

State Comparison of State Health Plans:

Certificate of Need Requirements, Purpose, and Other Related Information

<i>State</i>	CON Requirements/Basis of State Health Plan	State Health Plan Purpose and Related Information
<i>Mississippi</i>	CON Required by Legislative Rule	<p>Purpose: The 2010 State Health Plan establishes criteria and standards for health-related activities which require Certificate of Need review in an effort to meet the priority health needs identified. Updates statistical data for health care facilities and services and other information concerning health care issues; includes changes to Acute Care, Obstetrical Services, and Neonatal Special Care Services, and Diagnostic Radiology, to name a few.</p>
<i>Ohio</i>	CON Required	<p>Ohio Dept. of Health produces the SHP with assistance from various resources. The project evolved to reflect the complex systems involved to accomplish goals while improving and protecting the health of the people in the state. The project has been developed using demographics (present and future), population health risk statistics, assessment of public health and options available (e.g., health depts.) and present health services available. In November 2008, more than 180 health care providers, business leaders, government officials and health advocates interested in pursuing health system reform participated in the Ohio Health Quality Improvement Summit. During this three-day event, those attending developed twelve strategies for creating a high-quality, cost-effective, high-performing health system in Ohio with goal attainment expected by 2013. State Health Plan was last updated in 2001</p>
<i>Kentucky</i>	CON Required Prepared by the Office of Health Policy and approved by the Governor Required by Legislative Rule	<p>The purpose of the plan is to set forth review criteria that shall be used when reviewing applications for certificate of need for consistency of plans. By rule, KRS 216 B.040 (2) (a) 2, requires criteria to be established for the issuance of CON and they must be consistent with the SHP; subject to biennial budget authorizations and limitations; consideration given to the proposal's impact on health care costs. The SHP sets forth the review criteria that shall be used when reviewing CON applications to maintain consistency with the SHP and to determine whether any substantial change to a health service has occurred.</p>
<i>North Carolina</i>	CON Required The NC State Health Coordinating Council directs	<p>Purpose: The State Medical Facilities Plan is an annual document which contains policies and methodologies used in determining need for new</p>

	<p>the development of The State Medical Facilities Plan and is approved by the Governor each year.</p>	<p>health care facilities and services in North Carolina. Pursuant to G.S. 131E-177 (PDF, 13 KB), the North Carolina State Health Coordinating Council directs the development of the annual State Medical Facilities Plan (SMFP). Throughout the development of the North Carolina State Medical Facilities Plan there are opportunities for public review and comment. A public hearing is held in the winter to receive comments and petitions for changes in basic policies and methodologies for projecting need. Sections of the plan, including the policies and methods for projecting need, are developed with the assistance of committees of the North Carolina State Health Coordinating Council. The committees submit their recommendations to the council for approval. A proposed plan is assembled and made available to the public. Public hearings on the proposed plan are held throughout the state in early summer. Comments and petitions received during this public hearing period are considered by the council and, upon incorporation of all changes approved by the council; a final draft of the plan is presented to the governor for his review and approval. With the governor's approval, the State Medical Facilities Plan becomes the official document for health facility and health service planning in North Carolina for the specified calendar year. Each plan takes effect on January 1st and expires on December 31st. Basic Principles Governing Plan Development includes:</p> <ol style="list-style-type: none"> 1.Promoting cost-effective approaches 2.Expanding health care services to the medically underserved 3.Encouraging quality health care services.
<p><i>Pennsylvania</i></p>	<p>No CON Requirements Relies on Committees and Local Health Improvement Partnerships (Regional entities) - Steering Committee, Data and Information Community, Community Partnerships, and a Health Policy Board appointed by the Governor and confirmed by the Senate, chaired by the Secretary of Health.</p>	<p>In 1999, the Department introduced Pennsylvania's first State Health Improvement Plan as the substitute for the State Health Services Plan, shifting the focus of health planning from the Certificate of Need program's clinically related services to population based health improvement. Purpose: SHIP 2001-2005 served as the blueprint for health improvement in PA that links statewide efforts to the federal "Healthy People 2010". Those efforts were continued with the SHIP 2006-2010, which was developed to assist communities, stakeholders and other state agencies in their efforts to identify issues and trends that impact the overall health of the citizens. Local health improvement partnerships, which are a collaboration of public, private, and voluntary organizations which serve a geographic area, exist</p>

		to improve the broadly defined health status of the community are utilized; affiliate agreements are made with the Department of Health (DOH). The DOH engages with communities to meet Healthy People 2010 and SHIP goals by creating community-based health improvement partnerships. These partnerships are voluntary. The DOH works with its community and organizational partners to develop implementation strategies and solutions to local issues.
<i>Maryland</i>	CON Required 10-year, health improvement plan (Healthy Maryland 2010, 2000-2010); developed by providers, and other advocates in the public and private sectors.	Purpose: Each local jurisdiction chooses one or more focus areas to highlight in the HIP. The priorities chosen must be linked to the priority areas included in the national Healthy People 2010 report. Recommendations for a focused list of priorities are presented and may not necessarily represent the highest priority health issue for that jurisdiction, county, or region, but are areas of concern. A steering committee made up of over 100 representatives from state and local health departments, academia, medicine and the non-profit, faith, and business communities approved the overall concept of the planned report and is instrumental in overseeing the year-long development process.
<i>Minnesota</i>	No CON Requirements	Purpose: To provide grants to counties to reduce the chronic diseases caused by tobacco use and exposure, poor nutrition and physical inactivity. The State Health Improvement Plan strives to help Minnesotans lead longer, healthier lives by reducing the chronic diseases caused by tobacco use and exposure, poor nutrition and physical inactivity. The \$47 million appropriation for the Statewide Health Improvement Program covers 86 counties and eight tribal governments over two years through grants and technical assistance.
<i>Georgia</i>	CON Required	Purpose: The State Health Plan directly relates to CON services review. The Department is authorized to administer the health planning and certificate of need programs established under O.C.G.A. Title 6; the state health plan is approved by the Board.
<i>Tennessee</i>	CON Required	Purpose: The State Health Plan follows five principles to achieve better health: 1. The purpose of the State Health Plan is to improve the health of Tennesseans; 2. Every citizen should have reasonable access to health care; 3. The state's health care resources should be developed to address the needs of Tennesseans while

		<p>encouraging competitive markets, economic efficiencies, and the continued development of the state's health care industry;</p> <p>4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers; and</p> <p>5. The state should support the recruitment and retention of a sufficient and quality health care workforce. The SHP guides the state in the development of health care programs and policies and in the allocation of health care resources in the state. The Division of Health Planning with various staff of other departments and agencies and the members of the State Health Plan Advisory Committee in the development of the plan. This first edition of the State Health Plan accomplishes the following: TCA § 68-11-1625(b)), provides data on the current status of the health of Tennesseans, establishes guidelines for revising the CON program's standards and criteria, sets new standards and criteria for two Certificate of Need (CON) program areas (PET and Cardiac Catheterization Services), and sets the stage for a public process to take place over the next year to create goals and objectives to guide the development of the state's health care programs.</p>
<i>New Mexico</i>	No CON Requirements	<p>Purpose: To improve individual health, community health, and the health system. Specific areas for health improvement are chosen, i.e., immunizations. The strategies within the plan focus attention on important health issues facing the state. The health issues and strategies highlighted provide a guide for state agencies, health care policy makers, professionals and private citizens that will support action to improve the state's health status. Eight public meetings are held around the state to gather public input. Thirty-seven local health councils are maintained by the department to gather feedback and recommendations.</p>
<i>North Dakota</i>	No CON Requirements	<p>Purpose: The plan has a prevention focus and creates priorities and strategies for the health status and public health system improvement and includes a special focus on health disparities.</p> <p>The State Board of Health is required to submit a State Health Improvement Plan to the Governor every four years for presentation to the General Assembly. The State Board of Health is required to convene a planning team of public and private/voluntary sector stakeholders appointed by the Director of the Department of Public Health to develop the plan.</p>
<i>South Dakota</i>	No CON Requirements	<p>Purpose: Health Improvement plans specific to various disease processes, i.e., diabetes, TB, oral</p>

		health, flu, heart and stroke.
<i>Michigan</i>	CON Required	Purpose: Health Improvement plans specific to various disease issues, i.e., rural health, oral health, diabetes, etc. The CON group develops separate report.
<i>Virginia</i>	CON Required	Purpose: The Virginia Department of Health (VDH) took the lead in identifying some of the key goals and objectives that need to be addressed in the Commonwealth and related those to the national initiatives (Healthy People). In addition specific plans have been developed as well, i.e., rural health plan and behavioral health plan.
<i>Vermont</i>	CON Required	Purpose: The focus of the Vermont State Health Plan (2005) is on changing the Vermont system of health care to address the challenges of chronic illness, emphasize prevention, improve quality, and endorse a collaborative care model that recognizes the role of the patient as primary care giver. The plan includes information on health promotion, health protection, nutrition, and disease prevention priorities for the state. It identifies resources needed to achieve the state's health goals and areas in which additional resources are needed to improve the health of the population. It employs a health systems approach to planning and recognizes that the systems needed to eliminate health disparities and increase quality and years of healthy life are not currently in place. Looks very much like WV's 2000 plan.
<i>Maine</i>	CON Required	Purpose: The State Health Plan is a roadmap to guide and reflect the action underway and the next steps required to make Maine the healthiest state with an efficient and effective, high-performing health system and provides a comprehensive approach to reduce costs, improve health, increase access to health coverage, and improve the quality of care we receive. Maine's Health reform law requires the Governor to develop and issue the plan with guidance from the 19-member Advisory Council on Health Systems Development (ACHSD). The Council is appointed by the Governor, after review by the Legislature's Joint Committee on Health and Human Services, to oversee the development and dissemination of the biennial State Health Plan. They also keep track of their accomplishments over the past years. Connecting the consumer with health & healthcare information. The first part of the report reviews the state in general and accomplishments of the past. Goals are then developed.