

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 32.1-102.1 of the Code of Virginia, relating to certificate of public*
 3 *need.*

4 [H 2314]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**7 **1. That § 32.1-102.1 of the Code of Virginia is amended and reenacted as follows:**

8 § 32.1-102.1. Definitions.

9 As used in this article, unless the context indicates otherwise:

10 "Certificate" means a certificate of public need for a project required by this article.

11 "Clinical health service" means a single diagnostic, therapeutic, rehabilitative, preventive or palliative
 12 procedure or a series of such procedures that may be separately identified for billing and accounting
 13 purposes.14 "Health planning region" means a contiguous geographical area of the Commonwealth with a
 15 population base of at least 500,000 persons which is characterized by the availability of multiple levels
 16 of medical care services, reasonable travel time for tertiary care, and congruence with planning districts.17 "Medical care facility," as used in this title, means any institution, place, building or agency, whether
 18 or not licensed or required to be licensed by the Board or the State Mental Health, Mental Retardation
 19 and Substance Abuse Services Board, whether operated for profit or nonprofit and whether privately
 20 owned or privately operated or owned or operated by a local governmental unit, (i) by or in which
 21 health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of
 22 human disease, pain, injury, deformity or physical condition, whether medical or surgical, of two or
 23 more nonrelated mentally or physically sick or injured persons, or for the care of two or more
 24 nonrelated persons requiring or receiving medical, surgical or nursing attention or services as acute,
 25 chronic, convalescent, aged, physically disabled or crippled, or (ii) which is the recipient of
 26 reimbursements from third-party health insurance programs or prepaid medical service plans. For
 27 purposes of this article, only the following medical care facilities shall be subject to review:

28 1. General hospitals.

29 2. Sanitariums.

30 3. Nursing homes.

31 4. Intermediate care facilities.

32 5. Extended care facilities.

33 6. Mental hospitals.

34 7. Mental retardation facilities.

35 8. Psychiatric hospitals and intermediate care facilities established primarily for the medical,
 36 psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts.37 9. Specialized centers or clinics or that portion of a physician's office developed for the provision of
 38 outpatient or ambulatory surgery, cardiac catheterization, computed tomographic (CT) scanning, gamma
 39 knife surgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), positron
 40 emission tomographic (PET) scanning, radiation therapy, nuclear medicine imaging, or such other
 41 specialty services as may be designated by the Board by regulation.

42 10. Rehabilitation hospitals.

43 11. Any facility licensed as a hospital.

44 The term "medical care facility" shall not include any facility of (i) the Department of Mental Health,
 45 Mental Retardation and Substance Abuse Services; or (ii) any nonhospital substance abuse residential
 46 treatment program operated by or contracted primarily for the use of a community services board under
 47 the Department of Mental Health, Mental Retardation and Substance Abuse Services' Comprehensive
 48 Plan; or (iii) a physician's office, except that portion of a physician's office described above in
 49 subdivision 9 of the definition of "medical care facility"; or (iv) the Woodrow Wilson Rehabilitation
 50 Center of the Department of Rehabilitative Services.

51 "Project" means:

52 1. Establishment of a medical care facility;

53 2. An increase in the total number of beds or operating rooms in an existing medical care facility;

54 3. Relocation at the same site of ten beds or ten percent of the beds, whichever is less, from one
 55 existing physical facility to another in any two-year period; however, a hospital shall not be required to
 56 obtain a certificate for the use of ten percent of its beds as nursing home beds as provided in

57 § 32.1-132;

58 4. Introduction into an existing medical care facility of any new nursing home service, such as
59 intermediate care facility services, extended care facility services, or skilled nursing facility services,
60 regardless of the type of medical care facility in which those services are provided;

61 5. Introduction into an existing medical care facility of any new cardiac catheterization, computed
62 tomographic (CT) scanning, gamma knife surgery, lithotripsy, magnetic resonance imaging (MRI),
63 magnetic source imaging (MSI), medical rehabilitation, neonatal special care, obstetrical, open heart
64 surgery, positron emission tomographic (PET) scanning, psychiatric, organ or tissue transplant service,
65 radiation therapy, nuclear medicine imaging, substance abuse treatment, or such other specialty clinical
66 services as may be designated by the Board by regulation, which the facility has never provided or has
67 not provided in the previous twelve months;

68 6. Conversion of beds in an existing medical care facility to medical rehabilitation beds or
69 psychiatric beds;

70 7. The addition or replacement by an existing medical care facility of any medical equipment for the
71 provision of cardiac catheterization, computed tomographic (CT) scanning, gamma knife surgery,
72 lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), open heart surgery,
73 positron emission tomographic (PET) scanning, radiation therapy, or other specialized service designated
74 by the Board by regulation. Notwithstanding the provisions of this subdivision, the Commissioner shall
75 develop regulations (i) providing for the replacement by a medical care facility of existing medical
76 equipment, which is determined by the Commissioner to be inoperable or otherwise in need of
77 replacement without requiring issuance of a certificate of public need, if the applicant agrees to such
78 conditions as the Commissioner may establish, in compliance with regulations promulgated by the
79 Board, requiring the applicant to provide a level of care at a reduced rate to indigents or accept patients
80 requiring specialized care; and (ii) providing for the replacement by a medical care facility of existing
81 medical equipment without the issuance of a certificate of public need if the Commissioner has
82 determined a certificate of public need has been previously issued for replacement of the specific
83 equipment. Replacement or upgrade of existing magnetic resonance imaging (MRI), *computed*
84 *tomographic (CT) scanning, magnetic source imaging (MSI), or positron emission tomographic (PET)*
85 *scanning equipment* shall not have to obtain a certificate of public need; or

86 8. Any capital expenditure of five million dollars or more, not defined as reviewable in subdivisions
87 1 through 7 of this definition, by or in behalf of a medical care facility. However, capital expenditures
88 between one and five million dollars shall be registered with the Commissioner pursuant to regulations
89 developed by the Board.

90 "Regional health planning agency" means the regional agency, including the regional health planning
91 board, its staff and any component thereof, designated by the Virginia Health Planning Board to perform
92 the health planning activities set forth in this chapter within a health planning region.

93 "State Medical Facilities Plan" means the planning document adopted by the Board of Health which
94 shall include, but not be limited to, (i) methodologies for projecting need for medical care facility beds
95 and services; (ii) statistical information on the availability of medical care facilities and services; and
96 (iii) procedures, criteria and standards for review of applications for projects for medical care facilities
97 and services.

98 "Virginia Health Planning Board" means the statewide health planning body established pursuant to
99 § 32.1-122.02 which serves as the analytical and technical resource to the Secretary of Health and
100 Human Resources in matters requiring health analysis and planning.