2008 SESSION

ENROLLED

[H 502]

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VIRGINIA ACTS OF ASSEMBLY - CHAPTER

2 An Act to amend and reenact § 32.1-102.3 of the Code of Virginia, relating to certificate of public need; 3 fostering competition.

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Approved

Be it enacted by the General Assembly of Virginia: 6

7 1. That § 32.1-102.3 of the Code of Virginia is amended and reenacted as follows: 8

§ 32.1-102.3. Certificate required; criteria for determining need.

9 A. No person shall commence any project without first obtaining a certificate issued by the 10 Commissioner. No certificate may be issued unless the Commissioner has determined that a public need for the project has been demonstrated. If it is determined that a public need exists for only a portion of 11 12 a project, a certificate may be issued for that portion and any appeal may be limited to the part of the decision with which the appellant disagrees without affecting the remainder of the decision. Any decision to issue or approve the issuance of a certificate shall be consistent with the most recent 13 14 applicable provisions of the State Medical Facilities Plan; however, if the Commissioner finds, upon 15 presentation of appropriate evidence, that the provisions of such plan are not relevant to a rural locality's 16 needs, inaccurate, outdated, inadequate or otherwise inapplicable, the Commissioner, consistent with such 17 18 finding, may issue or approve the issuance of a certificate and shall initiate procedures to make 19 appropriate amendments to such plan.

20 B. In determining whether a public need for a project has been demonstrated, the Commissioner shall 21 consider:

1. The recommendation and the reasons therefor of the appropriate health planning agency.

23 2. The relationship of the project to the applicable health plans of the Board and the health planning 24 agency.

25 3. The relationship of the project to the long-range development plan, if any, of the person applying 26 for a certificate.

27 4. The need that the population served or to be served by the project has for the project, including, 28 but not limited to, the needs of rural populations in areas having distinct and unique geographic, 29 socioeconomic, cultural, transportation, and other barriers to access to care.

30 5. The extent to which the project will be accessible to all residents of the area proposed to be served and the effects on accessibility of any proposed relocation of an existing service or facility. 31

32 6. The area, population, topography, highway facilities and availability of the services to be provided 33 by the project in the particular part of the health service area in which the project is proposed, in 34 particular, the distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers 35 to access to care.

36 7. Less costly or more effective alternate methods of reasonably meeting identified health service 37 needs. 38

8. The immediate and long-term financial feasibility of the project.

39 9. The relationship of the project to the existing health care system of the area in which the project 40 is proposed; however, for projects proposed in rural areas, the relationship of the project to the existing 41 health care services in the specific rural locality shall be considered. 42

10. The availability of resources for the project.

11. The organizational relationship of the project to necessary ancillary and support services.

44 12. The relationship of the project to the clinical needs of health professional training programs in 45 the area in which the project is proposed.

13. The special needs and circumstances of an applicant for a certificate, such as a medical school, 46 hospital, multidisciplinary clinic, specialty center or regional health service provider, if a substantial 47 48 portion of the applicant's services or resources or both is provided to individuals not residing in the 49 health service area in which the project is to be located.

50 14. The special needs and circumstances of health maintenance organizations. When considering the 51 special needs and circumstances of health maintenance organizations, the Commissioner may grant a certificate for a project if the Commissioner finds that the project is needed by the enrolled or 52 53 reasonably anticipated new members of the health maintenance organization or the beds or services to be 54 provided are not available from providers which are not health maintenance organizations or from other 55 health maintenance organizations in a reasonable and cost-effective manner.

56 15. The special needs and circumstances for biomedical and behavioral research projects which are HB502ER

57 designed to meet a national need and for which local conditions offer special advantages.

58 16. In the case of a construction project, the costs and benefits of the proposed construction.

59 17. The probable impact of the project on the costs of and charges for providing health services by
60 the applicant for a certificate and on the costs and charges to the public for providing health services by
61 other persons in the area.

62 18. Improvements or innovations in the financing and delivery of health services which foster63 competition and serve to promote quality assurance and cost effectiveness.

64 19. In the case of health services or facilities proposed to be provided, the efficiency and
65 appropriateness of the use of existing services and facilities in the area similar to those proposed,
66 including, in the case of rural localities, any distinct and unique geographic, socioeconomic, cultural,
67 transportation, and other barriers to access to care.

68 20. The need and the availability in the health service area for osteopathic and allopathic services
69 and facilities and the impact on existing and proposed institutional training programs for doctors of
70 osteopathy and medicine at the student, internship, and residency training levels.

21. In the case of proposed health services or facilities, the extent to which a proposed service or
 facility will increase citizen accessibility, demonstrate documented community support and introduce
 institutional competition into a health planning region.