

Acquiring Equipment

Status Quo	Alternative 1	Alternative 2
CON review of: <ul style="list-style-type: none">• Scanners• New Technology• Non-hospital based Linear Accelerators	<ul style="list-style-type: none">• Eliminate CON review for all equipment acquisitions• Propose legislative remedy to restrict scanner self-referrals	<ul style="list-style-type: none">• Maintain CON review for the acquisitions of scanners ONLY

Application Criteria for Alternative 2:

1. Whether the proposed project is aligned with the state-wide health care facilities and services plan, as defined in section 19a-634, including whether the proposed project will serve individuals in geographic areas that are underserved or have reduced access to specific types of health care services;
2. Whether the applicant has satisfactorily demonstrated that the proposal will not adversely impact the health care market in the state and will improve quality, accessibility and cost effectiveness of health care delivery in the region;
 - *Additional Consideration:* Define “not adversely impact the health care market” as not engaging in the practice of self-referral
3. The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including whether the applicant has satisfactorily demonstrated how the proposal will provide access to services by Medicaid recipients and indigent persons.
 - *Revision:* Retained the language regarding the applicant’s past and proposed provisions of health care services
 - *Pending Revision:* Amend “indigent persons” to reflect updated person-centered language
4. Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the patient choice of provider in the geographic region
 - *Revision:* Clarified “diversity of health care providers” is intended to mean “patient choice of providers”

Initiating Services/Increasing Capacity			
Status Quo	Majority Option	Alternative 1	Alternative 2
<p>CON review of:</p> <ul style="list-style-type: none"> •New Hospitals •New Specialty Hospitals •New Freestanding EDs •New Outpatient Surgical Facilities •New Mental Health Facilities •New Substance Abuse Treatment Facilities •New Cardiac Services 	<p>Maintain CON Review of:</p> <ul style="list-style-type: none"> • New Hospitals • New Specialty Hospitals • New Freestanding EDs 	<p>Maintain CON review of:</p> <ul style="list-style-type: none"> • New Hospitals • New Specialty Hospitals • New Freestanding EDs • New Outpatient Surgical Facilities • New Cardiac Services 	<p>Maintain CON review of:</p> <ul style="list-style-type: none"> • New Hospitals • New Specialty Hospitals • New Freestanding EDs • New Outpatient Surgical Facilities • New Mental Health Facilities • New Substance Abuse Treatment Facilities • New Cardiac Services
<ul style="list-style-type: none"> •New Central Service Facilities •Increased Licensed Bed Capacity •2 or More Operating Rooms in a 3-year Period 	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Consensus to Eliminate</p> </div>		

Application Criteria for All Alternatives:

1. Whether the proposed project is aligned with the state-wide health care facilities and services plan, as defined in section 19a-634, including whether the proposed project will serve individuals in geographic areas that are underserved or have reduced access to specific types of health care services;
2. Whether the applicant has satisfactorily demonstrated that the proposal will not adversely impact the health care market in the state and will improve quality, accessibility and cost effectiveness of health care delivery in the region;
3. The applicant's past and proposed provision of health care services to relevant patient populations and payer mix, including whether the applicant has satisfactorily demonstrated how the proposal will provide access to services by Medicaid recipients and indigent persons.
 - *Revision:* Retained the language regarding the applicant’s past and proposed provisions of health care services
 - *Pending Revision:* Amend “indigent persons” to reflect updated person-centered language
4. Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact the patient choice of provider in the geographic region
 - *Revision:* Clarified “diversity of health care providers” is intended to mean “patient choice of provider”

Terminating Services

Status Quo

CON review of terminating:

- Hospital EDs
- Hospital Inpatient/Outpatient Services
- Hospital Mental Health/Substance Abuse Services
- Surgical Services at an Outpatient Surgical Facility

Majority Option

Maintain CON review of terminating:

- Hospital EDs
- Hospital Inpatient/Outpatient Services
- Hospital Mental Health/Substance Abuse Services

Application Criteria for All Alternatives:

1. Whether the proposed project is aligned with the state-wide health care facilities and services plan, as defined in section 19a-634, including whether the proposed project will serve individuals in geographic areas that are underserved or have reduced access to specific types of health care services;
2. Whether the applicant has satisfactorily demonstrated that the proposal will not adversely impact quality, accessibility and cost effectiveness of health care delivery in the region;
3. The applicant's past provision of health care services to relevant patient populations and payer mix, including whether the applicant has satisfactorily demonstrated how the proposal will not adversely impact access to services by Medicaid recipients and **indigent persons**.
 - a. *Revision:* Retained the language regarding the applicant's past and proposed provisions of health care services
 - b. *Pending Revision:* Amend "indigent persons" to reflect updated person-centered language
4. Whether the applicant has satisfactorily identified the population that **currently utilizes** the service proposed for termination and satisfactorily demonstrated that the identified population has access to alternative locations in which they may be able to obtain the services proposed for termination
5. The utilization of existing health care facilities and health care services in the service area of the applicant
6. Whether the applicant, if the proposed termination will result in reduced access to services by Medicaid recipients or indigent persons or is located in a geographic area that is underserved or has reduced access to specific types of health care services, has demonstrated good cause for doing so, which shall not be demonstrated solely on the basis of differences in reimbursement rates between Medicaid and other health care payers
7. Whether the applicant has satisfactorily demonstrated that the proposal will not negatively impact patient choice of provider in the geographic region
 - a. *Revision:* Clarified "diversity of health care providers" is intended to mean "patient choice of provider"

Transfers of Ownerships

Status Quo

- CON review of transfers of ownerships of all health care facilities
- Expanded CON review (cost and market impact review, mandatory public hearings, stronger application criteria, post-transfer compliance monitoring) of certain hospital transfers of ownership

Majority Option

- Apply CON review to hospital acquisition of health care facilities only
- Apply hospital acquisition of health care facilities cost and market impact review, mandatory public hearings, stronger application criteria, post-transfer compliance monitoring
- Expand hospital transfer of ownership provisions to apply to all hospital mergers and acquisitions (not just those involving for-profit entities and larger hospital systems)
- Impose consequences for non-compliance with post-transfer conditions

Conversions

Consensus

Maintain current requirement for non-profit hospitals converting to for-profit entities and maintain the AG's role in protecting charitable assets.

Actions Subject to DSS CON

Majority Option

- Maintain CON review for all actions other than the establishment of new CCFs
- Conduct periodic review of NH moratorium
- Allow nursing homes to relocate/build new facilities without adding beds