a regular basis, health-related care and
15 services to individuals who do not require the degree of care
16 and treatment which a hospital or skilled nursing facility is
17 designed to provide, but who, because of their mental or
18 physical condition, require health-related care and services
19 above the level of room and board.

20 (14) "Intermediate care facility for the
21 developmentally disabled" means a residential facility
22 licensed under chapter 393 and certified by the Federal
23 Government pursuant to the Social Security Act as a provider
24 of Medicaid services to persons who are mentally retarded or
25 who have a related condition.

26 (15) "Long-term care hospital" means a hospital
27 licensed under chapter 395 which meets the requirements of 42
28 C.F.R. s. 412.23(e) and seeks exclusion from the Medicare
29 prospective payment system for inpatient hospital services.

30 ~~(15) "Major medical equipment" means equipment which~~
31 ~~is used to provide medical and other health services, which~~

1 ~~has been approved for general usage by the United States Food~~
2 ~~and Drug Administration for less than 3 years and which costs~~
3 ~~in excess of \$1 million. The agency shall, by rule, adjust~~
4 ~~the equipment threshold annually using an appropriate~~
5 ~~inflation index.~~

6 (16) "Multifacility project" means an integrated
7 residential and health care facility consisting of independent
8 living units, assisted living facility units, and nursing home
9 beds certificated on or after January 1, 1987, where:

10 (a) The aggregate total number of independent living
11 units and assisted living facility units exceeds the number of
12 nursing home beds.

13 (b) The developer of the project has expended the sum
14 of \$500,000 or more on the certificated and noncertificated
15 elements of the project combined, exclusive of land costs, by
16 the conclusion of the 18th month of the life of the
17 certificate of need.

18 (c) The total aggregate cost of construction of the
19 certificated element of the project, when combined with other,
20 noncertificated elements, is \$10 million or more.

21 (d) All elements of the project are contiguous or
22 immediately adjacent to each other and construction of all
23 elements will be continuous.

24 (17) "Nursing home geographically underserved area"
25 means:

26 (a) A county in which there is no existing or approved
27 nursing home;

28 (b) An area with a radius of at least 20 miles in
29 which there is no existing or approved nursing home; or

30 (c) An area with a radius of at least 20 miles in
31 which all existing nursing homes have maintained at least a 95

1 percent occupancy rate for the most recent 6 months or a 90
2 percent occupancy rate for the most recent 12 months.

3 (18) "Respite care" means short-term care in a
4 licensed health care facility which is personal or custodial
5 and is provided for chronic illness, physical infirmity, or
6 advanced age for the purpose of temporarily relieving family
7 members of the burden of providing care and attendance.

8 (19)~~(18)~~ "Skilled nursing facility" means an
9 institution, or a distinct part of an institution, which is
10 primarily engaged in providing, to inpatients, skilled nursing
11 care and related services for patients who require medical or
12 nursing care, or rehabilitation services for the
13 rehabilitation of injured, disabled, or sick persons.

14 (20)~~(19)~~ "Tertiary health service" means a health
15 service which, due to its high level of intensity, complexity,
16 specialized or limited applicability, and cost, should be
17 limited to, and concentrated in, a limited number of hospitals
18 to ensure the quality, availability, and cost-effectiveness of
19 such service. Examples of such service include, but are not
20 limited to, organ transplantation, specialty burn units,
21 neonatal intensive care units, comprehensive rehabilitation,
22 and medical or surgical services which are experimental or
23 developmental in nature to the extent that the provision of
24 such services is not yet contemplated within the commonly
25 accepted course of diagnosis or treatment for the condition
26 addressed by a given service. The agency shall establish by
27 rule a list of all tertiary health services.

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

30 (21) "Regional area" means any of those regional
31 health planning areas established by the agency to which local

1 and district health planning funds are directed to local
2 health councils through the General Appropriations Act.

3 Section 2. Section 408.035, Florida Statutes, is
4 amended to read:

5 408.035 Review criteria.--

6 (1) The agency shall determine the reviewability of
7 applications and shall review applications for
8 certificate-of-need determinations for health care facilities
9 and health services, ~~hospices~~, and ~~health maintenance~~
10 ~~organizations~~ in context with the following criteria:

11 (a) The need for the health care facilities and health
12 ~~services and hospices~~ being proposed in relation to the
13 applicable district plan and state health plan, except in
14 emergency circumstances that ~~which~~ pose a threat to the public
15 health.

16 (b) The availability, quality of care, efficiency,
17 appropriateness, accessibility, extent of utilization, and
18 adequacy of like and existing health care facilities and
19 health services ~~and hospices~~ in the service district of the
20 applicant.

21 (c) The ability of the applicant to provide quality of
22 care and the applicant's record of providing quality of care.

23 (d) The availability and adequacy of other health care
24 facilities and health services ~~and hospices~~ in the service
25 district of the applicant, such as outpatient care and
26 ambulatory or home care services, which may serve as
27 alternatives for the health care facilities and health
28 services to be provided by the applicant.

29 (e) Probable economies and improvements in service
30 which ~~that~~ may be derived from operation of joint,
31 cooperative, or shared health care resources.

1 (f) The need in the service district of the applicant
2 for special equipment and services that ~~which~~ are not
3 reasonably and economically accessible in adjoining areas.

4 (g) The need for research and educational facilities,
5 including, but not limited to, institutional training programs
6 and community training programs for health care practitioners
7 and for doctors of osteopathy and medicine at the student,
8 internship, and residency training levels.

9 (h) The availability of resources, including health
10 manpower, management personnel, and funds for capital and
11 operating expenditures, for project accomplishment and
12 operation; the effects the project will have on clinical needs
13 of health professional training programs in the service
14 district; the extent to which the services will be accessible
15 to schools for health professions in the service district for
16 training purposes if such services are available in a limited
17 number of facilities; the availability of alternative uses of
18 such resources for the provision of other health services; and
19 the extent to which the proposed services will be accessible
20 to all residents of the service district.

21 (i) The immediate and long-term financial feasibility
22 of the proposal.

23 (j) The special needs and circumstances of health
24 maintenance organizations.

25 (k) The needs and circumstances of those entities that
26 ~~which~~ provide a substantial portion of their services or
27 resources, or both, to individuals not residing in the service
28 district in which the entities are located or in adjacent
29 service districts. Such entities may include medical and
30 other health professions, schools, multidisciplinary clinics,
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1 and specialty services such as open-heart surgery, radiation
2 therapy, and renal transplantation.

3 (1) The probable impact of the proposed project on the
4 costs of providing health services proposed by the applicant,
5 upon consideration of factors including, but not limited to,
6 the effects of competition on the supply of health services
7 being proposed and the improvements or innovations in the
8 financing and delivery of health services which foster
9 competition and service to promote quality assurance and
10 cost-effectiveness.

11 (m) The costs and methods of the proposed
12 construction, including the costs and methods of energy
13 provision and the availability of alternative, less costly, or
14 more effective methods of construction.

15 (n) The applicant's past and proposed provision of
16 health care services to Medicaid patients and the medically
17 indigent.

18 (o) The applicant's past and proposed provision of
19 services that ~~which~~ promote a continuum of care in a
20 multilevel health care system, which may include, but are is
21 not limited to, acute care, skilled nursing care, home health
22 care, and assisted living facilities.

23 (2) In cases of capital expenditure proposals for the
24 provision of new health services to inpatients, the agency
25 ~~department~~ shall also reference each of the following in its
26 findings of fact:

27 (a) That less costly, more efficient, or more
28 appropriate alternatives to such inpatient services are not
29 available and the development of such alternatives has been
30 studied and found not practicable.

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1 (b) That existing inpatient facilities providing
2 inpatient services similar to those proposed are being used in
3 an appropriate and efficient manner.

4 (c) In the case of new construction or replacement
5 construction, that alternatives to the new construction, for
6 example, modernization or sharing arrangements, have been
7 considered and have been implemented to the maximum extent
8 practicable.

9 (d) That patients will experience serious problems in
10 obtaining inpatient care of the type proposed, in the absence
11 of the proposed new service.

12 (e) In the case of a proposal for the addition of beds
13 for the provision of skilled nursing or intermediate care
14 services, that the addition will be consistent with the plans
15 of other agencies of the state responsible for the provision
16 and financing of long-term care, including home health
17 services.

18 ~~(3) For any application authorized by s. 381.706(2)(j)~~
19 ~~or (k) involving an approved facility based on a~~
20 ~~certificate-of-need application filed prior to December 31,~~
21 ~~1984, the department shall approve such application unless the~~
22 ~~proposed consolidation or division would result in a facility~~
23 ~~or facilities not meeting the criterion of financial~~
24 ~~feasibility or unless the consolidation or division would~~
25 ~~result in beds or services being moved more than 15 miles from~~
26 ~~their original certificated location.~~

27 Section 3. Section 408.036, Florida Statutes, as
28 amended by chapters 93-214, 94-206, and 95-418, Laws of
29 Florida, is amended to read:

30 408.036 Projects subject to review.--

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1 (1) APPLICABILITY.--Unless exempt under subsection
2 (3), all health-care-related projects, as described in
3 paragraphs (a)-(k)~~(a)-(n)~~, are subject to review and must
4 file an application for a certificate of need with the agency
5 ~~department~~. The agency department is exclusively responsible
6 for determining whether a health-care-related project is
7 subject to review under ss. 408.031-408.045.

8 (a) The addition of beds by new construction or
9 alteration.

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

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

24 (c)~~(d)~~ The conversion from one type of health care
25 facility to another, including the conversion from one level
26 of care to another, in a skilled or intermediate nursing
27 facility, if the conversion effects a change in the level of
28 care of 10 beds or 10 percent of total bed capacity of the
29 skilled or intermediate nursing facility within a 2-year
30 period. If the nursing facility is certified for both skilled
31

1 and intermediate nursing care, the provisions of this
2 paragraph do not apply.

3 ~~(d)(e)~~ Any increase ~~change~~ in licensed bed capacity.

4 ~~(e)(f)~~ Subject to the provisions of paragraph (3)(i),
5 the establishment of a Medicare-certified home health agency,
6 the establishment of a hospice, or the direct provision of
7 such services by a health care facility or health maintenance
8 organization for those other than the subscribers of the
9 health maintenance organization; except that this paragraph
10 does not apply to the establishment of a Medicare-certified
11 home health agency by a facility described in paragraph
12 (3)(h).

13 ~~(f)(g)~~ An acquisition by or on behalf of a health care
14 facility or health maintenance organization, by any means,
15 which acquisition would have required review if the
16 acquisition had been by purchase, ~~including an acquisition at~~
17 ~~less than fair market value if the fair market value is~~
18 ~~greater than the capital expenditure threshold.~~

19 ~~(g)(h)~~ The establishment of inpatient institutional
20 health services by a health care facility, or a substantial
21 change in such services, ~~or the obligation of capital~~
22 ~~expenditures for the offering of, or a substantial change in,~~
23 ~~any such services which entails a capital expenditure in any~~
24 ~~amount, or an annual operating cost of \$500,000 or more. The~~
25 ~~department shall, by rule, adjust the annual operating cost~~
26 ~~threshold annually using an appropriate inflation index.~~

27 ~~(h)(i)~~ The acquisition by any means of an existing
28 health care facility by any person, unless the person provides
29 the agency ~~department~~ with at least 30 days' written notice of
30 the proposed acquisition, which notice is to include the
31 services to be offered and the bed capacity of the facility,

1 and unless the agency ~~department~~ does not determine, within 30
2 days after receipt of such notice, that the services to be
3 provided and the bed capacity of the facility will be changed.

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

9 (i)~~(k)~~ An increase in the cost of a project for which
10 a certificate of need has been issued when the increase in
11 cost exceeds 20 ~~the limits set forth in paragraph (c),~~
12 ~~paragraph (h), or s. 408.032, or 10~~ percent of the originally
13 approved cost of the project, ~~whichever is less,~~ except that a
14 cost overrun review is not necessary when the cost overrun is
15 less than \$20,000~~\$10,000~~.

16 (j)~~(l)~~ An increase ~~A change~~ in the number of
17 psychiatric or rehabilitation beds.

18 (k)~~(m)~~ The establishment of tertiary health services.

19 ~~(n) A transfer of a certificate of need, in which case~~
20 ~~an expedited review must be conducted according to rule and in~~
21 ~~accordance with s. 408.042.~~

22 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.--Unless
23 exempt pursuant to subsection (3), projects subject to an
24 expedited review shall include, but not be limited to:

25 (a) Cost overruns, as defined in paragraph (1)(i)
26 ~~unless such cost overruns are caused by a change in service or~~
27 ~~scope which the department determines are otherwise~~
28 ~~reviewable.~~

29 (b) Research, education, and training programs, unless
30 otherwise reviewable under subsection (1).

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1 ~~(c) Donations, when market value equals or exceeds the~~
2 ~~applicable capital expenditure thresholds for operating~~
3 ~~expenditures, or major medical equipment, as defined in this~~
4 ~~act.~~
5 ~~(d) Acquisition of land which is to be used for the~~
6 ~~construction of a health care facility, or office facilities~~
7 ~~for health care providers.~~
8 ~~(e) Termination of a health care service.~~
9 (c)(f) Shared services contracts or projects.
10 ~~(d)(g)~~ A transfer of a certificate of need.
11 ~~(h) Emergency projects and unforeseen major public~~
12 ~~health hazards.~~
13 (e)(i) A 50-percent increase in nursing home beds for
14 a facility incorporated and operating in this state for at
15 least 60 years on or before July 1, 1988, which has a licensed
16 nursing home facility located on a campus providing a variety
17 of residential settings and supportive services. The
18 increased nursing home beds shall be for the exclusive use of
19 the campus residents. Any application on behalf of an
20 applicant meeting this requirement shall be subject to the
21 base fee of \$5,000 provided in s. 408.038.
22 ~~(f)(j)~~ Combination within one nursing home facility of
23 the beds or services authorized by two or more certificates of
24 need issued in the same planning subdistrict.
25 (g)(k) Division into two or more nursing home
26 facilities of beds or services authorized by one certificate
27 of need issued in the same planning subdistrict. Such
28 division shall not be approved if it would adversely affect
29 the original certificate's approved cost.
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1 (h) Replacement of a health care facility when the
2 proposed project site is located in the same district and
3 within a 1-mile radius of the replaced health care facility.

4
5 The agency ~~department~~ shall develop rules to implement the
6 provisions for expedited review, including time schedule,
7 application content, and application processing.

8 (3) EXEMPTIONS.--Upon request, supported by such
9 documentation as the agency ~~department~~ requires, the agency
10 ~~department~~ shall grant an exemption from the provisions of
11 subsection (1):

12 ~~(a) For any expenditure by or on behalf of a health~~
13 ~~care facility for any part of the physical plant which is not~~
14 ~~to be directly used for providing health services or housing~~
15 ~~health care providers. This exemption applies to expenditures~~
16 ~~for parking facilities, meeting rooms, cafeterias,~~
17 ~~administrative data processing facilities, research buildings,~~
18 ~~landscaping, and similar projects, but does not apply to~~
19 ~~expenditures for office facilities for health care providers.~~

20 ~~(b) For any expenditure to eliminate or prevent safety~~
21 ~~hazards as defined by federal, state, or local codes.~~

22 ~~(c) For any expenditure to replace any part of a~~
23 ~~facility or equipment which is destroyed as a result of fire,~~
24 ~~civil disturbance, or storm or any other act of God.~~

25 ~~(d) For any expenditure to acquire major medical~~
26 ~~equipment that is a substantially identical replacement for~~
27 ~~existing equipment being taken out of service.~~

28 ~~(a)(e)~~ For the initiation or expansion of obstetric
29 services ~~after July 1, 1988.~~

30 ~~(b)(f)~~ For any expenditure to replace or renovate any
31 part of a licensed health care ~~nursing~~ facility, provided that

1 the number of licensed beds will not increase and, in the case
2 of a replacement facility, the project site is the same as the
3 facility being replaced.

4 (c)~~(g)~~ For providing respite care services. ~~As used~~
5 ~~in this paragraph, the term "respite care" means short-term~~
6 ~~care in a licensed health care facility which is personal or~~
7 ~~custodial in nature and is provided by reason of chronic~~
8 ~~illness, physical infirmity, or advanced age for the purpose~~
9 ~~of temporarily relieving family members of the burden of~~
10 ~~providing care and attendance in the home. In providing~~
11 ~~respite care, the health care facility must be the primary~~
12 ~~caregiver.~~ An individual may be admitted to a respite care
13 program in a hospital without regard to inpatient requirements
14 relating to admitting order and attendance of a member of a
15 medical staff.

16 (d)~~(h)~~ For hospice services provided by a rural
17 hospital, as defined in s. 395.602, or for swing beds in such
18 rural hospital in a number that does not exceed one-half of
19 its licensed beds.

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

1 and the agency shall adjust the community nursing home bed
2 inventory accordingly.

3 ~~(f)(j)~~ For the addition of nursing home beds at a
4 skilled nursing facility that is part of a retirement
5 community that provides a variety of residential settings and
6 supportive services and that has been incorporated and
7 operated in this state for at least 65 years on or before July
8 1, 1994. All nursing home beds must not be available to the
9 public but must be for the exclusive use of the community
10 residents.

11 ~~(g)(k)~~ For an increase in the bed capacity of a
12 nursing facility licensed for at least 50 beds as of January
13 1, 1994, under part II of chapter 400 which is not part of a
14 continuing care facility if, after the increase, the total
15 licensed bed capacity of that facility is not more than 60
16 beds and if the facility has been continuously licensed since
17 1950 and has received a superior rating on each of its two
18 most recent licensure surveys.

19 (h) For the establishment of a Medicare-certified home
20 health agency by a facility certified under chapter 651; a
21 retirement community, as defined in s. 400.404(2)(e); or a
22 residential facility that serves only retired military
23 personnel, their dependents, and the surviving dependents of
24 deceased military personnel. Medicare-reimbursed home health
25 services provided through such agency shall be offered
26 exclusively to residents of the facility or retirement
27 community or to residents of facilities or retirement
28 communities owned, operated, or managed by the same corporate
29 entity. Each visit made to deliver Medicare-reimbursable home
30 health services to a home health patient who, at the time of
31 service, is not a resident of the facility or retirement

1 community shall be a deceptive and unfair trade practice and
2 constitutes a violation of ss. 501.201-501.213.

3 (i) For the establishment of a Medicare-certified home
4 health agency. This paragraph shall take effect 90 days after
5 the adjournment sine die of the next regular session of the
6 Legislature occurring after the legislative session in which
7 the Legislature receives a report from the Director of Health
8 Care Administration certifying that the federal Health Care
9 Financing Administration has implemented a per-episode
10 prospective pay system for Medicare-certified home health
11 agencies.

12 (j) For an inmate health care facility built by or for
13 the exclusive use of the Department of Corrections as provided
14 in chapter 945. This exemption expires when such facility is
15 converted to other uses.

16 (k) For an expenditure by or on behalf of a health
17 care facility to provide a health service exclusively on an
18 outpatient basis.

19 (l) For the termination of a health care service.

20 (m) For the delicensure of beds. An application
21 submitted under this paragraph must identify the number, the
22 classification, and the name of the facility in which the beds
23 to be delicensed are located.

24 (n) For the provision of adult inpatient diagnostic
25 cardiac catheterization services. Hospitals which initiate
26 adult inpatient diagnostic cardiac catheterization services
27 pursuant to this paragraph shall ensure that clinical
28 protocols and guidelines governing the operation of the
29 program are established under the supervision and direction of
30 a board-certified cardiologist and that a written transfer
31

1 agreement exists with a facility which offers open heart
2 surgery services.

3
4 A request for exemption under this subsection may be made at
5 any time and is not subject to the batching requirements of
6 this section.

7 Section 4. Section 408.037, Florida Statutes, is
8 amended to read:

9 408.037 Application content.--

10 (1) An application for a certificate of need must
11 ~~shall~~ contain:

12 (a)(1) A detailed description of the proposed project
13 and statement of its purpose and need in relation to ~~the~~
14 ~~applicant's long-range plan, the local health plan, and the~~
15 state health plan.

16 (b)(2) A statement of the financial resources needed
17 by and available to the applicant to accomplish the proposed
18 project. This statement must ~~shall~~ include:

19 1.(a) A complete listing of all capital projects,
20 including new health facility development projects and health
21 facility acquisitions applied for, pending, approved, or
22 underway in any state at the time of application, regardless
23 of whether or not that state has a certificate-of-need program
24 or a capital expenditure review program pursuant to s. 1122 of
25 the Social Security Act. The agency ~~department~~ may, by rule,
26 require less-detailed information from major health care
27 providers. This listing must ~~shall~~ include the applicant's
28 actual or proposed financial commitment to those projects and
29 an assessment of their impact on the applicant's ability to
30 provide the proposed project.

31

1 2.(b) A detailed listing of the needed capital
2 expenditures, including sources of funds.

3 3.(c) A detailed financial projection, including a
4 statement of the projected revenue and expenses ~~for the period~~
5 ~~of construction and~~ for the first 2 years of operation after
6 completion of the proposed project. This statement must ~~shall~~
7 include a detailed evaluation of the impact of the proposed
8 project on the cost of other services provided by the
9 applicant.

10 (c)~~(3)~~ An audited financial statement of the
11 applicant. In an application submitted by an existing health
12 care facility, health maintenance organization, or hospice,
13 financial condition documentation must ~~shall~~ include, but need
14 not be limited to, a balance sheet and a profit-and-loss
15 statement of the 2 previous fiscal years' operation.

16 (2) The applicant must certify that it will license
17 and operate the health care facility. For an existing health
18 care facility, the applicant must be the licenseholder of the
19 facility.

20 ~~(4) A certified copy of a resolution by the board of~~
21 ~~directors of the applicant, or other governing authority if~~
22 ~~not a corporation, authorizing the filing of the application;~~
23 ~~authorizing the applicant to incur the expenditures necessary~~
24 ~~to accomplish the proposed project; certifying that if issued~~
25 ~~a certificate, the applicant shall accomplish the proposed~~
26 ~~project within the time allowed by law and at or below the~~
27 ~~costs contained in the application; and certifying that the~~
28 ~~applicant shall license and operate the facility.~~

29 Section 5. Subsections (1), (2), and (5) of section
30 408.039, Florida Statutes, 1996 Supplement, are amended to
31 read:

1 408.039 Review process.--The review process for
2 certificates of need shall be as follows:

3 (1) REVIEW CYCLES.--The agency ~~department~~ by rule
4 shall provide for applications to be submitted on a timetable
5 or cycle basis; provide for review on a timely basis; and
6 provide for all completed applications pertaining to similar
7 types of services or, ~~facilities, or equipment~~ affecting the
8 same service district to be considered in relation to each
9 other no less often than two times a year.

10 (2) LETTERS OF INTENT.--

11 (a) At least 30 days prior to filing an application, a
12 letter of intent shall be filed by the applicant with the
13 agency ~~local health council and the department~~, respecting the
14 development of a proposal subject to review. No letter of
15 intent is required for expedited projects as defined by rule
16 by the agency ~~department~~.

17 (b) The agency ~~department~~ shall provide a mechanism by
18 which applications may be filed to compete with proposals
19 described in filed letters of intent.

20 (c) Letters of intent must ~~shall~~ describe the
21 proposal; specify the ~~with specificity, including proposed~~
22 capital expenditures, number of beds sought, if any; identify
23 the, services to be provided and the, specific subdistrict
24 location; and identify, identification of the applicant,
25 ~~including the names of those with controlling interest in the~~
26 ~~applicant, and such other information as the department may by~~
27 ~~rule prescribe. The letter of intent shall contain a certified~~
28 ~~copy of a resolution by the board of directors of the~~
29 ~~applicant, or other governing authority if not a corporation,~~
30 ~~authorizing the filing of the application described in the~~
31 ~~letter of intent; authorizing the applicant to incur the~~

1 ~~expenditures necessary to accomplish the proposed project;~~
2 ~~certifying that if issued a certificate, the applicant shall~~
3 ~~accomplish the proposed project within the time allowed by law~~
4 ~~and at or below the costs contained in the application; and~~
5 ~~certifying that the applicant shall license and operate the~~
6 ~~facility.~~

7 (d) Within 21 ~~14~~ days after filing a letter of intent,
8 the agency ~~the applicant shall publish a notice of filing to~~
9 ~~be published in a newspaper of general circulation in the area~~
10 ~~affected by the proposal. The notice of filing shall be~~
11 ~~published once a week for 2 consecutive weeks on forms and in~~
12 ~~the format and content specified by the department by rule.~~
13 ~~Within 21 days after the filing, the department shall publish~~
14 ~~notice of the filing of letters of intent in the Florida~~
15 ~~Administrative Weekly and notice that, if requested, a public~~
16 ~~hearing shall be held at the local level within 21 days after~~
17 ~~the application is deemed complete. Notices under this~~
18 paragraph must ~~subsection shall~~ contain due dates applicable
19 to the cycle for filing applications and for requesting a
20 hearing.

21 (5) ADMINISTRATIVE HEARINGS.--

22 (a) Within 21 days after publication of notice of the
23 State Agency Action Report and Notice of Intent, any person
24 authorized under paragraph (c) ~~(b)~~ to participate in a hearing
25 may file a request for an administrative hearing; failure to
26 file a request for hearing within 21 days of publication of
27 notice shall constitute a waiver of any right to a hearing and
28 a waiver of the right to contest the final decision of the
29 agency ~~department~~. A copy of the request for hearing shall be
30 served on the applicant.

31

1 (b) Hearings shall be held in Tallahassee unless the
2 administrative law judge determines that changing the location
3 will facilitate the proceedings. ~~In administrative proceedings~~
4 ~~challenging the issuance or denial of a certificate of need,~~
5 ~~only applicants considered by the department in the same~~
6 ~~batching cycle are entitled to a comparative hearing on their~~
7 ~~applications. Existing health care facilities may initiate or~~
8 ~~intervene in such administrative hearing upon a showing that~~
9 ~~an established program will be substantially affected by the~~
10 ~~issuance of a certificate of need to a competing proposed~~
11 ~~facility or program within the same district, provided that~~
12 ~~existing health care providers, other than the applicant, have~~
13 ~~no standing or right to initiate or intervene in an~~
14 ~~administrative hearing involving a health care project which~~
15 ~~is subject to certificate-of-need review solely on the basis~~
16 ~~of s. 408.036(1)(c).~~ The agency department shall assign
17 proceedings requiring hearings to the Division of
18 Administrative Hearings of the Department of Management
19 Services within 10 days after the time has expired for
20 requesting run to request a hearing. Except upon unanimous
21 consent of the parties or upon the granting by the
22 administrative law judge of a motion of continuance, hearings
23 shall commence within 60 days after the administrative law
24 judge has been assigned. All ~~non-state-agency~~ parties, except
25 the agency, shall bear their own expense of preparing a
26 transcript. ~~In any application for a certificate of need which~~
27 ~~is referred to the Division of Administrative Hearings for~~
28 ~~hearing, the administrative law judge shall complete and~~
29 ~~submit to the parties a recommended order as provided in ss.~~
30 ~~120.569 and 120.57. The recommended order shall be issued~~
31 ~~within 30 days after the receipt of the proposed recommended~~

1 ~~orders or the deadline for submission of such proposed~~
2 ~~recommended orders, whichever is earlier.~~The division shall
3 adopt procedures for administrative hearings which shall
4 maximize the use of stipulated facts and shall provide for the
5 admission of prepared testimony.

6 (c) In administrative proceedings challenging the
7 issuance or denial of a certificate of need, only applicants
8 considered by the agency in the same batching cycle are
9 entitled to a comparative hearing on their applications.
10 Existing health care facilities may initiate or intervene in
11 such administrative hearing upon a showing that an established
12 program will be substantially affected by the issuance of a
13 certificate of need to a competing proposed facility or
14 program within the same district.~~The department shall issue~~
15 ~~its final order within 45 days after receipt of the~~
16 ~~recommended order.~~

17 (d) The applicant's failure to strictly comply with
18 the requirements of s. 408.037(1) or paragraph (2)(c) is not
19 cause for dismissal of the application, unless the failure to
20 comply impairs the fairness of the proceeding or affects the
21 correctness of the action taken by the agency.~~If the~~
22 ~~department fails to take action within the time specified in~~
23 ~~paragraph (4)(a) or paragraph (5)(c), or as otherwise agreed~~
24 ~~to by the applicant and the department, the applicant may take~~
25 ~~appropriate legal action to compel the department to act. When~~
26 ~~making a determination on an application for a certificate of~~
27 ~~need, the department is specifically exempt from the time~~
28 ~~limitations provided in s. 120.60(1).~~

29 (e) The administrative law judge shall complete and
30 submit to the parties a recommended order, as provided in s.
31 120.57, for each application for a certificate of need which

1 is referred to the Division of Administrative Hearings for a
2 hearing. The recommended order shall be issued within 90 days
3 after the receipt of the proposed recommended order. If the
4 recommended order is not issued within 120 days, the director
5 of the division shall file with the Administration Commission
6 and all parties a statement that describes the reasons why the
7 recommended order has not been issued and establishes a new
8 date for issuance of the recommended order, which may not be
9 later than 150 days after the receipt of the proposed
10 recommended order. If the recommended order is not issued by
11 the new date established by the director of the division, the
12 Administration Commission shall direct the director of the
13 division to issue a recommended order within 15 days.

14 (f) The agency shall issue its final order within 45
15 days after receipt of the recommended order. If the agency
16 fails to take action within the time specified in paragraph
17 (e), or as otherwise agreed to by the applicant and the
18 agency, the applicant may take appropriate legal action to
19 compel the agency to act. When making a determination on an
20 application for a certificate of need, the agency is
21 specifically exempt from the time limitations provided in s.
22 120.60(1).

23 Section 6. Paragraphs (a), (b), and (d) of subsection
24 (2) of section 408.040, Florida Statutes, are amended to read:

25 408.040 Conditions and monitoring.--

26 (2)(a) Unless the applicant has commenced
27 construction, if the project provides for construction, unless
28 the applicant has incurred an enforceable capital expenditure
29 commitment for a project, if the project does not provide for
30 construction, or unless subject to paragraph (b), a
31 certificate of need shall terminate 18 months ~~1 year~~ after the

1 date of issuance, except in the case of a multifacility
2 project, as defined in s. 408.032~~(17)~~, where the certificate
3 of need shall terminate 2 years after the date of issuance.
4 ~~The department may extend the period of validity of the~~
5 ~~certificate for an additional period of up to 6 months, upon a~~
6 ~~showing of good cause, as defined by rule, by the applicant~~
7 ~~for the extension.~~ The agency department shall monitor the
8 progress of the holder of the certificate of need in meeting
9 the timetable for project development specified in the
10 application with the assistance of the local health council as
11 specified in s. 408.033(1)(b)5., and may revoke the
12 certificate of need, if the holder of the certificate is not
13 meeting such timetable and is not making a good-faith ~~good~~
14 ~~faith~~ effort, as defined by rule, to meet it.

15 (b) A certificate of need issued to an applicant
16 holding a provisional certificate of authority under chapter
17 651 shall terminate 1 year after the applicant receives a
18 valid certificate of authority from the Department of
19 Insurance. ~~The certificate of need validity period may be~~
20 ~~extended by the department for an additional period of up to 6~~
21 ~~months upon a showing of good cause, as defined by rule, by~~
22 ~~the applicant for the extension.~~

23 (d) If an application is filed to consolidate two or
24 more certificates as authorized by s. 408.036(2)~~(f)~~~~(j)~~ or to
25 divide a certificate of need into two or more facilities as
26 authorized by s. 408.036(2)~~(g)~~~~(k)~~, the validity period of the
27 certificate or certificates of need to be consolidated or
28 divided shall be extended for the period beginning upon
29 submission of the application and ending when final agency
30 action and any appeal from such action has been concluded.

31

1 However, no such suspension shall be effected if the
2 application is withdrawn by the applicant.

3 Section 7. Section 408.042, Florida Statutes, is
4 amended to read:

5 408.042 Limitation on transfer.--The holder of a
6 certificate of need shall not charge a price for the transfer
7 of the certificate of need to another person that exceeds the
8 total amount of the actual costs incurred by the holder in
9 obtaining the certificate of need. Such actual costs must be
10 documented by an affidavit executed by the transferor under
11 oath. A holder who violates this subsection is guilty of a
12 misdemeanor of the first degree, punishable as provided in s.
13 775.082, or by a fine not exceeding \$10,000, or both. ~~Nothing~~
14 ~~in this section shall be construed to prevent or alter the~~
15 ~~value of a transfer or sale by an existing facility of a~~
16 ~~certificate of need obtained before June 17, 1987, when such~~
17 ~~facility is transferred with the certificate of need.~~

18 Section 8. Section 408.043, Florida Statutes, is
19 amended to read:

20 408.043 Special provisions.--

21 (1) OSTEOPATHIC ACUTE CARE HOSPITALS.--When an
22 application is made for a certificate of need to construct or
23 to expand an osteopathic acute care hospital, the need for
24 such hospital shall be determined on the basis of the need for
25 and availability of osteopathic services and osteopathic acute
26 care hospitals in the district. When a prior certificate of
27 need to establish an osteopathic acute care hospital has been
28 issued in a district, and the facility is no longer used for
29 that purpose, the agency ~~department~~ may continue to count such
30 facility and beds as an existing osteopathic facility in any

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1 subsequent application for construction of an osteopathic
2 acute care hospital.

3 (2) HOSPICES.--When an application is made for a
4 certificate of need to establish or to expand a hospice, the
5 need for such hospice shall be determined on the basis of the
6 need for and availability of hospice services in the
7 community. The formula on which the certificate of need is
8 based shall discourage regional monopolies and promote
9 competition. The inpatient hospice care component of a
10 hospice which is a freestanding facility, or a part of a
11 facility, which is primarily engaged in providing inpatient
12 care and related services and is not licensed as a health care
13 facility shall also be required to obtain a certificate of
14 need. Provision of hospice care by any current provider of
15 health care is a significant change in service and therefore
16 requires a certificate of need for such services.

17 ~~(3) VALIDITY OF CERTIFICATE OF NEED.--A certificate of~~
18 ~~need issued by the department for nursing home facilities of~~
19 ~~100 beds or more prior to February 14, 1986, is valid,~~
20 ~~provided that such facility has expended at least \$50,000 in~~
21 ~~reliance upon such certificate of need, excluding legal fees,~~
22 ~~prior to the initiation of proceedings under the~~
23 ~~Administrative Procedure Act subsequent to February 14, 1986,~~
24 ~~contesting the validity of the certificate of need. If such~~
25 ~~nursing home certificate of need includes beds that have not~~
26 ~~yet been licensed as of June 17, 1987, such beds shall not be~~
27 ~~considered or utilized in the determination of need or~~
28 ~~included in the inventory of licensed or approved nursing home~~
29 ~~beds by the department, with respect to applications filed~~
30 ~~before June 17, 1987. This subsection shall only apply to~~
31 ~~nursing home beds. Nothing contained herein shall be~~

1 ~~construed to deny action pursuant to s. 120.69, or to~~
2 ~~eliminate any conditions of the certificate of need or time~~
3 ~~requirements to commence construction, including any~~
4 ~~authorized extensions.~~

5 (3)(4) RURAL HEALTH NETWORKS.--Preference shall be
6 given in the award of a certificate of need to members of
7 certified rural health networks, as provided for in s.
8 381.0406, subject to the following conditions:

9 (a) Need must be shown pursuant to s. 408.035.

10 (b) The proposed project must:

11 1. Strengthen health care services in rural areas
12 through partnerships between rural care providers; or

13 2. Increase access to inpatient health care services
14 for Medicaid recipients or other low-income persons who live
15 in rural areas.

16 (c) No preference shall be given under this section
17 for the establishment of skilled nursing facility services by
18 a hospital.

19 (4) PRIVATE ACCREDITATION NOT REQUIRED.--Accreditation
20 by any private organization may not be a requirement for the
21 issuance or maintenance of a certificate of need under ss.
22 408.031-408.045.

23 Section 9. Section 408.0455, Florida Statutes, is
24 amended to read:

25 408.0455 ~~Effect of ss. 408.031-408.045; Rules; health~~
26 ~~councils and plans; pending proceedings.--~~

27 ~~(1) Nothing contained in ss. 408.031-408.045 is~~
28 ~~intended to repeal or modify any of the existing rules of the~~
29 ~~Department of Health and Rehabilitative Services, which shall~~
30 ~~remain in effect and shall be enforceable by the Agency for~~
31 ~~Health Care Administration; the existing composition of the~~

1 ~~local health councils and the Statewide Health Council; or the~~
2 ~~state health plan; or any of the local district health plans,~~
3 ~~unless, and only to the extent that, there is a direct~~
4 ~~conflict with the provisions of ss. 408.031-408.045.~~

5 ~~(2) The rules of the agency Department of Health and~~
6 ~~Rehabilitative Services in effect on June 30, 1997 1992, which~~
7 ~~implement the provisions of former ss. 381.701-381.715, shall~~
8 remain in effect and shall be enforceable by the agency ~~for~~
9 ~~Health Care Administration~~ with respect to ss. 408.031-408.045
10 until such rules are repealed or amended by the agency ~~for~~
11 ~~Health Care Administration~~, and no judicial or administrative
12 proceeding pending on July 1, 1997 1992, shall be abated as a
13 result of the provisions of ss. 408.031-408.043(1) and (2); s.
14 408.044; or s. 408.045.

15 Section 10. Subsection (1) of section 408.702, Florida
16 Statutes, is amended to read:

17 408.702 Community health purchasing alliance;
18 establishment.--

19 (1) There is hereby created a community health
20 purchasing alliance in each of the 11 health service planning
21 districts established under s. 408.032~~(5)~~. Each alliance must
22 be operated as a state-chartered, nonprofit private
23 organization organized pursuant to chapter 617.

24 Section 11. Subsection (6) of section 400.602, Florida
25 Statutes, is amended to read:

26 400.602 Licensure required; prohibited acts;
27 exemptions; display, transferability of license.--

28 (6) Notwithstanding s. 400.601~~(3)~~(2), at any time
29 after July 1, 1995, any entity entitled to licensure under
30 subsection (5) may obtain a license for up to two additional
31 hospices in accordance with the other requirements of this

1 part and upon receipt of any certificate of need that may be
2 required under the provisions of ss. 408.031-408.045.

3 Section 12. Paragraph (c) of subsection (1) of section
4 641.60, Florida Statutes, 1996 Supplement, is amended to read:

5 641.60 Statewide Managed Care Ombudsman Committee.--

6 (1) As used in ss. 641.60-641.75:

7 (c) "District" means one of the health service
8 planning districts as defined in s. 408.032~~(5)~~.

9 Section 13. Sections 408.0365 and 408.0366, Florida
10 Statutes, are repealed.

11 Section 14. Subject to any final order of the Florida
12 Supreme Court, ss. 408.036(1)(b) and 408.039(5)(c), Florida
13 Statutes, as amended by this act, do not apply to any
14 replacement application filed with the Agency for Health Care
15 Administration prior to or pending a final hearing before the
16 Division of Administrative Hearings as of April 1, 1997. It is
17 the intent of the Legislature that the remaining provisions of
18 this act do not apply to applications that have been filed
19 prior to the effective date of this act.

20 Section 15. This act shall take effect upon becoming a
21 law.

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HOUSE SUMMARY

With respect to certificate-of-need review: revises definitions; revises review criteria; revises categories of facilities, services, and expenditures subject to review or expedited review, or exempt from review; revises requirements relating to an applicant's description of a proposed project, financial projection, and licensure; revises scope of review cycles, and requirements and procedures relating to letters of intent and administrative hearings; increases the validity period of certificates; removes a special provision relating to the validity of certain nursing home facility certificates; provides that private accreditation is not required for certificate issuance or maintenance; provides for continuation of certain rules and pending proceedings. See bill for details.