

Certificate of Need Statutory Changes Over the Last 10 Years

2015

- Determined out of state entities could no longer file as affected parties
- Exempted neonatal abstinence centers from filing CON

2016

- Streamlined power and duties of the West Virginia Healthcare authority
- Increased the capital expenditure minimum to \$5 million dollars
- Review cycle timeframes to file for and receive a decision were shortened considerably
- The law also included a definition of campus that applied to all health care facilities. This allowed existing providers to expand the size of their existing operations. A health care provider could expand to any adjacent area or building that was not separated by more than one public right of way.

2017

- Amended to make telehealth exempt from review
- Exemption was added to allow physicians to develop diagnostic imaging facilities
- Clarified that hospitals could ask for an exemption if the cost of the replacement of equipment was over \$5 million dollars. If it was under \$5 million there was no need to ask for anything. The same language was added to the exemption for hospital renovations

2018

- Was amended to add in 4-person transitional intermediate care facilities and specific criteria to govern their development and amend the code to allow intermediate care facility providers to add these beds.

2019

- Established a workgroup to review HOSPICE standards under the Certificate of Need process by the HCA, and it provides for certain other related provisions regarding the workgroup's composition, and process for developing the standards.

2020

- Removed the \$1000 fee associated with the filing for an exemption from CON
- Refined the process to make it much easier for applicants to file for an receive a notification that their project was exempt from CON review

2023

- Was amended to redefine “campus” as the physical area immediately adjacent to the hospital’s main buildings, other areas, and structures that are not strictly contiguous to the main buildings, but are located within 250 yards of the main buildings
- The capital expenditure minimum was also redefined to be \$100 million instead of \$5 million.
- The legislation also exempted Hospital Services from requiring a CON review.
- The legislation also allowed physicians to obtain an MRI and provide a full range of diagnostic imaging services. The legislation also exempted Birthing Centers from review.
- The legislature redefined campus so that it only applied to hospitals and only to areas that were within 250 yards of the main campus of the hospital
- The capital expenditure minimum for a CON review was increased from \$5 million to \$100 million and inpatient hospital services were exempt from review