

# OFFICE OF FISCAL ANALYSIS

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HB-5045

## AN ACT STREAMLINING HEALTH CARE FACILITY APPROVALS. AMENDMENT

LCO No.: 5379

File Copy No.: 83

House Calendar No.: 75

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### ***OFA Fiscal Note***

#### ***State Impact:***

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Office of Health Strategy	GF - Transfer from	2,029,146	None
Public Health, Dept.	GF - Transfer to	2,029,146	None
Office of Health Strategy	IF - Transfer from	784,018	None
Public Health, Dept.	IF - Transfer to	784,018	None
UConn Health Ctr.	OF - Potential Cost	See Below	See Below
UConn Health Ctr.	OF - Savings	See Below	See Below

Note: GF=General Fund; IF=Insurance Fund; OF=Operating Fund

***Municipal Impact:*** None

#### ***Explanation***

The amendment strikes the underlying bill and the associated fiscal impact.

The amendment makes various changes to the Certificate of Need (CON) process, resulting in the fiscal impacts described below.

**Sections 2, 3, and 13** transfer the Certificate of Need (CON) program operations from the Office of Health Strategy to a new CON unit in the Department of Public Health (DPH), resulting in FY 27 transfers of: (1) General Fund funding of \$2,029,146 and 19 supported positions; and (2)

Insurance Fund funding of \$784,018 and four supported positions. This unit will support a new CON panel,<sup>1</sup> placed within DPH for administrative purposes only, that will make final decisions on CON-related determinations.

**Section 5** results in a potential savings to the UConn Health Center, beginning in FY 27, by capping consultant costs<sup>2</sup> incurred during certain kinds of CON review. Savings will vary to the extent that these consultant costs currently exceed the bill's cap.

**Section 9** results in a potential cost of up to \$250,000<sup>3</sup> to the UConn Health Center to the extent that it must conduct a cost and market impact review under the Certificate of Need (CON) process. The bill lowers the net patient revenue threshold, from above \$1.5 billion in FY 13 to above \$1.0 billion in FY 25, that requires hospitals to conduct such reviews during the CON process, for certain transactions. UConn Health's net patient revenue in FY 26 is estimated to be \$1.2 billion.

**Sections 9 and 10** also allow the Office of the Attorney General (OAG) to conduct investigations or take action on a transfer of ownership of a hospital, resulting in no fiscal impact to the state because the OAG has the expertise to meet the requirements of the bill. These sections also make various conforming changes regarding the OAG which result in no fiscal impact.

*The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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<sup>1</sup> The panel consists of the DPH and Department of Social Services commissioners and the Office of Policy and Management secretary (or their designees), with the DPH commissioner or their designee serving as the panel's chair.

<sup>2</sup> The bill limits fees charged to the applicant for consultancy services to \$200,000 per application (current law has no cap except that the fee be reasonable).

<sup>3</sup> The bill increases the maximum billable amount per application that requires a cost and market impact review to \$250,000 (compared to \$200,000 under current law).