

April 5, 2001

S 1055. C.O.N. MODIFICATIONS WITH FEE. TO MODIFY THE CERTIFICATE OF NEED LAW.

Repeals GS 131E-175 (findings of fact made by the General Assembly concerning health service facilities). Rewrites definitions in GS 131E-176, including the following: "Established practice" is defined as an entity (i) that delivers a health service through physicians that are licensed by the N.C. Medical Board and (ii) that is solely owned by physicians licensed by the Board. Adds urology, gastroenterology, pulmonology, podiatry, physiatry, and pain management to the list of specialty areas that qualify for a "multispecialty ambulatory surgical program" if same-day surgical procedures are provided for at least three of them. Amends GS 131E-184 (exemptions from review) to exempt from certificate of need review the following projects and facilities: (1) an ambulatory surgical facility, ambulatory surgical program, specialty or multispecialty ambulatory surgical program, and imaging services attendant to a physician's practice (including use of one or more magnetic resonance imaging scanners), if developed by an established practice or by a rural hospital within either's county; (2) the conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program, or the addition of a specialty to a specialty ambulatory surgical program, if developed by an established practice or rural hospital within either's county; (3) the acquisition of major medical equipment (other than lithotripter equipment) by a rural hospital operating under a certificate of need; and (4) a change in bed capacity or the conversion of nonhealth service facility beds to health service facility beds in a rural hospital operating under a certificate of need. Requires an applicant for an exemption to certify that (1) licensed facilities will continue to maintain those licenses; (2) if a project or facility is subject to minimum standards established under state statutes or rule, it will continue to maintain those standards; (3) that the project or facility will provide nonselective necessary medical treatment to medically uninsured, medically indigent or low income persons, Medicaid recipients, and Medicare recipients; and (4) that the transfer of care of any patient is not based on the patient's income or available health insurance coverage. Adds GS 131E-185.1 to provide that Dep't of Health and Human Services has 60 days to review a request for exemption. The department may extend the period for another 60 days if it has requested additional substantive information from the applicant. Makes conforming changes to GS 131E-178, GS 131E-181, GS 131E-182. Authorizes the Division of Facility Services to collect a fee of \$10 for each license issued under the act. Effective Oct. 1, 2001.

Intro. by Horton.

Ref. to Health Care	GS 131E
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