

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 25, 2021
9:00 a.m.

Amended Agenda

1. Welcome
2. Minutes
3. Discussion and Selection of 2022 entities for JLOSC Review
4. Additional Recommendations for Health Resources Board and ~~Delaware Interscholastic Athletic Association~~
5. Draft Legislation
6. Adjournment

The public may submit written comments to Sunset@Delaware.gov.

Public access via YouTube:
<https://www.youtube.com/channel/UCmePiLcN2Ee8cWOEBuUxG1g>

Legislative Council/Division of Research • Legislative Hall • 411 Legislative Avenue • Dover, Delaware 19901
Joint Legislative Oversight and Sunset Committee Analysts: Mark Brainard Jr. & Amanda McAtee
Phone: 302-744-4114 • Email: Sunset@Delaware.gov • Website: www.legis.delaware.gov



Joint Legislative Oversight & Sunset Committee

Recommendation Meeting Health Resources Board

151st General Assembly, 1st year

Sen. Kyle Evans Gay, Chair
Sen. Stephanie L. Hansen
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STATE OF DELAWARE

JOINT LEGISLATIVE OVERSIGHT AND SUNSET COMMITTEE

Meeting Minutes – March 23, 2021

1 Chair Gay called the meeting to order at 11:02 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 March 18, 2021 JLOSC meeting minutes.
9 Senator Hansen motioned to approve the March 18, 2021 minutes as written, and Representative
10 Yearick seconded the motion. The motion carried with Senators Gay, Hansen, Pettyjohn, Pinkney, and
11 Richardson, and Representatives Dorsey Walker, Griffith, Johnson, Spiegelman, and Yearick voting
12 in favor, none opposed.

13 Chair Gay moved to item 3 on the agenda, the recommendations presentation for the Delaware
14 Interscholastic Athletic Association (“DIAA”). Chair Gay introduced Dr. Bradley Layfield, Donna
15 Polk, and Michael Rodriguez of DIAA. Mark Brainard delivered the presentation on JLOSC staff
16 recommendations for DIAA.

17 After the DIAA presentation, Senators Gay and Pinkney and Representatives Dorsey Walker and
18 Yearick asked questions and provided comments. Dr. Bradley Layfield, Donna Polk, Michael
19 Rodriguez, and Mark Brainard provided clarification.

20 Representative Dorsey Walker made a motion for JLOSC to consider all recommendations following
21 the receipt of updated information from Committee staff and DIAA. Representative Yearick seconded
22 the motion. The motion carried with Senators Gay, Hansen, Pettyjohn, Pinkney, and Richardson, and
23 Representatives Dorsey Walker, Griffith, Johnson, Spiegelman, and Yearick voting in favor, none
24 opposed.

25 The meeting adjourned at 12:46 p.m.

26

27 Respectfully prepared by:

28 Amanda McAtee and Mark Brainard, Joint Legislative Oversight and Sunset Committee Analysts

29

30 *Access to the audio recording of this proceeding is available upon request.*

31

MEETING MINUTES

March 23, 2021



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.



ACRONYMS USED

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

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.⁸
- 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.

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

REVIEW SCHEDULE EXAMPLES

2021 Meetings and Submittal Deadlines

Iowa

The following table displays the dates of the scheduled meetings of the State Health Facilities Council and the deadline for filing an application for consideration. Remember, **a letter of intent must be on file for a minimum of 30 days prior to filing an application.** Meeting times and locations will be determined and posted as part of the agenda prior to each meeting.

Meeting Dates	Letter of Intent Due No Later Than	Deadline for Filing an Application	Deadline for Filing a Reviewability Determination
Wednesday February 17 and/or Thursday, February 18, 2021	Tuesday, November 17, 2020	Thursday, December 17, 2020	Wednesday, January 6, 2021
Wednesday, May 19 and/or Thursday, May 20, 2021	Tuesday, February 16, 2021	Thursday, March 18, 2021	Thursday, April 1, 2021
Wednesday, July 14 and/or Thursday, July 15, 2021	Tuesday, April 20, 2021	Thursday, May 20, 2021	Wednesday, June 2, 2021
Wednesday October 20 and/or Thursday, October 21, 2021	Tuesday, July 27, 2021	Thursday, August 26, 2021	Wednesday, September 1, 2021

Filing an application by the deadline is no guarantee that the application will be heard at that meeting. The completeness of the application and the number of applications on file will be factors. It is best to file an application as early as possible.

The Council will schedule additional meetings if needed.

Maryland

Schedule One Special Hospitals (Pediatric, Psychiatric, Chronic, and Rehabilitation)

Region	Letter of Intent Due Date	Pre-Application Conference Date	Application Submission Date
Central Maryland	August 7, 2020	August 19, 2020	October 9, 2020
Eastern Shore	September 4, 2020	September 16, 2020	November 6, 2020
Montgomery & Southern Maryland	October 2, 2020	October 14, 2020	December 4, 2020
Western Maryland	November 6, 2020	November 18, 2020	January 8, 2021

Schedule Two Special Hospital Projects (Pediatric, Psychiatric, Chronic, and Rehabilitation)

Region	Letter of Intent Due Date	Pre-Application Conference Date	Application Submission Date
Central Maryland	February 5, 2021	February 17, 2021	April 9, 2021
Eastern Shore	March 5, 2021	March 17, 2021	May 7, 2021
Montgomery & Southern Maryland	April 2, 2021	April 14, 2021	June 4, 2021
Western Maryland	May 7, 2021	May 19, 2021	July 9, 2021

Reviewed on a schedule: The review process will occur every year and begin on July 1 and last until the following June 30. The law sets out the review period as follows:

July 1	ISDH will publish the results of the county by county need formula before July 1.
July 31	Certificate of Need applications will be accepted through July 31.
August 15	ISDH will publish submitted Certificate of Need applications by August 15.
October 15	ISDH will accept public comments on submitted Certificate of Need applications through October 15.
April 30	Any decision on an accepted Certificate of Need will be made no later than April 30.

Indiana

Review Schedule 2020 IHFSRB Meetings Illinois

Meeting Date	City	Location	60-Day Deadline*	120-Day Deadline
January 14, 2020	Bolingbrook	Bolingbrook Golf Club	10/31/2019	9/3/2019
February 25, 2020	Bolingbrook	Bolingbrook Golf Club	12/9/20019	10/10/2019
April 7, 2020	Bolingbrook	Bolingbrook Golf Club	1/23/2020	11/25/2019
May 19, 2020	Bolingbrook	Bolingbrook Golf Club	3/6/2020	1/6/2020
June 30, 2020	Bolingbrook	Bolingbrook Golf Club	4/17/2020	2/17/2020
August 11, 2020	Bolingbrook	Bolingbrook Golf Club	5/29/2020	3/30/2020
September 22, 2020	Bolingbrook	Bolingbrook Golf Club	7/10/2020	5/11/2020
November 5, 2020	Bolingbrook	Bolingbrook Golf Club	8/24/2020	6/24/2020
December 15, 2020	Bolingbrook	Bolingbrook Golf Club	10/2/2020	8/3/2020

*Indicates a 60-day review period. HFSRB reserves the right to use the full 120-day review period for substantive applications. Applications must be received, reviewed by Board Staff, and deemed complete by this date.

Nursing Homes and ICF/DDs: 1st Batching Cycle - 2021

Florida

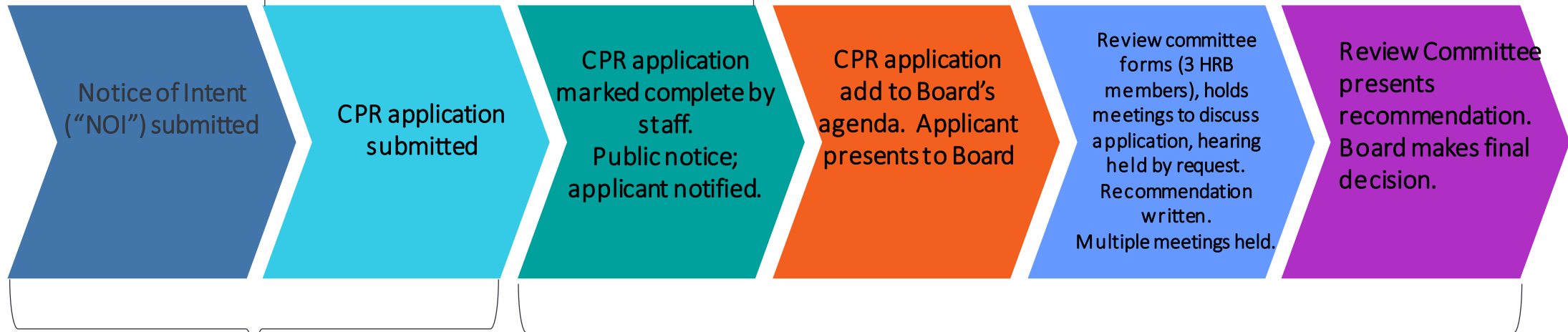
Description	Dates*
Summary Need Projections Published in F.A.R.	4-02-21
Letter of Intent Deadline	4-19-21
Application Deadline	5-19-21
Completeness Review Deadline	5-26-21
Application Omissions Deadline	6-16-21
Agency Initial Decision Deadline	8-13-21

CURRENT HRB Certificate of Public Review Application Process

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

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

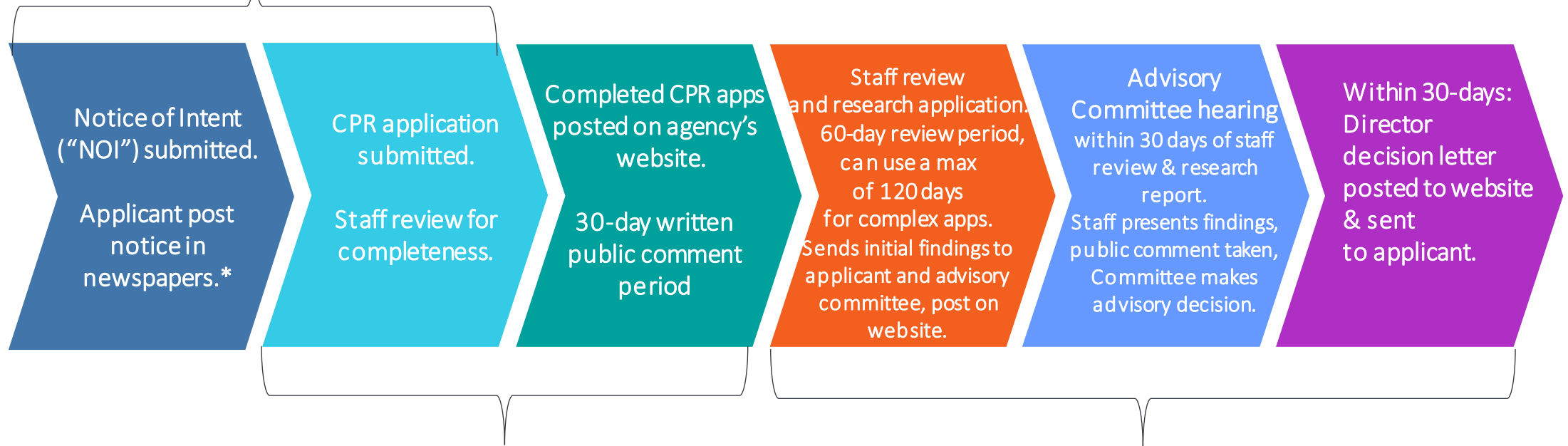
Maximum review period, with exceptions for requested public hearing (120 days max) or if mutually acceptable to HRB and applicant (up to 180 days max).

EXAMPLE OF MODIFIED APPLICATION PROCESS

30 Days

Minimum time period between submitting NOI and application. Applicant cannot take more than 90 days to submit a completed application. Applicant must get permission from Board to submit application less than 30 days after NOI.

* Requires applicant to publish notice of its intent to file a CPR in a newspaper having substantial circulation in the area where the project will be located for 3 consecutive days. Notice must be published at least 30, but no more than 90 days, before filing CPR application. The notice must be in a format approved by the agency and contain a brief description of the project and the street address of where the project is to be located. Applicant must submit proof of publication with NOI submitted to agency.



15

Business Days

Staff reviews for completeness, may take up to 15 business days. Complete applications receive notice. Applicants are notified in writing when an application is incomplete, have 15 business days to correct application.

120

Days

120-180 days total review time. This can be done on a schedule with the agency posting deadlines for NOI and completed applications.

ACTIVITIES SUBJECT TO REVIEW

§ 9304. Activities subject to review [Effective Dec. 31, 2020].

(a) Any person must obtain a Certificate of Public Review prior to undertaking any of the following activities:

(1) The construction, development or other establishment of a health-care facility or the acquisition of a nonprofit health-care facility;

(2) Any expenditure by or on behalf of a health-care facility in excess of \$5.8 million, or some greater amount which has been designated by the Board following an annual adjustment for inflation using an annual inflation index determined by the United States Department of Labor, Bureau of Labor Statistics, is a capital expenditure. A capital expenditure for purposes of constructing, developing or otherwise establishing a medical office building shall not be subject to review under this chapter. When a person makes an acquisition by or on behalf of a health-care facility under lease or comparable arrangement, or through donation which would have required review if the acquisition had been by purchase, such acquisition shall be deemed a capital expenditure subject to review. The Board may exempt from review capital expenditures when determined to be necessary for maintaining the physical structure of a facility and not related to direct patient care. A notice of intent filed pursuant to § 9305 of this title, along with any other information deemed necessary by the Board, shall provide the basis for exempting such capital expenditures from review;

(3) A change in bed capacity of a health-care facility which increases the total number of beds (or distributes beds among various categories, or relocates such beds from 1 physical facility or site to another) by more than 10 beds or more than 10 percent of total licensed bed capacity, whichever is less, over a 2-year period;

(4) The acquisition of major medical equipment, whether or not by a health-care facility and whether or not the acquisition is through a capital expenditure, an operating expense or a donation. The replacement of major medical equipment with similar equipment shall not be subject to review under this chapter. In the case of major medical equipment acquired by an entity outside of Delaware, the use of that major medical equipment within Delaware, whether or not on a mobile basis, is subject to review under this chapter. Major medical equipment which is acquired for use in a freestanding acute inpatient rehabilitation hospital, as defined in § 9302(4) of this title, a dispensary or first aid station located within a business or industrial establishment maintained solely for the use of employees or in a first aid station, dispensary or infirmary offering services exclusively for use by students and employees of a school or university or by inmates and employees of a prison is not subject to review.

Staff Revision Ideas:

- Codify the section B of HRMP, covering acute care hospital moratorium on new construction of acute care hospitals (2009 HRB change).
- Increase capital expenditure to \$30M.
- Decrease the number of activities subject to review to:
 - Long-term care beds, change by more than 10.
 - New long-term care facilities.
 - For-profit acquisitions of a nonprofit health care facility; Not-for-profit acquisitions of another nonprofit health care facility would not require a review.

State Examples of Capital Expenditures:

MD \$50M or 25% of annual global budgeted revenue

NJ \$2M

NY \$15M - \$30M

DC \$2M - \$3.5M

VA \$20M

WV \$5.5M

MA \$19.2M

RI \$5.9M

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- Other factors that the agency deems pertinent to health care facility utilization.
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⁸ Includes revision under 16 Del. C. § 9304 (1) adopted by JLOSC in recommendation 6 from previous 2012 review.



Stay Connected

 Twitter: @DEDivResearch

 Web: <https://legis.delaware.gov/Committee/Sunset>

 Phone: (302) 744-4114

 Email: Sunset@delaware.gov

States with CON Laws & Board Composition

16 States without CON Laws

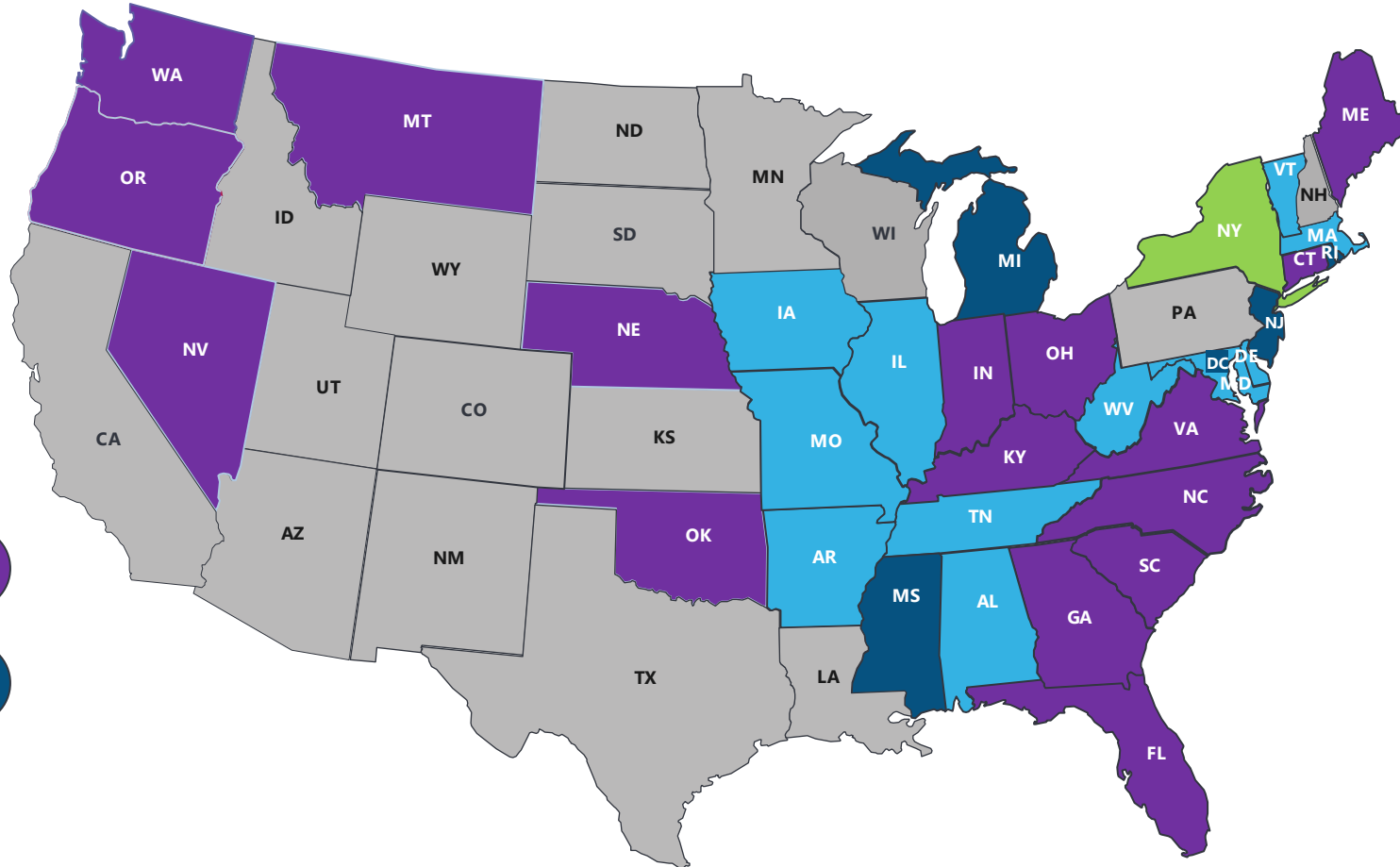
34 States with CON Laws
Plus, the District of Columbia.

17 No CON Board
Departments decide CON applications.

5 ADVISORY BOARDS
Plus, the District of Columbia.

11 Decision Making Boards

1 Hybrid Board: Advisory & Decision-Making
Board makes decisions for establishment and change of ownership; Commissioner of Health makes decisions for major construction and specialized services with Board providing advisory guidance.



STAFF FINDING #1

34 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.

→ Only 11 states (including Delaware) rely on a decision-making board for CON application decisions.

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	Withdrew by Applicant	Pending HRB Review	Total HRB Decisions	Breakdown of Total HRB Decisions: Approved	Breakdown of Total HRB Decisions: Denied
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	
7 years	34	1	1	2	30	28	2

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
TOTAL	48

CPR Applications Received

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

Applications Determined Complete

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

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

STAFF FINDING #4 - CHARTS

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
MeadowWood 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 #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
Beebe Healthcare	Freestanding Emergency Department	\$23,000,000.00	2019	Denied	213
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
First State Orthopaedics	Free Standing Surgery Center	\$4,000,000.00	2015	Denied	114
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
TOTAL		\$955,679,685			3496

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
							\$500 or 0.3% of the project's capital expenditure, whichever is greater	\$1.5M
Montana	41	18	Y	N	None			
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					