

Sen. Kyle Evans Gay, Chair  
Sen. Stephanie L. Hansen  
Sen. Brian G. Pettyjohn  
Sen. Marie Pinkney  
Sen. Bryant L. Richardson



STATE OF DELAWARE

Rep. Sherry Dorsey Walker, Vice-Chair  
Rep. Krista Griffith  
Rep. Kendra Johnson  
Rep. Jeff N. Spiegelman  
Rep. Lyndon D. Yearick

JOINT LEGISLATIVE OVERSIGHT AND SUNSET COMMITTEE

## Joint Legislative Oversight and Sunset Committee Holdover Meeting

Virtual Meeting via Zoom  
Public Access via [YouTube](#)

Thursday, March 18, 2021  
9:00 a.m.

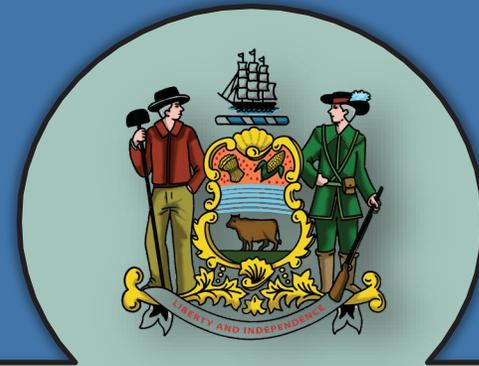
### Agenda

1. Welcome
2. Minutes
3. Recommendation Meeting: Health Resources Board
4. Adjournment

The public may submit written comments to [Sunset@Delaware.gov](mailto:Sunset@Delaware.gov).

Public access via YouTube:

<https://www.youtube.com/channel/UCmePiLcN2Ee8cWOEBuUxG1g>



## Joint Legislative Oversight & Sunset Committee

# Recommendation Meeting Health Resources Board

# 151<sup>st</sup> General Assembly, 1<sup>st</sup> year



## STATE OF DELAWARE

### JOINT LEGISLATIVE OVERSIGHT AND SUNSET COMMITTEE

#### Meeting Minutes – March 11, 2021

1 Chair Gay called the meeting to order at 11:04 a.m. Committee members present included  
2 Vice-Chair Dorsey Walker; Senators Hansen, Pettyjohn, Pinkney, and Richardson, and  
3 Representatives Griffith, Johnson, Spiegelman, and Yearick. Staff present included Mark Brainard, Jr.  
4 and Amanda McAtee, Joint Legislative Oversight and Sunset Committee (“JLOSC”) Analysts; Holly  
5 Vaughn Wagner, Legislative Attorney for JLOSC and Deputy Director of the Division of Research;  
6 Natalie White, Administrative Specialist; and Elliot Gray, Legislative Fellow. A quorum was met.

7 Chair Gay welcomed everyone to the meeting and called for Committee and staff introductions.

8 Chair Gay moved to item 2 on the agenda, the approval of the February 16, 2021 meeting minutes.  
9 Representative Dorsey Walker motioned to approve the February 16, 2021 minutes as written, and  
10 Senator Pettyjohn seconded the motion. The motion carried with Senators Gay, Hansen, Pettyjohn,  
11 Pinkney, and Richardson, and Representatives Dorsey Walker, Griffith, Johnson, Spiegelman, and  
12 Yearick voting in favor, none opposed.

13 Chair Gay moved to item 3 on the agenda, the discussion and selection of entities for JLOSC’s 2022  
14 review. JLOSC Analysts Mark Brainard, Jr. and Amanda McAtee presented on potential entities for  
15 review in 2022.

16 After the presentation on entities for review in 2022, Representative Spiegelman motioned to add the  
17 Medical Marijuana Act Oversight Committee to the shortlist for entities for review in 2022. Senator  
18 Pettyjohn seconded the motion. The motion carried with Senators Gay, Hansen, Pettyjohn, Pinkney,  
19 and Richardson, and Representatives Dorsey Walker, Griffith, Johnson, Spiegelman, and Yearick  
20 voting in favor, none opposed. Additionally, questions and comments were made by Senators Gay,  
21 Hansen, Pettyjohn, Pinkney, and Richardson, and Representatives Griffith, Johnson, and Yearick.  
22 Clarification was provided by Mark Brainard Jr. and Amanda McAtee.

23 Chair Gay moved to item 4 of the agenda, the presentation of draft legislation. JLOSC Analyst Mark  
24 Brainard, Jr. presented draft legislation on the Delaware Advisory Council on Career and Technical  
25 Education (“DACCTE”). Representatives Spiegelman and Yearick asked questions, and Mark  
26 Brainard, Jr. provided clarification. Representative Yearick motioned to approve the legislation, and  
27 Representative Dorsey Walker seconded the motion. The motion carried with Senators Gay, Hansen,  
28 Pettyjohn, Pinkney, and Richardson, and Representatives Dorsey Walker, Griffith, Johnson,  
29 Spiegelman, and Yearick voting in favor, none opposed.

30 Legislative Attorney Holly Vaughn Wagner presented on the draft legislation regarding the Delaware  
31 Health Information Network (“DHIN”) Gift of Life Program. Chair Gay welcomed Dr. Jan Lee and  
32 Scott Perkins from DHIN to provide clarification. Representatives Spiegelman and Yearick asked  
33 questions, and Dr. Jan Lee provided clarification. Representative Dorsey Walker motioned to approve  
34 the legislation, and Representative Johnson seconded the motion. The motion carried with Senators  
35 Gay, Hansen, Pettyjohn, Pinkney, and Richardson, and Representatives Dorsey Walker, Griffith,  
36 Johnson, Spiegelman, and Yearick voting in favor, none opposed.

37 Holly Vaughn Wagner and Scott Perkins then presented on draft legislation relating to DHIN on data  
38 analytics. Representatives Spiegelman and Yearick asked questions, and Scott Perkins and Dr. Jan Lee  
39 provided clarification. Representative Dorsey Walker motioned to approve the legislation, and  
40 Representative Spiegelman seconded the motion. The motion carried with Senators Gay, Hansen,  
41 Pettyjohn, Pinkney, and Richardson, and Representatives Dorsey Walker, Griffith, Johnson,  
42 Spiegelman, and Yearick voting in favor, none opposed.

43 The meeting adjourned at 12:32 p.m.

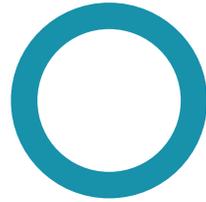
44  
45 Respectfully prepared by:  
46 Amanda McAtee and Mark Brainard, Joint Legislative Oversight and Sunset Committee Analysts

47  
48 *Access to the audio recording of this proceeding is available upon request.*  
49



# OVERVIEW

- This is an overview of the staff findings and recommendation report drafted by JLOSC staff regarding the sunset and oversight review (“review”) of Delaware’s Health Resources Board (“HRB”).
- Recommendations are not final until discussed and adopted by JLOSC.
- Recommendations focus on legislative changes for the entity under review.
- Committee is free to discuss, adopt, or re-write recommendations.
  - If needed, HRB is also included on March 25<sup>th</sup> agenda.



# ACRONYMS USED

- **JLOSC** → Joint Legislative Oversight & Sunset Committee or “Committee.”
- **HRB** → Delaware’s Health Resources Board.
- **CPR** → Certificate of Public Review.
- **CON** → Certificate of Need.
- **HRMP** → Health Resources Management Plan.

# REPORT FEATURES

- New format presents the following info:
  - Fact sheet.
  - Preface.
    - Explains background info on this report.
  - OSM – Objectives, Scope, Methodology.
    - Provides statutory review criteria.
    - Fieldwork completed.
    - Review background and research synopsis.
  - Staff Recommendations.
  - Staff Findings.
    - Relevant charts incorporated into this section to avoid flipping to the appendices.
  - Appendices.
    - This report provides the fact sheet from the prior report, entity holdover update reports, HRB member survey, and public survey data.
  - Future reports will include a section covering the performance review.
    - HRB performance review questionnaire is covered in JLOSC draft and final reports released in 2020.

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# OBJECTIVE



- To conduct a performance evaluation as required under JLOSC statute and based on the following criteria:
  1. If the agency is a licensing agency, the extent to which the agency has permitted qualified applicants to be licensed.
  2. The extent to which the agency has served the public interests.
  3. The extent to which the agency has recommended statutory changes, and whether those changes directly benefit the public or whether those changes primarily benefit the agency or other entities and are of only indirect benefit to the public.
  4. Review the implementation of recommendations contained in the final reports presented to the General Assembly and the Governor during previous legislative sessions.
    - Only used in reviews with a prior JLOSC review.

# SCOPE

- Except where noted, this review covers an 8-year period, from the conclusion of the last JLOSC review in May of 2012 through December of 2020
- This JLOSC review did not weigh the pros and cons of the need for the CPR program but instead focused on researching other state CON programs which provided improvement ideas for Delaware's process.



# JLOSC STAFF FINDINGS

1. Thirty-four states and the District of Columbia currently have CON laws. In the 16 states without, there are still regulations and licensing processes in place to evaluate health planning and resource development.
2. HRB would function better as an advisory board with stronger administrative support and a program director making determinations based on adequate research and advisory opinions.
3. Conflicts of interest among board members negatively impact the review process.
4. CPR application review committees are not efficient and slow the review process.
5. The Board has had 2 long-standing vacancies and attendance issues; board membership should be reevaluated.
6. Two recommendations from the 2012 JLOSC review were never fully implemented.
7. HRB lacks sufficient independent data to review applications.
8. There is a section of the HRMP that should be codified. There are additional areas of the HRB statute to improve such as Board structure, activities subject to review, fees, quorum.
9. The HRMP, CPR application kit, and bylaws should be reviewed and revised. Charity care and CPR follow up reporting schedules should be published on the Board's website.





# STAFF FINDINGS #2, #3, #5

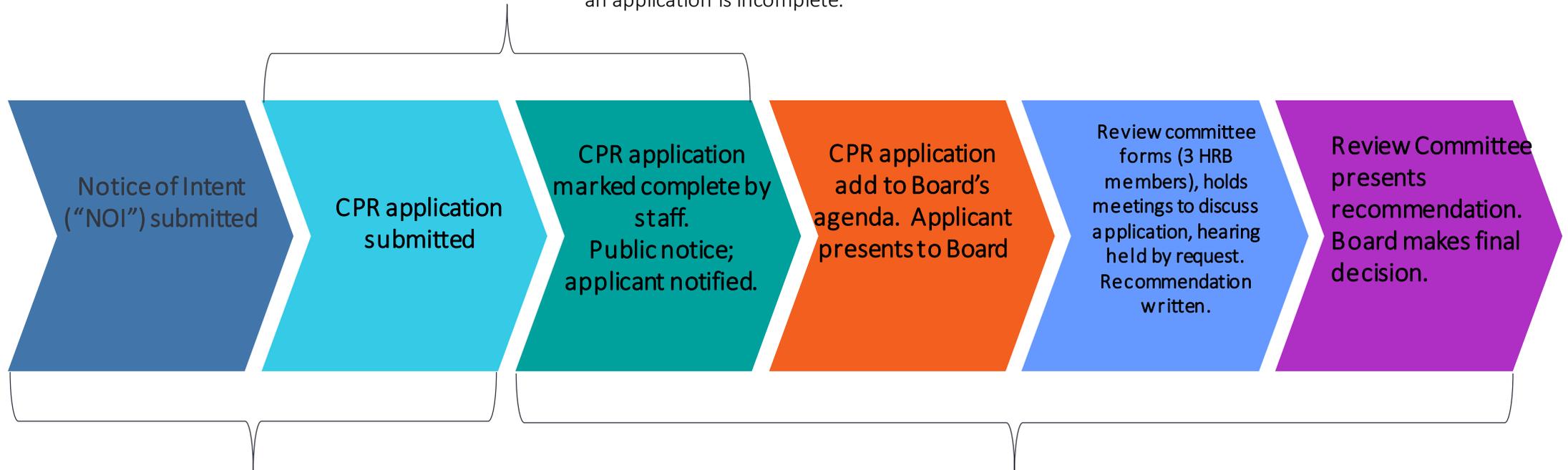
- **Finding #2: HRB would function better as an advisory board with stronger administrative support and a program director making determinations based on adequate research and advisory opinions.**
  - Volunteer board.
  - Advisory capacity would retain institutional knowledge and reduce conflict of interests, workload, and number of meetings required for board members.
  - Less meetings would equate to cost savings, prior to the pandemic, in 2019 HRB spent \$7,267.05 on meeting facility costs.
- **Finding #3: Conflicts of interest among board members negatively impact the review process.**
  - New board member training or ongoing training not provided.
  - Public Integrity Commission provided 1 training session on 02/28/2013 and 1 advisory opinion meeting held on 10/01/2015.
- **Finding #5: The Board has had 2 long-standing vacancies and attendance issues; board membership should be reevaluated.**
  - 2019 - 3 members attended 57% of meetings, barely meeting the 50% statutory requirement.
  - 2020 - 1 member attended 33% and 2 members attended 55% of total meetings held.
  - Consider reducing from 15 members to 5 or 7 and adding a health economist member.



# HRB Certificate of Public Review Application Process

**15 Business Days**

Maximum time to notify applicant if the application is deemed complete. Complete applications receive notice. Applicants are notified in writing when an application is incomplete.



**30 Days**

Minimum time period between submitting NOI and application. Applicant cannot take more than 180 days to submit a completed application. Applicant must get permission from Board to submit application less than 30 days after NOI.

**90 Days**

Maximum review period, with exceptions for requested public hearing (120 days max) or if mutually acceptable to HRB and applicant (up to 180 days max).

# STAFF FINDING #4 - CHARTS

**Review Timeframes of Complete CPR Applications 2014-2020**

Timeframe between completed CPR application and Board decision	Total HRB CPR Application Decisions
Under 90 days	6
91 - 120 days	14
121 - 180 days	8
Over 180 days	2

**Received CPR Application Totals 2014-2020**

Year	Total Complete CPR Applications Received	Board Determined CPR Not Required	Withdrawn by Applicant	Pending HRB Review	Total HRB Decisions	Breakdown of Total HRB Decisions: <b>Approved</b>	Breakdown of Total HRB Decisions: <b>Denied</b>
2020	8			2	6	6	
2019	5		1		4	3	1
2018	8				8	8	
2017	5				5	5	
2016	3				3	3	
2015	4	1			3	2	1
2014	1				1	1	
<b>7 years</b>	<b>34</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>30</b>	<b>28</b>	<b>2</b>

93% approval rating on application decisions 2014 - 2020.

**Notice of Intent (NOI) Received**

Year	Total
2020	4*
2019	14
2018	9
2017	10
2016	3
2015	7
2014	5
<b>TOTAL</b>	<b>48</b>

**CPR Applications Received**

Year	Total
2020	3
2019	9
2018	4
2017	8
2016	2
2015	8
2014	1
<b>TOTAL</b>	<b>35</b>

**Applications Determined Complete**

Year	Total
2020	4
2019	9
2018	4
2017	9
2016	0
2015	7
2014	1
<b>TOTAL</b>	<b>34</b>

\*2020 - 1 NOI received the Board determined was an exempt request

HRB Decided CPR Applications and Review Committee Meetings							
Applicant	Project	Capital Expenditure Amount	Year	Board Review Status	Complete Application to Board Decision (in days)	Review Committee Members	Total Review Committee Meetings
Bayhealth	Freestanding Emergency Department	\$10,200,000.00	2020	Approved	206	Leighann Hinkle, Dr. Elizabeth Brown, and Pamela Price	3 + 1 public hearing
Nemours A.I. duPont Hospital	Cardiac Cath Lab	\$6,100,000.00	2020	Approved	93	Edwin Barlow, Julia O'Hanlon, and Theodore "Ted" Becker	2
Cadia Pike Creek	52 skilled nursing bed expansion	\$12,000,000.00	2020	Approved	147	Leighann Hinkle, Pamela Price, and Margaret Strine	2
Beebe Healthcare	12 room fit out Specialty Surgical Hospital	\$3,200,000.00	2020	Approved	147	Cheryl Heiks, Pamela Price, and Edwin Barlow	1
Post Acute Medical	34 bed inpatient rehab facility	\$17,000,000.00	2020	Approved	134	Theodore Becker, Carolyn Morris, and John Walsh	2
Comprehensive Care Capital	Acquisition of Churchman Village, Parkview Nursing and Harbor Healthcare	\$67,000,000.00	2020	Approved	120	Pamela Price and Julia O'Hanlon	1
Exceptional Care for Children	22 bed Bridge Unit	\$10,000,000.00	2019	Approved	104	Theodore Becker Chair, Pamela Price, and Edwin Barlow	1
Peninsula Regional Health System	Affiliation with Nanticoke Health System	\$0.00	2019	Approved	101	Mark Thomson Chair, Yrene Waldron, and Dennis Klima	2
Beebe Healthcare	Freestanding Emergency Department	\$23,000,000.00	2019	Denied	213	Carolyn Morris, Leighann Hinkle, and John Walsh	2 + 1 public hearing
Meadow Wood Behavioral Health	20 bed expansion	\$5,000,000.00	2019	Approved	129	Theodore Becker, Dennis Klima, and Yrene Waldron	3 + 1 public hearing

# STAFF FINDING #4 - CHARTS

Continued from previous slide.

HRB Decided CPR Applications and Review Committee Meetings 2019-2020

# STAFF FINDING #6

- Two recommendations from the 2012 JLOSC review were never fully implemented.
  - Recommendations 6 and 8 adopted by JLOSC in 2012, modified the HRB statute regarding for-profit acquisitions and required HRB to conduct a comprehensive review of 16 Del. C. c. 93 and the CPR program.



# STAFF FINDING #7

- **HRB lacks sufficient independent data to review applications.**
  - Many states maintain large databases of utilization statistics.
  - Currently, HRB annually maintains data on nursing home bed utilization.
  - This review observed HRB relying heavily on data supplied by applicants



# STAFF FINDING #8 - CHART

CPR Applications with HRB Decisions, 2014-2020					
Applicant	Project	Capital Expenditure Amount	Year	Status	Complete Application to Board Decision (in days)*
Bayhealth	Freestanding Emergency Department	\$10,200,000.00	2020	Approved	206
Nemours A.I. duPont Hospital	Cardiac Cath Lab	\$6,100,000.00	2020	Approved	93
Cadia Pike Creek	52 skilled nursing bed expansion	\$12,000,000.00	2020	Approved	147
Beebe Healthcare	12 room fit out Specialty Surgical Hospital	\$3,200,000.00	2020	Approved	147
Post Acute Medical	34 bed inpatient rehab facility	\$17,000,000.00	2020	Approved	134
Comprehensive Care Capital	Acquisition of Churchman Village, Parkview Nursing and Harbor Healthcare	\$67,000,000.00	2020	Approved	120
Exceptional Care for Children	22 bed Bridge Unit	\$10,000,000.00	2019	Approved	104
Peninsula Regional Health System	Affiliation with Nanticoke Health System	\$0.00	2019	Approved	101
<b>Beebe Healthcare</b>	<b>Freestanding Emergency Department</b>	<b>\$23,000,000.00</b>	<b>2019</b>	<b>Denied</b>	<b>213</b>
MeadowWood Behavioral Health	20 bed expansion	\$5,000,000.00	2019	Approved	129
Beebe Healthcare	Specialty Surgical Hospital	\$152,000,000.00	2018	Approved	115
Beebe Healthcare	Freestanding Emergency Department	\$22,000,000.00	2018	Approved	79
Beebe Healthcare	Oncology Center	\$22,000,000.00	2018	Approved	97
MeadowWood Behavioral Health	7 bed expansion	\$200,000.00	2018	Approved	107
Dover Behavioral Health	16 bed expansion	\$4,409,685.00	2018	Approved	119
Christiana Care Health Care Center	Renovation and Consolidation	\$7,500,000.00	2018	Approved	83

Christiana Care PMRI Facility	Renovation and Consolidation	\$8,200,000.00	2018	Approved	83
The Birth Center-Women's Holistic Healthcare	Relocation of birth center to Newark, DE	\$40,000.00	2018	Approved	107
Nationwide Healthcare LLC	150 bed skilled nursing facility	\$6,000,000.00	2017	Approved	125
Christiana Care	Interventional Structural Heart Lab	\$3,500,000.00	2017	Approved	90
Christiana Care	6 Bed Expansion Inpatient Psychiatric Unit	\$8,300,000.00	2017	Approved	83
First State Surgery Center	Expansion of Surgery Center	\$1,000,000.00	2017	Approved	91
Cataract and Laser Center	Relocation of Surgery Center	\$30,000.00	2017	Approved	104
Bayhealth Medical Center	Replacement Hospital Milford DE	\$268,000,000.00	2016	Approved	178
Christiana Care	Women and Children's Transformation Center	\$250,000,000.00	2016	Approved	126
Nemours Alfred I duPont Hospital	Purchase PET Scanner	\$5,500,000.00	2016	Approved	133
Post Acute Medical LLC	34 bed inpatient rehabilitation center	\$14,000,000.00	2015	Approved	91
Sun Behavioral Health	90 bed inpatient behavioral health facility	\$18,000,000.00	2015	Approved	101
<b>First State Orthopaedics</b>	<b>Free Standing Surgery Center</b>	<b>\$4,000,000.00</b>	<b>2015</b>	<b>Denied</b>	<b>114</b>
Saint Francis Healthcare*	Lease Positron Emission Tomography ("PET") Scanner	\$0.00	2015	Board determined CPR not required, no capital expenditure	7*
Genesis HealthCare	Purchase Franciscan Care Center	\$7,500,000.00	2014	Approved	83
<b>TOTAL</b>		<b>\$955,679,685</b>			<b>3496</b>

# STAFF FINDING #8 - CHART

state	Health Outcomes Rank**	Overall Rank 2020 Scorecard on State Health System Performance*	CON Laws?	board	Board role	size of board	CON App fee	2019 Capital Expenditure Threshold
Alabama	48	40	Y	Y	Decision Making	9	\$22,828	\$5.99M
Alaska	11	32	Y	N	None		\$2,500+	\$1.5M
Arizona	29	33	N					
Arkansas	47	42	Y	Y	Decision Making	9	\$3,000	\$1M
California	5	19	N					
Colorado	9	6	N					
Connecticut	3	5	Y	N	None		\$500	\$2M
Delaware	35	24	Y	Y	Decision Making	15	\$100 - \$10,000	\$5.8M
District of Columbia	not ranked by report	16	Y	Y	Advisory	12	\$5,000 - \$300,000	\$2M - \$3.5M
Florida	27	41	Y	N	None		\$10,000 - \$50,000	
Georgia	37	46	Y	N	None		\$1,000 - \$50,000	\$10M
Hawaii	1	1	Y	Y	Advisory	varies, 3 total	\$200 plus percentage	\$4M
Idaho	14	21	N					
Illinois	28	25	Y	Y	Decision Making	9	\$2,500	\$13.7M
Indiana	36	38	Y	N	None		\$5,000	
Iowa	15	4	Y	Y	Decision Making	5	max \$21,000	\$1.5M
Kansas	26	34	N					
Kentucky	46	39	Y	N	None		\$1,000 - \$25,000	\$3.3M
Louisiana	50	44	N					
Maine	23	31	Y	N	None		\$5,000 - \$250,000	\$12M
Maryland	8	14	Y	Y	Decision Making	15	could not determine	\$50M or 25% of annual global budgeted revenue
							\$500 or 0.2% of the Total Value of the Proposed Project, whichever is greater.	
Massachusetts	2	2	Y	Y	Decision Making	14		\$19.2M

Michigan	40	27	Y	Y	Advisory	11	\$3,000 - 15,000	\$3.3M
Minnesota	7	3	N					
Mississippi	49	51	Y	Y	Advisory	11	\$500 - \$25,000	\$1.5 - \$10M
Missouri	38	48	Y	Y	Decision Making	9	not provided	\$1M
Montana	41	18	Y	N	None		\$500 or 0.3% of the project's capital expenditure, whichever is greater	\$1.5M
Nebraska	20	20	Y	N	None		\$1,000	
Nevada	30	49	Y	N	None		\$9,500	
New Hampshire	17	11	N					
New Jersey	4	16	Y	Y	Advisory	13	\$7500 +	\$2M
New Mexico	31	30	N					
New York	10	10	Y	Y	Hybrid	25	\$500-3,000	\$15M - \$30M
North Carolina	31	36	Y	N	None		\$5,000	\$2M
North Dakota	16	13	N					
Ohio	39	28	Y	N	None		max \$20,000	
Oklahoma	43	50	Y	N	None		\$1,500 - \$10,000	\$1M
Oregon	19	23	Y	N	None		\$5,000 - \$90,900	
Pennsylvania	34	21	N					
Rhode Island	18	15	Y	Y	Advisory	12	\$500 - \$25,309	\$2.5M - \$5.9M
South Carolina	42	37	Y	N	None		\$500 - \$7,000	\$2M
South Dakota	24	29	N					
Tennessee	44	44	Y	Y	Decision Making	11	\$15,000 - \$95,000	
Texas	22	42	N					
Utah	6	9	N					
Vermont	12	6	Y	Y	Decision Making	5	\$250 - \$20,000	\$3M
Virginia	21	25	Y	N	None		\$1,000 - \$20,000	\$20M
Washington	13	8	Y	N	None		\$1,347 - \$46,253	
West Virginia	45	47	Y	Y	Decision Making	5	\$1,500 - \$35,000	\$5.5M
Wisconsin	33	11	N					
Wyoming	25	35	N					

# STAFF FINDING #9

- **The HRMP, CPR application kit, and bylaws should be reviewed and revised. Charity care and CPR follow up reporting schedules should be published on the Board's website.**
  - HRMP last revision 09/11/2017.
    - HRMP charity care section contains reporting procedures and requirements, no formal review schedule posted.
    - Missing are sections covering freestanding emergency departments, inpatient rehabilitation facilities, and acquisition of health care facilities, 3 application areas approved by HRB over the past 7 years.
  - CPR application kit last revision 10/02/2017.
  - Bylaws last revision date 10/13/2016.



# STAFF RECOMMENDATIONS

## Recommendation #1, Option 1 – continue HRB

After review and analysis, JLOSC staff recommends option 1, continue the Delaware Health Resources Board, subject to any further recommendations that JLOSC adopts.

Continue or Terminate (standard JLOSC recommendation)

Option 1: The Delaware Health Resources Board shall continue, subject to any further recommendations that JLOSC adopts.

- OR -

Option 2: The Delaware Health Resources Board is terminated, and the Committee will sponsor legislation to implement this recommendation.

## Recommendation #2 – Restructure HRB to Advisory Capacity

Restructure the Health Resources Board as an advisory board assisting the applicable department charged with review of Certificate of Public Review applications.

Under this recommendation, JLOSC will sponsor legislation restructuring HRB to an advisory capacity. JLOSC staff recognizes this would be a large change and note that an advisory HRB may fit better in another department within DHSS such as the Office of Health Facilities Licensing and Certification. To draft the required legislation, JLOSC staff would work closely with HRB and DHSS staff to ensure proper composition and placement. Any draft legislation formed from the adoption of this recommendation would be presented to JLOSC for review, discussion, and approval.

## Recommendation #3 – Statute Revisions

JLOSC should consider sponsoring a bill to apply technical corrections to the governing statute of HRB, Chapter 93, Title 16, and using this review as a guide, applying revisions to sections covering topics such as:

- Board composition.
- Quorum requirements.
- Activities subject to review.<sup>8</sup>
- Procedures for review.
- Review considerations.
- Charity Care.

JLOSC and HRB administrative staff will work together to develop statutory revisions. JLOSC staff will engage stakeholders as necessary.

## Recommendation #4 – Utilization Survey, Utilization Survey Form Requirements.

JLOSC should consider sponsoring a bill to require health care facilities to complete a utilization survey form on an annual basis to build and maintain utilization statistics. HRB will collect annual utilization information, compile a report, and make it available to the public on their website.

Other states have similar requirements for the purpose of maintaining accurate utilization statistics to review CON applications. HRB currently requires former CPR applicants to submit annual charity care reports.

## Recommendation #4, Option 1 – Conducting a State-wide Health Care Facility Utilization Study.

On a biennial basis, HRB will conduct or contract for a state-wide health care facility utilization study. Such study will include an assessment of:

- Current availability and utilization of acute hospital care.
- Hospital emergency care.
- Specialty hospital care.
- Outpatient surgical care.
- Primary care and clinic care; geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services.
- Other factors that the agency deems pertinent to health care facility utilization.
- Unmet needs of persons at risk and vulnerable populations as determined by the executive director.
- Projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services, and recommendations for the expansion, reduction or modification of health care facilities or services.

## Recommendation #5 – Release from Review.

HRB is released from review upon enactment of legislation restructuring to advisory capacity, making technical corrections, and statute modifications listed under Recommendations 2 and 3.

<sup>8</sup> Includes revision under 16 Del. C. § 9304 (1) adopted by JLOSC in recommendation 6 from previous 2012 review.



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