

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SHES 12481

Senate Bill - 245

Date: 1-30-08

Senator Bettve Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

Yes, I support Governor Palin's initiative to eliminate the Certificate of Need (CON) in Alaska.

As a concerned citizen of Alaska I have the right to the best health care I can receive.

I have the right to know my treatment options, including alternative treatment and to obtain a second opinion.

I have the right to know the quality and cost of my doctor, hospital, medical devices, drugs or procedures before I make the decision for treatment.

I have the right to be part of the lowest-cost, highest quality care I can receive.

I feel I have lost these rights due to the restriction of trade the Certificate of Need as imposed on the health care in Alaska.

I am asking for your support to eliminate the Certificate of Need (CON) in our state of Alaska.

Thank you for your support.

Print Name: Matt Deekard

Signature: Matt Deekard

Address: 607 Old State Hwy Seb RmB 723 FBKS, A

Telephone: 907 347 3126

Senate Bill - 245

Date: 1.29.08

Senator Bettve Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

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Certificate of Need as imposed on the health care in Alaska.**

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Need (CON) in our state of Alaska.**

Thank you for your support.

Print Name: KATHRYN M WILSON

Signature: Kathryn M. Wilson

Address: PO Box 82144 Fairbanks, AK 99708-2

Telephone: 907-479-7017

Senate Bill - 245
Senator Bettye Davis
Fax: 907-465-3756

Date: 30 June 08

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: Donna R. Lewis

Signature: Donna R. Lewis

Address: P.O. Box 58373, FBKS, AK 99711

Telephone: 907 978-7454

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 1-30-08

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Thank you for your support.

Print Name: Rand Rosecrans

Signature: RHRosecrans

Address: PO Box 97 Galena 99741

Telephone: 656 4503

Senate Bill - 245

Senator Bettve Davis

Fax: 907-465-3756

Date: 30 Jan 2008

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Print Name: Carmen D. McCumby

Signature: Carmen D. McCumby

Address: 154 View Ave Fairbanks AK 99712

Telephone: 907 457-5617

Senate Bill - 245
Senator Bettye Davis
Fax: 907-465-3756

Date: 30 Jan. 2008

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Thank you for your support.

Print Name: Donald B. Mc Cumby
Signature: Donald B. Mc Cumby
Address: 754 View Ave Fbks, AK 99712
Telephone: 457-5617

Senate Bill - 245

Date: 1/30/08

Senator Bettve Davis

Fax: 907-465-3756

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Thank you for your support.

Print Name: Sheila Des Rivières

Signature: Sheila Des Rivières

Address: 2084 Jackson St., Apt #1, North Pole, AK 99705

Telephone: 907-488-7997

TRANSACTION REPORT

7.01

JAN-30-2008 WED 04:11 PM

FOR: Senator Bettye Davis

9074853758

RECEIVE

DATE	START	SENDER	RX TIME	PAGES	TYPE	NOTE	M#	DP
JAN-30	04:09		2'29"	7	FAX RX	OK		

Senate Bill - 245

Date: 1-29-08

Senator Bettye Davis

Fax: 907-465-3756

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Print Name:

Erland Pananen

Signature:

Erland Pananen

Address:

2131 Flight St. North Pole

Telephone:

488-6643

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 1-29-08

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Thank you for your support.

Print Name: JAY Thomas West

Signature: [Handwritten Signature]

Address: 1327 2nd Ave P.O. Box 99701

Telephone: 907-458-0292

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 1-29-08

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: PAUL Jurgens
Signature: Paul Jurgens
Address: PO Box 57086
Telephone: NOME AK 99705

Senate Bill - 245

Date: JANUARY 29 2008

Senator Bettve Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: CATIELEEN DOYLE

Signature: 

Address: PO BOX 83391 TIRBANKS ALASKA 99708

Telephone: 907 465-8159

Senate Bill - 245

Date: 1/29/08

Senator Bettve Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: Patsy Underwood

Signature: Patsy Underwood

Address: 1616 College Rd., Fairb., AK, 99709

Telephone: 907-458-9230

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 1-28-08

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: DORENE WALRATH
Signature: Dorene Walrath
Address: PO Box 85123, 1410 3rd Floor 99708
Telephone: 907-474-8770

Senate Bill - 245

Date: _____

Senator Bettve Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

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I am asking for your support to eliminate the Certificate of Need (CON) in our state of Alaska.

Thank you for your support.

Print Name: Daniel Long

Signature: [Handwritten Signature]

Address: 657 Farmers Loop Rd #2 Fairbanks, AK 9972

Telephone: 907-457-2929

Senate Bill - 245

Date: _____

Senator Bettve Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: Tim Long

Signature: 

Address: P.O. Box 41678

Telephone: 347-2577

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: _____

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Thank you for your support.

Print Name: Philip Long

Signature: [Signature]

Address: 820 East Dr North pole AK 99705

Telephone: 907 228-9522

Senate Bill - 245
Senator Bettye Davis
Fax: 907-465-3756

Date: 2-3-08

RE: Elimination of the Certificate of Need (CON)

Yes, I support Governor Palin's initiative to eliminate the Certificate of Need (CON) in Alaska.

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Thank you for your support.

Print Name: Robert Ahlquist
Signature: Robert Ahlquist
Address: 1120 Gilmore Tr. Fairbanks, AK
Telephone: 907-457-3258

99712

Senate Bill - 245

Date: 2-1-09

Senator Bettye Davis

Fax: 907-465-3756

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Thank you for your support.

Print Name: RUTH EWIG

Signature: (Ruth Ewig)

Address: 2325 - 30th Avenue Fairbanks, AK 99701

Telephone: (907) 452-5538

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 2-3-08

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: Vaughn Freda
Signature: Vaughn Freda
Address: 2325 30th Avenue
Telephone: 452-5938

Senate Bill - 245
Senator Bettie Davis
Fax: 907-465-3756

Date: 2-1-08

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: Laura Harper

Signature: Laura Harper

Address: 2512 Astor Dr., North Pole, Ak

Telephone: 488-2520

Senate Bill - 245

Date: FEB 1, 2008

Senator Bettie Davis

Fax: 907-465-3756

RE: Elimination of the Certificate of Need (CON)

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Thank you for your support.

Print Name: Michael Hargis

Signature: Michael Hargis

Address: 2518 Astor Dr North Pole AK 99705

Telephone: 907 488-2520

Senate Bill - 245

Date: 1-31-08

Senator Bettve Davis

Fax: 907-465-3756

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Thank you for your support.

Print Name:

JOE J. HEATH

Signature:

Joe J. Heath

Address:

P.O. BOX 10744 FBKS AK 99711

Telephone:

907-457-8002

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 1/31/08

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Thank you for your support.

Print Name: Melissa Belt
Signature: Melissa Belt
Address: 2137 Polar Wind Ct. Apt C, Eielson
Telephone: 907 - 372 - 2730 AK

Senate Bill - 245
Senator Bettve Davis
Fax: 907-465-3756

Date: 31 JAN 08

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Thank you for your support.

Print Name: Shannon EPPS

Signature: [Handwritten Signature]

Address: POB 55924 North Pole AK 99705

Telephone: 907 490-6617

Senate Bill - 245

Date: FRS 01, 08

Senator Bettve Davis

Fax: 907-465-3756

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Thank you for your support.

Print Name: DARIN W. RODRIGUEZ

Signature: [Handwritten Signature]

Address: 2297 OLTSTADT ROAD, N.P., AK 99705

Telephone: 907-488-4673

Senate Bill - 245

Senator Bettve Davis

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Date: 1/31/08

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Thank you for your support.

Print Name: Jason Elliot
Signature: [Signature]
Address: 1450 N. Yampah ct unit B
Telephone: 907 498-1064

Senate Bill - 245

Date: 1-31-08

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Thank you for your support.

Print Name: Jessica Eggleston

Signature: Jessica Eggleston

Address: 3109 MUKLUK rd A Eielson AFB

Telephone: 907 372 2785

Senate Bill - 245

Date: 1-31-08

Senator Bettve Davis

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Print Name:

Signature:

Address:

Telephone:

Mike Hale

Mike Hale

706 Dalton Trl. FBKS, AK

907-479-3874

Don Burrell

From: Bonnie Nelson [b.nelson@alaska.com]
Sent: Friday, January 25, 2008 3:49 PM
To: Sen. Bettye Davis
Cc: Thomas Obermeyer
Subject: Please consider an amendment to SB 245

RECEIVED
JAN 28 2008

Senator Davis,

Please consider an amendment to SB 245 that gives the Commission more teeth in establishing a process similar to AGIA for Health Care for ALL, with the same kind of intent that was defined by Governor Palin which was to get the best deal for all Alaskans. Thank you for this consideration.
Bonnie Nelson

23 Sec. 18.09.070. Duties of the commission. (a) The commission shall serve as

24 the state health planning and coordinating a process for the implementation of the health care industry's provision of services and goods to ALL Alaskans, including the coordination of cost compilations and analyses and regulations to assure consumer protection so as to include quality and equality of health care for all alaskans.

Don Burrell

From: Doris Robbins [drobbins@gci.net]
Sent: Friday, January 25, 2008 6:56 PM
To: Sen. Fred Dyson; Sen. John Cowdery; Sen. Joe Thomas; Sen. Bettye Davis; Sen. Kim Elton
Cc: Doris Robbins
Subject: *****SPAM***** Re: SB 245 HEALTH CARE: PLAN/COMMISSION/FACILITIES

RECEIVED
JAN 28 2008

After today's hearing on SB 245

Senators,

I did not realize the focus would be 90% on CON today, but I feel I need to follow-up my comments on that. I do think there needs to be some protection for the medical facilities that are taking in so many uninsured. However, there is a problem with them having carte blanc control. When there are not physicians enough to treat those who need care it forces an overload onto the other ones who do provide care. Some are leaving Fairbanks and not being replaced. Some are retiring a little early to avoid the Medicare nightmare. One physician listed as being a Medicare provider, when I called "his office" to confirm had retired. I reached him at his home and he provided some insight to our situation here. I learned really fast that just because a doctor is on the Medicare list as a currently available physician doesn't mean it is true. Most are still serving their longtime patients but take on few new patients and generally only take a new patient when they lose one they have.

There are rumors that when Banner Health (now controlling Fairbanks Memorial Hospital) takes over the Tanana Valley Clinic, as is planned, they may become a monopoly that starts behaving like one. Some here think they will close the clinic or use it to whatever purpose serves them best. I have to wonder if they don't presently take advantage of the CON without providing for those who might have been served by a new group. A new physician group could have perhaps come in and shared the patient load, to share the brunt of low Medicare reimbursement. The emphasis seems more on keeping others out than taking care of those other patients. These last things are worries I have heard and not necessarily actual fact.

Only someone like the state can hopefully get on the inside of all the medical facilities and their operations, but from the outside patients see too few physicians available regardless of where they practice. With a chronic asthma condition that at one point before moving here put me in intensive care, I have never been able to see a "chest medicine" physician at the local physician's clinic. I was finally able to be seen by a PA there after calling up with some obvious respiratory distress. I had been told earlier that there were no openings. I think I was seen for fear of some repercussions if I suffered too much trouble from my condition. That was 2004, and there is still only one physician available when a PA can not handle those in trouble and the shortage has only gotten worse. (This is the one and only Fairbanks clinic qualified for serious respiratory conditions.)

When I decided to move up from Juneau to be near my family (grandkids especially) I had been assured that Fairbanks had any kind of medical care that I might need. I suppose that is the message being put out. Moreover, I was a few years away from Medicare in 2004 when I first came here, but Medicare becomes an added factor for me in March 2008. I think the low Medicare reimbursement rate is a lot of the problem.

I saw my designated family physician here two or three times, and any other time it has been the ANP that I saw. The physician who agreed to serve as my family physician is the oncologist who treated me for breast cancer.

I am grateful for the well trained ANP's and PA's, don't misunderstand. I am fine much of the time with seeing them instead of a physician. When I become 65 I'm not sure if I can count on my current physician who is getting closer to retirement himself. I fear there is some serious trouble ahead and some conditions may be missed for some without an occasional doctor doing the checking.

1/26/2008

Thanks for your efforts!

Doris Robbins

1281 Overhill Drive
Fairbanks AK 99709
907-374-0597

Below is a copy of my original statement:

----- Original Message -----

From: Doris Robbins

To: Senator Joe Thomas ; Senator_Betty_Davis@legis.state.ak.us

Cc: drobbins@qci.net

Sent: Friday, January 25, 2008 3:59 AM

Subject: RE: SB 245 HEALTH CARE: PLAN/COMMISSION/FACILITIES

Senator Davis,
Senator Thomas,
Senate HESS Committee,

RE: SB 245

While I get off on the Medicare problem, that is not the only issue with lack of medical care availability in Alaska, particularly Fairbanks and other farther out communities. While it has been proven that prevention saves dollars for insurance and lives of the insured, prevention is not a common practice. Alaska can reap savings at all angles by employing preventive medicine. Preventive medicine calls the patient to task when they know they will have upfront and personal attention focused on their bad habits! Treating early avoids more costly procedures later.

As someone approaching 65, a member of the Fairbanks community, involved with my peers and hearing their stories of being turned away from their former physicians at reaching age 65, I am fully aware of our urgent need for improvement in the area of health care. Many have no choice (PERS/TRS and many other retirees) but to use a physician who accepts Medicare or pay cash out of pocket to visit a physician, with little opportunity for their now secondary insurance to reimburse.

I suppose those with no insurance have a much more difficult time, but I have one senior friend (couple) that both have a potentially life threatening skin cancer and lost their dermatologist although they had been fully insured under AlaskaCare, the state's retiree insurance plan which is touted as the ultimate insurance plan.

Many seniors have some access to physicians when they have a long treatment history with their physician. It is pretty scary when you are now elderly and your need for competent care has grown and a physician you had a relationship with fires you. So where do you go then? Do you expect a physician with whom you have no prior relationship to now take you as a patient? (I can still hear the laughter!) Some bite the bullet, they tell me, and begin paying extra upfront "for as long" as they can manage the costs. Most do not have the ability to do that.

Some have told me they received a formal letter that told them that if they would pay a \$300 retainer fee, they could continue to be seen. I thought this was against the law but learned that all a physician has to do to dump a patient is to mail them an official letter saying they no longer accept patients with Medicare.

I don't blame the physicians! Between going broke from treating Medicare patients for "next to nothing" and dealing with a fouled up system that is slower than slow, they just can't take it!!

From my own recent experience of trying to "do everything just right" when signing up for Medicare, I can empathize! Beginning March 2008 I'll learn all about what Medicare offers Alaskans.

I did a survey of Fairbanks physicians who were accepting newly-turned-65 patients last year. Most said they would keep patients they already had. However, some physicians had flat retired out of being to stressed out with the paper work, or fear of going broke. I've learned from physicians' staff that for other potential patients there are long waiting lists. To be seen, a current patient has to leave or die, and you make an appointment before the slot fills. New physicians are not filling empty physician slots because the word has gotten around how bad it is here. Some just graduated physicians are coming here to get a start and sometimes with a monetary incentive to do so.

I got the names of new physicians (who would take Medicare until their practice filled) from one clinic, told my friends who were looking, and before they could call the physicians were booked solid with their Medicare quota. In addition, Fairbanks has a large military population which qualify for lower payment options. We were already short enough physicians to go around before the military build-up. We love our military families, though, and want them to have the best as well.

Something has to be done! I hope that by "state heads being put together" some solutions can be found. We are at a crisis situation even before having any crisis. I am pleased to see that there are many from various backgrounds and political affiliations willing to get together to search for solutions.

Sincerely,

Doris Robbins

[drobbins@gci.net](mailto:d Robbins@gci.net)

1281 Overhill Drive
Fairbanks AK 99709
(907) 374-0597

No virus found in this incoming message.

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Version: 7.5.516 / Virus Database: 269.19.10/1241 - Release Date: 1/24/2008 9:58 AM

1/26/2008



Health Program

Certificate of Need: State Health Laws and Programs

December 1, 2006 - preliminary edition

Certificate of Need (C.O.N.) programs are aimed at restraining health care facility costs and to allow coordinated planning of new services and construction. Laws authorizing such programs are one mechanism by which state governments seek to reduce overall health and medical costs. Many "CON" laws were put into effect across the nation as part of the federal "Health Planning Resources Development Act" of 1974. Despite numerous changes in the past 30 years, about 36 states retain some type of CON program, law or agency as of mid-2006.

TABLE OF CONTENTS

- Pro and Con views
- CON Programs
- Regulated services
- CON legislation, 03-06
- Resources & reports

HISTORY

In 1964, New York became the first state to enact a statute granting the state government power to determine whether there was a need for any new hospital or nursing home before it was approved for construction. Four years later the American Hospital Association expressed an interest in Certificate of Need laws. The AHA started a national campaign for states to generate their own CON laws. By 1975, 20 states had enacted CON laws; by 1978, 36 states had enacted them.



The 1974 federal Act required all 50 states to submit proposals and obtain approval from a state health planning agency before beginning any major capital projects such as building expansions or ordering new high-tech devices. Many states implemented CON programs in part because of the incentive of federal funds.

The federal mandate was repealed in 1987, along with its federal funding. In the decade that followed, 14 states discontinued their CON programs. However, 36 states currently maintain some form of CON program, and even the 14 that repealed their state CON laws still retain some mechanisms intended to regulate costs and duplication of services. Puerto Rico and the District of Columbia also have CON programs.

States that have retained CON programs currently tend to concentrate activities on outpatient facilities and long-term care. This is largely due to the trend toward free-standing, physician owned facilities that constitute an increasing segment of the health-care market.

INTENT

The basic assumption underlying CON regulation is that excess capacity (in the form of facility overbuilding) directly results in health care price inflation. When a hospital cannot fill its beds, fixed costs must be met through higher charges for the beds that are used. Bigger institutions have bigger costs, so CON supporters say it makes sense to limit facilities to building only enough capacity to meet actual needs.

CON programs originated to regulate the number of beds in hospitals and nursing homes, and to prevent overbuying of expensive equipment. Mandatory regulation through health planning agencies determined the most urgent health care needs, contributed to solutions for these needs, and attempted to manage the fluctuations in prices often caused by a competitive market. The idea was that new or improved facilities or equipment would be approved based only on a genuine need in a community. Statutory criteria often were created to help planning agencies decide what was necessary for a given location. By reviewing the activities and resources of hospitals, the agencies made judgments about what needed to be improved. Once need was established, the applicant organization (corporation, not-for-profit, partnership or public entity) was granted permission to begin a project. These approvals were known as "Certificates of Need."

C.O.N. SUPPORTERS' VIEWS	C.O.N. OPPONENTS' VIEWS
<p>Advocates of CON programs say that health care cannot be considered as a "typical" economic product. They argue that many "market forces" do not obey the same rules for</p>	<p>CON programs also have been subject to wide criticism. To start, it is not clear that these state-sponsored programs actually controlled health care costs. For example, by restricting new construction, CON</p>

health care services as they do for other products. In support of this argument, it is often pointed out that, since most health services (like an x-ray) are "ordered" for patients by physicians, patients do not "shop" for these services the way they do for other commodities. This makes hospital, lab and other services insensitive to market effects on price, and suggests a regulatory approach based on public interest.

The American Health Planning Association (AHPA) is the professional group of state agencies responsible for regulation and planning. They identify three factors that suggest the need for CON programs. The primary argument is that CON programs limit health-care spending. CONs can promote appropriate competition while maintaining lower costs for treatment services. The AHPA argues that by controlling construction and purchasing, state governments can oversee what expenditures are necessary and where funds will be used most effectively. This helps eliminate projects that detract attention from more urgent and useful investments and reduces excessive costs. AHPA also asserts that CONs have a valuable impact on the quality of care. When facilities and equipment are monitored, hospitals and other treatment centers can acknowledge what sort of services are in demand and how effectively patients are being taken care of. Additionally, according to supporters, the programs distribute care to areas that could be ignored by new medical centers. CON programs are a resource for policymakers. CON regulations are described as a reliable way to implement basic planning policies and practices, and aid in distributing health care to all demographic areas. The CON process can call attention to areas in need because planners can track and evaluate the requests of hospitals, doctors and citizens and see which areas are underserved or need to be improved and developed.

programs may reduce price competition between facilities, and may actually keep prices high. Barriers to new building were seen as unfair restrictions, sometimes by both existing facilities and their potential new competitors. There is little direct broad proof that overcapacity or duplication leads to higher charges. In 2004 the Federal Trade Commission (FTC) and the Department of Justice both claimed that CON programs actually contribute to rising prices because they inhibit competitive markets that should be able to control the costs of care and guarantee quality and access to treatment and services. (1)

Some opponents felt that changes in the Medicare payment system (such as paying hospitals according to Diagnostic Related Groups - "DRGs") would make external regulatory controls unnecessary, because health care organizations would be more subject to market pressures. Some pointed out that the CON programs are not consistently administered. A 'flexible' program could allow development, to the dismay of competitors. A 'restrictive' program could limit competition, with the same effect. Many argued that health facility development should be left to the economics of each institution, in light of its own market analysis, rather than being subject to political influence.

Some evidence suggests that lack of competition paradoxically encouraged construction and additional spending. Some opponents of CON programs believe an open health care market, based on quality rather than price, might be the best principle for containing rising costs. Proponents of CON programs disagree. This debate rests on the same arguments as many other "Regulated market" vs. "Open market" discussions.

In theory, Certificates of Need are granted based on objective analysis of community need, rather than the economic self-interest of any single facility. However, opponents of CON programs claim that the programs have not worked this way. They cite examples in which CONs were apparently granted on the basis of political influence, institutional prestige or other factors apart from the interests of the community. Furthermore, it is sometimes a matter of debate what sort of development is actually in the community's interest, with people of good will sharply divided on how to determine this.

Other Approaches

Many approaches have been tried to controlling health care costs, including government and industry regulation, provider incentives, "free market" incentives and educational efforts. Some of these include:

1. Limitations on physician referrals to facilities in which they or a family member have a financial interest (so-called "Stark regulations").
2. Supervision by insurers to make sure a treatment request is necessary (precertification, concurrent or retrospective medical necessity review).
3. Prepayment for insured or covered services ("managed care")
4. Fixed payments for defined services ("Information Individual Programs DRGs"- uniform Diagnostic-Related Groups)
5. Providing information to patients about the costs and necessity of certain tests and treatment (includes "transparency" and disclosure programs)
6. Providing information to patients about the quality of and outcomes at certain medical facilities.

Footnotes:

1. The Federal Trade Commission, Department of Justice, *Improving Health Care: A Dose of Competition* (Washington D.C.: FTC, DOJ, 2004) 361 pages PDF.

STATES WITH CON PROGRAMS

State Certificate of Need Laws, 2006



CON law: state approval may be required
 CON law repealed or not in effect

Compiled by NCSL, based on data from AHPA, June 2006

State/District with CON Programs	Dates of Programs	Certificate of Need Contact Information	Individual CON Websites
Alabama	1977-present	James E. Sanders, Deputy Director Phone: 334-242-4103; Fax: 334-242-4113 james.standers@shpda.alabama.gov	http://www.shpda.state.al.us
Alaska	1976-present	David Pierce, CON Coordinator Phone: 907-465-3001; Fax: 907-465-4101 david_pierce@health.state.ak.us	Alaska's Certificate of Need Program
Arizona	1971-1985		No CON Program; see planning agency below
Arkansas	1975-present	Deborah Frazier, Director Phone: 501-661-2509; Fax: 501-661-2399 dfrazier@healthyarkansas.com	http://www.arhspa.org
California	1969-1987		No CON Program; see planning agency below
Colorado	1973-1987		No CON Program; see planning agency below
Connecticut	1973-present	Susan Cole, Director Phone: 860-418-7038; Fax: 860-418-7053 susan.coleengland@po.state.ct.us	Connecticut's Certificate of Need Program
Delaware	1978-present	Francis Osei-Afryie, Management Analyst Phone: 302-741-2960; Fax: 302-741-2970 francis.osei-afnyie@state.de.us	Delaware's Certificate of Public Review Program
District of Columbia	1968-present	Amaha Selassie, Chief, Project Review Phone: 202-442-5875; Fax: 202-442-4824	DC Certificate of Need Website
Florida	1972-present	Jeff Gregg, Bureau Chief Phone: 850-922-8672; Fax: 850-488-6964 greggj@fdhc.state.fl.us	Florida Licensing and Certification
Georgia	1979-present	Robert Rozier, Esq., Executive Director Phone: 404-657-7198; Fax: 404-656-0554 rrozier@dch.ga.gov	Georgia's Certificate of Need Program
Hawaii	1974-present	David Sakamoto, MD, Administrator Phone: 808-587-0788; Fax: 808-587-0783 david@shpda.org	Hawaii's website for Certificate of Need
Idaho	1980-1983		No CON Program; see planning agency below
Illinois	1974-present	Jeffrey Mark, Health Planning Board Phone: 217-783-3516; Fax: 217-785-4308	http://www.idph.state.il.us/about/hfppb.htm

		lmark@ldph.state.il.us	
Indiana	1980-1996, 1997-1999		No CON Program; see planning agency below
Iowa	1977-present	Barb Nervig, Program Manager Phone: 515-281-4344; Fax: 515-281-4958 bnervig@ldph.state.ia.us	http://www.ldph.state.ia.us/do/cert_of_need.asp
Kansas	1972-1985		No CON Program; see planning agency below
Kentucky	1972-present	Chris Corbin, Executive Director Phone: 502-564-9589; Fax: 502-564-0302	http://chfs.ky.gov/ohc/con
Louisiana	1991-present	James Taylor, Program Manager Phone: 225-342-3881; Fax: 225-342-3893 jhtaylor@hhs.la.gov	http://www.dhh.state.la.us/
Maine	1978-present	Catherine Cobb, Director 207-287-2979; Fax: 207-287-5282 catherine.cobb@maine.gov	Phone: Maine Certificate of Need Procedures Manual Maine Government Website
Maryland	1968-present	Paul Parker, Acting Chief 410-764-3261; Fax: 410-358-1311 pparker@mhcc.state.md.us	Phone: Maryland Certificate of Need Program
Massachusetts	1972-present	Joan Gorga, Acting Director Phone: 617-753-7340; Fax: 617-753-7349 Joan.Gorga@state.ma.us	http://www.state.ma.us/dph/dhca/don.htm
Michigan	1972-present	Larry Horvath, Manager 517-241-3343; Fax: 517-241-2962 horvathl@michigan.gov	Phone: http://www.michigan.gov/con
Minnesota	1971-1985		No CON Program; see planning agency below
Mississippi	1979-present	Rachel Pittman, Chief, P&RD Phone: 601-576-7874; Fax: 601-576-7530 rachel.pittman@msdh.state.ms.us	Mississippi Certificate of Need Program
Missouri	1979-present	Thomas Piper, Director Phone: 5573-751-6043; Fax: 573-751-7894 tpiper@mail.state.mo.us	www.dhss.mo.gov/con
Montana	1975-present	Pamela Sourbeer, Administrative Officer Phone: 406-444-9519; Fax: 406-444-1742 psourbeer@mt.gov	Administrative Rules of Montana CON
Nebraska	1979-present	Claire Titus, Section Program Manager Phone: 402-471-4963; Fax: 402-471-3577 claire.titus@hhs.ne.gov	http://www.hhs.state.ne.us/crl/need.htm
Nevada	1971-present	Lynn Solano, RN, Health Resource Analyst Phone: 775-684-4177; Fax: 775-684-4156 lsolano@nvdh.state.nv.us	http://www.health2k.state.nv.us/ys/letter.htm
New Hampshire	1979-present	Margaret Heatley, Administrator Phone: 603-271-4606; Fax: 603-271-4141 m.heatley@dhhs.state.nh.us	http://www.nhha.org/nhha/state_law/con.php
New Jersey	1971-present	John Calabria, Director Phone: 609-292-8773; Fax: 609-292-3780 john.calabria@doh.state.nj.us	(none) http://www.state.nj.us/health/forms/cn-2_7a.pdf (application only)
New Mexico	1978-1983		No CON Program; see planning agency below
New York	1966-present	Christopher Deiker, Program Research Sp. Phone: 518-402-0966; Fax: 518-402-0971 cpd02@health.state.ny.us	http://www.health.state.ny.us/nysdoh/cons/index.htm
North Carolina	1978-present	Lee Hoffman, Chief 919-855-3873; Fax: 919-733-8139 Lee.Hoffman@ncmail.net	Phone: http://facility-services.state.nc.us/
North Dakota	1971-1995		No CON Program
Ohio	1975-present	Christine Kenney, CON Director	Phone: Ohio CON webpage

		614-644-3325; Fax: 614-752-4157 christine.kenney@odh.ohio.gov	
Oldahoma	1971-present	Darlene Simmons, Director 405-271-9444; Fax: 405-271-7360 darlene@health.state.ok.gov	Phone: Oklahoma CON Abstract
Oregon	1971-present	Jana Fussell, CON Coordinator 503-731-4320; Fax: 503-731-4078 jana.fussell@state.or.us	Phone: Oregon CON Webpage
Pennsylvania	1979-1996		No CON Program; see planning agency below
Puerto Rico	1975-present		Consultant CON webpage
Rhode Island	1968-present	Michael K. Dexter, Chief, Office of Health Systems Development 410-222-2788; Fax: 410-273-4350 michael.dexter@health.ri.gov	Phone: http://www.health.ri.gov/hsr/healthsystems/index.php
South Carolina	1971-present	Joel C. Grice, Director 803-545-4200; Fax: 803-545-4570 gricejc@dhec.sc.gov	Phone: http://www.scdhec.gov/hr/cofn/
South Dakota	1972-1988		No CON Program; see planning agency below
Tennessee	1973-present	Melanie M. Hill, Executive Director 615-741-2364; Fax: 615-741-9884 melanie.hill@state.tn.us	Phone: http://tennessee.gov/hsda/cert_need_sum.html
Texas	1975-1985		No CON Program; see planning agency below
Utah	1979-1984		No CON Program; see planning agency below
Vermont	1979-present	Jennifer Garson, CON Analyst 802-828-2900; Fax: 802-828-2949 jgarson@bishca.state.vt.us	Phone: Vermont CON program
Virginia	1973-present	Erik Bodin, Director 804-367-2126; Fax: 804-367-2206 Erik.Bodin@vdh.virginia.gov	Phone: http://www.cvhpa.org/COPN.htm
Washington	1971-present	Janis Sigman, Manager 360-236-2956; Fax: 360-236-2901 janis.sigman@doh.wa.gov	Phone: Washington CON program
West Virginia	1977-present	Dayle CON Planning Stepp, CON Director 304-558-7000; Fax: 304-559-7001 dstepp@hcawv.org	Phone: http://www.hcawv.org/CertOfNeed/conHome.htm
Wisconsin	1977-1978, 1993-present	C. David Lund, Chief, N.H. Section 608-266-2021; Fax: 608-264-7720 lundcd@dhs.state.wi.us	Phone: Wisconsin Resource Allocation Program
Wyoming	1977-1989		No CON Program; see planning agency below

HEALTH PLANNING AGENCIES IN STATES WITHOUT CURRENT C.O.N. PROGRAMS

State	Dates of CON law	Planning Agency & Contacts	
Arizona	1971-1985	Patricia Taranga, Chief 542-1219; Fax: 602-542-2011 ptaranga@hs.state.az.us	Phone: 602- No CON Program
California	1969-1987	Jonathan M. Teague, Manager 322-2814; Fax: 916-324-9242 jteague@oshpd.state.ca.us	Phone: 916- No CON Program
Colorado	1973-1987	Susan Rehak, Contact 692-2470; Fax: 303-782-5576 susan.rehak@state.co.us	Phone: 303- No CON Program
Idaho	1980-1983	Jane Smith, Chief 208-334-5976; Fax: 208-332-7360 smithj2@idhw.state.id.us	Phone: No CON Program
Indiana	1980-1996, 1997-	Tom Reed, Public Health Administrator	Phone: No CON Program

	1999	317-233-7541; Fax: 317-233-7157 treed@isdh.state.in.us	
Kansas	1972-1985	Richard J. Murriss, Interim Director Phone: 785-296-1343; Fax: 785-296-1562 rmurriss@kdhe.state.ks.us	No CON Program
Minnesota	1971-1985	Sheila Brunelle, Principal Planner Phone: 651-282-3853; Fax: 651-297-5808 sheila.brunelle@health.state.mn.us	No CON Program
New Mexico	1978-1983	Karen Meader, Deputy Director Phone: 505-424-3200; Fax: 505-424-3222 kmeader@hpc.state.nm.us	No CON Program
North Dakota	1971-1995	Gary Garland, Contact Phone: 701-328-2894; Fax: 701-328-1890 ggarland@state.nk.us	No CON Program
Pensylvania	1979-1996	Michelle S. Davis, Deputy Secretary Phone: 717-783-8804; Fax: 717-772-6959 msdavis@state.pa.us	No CON Program
South Dakota	1972-1988	Doneen Hollingsworth, Secretary Phone: 605-773-3361; Fax: 605-773-5683 doneen.hollingsworth@state.sd.us	No CON Program
Texas	1975-1985	Connie Turney, Project Director Phone: 512-458-7261; Fax: 512-458-7344 connie.turney@dshs.state.tx.us	No CON Program
Utah	1979-1984	Scott Williams, MD, MPH, Executive Director Phone: 801-538-6111 sdwilliams@utah.gov	No CON Program
Wyoming	1977-1989	Morris Gardner, Senior Advisor Phone: 307-777-7656; Fax: 307-777-7439 mgardn@state.wy.us	No CON Program

Contact information obtained from American Health Planning Association National Directory, 2006 edition.

FACILITIES AND SERVICES REGULATED BY C.O.N.

Regulated Services	States, with Districts & Commonwealth
Acute Hospital Beds	AL, AK, CT, DE, FL, GA, HI, IL, KY, ME, MD, MI, MS, MO, NV, NH, NJ, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC, PR
Air Ambulance	AK, CT, HI, ME, MA, MI, NC, TN, VT
Ambulatory Surgical Centers	AL, AK, CT, DE, GA, HI, IL, IA, KY, ME, MD, MA, MI, MS, MT, NV, NH, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC, PR
Assisted Living (also see Residential Care, below)	AK
Behavioral Health	WV
Birthing Centers	DE
Burn Care	AK, CT, FL, HI, IL, ME, MD, NJ, NY, NC, VT, WA, WV
Business Computers	CT, VT, WV
Cardiac Catheterization	AL, AK, CT, DE, GA, HI, IL, IA, KY, ME, MD, MI, MS, MO, NH, NJ, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC
Computed Tomography (CT) Scanners	AK, CT, GA, HI, ME, MI, MO, NH, NY, NC, RI, TN, VT, VA, DC, PR
Gamma Knives	AL, AK, CT, GA, HI, IL, ME, MA, MI, MS, MO, NY, NC, RI, SC, VT, VA, WV, DC.
Home Health	AL, AK, AR, GA, HI, KY, MD, MS, MT, NJ, NY, NC, SC, TN, VT, WA, WV, DC
Hospice	AL, AK, AR, CT, FL, IL, KY, MD, MS, NV, NY, NC, OH, TN, VT, WA, WV, PR
Hospital (also see Acute Hospital, above)	MI, MO
Intensive Care	NC

Intermediate Care Facilities/Mental Retardation (ICF/MR)	AR, FL, GA, HI, IL, IA, KY, LA, ME, MD, MS, MO, MT, NV, NJ, NY, NC, OK, SC, TN, VT, VA, WV, WI, PR
Long Term Acute Care (LTAC)	AL, AK, CT, DE, FL, GA, HI, IL, KY, ME, MD, MA, MI, MS, MO, NV, NH, NJ, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC, PR
Lithotripsy	AL, AK, CT, DE, GA, HI, KY, ME, MA, MI, MS, MO, NH, NY, NC, SC, TN, VT, VA, WV, DC.
Long Term Care	AL, AK, AR, CT, DE, FL, GA, HI, IL, IA, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NH, NV, NJ, NY, NC, OH, OK, OR, RI, SC, TN, VT, VA, WA, WV, WI, DC, PR
Medical Office Buildings	CT, GA, DC
Medical Services for Indigents (MSI)	VA
Mobile HI Technology (CT / MRI / PET, etc)	AK, CT, GA, HI, KY, ME, MI, MO, NH, NY, NC, RI, SC, VT, VA, WV, DC
Mobile Medical Services	KY
Magnetic Resonance Imaging (MRI) Scanners	AL, AK, CT, GA, HI, KY, ME, MA, MI, MS, MO, NH, NY, NC, RI, SC, TN, VT, VA, WV, DC
Neo-Natal Intensive Care	AL, AK, CT, FL, GA, HI, IL, KY, ME, MD, MA, MI, NJ, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC
Obstetrics Services	AL, AK, CT, GA, HI, IL, ME, MD, NY, RI, SC, VT, VA, WA, WV, DC
Open Heart Services	AL, AK, CT, FL, GA, HI, IL, IA, KY, ME, MD, MA, MI, MS, MO, NH, NJ, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC
Organ Transplants	AL, AK, CT, FL, GA, HI, IL, IA, KY, ME, MD, MA, MI, MO, NJ, NY, NC, RI, VT, VA, WA, WV, DC
Positron Emission Tomography (PET) Scanners	AL, AK, CT, DE, GA, HI, IL, IA, ME, MA, MI, MS, MO, NH, NY, NC, RI, SC, TN, VT, VA, WV, DC, PR
Psychiatric Services	AL, AK, CT, FL, GA, HI, IL, KY, ME, MD, MA, MI, MS, NH, NJ, NY, NC, OK, RI, SC, TN, VT, VA, WV, DC, PR
Radiation Therapy	AL, AK, CT, DE, GA, HI, IL, IA, KY, ME, MD, MA, MI, MS, MO, NH, NY, NC, RI, SC, TN, VT, VA, WV, DC
Rehabilitation	AL, AK, CT, GA, HI, IL, KY, ME, MD, MA, MS, MT, NE, NV, NH, NJ, NY, NC, RI, SC, TN, VT, VA, WA, WV, DC
Renal Failure/Dialysis	AL, AK, HI, IL, ME, MS, MO, NY, NC, VT, WA, WV, DC
Assisted Living & Residential Care Facilities	AK, AR, CT, GA, KY, MA, MS, MO, NJ, NY, NC, WV
Single Photon Emission Computed Tomography (SPECT)	VA
Subacute Services	AK, AR, FL, GA, HI, IL, KY, MD, NV, OK, RI, SC, TN, WA, WI, DC
Substance/Drug Abuse	AL, AK, CT, FL, GA, HI, ME, MD, MA, MS, MT, NV, NH, NY, NC, OK, RI, SC, TN, VT, VA, WV, DC
Surgery (also see Ambulatory Surgical Centers)	MI
Swing Beds	AL, AK, AR, CT, GA, HI, IL, ME, MI, MS, MT, NY, NC, OR, RI, TN, VT, WA, WV, DC
Ultra-Sound	AK, CT, ME, MO, NY
Other (Not otherwise covered)	AL, AR, CT, GA, IL, KY, MD, MA, MI, NC, OK, TN, WA, WI, PR

NOTE: The categories listed above are for general information. See state-specific limitations, exceptions and requirements.

CON Online Sources & Resources:

1. <http://www.ahpanet.org/articlescopn.html> Articles and essays collected from American Health Planning Association
2. <http://www.washingtonpolicy.org/HealthCare/PBBARNESCON.htm> Opponent view of CON Program using Washington State as example.
3. www.ftc.gov The Federal Trade Commission website
4. http://www.ahpanet.org/websites_copn.html American Health and Planning Association with other planning related websites and a list of websites for the CON programs of each state.

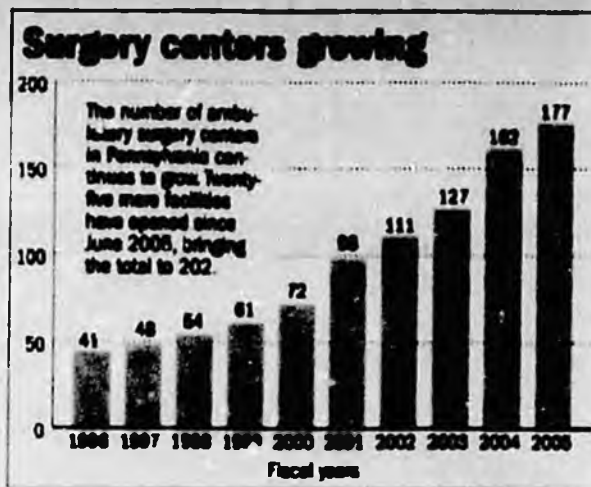
<http://www.ahpanet.org/index.html>

5. <http://content.healthaffairs.org/cgi/reprint/hlthaff.25.w337v1>

6. <http://rs6.net/tn.jsp?>

t=hxgahxbab.0.r@qvn8n6.uqoukyn6.124901&p=http%3A%2F%

2Fwww.healthaffairs.org



Source: Pennsylvania Health Care Cost Containment Council
Notes: History/Post-Session

7. 'Monopoly is not the Answer' an abstract of how regulations have affected the markets. *Health Affairs*, August 9, 2005.
8. 'Effects of Physician-Owned Limited Service Hospitals: Evidence from Arizona' an abstract. *Health Affairs*, October 25, 2005.
9. 'Political Evolution of Federal Health Care Regulation' *Health Affairs*, Copyright 1992.
10. 'Specialty Versus Community Hospitals: What Role for the Law?' *Health Affairs*, August 9, 2005.
11. 'Rules of the Game: How Public Policy affects local Health Care Markets' *Health Affairs*, Copyright 1998.
12. <http://www.law.fsu.edu/journals/lawreview/issues/231/heading2>

2005-06 Examples of CON State Legislation

State/ Bill/ Web Link/ Sponsor yellow background= enacted	Descriptions of Bills/ Excerpts of bill text
AK HB 287 Rep. Lynn	An act amending the certificate of need requirements to apply only to health care facilities and nursing homes located in borough with a population of not more than 25,000, in the unorganized borough, or in a community with a critical access hospital. <i>(Filed 4/27/05; did not pass by end of regular session, 2006)</i>
CA* SB 666 Sen. Anastad	An act to amend Section 1250 of the Health and Safety Code, relating to health facilities. <i>(Filed 2/22/05; passed House 66y-4n, 9/8/05; passed Senate 44y-1n, 9/8/05; signed into law by Governor as Chapter 443, 9/30/05)</i>
CT HB 5242 Rep. Dillon	An examination of the State's current and future hospital bed capacity and hospital-based graduate medical education. <i>(Filed 2/16/06; did not pass by end of regular session, 2006)</i>
CT HB 5468 Public Hlth. Comm.	To increase the certificate of need threshold for all capital expenditures, including major medical equipment, to three million dollars. <i>(Filed 2/22/06; passed House 142y-0n 4/11/2006; passed Senate 35y-0n 4/21/06; signed into law by Governor 5/8/06)</i>
CT HB 5719 Public Hlth. Comm.	To make the certificate of need process for new or expanded emergency medical services clearer and more consistent. <i>(Filed 3/3/06; did not pass by end of regular session, 2006)</i>
CT SB 309 Public Hlth. Comm.	To allow certified or licensed emergency medical service providers to add one emergency vehicle to their service every three years without undergoing a needs assessment by the Office of Emergency Medical Services, to clarify the Commissioner of Public Health's responsibilities with respect to establishing methods for setting emergency service rates for certified ambulance services and to protect patients from the dangers of secondhand smoke while being transported to or from non-emergency medical services. <i>(Filed 2/22/06; did not pass by end of regular session, 2006)</i>
CT	To revise statutes pertaining to the Office of Health Care Access.

<p>SB 386 Public Needelman WouldHth. Comm.</p>	<p>(Filed 2/23/06; passed Senate 33y-On 4/20/06; passed House 146y-On 4/28/06; signed into law by Governor 5/19/06)</p>
<p>CT SB 621 Public Hth. Comm.</p>	<p>To require the Department of Health to establish a standard set of exemptions for single specialty outpatient surgical facilities from licensure and certificate of need requirements. (Filed 3/8/06; did not pass by end of regular session, 2006)</p>
<p>FL HB 1565 Rep. Needelman</p>	<p>Would require county commissioners board to issue certificate of public convenience & necessity to any municipality that applies for such certificate to provide advanced life support transport or nontransport emergency medical services within its geographic limits or outside its geographic limits by mutual agreement with governing body of jurisdiction served, etc. (Filed 3/8/05; died in committee 5/6/05)</p>
<p>FL HB 1829</p>	<p>For Holmes County Hospital Corporation, amends special act and revises provisions regarding corporation's issuance of bonds to construct and erect new hospital facility in Holmes County; repeals various provisions of said special act. (Passed House and Senate; signed into law by governor. as Chapter No. 2005-352, 6/13/06)</p>
<p>FL HB 7051 Rep. Gibson</p>	<p>Extends moratorium on certificates of need for additional community nursing home beds until July 1, 2011; specifies nonapplication of moratorium for addition of nursing home beds in certain specified facilities; provides for repeal upon expiration of moratorium; exempts nursing home that is created by combining certain licensed beds from requirements for obtaining certificate of need from AHCA, etc. (Filed 2/22/06; passed House 120y-On 4/19/06; passed Senate 34y-On 4/20/06; signed into law by Governor 6/9/2006)</p>
<p>FL HB 7141 Rep. Garcia</p>	<p>Requires healthcare providers to display licenses; exempts nursing home created by combining certain licensed beds from requirements for obtaining certificate of need from AHCA; establishes trauma center startup grant program, etc. (Filed 3/17/2006; passed House 114y-On, 4/28/06; passed Senate 40y-On, 5/4/06; signed into law by Governor 6/12/06)</p>
<p>FL SB 1516 Sen. Wilson</p>	<p>Would create intergenerational respite care assisted living facility pilot program; provides duties of AHCA re program; provides requirements & standards for program; provides for rules; requires report to Legislature. (Filed 2/15/05; did not pass by end of regular session, 2006)</p>
<p>FL SB 2158 Sen.</p>	<p>Would amend provision re health-care-related projects subject to review for certificate of need; exempts class II specialty hospitals specializing in delivery of health services to pediatric patients from requirement to obtain certificate of need from AHCA; provides criteria for such exemption. (Filed 2/16/06; died in committee 3/22/06; did not pass by end of regular session)</p>
<p>GA HB 390 Rep. Scott</p>	<p>State Commission on the Efficacy of the Certificate of Need Program (Filed 2/9/05; passed House 151y-On 3/3/05; passed Senate 42y-On, 3/22/05; signed into law by Governor 4/7/05)</p>
<p>GA SB 242 Sen. Hudgens</p>	<p>Relates to the certificate of need program, so as to provide for an exemption from the certificate of need requirements for the voluntarily relocation of a health care facility under certain conditions; to provide for an exemption from the certificate of need requirements for the relocation, repair, or replacement of a health care facility that is damaged, destroyed, or rendered inoperable under certain conditions; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes. (Filed 2/23/05; did not pass by end of regular session, 2005)</p>
<p>HI HB 137 Rep. Evans</p>	<p>Exempts all long-term care facilities at all levels of care from the certificate of need process under the state health planning and development agency. (Filed 1/20/2005; carried over to 2006 session 12/2/05)</p>
<p>IL SB 569 Sen. Garrett</p>	<p>Amends the Illinois Health Facilities Planning Act. Provides that "capital expenditure minimum" means \$10,000,000 (now, 6,000,000) and "non-clinical service area" includes research facilities, auditoriums, and medical office buildings. Provides that permits are not required for the establishment of swing-beds authorized under Title XVIII of the federal Social Security Act, or for the modification of a hospital's bed capacity. Provides that the Illinois Health Facilities Planning Act is repealed on July 1, 2011 (now July 1, 2006). Effective immediately. (Filed 2/17/05; passed Senate 56y-On 4/14/05; did not pass by end of regular session, 2005)</p>
<p>IL SB 2436 Sen. Crotty</p>	<p>Amends the Illinois Health Facilities Planning Act. Requires inventories of certain skilled or intermediate care facilities to be conducted annually by July 1, to list services provided, and to differentiate between active and inactive beds. Effective immediately.</p>

	<i>(Filed 1/18/06; passed Senate 57y-On 3/2/06; passed House 105y-4n 5/4/06; signed into law by Governor 6/30/06)</i>
IN SB 161 Sen. Miller	Moratorium on comprehensive care beds. Imposes a moratorium on the construction or addition of comprehensive care beds through June 30, 2007, with certain exceptions. <i>(Filed 1/9/06; passed Senate 45y-2n 1/26/06; passed House 88y-On 3/1/06; signed into law by Governor 3/20/06)</i>
IA HSB 614 SSB 3072 Chair Upmeyer	An Act relating to placing nursing facility beds in reserve. <i>(Filed 1/31/06; did not pass by end of regular session, 2006)</i>
KS HB 2799	Concerns adult care homes, relating to home plus beds. <i>(Filed 2/1/06; did not pass by end of regular session, 2006)</i>
KS HR 6036	Would Memorialize the Congress of the United States regarding the benefits of specialty hospitals. <i>(Filed and sent to committee, 4/29/06; did not pass by end of session, 6/06)</i>
KS S.R. 1856, SR 1862	Memorialize: the U.S. Congress to continue the current federal moratorium on specialty hospitals. <i>(Filed 4/1/06; SR 1862 passed Senate 4/30/06)</i>
KY SB 61 Sen. Kelly	To replace the Office of Certificate of Need with the Office of Health Policy for Health and Family Services. <i>(Filed 1/6/06; passed Senate 92y-3n, 3/24/06; passed House 4/11/06; signed into law by Governor in Acts Chapter 181, 4/18/06)</i>
LA HB 1337 Rep. Thompson	To provide for the certificate of rural necessity program. <i>(Filed 4/18/06; did not pass by end of regular session, 2006)</i>
LA SB 311 Sen. Hines	Provides for the needs assessment review for the approval of federally qualified healthcare centers. <i>(Filed 3/17/06; did not pass by end of regular session, 2006)</i>
LA SB 754 Sen. Cravins	Related to adult day healthcare providers and to provide for related matters. <i>(Filed 6/1/06; passed House 90y-On, 6/16/06; passed Senate 32y-On, 6/16/06; signed into law by Governor as Act 637, 6/23/06)</i>
ME HB 1254 LD 1814 Rep. Miller	Proposes to amend the certificate of need law to improve review procedures in the certificate of need program within the Department of Health and Human Services. <i>(Filed 12/28/2005; died in committee 4/26/06)</i>
ME HB 1315 LD 1875 Rep. Millett	Provides improved services to persons in rehabilitation programs; Directs the Department of Health and Human Services, Office of Substance Abuse to evaluate need when issuing licenses, etc. <i>(Filed 1/3/06; passed House 3/23/06; passed Senate 3/27/06; signed into law by Governor 3/30/06)</i>
ME SB 225 LD 688 Sen. Dow	An act to ensure access to swing beds in hospital <i>(Filed 2/10/05; died in committee 5/23/05)</i>
ME SB 490 LD 1401 Sen. Brennan	To further coordinate the laws regarding certificate of need, the state health plan and the Capital Investment Fund. <i>(Filed 3/22/05; passed House 6/8/05; passed Senate 6/8/05; signed into law by Governor 6/10/05)</i>
ME SB 701/LR 2677 LD 1784 Sen. Rosen	Requires the Department of Health and Human Services to allow construction contingency budgeting for capital projects that is consistent with industry standards in a certificate of need application. <i>(Filed 12/30/05; passed House 4/10/06; passed Senate 4/10/06; signed into law by Governor 4/13/06)</i>
ME SB 852 LD 2110 Comm. of MHS	Repeals the Hospital Cooperation Act of 1992; Enacts the Hospital and Health Care Provider Cooperation Act. <i>(Filed 4/13/06; passed House 5/23/06; passed Senate 5/23/06; signed into law by Governor 5/30/06)</i>
MD HB 1015/SB 832 Rep. Pendergrass	Altering the level of capital expenditures made by or on behalf of a hospital or a health care facility other than a hospital that requires a certificate of need, etc. <i>(Filed 2/9/06; passed House 4/1/06; passed Senate 4/1/06; Governor vetoed 5/26/06)</i>

MD HB 1105 Rep. Morhaim	Requiring the Maryland Health Care Commission to adopt rules and regulations for certification of need that provide consideration for hospital projects that incorporate the requirements for a high performance building; and requiring the Health Services Cost Review Commission, in the determination of reasonable rates for each facility, to take into account the costs of hospital projects that incorporate the requirements for a high performance building. <i>(Filed 2/9/06; passed House 3/17/06; did not pass by end of regular session, 2006)</i>
MD HB 1420/SB 529 Rep. Smigiel	Repealing a specified requirement for a specified State health plan relating to the certificate of need program, etc. <i>(Filed 2/10/06; did not pass by end of regular session, 2006)</i>
MA S 1293 Sen. Moore	Determination of need for hospital beds. <i>(Filed 1/26/05; did not pass by end of regular session, 2005)</i>
MA S. 1299	Would study the delivery of specialty hospitals. <i>(Filed 1/5/05; did not pass by end of regular session, 3/20/06)</i>
MA S 2141 Public Hlth Comm.	Amends law regulating need for hospital beds. <i>(Filed 6/30/05; did not pass by end of regular session, 2006)</i>
MA HD 4853 Rep. Koutoujian	The Department of Public Health be required to hold public hearings before the removal of publicly-funded beds under the jurisdiction of the Commonwealth. <i>(Filed 12/19/05; did not pass by end of regular session, 2006)</i>
MIN HF 1380/ SF 1297 Solberg	Human services; extends deadline for a nursing facility moratorium exception project in Aitkin County. <i>(Filed 2/28/05; did not pass by end of regular session, 2005)</i>
MIN HF 1422 Rep. Bradley	To modifying license fees, state-operated services, nursing facility reimbursement, children and families programs, and other provisions; providing positive abortion alternatives; and appropriating money. <i>(Filed 2/28/05; did not pass by end of regular session, 2005)</i>
MIN HF 1862 Rep. Abeler	Creates evidence-based practice standards, achieves cost-containment measures, allows discounted payments, modifies other health insurance provisions and appropriates money. <i>(Filed 3/16/05; did not pass by end of regular session, 2006)</i>
MIN HF 3933 Rep. Westrom	Hospital construction and modification moratorium and public interest review requirements for hospitals eliminated. <i>(Filed 3/27/06; did not pass by end of regular session, 2006)</i>
MIN SF 2232/ HF 2360 Sen. Belanger	Nursing home bed moratorium exception project deadline extension. <i>(Filed 4/18/06; did not pass by end of regular session, 2006)</i>
MIN SF 2576/ HF 3049 Sen. Sparks	Ambulance purchase and lease regulations; hospital construction proposals; alternative approval process, etc. <i>(Filed 5/26/06; passed House 5/20/06; passed Senate 5/20/06; signed into law by Governor 5/26/06)</i>
MS HB 082/HB 083 Rep. Woods	Removes all except specialty hospitals from application of certificate of need law; Authorizes construction of new acute care hospital. <i>(Filed 1/3/06; died in committee 1/31/06)</i>
MS HB 296 Rep. Flagg	Certificate of need; authorizes nursing home for disabled adults. <i>(Filed 1/5/06; died in committee 1/31/06)</i>
MS HB 452 Rep. Fillingane	Nursing homes may add up to 60 new beds if have 95% occupancy rate. <i>(Filed 1/6/06; died in committee 1/31/06)</i>
MS HB 457 Rep. Fillingane	Repeal sections 41-7-171 through 41-7-209 from Mississippi Code of 1972, which are the Mississippi Health Care Certificate of Need Law of 1979 etc. <i>(Filed 1/6/06; died in committee 1/31/06)</i>
MS HB 389 Rep. Holland	To amend sections 41-7-173 and 31-7-191 from Mississippi Code of 1972 regarding hospices requiring a health care certificate of need by the State Department of Health. <i>(Filed 1/10/06; died in committee 1/31/06)</i>
MS HB 599 Rep. Holland	To require the Division of Medicaid to allow certain faith-based assisted living facilities to participate in the Medicaid Assisted Living Waiver Program and related purposes. <i>(Filed 1/10/06; died in committee 2/28/06)</i>

MS HB 600 Rep. Robinson	Amends section 41-7-191 of Mississippi Code of 1972 to issue a certificate of need for the addition of hospital beds. (Filed 1/10/06; died in committee 1/31/06)
MS HB 601 Rep. Martinson	Amends section 41-7-191 of Mississippi Code of 1972 to authorize a health care certificate of need for ICF-MR beds in community living programs for developmentally disabled adults. (Filed 1/10/06; died in committee 1/31/06)
MS HB 1095 Rep. Young	For the State Department of Health to provide a health care certificate of need for Psychiatric Residential Treatment Facility beds to be transferred; etc. (Filed 1/16/06; died in committee 1/31/06)
MS HB 1221 Rep. Compretta	Relates to moving nursing home beds from one facility to another; etc. (Filed 1/16/06; passed House 3/22/06; passed Senate 3/22/06; signed into law by Governor 3/29/06)
MS HB 1231/HB 1232/HB 1234 Rep. Flagg	Relates to an ambulatory surgical facility; certain offices of private physicians shall require certificates of need; Revises the list of activities that require certificates of need. (Filed 1/16/06; died in committee 1/31/06)
MS HB 1283 Rep. Baker	Specifies requirements for issuance of CON for relocation of a health care facility. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2011/SF 2018 Sen. Thomas	Certificate of Need Program for ICF/MR beds in a community living program for developmentally disabled adults; Nursing facility beds at "Green House Model" campus located in Yazoo city. (Filed 1/4/06; died in committee 1/31/06)
MS SB 2453 Sen. Nunnelee	Certificate of Need Program for community living program for developmentally disabled adults in Madison County. (Filed 1/10/06; died in committee 1/31/06)
MS SB 2482 Sen. Thomas	Clarifies Certificate of Need Program for the relocation of a health care facility. (Filed 1/12/06; died in committee 1/31/06)
MS SB 2522 Sen. Jackson	Creates an establishment for the Home Health Agency in Kemper County. (Filed 1/12/06; died in committee 1/31/06)
MS SB 2593 Sen. Burton	Relates to certificates of need that will transfer ICF/MR and child psychiatric beds from one facility to another. (Filed 1/13/06; died in committee 1/31/06)
MS SB 2645 Sen. Brown	Medicaid reimbursement for nursing facility beds under Certificate of Need Programs in Columbus. (Filed 1/13/06; died in committee 1/31/06)
MS SB 2650 Sen. Lee	Relates to psychiatric treatment facility beds in Simpson County. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2661 Sen. Burton	Clarifies definition of ambulatory surgical facilities under Certificate of Need Program. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2675 Sen. Nunnelee	Revises definition of ambulatory surgical facilities and licensure under Certificate of Need Program. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2731 Sen. Nunnelee	Relates to health care facility activities under Certificate of Need Program. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2750 Sen. Dawkins	Would impose a certificate of need moratorium on specialized programs offered by hospitals. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2844 Sen. Horn	Would authorize a certificate of need program for a nursing facility in any undeserved minority zip code area in the state. (Filed 1/16/06; died in committee 1/31/06)
MS SB 2850	Would move nursing home beds from one facility to another and to construct another facility. (Filed 1/16/06; died in committee 1/31/06)

Sen. Kirby	
MS SB 2959 Sen. Lee	Would transfer certificates of need from Hancock to Stone and other counties. (Filed 1/16/06; died in committee 1/31/06)
MO HB 1537 Rep. Shaaf	Refers to 'long-term care facilities' for the purpose of the Certificate of Need Program and limits application of certificate of need requirements to long-term care facilities. (Filed 1/25/06; did not pass by end of regular session, 2006)
NJ AB 1469 Asmb. O'Toole	Requires certain background checks for assisted living administrators and applicants for certificate of need. (Filed 1/10/06; Referred to committee 2/2/06)
NJ AB 2691 Asmb. Stanley	Prohibits granting certificates of need for hospital closures in service areas with high incidence of morbidity unless DHSS has plan to manage public health emergency. (Filed 2/23/06; Referred to committee 2/27/06)
NJ ACR 120/SCR 53 Asmb. Van Drew	Urges DHSS to allocate 25% of new slots that are available in FY 2006 under Enhanced Community Options waiver to assisted living program providers. (Filed 1/17/06; Referred to committee 2/26/06)
NY AB 3263 Rep. Gottfried	To amend the public health law, in relation to nursing home staffing levels. (Filed 2/1/06; Referred to committee 2/1/06)
NY AB 3266 Rep. Gottfried	To amend the public health law, in relation to a nurse staffing centers; Additional powers and duties for the Commissioner of Health; Authorizes such commissioner to establish an advisory committee to advise in related issues; etc. (Filed 2/1/06; Referred to committee 2/1/06)
NY AB 3928 Rep. Brennan	An act to amend the mental hygiene law, in relation to establishing minimum staffing ratios in facilities operated under the jurisdiction of the office of mental health. (Filed 2/7/06; Referred to committee 2/7/06)
NY AB 5346 Rep. Gottfried	An act to amend the public health law, in relation to hospital establishment. (Filed 2/18/06; Referred to committee 2/18/06)
NY AB 11920/ S 7494 Rep. Gottfried	Relates to the limitation on the number of continuing care retirement community beds in the state. (Filed 6/16/06; passed House 6/23/06; passed Senate 6/23/06)
NY SB 3943 Sen. Oppenheimer	Requires health commissioner to make certain findings concerning access to health care services as a prerequisite to approving applications for establishment, incorporation or construction of certain health care facilities. (Filed 4/5/05; Referred to committee 4/4/05)
NY SB 4572 Comm. for Public Hith.	Establishes minimum staffing levels of types of various personnel in nursing homes throughout any particular day; creates the advisory council on nursing home staffing to make recommendations to the governor, legislature and commissioner of health on nursing home staffing; requires public disclosure by each nursing home of its staffing levels and reporting thereof to the department of health. (Filed 4/15/05; Referred to committee 4/15/05)
NY SB 5718/AB 8877	Relates to increasing availability of services in certain assisted living programs. (Filed 6/15/05; passed Assembly 6/23/05; passed Senate 6/23/05; signed into law by Governor Chapter 593, 8/23/05)
NY	The Commission on Health Care Facilities in the 21st Century report proposes major adjustments in existing facilities including closings and downsizing. A Prescription for New York City's Health Care Crisis: Recommendations of the New York City Council Hospital Closing Task Force. (Report issued 11/06; implementation pending 1/07)
NC HB 905 Rep. Culpepper	To amend the Certificate of Need Laws. (Filed 3/24/05; referred to committee 4/6/05)
NC HB 1060 Rep. Wright	To change the definition of "Critical Access Hospital" to conform to federal law. (Filed 3/30/05; passed House 4/13/05; passed Senate 8/23/05; signed into law by Governor 9/02/05)
NC HB 2375	To appropriate funds to the Department of Health and Human Services, Division of facility services, to enhance fair and consistent application of the certificate of need law and health planning process.

Rep. Nye	<i>(Filed 5/22/06; Referred to committee 5/23/06)</i>
NC SB 740 Sen. Rand	To amend the Certificate of Need Laws. <i>(Filed 3/21/05; passed House 7/13/05; passed Senate 8/16/05; signed into law by Governor 8/26/05)</i>
NC SB 1161/HB 1112 Sen. Apocada	Requires the Department of Health and Human Services to develop a central registry of available beds in mental health facilities to assist in the placement of individuals involuntarily committed to the facilities. <i>(Filed 3/23/05; did not pass by end of regular session, 2006)</i>
PA HB 2443 Rep. Killian	Relates to health care; delegating responsibilities to the State Health Coordinating Council, etc., providing certificates of need for health care providers and prescribing penalties, etc. <i>(Filed 2/8/06; Referred to committee 6/13/06)</i>
PA SB 1253 Sen. Greenleaf	Exempts continuing care retirement communities from the medical assistance bed approval process and allowing nursing facilities operated by continuing care retirement communities to obtain medical assistance certified beds under limited terms and conditions. <i>(Filed 6/22/06; Referred to committee 6/22/06)</i>
RI HB 5868 Rep. Landroche	Relating to Businesses and Professions, Board of Medical Licensure and Discipline, and self-referral. <i>(Filed 3/1/05; Did not pass by end of regular session, 2005)</i>
RI HB 5870 Rep. Lewis	Relates to health and safety and the licensing of health care facilities. <i>(Filed 3/1/05; Did not pass by end of regular session, 2005)</i>
RI HB 5915 Rep. Savage	Relates to determination of need for new health care equipment and new institutional health care institutions. <i>(Filed 3/1/05; Did not pass by end of regular session, 2005)</i>
RI HB 7622 Rep. Long	Relates to determination of need for new health care equipment and new institutional health care institutions. <i>(Filed 2/16/06; Did not pass by end of regular session, 2006)</i>
RI HB 8055 Rep. Long	Determination of Need for New Health Care Equipment and New Institutional Health Services <i>(Filed 5/2/06; passed House 6/22/06; passed Senate 6/23/06; signed into law by Governor, 7/5/06)</i>
RI HB 8246 Rep. Slater	Amends the definitions section, review and approval section, procedures for review section, and application fees section in the "Determination of Need for New Health Care Equipment and New Institutional Health Services" <i>(Filed 6/15/06; Did not pass by end of regular session, 2006)</i>
RI SB 426 Sen. Gibbs	To analyze applications for certificate of need. <i>(Filed 2/10/05; Did not pass by end of regular session, 2005)</i>
RI SB 784 Sen. Roberts	Amends sections in the Determination of Need for New Health Care Equipment and New Institutional Health Services. <i>(Filed 2/17/05; Did not pass by end of regular session, 2005)</i>
RI SB 798 Sen. Badeau	Relates to self-referral by medical practitioners; remove the capital cost test for application/installation of radiologic equipment. <i>(Filed 2/17/05; Did not pass by end of regular session, 2005)</i>
RI SB 2741 Sen. Roberts	To reduce the size and make-up of the health services council. <i>(Filed 2/14/06; passed House 6/23/06; passed Senate 6/22/06; signed into law by Governor 7/5/06)</i>
BC HB 3601/SB 582 Rep. Pitts	Relates to the State Health Planning Committee including the development and contents of the state health plan for use in the Administration of the Certificate of Need Program, so as to require the state health plan to include a provision that the Department of Health and Environmental Control shall approve a certificate of need application for open heart surgery if the applicant meets certain criteria. <i>(Filed 2/22/05; Referred to committee 2/22/05)</i>
BC SB 1054 Sen. Peeler	Relates to the State Health Planning Committee including the development and contents of the state health plan for use in the approval of certificates of need, including a certificate of need for methadone treatment facilities; provides that a certificate of need is required for the acquisition of certain medical equipment. <i>(Filed 1/18/06; Referred to committee 1/18/06)</i>
BC SB 1260	Relates to certificate of need requirements for home health agencies, so as to exempt from these requirements private duty home care agencies that participate in state-funded waiver programs, that

Sen. Hutto	continuously have provided these services since January 1, 2001, and that are accredited by the Joint Commission for the accreditation of health care organizations. <i>(Filed 3/16/06; Referred to committee 3/16/06)</i>
TN HB 228/SB 1751 Rep. Overbey	To increase state expenditures to the extent the replacement facility increases the nursing home bed pool, there could be an increase in the number of beds. Such an increase could result in an increase in expenditures exceeding \$1,000,000 (\$360,000 in state fund and \$640,000 in federal funds). <i>(Filed 2/1/05; passed House 94y-On, 5/22/05; passed Senate 32y-On, 5/4/05; signed into law by Governor as Chapter 385, 5/23/05)</i>
TN HB 1088/SB 1007 Sen. Ford	Concerns hospitals and health care facilities; revises certificate of need requirements for relocation and partial replacement of nursing home beds and facilities. <i>(Filed 2/4/05; passed House 93y-On 5/27/05; passed Senate 30y-On 5/19/05; signed into law by Governor as Public Chapter 445, 6/24/05)</i>
TN HB 1112/SB 687 Rep. McMillan	Prohibits issuance of certificates of need for new nursing home beds between July 1, 2005 and June 30, 2007, except for certain Medicare skilled nursing facility beds. <i>(Filed 2/4/05; passed House 97y-On, 5/12/05; passed Senate 31y-on, 4/28/05; signed into law by Governor as Chapter 237, 5/27/05)</i>
TN HB 1986/ SB 2113 Rep. Harmon	Exempts PACE program from certificate of need required to provide nursing home <i>(Filed 2/17/05; Referred to committee 3/30/05)</i>
TN HB 2010/SB 2103 Sen. Strader	Imposes a one-year moratorium on certificates of need for non-residential methadone treatment facilities. <i>(Filed 2/17/05; Referred to committee 4/17/05)</i>
TN HB 2211/SB 1551 Rep. Buck	Changes the maximum time allowed for reviewing agencies to report concerning a certificate of need application to the health services and development agency from 60 to 50 days. <i>(Filed 2/3/05; Did not pass by end of regular session, 2005)</i>
TN HB 3324/SB 3349 Rep. Finney	Clarifies that applications for a certificate of need shall be filed within five business days from the date of publication of the letter of intent. <i>(Filed 2/16/06; Referred to committee 3/5/06)</i>
TN SB 2958/HB 3026 Sen. Cooper	Increases the total number of beds in ICF/MR facilities that have been providing state-contracted services to persons with developmental disabilities for at least five years by 50 beds per year for the next four years after July 1, 2006. This change would result in a maximum of 868 beds by June 30, 2009. <i>(Filed 2/15/06; passed House 98y-On 5/11/06; passed Senate 32y-On 4/20/06; signed into law by Governor as Chapter 761, 5/25/06)</i>
VT HB 35 Rep. Obuchowski	Health; health care administration; health facilities; discontinuance of services; licensing of hospitals; open meetings; public records; certificate of need; hospital budgets. <i>(Filed 1/13/05; Referred to committee 1/13/05)</i>
VT HB 450 Rep. Hube	To reform Vermont's Certificate of Need Laws. <i>(Filed 3/8/05; Referred to committee 3/8/05)</i>
VT HB 567 Rep. Keenan	Relates to exemption from certificates of need and HMO requirements for PACE. <i>(Filed 1/20/06; passed House 2/3/06; passed Senate 2/3/06; signed into law by Governor 2/15/06)</i>
VA HB 267 Rep. Cole	Authorizes the submission of an application for an increase in nursing home beds, either on-site or through relocation within the same city or county, for a facility that was licensed for less than 40 beds under certain specific conditions. <i>(Filed 1/4/06; passed House 98y-1n, 2/14/06; passed Senate 40y-On, 3/7/06; signed into law by Governor as Chapter 816, 4/6/06)</i>
VA HB 381 Rep. Sult	The bill authorizes the facility to request an amendment to its previous certificate of public need to admit persons, other than residents of the cooperative units, to its nursing home facility beds. The facility must be: (i) operated by an association described in § 55-458; (ii) created in connection with a real estate cooperative; and (iii) providing its residents a level of nursing services consistent with the definition of continuing care in Chapter 49 (§ 38.2-4900 et seq.) of Title 38.2. <i>(Filed 1/6/06; passed House 94y-On, 1/24/06; passed Senate 40y-On; 3/6/06; signed into law by Governor as Chapter 776, 4/6/06)</i>
VA HB 1139 Rep. Cline	Requires the Board of Health to develop staffing regulations specific to entities that are concurrently licensed as a hospice and an assisted living facility that would not require the presence on each shift of a registered nurse for any concurrently licensed facility that has no more than four beds and operates

	<p>within an integrated healthcare system. (Filed 1/11/06; Died in committee 1/24/06)</p>
<p>VA HB 2243 Rep. O'Bannon</p>	<p>Revises the designation of the parties to the case if an informal fact-finding conference is determined to be necessary by the Department of Health or is requested by a person seeking good cause standing. In such cases, the designation of the parties to the case will include the relevant health planning agency. (Filed 1/11/05; passed House 96y-0n, 2/7/05; passed Senate 40y-0n 2/22/05; signed into law by Governor as Chapter 404, 3/21/05)</p>
<p>VA HB 2316 Rep. Griffith</p>	<p>Certificate of Public Need; relocation of certain nursing home beds under limited circumstances. (Filed 1/11/05; passed House 79y-17n, 1/26/05; passed Senate 38y-1n, 2/21/05; signed into law by Governor as Chapter 99, 3/24/05)</p>
<p>VA HB 2639 Rep. Hurt</p>	<p>Requires the Commissioner of Health to reissue a Request for Applications for 60 new nursing home or nursing facility beds in Planning District 12 when the scheduled construction date has passed, the company issued a certificate pursuant to a 1997 Request for Applications has not begun construction, and the certificate has expired. (Filed 1/12/05; passed House 97y-0n, 2/1/05; passed Senate 40y-0n, 2/14/05; signed into law by Governor as Chapter 838, 3/26/05)</p>
<p>VA HB 2826/ SB 1237 Rep. Orrock</p>	<p>Authorizes DMHMRSAS to license providers of services under the Medicaid Brain Injury Waiver and providers of residential services for persons with brain injury. The bill requires the State Board of Mental Health, Mental Retardation and Substance Abuse Services to promulgate necessary regulations within 280 days of enactment. (Filed 1/19/05; passed House 94y-2n, 2/8/05; passed Senate 40y-0n, 2/22/05; signed into law by Governor as Chapter 725, 3/25/05)</p>
<p>VA SB 426 Sen. Lambert III</p>	<p>Defines "reduced rate," for the purpose of the Commissioner's conditions on approval of a certificate of need. (Filed 1/11/06; Died in committee 1/19/06)</p>
<p>VA SB 839 Sen. Cucinelli</p>	<p>Requires the regulation of abortion clinics as a category of outpatient surgical hospital and sets forth the requirements for the licensure of abortion clinics in a new article. Abortion clinics will not be required to comply with certificate of public need requirements or health care data reporting. The provision becomes effective on January 1, 2006. (Filed 1/3/05; Referred to committee 2/3/05)</p>
<p>WA HB 1688 Rep.</p>	<p>Creating a task force to review the certificate of need program and the health care facilities bonding program. (Filed 2/2/05; passed House 71y-25n, 3/14/05; passed Senate 34y-11n, 4/7/05; signed into law by Governor as Chapter 283, 5/4/05)</p>
<p>WA SB 5178</p>	<p>Establishes a moratorium on licensing physician owned specialty hospitals, from Jan 1, 2005 to July 1, 2006. (Filed 1/17/05; passed Senate and House; signed into law by governor as Chapter 39, 4/13/06)</p>
<p>WA SB 6278</p>	<p>Relates to licensing specialty hospitals. (Filed 1/10/06; favorable report 2/1/06; did not pass by end of session 3/06)</p>
<p>WV HB 4682 Rep. Amores</p>	<p>Establishing standards for and guidance to the West Virginia Health Care Authority in amending and modifying certificate of need standards. (Filed 2/21/06; Referred to committee 2/21/06)</p>
<p>WV SB 569 Sen. Caruth</p>	<p>Exempting ventilator beds from certificate of need requirement. (Filed 2/15/06; Referred to committee 2/15/06)</p>
<p>WV SB 745 Sen. Bowman</p>	<p>Authorizing certain nursing homes to obtain certificates of need for additional beds. (Filed 2/20/06; Referred to committee 2/20/06)</p>
<p>WV SB 773 Sen. Kaesler</p>	<p>Establishes certificate of need standards. (Filed 2/22/06; passed House 3/10/06; passed Senate 3/1/06; signed into law by Governor as Chapter 101, 3/23/06)</p>
<p>WY SB 57</p>	<p>Provides for a study of medical specialty centers and new general hospitals by the Wyoming health care commission. Provides a temporary moratorium on licensing of new hospitals or medical specialty centers, requires a report by November 2006; provides an appropriation (Filed 1/24/06; passed Senate and House; signed into law by governor as Chapter 112, 3/24/06)</p>

Researched and written by Ariel Viskeroff for the NCSL Health Program. Initial edition, August 2006
Research and updates under the direction of Richard Causbi, Health Program Director, Denver, Colorado

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Testimony Related to Alaska Senate Bill 245: *An Act establishing the Alaska Health Care Commission and the Alaska Health Care Information Office; relating to healthcare planning and information; repealing the certificate of need program for certain healthcare facilities; and providing for an effective date*

In fact, a 2003 study headed by David C. Grabowski entitled "*The Effects of CON Repeal on Medicaid Nursing Home and Long-Term Care Expenditures*" found no significant increase in either nursing home or long-term care Medicaid expenditures in states that repealed their CON and moratorium laws.²³

This confirmed the findings of an earlier study by Christopher J. Conover and Frank A. Sloan in 1998 that mature CON laws resulted in a "*two percent (2%) reduction in bed supply but higher cost per-day and per admission, along with higher hospital profits.*"²⁴

Additionally, a recent report commissioned by, and presented to the Georgia CON Commission by William S. Custer, Ph.D., entitled, "*Report of Data Analysis to the Georgia Commission on the Efficacy of the CON Program,*" dispels many of the continuing myths propounded by CON advocates which assert that CON controls healthcare costs. Dr. Custer described his findings related to the overall strategy of CON regulation as the management of the allocation of health care resources and prevention of the duplication of services by creating artificial barriers to market entry, resulting in monopoly of players already present in the market.²⁵ Further, in response to the Georgia Commission's request for Dr. Custer to study the efficacy of CON, Dr. Custer concluded that, contrary to the purpose of CON, basic economic theory suggests that monopolies generally have higher process and lower quality than firms in more competitive markets.²⁶

Although one of the original purposes of CON was to restrict supply of hospital beds and services, the authors concluded that there does not seem to be a statistically significant correlation between a lower number of hospitals or hospital bed supply and the presence of CON regulation in the acute setting.²⁷ Of the states studied, while Georgia experienced the most rapid growth in the number of ambulatory surgery centers, it is important to highlight that the study found that there was "*not a statistically significant relationship between CON rigor and the number or growth of ASCs.*"[emphasis added].²⁸

Recently, the proponents of CON have suggested that CON is necessary to protect charity care provided by community hospitals. However, this assertion has been strongly rebuked. Recently,

²³ "The Effects of CON Repeal on Medicaid Nursing Home and Long-Term Care Expenditures", Grabowski, David C., Ohsfeldt, Robert L., Morrissey, Michael A., Inquiry-Excellent Health Plan, vol. 40, no. 2, Summer 2003, p. 147.

²⁴ "Does Removing Certification-of-Need and Regulations Lead to a Surge in Health Care Spending?" Conover, Christopher J., Sloan, Frank A., Journal of Health Politics, Policy and Law, vol. 23, no. 3, June 1998, pp. 463, 466.

²⁵ "Report of Data Analysis to the Georgia Commission on the Efficacy of the CON Program," By William S. Custer, Ph.D. et al, October 2006, p.5.

²⁶ "Report of Data Analysis to the Georgia Commission on the Efficacy of the CON Program," By William S. Custer, Ph.D. et al, October 2006, p.5.

²⁷ "Report of Data Analysis to the Georgia Commission on the Efficacy of the CON Program," By William S. Custer, Ph.D. et al, October 2006, p.7.

²⁸ "Report of Data Analysis to the Georgia Commission on the Efficacy of the CON Program," By William S. Custer, Ph.D. et al, October 2006, p.8.

TESTIMONY

Presented to the

Interim Health Committee on Certificate of Need

October 8, 2007 @ 3:00-4:00 p.m.

by

Wes Cleveland, JD, American Medical Association

Chairman Foster, Chairman Michael and ladies and gentlemen of the Interim Health Committee on Certificate of Need (Committee), my name is Wes Cleveland. I am an attorney who works in the American Medical Association's (AMA) Department of State Legislation. For the past four years I have spent much of my time monitoring national legislative and regulatory certificate of need (CON) developments. I appreciate the opportunity to share with you some of the trends that I have seen, and some of the information I have gathered about CON from reviewing the academic literature and recent state legislative CON studies. I also want to give you a brief sense of how your state's CON program compares with other states.' I hope that the information I will share with you will be useful as you think about your state's CON program and its future direction.

A. Landscape of CON programs and trends

Before I discuss the findings of CON studies, I would like to give you a sense of the differing types of CON programs out there and legislative and regulatory trends.

Although 36 states have some type of CON program, state programs can vary widely.

Some CON programs apply to a broad range of health care facilities and health services.

Within these states, there can, however, be a significant difference in the monetary

thresholds that trigger the application of CON requirements, with some thresholds being "dollar zero" and others being set at millions of dollars, both for facilities and major medical equipment acquisition. A number of other states have, however, more narrowly circumscribed statutes. For example, Florida's program only applies to hospitals, long-term care facilities, hospices, and ICF-MRs. Nebraska's, Oklahoma's, and Ohio's CON programs only apply to long-term care facilities. Illinois' program applies only to health care facilities. At the extreme is Wisconsin, which while having a CON program "on the books," has not had an active CON program for the last 12 to 15 years.

In terms of regulatory and legislative trends, very little has occurred in terms of CON expansion. There have been legislative proposals to reintroduce CON programs in repeal states, but these have made very little headway. At the same time, there has also been little in the way of restricting the scope of CON programs.

Concerning your state's CON program, it appears to me that it is one of the most comprehensive state CON programs. For example, only Alaska, New York, and North Carolina regulate more services (28 to West Virginia's 27). In terms of restrictiveness, the American Health Planning Association ranks the West Virginia CON program as the fifth most restricting CON program in the U.S. *As you will see, restrictiveness correlates with increased health care costs.*

I would now like to share some thoughts with you about the central findings of a wealth of study concerning CON.

A. CON does not control health care costs.

There is a compelling body of peer-reviewed academic research spanning over three decades, and state legislative-commissioned CON studies, demonstrating that CON programs have failed to achieve their purported purpose-- to restrain health care costs. In fact, there is evidence showing that CON programs have actually *increased* health care costs. A few examples will be sufficient to prove this point, and while there is a wealth of academic CON literature showing that CON has not achieved its objectives, I will generally confine my references to recent state legislative CON studies with the hope that they might be the most relevant to you.

The only academic study I will mention today was the result of a major research project. Published in 1998 in the *Journal of Health Politics, Policy and Law* by Conover and Sloan, this study was entitled "Does Removing Certificate-of-Need Regulations Lead to a Surge in Health Care Spending?" The study examined the purported cost-control claims of CON over a twenty-year period, and focused on whether *CON repeal led to increased health care costs*. The study concluded, "There is no evidence of a surge in acquisition of facilities or in costs following removal of CON regulations." A number of state legislative-commissioned studies have reached similar findings. For example, a February 2007 CON study prepared by the Lewin Group at the request of the Illinois Legislature and entitled "An Evaluation of Illinois' Certificate of Need Program," concluded that "A review of the evidence indicates that CONs rarely reduce health care costs, and on occasion, increase cost in some states." [Page 16]. In November 2006, pursuant to a request from the Georgia Legislature, the Center for the Report of Data Analyses of

Georgia State University submitted a 264-page "Report of Data Analyses to the Georgia Commission on the Efficacy of the CON Program" (the Georgia Legislature created the Commission). This report concluded, "Across all markets, states ranked as having the most rigorous CON regulation have statistically significantly less competition than non-CON states....Lower levels of competition are associated with higher costs." [Page 7]. That report also found that "CON regulation is associated with higher private inpatient costs." [Page 8]. Still another example is the CON study performed by the Missouri Senate Interim Committee on Certificate of Need released in December 2006. This study found that "Certificate of need acts as an artificial barrier to entry stifling competition and innovation in the healthcare market... Not only does this lead to higher healthcare costs but it also limits patient choice." [Page 13]. There are many other peer-reviewed academic studies that I could cite that have concluded that CON has either failed to control, or has actually increased, health care costs, and I will be happy to provide you with references if that would be helpful to you.

B. CON is not an effective quality improvement mechanism.

Although CON programs were not developed to address quality concerns, some have proposed that CON can promote quality. These quality claims have also been closely examined, and the results are, at best, inconclusive. For example, the Georgia legislative study referenced earlier stated, "There is considerable variation on a number of dimensions of quality across markets. However, there is no apparent pattern with respect to Certificate of Need regulation and no statistical correlation." [Page 9]. The Lewin