MAINE STATE LEGISLATURE

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118th MAINE LEGISLATURE

FIRST REGULAR SESSION-1997

Legislative Document

No. 998

H.P. 734

House of Representatives, February 11, 1997

An Act to Amend the Certificate of Need Laws.

Reference to the Committee on Health and Human Services suggested and ordered printed.

OSEPH W. MAYO, Clerk

Presented by Representative SAXL of Bangor.
Cosponsored by Senator RUHLIN of Penobscot and
Representatives: CAMPBELL of Holden, FULLER of Manchester, TRIPP of Topsham,
Senators: AMERO of Cumberland, MITCHELL of Penobscot.

Be it enacted by the People of the	he State of Maine as follows:
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- Sec. 1. 22 MRSA §303, sub-§7, as amended by PL 1995, c. 696, Pt. A, §2, is further amended to read:
- 7. Health care facility. "Health care facility" means hospitals, psychiatric hospitals, nursing facilities, --kidney disease--treatment--centers-including-free-standing-hemodialysis facilities, and rehabilitation facilities and-ambulatery-surgical facilities.
- Sec. 2. 22 MRSA §304-A, sub-§2, as repealed and replaced by PL 1993, c. 477, Pt. D, §2 and affected by Pt. F, §1, is amended to read:
- 2. Acquisitions of certain major medical equipment.

 Acquisitions by a health care facility of major medical equipment

 with a cost of \$1,000,000 or more. There is a waiver for the use of major medical equipment on a temporary basis as provided in section 308, subsection 4;
- Sec. 3. 22 MRSA §304-A, sub-§2-A, as enacted by PL 1993, c. 477, Pt. D, §3 and affected by Pt. F, §1, is repealed.
- Sec. 4. 22 MRSA §304-A, sub-§4, as amended by PL 1995, c. 696,
 Pt. A, §11, is further amended to read:

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- 28 **4. New health services.** The offering or development of any new health service by a health care facility. For purposes of this section, "new health services" includes only the following:
- A. The obligation of any capital expenditures by or on behalf of a health care facility that is associated with the addition of a health service that was not offered on a regular basis by or on behalf of the facility within the 12-month period prior to the time the services would be offered;
- 38 The addition of a health service that is to be offered by or on behalf of a health care facility that was not 40 offered on a regular basis by or on behalf of the facility 42 within the 12-month period prior to the time the services would be offered, and that, for the 3rd fiscal year of 44 operation, including a partial first year, following addition of that service, absent any adjustment 46 inflation, is projected to entail annual operating costs of at least the expenditure minimum for annual operating costs; 48 or

The addition of a health service by a health care <u>facility</u> that falls within a category of health services 2 that are subject to review regardless of capital expenditure 4 or operating cost and which category the department has defined through regulations promulgated pursuant to section 6 312. 8 This subsection does not prohibit a nursing facility from converting beds used for the provision of nursing services to beds to be used for the provision of residential care services. 10 If such a conversion occurs, public funds are not obligated for payment of services provided in the converted beds; 12

Sec. 5. 22 MRSA $\S304$ -A, sub- $\S9$, \PB , as amended by PL 1985, c. 418, $\S4$, is further amended to read:

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If a person health care facility adds a health service not subject to review under subsection 4, paragraph A or C and which that was not deemed subject to review under subsection 4, paragraph B at the time it was established and <u>that</u> was not reviewed and approved prior establishment at the request of the applicant, and its actual 3rd fiscal year operating cost, as adjusted by an inflation deflator appropriate promulgated department, after-consultation-with-the-Maine-Health-Care Finance--Commission, exceeds the expenditure minimum for annual operating cost in the 3rd fiscal year of operation following addition of these services.

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SUMMARY

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This bill repeals the requirement that private health care providers, whether individual or group practices, be required to obtain a certificate of need.