

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND TENTH LEGISLATURE

Legislative Document

No. 696

S. P. 241

In Senate, February 6, 1981

Referred to the Committee on Health and Institutional Services. Sent down for concurrence and ordered printed.

MAY M. ROSS, Secretary of the Senate

Presented by Senator Brown of Washington.

Cosponsor: Senator Hichens of York.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-ONE

AN ACT To Amend the Maine Certificate of Need Act of 1978 with Respect to the Acquisition of Existing Health Care Facilities.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. 22 MRSA § 304, sub-§ 1, ¶ B, first sentence, as enacted by PL 1977, c. 687, § 1, is amended to read:

Any Subject to the provisions of paragraph 3 with respect to acquisition of existing health care facilities, any expenditure by or on behalf of a health care facility in excess of \$150,000 or more which, under generally accepted accounting principles consistently applied, is a capital expenditure.

Sec. 2. 22 MRSA § 304, sub-§ 3 is enacted to read:

3. Acquisitions of existing health care facilities. The obligation of a capital expenditure by any person to acquire an existing health care facility, which is otherwise subject to review under subsection 1, only in cases where:

A. The notice of intent required in section 306 is not filed in accordance with that section; or

B. The department finds, within 30 days after the date it receives a notice in accordance with section 306, that the services or bed capacity of the facility will be changed in being acquired, consistent with the requirements of subsection 1,

paragraphs B, C and D; in the absence of the finding by the department and in all other cases, no certificate of need is required and no approval of the department is necessary with respect to the acquisition of existing health care facilities.

STATEMENT OF FACT

This bill would modify the provisions of the Certificate of Need Act applicable to acquisitions of existing health care facilities. It would require a certificate only in cases where the department determines that the proposal simultaneously involves a change in beds or services otherwise subject to review. The department would monitor compliance and determine whether beds or services were being changed through review of letters of intent. It is consistent with amendments contained in the Federal Health Planning and Resources Development Amendments of 1979.