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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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# HOUSE BILL

## No. 1176

Session of  
1977

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SWEET, CIANCIULLI AND FEE, MAY 25, 1977

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REFERRED TO COMMITTEE ON HEALTH AND WELFARE, MAY 25, 1977

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AN ACT

1 Relating to health care, prescribing the powers and duties of  
2 the Department of Health, establishing and providing the  
3 powers and duties of the Statewide Health Coordinating  
4 Council, State Health Planning and Development Hearing Board,  
5 and Policy Board; providing for licensure, certification of  
6 need of health care providers and uniform financial  
7 reporting; prescribing penalties; and making an  
8 appropriation.

9 TABLE OF CONTENTS

10 Chapter 1. Preliminary Provisions

11 Section 101. Short title.

12 Section 102. Purposes.

13 Section 103. Definitions.

14 Chapter 2. Powers and Duties of the Department

15 Section 201. Powers and duties of the department.

16 Chapter 3. Organization and Powers and Duties of the

17 Health Care Policy Board.

18 Sectionn 301. Health Care Policy Board.

1       Section   302.   Health Care Policy Board; powers and duties.  
2       Section   303.   Policy board compensation, expenses.  
3 Chapter 4.   Statewide Health Coordinating Council and Health  
4               Systems Agencies  
5       Section   401.   Statewide Health Coordinating Council.  
6       Section   402.   Statewide Health Coordinating Council; powers.  
7       Section   403.   Health systems agencies.  
8       Section   404.   Health systems agencies; powers.  
9 Chapter 5.   Organization and Powers and Duties of the State  
10              Health Planning and Development Hearing Board  
11       Section   501.   State Health Planning and Development Hearing  
12              Board.  
13       Section   502.   Hearing board; powers.  
14       Section   503.   Counsel.  
15       Section   504.   Hearing board; compensation; expenses.  
16 Chapter 6.   Administration of the Act  
17       Section   601.   Promulgation of rules and regulations.  
18       Section   602.   Hearings.  
19       Section   603.   Enforcement of orders.  
20       Section   604.   Investigations and inquiries.  
21       Section   605.   Hearings and appeals.  
22 Chapter 7.   Certificate of Need  
23       Section   701.   Certificate of need requisite for licensure.  
24       Section   702.   Certificate of need, when requires.  
25       Section   703.   Changes without issuance of certificate of  
26                      need or mandated changes of use.  
27       Section   704.   Certificates of need; notice of intent  
28                      application; issuance.  
29       Section   705.   Notice and hearings before health systems  
30                      agencies.

1       Section   706.   Hearings before the hearing board.  
2       Section   707.   Criteria for review of applications for  
3                   certificate of need or amendments.  
4       Section   708.   Expiration of certificate of need.  
5       Section   709.   Emergencies.  
6       Section   710.   Variance or waiver.  
7       Section   711.   Appeals and procedure on appeal.  
8       Section   712.   Review of activities.  
9       Section   713.   Immunity from legal liability.  
10      Section   714.   Penalties.  
11   Chapter 8.   Licensure  
12      Section   801.   Licensure.  
13      Section   802.   Application for license.  
14      Section   803.   Fees.  
15      Section   804.   Issuance of licenses.  
16      Section   805.   Hearing on license.  
17      Section   806.   Provisional license.  
18      Section   807.   Term and content of license.  
19      Section   808.   Right to enter and inspect.  
20      Section   809.   Suspension or revocation of license; notice.  
21      Section   810.   Appeals.  
22      Section   811.   Regulations.  
23      Section   812.   Violation; penalty.  
24   Chapter 9.   Uniform Reporting  
25      Section   901.   Uniform financial reporting.  
26      Section   902.   Modifications in the reporting system.  
27      Section   903.   Regulation.  
28   Chapter 10.   Proceedings against unlicensed health facilities  
29                   and violators  
30      Section 1001.   Actions against unlicensed health care

1 facilities.

2 Section 1002. Actions against violations of law and rules  
3 and regulations.

4 Section 1003. Bonds.

5 Chapter 11. General Provisions; Appropriation; Repeals;  
6 Effective Date

7 Section 1101. Licenses and certificates for existing  
8 facilities.

9 Section 1102. Administration of act.

10 Section 1103. Appropriation.

11 Section 1104. Severability.

12 Section 1105. Repeals.

13 Section 1106. Effective date.

14 The General Assembly of the Commonwealth of Pennsylvania  
15 hereby enacts as follows:

16 CHAPTER 1

17 PRELIMINARY PROVISIONS

18 Section 101. Short title.

19 This act shall be known and may be cited as the "Health Care  
20 Planning and Resources Development Act."

21 Section 102. Purposes.

22 The General Assembly finds that the health and welfare of  
23 Pennsylvania citizens will be enhanced by the orderly and  
24 economical distribution of health care resources. Such  
25 distribution of resources will be furthered by governmental  
26 involvement to facilitate the development and organization of a  
27 coordinated and comprehensive system of health care. The goal of  
28 such a system is to enhance the public health and welfare by  
29 assuring that needed health care is available to everyone; that  
30 the health care delivery system is responsive and adequate to

1 the needs of all citizens; that health care services and  
2 facilities are efficiently and effectively used; that health  
3 care services and facilities continue to meet high quality  
4 standards; and, that all citizens receive humane, courteous, and  
5 dignified treatment. In developing such a coordinated and  
6 comprehensive health care system, it is the policy of the  
7 Commonwealth to foster responsible private operation and  
8 ownership of health care facilities, to encourage innovation and  
9 continuous development of improved methods of health care and to  
10 aid efficient and effective planning using local health system  
11 agencies. It is the intent of the General Assembly that the  
12 Department of Health foster a sound, efficient, and dynamic  
13 health care system which provides for quality health care to all  
14 individuals at appropriate health service facilities throughout  
15 the Commonwealth.

16 Section 103. Definitions.

17 The following words and phrases when used in this act shall  
18 have, unless the context clearly indicates otherwise, the  
19 meanings given to them in this section:

20 "Act." The Health Care Planning and Resources Development  
21 Act.

22 "Annual implementation plan." The latest health systems  
23 agency's annual statement of objectives to achieve the goals of  
24 the health systems plan, including the priorities established  
25 among the objectives.

26 "Certificate of need." A certificate issued by the  
27 department under the provisions of this act.

28 "Consumer." A natural person who uses or potentially will  
29 use the services of a provider of health care, excluding,  
30 however, the following: a health care provider, or third party

1 payor, or a practitioner of the healing arts. It shall also  
2 exclude persons one-tenth or more whose gross income is from  
3 research or instruction in health care or from entities  
4 producing or supplying drugs or other articles for use in health  
5 care or health care research or instruction, or the parent,  
6 spouse, child, brother, or sister residing in the same household  
7 with any of the above excluded persons.

8 "Council." The Statewide Health Coordinating Council  
9 established pursuant to Federal Public Law 93-641.

10 "Department." The Department of Health.

11 "Health care facility." Any establishment, whether  
12 governmental or nongovernmental, providing bed facilities for  
13 two or more persons not related to the provider, with physician  
14 or nursing services on an inpatient basis, including hospitals,  
15 psychiatric hospitals, tuberculosis hospitals, skilled nursing  
16 facilities, kidney disease treatment centers, including  
17 freestanding hemodialysis units, intermediate care facilities,  
18 and ambulatory surgical facilities, but it shall not include  
19 institutions for the education of the blind or the deaf, or  
20 which provides treatment of residents or patients solely on the  
21 basis of prayer or spiritual means in accordance with the creed  
22 or tenets of any church or religious denomination; nor a  
23 facility which is conducted by a religious organization for the  
24 purpose of providing health care services exclusively to  
25 clergymen or other persons in a religious profession who are  
26 members of the religious denomination conducting the facility.

27 "Health care project." As used in this act shall not include  
28 expenditures of less than \$100,000 made in the preparation of  
29 architectural designs, working drawings, plans and  
30 specifications prior to review or expenditures in preparation of

1 an application.

2 "Health care provider." A person who operates a health care  
3 facility or health maintenance organization.

4 "Health service area." The area served by a health systems  
5 agency as designated in accordance with Section 1511 of Federal  
6 Public Law 93-641.

7 "Health systems agency" or "HSA." An entity which has been  
8 conditionally or fully designated pursuant to Section 1515 of  
9 Federal Public Law 93-641.

10 "Hearing board." The State Health Planning and Development  
11 Hearing Board created in the Department of Health under the  
12 provisions of this act.

13 "License." A permit issued by the department under the  
14 provisions of this act to operate a health care facility.

15 "Patient." A natural person receiving health care in or from  
16 a licensed health care provider.

17 "Person." A natural person, corporation, partnership,  
18 association, the Commonwealth, and any local governmental unit,  
19 authority, and agency thereof.

20 "Policy board." The Health Care Policy Board created in the  
21 Department of Health under the provisions of this act.

22 "Secretary." The Secretary of the Department of Health of  
23 the Commonwealth of Pennsylvania.

24 "Services." Health care services provided at or by a health  
25 care facility.

26 "State health plan." The statement of goals for the State  
27 health care system based on the various HSA plans as annually  
28 approved by the SHCC.

29 "State medical facilities plan." The statement of needs and  
30 priorities consistent with the State health plan prepared

1 annually to serve as a guide for allocation of Federal and State  
2 funds in support of capital expenditures of health care  
3 facilities and for consideration in issuing certificates of  
4 need.

5 "Statewide Health Coordinating Council" or "SHCC." The  
6 council established in compliance with Federal Public Law 93-  
7 641.

8 "Third party payor." A person who makes payments on behalf  
9 of patients under compulsion of law or contract who does not  
10 supply care or services as a health care provider, but shall not  
11 include the Federal, State, or any local government unit,  
12 authority, or agency thereof.

## 13 CHAPTER 2

### 14 POWERS AND DUTIES OF THE DEPARTMENT

15 Section 201. Powers and duties of the department.

16 The Department of Health shall have the power and its duties  
17 shall be:

18 (1) To issue licenses for health care facilities to  
19 qualified health care providers entitled thereto under the  
20 provisions of this act and revoke the same; and to enforce  
21 rules and regulations adopted by the policy board  
22 establishing the exclusive minimum standards for buildings,  
23 including standards for fire and safety and minimum standards  
24 for equipment, care, and treatment of patients, and for the  
25 regulation of patient conduct.

26 (2) To issue certificates of need and amended or  
27 supplemental certificates of need in accordance with the  
28 provisions of this act.

29 (3) To conduct investigations and inquiries on matters  
30 relating to the licensing of health care facilities.



1           (4) With respect to health care facilities to  
2     investigate, and report to the Auditor General, upon every  
3     application to the Auditor General made by any institution,  
4     corporation, or unincorporated association, desiring to give  
5     a mortgage under the provisions of the act of April 29, 1915  
6     (P.L.201, No.112), entitled "An act making mortgages, given  
7     by benevolent, charitable, philanthropic, educational and  
8     eleemosynary institutions, corporations, or unincorporated  
9     associations, for permanent improvements and refunding  
10    purposes, prior liens to the liens of the Commonwealth for  
11    the appropriation of moneys; providing a method for the  
12    giving of such mortgages, and fixing the duties of the  
13    Auditor General and Board of Public Charities in connection  
14    therewith."

15           (5) To exercise exclusive jurisdiction over health care  
16    providers and health care facilities in accordance with the  
17    provisions of this act.

18           (6) To act as a single State agency through its staff,  
19    the departmental policy board, and the department hearing  
20    board to administer and enforce duties and responsibilities  
21    conferred upon the State under Federal Public Law 93-641.

22           (7) To compile, maintain and publish a Statewide  
23    inventory of health care facilities and their types of  
24    services.

25           (8) To research and, after adoption by the SHCC, publish  
26    annually a State health plan for the Commonwealth.

27           (9) To furnish such staff support and expertise to the  
28    department's policy board and the hearing board as may be  
29    needed by them to perform their responsibilities provided  
30    that any refused request from such board shall be subject to

1 final determination by the Governor.

2 (10) To receive and docket all notices of intention.

3 (11) To receive and review all notices of substantial  
4 increases in services and to approve the same or to require a  
5 hearing thereon.

6 (12) To receive and review all applications for  
7 certificates of need or their amendments or supplements  
8 thereto and applications for termination of services or  
9 facilities and to approve or refuse the same if no public  
10 hearing is requested. If a public hearing is requested, to  
11 make recommendations or objections to the hearing board, the  
12 department may in any case request a public hearing. Whenever  
13 an application is set down for public hearing, to appear and  
14 present the position of the department on the application and  
15 to participate as a party at such hearing.

16 (13) To prepare a State medical facilities plan for  
17 approval by the SHCC.

### 18 CHAPTER 3

#### 19 ORGANIZATION AND POWERS AND DUTIES OF THE 20 HEALTH CARE POLICY BOARD

##### 21 Section 301. Health Care Policy Board.

22 (a) There is hereby created a Health Care Policy Board which  
23 shall consist of nine members, six of whom shall be appointed by  
24 the Governor and confirmed by a majority vote of the Senate. Of  
25 the members first appointed, two shall be appointed for a term  
26 of two years, two for a term of three years, and two for a term  
27 of four years. Thereafter, appointments shall be made for four-  
28 year terms. A vacancy occurring during a term shall be filled  
29 for the unexpired term in the same manner his predecessor was  
30 appointed. The Secretary of Health or his designee shall serve

1 ex officio, and act as chairman. The Chairmen of the Health and  
2 Welfare Committee of the Senate and the House of Representatives  
3 shall serve ex officio. Members of the policy board chosen by  
4 the Governor shall be two consumers, two representatives of  
5 health care providers licensed under this act, one accountant  
6 with expertise in hospital accounting; and one representative of  
7 third party payors. Five members shall constitute a quorum. No  
8 member shall participate in any action or decision concerning  
9 any matter in which the member has a substantial economic  
10 interest.

11 Section 302. Health Care Policy Board; powers and duties.

12 The Health Care Policy Board shall have the powers and duties  
13 to:

14 (1) Study and review all the requirements of this act  
15 and all State and Federal laws pertinent thereto. It shall  
16 promulgate rules and regulations pursuant to this act  
17 relating to licensing health care facilities and certificates  
18 of need.

19 (2) Promulgate rules and regulations pursuant to this  
20 act relating to uniform reporting, taking into consideration  
21 the principles of accounting established by the American  
22 Institute of Certified Public Accountants, the chart of  
23 accounts established by the American Hospital Association,  
24 and any other appropriate standards utilized by health care  
25 providers.

26 (3) Hear matters relating to rules and regulations on  
27 uniform reporting.

28 (4) Hear and determine requests for a variance or  
29 waiver.

30 (5) To consider recommendations of the council relating

1 to certification of need and to report periodically on its  
2 activities to the department and the council.

3 Section 303. Policy board compensation; expenses.

4 Each member of the policy board shall be paid travel and  
5 other necessary expenses, and compensation at the rate of \$100  
6 per day for attending meetings of the board.

#### 7 CHAPTER 4

#### 8 STATEWIDE HEALTH COORDINATING COUNCIL

#### 9 AND HEALTH SYSTEMS AGENCIES

10 Section 401. Statewide Health Coordinating Council.

11 The Statewide Health Coordinating Council as established or  
12 designated under Federal Law shall perform such functions as are  
13 provided in agreements with the Secretary of Health, Education  
14 and Welfare.

15 Section 402. Statewide Health Coordinating Council; powers.

16 The Statewide Health Coordinating Council shall consult with  
17 the department, the policy board and the hearing board and make  
18 recommendations as to the carrying out of their functions in  
19 acting as the single State agency under the certificate of need  
20 provisions of this act.

21 Section 403. Health systems agencies.

22 The health systems agencies as established and designated by  
23 the Secretary of Health, Education and Welfare, shall perform  
24 such functions as are provided in agreements with the Secretary  
25 of Health, Education and Welfare and such other functions as are  
26 not inconsistent therewith.

27 Section 404. Health systems agencies; powers.

28 The health systems agencies shall have in addition to its  
29 functions as provided under Federal Public Law 93-641 the  
30 following powers and duties: to receive and review for their



1 facilities, and all notices for substantial increases in  
2 services whenever public hearings are held on such  
3 application.

4 (2) To receive and review recommendations or objections  
5 from the department and the health systems agencies on all  
6 certificates of need or amendments or supplements thereto and  
7 for applications on termination of services or facilities if  
8 hearings are held thereon and to make or adopt findings and  
9 to approve or refuse the same.

10 (3) To hold public hearings on all applications when  
11 required in connection with the departmental review of  
12 applications under the provisions of this act.

13 (4) To hear appeals from departmental approval or  
14 refusal of an application for a certificate of need or  
15 amendments or supplements thereto and applications for  
16 termination of services or facilities.

17 (5) To fix the place for hearings when appropriate in  
18 the area from which the application arises.

19 (6) To hear and determine all matters brought to hearing  
20 relating to licensure.

21 (7) Hearings may be held before one or more members of  
22 the board, but approval or refusal shall be made by majority  
23 vote of the board.

24 (8) To conduct appeals from departmental review of  
25 facilities when required under Section 1122 of the Social  
26 Security Law.

27 (9) To consider recommendations of the council relating  
28 to certificate of need and to report periodically on its  
29 activities to the department and the council.

30 Section 503. Counsel.

1 The Attorney General shall appoint counsel to serve and  
2 advise the hearing board and shall replace such counsel upon  
3 request of the board.

4 Section 504. Hearing board; compensation; expenses.

5 Each member of the hearing board shall be paid travel and  
6 other necessary expenses and compensation at a rate to be fixed  
7 by the Executive Board.

8 CHAPTER 6

9 ADMINISTRATION OF THE ACT

10 Section 601. Promulgation of rules and regulations.

11 (a) The rules and regulations under this act relating to  
12 licensing and uniform reporting and certificate of need shall be  
13 promulgated by the policy board, pursuant to the provisions of  
14 the act of July 31, 1968 (P.L.769, No.240), known as the  
15 "Commonwealth Documents Law" and shall provide fair access and  
16 due process to all interested parties in proceedings held to  
17 carry out the provisions of this act. In addition, the policy  
18 board shall publish (other than as a legal notice or classified  
19 advertisement) in at least two newspapers in general circulation  
20 in the Commonwealth, notice of the proposed regulations and  
21 where they may be examined by interested persons. It shall also  
22 send the proposed regulations to Statewide health agencies and  
23 organizations, and to each health systems agency.

24 Section 602. Hearings.

25 (a) All hearings provided for under this act shall be  
26 conducted in accordance with the provisions of the act of June  
27 4, 1945 (P.L.1388, No.442), known as the "Administrative Agency  
28 Law." The hearing body shall prepare orders in the form of an  
29 adjudication after all hearings. Full right of cross-examination  
30 shall be afforded at all hearings.

1 (b) Persons conducting hearings under this act shall have  
2 the power to subpoena witnesses and documents required for the  
3 hearing, to administer oaths and examine witnesses and receive  
4 evidence in any locality which the hearing body may designate,  
5 having regard to the public convenience and proper discharge of  
6 its functions and duties.

7 Section 603. Enforcement of orders.

8 (a) Orders from which the time for appeal has expired may be  
9 enforced by the department in summary proceedings or, when  
10 necessary, with the aid of the court of common pleas of the  
11 county in which the care facility is located.

12 (b) No collateral attack on any order including  
13 jurisdictional issues shall be sought in the enforcement  
14 proceeding but shall be sought in the Commonwealth Court when  
15 such relief has not been barred by the failure to take an  
16 appeal.

17 Section 604. Investigations and inquiries.

18 Any investigation or inquiry authorized by this act shall be  
19 limited to the purposes set forth in the order, rule or  
20 regulation authorizing the same.

21 Section 605. Hearings and appeals.

22 All actions under this act shall be taken subject to right of  
23 notice, hearing and adjudication and except for requests for a  
24 waiver subject to the right of appeal therefrom, in accordance  
25 with the act of June 4, 1945 (P.L.1388, No.442), known as the  
26 "Administrative Agency Law," and all appeals from any action of  
27 the department or the hearing board shall be to the Commonwealth  
28 Court, in accordance with law.

29 CHAPTER VII

30 CERTIFICATE OF NEED



1 Section 701. Certificate of need requisite for licensure.

2 No license or renewal thereof to maintain or operate a health  
3 care facility shall be issued unless the applicant has a valid  
4 certificate of need issued by the department authorizing the use  
5 of the facility and the rendering of the services offered at the  
6 facility for which the license is to be issued.

7 Section 702. Certificate of need, when required.

8 No person shall operate, lease, or construct a health care  
9 facility or health maintenance organization as defined by  
10 Federal law without first obtaining a certificate of need from  
11 the department authorizing such operation, lease, or  
12 construction. No person operating an existing health care  
13 facility or health maintenance organization under a certificate  
14 of need shall make expenditures toward any health care project  
15 including the fair market value of any leased or donated  
16 property in which he will:

17 (1) lease, erect, construct, alter, modernize, or  
18 improve any building;

19 (2) acquire any real property to be used now or in the  
20 future for health care purposes except by gift, devise, or  
21 option; or

22 (3) lease or acquire equipment;

23 which will involve a total capital health care project cost in  
24 excess of \$100,000, nor shall any person offer or engage in any  
25 new health care service not offered on a regular basis in the  
26 prior 12 months or terminate any health care service of  
27 permanently increase the bed complement or permanently  
28 redistribute beds among various categories or relocate beds from  
29 one physical facility or site to another by more than ten beds  
30 or 10% of its total licensed bed capacity, whichever is less,

1 over a two year period unless such person has first been  
2 authorized to do so by the department through the issuance of a  
3 new or amended certificate of need. No person shall enter into a  
4 fixed arrangement or commitment for the financing of a health  
5 care project covered under this article with a total capital  
6 cost in excess of \$100,000 without a certificate of need. Should  
7 a higher dollar limitation for review requirements of health  
8 care projects be permitted by Federal law, such higher amount  
9 shall apply throughout this act each time a dollar limit  
10 appears.

11 Section 703. Changes without issuance of certificate of need or  
12 mandated changes of use.

13 (a) The policy board may by regulation require not more than  
14 45 days written notice of the nature and extent of substantial  
15 increases in service for such categories of service as it may  
16 deem proper not to include any project costing more than  
17 \$100,000 and require that a brief statement of the reasons  
18 therefor be sent to the department and the local health systems  
19 agency before such changes are put into effect. If the health  
20 systems agency or the department does not notify the health care  
21 provider of objections to such changes within 30 days, the  
22 specified changes may be made and the department will issue an  
23 amended certificate of need accordingly. If the health systems  
24 agency or the department does notify the health care provider of  
25 its objection within 30 days, the procedures of section 704  
26 shall apply. Written notice shall be given to the health systems  
27 agency and the department within 30 days after any substantial  
28 decrease in service.

29 (b) The policy board may also by regulation permit  
30 nonsubstantive review by the department of applications for

1 certificates of need or amendments of supplements thereto or  
2 applications for termination of services in such categories as  
3 it may deem appropriate or it may permit the department to  
4 exercise discretion as to when nonsubstantive review shall be  
5 permitted. In such cases, the procedure shall be as in  
6 subsection (a).

7 (c) Whenever a provider of health care services is required  
8 to alter, modernize, improve or replace a building or acquire  
9 equipment having a cost of more than \$100,000 in order to comply  
10 with the Federal or State law, rule, regulations, or order, 30  
11 days notice of the proposed change shall be given to the  
12 department and the health systems agency and if no objection is  
13 made by the health systems agency within such time, a  
14 certificate of need shall not be required, but in such event the  
15 notice of the specific changes to be made shall be given by the  
16 health care provider to the department and the certificates of  
17 need of such facility shall be modified accordingly. If the  
18 health systems agency or the department within such time serves  
19 written objection on the health care provider and the department  
20 setting forth the reason such change should not be permitted, no  
21 change shall be made without compliance with the procedures in  
22 section 704.

23 Section 704. Certificates of need; notice of intent  
24 application; issuance.

25 (a) Projects for facilities, services or equipment requiring  
26 a certificate of need shall, at the earliest possible time in  
27 their planning, be submitted to the health systems agency and  
28 the department in a letter of intent in such detail as possible  
29 advising of the scope and nature of the project.

30 (b) A person desiring to obtain or amend a certificate of

1 need shall apply to the local health systems agency, if any, and  
2 to the department simultaneously supplying to them such  
3 information as is required by the rules and regulations. The  
4 health systems agency and the department shall have 15 days  
5 after receipt of the application within which to determine  
6 whether the application is complete and in which to request  
7 specific further information. If further information is  
8 requested, the agency requiring the same shall determine whether  
9 the application is complete within 15 business days of receipt  
10 of the same. No information shall be required that is not  
11 specified in the rules and regulations promulgated by the  
12 department's policy board.

13 (c) Review of the application by the health systems agency  
14 shall begin with the giving of notice of a completed application  
15 and shall be completed within 60 days thereof unless the  
16 applicant agrees in writing to a specified extension of time for  
17 such review by the health systems agency. If the health systems  
18 agency recommendations or objections are not so completed, the  
19 application shall be deemed favorable recommended by the health  
20 systems agency.

21 (d) The department shall consider the timely filed  
22 recommendations or objections of the health systems agency in  
23 reviewing the application and shall take final action on the  
24 application within 30 days from receipt of the health systems  
25 agency initial report or report on a hearing for reconsideration  
26 before the health systems agency, whichever is later, or upon  
27 the expiration of the time for filing the same by granting,  
28 modifying, or refusing the requested certificate of need. Upon  
29 failure of the department to complete its review within the time  
30 provided or any extension thereof, the department shall within

1 such time find the project is needed, approve the application  
2 and issue the requested certificate of need or amendment thereto  
3 as requested in the application.

4 (e) Any party to the proceedings before the health systems  
5 agency or the department of any health systems agency involved  
6 in such proceedings shall be entitled to appeal any decision by  
7 the department to the hearing board by filing notice of appeal  
8 together with a statement of the issues upon appeal within 30  
9 days of notice of the decision. No issues shall be raised on  
10 appeal which were not raised in the proceedings before the  
11 health systems agency and the department. The hearing board  
12 shall commence hearings on the appeal within 30 days and make  
13 written findings and its decision within 45 days after the  
14 conclusion of the hearing.

15 Section 705. Notice and hearings before health systems  
16 agencies.

17 (a) Notice of filing applications for certificate of need or  
18 amendments thereto shall be published by the department in the  
19 appropriate new media and in the Pennsylvania Bulletin in  
20 accordance with the act of July 31, 1968 (P.L.769, No.240),  
21 known as the "Commonwealth Documents Law," and the department  
22 shall notify all affected persons with notice of the schedule  
23 for review, the date by which a public hearing must be demanded,  
24 and of the manner notice will be given of a hearing, if one is  
25 to be held. Such notice shall be sent by mail to the applicant,  
26 the health systems agency for the new facility or service,  
27 contiguous health systems agency's, and health care facilities  
28 and health maintenance organizations located within the health  
29 service agency; and any person directly affected including  
30 another health systems agency if the service will affect its

1 area or a consumer, provider, or third party payor may file  
2 objections within 15 days of such publication with the local  
3 health systems agency setting forth specifically the reasons  
4 therefor. Persons filing objections shall be parties to the  
5 proceeding unless or until such objections are withdrawn.

6 (b) Persons filing objections may request a public hearing  
7 or the health service agency may require a public hearing during  
8 the course of such review. Fourteen days written notice of the  
9 hearing shall be given to the applicant and any objecting party.  
10 In addition, notice shall be published (other than by legal  
11 notice of classified advertisement) in a newspaper of general  
12 circulation in the area and in the Pennsylvania Bulletin at  
13 least ten days before the hearing. The applicant and any  
14 interested person shall be afforded the opportunity to submit  
15 testimony at the hearing. A written record of the hearing shall  
16 be made and copies made available at cost to the parties.

17 (c) The recommendations or objections of the health systems  
18 agency shall be served on the parties, and the department.  
19 Within seven days of service upon them, any party may for good  
20 cause shown, request the health systems agency to hold a public  
21 hearing for reconsideration of its recommendations. The request  
22 shall set forth cause for the hearing and the issues to be  
23 considered at such hearing. If such hearing is granted, it shall  
24 be held no sooner than 7 days and no later than 14 days after  
25 such request is made. Such public hearing may be limited to the  
26 parties and the health systems agency may limit the scope of the  
27 hearing. If a prior public hearing has been held, no new  
28 evidence shall be admitted except as to occurrences subsequent  
29 to the prior hearing. A written record shall be made of the  
30 hearing and copies thereof supplied at cost to the parties. The

1 health systems agency shall affirm, modify, or reverse its  
2 recommendations or objections and submit the same to the  
3 parties, and the department within 14 days of the conclusion of  
4 such hearing. Any change in recommendation or objection shall be  
5 supported by the reasons therefor.

6 (d) The period from the giving of notice to the parties of a  
7 hearing until the adjournment of a hearing shall not be included  
8 in calculating the time permitted for the health systems agency  
9 to conduct its review.

10 (e) Modification of the application shall not extend the  
11 time limits herein provided unless the health systems agency  
12 expressly finds that the changed application is a new  
13 application.

14 Section 706. Hearings before the hearing board.

15 (a) After the health systems agency has filed its final  
16 recommendations or objections with the department or the time  
17 for the same has expired, upon request, within seven days of the  
18 filing, any person directly affected, if no public hearing was  
19 held before the health systems agency, the health systems agency  
20 and any party to the proceeding before the health systems agency  
21 shall be entitled to a public hearing before the hearing board.  
22 The request shall set forth specifically the issues to be  
23 determined at such hearing.

24 (b) Notice of public hearings before the hearing board shall  
25 be given to the parties at least 21 days in advance of the  
26 hearing, and notice of the same shall be published (other than  
27 by legal notice or classified advertisement) in a newspaper of  
28 general circulation in the health service area or areas affected  
29 and in the Pennsylvania Bulletin at least 14 days before the  
30 hearing.

1 (c) Interested parties shall be afforded an opportunity to  
2 submit testimony at any such hearing relevant to the issues  
3 raised in the request for the same or the issues set forth by  
4 the hearing board in ordering the hearing on the department's  
5 motion. A written record of the hearing shall be made, and a  
6 copy be made available to the parties at cost.

7 (d) The decision of the hearing board shall be made not more  
8 than ten days after the adjournment of the hearing and shall  
9 take into consideration the recommendations or objections of the  
10 health systems agency.

11 (e) The decision may not condition the issuance of a  
12 certificate of need on the applicant changing other aspects of  
13 its facilities or services or requiring the applicant to meet  
14 other specified requirements, such as methods of financing.  
15 Where the decision is inconsistent with the goals of the health  
16 systems plan, if any, or the recommendations or objections of  
17 the health systems agency, the hearing board shall provide a  
18 detailed statement of the reasons for the inconsistency and such  
19 statement shall be forwarded along with the decision to the  
20 department, the parties, and the health systems agency.

21 (f) The decision of the Hearing Board shall be published in  
22 the Pennsylvania Bulletin and within seven days the parties and  
23 any affected health systems agency for good cause shown may  
24 request reconsideration of the decision at a public hearing. The  
25 request shall set forth the issues to be decided at such  
26 hearing. Such hearing, if granted, shall be held no sooner than  
27 14 days and no later than 21 days after such request is made. No  
28 evidence shall be admitted at such hearing where a prior hearing  
29 before the hearing board has been held except as to occurrences  
30 subsequent to such prior hearing. A written record of the



1 hearing shall be made available at cost to the parties.

2 (g) Good cause shall be deemed to have been shown if:

3 (1) there is significant, relevant information not  
4 previously considered;

5 (2) there are significant changes in factors or  
6 circumstances relied on in making the decision;

7 (3) there has been a material failure to comply with the  
8 procedural requirements of this act; or

9 (4) the hearing board determines that there is good  
10 cause shown for some other reason.

11 (h) The hearing board shall affirm, modify, or reverse its  
12 decision within ten days of the adjournment of such hearing and  
13 any change in its recommendations or objections shall be  
14 supported with reasons.

15 (i) The period from the giving of notice to the parties of a  
16 hearing until the adjournment of a hearing shall not be included  
17 in calculating the time permitted for the department and the  
18 hearing board to conduct its review.

19 (j) Decisions of the hearing board shall be filed with the  
20 department and unless timely appeal is taken, the department  
21 shall issue, modify, or deny the certificate of need in  
22 accordance with the order of the hearing board within five  
23 business days of the expiration of the time for appeal.

24 (k) If the department has approved or refused an application  
25 for a certificate of need or amendments or supplements thereto  
26 or an application to terminate services or a facility without  
27 public hearing, an appeal may be taken to the hearing board from  
28 such decision by filing written notice of appeal together with a  
29 statement of the issues to be decided upon the appeal within 15  
30 days of receipt of the notice of such decision.

1 Section 707. Criteria for review of applications for  
2 certificate of need or amendments.

3 (a) An application for a certificate of need shall be  
4 recommended, approved, and issued when:

5 (1) The health services being reviewed are consistent  
6 with or compatible to the applicable health services plan and  
7 annual implementation plan, State health plan, and State  
8 medical facilities plan.

9 (2) The services are compatible to the long-range  
10 development plan (if any) of the applicant.

11 (3) There is a need by the population served or to be  
12 served by the services.

13 (4) There are no less costly, and more effective  
14 alternative methods of providing the services available.

15 (5) The service or facility is economically feasible,  
16 considering anticipated volume of care, the capability of the  
17 service area to meet reasonable charges for the service or  
18 facility, and the availability of financing.

19 (6) The service or facility is justified by community  
20 need and within the financial capabilities of the institution  
21 both on an intermediate and long-term basis and is compatible  
22 with the existing system in the health service area, and will  
23 not have an inappropriate, adverse impact on the overall cost  
24 of providing health services in the area.

25 (7) There are available resources (including health  
26 manpower, management personnel, and funds for capital and  
27 operating needs) to the applicant for the provision of the  
28 services proposed to be provided, and there is no greater  
29 need for alternative uses for such resources for the  
30 provision of other health services.

1           (8) The proposed service or facility will have available  
2 to it appropriate ancillary and support services.

3           (9) The proposed services are consistent with the  
4 special needs and circumstances of those entities which  
5 provide services or resources both within and without the  
6 health service area in which the proposed services are to be  
7 located, including medical and other health professional  
8 schools, multidisciplinary clinics, and specialty centers.

9           (10) The proposed services are not incompatible with any  
10 health maintenance organization existing in the area.

11           (11) The proposed services are not incompatible with any  
12 biomedical or behavioral research projects designed for  
13 National need for which local conditions offer special  
14 advantages.

15 Consideration of the foregoing shall include the need and  
16 availability in the community for services and facilities for  
17 allopathic and osteopathic physicians and their patients; and  
18 the religious orientation of the facility and the religious  
19 needs of the community to be served.

20           (b) If the application is for a proposed service or facility  
21 which includes a construction project:

22           (1) the costs and methods of proposed construction  
23 including the costs and methods of energy provision are  
24 appropriate; and

25           (2) the proposed construction will not have an  
26 inappropriate adverse impact on the cost of providing health  
27 services by the applicant.

28           (c) Whenever new institutional health services for  
29 inpatients are proposed, a finding shall be made in writing by  
30 the reviewing authority:

1           (1) that less costly alternatives which are more  
2       efficient, or more appropriate to such inpatient service are  
3       not available and the development of such alternatives has  
4       been studied and found not practicable;

5           (2) that existing inpatient facilities providing  
6       inpatient services similar to those proposed are being used  
7       in an appropriate and efficient manner;

8           (3) that in the case of new construction, alternatives  
9       to new construction such as modernization or sharing  
10      arrangements have been considered and have been implemented  
11      to the maximum extent practicable;

12          (4) that patients will experience serious problems in  
13      obtaining inpatient care of the type proposed in the absence  
14      of the proposed new service; and

15          (5) that in the case of a proposal for the addition of  
16      beds for the provision of skilled nursing or intermediate  
17      care services, the addition will be consistent with the plans  
18      of the agency, if any, that is responsible for the provision  
19      and financing of long-term care (including home health)  
20      services.

21      No certificate of need shall be issued for inpatient services  
22      when any findings of this subsection cannot be made.

23      (d) No certificate of need shall be denied to a health  
24      maintenance organization for a health care project for which  
25      approval of the development of the service or expenditure in  
26      preparation for offering a service has been approved if the  
27      service to be offered is consistent with the basic objectives  
28      and plans of the approved application and has met or is within  
29      the time deadlines in the approved application, providing that  
30      the project meets the test of subsections (a), (b) and (c), as

1 appropriate, when the certificate of need is requested.

2 Section 708. Expiration of certificate of need.

3 A certificate of need shall remain in effect, providing the  
4 facilities and services authorized are in use. In the absence of  
5 substantial implementation of a proposal for which a certificate  
6 of need was issued, the certificate shall expire one year after  
7 issuance, unless the department extends the time of expiration  
8 for a definite period, not to exceed six months. In case of  
9 projects which are approved to be carried out in phases, the  
10 certificate of need shall remain in effect after the first phase  
11 is substantially implemented unless the project is abandoned.  
12 Annual reports of progress shall be made to the department from  
13 the time a certificate of need is granted until the facility or  
14 service is in use.

15 Section 709. Emergencies.

16 Notwithstanding any other provisions of this act, in the  
17 event of an emergency the department may suspend the foregoing  
18 application process and permit such steps to be taken as may be  
19 required to meet the emergency including the replacement of  
20 equipment or facilities.

21 Section 710. Variance or waiver.

22 If objections have been made to a certificate of need on the  
23 ground that the issuance of such a certificate is in violation  
24 of the rules and regulations or of the State health plan, the  
25 annual implementation plan or of the State medical facilities  
26 plan, the applicant may apply to the policy board as part of his  
27 application for a variance from the rules and regulations or  
28 plan which may be granted upon a showing of special  
29 circumstances and overall benefit to the public interest. No  
30 appeals shall be allowed from the refusal by the policy board to

1 grant a variance.

2 Section 711. Appeals and procedure on appeal.

3 The action of the hearing board, upon an application for a  
4 certificate of need, amendment or supplement thereof, may be  
5 appealed by any party or health service agency who is involved  
6 in that proceeding to the Commonwealth Court as provided by law.  
7 If a hearing was held on the application, the issues on appeal  
8 shall be limited to issues raised at such hearings. In other  
9 cases, the appellant shall file a statement of the reasons for  
10 the appeal which shall be served upon the department, the  
11 hearing board and the local health systems agency, and all  
12 parties to the proceeding at the time of taking the appeal. An  
13 answer may be filed by any party served within 20 days of  
14 service upon them of such statement. Issues on the appeal in  
15 such cases shall be limited to those raised in the statement or  
16 any answer filed.

17 Section 712. Review of activities.

18 The department and each health systems agency shall prepare  
19 and publish not less frequently than annually reports of reviews  
20 conducted under this act, including a statement on the status of  
21 each such review and of reviews completed by them, including  
22 statements of the finding and decisions made in the course of  
23 such reviews since the last report. The department and each  
24 health systems agency shall also make available to the general  
25 public for examination at reasonable times of the business day  
26 all applications reviewed by them and all written materials on  
27 file at the agency pertinent to such review.

28 Section 713. Immunity from legal liability.

29 Any person, whether an employee or not, who as a member of  
30 any board, governing body, or committee, or other part of any

1 agency established or designated under this act who performs  
2 duties or activities in good faith on behalf of that agency and  
3 without malice shall be immune from any liability for payment of  
4 any form of damages.

5 Section 714. Penalties.

6 Any person violating this act by a willful failure to obtain  
7 a certificate of need or willfully deviating from the provisions  
8 of the certificate or beginning construction or providing  
9 services or acquiring equipment after the expiration of the  
10 certificate of need shall be subject to a penalty of not more  
11 than \$100 per day, and each day after notice to them of the  
12 existence of such violation shall be considered a separate  
13 offense. When appropriate, the department may obtain injunctive  
14 relief to prevent violations of the act.

15 CHAPTER 8

16 LICENSURE

17 Section 801. Licensure.

18 No person shall establish, maintain or operate a health care  
19 facility without obtaining a license therefor issued by the  
20 department.

21 Section 802. Application for license.

22 Any person desiring to secure a license for conducting,  
23 maintaining, and operating a health care facility shall submit  
24 an application therefor to the department upon forms prepared  
25 and furnished by it containing such information as the policy  
26 board considers necessary to determine that the health care  
27 provider and the health care facility meet the requirement for  
28 licensure under the provisions of the act, and the rules and  
29 regulations of the policy board relating to licensure.

30 Application for renewal of a license shall be made upon forms

1 prepared and furnished by the department in accordance with the  
2 rules and regulations of the policy board.

3 Section 803. Fees.

4 Licenses shall be issued for a period of two years upon  
5 compliance with the provisions of this act and the payment of a  
6 fee of \$100.

7 Section 804. Issuance of licenses.

8 (a) A health care facility for which a certificate of need  
9 has been issued, making application, shall be issued a license  
10 when the following standards have been met:

11 (1) There is compliance with section 702.

12 (2) The applicant for a license is a responsible person  
13 qualified to provide health care.

14 (3) The place to be used as a health care facility is  
15 suitable for the purpose and is appropriately staffed and  
16 equipped.

17 (4) The provisions for and methods of care and treatment  
18 of patients in the health care facility and the procedures  
19 required to assure continued quality of care comply with the  
20 minimum standards of medical quality prescribed by the rules  
21 and regulations of the policy board relating to licensure.

22 (5) The patients are accorded humane and equitable  
23 treatment.

24 (b) When a health care provider operates more than one  
25 health care facility, each health care facility providing  
26 services in a different location and operating in autonomous or  
27 semiautonomous fashion with respect to other facilities operated  
28 by the same provider shall require a separate license.

29 Section 805. Hearing on license.

30 No application for a license shall be refused by the



1 department until the same has been submitted to the policy board  
2 together with the reasons for refusal of the same. Upon receipt  
3 of the department's intent not to grant such license, the policy  
4 board may determine whether the license should be granted upon  
5 the information submitted to it or upon notice to the applicant  
6 of not less than 20 days to set a public hearing on the matter.  
7 Upon completion of said hearing, and a decision by the policy  
8 board, the department shall upon expiration of the time for  
9 appeal therefrom refuse or grant such license based upon the  
10 determination of the policy board.

11 Section 806. Provisional license.

12 When there is a serious specific deficiency in compliance  
13 with applicable statutes, ordinances, or regulations other than  
14 lack of certificate of need, and when the policy board finds  
15 that the applicant is taking appropriate steps to correct the  
16 deficiency, in accordance with the time table acceptable to the  
17 policy board, the department shall issue a provisional license  
18 for a specified period of not more than six months which may be  
19 renewed at the discretion of the department or on appeal  
20 therefrom at the discretion of the policy board. Upon  
21 substantial compliance, a regular license shall be issued  
22 immediately.

23 Section 807. Term and content of license.

24 (a) All licenses issued by the department under this act:

25 (1) Shall be for a term of two years and shall be  
26 renewed automatically unless revoked for cause as hereinafter  
27 provided.

28 (2) Shall be on a form prescribed by the policy board.

29 (3) Shall not be assignable or transferable except on  
30 prior written approval of the department or on appeal

therefrom by the hearing board.

(4) Shall be issued only to the health care provider for the health care facility or facilities named in the application.

(5) Shall specify the maximum number of beds if any to be used for the care of patients in the facility at any one time.

(6) Shall be issued for the facility as a whole and shall not set forth specific buildings or services in the licenses.

(b) A copy of the license shall at all times be posted in a conspicuous place on the provider's premises.

(c) Except in case of extreme emergency, no licensee shall permit the use of beds for inpatient use in the licensed facility in excess of the maximum number set forth in the license without first obtaining written permission from the department. The department may grant temporary use of beds without a certificate of need.

Section 808. Right to enter and inspect.

For the purpose of determining the suitability of the applicants, the premises, and the operations or the continuing conformity of the licensee to this act and to applicable regulations under this act, any authorized agent of the department who is professionally qualified to approve health care facilities shall, upon reasonable notice and proper identification made to the individual in charge of the health care facility, have the right to enter, visit, and inspect any provider licensed or requiring a license under this act and shall have access to the records of the facility reasonably related to the investigations purpose, to the patients and

1 employees therein, and shall have full opportunity to interview  
2 the patients and employees, giving due regard to protection of  
3 the health and sanitary conditions, confidentiality of medical  
4 information and the patients' rights to protection against  
5 violation of their privacy involved in any such interview. No  
6 inspection made hereunder shall unduly interfere with the  
7 operation of the facility. Inspections may be made without  
8 notice upon approval of the policy board for cause shown.  
9 Section 809. Suspension or revocation of license; notice.

10 (a) Whenever the department, upon inspection or  
11 investigation of a licensed health care facility shall learn of  
12 any violation of this act or of the rules or regulations of the  
13 policy board relating to licensure, it shall give written notice  
14 to the health care provider. Such notice shall require the  
15 health care provider to take specific action to bring the health  
16 care facility into compliance with this act within a reasonable,  
17 specified time.

18 (b) The department may refuse to issue or may suspend or  
19 revoke a license as to all or any portions of the health care  
20 facility for any of the following reasons:

21 (1) Substantial or repeated violation of the provisions  
22 of this act or of the rules and regulations of the policy  
23 board.

24 (2) Fraud or deceit in obtaining or attempting to obtain  
25 a license.

26 (3) Lending, borrowing, or using the license of another  
27 or in any way knowingly aiding or abetting the improper  
28 granting of a license.

29 (4) Substantial or continued incompetence, negligence,  
30 or misconduct in operating the health care facility or in

1 providing services to patients.

2 (5) Mistreating or abusing individuals cared for by the  
3 health care facility.

4 (6) The operation of a health care facility or rendering  
5 services for which a certificate of need is required under  
6 this act where no certificate has been obtained.

7 (c) If the department determines that there are apparent  
8 reasons for suspension or revocation of a license, it shall give  
9 written notice to the health care provider specifying the  
10 reasons for its determination and submit such notice to the  
11 hearing board. Within 30 days after such notice, the health care  
12 provider may demand a formal hearing before the hearing board to  
13 determine whether the license should be suspended or revoked. If  
14 no hearing is requested within such time, the department may  
15 suspend or revoke the license upon the expiration of the 30-day  
16 period. The department may suspend a license immediately in  
17 cases of imminent danger to the health or safety of patients,  
18 but in such cases a hearing shall be held before the hearing  
19 board within five business days of such suspension.

20 Section 810. Appeals.

21 If the department shall refuse a license or suspend or revoke  
22 a license after hearing, if any, before the hearing board, an  
23 appeal may be taken therefrom to the court of common pleas in  
24 which the health care facility is located within 30 days of the  
25 service of such order. No order of the department which is  
26 appealed which would terminate the right of any person to  
27 operate a health care facility already licensed shall be  
28 effective unless the department obtains from the appropriate  
29 court of common pleas approval for the enforcement of such  
30 order. Any license previously issued except one suspended for

1 imminent danger to patients shall be deemed to continue in  
2 effect pending appeal, notwithstanding the expiration of its  
3 term.

4 Section 811. Regulations.

5 The policy board is hereby authorized and empowered to adopt  
6 rules and regulations establishing procedures for licensure and  
7 establishing minimum standards for buildings and equipment and  
8 for patient health care and treatment and for the regulation of  
9 patient conduct, having due regard for the health, safety,  
10 welfare, and proper treatment of patients.

11 Section 812. Violation; penalty.

12 (a) Any person operating a health care facility within this  
13 Commonwealth without a license required by this act shall upon  
14 conviction thereof in summary proceeding be sentenced to pay a  
15 fine of not more than \$300 and costs of prosecution or in  
16 default of the payment thereof, to undergo imprisonment for not  
17 less than 10 days nor more than 30 days. Each day of operating a  
18 health care facility without a license required by this act  
19 shall constitute a separate offense.

20 (b) Any person, regardless of whether such person is a  
21 licensee, who has committed a serious willful violation of any  
22 of the provisions of this act pertaining to licensure or of  
23 rules and regulations related to licensure shall upon conviction  
24 thereof in a proceeding be sentenced to pay a fine of not more  
25 than \$300, and costs of prosecution or in default of the payment  
26 thereof, to undergo imprisonment for not more than ten days.  
27 Each day the violation continues shall constitute a separate  
28 offense.

29 (c) The department may accept a civil forfeiture in  
30 settlement of an action.

(d) These provisions shall be in addition to any other enforcement powers granted under this act.

## CHAPTER 9

### UNIFORM REPORTING

Section 901. Uniform financial reporting.

(a) Insofar as may be necessary to obtain consistent data in financial reporting the policy board shall by regulation, after consultation and public hearings, prescribe a uniform system of financial reporting of operating revenues and expenses for health care providers, specifying the operating information to be reported and the manner of its reporting. The regulations shall not prohibit health care providers from maintaining data in such form as they may deem proper so long as appropriate consistent data can be extracted therefrom. The system shall include:

(1) an operating fund balance sheet detailing operating fund assets, and liabilities and changes in the balance of the fund from the previous year's operations;

(2) a statement of operating revenue and expenses for the fiscal year; and

(3) such other reports as the policy board may determine to be necessary to fairly and accurately present a health care provider's operating revenue and expenses as of the fiscal year.

(b) Every health care provider shall file with the department the required financial reports on forms provided by the department annually.

(c) Reports shall be filed within 120 days of the end of the fiscal year unless the time for filing is extended by the department, and the policy board may adopt regulations with

1 assess reasonable late filing fees for failure to file as  
2 required.

3 Section 902. Modifications in the reporting system.

4 The policy board may allow and provide for modifications in  
5 the reporting system in order to reflect differences between the  
6 various categories, sizes, or types of health care providers.

7 Section 903. Regulation.

8 The policy board is hereby authorized and empowered to adopt  
9 rules and regulations establishing procedures for uniform  
10 reporting to be used in accordance with the provisions of this  
11 act.

## 12 CHAPTER 10

### 13 PROCEEDINGS AGAINST UNLICENSED HEALTH FACILITIES AND 14 VIOLATORS

15 Section 1001. Actions against unlicensed health care  
16 facilities.

17 Whenever a license is required by this act for the  
18 establishment or operation of a health care facility, the  
19 department may maintain an action in the name of the  
20 Commonwealth for an injunction or other process restraining or  
21 prohibiting any person from establishing or operating any  
22 unlicensed health care facility.

23 Section 1002. Actions against violations of law and rules and  
24 regulations.

25 Whenever any person, regardless of whether such person is a  
26 licensee, has willfully violated any of the provisions of this  
27 act or the rules and regulations adopted thereunder, the  
28 department may maintain an action in the name of the  
29 Commonwealth for an injunction or other process restraining or  
30 prohibiting such person from engaging in such activity.

1 Section 1003. Bonds.

2 No bonds shall be required of the department in any legal  
3 action.

4 CHAPTER 11

5 GENERAL PROVISIONS; APPROPRIATION: REPEALS:

6 EFFECTIVE DATE

7 Section 1101. Licenses and certificates for existing  
8 facilities.

9 All health care providers licensed, approved, or certified on  
10 the effective date of this act to establish, maintain, or  
11 operate a health care facility or who are operating such  
12 facility which has been licensed, approved, or certified shall  
13 be issued a license immediately upon application and all such  
14 providers shall be issued forthwith a certificate of need by the  
15 department for all buildings, real property, and equipment  
16 owned, leased, or being operated or under contract for  
17 construction, purchase, or lease, and for all services being  
18 rendered by the licensed, approved, or certified provider upon  
19 the effective date of this act.

20 Section 1102. Administration of act.

21 (a) No health care provider shall be required by any  
22 provisions of this act or rules and regulations promulgated  
23 thereunder, to provide facilities or render services contrary to  
24 the stated religious or moral beliefs of the provider, nor shall  
25 any applicant be denied a license or a certificate of need or  
26 the right to apply for or receive public funds on the grounds he  
27 will not provide the facilities or render the services for such  
28 reasons.

29 (b) In making determinations under this act, due  
30 consideration shall be given to the needs of patients having



1 preferences as to theories of medical practice, both allopathic  
2 and osteopathic, or religious affiliation or other preferences,  
3 the need for teaching facilities for various theories of medical  
4 practice, as well as to the size or function of the health care  
5 provider involved, subject, however, to the other provisions of  
6 this act.

7 (c) In carrying out the provisions of this act and other  
8 statutes of this Commonwealth relating to health care  
9 facilities, the department and the departments and other  
10 agencies and officials of State and local governments shall make  
11 every reasonable effort to prevent duplication of inspections  
12 and examinations.

13 (d) The department shall not administer this act in a way  
14 that will stifle innovation or experimentation in health care  
15 and health care facilities or that will discourage contributions  
16 of private funds and services to health care facilities.

17 Section 1103. Appropriation.

18 The sum of \$1,500,000, or as much thereof as may be  
19 necessary, is hereby appropriated to the Department of Health  
20 for the purpose of the administration and enforcement of this  
21 act.

22 Section 1104. Severability.

23 If any provision or clause of this act or application thereof  
24 to any person or circumstances is held invalid, such invalidity  
25 shall not affect other provisions or applications of the act  
26 which can be given effect without the invalid provision of  
27 application, and to this end, the provisions of this act are  
28 declared to be severable.

29 Section 1105. Repeals.

30 (a) The act of April 27, 1927 (P.L.465, No.299), entitled,

1 as amended, "An act to provide for the safety of persons  
2 employed, housed, or assembled in certain buildings and  
3 structures not in cities of the first class, second class, and  
4 second class A, by requiring certain construction and ways of  
5 egress, equipment, and maintenance; providing for the licensing  
6 of projectionists, except in cities of the first class and  
7 second class; requiring the submission of plans for examination  
8 and approval; providing for the promulgation of rules and  
9 regulations for the enforcement of this act; providing for the  
10 enforcement of this act by the Department of Labor and Industry  
11 and, in certain cases, by the chiefs of fire departments in  
12 cities of the third class; providing penalties for violations of  
13 the provisions of this act; and repealing certain acts," is  
14 repealed insofar as it relates to health care facilities for  
15 which minimum standards for fire and safety are promulgated by  
16 regulation under this act.

17 (b) All acts and parts are hereby repealed insofar as  
18 inconsistent with the provisions of this act.

19 Section 1106. Effective date.

20 This act shall take effect in six months.