

26 changes made by the act; repealing s. 395.6025, F.S.,
 27 relating to rural hospital replacement facilities;
 28 amending ss. 395.603, 395.604, and 395.605, F.S.;
 29 conforming provisions and cross-references; amending
 30 s. 408.033, F.S.; conforming a reference; amending s.
 31 408.0361, F.S.; deleting an obsolete provision;
 32 providing an effective date.

33

34 Be It Enacted by the Legislature of the State of Florida:

35

36 Section 1. Subsections (8) through (17) of section
 37 408.032, Florida Statutes, are amended to read:

38 408.032 Definitions relating to Health Facility and
 39 Services Development Act.—As used in ss. 408.031-408.045, the
 40 term:

41 (8) "Health care facility" means a ~~hospital, long-term~~
 42 ~~care hospital,~~ skilled nursing facility, hospice, or
 43 intermediate care facility for the developmentally disabled. A
 44 facility relying solely on spiritual means through prayer for
 45 healing is not included as a health care facility.

46 ~~(9) "Health services" means inpatient diagnostic,~~
 47 ~~curative, or comprehensive medical rehabilitative services and~~
 48 ~~includes mental health services. Obstetric services are not~~
 49 ~~health services for purposes of ss. 408.031-408.045.~~

50 (9)~~(10)~~ "Hospice" or "hospice program" means a hospice as
 51 defined in part IV of chapter 400.

52 ~~(11)~~ "Hospital" means a health care facility licensed
 53 under chapter 395.

54 (10)~~(12)~~ "Intermediate care facility for the
 55 developmentally disabled" means a residential facility licensed
 56 under part VIII of chapter 400.

57 ~~(13)~~ "Long term care hospital" means a hospital licensed
 58 under chapter 395 which meets the requirements of 42 C.F.R. s.
 59 412.23(e) and seeks exclusion from the acute care Medicare
 60 prospective payment system for inpatient hospital services.

61 ~~(14)~~ "Mental health services" means inpatient services
 62 provided in a hospital licensed under chapter 395 and listed on
 63 the hospital license as psychiatric beds for adults; psychiatric
 64 beds for children and adolescents; intensive residential
 65 treatment beds for children and adolescents; substance abuse
 66 beds for adults; or substance abuse beds for children and
 67 adolescents.

68 (11)~~(15)~~ "Nursing home geographically underserved area"
 69 means:

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

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

74 (c) An area with a radius of at least 20 miles in which
75 all existing nursing homes have maintained at least a 95 percent
76 occupancy rate for the most recent 6 months or a 90 percent
77 occupancy rate for the most recent 12 months.

78 (12)~~(16)~~ "Skilled nursing facility" means an institution,
79 or a distinct part of an institution, which is primarily engaged
80 in providing, to inpatients, skilled nursing care and related
81 services for patients who require medical or nursing care, or
82 rehabilitation services for the rehabilitation of injured,
83 disabled, or sick persons.

84 ~~(17) "Tertiary health service" means a health service~~
85 ~~which, due to its high level of intensity, complexity,~~
86 ~~specialized or limited applicability, and cost, should be~~
87 ~~limited to, and concentrated in, a limited number of hospitals~~
88 ~~to ensure the quality, availability, and cost effectiveness of~~
89 ~~such service. Examples of such service include, but are not~~
90 ~~limited to, pediatric cardiac catheterization, pediatric open-~~
91 ~~heart surgery, organ transplantation, neonatal intensive care~~
92 ~~units, comprehensive rehabilitation, and medical or surgical~~
93 ~~services which are experimental or developmental in nature to~~
94 ~~the extent that the provision of such services is not yet~~
95 ~~contemplated within the commonly accepted course of diagnosis or~~
96 ~~treatment for the condition addressed by a given service. The~~
97 ~~agency shall establish by rule a list of all tertiary health~~
98 ~~services.~~

99 Section 2. Paragraph (b) of subsection (1) of section
 100 408.033, Florida Statutes, is amended to read:
 101 408.033 Local and state health planning.—
 102 (1) LOCAL HEALTH COUNCILS.—
 103 (b) Each local health council may:
 104 1. Develop a district area health plan that permits each
 105 local health council to develop strategies and set priorities
 106 for implementation based on its unique local health needs.
 107 2. Advise the agency on health care issues and resource
 108 allocations.
 109 3. Promote public awareness of community health needs,
 110 emphasizing health promotion and cost-effective health service
 111 selection.
 112 4. Collect data and conduct analyses and studies related
 113 to health care needs of the district, including the needs of
 114 medically indigent persons, and assist the agency and other
 115 state agencies in carrying out data collection activities that
 116 relate to the functions in this subsection.
 117 5. Monitor the onsite construction progress, if any, of
 118 certificate-of-need approved projects and report council
 119 findings to the agency on forms provided by the agency.
 120 6. Advise and assist any regional planning councils within
 121 each district that have elected to address health issues in
 122 their strategic regional policy plans with the development of
 123 the health element of the plans to address the health goals and

124 policies in the State Comprehensive Plan.

125 7. Advise and assist local governments within each

126 district on the development of an optional health plan element

127 of the comprehensive plan provided in chapter 163, to assure

128 compatibility with the health goals and policies in the State

129 Comprehensive Plan and district health plan. To facilitate the

130 implementation of this section, the local health council shall

131 annually provide the local governments in its service area, upon

132 request, with:

133 a. A copy and appropriate updates of the district health

134 plan;

135 b. A report of hospital and nursing home utilization

136 statistics for facilities within the local government

137 jurisdiction; and

138 c. Applicable agency rules and calculated need

139 methodologies for health facilities and services regulated under

140 s. 408.034 for the district served by the local health council.

141 8. Monitor and evaluate the adequacy, appropriateness, and

142 effectiveness, within the district, of local, state, federal,

143 and private funds distributed to meet the needs of the medically

144 indigent and other underserved population groups.

145 9. In conjunction with the Department of Health, plan for

146 services at the local level for persons infected with the human

147 immunodeficiency virus.

148 10. Provide technical assistance to encourage and support

149 activities by providers, purchasers, consumers, and local,
150 regional, and state agencies in meeting the health care goals,
151 objectives, and policies adopted by the local health council.

152 11. Provide the agency with data required by rule for the
153 review of certificate-of-need applications and the projection of
154 need for ~~health services and~~ facilities in the district.

155 Section 3. Subsections (2) and (3) of section 408.034,
156 Florida Statutes, are amended to read:

157 408.034 Duties and responsibilities of agency; rules.—

158 (2) In the exercise of its authority to issue licenses to
159 health care facilities and health service providers, as provided
160 under chapter ~~chapters~~ 393 and ~~395~~ and parts II, IV, and VIII of
161 chapter 400, the agency may not issue a license to any health
162 care facility or health service provider that fails to receive a
163 certificate of need or an exemption for the licensed facility or
164 service.

165 (3) The agency shall establish, by rule, uniform need
166 methodologies for ~~health services and~~ health facilities. In
167 developing uniform need methodologies, the agency shall, at a
168 minimum, consider the demographic characteristics of the
169 population, the health status of the population, service use
170 patterns, standards and trends, geographic accessibility, and
171 market economics.

172 Section 4. Section 408.035, Florida Statutes, is amended
173 to read:

174 408.035 Review criteria.—

175 ~~(1)~~ The agency shall determine the reviewability of
176 applications and shall review applications for certificate-of-
177 need determinations for health care facilities ~~and health~~
178 ~~services~~ in context with the following criteria, ~~except for~~
179 ~~general hospitals as defined in s. 395.002:~~

180 (1) ~~(a)~~ The need for the health care facilities ~~and health~~
181 ~~services~~ being proposed.

182 (2) ~~(b)~~ The availability, quality of care, accessibility,
183 and extent of utilization of existing health care facilities ~~and~~
184 ~~health services~~ in the service district of the applicant.

185 (3) ~~(c)~~ The ability of the applicant to provide quality of
186 care and the applicant's record of providing quality of care.

187 (4) ~~(d)~~ The availability of resources, including health
188 personnel, management personnel, and funds for capital and
189 operating expenditures, for project accomplishment and
190 operation.

191 (5) ~~(e)~~ The extent to which the proposed services will
192 enhance access to health care for residents of the service
193 district.

194 (6) ~~(f)~~ The immediate and long-term financial feasibility
195 of the proposal.

196 (7) ~~(g)~~ The extent to which the proposal will foster
197 competition that promotes quality and cost-effectiveness.

198 ~~(8)(h)~~ The costs and methods of the proposed construction,
199 including the costs and methods of energy provision and the
200 availability of alternative, less costly, or more effective
201 methods of construction.

202 ~~(9)(i)~~ The applicant's past and proposed provision of
203 health care services to Medicaid patients and the medically
204 indigent.

205 ~~(10)(j)~~ The applicant's designation as a Gold Seal Program
206 nursing facility pursuant to s. 400.235, when the applicant is
207 requesting additional nursing home beds at that facility.

208 ~~(2) For a general hospital, the agency shall consider only~~
209 ~~the criteria specified in paragraph (1)(a), paragraph (1)(b),~~
210 ~~except for quality of care in paragraph (1)(b), and paragraphs~~
211 ~~(1)(e), (g), and (i).~~

212 Section 5. Section 408.036, Florida Statutes, is amended
213 to read:

214 408.036 Projects subject to review; exemptions.—

215 (1) APPLICABILITY.—Unless exempt under subsection (3), all
216 health-care-related projects, as described in this subsection
217 ~~paragraphs (a)–(f)~~, are subject to review and must file an
218 application for a certificate of need with the agency. The
219 agency is exclusively responsible for determining whether a
220 health-care-related project is subject to review under ss.
221 408.031–408.045.

222 (a) The addition of beds in community nursing homes or
 223 intermediate care facilities for the developmentally disabled by
 224 new construction or alteration.

225 (b) The new construction or establishment of additional
 226 health care facilities, including a replacement health care
 227 facility when the proposed project site is not located on the
 228 same site as or within 1 mile of the existing health care
 229 facility, if the number of beds in each licensed bed category
 230 will not increase.

231 (c) The conversion from one type of health care facility
 232 to another, ~~including the conversion from a general hospital, a~~
 233 ~~specialty hospital, or a long-term care hospital.~~

234 (d) The establishment of a hospice or hospice inpatient
 235 facility, except as provided in s. 408.043.

236 ~~(e) An increase in the number of beds for comprehensive~~
 237 ~~rehabilitation.~~

238 ~~(f) The establishment of tertiary health services,~~
 239 ~~including inpatient comprehensive rehabilitation services.~~

240 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.—Unless exempt
 241 pursuant to subsection (3), the following projects are subject
 242 to expedited review:

243 (a) Transfer of a certificate of need, ~~except that when an~~
 244 ~~existing hospital is acquired by a purchaser, all certificates~~
 245 ~~of need issued to the hospital which are not yet operational~~
 246 ~~shall be acquired by the purchaser without need for a transfer.~~

247 (b) Replacement of a nursing home, if the proposed project
248 site is within a 30-mile radius of the replaced nursing home. If
249 the proposed project site is outside the subdistrict where the
250 replaced nursing home is located, the prior 6-month occupancy
251 rate for licensed community nursing homes in the proposed
252 subdistrict must be at least 85 percent in accordance with the
253 agency's most recently published inventory.

254 (c) Replacement of a nursing home within the same
255 district, if the proposed project site is outside a 30-mile
256 radius of the replaced nursing home but within the same
257 subdistrict or a geographically contiguous subdistrict. If the
258 proposed project site is in the geographically contiguous
259 subdistrict, the prior 6-month occupancy rate for licensed
260 community nursing homes for that subdistrict must be at least 85
261 percent in accordance with the agency's most recently published
262 inventory.

263 (d) Relocation of a portion of a nursing home's licensed
264 beds to another facility or to establish a new facility within
265 the same district or within a geographically contiguous
266 district, if the relocation is within a 30-mile radius of the
267 existing facility and the total number of nursing home beds in
268 the state does not increase.

269 (e) New construction of a community nursing home in a
270 retirement community as further provided in this paragraph.

271 1. Expedited review under this paragraph is available if
272 all of the following criteria are met:

273 a. The residential use area of the retirement community is
274 deed-restricted as housing for older persons as defined in s.
275 760.29(4)(b).

276 b. The retirement community is located in a county in
277 which 25 percent or more of its population is age 65 and older.

278 c. The retirement community is located in a county that
279 has a rate of no more than 16.1 beds per 1,000 persons age 65
280 years or older. The rate shall be determined by using the
281 current number of licensed and approved community nursing home
282 beds in the county per the agency's most recent published
283 inventory.

284 d. The retirement community has a population of at least
285 8,000 residents within the county, based on a population data
286 source accepted by the agency.

287 e. The number of proposed community nursing home beds in
288 an application does not exceed the projected bed need after
289 applying the rate of 16.1 beds per 1,000 persons aged 65 years
290 and older projected for the county 3 years into the future using
291 the estimates adopted by the agency reduced by the agency's most
292 recently published inventory of licensed and approved community
293 nursing home beds in the county.

294 2. No more than 120 community nursing home beds shall be
295 approved for a qualified retirement community under each request

296 | for expedited review. Subsequent requests for expedited review
297 | under this process may not be made until 2 years after
298 | construction of the facility has commenced or 1 year after the
299 | beds approved through the initial request are licensed,
300 | whichever occurs first.

301 | 3. The total number of community nursing home beds which
302 | may be approved for any single deed-restricted community
303 | pursuant to this paragraph may not exceed 240, regardless of
304 | whether the retirement community is located in more than one
305 | qualifying county.

306 | 4. Each nursing home facility approved under this
307 | paragraph must be dually certified for participation in the
308 | Medicare and Medicaid programs.

309 | 5. Each nursing home facility approved under this
310 | paragraph must be at least 1 mile, as measured over publicly
311 | owned roadways, from an existing approved and licensed community
312 | nursing home.

313 | 6. A retirement community requesting expedited review
314 | under this paragraph shall submit a written request to the
315 | agency for expedited review. The request must include the number
316 | of beds to be added and provide evidence of compliance with the
317 | criteria specified in subparagraph 1.

318 | 7. After verifying that the retirement community meets the
319 | criteria for expedited review specified in subparagraph 1., the
320 | agency shall publicly notice in the Florida Administrative

321 Register that a request for an expedited review has been
322 submitted by a qualifying retirement community and that the
323 qualifying retirement community intends to make land available
324 for the construction and operation of a community nursing home.
325 The agency's notice must identify where potential applicants can
326 obtain information describing the sales price of, or terms of
327 the land lease for, the property on which the project will be
328 located and the requirements established by the retirement
329 community. The agency notice must also specify the deadline for
330 submission of the certificate-of-need application, which may not
331 be earlier than the 91st day or later than the 125th day after
332 the date the notice appears in the Florida Administrative
333 Register.

334 8. The qualified retirement community shall make land
335 available to applicants it deems to have met its requirements
336 for the construction and operation of a community nursing home
337 but may sell or lease the land only to the applicant that is
338 issued a certificate of need by the agency under this paragraph.

339 a. A certificate-of-need application submitted under this
340 paragraph must identify the intended site for the project within
341 the retirement community and the anticipated costs for the
342 project based on that site. The application must also include
343 written evidence that the retirement community has determined
344 that both the provider submitting the application and the
345 project satisfy its requirements for the project.

346 b. If the retirement community determines that more than
347 one provider satisfies its requirements for the project, it may
348 notify the agency of the provider it prefers.

349 9. The agency shall review each submitted application. If
350 multiple applications are submitted for a project published
351 pursuant to subparagraph 7., the agency shall review the
352 competing applications.

353

354 The agency shall develop rules to implement the expedited review
355 process, including time schedule, application content that may
356 be reduced from the full requirements of s. 408.037(1), and
357 application processing.

358 (3) EXEMPTIONS.—Upon request, the following projects are
359 subject to exemption from the provisions of subsection (1):

360 (a) For hospice services ~~or for swing beds in a rural~~
361 ~~hospital, as defined in s. 395.602, in a number that does not~~
362 ~~exceed one-half of its licensed beds.~~

363 ~~(b) For the conversion of licensed acute care hospital~~
364 ~~beds to Medicare and Medicaid certified skilled nursing beds in~~
365 ~~a rural hospital, as defined in s. 395.602, so long as the~~
366 ~~conversion of the beds does not involve the construction of new~~
367 ~~facilities. The total number of skilled nursing beds, including~~
368 ~~swing beds, may not exceed one-half of the total number of~~
369 ~~licensed beds in the rural hospital as of July 1, 1993.~~
370 ~~Certified skilled nursing beds designated under this paragraph,~~

371 ~~excluding swing beds, shall be included in the community nursing~~
372 ~~home bed inventory. A rural hospital that subsequently~~
373 ~~decertifies any acute care beds exempted under this paragraph~~
374 ~~shall notify the agency of the decertification, and the agency~~
375 ~~shall adjust the community nursing home bed inventory~~
376 ~~accordingly.~~

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

384 (c) ~~(d)~~ For an inmate health care facility built by or for
385 the exclusive use of the Department of Corrections as provided
386 in chapter 945. This exemption expires when such facility is
387 converted to other uses.

388 (d) ~~(e)~~ For mobile surgical facilities and related health
389 care services provided under contract with the Department of
390 Corrections or a private correctional facility operating
391 pursuant to chapter 957.

392 (e) ~~(f)~~ For the addition of nursing home beds licensed
393 under chapter 400 in a number not exceeding 30 total beds or 25
394 percent of the number of beds licensed in the facility being

395 replaced under paragraph (2) (b), paragraph (2) (c), or paragraph
396 (j) ~~(p)~~, whichever is less.

397 (f) ~~(g)~~ For state veterans' nursing homes operated by or on
398 behalf of the Florida Department of Veterans' Affairs in
399 accordance with part II of chapter 296 for which at least 50
400 percent of the construction cost is federally funded and for
401 which the Federal Government pays a per diem rate not to exceed
402 one-half of the cost of the veterans' care in such state nursing
403 homes. These beds shall not be included in the nursing home bed
404 inventory.

405 (g) ~~(h)~~ For combination within one nursing home facility of
406 the beds or services authorized by two or more certificates of
407 need issued in the same planning subdistrict. An exemption
408 granted under this paragraph shall extend the validity period of
409 the certificates of need to be consolidated by the length of the
410 period beginning upon submission of the exemption request and
411 ending with issuance of the exemption. The longest validity
412 period among the certificates shall be applicable to each of the
413 combined certificates.

414 (h) ~~(i)~~ For division into two or more nursing home
415 facilities of beds or services authorized by one certificate of
416 need issued in the same planning subdistrict. An exemption
417 granted under this paragraph shall extend the validity period of
418 the certificate of need to be divided by the length of the

419 | period beginning upon submission of the exemption request and
420 | ending with issuance of the exemption.

421 | ~~(j) For the addition of hospital beds licensed under~~
422 | ~~chapter 395 for comprehensive rehabilitation in a number that~~
423 | ~~may not exceed 10 total beds or 10 percent of the licensed~~
424 | ~~capacity, whichever is greater.~~

425 | ~~1. In addition to any other documentation otherwise~~
426 | ~~required by the agency, a request for exemption submitted under~~
427 | ~~this paragraph must:~~

428 | ~~a. Certify that the prior 12-month average occupancy rate~~
429 | ~~for the licensed beds being expanded meets or exceeds 80~~
430 | ~~percent.~~

431 | ~~b. Certify that the beds have been licensed and~~
432 | ~~operational for at least 12 months.~~

433 | ~~2. The timeframes and monitoring process specified in s.~~
434 | ~~408.040(2)(a)-(c) apply to any exemption issued under this~~
435 | ~~paragraph.~~

436 | ~~3. The agency shall count beds authorized under this~~
437 | ~~paragraph as approved beds in the published inventory of~~
438 | ~~hospital beds until the beds are licensed.~~

439 | (i)~~(k)~~ For the addition of nursing home beds licensed
440 | under chapter 400 in a number not exceeding 10 total beds or 10
441 | percent of the number of beds licensed in the facility being
442 | expanded, whichever is greater; or, for the addition of nursing
443 | home beds licensed under chapter 400 at a facility that has been

444 designated as a Gold Seal nursing home under s. 400.235 in a
445 number not exceeding 20 total beds or 10 percent of the number
446 of licensed beds in the facility being expanded, whichever is
447 greater.

448 1. In addition to any other documentation required by the
449 agency, a request for exemption submitted under this paragraph
450 must certify that:

451 a. The facility has not had any class I or class II
452 deficiencies within the 30 months preceding the request.

453 b. The prior 12-month average occupancy rate for the
454 nursing home beds at the facility meets or exceeds 94 percent.

455 c. Any beds authorized for the facility under this
456 paragraph before the date of the current request for an
457 exemption have been licensed and operational for at least 12
458 months.

459 2. The timeframes and monitoring process specified in s.
460 408.040(2)(a)-(c) apply to any exemption issued under this
461 paragraph.

462 3. The agency shall count beds authorized under this
463 paragraph as approved beds in the published inventory of nursing
464 home beds until the beds are licensed.

465 ~~(1) For the establishment of:~~

466 ~~1. A Level II neonatal intensive care unit with at least~~
467 ~~10 beds, upon documentation to the agency that the applicant~~

468 ~~hospital had a minimum of 1,500 births during the previous 12~~
469 ~~months;~~

470 ~~2. A Level III neonatal intensive care unit with at least~~
471 ~~15 beds, upon documentation to the agency that the applicant~~
472 ~~hospital has a Level II neonatal intensive care unit of at least~~
473 ~~10 beds and had a minimum of 3,500 births during the previous 12~~
474 ~~months; or~~

475 ~~3. A Level III neonatal intensive care unit with at least~~
476 ~~5 beds, upon documentation to the agency that the applicant~~
477 ~~hospital is a verified trauma center pursuant to s.~~
478 ~~395.4001(14), and has a Level II neonatal intensive care unit,~~
479
480 ~~if the applicant demonstrates that it meets the requirements for~~
481 ~~quality of care, nurse staffing, physician staffing, physical~~
482 ~~plant, equipment, emergency transportation, and data reporting~~
483 ~~found in agency certificate-of-need rules for Level II and Level~~
484 ~~III neonatal intensive care units and if the applicant commits~~
485 ~~to the provision of services to Medicaid and charity patients at~~
486 ~~a level equal to or greater than the district average. Such a~~
487 ~~commitment is subject to s. 408.040.~~

488 ~~(m)1. For the provision of adult open heart services in a~~
489 ~~hospital located within the boundaries of a health service~~
490 ~~planning district, as defined in s. 408.032(5), which has~~
491 ~~experienced an annual net out-migration of at least 600 open-~~
492 ~~heart-surgery cases for 3 consecutive years according to the~~

493 ~~most recent data reported to the agency, and the district's~~
494 ~~population per licensed and operational open-heart programs~~
495 ~~exceeds the state average of population per licensed and~~
496 ~~operational open-heart programs by at least 25 percent. All~~
497 ~~hospitals within a health service planning district which meet~~
498 ~~the criteria reference in sub-subparagraphs 2.a.-h. shall be~~
499 ~~eligible for this exemption on July 1, 2004, and shall receive~~
500 ~~the exemption upon filing for it and subject to the following:~~

501 ~~a. A hospital that has received a notice of intent to~~
502 ~~grant a certificate of need or a final order of the agency~~
503 ~~granting a certificate of need for the establishment of an open-~~
504 ~~heart-surgery program is entitled to receive a letter of~~
505 ~~exemption for the establishment of an adult open-heart surgery~~
506 ~~program upon filing a request for exemption and complying with~~
507 ~~the criteria enumerated in sub-subparagraphs 2.a.-h., and is~~
508 ~~entitled to immediately commence operation of the program.~~

509 ~~b. An otherwise eligible hospital that has not received a~~
510 ~~notice of intent to grant a certificate of need or a final order~~
511 ~~of the agency granting a certificate of need for the~~
512 ~~establishment of an open-heart surgery program is entitled to~~
513 ~~immediately receive a letter of exemption for the establishment~~
514 ~~of an adult open-heart-surgery program upon filing a request for~~
515 ~~exemption and complying with the criteria enumerated in sub-~~
516 ~~subparagraphs 2.a.-h., but is not entitled to commence operation~~
517 ~~of its program until December 31, 2006.~~

518 ~~2. A hospital shall be exempt from the certificate-of-need~~
519 ~~review for the establishment of an open-heart surgery program~~
520 ~~when the application for exemption submitted under this~~
521 ~~paragraph complies with the following criteria:~~

522 ~~a. The applicant must certify that it will meet and~~
523 ~~continuously maintain the minimum licensure requirements adopted~~
524 ~~by the agency governing adult open-heart programs, including the~~
525 ~~most current guidelines of the American College of Cardiology~~
526 ~~and American Heart Association Guidelines for Adult Open Heart~~
527 ~~Programs.~~

528 ~~b. The applicant must certify that it will maintain~~
529 ~~sufficient appropriate equipment and health personnel to ensure~~
530 ~~quality and safety.~~

531 ~~c. The applicant must certify that it will maintain~~
532 ~~appropriate times of operation and protocols to ensure~~
533 ~~availability and appropriate referrals in the event of~~
534 ~~emergencies.~~

535 ~~d. The applicant can demonstrate that it has discharged at~~
536 ~~least 300 inpatients with a principal diagnosis of ischemic~~
537 ~~heart disease for the most recent 12-month period as reported to~~
538 ~~the agency.~~

539 ~~e. The applicant is a general acute care hospital that is~~
540 ~~in operation for 3 years or more.~~

541 ~~f. The applicant is performing more than 300 diagnostic~~
542 ~~cardiac catheterization procedures per year, combined inpatient~~
543 ~~and outpatient.~~

544 ~~g. The applicant's payor mix at a minimum reflects the~~
545 ~~community average for Medicaid, charity care, and self-pay~~
546 ~~patients or the applicant must certify that it will provide a~~
547 ~~minimum of 5 percent of Medicaid, charity care, and self-pay to~~
548 ~~open-heart surgery patients.~~

549 ~~h. If the applicant fails to meet the established criteria~~
550 ~~for open-heart programs or fails to reach 300 surgeries per year~~
551 ~~by the end of its third year of operation, it must show cause~~
552 ~~why its exemption should not be revoked.~~

553 ~~3. By December 31, 2004, and annually thereafter, the~~
554 ~~agency shall submit a report to the Legislature providing~~
555 ~~information concerning the number of requests for exemption it~~
556 ~~has received under this paragraph during the calendar year and~~
557 ~~the number of exemptions it has granted or denied during the~~
558 ~~calendar year.~~

559 ~~(n) For the provision of percutaneous coronary~~
560 ~~intervention for patients presenting with emergency myocardial~~
561 ~~infarctions in a hospital without an approved adult open-heart-~~
562 ~~surgery program. In addition to any other documentation required~~
563 ~~by the agency, a request for an exemption submitted under this~~
564 ~~paragraph must comply with the following:~~

565 ~~1. The applicant must certify that it will meet and~~
566 ~~continuously maintain the requirements adopted by the agency for~~
567 ~~the provision of these services. These licensure requirements~~
568 ~~shall be adopted by rule and must be consistent with the~~
569 ~~guidelines published by the American College of Cardiology and~~
570 ~~the American Heart Association for the provision of percutaneous~~
571 ~~coronary interventions in hospitals without adult open-heart~~
572 ~~services. At a minimum, the rules must require the following:~~

573 ~~a. Cardiologists must be experienced interventionalists~~
574 ~~who have performed a minimum of 75 interventions within the~~
575 ~~previous 12 months.~~

576 ~~b. The hospital must provide a minimum of 36 emergency~~
577 ~~interventions annually in order to continue to provide the~~
578 ~~service.~~

579 ~~c. The hospital must offer sufficient physician, nursing,~~
580 ~~and laboratory staff to provide the services 24 hours a day, 7~~
581 ~~days a week.~~

582 ~~d. Nursing and technical staff must have demonstrated~~
583 ~~experience in handling acutely ill patients requiring~~
584 ~~intervention based on previous experience in dedicated~~
585 ~~interventional laboratories or surgical centers.~~

586 ~~e. Cardiac care nursing staff must be adept in hemodynamic~~
587 ~~monitoring and Intra-aortic Balloon Pump (IABP) management.~~

588 ~~f. Formalized written transfer agreements must be~~
589 ~~developed with a hospital with an adult open-heart surgery~~

590 ~~program, and written transport protocols must be in place to~~
591 ~~ensure safe and efficient transfer of a patient within 60~~
592 ~~minutes. Transfer and transport agreements must be reviewed and~~
593 ~~tested, with appropriate documentation maintained at least every~~
594 ~~3 months. However, a hospital located more than 100 road miles~~
595 ~~from the closest Level II adult cardiovascular services program~~
596 ~~does not need to meet the 60-minute transfer time protocol if~~
597 ~~the hospital demonstrates that it has a formalized, written~~
598 ~~transfer agreement with a hospital that has a Level II program.~~
599 ~~The agreement must include written transport protocols that~~
600 ~~ensure the safe and efficient transfer of a patient, taking into~~
601 ~~consideration the patient's clinical and physical~~
602 ~~characteristics, road and weather conditions, and viability of~~
603 ~~ground and air ambulance service to transfer the patient.~~

604 ~~g. Hospitals implementing the service must first undertake~~
605 ~~a training program of 3 to 6 months' duration, which includes~~
606 ~~establishing standards and testing logistics, creating quality~~
607 ~~assessment and error management practices, and formalizing~~
608 ~~patient-selection criteria.~~

609 ~~2. The applicant must certify that it will use at all~~
610 ~~times the patient-selection criteria for the performance of~~
611 ~~primary angioplasty at hospitals without adult open-heart-~~
612 ~~surgery programs issued by the American College of Cardiology~~
613 ~~and the American Heart Association. At a minimum, these criteria~~
614 ~~would provide for the following:~~

615 ~~a. Avoidance of interventions in hemodynamically stable~~
616 ~~patients who have identified symptoms or medical histories.~~

617 ~~b. Transfer of patients who have a history of coronary~~
618 ~~disease and clinical presentation of hemodynamic instability.~~

619 ~~3. The applicant must agree to submit a quarterly report~~
620 ~~to the agency detailing patient characteristics, treatment, and~~
621 ~~outcomes for all patients receiving emergency percutaneous~~
622 ~~coronary interventions pursuant to this paragraph. This report~~
623 ~~must be submitted within 15 days after the close of each~~
624 ~~calendar quarter.~~

625 ~~4. The exemption provided by this paragraph does not apply~~
626 ~~unless the agency determines that the hospital has taken all~~
627 ~~necessary steps to be in compliance with all requirements of~~
628 ~~this paragraph, including the training program required under~~
629 ~~sub-subparagraph 1.g.~~

630 ~~5. Failure of the hospital to continuously comply with the~~
631 ~~requirements of sub-subparagraphs 1.c.-f. and subparagraphs 2.~~
632 ~~and 3. will result in the immediate expiration of this~~
633 ~~exemption.~~

634 ~~6. Failure of the hospital to meet the volume requirements~~
635 ~~of sub-subparagraphs 1.a. and b. within 18 months after the~~
636 ~~program begins offering the service will result in the immediate~~
637 ~~expiration of the exemption.~~

638

639 ~~If the exemption for this service expires under subparagraph 5.~~
640 ~~or subparagraph 6., the agency may not grant another exemption~~
641 ~~for this service to the same hospital for 2 years and then only~~
642 ~~upon a showing that the hospital will remain in compliance with~~
643 ~~the requirements of this paragraph through a demonstration of~~
644 ~~corrections to the deficiencies that caused expiration of the~~
645 ~~exemption. Compliance with the requirements of this paragraph~~
646 ~~includes compliance with the rules adopted pursuant to this~~
647 ~~paragraph.~~

648 ~~(e) For the addition of mental health services or beds if~~
649 ~~the applicant commits to providing services to Medicaid or~~
650 ~~charity care patients at a level equal to or greater than the~~
651 ~~district average. Such a commitment is subject to s. 408.040.~~

652 (j) ~~(p)~~ For replacement of a licensed nursing home on the
653 same site, or within 5 miles of the same site if within the same
654 subdistrict, if the number of licensed beds does not increase
655 except as permitted under paragraph (e) ~~(f)~~.

656 (k) ~~(q)~~ For consolidation or combination of licensed
657 nursing homes or transfer of beds between licensed nursing homes
658 within the same planning district, by nursing homes with any
659 shared controlled interest within that planning district, if
660 there is no increase in the planning district total number of
661 nursing home beds and the site of the relocation is not more
662 than 30 miles from the original location.

663 (1)~~(r)~~ For beds in state mental health treatment
664 facilities defined in s. 394.455 and state mental health
665 forensic facilities operated under chapter 916.

666 (m)~~(s)~~ For beds in state developmental disabilities
667 centers as defined in s. 393.063.

668 (n)~~(t)~~ For the establishment of a health care facility or
669 project that meets all of the following criteria:

670 1. The applicant was previously licensed within the past
671 21 days as a health care facility or provider that is subject to
672 subsection (1).

673 2. The applicant failed to submit a renewal application
674 and the license expired on or after January 1, 2015.

675 3. The applicant does not have a license denial or
676 revocation action pending with the agency at the time of the
677 request.

678 4. The applicant's request is for the same service type,
679 district, service area, and site for which the applicant was
680 previously licensed.

681 5. The applicant's request, if applicable, includes the
682 same number and type of beds as were previously licensed.

683 6. The applicant agrees to the same conditions that were
684 previously imposed on the certificate of need or on an exemption
685 related to the applicant's previously licensed health care
686 facility or project.

687 7. The applicant applies for initial licensure as required
688 under s. 408.806 within 21 days after the agency approves the
689 exemption request. If the applicant fails to apply in a timely
690 manner, the exemption expires on the 22nd day following the
691 agency's approval of the exemption.

692

693 Notwithstanding subparagraph 1., an applicant whose license
694 expired between January 1, 2015, and the effective date of this
695 act may apply for an exemption within 30 days of this act
696 becoming law.

697 (4) REQUESTS FOR EXEMPTION.—A request for exemption under
698 subsection (3) may be made at any time and is not subject to the
699 batching requirements of this section. The request shall be
700 supported by such documentation as the agency requires by rule.
701 The agency shall assess a fee of \$250 for each request for
702 exemption submitted under subsection (3).

703 (5) NOTIFICATION.—Health care facilities and providers
704 must provide to the agency notification of+

705 ~~(a)~~ replacement of a health care facility when the
706 proposed project site is located in the same district and on the
707 existing site or within a 1-mile radius of the replaced health
708 care facility, if the number and type of beds do not increase.

709 ~~(b) The termination of a health care service, upon 30~~
710 ~~days' written notice to the agency.~~

711 ~~(c) The addition or delicensure of beds.~~

712
 713 Notification under this subsection may be made by electronic,
 714 facsimile, or written means at any time before the described
 715 action has been taken.

716 Section 6. Section 408.037, Florida Statutes, is amended
 717 to read:

718 408.037 Application content.—

719 (1) ~~Except as provided in subsection (2) for a general~~
 720 ~~hospital,~~ An application for a certificate of need must contain:

721 (a) A detailed description of the proposed project and
 722 statement of its purpose and need in relation to the district
 723 health plan.

724 (b) A statement of the financial resources needed by and
 725 available to the applicant to accomplish the proposed project.
 726 This statement must include:

727 1. A complete listing of all capital projects, including
 728 new health facility development projects and health facility
 729 acquisitions applied for, pending, approved, or underway in any
 730 state at the time of application, regardless of whether or not
 731 that state has a certificate-of-need program or a capital
 732 expenditure review program pursuant to s. 1122 of the Social
 733 Security Act. The agency may, by rule, require less-detailed
 734 information from major health care providers. This listing must
 735 include the applicant's actual or proposed financial commitment

736 to those projects and an assessment of their impact on the
737 applicant's ability to provide the proposed project.

738 2. A detailed listing of the needed capital expenditures,
739 including sources of funds.

740 3. A detailed financial projection, including a statement
741 of the projected revenue and expenses for the first 2 years of
742 operation after completion of the proposed project. This
743 statement must include a detailed evaluation of the impact of
744 the proposed project on the cost of other services provided by
745 the applicant.

746 (c) An audited financial statement of the applicant or the
747 applicant's parent corporation if audited financial statements
748 of the applicant do not exist. In an application submitted by an
749 existing health care facility, health maintenance organization,
750 or hospice, financial condition documentation must include, but
751 need not be limited to, a balance sheet and a profit-and-loss
752 statement of the 2 previous fiscal years' operation.

753 ~~(2) An application for a certificate of need for a general~~
754 ~~hospital must contain a detailed description of the proposed~~
755 ~~general hospital project and a statement of its purpose and the~~
756 ~~needs it will meet. The proposed project's location, as well as~~
757 ~~its primary and secondary service areas, must be identified by~~
758 ~~zip code. Primary service area is defined as the zip codes from~~
759 ~~which the applicant projects that it will draw 75 percent of its~~
760 ~~discharges. Secondary service area is defined as the zip codes~~

761 ~~from which the applicant projects that it will draw its~~
762 ~~remaining discharges. If, subsequent to issuance of a final~~
763 ~~order approving the certificate of need, the proposed location~~
764 ~~of the general hospital changes or the primary service area~~
765 ~~materially changes, the agency shall revoke the certificate of~~
766 ~~need. However, if the agency determines that such changes are~~
767 ~~deemed to enhance access to hospital services in the service~~
768 ~~district, the agency may permit such changes to occur. A party~~
769 ~~participating in the administrative hearing regarding the~~
770 ~~issuance of the certificate of need for a general hospital has~~
771 ~~standing to participate in any subsequent proceeding regarding~~
772 ~~the revocation of the certificate of need for a hospital for~~
773 ~~which the location has changed or for which the primary service~~
774 ~~area has materially changed. In addition, the application for~~
775 ~~the certificate of need for a general hospital must include a~~
776 ~~statement of intent that, if approved by final order of the~~
777 ~~agency, the applicant shall within 120 days after issuance of~~
778 ~~the final order or, if there is an appeal of the final order,~~
779 ~~within 120 days after the issuance of the court's mandate on~~
780 ~~appeal, furnish satisfactory proof of the applicant's financial~~
781 ~~ability to operate. The agency shall establish documentation~~
782 ~~requirements, to be completed by each applicant, which show~~
783 ~~anticipated provider revenues and expenditures, the basis for~~
784 ~~financing the anticipated cash-flow requirements of the~~
785 ~~provider, and an applicant's access to contingency financing. A~~

786 ~~party participating in the administrative hearing regarding the~~
787 ~~issuance of the certificate of need for a general hospital may~~
788 ~~provide written comments concerning the adequacy of the~~
789 ~~financial information provided, but such party does not have~~
790 ~~standing to participate in an administrative proceeding~~
791 ~~regarding proof of the applicant's financial ability to operate.~~
792 ~~The agency may require a licensee to provide proof of financial~~
793 ~~ability to operate at any time if there is evidence of financial~~
794 ~~instability, including, but not limited to, unpaid expenses~~
795 ~~necessary for the basic operations of the provider.~~

796 (2)~~(3)~~ The applicant must certify that it will license and
797 operate the health care facility. For an existing health care
798 facility, the applicant must be the licenseholder of the
799 facility.

800 Section 7. Paragraphs (c) and (d) of subsection (3),
801 paragraphs (b) and (c) of subsection (5), and paragraph (d) of
802 subsection (6) of section 408.039, Florida Statutes, are amended
803 to read:

804 408.039 Review process.—The review process for
805 certificates of need shall be as follows:

806 (3) APPLICATION PROCESSING.—

807 ~~(c) Except for competing applicants, in order to be~~
808 ~~eligible to challenge the agency decision on a general hospital~~
809 ~~application under review pursuant to paragraph (5) (c), existing~~
810 ~~hospitals must submit a detailed written statement of opposition~~

811 ~~to the agency and to the applicant. The detailed written~~
812 ~~statement must be received by the agency and the applicant~~
813 ~~within 21 days after the general hospital application is deemed~~
814 ~~complete and made available to the public.~~

815 ~~(d) In those cases where a written statement of opposition~~
816 ~~has been timely filed regarding a certificate of need~~
817 ~~application for a general hospital, the applicant for the~~
818 ~~general hospital may submit a written response to the agency.~~
819 ~~Such response must be received by the agency within 10 days of~~
820 ~~the written statement due date.~~

821 (5) ADMINISTRATIVE HEARINGS.—

822 (b) Hearings shall be held in Tallahassee unless the
823 administrative law judge determines that changing the location
824 will facilitate the proceedings. The agency shall assign
825 proceedings requiring hearings to the Division of Administrative
826 Hearings of the Department of Management Services within 10 days
827 after the time has expired for requesting a hearing. Except upon
828 unanimous consent of the parties or upon the granting by the
829 administrative law judge of a motion of continuance, hearings
830 shall commence within 60 days after the administrative law judge
831 has been assigned. ~~For an application for a general hospital,~~
832 ~~administrative hearings shall commence within 6 months after the~~
833 ~~administrative law judge has been assigned, and a continuance~~
834 ~~may not be granted absent a finding of extraordinary~~
835 ~~circumstances by the administrative law judge. All parties,~~

836 | except the agency, shall bear their own expense of preparing a
837 | transcript. In any application for a certificate of need which
838 | is referred to the Division of Administrative Hearings for
839 | hearing, the administrative law judge shall complete and submit
840 | to the parties a recommended order as provided in ss. 120.569
841 | and 120.57. The recommended order shall be issued within 30 days
842 | after the receipt of the proposed recommended orders or the
843 | deadline for submission of such proposed recommended orders,
844 | whichever is earlier. The division shall adopt procedures for
845 | administrative hearings which shall maximize the use of
846 | stipulated facts and shall provide for the admission of prepared
847 | testimony.

848 | (c) In administrative proceedings challenging the issuance
849 | or denial of a certificate of need, only applicants considered
850 | by the agency in the same batching cycle are entitled to a
851 | comparative hearing on their applications. Existing health care
852 | facilities may initiate or intervene in an administrative
853 | hearing upon a showing that an established program will be
854 | substantially affected by the issuance of any certificate of
855 | need, whether reviewed under s. 408.036(1) or (2), to a
856 | competing proposed facility or program within the same district.
857 | ~~With respect to an application for a general hospital, competing~~
858 | ~~applicants and only those existing hospitals that submitted a~~
859 | ~~detailed written statement of opposition to an application as~~
860 | ~~provided in this paragraph may initiate or intervene in an~~

861 ~~administrative hearing. Such challenges to a general hospital~~
862 ~~application shall be limited in scope to the issues raised in~~
863 ~~the detailed written statement of opposition that was provided~~
864 ~~to the agency. The administrative law judge may, upon a motion~~
865 ~~showing good cause, expand the scope of the issues to be heard~~
866 ~~at the hearing. Such motion shall include substantial and~~
867 ~~detailed facts and reasons for failure to include such issues in~~
868 ~~the original written statement of opposition.~~

869 (6) JUDICIAL REVIEW.—

870 ~~(d) The party appealing a final order that grants a~~
871 ~~general hospital certificate of need shall pay the appellee's~~
872 ~~attorney's fees and costs, in an amount up to \$1 million, from~~
873 ~~the beginning of the original administrative action if the~~
874 ~~appealing party loses the appeal, subject to the following~~
875 ~~limitations and requirements:~~

876 1. ~~The party appealing a final order must post a bond in~~
877 ~~the amount of \$1 million in order to maintain the appeal.~~

878 2. ~~Except as provided under s. 120.595(5), in no event~~
879 ~~shall the agency be held liable for any other party's attorney's~~
880 ~~fees or costs.~~

881 Section 8. Subsection (1) of section 408.043, Florida
882 Statutes, is amended to read:

883 408.043 Special provisions.—

884 ~~(1) OSTEOPATHIC ACUTE CARE HOSPITALS.—When an application~~
885 ~~is made for a certificate of need to construct or to expand an~~

886 ~~osteopathic acute care hospital, the need for such hospital~~
887 ~~shall be determined on the basis of the need for and~~
888 ~~availability of osteopathic services and osteopathic acute care~~
889 ~~hospitals in the district. When a prior certificate of need to~~
890 ~~establish an osteopathic acute care hospital has been issued in~~
891 ~~a district, and the facility is no longer used for that purpose,~~
892 ~~the agency may continue to count such facility and beds as an~~
893 ~~existing osteopathic facility in any subsequent application for~~
894 ~~construction of an osteopathic acute care hospital.~~

895 Section 9. Paragraph (f) of subsection (1) of section
896 395.1055, Florida Statutes, is amended to read:

897 395.1055 Rules and enforcement.—

898 (1) The agency shall adopt rules pursuant to ss.
899 120.536(1) and 120.54 to implement the provisions of this part,
900 which shall include reasonable and fair minimum standards for
901 ensuring that:

902 (f) All hospitals providing pediatric cardiac
903 catheterization, pediatric open-heart surgery, organ
904 transplantation, neonatal intensive care services, psychiatric
905 services, or comprehensive medical rehabilitation meet the
906 minimum licensure requirements adopted by the agency. Such
907 licensure requirements shall include quality of care, nurse
908 staffing, physician staffing, physical plant, equipment,
909 emergency transportation, and data reporting standards ~~submit~~
910 ~~such data as necessary to conduct certificate-of-need reviews~~

911 ~~required under part I of chapter 408. Such data shall include,~~
912 ~~but shall not be limited to, patient origin data, hospital~~
913 ~~utilization data, type of service reporting, and facility~~
914 ~~staffing data. The agency may not collect data that identifies~~
915 ~~or could disclose the identity of individual patients. The~~
916 ~~agency shall utilize existing uniform statewide data sources~~
917 ~~when available and shall minimize reporting costs to hospitals.~~

918 Section 10. Section 395.6025, Florida Statutes, is
919 repealed.

920 Section 11. Subsection (1) of section 395.603, Florida
921 Statutes, is amended to read:

922 395.603 Deactivation of general hospital beds; rural
923 hospital impact statement.—

924 (1) The agency shall establish, by rule, a process by
925 which a rural hospital, as defined in s. 395.602, that seeks
926 licensure as a rural primary care hospital or as an emergency
927 care hospital, or becomes a certified rural health clinic as
928 defined in Pub. L. No. 95-210, or becomes a primary care program
929 such as a county health department, community health center, or
930 other similar outpatient program that provides preventive and
931 curative services, may deactivate general hospital beds. Rural
932 primary care hospitals and emergency care hospitals shall
933 maintain the number of actively licensed general hospital beds
934 necessary for the facility to be certified for Medicare
935 reimbursement. Hospitals that discontinue inpatient care to

936 become rural health care clinics or primary care programs shall
937 deactivate all licensed general hospital beds. All hospitals,
938 clinics, and programs with inactive beds shall provide 24-hour
939 emergency medical care by staffing an emergency room. Providers
940 with inactive beds shall be subject to the criteria in s.
941 395.1041. The agency shall specify in rule requirements for
942 making 24-hour emergency care available. ~~Inactive general~~
943 ~~hospital beds shall be included in the acute care bed inventory,~~
944 ~~maintained by the agency for certificate-of-need purposes, for~~
945 ~~10 years from the date of deactivation of the beds. After 10~~
946 ~~years have elapsed, inactive beds shall be excluded from the~~
947 ~~inventory.~~ The agency shall, at the request of the licensee,
948 reactivate the inactive general beds upon a showing by the
949 licensee that licensure requirements for the inactive general
950 beds are met.

951 Section 12. Subsection (1) of section 395.604, Florida
952 Statutes, is amended to read:

953 395.604 Other rural hospital programs.—

954 (1) The agency may license rural primary care hospitals
955 subject to federal approval for participation in the Medicare
956 and Medicaid programs. Rural primary care hospitals shall be
957 treated in the same manner as emergency care hospitals and rural
958 hospitals with respect to ss. 395.605(2)-(7)(a) ~~395.605(2)-~~
959 ~~(8)(a)~~, 408.033(2)(b)3., and 408.038.

960 Section 13. Subsection (5) of section 395.605, Florida
 961 Statutes, is amended to read:

962 395.605 Emergency care hospitals.—

963 ~~(5) Rural hospitals that make application under the~~
 964 ~~certificate of need program to be licensed as emergency care~~
 965 ~~hospitals shall receive expedited review as defined in s.~~
 966 ~~408.032. Emergency care hospitals seeking relicensure as acute~~
 967 ~~care general hospitals shall also receive expedited review.~~

968 Section 14. Subsections (2) and (4) of section 408.0361,
 969 Florida Statutes, are amended to read:

970 408.0361 Cardiovascular services and burn unit licensure.—

971 (2) Each provider of adult cardiovascular services or
 972 operator of a burn unit shall comply with rules adopted by the
 973 agency that establish licensure standards that govern the
 974 provision of adult cardiovascular services or the operation of a
 975 burn unit. Such rules shall consider, at a minimum, staffing,
 976 equipment, physical plant, operating protocols, the provision of
 977 services to Medicaid and charity care patients, accreditation,
 978 licensure period and fees, and enforcement of minimum standards.
 979 ~~The certificate of need rules for adult cardiovascular services~~
 980 ~~and burn units in effect on June 30, 2004, are authorized~~
 981 ~~pursuant to this subsection and shall remain in effect and shall~~
 982 ~~be enforceable by the agency until the licensure rules are~~
 983 ~~adopted.~~ Existing providers and any provider with a notice of
 984 intent to grant a certificate of need or a final order of the

985 agency granting a certificate of need for adult cardiovascular
986 services or burn units shall be considered grandfathered and
987 receive a license for their programs effective on the effective
988 date of this act. The grandfathered licensure shall be for at
989 least 3 years or until July 1, 2008, whichever is longer, but
990 shall be required to meet licensure standards applicable to
991 existing programs for every subsequent licensure period.

992 ~~(4) In order to ensure continuity of available services,~~
993 ~~the holder of a certificate of need for a newly licensed~~
994 ~~hospital that meets the requirements of this subsection may~~
995 ~~apply for and shall be granted Level I program status regardless~~
996 ~~of whether rules relating to Level I programs have been adopted.~~
997 ~~To qualify for a Level I program under this subsection, a~~
998 ~~hospital seeking a Level I program must be a newly licensed~~
999 ~~hospital established pursuant to a certificate of need in a~~
1000 ~~physical location previously licensed and operated as a~~
1001 ~~hospital, the former hospital must have provided a minimum of~~
1002 ~~300 adult inpatient and outpatient diagnostic cardiac~~
1003 ~~catheterizations for the most recent 12-month period as reported~~
1004 ~~to the agency, and the newly licensed hospital must have a~~
1005 ~~formalized, written transfer agreement with a hospital that has~~
1006 ~~a Level II program, including written transport protocols to~~
1007 ~~ensure safe and efficient transfer of a patient within 60~~
1008 ~~minutes. A hospital meeting the requirements of this subsection~~
1009 ~~may apply for certification of Level I program status before~~

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1010 | ~~taking possession of the physical location of the former~~
1011 | ~~hospital, and the effective date of Level I program status shall~~
1012 | ~~be concurrent with the effective date of the newly issued~~
1013 | ~~hospital license.~~

1014 | Section 15. This act shall take effect July 1, 2017.