

General Assembly

January Session, 2025

Raised Bill No. 7050

LCO No. 5120

Referred to Committee on PUBLIC HEALTH

Introduced by: (PH)

AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S RECOMMENDATIONS REGARDING THE CERTIFICATE OF NEED PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-643 of the general statutes is repealed and the
 following is substituted in lieu thereof (*Effective October 1, 2025*):

3 (a) The Office of Health Strategy shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions 4 5 of sections 19a-630 to 19a-639e, inclusive, as amended by this act, and 6 sections 19a-644 and 19a-645 concerning the submission of data by 7 health care facilities and institutions, including data on dealings 8 between health care facilities and institutions and their affiliates, and, 9 with regard to requests or proposals pursuant to sections 19a-638 to 19a-10 639e, inclusive, as amended by this act, by state health care facilities and 11 institutions, the ongoing inspections by the unit of operating budgets 12 that have been approved by the health care facilities and institutions, 13 standard reporting forms and standard accounting procedures to be 14 utilized by health care facilities and institutions and the transferability

of line items in the approved operating budgets of the health care facilities and institutions, except that any health care facility or institution may transfer any amounts among items in its operating budget. All such transfers shall be reported to the unit not later than thirty days after the transfer or transfers.

20 (b) The [Office] <u>Commissioner</u> of Health Strategy may adopt such 21 regulations, in accordance with the provisions of chapter 54, as are 22 necessary to implement this chapter. The commissioner may implement 23 policies and procedures necessary to administer the provisions of this 24 section while in the process of adopting such policies and procedures as 25 regulations, provided the commissioner holds a public hearing on such 26 policies and procedures not less than thirty days before implementing 27 such policies and procedures and publishes notice of intention to adopt 28 regulations on the Office of Health Strategy's Internet web site and the 29 eRegulations System not later than twenty days after implementing 30 such policies and procedures. Policies and procedures implemented 31 pursuant to this subsection shall be valid until the time final regulations 32 are adopted in accordance with the provisions of chapter 54.

Sec. 2. Subdivision (15) of section 19a-630 of the general statutes is
repealed and the following is substituted in lieu thereof (*Effective from passage*):

36 (15) "Termination of services" means the cessation of any services for
37 (<u>A</u>) a [period] <u>combined total of</u> greater than one hundred eighty days
38 within any consecutive two-year period, or (B) a period of thirty
39 <u>consecutive days or more</u>.

Sec. 3. Subdivision (11) of subsection (a) of section 19a-638 of the
general statutes is repealed and the following is substituted in lieu
thereof (*Effective October 1, 2025*):

(11) The acquisition of <u>a proton radiotherapy machine or</u> nonhospital
based linear [accelerators] <u>accelerator</u>, except a certificate of need issued
by the unit shall not be required where such <u>machine or</u> accelerator is a
replacement for [an] <u>a machine or</u> accelerator that was previously

47 acquired through certificate of need approval or a certificate of need48 determination;

Sec. 4. Subsection (d) of section 19a-639 of the general statutes is
repealed and the following is substituted in lieu thereof (*Effective July 1*,
2025):

52 (d) (1) For purposes of this subsection and subsection (e) of this 53 section:

(A) "Affected community" means a municipality where a hospital is
physically located or a municipality whose inhabitants are regularly
served by a hospital;

57 (B) "Hospital" has the same meaning as provided in section 19a-490;

(C) "New hospital" means a hospital as it exists after the approval of
an agreement pursuant to section 19a-486b or a certificate of need
application for a transfer of ownership of a hospital;

(D) "Purchaser" means a person who is acquiring, or has acquired,any assets of a hospital through a transfer of ownership of a hospital;

(E) "Transacting party" means a purchaser and any person who is aparty to a proposed agreement for transfer of ownership of a hospital;

(F) "Transfer" means to sell, transfer, lease, exchange, option, convey,
give or otherwise dispose of or transfer control over, including, but not
limited to, transfer by way of merger or joint venture not in the ordinary
course of business; and

(G) "Transfer of ownership of a hospital" means a transfer that impacts or changes the governance or controlling body of a hospital, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a hospital and for which a certificate of need application or a certificate of need determination letter is filed on or after December 1, 2015. (2) In any deliberations involving a certificate of need application filed pursuant to section 19a-638, as amended by this act, that involves the transfer of ownership of a hospital, the unit shall, in addition to the guidelines and principles set forth in subsection (a) of this section and those prescribed through regulation pursuant to subsection (c) of this section, take into consideration and make written findings concerning each of the following guidelines and principles:

(A) Whether the applicant fairly considered alternative proposals or
offers in light of the purpose of maintaining health care provider
diversity and consumer choice in the health care market and access to
affordable quality health care for the affected community; and

86 (B) Whether the plan submitted pursuant to section 19a-639a, as 87 amended by this act, demonstrates, in a manner consistent with this 88 chapter, how health care services will be provided by the new hospital 89 for the first three years following the transfer of ownership of the 89 hospital, including any consolidation, reduction, elimination or 91 expansion of existing services or introduction of new services.

(3) The unit shall deny any certificate of need application involving a
transfer of ownership of a hospital unless the commissioner finds that
the affected community will be assured of continued access to high
quality and affordable health care after accounting for any proposed
change impacting hospital staffing.

97 (4) The unit may deny any certificate of need application involving a 98 transfer of ownership of a hospital subject to a cost and market impact 99 review pursuant to section 19a-639f, as amended by this act, if the 100 commissioner finds that (A) the affected community will not be assured 101 of continued access to high quality and affordable health care after 102 accounting for any consolidation in the hospital and health care market 103 that may lessen health care provider diversity, consumer choice and 104 access to care, and (B) any likely increases in the prices for health care 105 services or total health care spending in the state may negatively impact 106 the affordability of care.

107 (5) The unit may place any conditions on the approval of a certificate 108 of need application involving a transfer of ownership of a hospital 109 consistent with the provisions of this chapter. Before placing any such 110 conditions, the unit shall weigh the value of such conditions in 111 promoting the purposes of this chapter against the individual and 112 cumulative burden of such conditions on the transacting parties and the 113 new hospital. For each condition imposed, the unit shall include a 114 concise statement of the legal and factual basis for such condition and 115 the provision or provisions of this chapter that it is intended to promote. 116 Each condition shall be reasonably tailored in time and scope. The transacting parties or the new hospital shall have the right to make a 117 118 request to the unit for an amendment to, or relief from, any condition 119 based on changed circumstances, hardship or for other good cause.

(6) In any deliberations involving a certificate of need application
filed pursuant to section 19a-638, as amended by this act, that involves
the transfer of ownership of a hospital and is subject to a cost and market
impact review, the unit may consider the preliminary report, response
to the preliminary report, final report and any written comments from
the parties regarding the reports issued or submitted as part of the
review.

Sec. 5. Section 19a-639a of the general statutes is amended by addingsubsection (i) as follows (*Effective July 1, 2025*):

129 (NEW) (i) (1) Notwithstanding the provisions of this section, the unit 130 may develop and implement an expedited certificate of need review 131 process for (A) certificate of need applications for (i) a service, facility or 132 equipment identified as having a significant unmet need in the 133 geographic region of the applicant in the most recently published final 134 version of the state-wide health care facilities and services plan, 135 established pursuant to section 19a-634, (ii) the acquisition of a 136 computed tomography scanner or magnetic resonance imaging scanner, 137 and (B) any other category of certificate of need application under 138 subsection (a) of section 19a-638, as amended by this act, that the unit 139 designates as eligible to request expedited review, provided the

applicant, pursuant to subdivision (2) of this subsection, (i) requests an 140 141 expedited review of a certificate of need application, and (ii) clearly 142 demonstrates that the subject of the application addresses a significant unmet need in the service area of the applicant. The unit shall issue a 143 144 decision on any certificate of need application eligible for expedited 145 review pursuant to the provisions of this subdivision not more than 146 thirty days after the unit receives an applicant's complete certificate of 147 need application.

148 (2) An expedited certificate of need applicant may request, in a form 149 and manner prescribed by the Commissioner of Health Strategy, an 150 expedited review of a certificate of need application pursuant to 151 subparagraph (B) of subdivision (1) of this subsection. Such request 152 shall include, but need not be limited to, (A) a description of the target 153 population to be served by the subject of the certificate of need 154 application, (B) a clear demonstration of a significant unmet need for the 155 subject of the certificate of need application in the geographic region of the applicant based on patient demographics, diagnoses, utilization or 156 157 other recent data, and (C) a description of the availability of the subject 158 of the certificate of need application in the primary service area of the 159 applicant. The unit shall determine whether an applicant who requests 160 an expedited review pursuant to the provisions of this subdivision is 161 eligible for such expedited review not more than thirty days after the 162 date that the unit receives the applicant's request.

163 (3) Notwithstanding the provisions of this section, the expedited certificate of need review process established pursuant to the provisions 164 165 of this subsection shall (A) allow the unit to resolve an expedited certificate of need application by (i) agreed settlement with the 166 applicant, (ii) making a determination approving the expedited 167 168 certificate of need application with or without conditions, or (iii) 169 requiring the applicant to submit a certificate of need application 170 pursuant to the provisions of subsections (a) to (f), inclusive, of this 171 section, and (B) not require a public hearing on an expedited certificate 172 of need application.

173 (4) If the unit requires an applicant to submit a certificate of need 174 application pursuant to subparagraph (A)(iii) of subdivision (3) of this 175 subsection, the unit shall (A) treat the expedited review application as a 176 properly filed certificate of need application, (B) issue any request for 177 additional information not later than thirty days after issuing a notice 178 requiring an applicant to submit a certificate of need application 179 pursuant to said subparagraph, and (C) follow the procedures described 180 in subsections (c) to (g), inclusive, of this section.

(5) The expedited certificate of need review process established pursuant to the provisions of this subsection shall not be considered a contested case, as defined in section 4-166. The unit's decision on any expedited certificate of need application submitted pursuant to the provisions of this subsection shall not be considered a final decision, as defined in section 4-166.

187 Sec. 6. Subsection (j) of section 19a-639f of the general statutes is
188 repealed and the following is substituted in lieu thereof (*Effective October*189 1, 2025):

190 (j) The unit shall retain an independent consultant with expertise on 191 the economic analysis of the health care market and health care costs 192 and prices to conduct each cost and market impact review, as described 193 in this section. The unit shall submit bills for such services to the 194 purchaser, as defined in subsection (d) of section 19a-639, as amended 195 by this act. Such purchaser shall pay such bills not later than thirty days 196 after receipt. Such bills shall not exceed [two] three hundred thousand 197 dollars per application. The provisions of chapter 57, sections 4-212 to 4-198 219, inclusive, and section 4e-19 shall not apply to any agreement 199 executed pursuant to this subsection.

This act shall take effect as follows and shall amend the following sections:			
Section 1	October 1, 2025	19a-643	
Sec. 2	from passage	19a-630(15)	
Sec. 3	October 1, 2025	19a-638(a)(11)	

Sec. 4	July 1, 2025	19a-639(d)
Sec. 5	July 1, 2025	19a-639a(i)
Sec. 6	October 1, 2025	19a-639f(j)

PH Joint Favorable