



General Assembly

**Amendment**

February Session, 2014

LCO No. 5602

**\*SB0003505602SD0\***

Offered by:

SEN. LOONEY, 11<sup>th</sup> Dist.  
SEN. GERRATANA, 6<sup>th</sup> Dist.  
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To: Subst. Senate Bill No. 35

File No. 419

Cal. No. 286

**"AN ACT CONCERNING NOTICE OF ACQUISITIONS, JOINT VENTURES AND AFFILIATIONS OF GROUP MEDICAL PRACTICES."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 33-182aa of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective from passage*):

5 As used in this chapter and section 504 of this act:

6 (1) "Affiliate" means any person that directly or indirectly through  
7 one or more intermediaries, controls or is controlled by or is under  
8 common control with another person. A person is deemed controlled  
9 by another person if the other person, or one of that other person's  
10 affiliates, officers, agents or management employees, acts as a general  
11 partner or manager of the person in question.

12 (2) "Certificate of incorporation" means a certificate of incorporation,  
13 as defined in section 33-1002, or any predecessor statute thereto;

14 [(2)] (3) "Hospital" means [a nonstock corporation organized under  
15 chapter 602, or any predecessor statute thereto, or by special act and  
16 licensed as] a hospital licensed pursuant to chapter 368v;

17 [(3)] (4) "Health system" means [a nonstock corporation organized  
18 under chapter 602, or any predecessor statute thereto,] a business  
19 entity consisting of a parent corporation of one or more hospitals  
20 licensed pursuant to chapter 368v, and affiliated through governance,  
21 membership or some other means;

22 [(4)] (5) "Medical school" means a school of allopathic medicine  
23 leading to the M.D. degree, accredited by the Liaison Committee on  
24 Medical Education, and affiliated through governance with or part of a  
25 university that is either incorporated in this state or established  
26 pursuant to any provision of the general statutes and accredited by the  
27 New England Association of Schools and Colleges Commission on  
28 Institutions of Higher Education; and

29 [(5)] (6) "Provider" means a physician licensed under chapter 370, a  
30 chiropractor licensed under chapter 372, an optometrist licensed under  
31 chapter 380 or a podiatrist licensed under chapter 375.

32 Sec. 502. Section 33-182bb of the general statutes is repealed and the  
33 following is substituted in lieu thereof (*Effective from passage*):

34 (a) (1) Any hospital, health system or medical school may organize  
35 and become a member of a medical foundation under the provisions of  
36 chapter 602 for the purpose of practicing medicine and providing  
37 health care services as a medical foundation through employees or  
38 agents of such medical foundation who are [licensed pursuant to  
39 section 20-9 and through other] providers. Providers who are  
40 employees or agents of a medical foundation organized by a nonprofit  
41 hospital or nonprofit health system shall be employed by and work  
42 primarily for such nonprofit hospital or nonprofit health system.  
43 Providers who are employees or agents of a medical foundation  
44 organized by a for-profit hospital or for-profit health system shall be

45 employed by and work primarily for such for-profit hospital or for-  
46 profit health system. Such medical foundation shall be governed by a  
47 board of directors, which shall consist of an equal or greater number of  
48 providers than nonprovider employees of the members, in addition to  
49 such other directors as may be elected by the members. The authority  
50 to appoint or elect board members shall not be granted to any person  
51 or entity that is not a member of the medical foundation.

52 (2) Notwithstanding the provisions of this subsection, (A) no  
53 employee or representative of a for-profit hospital, for-profit health  
54 system, for-profit medical school or any entity that owns or controls a  
55 for-profit hospital, for-profit health system or for-profit medical school  
56 may serve on the board of directors of a medical foundation organized  
57 by a nonprofit hospital, nonprofit health system or nonprofit medical  
58 school; (B) no employee or representative of a nonprofit hospital,  
59 nonprofit health system, nonprofit medical school or any entity that  
60 owns or controls a nonprofit hospital, nonprofit health system or  
61 nonprofit medical school may serve on the board of directors of a  
62 medical foundation organized by a for-profit hospital, for-profit health  
63 system or for-profit medical school; and (C) no person shall serve on  
64 the board of directors of a medical foundation organized by a for-profit  
65 hospital, for-profit health system or for-profit medical school and, at  
66 the same time, serve on the board of directors of a medical foundation  
67 organized by a nonprofit hospital, nonprofit health system or  
68 nonprofit medical school.

69 (b) Any medical foundation organized on or after July 1, 2009, shall  
70 file a copy of its certificate of incorporation and any amendments to its  
71 certificate of incorporation with the Office of Health Care Access  
72 division of the Department of Public Health not later than ten business  
73 days after the medical foundation files such certificate of incorporation  
74 or amendment with the Secretary of the State pursuant to chapter 602.

75 (c) Any medical group clinic corporation formed under chapter 594  
76 of the general statutes, revision of 1958, revised to 1995, which amends  
77 its certificate of incorporation pursuant to subsection (a) of section 33-

78 182cc, shall file with the Office of Health Care Access division of the  
79 Department of Public Health a copy of its certificate of incorporation  
80 and any amendments to its certificate of incorporation, including any  
81 amendment to its certificate of incorporation that complies with the  
82 requirements of subsection (a) of section 33-182cc, not later than ten  
83 business days after the medical foundation files its certificate of  
84 incorporation or any amendments to its certificate of incorporation  
85 with the Secretary of the State.

86 (d) Any medical foundation, regardless of when organized, shall file  
87 notice with the Office of Health Care Access division of the  
88 Department of Public Health and the Secretary of the State of its  
89 liquidation, termination, dissolution or cessation of operations not later  
90 than ten business days after a vote by its board of directors or  
91 members to take such action. [Not later than ten business days after  
92 receiving a written request from the office, a] A medical foundation  
93 shall, annually, provide the office with a statement of its mission, [and]  
94 a description of the services it provides, [and] a description of any  
95 significant change in its services during the preceding year and other  
96 financial information as reported on the medical foundation's most  
97 recently filed Internal Revenue Service return of organization exempt  
98 from income tax form, or any replacement form adopted by the  
99 Internal Revenue Service, or, if such medical foundation is not  
100 required to file such from, a substantially similar form. The Office of  
101 Health Care Access shall make such forms available to members of the  
102 public and accessible on said office's Internet web site.

103 (e) A medical foundation shall not operate for profit and may  
104 operate at such locations as are designated by its members.

105 (f) A hospital, health system or medical school may organize and be  
106 a member of no more than one medical foundation.

107 Sec. 503. Section 33-182dd of the general statutes is repealed and the  
108 following is substituted in lieu thereof (*Effective from passage*):

109       (a) No medical foundation organized under this chapter shall  
110 engage in any business other than the rendering of health care services  
111 for which it was specifically incorporated, except that nothing in this  
112 chapter or in any other provision of law applicable to corporations  
113 shall be interpreted to prohibit such medical foundation from  
114 investing its funds in real estate, mortgages, stocks, bonds or any other  
115 type of investments, or from owning real or personal property incident  
116 to the rendering of professional services.

117       (b) No medical foundation organized by a nonprofit hospital,  
118 nonprofit health system or nonprofit medical school may be affiliated  
119 with, partners with, a party to a joint venture with, or otherwise enter  
120 into a similar business relationship with (1) a medical foundation  
121 organized by a for-profit hospital, for-profit health system or for-profit  
122 medical school, (2) a for-profit hospital, (3) a for-profit health system,  
123 (4) a for-profit medical school, or (5) any entity that owns or controls a  
124 for-profit hospital, a for-profit health system or a for-profit medical  
125 school. Nothing in this subsection shall be construed as prohibiting  
126 affiliations or collaborations for the purposes of providing clinical  
127 services.

128       Sec. 504. (NEW) (*Effective from passage*) A nonprofit hospital or  
129 nonprofit health system that enters into a partnership, joint venture or  
130 similar business enterprise with a for-profit hospital, for-profit health  
131 system or an entity that owns or controls or is affiliated with a for-  
132 profit hospital or a for-profit health system shall not possess more than  
133 a thirty-five per cent interest in such partnership, joint venture or  
134 business enterprise. Nothing in this subsection shall be construed as  
135 prohibiting affiliations or collaborations for the purposes of providing  
136 clinical services.

137       Sec. 505. (NEW) (*Effective October 1, 2014*) Upon admitting a patient  
138 to a hospital, hospital personnel shall promptly ask the patient  
139 whether the patient desires for his or her physician to be notified of the  
140 hospital admission. If the patient so desires, hospital personnel shall  
141 make reasonable efforts to notify the physician designated by the

142 patient of the patient's hospital admission as soon as practicable, but  
143 not later than twelve hours after the patient's request. For purposes of  
144 this section, "hospital" shall have the same meaning as provided in  
145 section 19a-490 of the general statutes; and "physician" means a person  
146 licensed under the provisions of chapter 370 of the general statutes.

147 Sec. 506. Section 19a-638 of the 2014 supplement to the general  
148 statutes is repealed and the following is substituted in lieu thereof  
149 (*Effective July 1, 2014*):

150 (a) For purposes of this section:

151 (1) "Captive professional entity" means a professional corporation,  
152 limited liability company or other entity formed to render professional  
153 services in which a beneficial owner is a physician employed by or  
154 otherwise designated by a hospital or hospital system.

155 (2) "Hospital" means a hospital licensed by the Department of Public  
156 Health under chapter 368v.

157 (3) "Group practice" means eight or more physicians, legally  
158 organized in a partnership, professional corporation, limited liability  
159 company formed to render professional services, medical foundation,  
160 not-for-profit corporation, faculty practice plan or other similar entity  
161 (A) in which each physician who is a member of the group provides  
162 substantially the full range of services that the physician routinely  
163 provides, including, but not limited to, medical care, consultation,  
164 diagnosis or treatment, through the joint use of shared office space,  
165 facilities, equipment or personnel; (B) for which substantially all of the  
166 services of the physicians who are members of the group are provided  
167 through the group and are billed in the name of the group practice and  
168 amounts so received are treated as receipts of the group; or (C) in  
169 which the overhead expenses of, and the income from, the group are  
170 distributed in accordance with methods previously determined by  
171 members of the group. An entity that otherwise meets the definition of  
172 group practice under this section shall be considered a group practice

173 although its shareholders, partners or owners of the group practice  
174 include single-physician professional corporations, limited liability  
175 companies formed to render professional services or other entities in  
176 which beneficial owners are individual physicians.

177 (4) "Health system" has the same meaning as provided in section 33-  
178 182aa, as amended by this act.

179 (5) "Hospital system" means: (A) A parent corporation of one or  
180 more hospitals and any entity affiliated with such parent corporation  
181 through ownership, governance, membership or other means, or (B) a  
182 hospital and any entity affiliated with such hospital through  
183 ownership, governance, membership or other means.

184 (6) "Physician" has the same meaning as provided in section 20-13a.

185 (7) "Medical foundation" means a medical foundation formed under  
186 chapter 594b.

187 [(a)] (b) A certificate of need issued by the office shall be required  
188 for:

189 (1) The establishment of a new health care facility;

190 (2) A transfer of ownership of a health care facility;

191 (3) A transfer of ownership of a group practice to (A) a hospital, (B)  
192 a health system, (C) a hospital system, (D) a captive professional entity,  
193 (E) a medical foundation, or (F) any other entity that is owned by, or  
194 an affiliate of, a hospital, except a transfer of ownership when the  
195 parties have entered into a memorandum of understanding concerning  
196 the transfer on or before July 1, 2014;

197 [(3)] (4) The establishment of a freestanding emergency department;

198 [(4)] (5) The termination of inpatient or outpatient services offered  
199 by a hospital, including, but not limited to, the termination by a short-  
200 term acute care general hospital or children's hospital of inpatient and

201 outpatient mental health and substance abuse services;

202 ~~[(5)] (6)~~ The establishment of an outpatient surgical facility, as  
203 defined in section 19a-493b, or as established by a short-term acute  
204 care general hospital;

205 ~~[(6)] (7)~~ The termination of surgical services by an outpatient  
206 surgical facility, as defined in section 19a-493b, or a facility that  
207 provides outpatient surgical services as part of the outpatient surgery  
208 department of a short-term acute care general hospital, provided  
209 termination of outpatient surgical services due to (A) insufficient  
210 patient volume, or (B) the termination of any subspecialty surgical  
211 service, shall not require certificate of need approval;

212 ~~[(7)] (8)~~ The termination of an emergency department by a short-  
213 term acute care general hospital;

214 ~~[(8)] (9)~~ The establishment of cardiac services, including inpatient  
215 and outpatient cardiac catheterization, interventional cardiology and  
216 cardiovascular surgery;

217 ~~[(9)] (10)~~ The acquisition of computed tomography scanners,  
218 magnetic resonance imaging scanners, positron emission tomography  
219 scanners or positron emission tomography-computed tomography  
220 scanners, by any person, physician, provider, short-term acute care  
221 general hospital or children's hospital, except as provided for in  
222 subdivision (22) of subsection ~~[(b)] (c)~~ of this section;

223 ~~[(10)] (11)~~ The acquisition of nonhospital based linear accelerators;

224 ~~[(11)] (12)~~ An increase in the licensed bed capacity of a health care  
225 facility;

226 ~~[(12)] (13)~~ The acquisition of equipment utilizing technology that  
227 has not previously been utilized in the state;

228 ~~[(13)] (14)~~ An increase of two or more operating rooms within any



229 three-year period, commencing on and after October 1, 2010, by an  
230 outpatient surgical facility, as defined in section 19a-493b, or by a  
231 short-term acute care general hospital; and

232 [(14)] (15) The termination of inpatient or outpatient services offered  
233 by a hospital or other facility or institution operated by the state that  
234 provides services that are eligible for reimbursement under Title XVIII  
235 or XIX of the federal Social Security Act, 42 USC 301, as amended.

236 [(b)] (c) A certificate of need shall not be required for:

237 (1) Health care facilities owned and operated by the federal  
238 government;

239 (2) The establishment of offices by a licensed private practitioner,  
240 whether for individual or group practice, except when a certificate of  
241 need is required in accordance with the requirements of section 19a-  
242 493b or subdivision [(9) or (10)] (3), (10) or (11) of subsection [(a)] (b) of  
243 this section;

244 (3) A health care facility operated by a religious group that  
245 exclusively relies upon spiritual means through prayer for healing;

246 (4) Residential care homes, nursing homes and rest homes, as  
247 defined in subsection (c) of section 19a-490;

248 (5) An assisted living services agency, as defined in section 19a-490;

249 (6) Home health agencies, as defined in section 19a-490;

250 (7) Hospice services, as described in section 19a-122b;

251 (8) Outpatient rehabilitation facilities;

252 (9) Outpatient chronic dialysis services;

253 (10) Transplant services;

254 (11) Free clinics, as defined in section 19a-630;

255 (12) School-based health centers, community health centers, as  
256 defined in section 19a-490a, not-for-profit outpatient clinics licensed in  
257 accordance with the provisions of chapter 368v and federally qualified  
258 health centers;

259 (13) A program licensed or funded by the Department of Children  
260 and Families, provided such program is not a psychiatric residential  
261 treatment facility;

262 (14) Any nonprofit facility, institution or provider that has a contract  
263 with, or is certified or licensed to provide a service for, a state agency  
264 or department for a service that would otherwise require a certificate  
265 of need. The provisions of this subdivision shall not apply to a short-  
266 term acute care general hospital or children's hospital, or a hospital or  
267 other facility or institution operated by the state that provides services  
268 that are eligible for reimbursement under Title XVIII or XIX of the  
269 federal Social Security Act, 42 USC 301, as amended;

270 (15) A health care facility operated by a nonprofit educational  
271 institution exclusively for students, faculty and staff of such institution  
272 and their dependents;

273 (16) An outpatient clinic or program operated exclusively by or  
274 contracted to be operated exclusively by a municipality, municipal  
275 agency, municipal board of education or a health district, as described  
276 in section 19a-241;

277 (17) A residential facility for persons with intellectual disability  
278 licensed pursuant to section 17a-227 and certified to participate in the  
279 Title XIX Medicaid program as an intermediate care facility for  
280 individuals with intellectual disabilities;

281 (18) Replacement of existing imaging equipment if such equipment  
282 was acquired through certificate of need approval or a certificate of  
283 need determination, provided a health care facility, provider,  
284 physician or person notifies the office of the date on which the  
285 equipment is replaced and the disposition of the replaced equipment;

286 (19) Acquisition of cone-beam dental imaging equipment that is to  
287 be used exclusively by a dentist licensed pursuant to chapter 379;

288 (20) The partial or total elimination of services provided by an  
289 outpatient surgical facility, as defined in section 19a-493b, except as  
290 provided in subdivision (6) of subsection [(a)] (b) of this section and  
291 section 19a-639e;

292 (21) The termination of services for which the Department of Public  
293 Health has requested the facility to relinquish its license; or

294 (22) Acquisition of any equipment by any person that is to be used  
295 exclusively for scientific research that is not conducted on humans.

296 [(c)] (d) (1) Any person, health care facility or institution that is  
297 unsure whether a certificate of need is required under this section, or  
298 (2) any health care facility that proposes to relocate pursuant to section  
299 19a-639c shall send a letter to the office that describes the project and  
300 requests that the office make a determination as to whether a certificate  
301 of need is required. In the case of a relocation of a health care facility,  
302 the letter shall include information described in section 19a-639c. A  
303 person, health care facility or institution making such request shall  
304 provide the office with any information the office requests as part of its  
305 determination process.

306 [(d)] (e) The Commissioner of Public Health may implement policies  
307 and procedures necessary to administer the provisions of this section  
308 while in the process of adopting such policies and procedures as  
309 regulation, provided the commissioner holds a public hearing prior to  
310 implementing the policies and procedures and prints notice of intent to  
311 adopt regulations in the Connecticut Law Journal not later than twenty  
312 days after the date of implementation. Policies and procedures  
313 implemented pursuant to this section shall be valid until the time final  
314 regulations are adopted. Final regulations shall be adopted by  
315 December 31, 2011.

316 Sec. 507. Section 19a-639 of the 2014 supplement to the general

317 statutes is repealed and the following is substituted in lieu thereof  
318 (*Effective July 1, 2014*):

319 (a) In any deliberations involving a certificate of need application  
320 filed pursuant to section 19a-638, as amended by this act, the office  
321 shall take into consideration and make written findings concerning  
322 each of the following guidelines and principles:

323 (1) Whether the proposed project is consistent with any applicable  
324 policies and standards adopted in regulations by the Department of  
325 Public Health;

326 (2) The relationship of the proposed project to the state-wide health  
327 care facilities and services plan;

328 (3) Whether there is a clear public need for the health care facility or  
329 services proposed by the applicant;

330 (4) Whether the applicant has satisfactorily demonstrated how the  
331 proposal will impact the financial strength of the health care system in  
332 the state or that the proposal is financially feasible for the applicant;

333 (5) Whether the applicant has satisfactorily demonstrated how the  
334 proposal will improve quality, accessibility and cost effectiveness of  
335 health care delivery in the region, including, but not limited to, (A)  
336 provision of or any change in the access to services for Medicaid  
337 recipients and indigent persons, and (B) the impact upon the cost  
338 effectiveness of providing access to services provided under the  
339 Medicaid program;

340 (6) The applicant's past and proposed provision of health care  
341 services to relevant patient populations and payer mix, including, but  
342 not limited to, access to services by Medicaid recipients and indigent  
343 persons;

344 (7) Whether the applicant has satisfactorily identified the population  
345 to be served by the proposed project and satisfactorily demonstrated

346 that the identified population has a need for the proposed services;

347 (8) The utilization of existing health care facilities and health care  
348 services in the service area of the applicant;

349 (9) Whether the applicant has satisfactorily demonstrated that the  
350 proposed project shall not result in an unnecessary duplication of  
351 existing or approved health care services or facilities; [and]

352 (10) Whether an applicant, who has failed to provide or reduced  
353 access to services by Medicaid recipients or indigent persons, has  
354 demonstrated good cause for doing so, which shall not be  
355 demonstrated solely on the basis of differences in reimbursement rates  
356 between Medicaid and other health care payers;

357 (11) Whether the applicant has satisfactorily demonstrated that the  
358 proposal will not negatively impact the diversity of health care  
359 providers and patient choice in the geographic region; and

360 (12) Whether the applicant has satisfactorily demonstrated that any  
361 consolidation of market share resulting from the proposal will not  
362 adversely affect health care costs.

363 (b) In deliberations as described in subsection (a) of this section,  
364 there shall be a presumption that a certificate of need is not required  
365 for a transfer of ownership of a group practice, as described in  
366 subdivision (3) of subsection (b) of section 19a-638, as amended by this  
367 act, when an offer was made in response to a request for proposal or  
368 similar voluntary offer for sale.

369 [(b)] (c) The office, as it deems necessary, may revise or supplement  
370 the guidelines and principles through regulation prescribed in  
371 subsection (a) of this section.

372 Sec. 508. Section 19a-639a of the general statutes is repealed and the  
373 following is substituted in lieu thereof (*Effective July 1, 2014*):

374 (a) An application for a certificate of need shall be filed with the  
375 office in accordance with the provisions of this section and any  
376 regulations adopted by the Department of Public Health. The  
377 application shall address the guidelines and principles set forth in (1)  
378 subsection (a) of section 19a-639, as amended by this act, and (2)  
379 regulations adopted by the department. The applicant shall include  
380 with the application a nonrefundable application fee of five hundred  
381 dollars.

382 (b) Prior to the filing of a certificate of need application, the  
383 applicant shall publish notice that an application is to be submitted to  
384 the office in a newspaper having a substantial circulation in the area  
385 where the project is to be located. Such notice shall (1) be published (A)  
386 not later than twenty days prior to the date of filing of the certificate of  
387 need application, and (B) for not less than three consecutive days, and  
388 (2) contain a brief description of the nature of the project and the street  
389 address where the project is to be located. An applicant shall file the  
390 certificate of need application with the office not later than ninety days  
391 after publishing notice of the application in accordance with the  
392 provisions of this subsection. The office shall not accept the applicant's  
393 certificate of need application for filing unless the application is  
394 accompanied by the application fee prescribed in subsection (a) of this  
395 section and proof of compliance with the publication requirements  
396 prescribed in this subsection.

397 (c) Not later than five business days after receipt of a properly filed  
398 certificate of need application, the office shall publish notice of the  
399 application on its web site. Not later than thirty days after the date of  
400 filing of the application, the office may request such additional  
401 information as the office determines necessary to complete the  
402 application. The applicant shall, not later than sixty days after the date  
403 of the office's request, submit the requested information to the office. If  
404 an applicant fails to submit the requested information to the office  
405 within the sixty-day period, the office shall consider the application to  
406 have been withdrawn.

407 (d) Upon determining that an application is complete, the office  
408 shall provide notice of this determination to the applicant and to the  
409 public in accordance with regulations adopted by the department. In  
410 addition, the office shall post such notice on its web site. The date on  
411 which the office posts such notice on its web site shall begin the review  
412 period. Except as provided in this subsection, (1) the review period for  
413 a completed application shall be ninety days from the date on which  
414 the office posts such notice on its web site; and (2) the office shall issue  
415 a decision on a completed application prior to the expiration of the  
416 ninety-day review period. The review period for a completed  
417 application that involves a transfer of a group practice, as described in  
418 subdivision (3) of subsection (b) of section 19a-638, as amended by this  
419 act, when the offer was made in response to a request for proposal or  
420 similar voluntary offer for sale shall be sixty days from the date on  
421 which the office posts notice on its web site. Upon request or for good  
422 cause shown, the office may extend the review period for a period of  
423 time not to exceed sixty days. If the review period is extended, the  
424 office shall issue a decision on the completed application prior to the  
425 expiration of the extended review period. If the office holds a public  
426 hearing concerning a completed application in accordance with  
427 subsection (e) or (f) of this section, the office shall issue a decision on  
428 the completed application not later than sixty days after the date the  
429 office closes the public hearing record.

430 (e) [The] Except as provided in this subsection, the office shall hold  
431 a public hearing on a properly filed and completed certificate of need  
432 application if three or more individuals or an individual representing  
433 an entity with five or more people submits a request, in writing, that a  
434 public hearing be held on the application. For a properly filed and  
435 completed certificate of need application involving a transfer of  
436 ownership of a group practice, as described in subdivision (3) of  
437 subsection (b) of section 19a-638, as amended by this act, when an offer  
438 was made in response to a request for proposal or similar voluntary  
439 offer for sale, a public hearing shall be held if twenty-five or more  
440 individuals or an individual representing twenty-five or more people

441 submits a request, in writing, that a public hearing be held on the  
 442 application. Any request for a public hearing shall be made to the  
 443 office not later than thirty days after the date the office determines the  
 444 application to be complete.

445 (f) The office may hold a public hearing with respect to any  
 446 certificate of need application submitted under this chapter. The office  
 447 shall provide not less than two weeks' advance notice to the applicant,  
 448 in writing, and to the public by publication in a newspaper having a  
 449 substantial circulation in the area served by the health care facility or  
 450 provider. In conducting its activities under this chapter, the office may  
 451 hold hearing on applications of a similar nature at the same time.

452 (g) The Commissioner of Public Health may implement policies and  
 453 procedures necessary to administer the provisions of this section while  
 454 in the process of adopting such policies and procedures as regulation,  
 455 provided the commissioner holds a public hearing prior to  
 456 implementing the policies and procedures and prints notice of intent to  
 457 adopt regulations in the Connecticut Law Journal not later than twenty  
 458 days after the date of implementation. Policies and procedures  
 459 implemented pursuant to this section shall be valid until the time final  
 460 regulations are adopted. Final regulations shall be adopted by  
 461 December 31, 2011."

|   |                        |             |
|---|------------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                        |             |
| Sec. 501  | <i>from passage</i>    | 33-182aa    |
| Sec. 502  | <i>from passage</i>    | 33-182bb    |
| Sec. 503  | <i>from passage</i>    | 33-182dd    |
| Sec. 504  | <i>from passage</i>    | New section |
| Sec. 505  | <i>October 1, 2014</i> | New section |
| Sec. 506  | <i>July 1, 2014</i>    | 19a-638     |
| Sec. 507  | <i>July 1, 2014</i>    | 19a-639     |
| Sec. 508  | <i>July 1, 2014</i>    | 19a-639a    |