



## Comparison Between MSDC Amendments to Certificate of Need Statute and B25-948

- What MSDC recommended
  - MSDC Suggested Change: define a healthcare facility as a hospital, rehabilitation facility, skilled nursing facility, intermediate care facility, ambulatory care center, hospice center, or comparable healthcare facility with an operating budget of at least \$500,000. Exempt are private medical office facilities where licensed health providers practice at the standard of care and within their scope.
  - MSDC Suggested Change: define “health services” as any medical or clinical related service but exempt those overseen by the Department of Behavioral Health and private office facilities and clinics where licensed health professionals practice at the standard of care and within their scope.
  - Bill’s change: Same as recommended.
- Other changes in bill
  - Require registration, not a CON review, for telehealth-only practices without a brick-and-mortar location.
  - Require biennial updates to the dollar amount that automatically triggers a CON review.
  - Allow a restart of the process when build timeline runs long.
  - Exempts nonpatient capital projects
  - Defines a group practice as
    - A group of 2 or more health professionals licensed to practice in DC with expenses and billing done for the group.
- MSDC Talking Points
  - The certificate of need definitions currently are too vague.
  - This opens practices making non-consequential changes like replacing staff to a CON review. This costs time and money many independent practices don’t have for no purpose.
  - DC’s current CON law places it at a disadvantage competitively with Maryland and Virginia, which could lead to more practices relocating out of DC.
  - B25-948 makes needed changes that would protect practices making routine changes.
  - I support the change in definition for group practice and the exemption for private medical practices