

Updated Definition List

<u>Definition</u>	<u>Source</u>
“Access” means the availability of services to a population who needs such services and the ability to obtain such services when considering the location, reasonable available public or private transportation options, the hours of operation, and language or cultural considerations for the population seeking such services.	NEW – proposed by OHCA for clarity
“Affiliate” means a person, entity or organization controlling, controlled by or under common control with another person, entity or organization. Affiliate does not include a medical foundation organized under chapter 594b.	Existing, CGS §19a-630
“Applicant” means any person or health care facility that applies for a certificate of need pursuant to section 19a-639a.	Existing, CGS §19a-630
“Bed capacity” means the total number of inpatient beds in a facility licensed by the Department of Public Health under sections 19a-490 to 19a-503, inclusive.	Existing, CGS §19a-630
“Behavioral health facility” means any facility that provides mental health services to persons eighteen years of age or older or substance use disorder services to persons of any age in an outpatient treatment or residential setting to ameliorate mental, emotional, behavioral or substance use disorder issues, including, but not limited to, private freestanding mental health day treatment facilities.	NEW to CON statutes – propose to replace “mental health facility” and “substance abuse treatment facility”; used in §19a-490, as amended by PA 16-66; propose to define individually instead of under “health care facility”
“Capital expenditure” means an expenditure that under generally accepted accounting principles consistently applied is not properly chargeable as an expense of operation or maintenance and includes acquisition by purchase, transfer, lease or comparable arrangement, or through donation, if the expenditure would have been considered a capital expenditure had the acquisition been by purchase.	Existing, CGS §19a-630
“Cardiac services” means interventional procedures used to diagnose and treat heart conditions, including, but not limited to, inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery.	NEW to CON statutes – developed based on current OHCA practices
“Certificate of need” means a certificate issued by the office.	Existing, CGS §19a-630
“Commissioner” means the Commissioner of Public Health.	Existing, CGS §19a-630
“Days” means calendar days.	Existing, CGS §19a-630
“Deputy commissioner” means the deputy commissioner of Public Health who oversees the Office of Health Care Access division of the Department of Public Health.	Existing, CGS §19a-630

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<u>Definition</u>	<u>Source</u>
<p>“Free clinic” means a private, nonprofit community-based organization that provides medical, dental, pharmaceutical or mental health services at reduced cost or no cost to low-income, uninsured and underinsured individuals.</p>	Existing, CGS §19a-630
<p>“Freestanding emergency department” means an emergency department that is listed as a satellite location under the license of a hospital and is held out to the public by name, posted signs, advertising or other means as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.</p>	NEW to CON statutes; used in DPH regs Sec. 19a-630-1; propose to define individually instead of under “health care facility”
<p>“Hospital” means a health care facility or institution licensed by the Department of Public Health to provide both inpatient and outpatient services as one of the following: (A) A general hospital licensed by the Department of Public Health, including John Dempsey Hospital of the University of Connecticut Health Center, as a short-term, acute care general or children's hospital; or (B) a specialty hospital licensed by the Department of Public Health as a chronic disease hospital that provides inpatient psychiatric, rehabilitation or hospice services.</p>	NEW to CON statutes; merges definition of hospital and specialty hospital for clarity; used in DPH regs Sec. 19a-643-201; propose to define individually instead of under “health care facility”
<p>(12) “Inpatient or outpatient services offered by a hospital” means</p>	<p>TO BE DETERMINED</p>
<p>“Large group practice” means eight or more full-time equivalent physicians, legally organized in a partnership, professional corporation, limited liability company formed to render professional services, medical foundation, not-for-profit corporation, faculty practice plan or other similar entity (A) in which each physician who is a member of the group provides substantially the full range of services that the physician routinely provides, including, but not limited to, medical care, consultation, diagnosis or treatment, through the joint use of shared office space, facilities, equipment or personnel; (B) for which substantially all of the services of the physicians who are members of the group are provided through the group and are billed in the name of the group practice and amounts so received are treated as receipts of the group; or (C) in which the overhead expenses of, and the income from, the group are distributed in accordance with methods previously determined by members of the group. An entity that otherwise meets the definition of group practice under this section shall be considered a group practice although its shareholders, partners or owners of the group practice include single-physician professional corporations, limited liability companies formed to render professional services or other entities in which beneficial owners are individual physicians.</p>	Existing, CGS §19a-630

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<u>Definition</u>	<u>Source</u>
(11) "Health care facility" means (A) hospitals licensed by the Department of Public Health under chapter 368v; (B) specialty hospitals; (C) freestanding emergency departments; (D) outpatient surgical facilities, as defined in section 19a-493b and licensed under chapter 368v; (E) a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended; (F) a central service facility; (G) mental health facilities; and (H) substance abuse treatment facilities; and (I) any other facility requiring certificate of need review pursuant to subsection (a) of section 19a-638. "Health care facility" includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility.	Existing, CGS §19a-630 – for purpose of CON, recommend each entity (A) through (I) are either defined individually or not included if not longer relevant
"Nonhospital based" means located at a site other than the main campus of the hospital.	Existing, CGS §19a-630
"Office" means the Office of Health Care Access division within the Department of Public Health.	Existing, CGS §19a-630
"Outpatient surgical facility" has the same meaning as provided in section 19a-493b.	NEW, propose to define individually instead of under "health care facility"
"Person" means any individual, partnership, corporation, limited liability company, association, governmental subdivision, agency or public or private organization of any character, but does not include the agency conducting the proceeding.	Existing, CGS §19a-630
"Physician" has the same meaning as provided in section 20-13a.	Existing, CGS §19a-630
"Relocation" means the movement of a health care facility from its current location to a new location when the payer mix and population served are not substantially changed.	NEW – proposed by OHCA for clarity
"Quality" means the degree to which health care services for individuals or populations increase the likelihood of desired health outcomes and are consistent with established professional knowledge, standards and guidelines.	NEW – proposed by OHCA for clarity
"Reduction" means any modification to a health care service by a hospital that, independently or in conjunction with other modifications or changes, results in a fifty-percent or greater decrease in the availability of the health care service or reduces the service area covered by a hospital.	NEW – proposed by OHCA for clarity

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<u>Definition</u>	<u>Source</u>
"Termination" means the operational discontinuance or elimination by a health care facility, excluding affiliates, of a health care service with the exception of the merger, transfer or relocation of health care services where there has not been a substantial change in the payor mix or the population served. A temporary suspension of health care services lasting six months or less shall not be considered a termination.	NEW - proposed by OHCA for clarity
"Transfer of ownership" means a transfer that impacts or changes the governance or controlling body of a health care facility, institution or large group practice, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a health care facility.	Existing, CGS §19a-630