



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

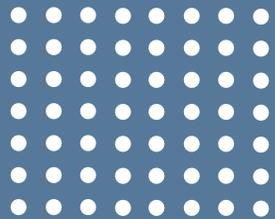
Certificate of Need Technical Advisory Committee

Short-Stay General Hospital Beds

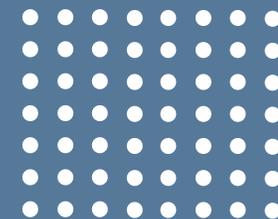
Office of Health Planning

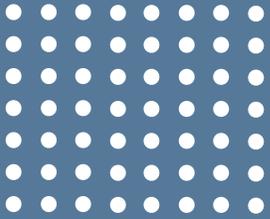
August 25, 2025





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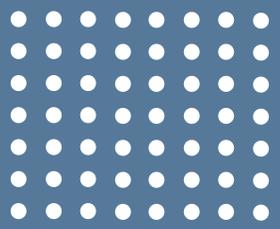
TODAY'S AGENDA

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- A. Call to Order
 - B. Welcome
 - C. Follow-up from Last Meeting
 - D. Review of Standards
 - E. Next Steps
 - F. Adjourn



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FOLLOW-UP FROM LAST MEETING

Meeting summary from last meeting was distributed.

During the meeting, Committee members asked for the following supplemental information:

- Services by hospital by planning area, which was distributed by email.
- Counties that do not have a hospital
- Additional information about H.B. 1339 exemptions

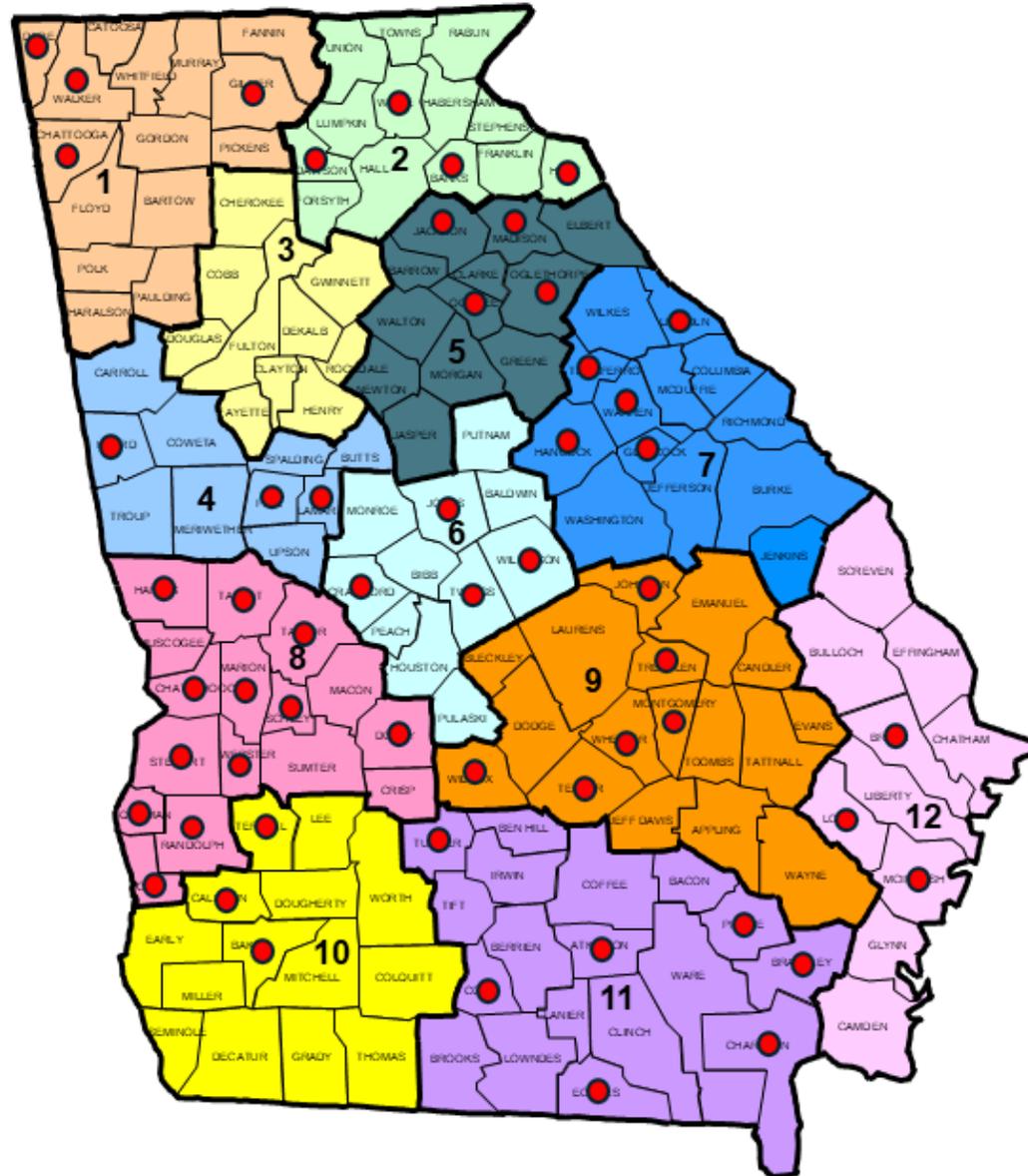


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WHICH COUNTIES DO NOT HAVE A GENERAL HOSPITAL?



Approximately 55 counties in Georgia do not have an existing or approved short-stay general hospital.



- H.B. 1339 expanded the types of projects that may qualify for an exemption from prior CON review and approval.
- 38 total exemptions
(O.C.G.A. 31-6-47; Ga. Comp Rules & Regs r. 111-2-2-.03)
- Several exemptions are specific to developing or expanding hospitals or hospital services.



Exemption	Language	Impact of H.B. 1339
O.C.G.A. 31-6-47(9.1)	The purchase of a closing hospital or of a hospital that has been closed for no more than 24 months by a hospital in a contiguous county to repurpose the facility as a micro-hospital	Changed from 12 months to 24 months

"Micro-hospital" means a hospital in a rural county which has at least two and not more than seven inpatient beds and which provides emergency services seven days per week and 24 hours per day. Ga. Comp Rules & Regs r. 111-2-2-.01(39)



Exemption	Language	Impact of H.B. 1339
O.C.G.A. 31-6-47(15); Ga. Comp Rules & Regs r. 111-2-2-.03 (14)	Increases in the bed capacity of a hospital up to ten beds or 20% of capacity, whichever is greater, in any consecutive three-year period, in a hospital that has maintained an overall occupancy rate greater than sixty percent (60%) for the previous 12 month period	<ul style="list-style-type: none">• Threshold for bed increase changed from ten beds or 10% of capacity to ten beds or 20% of capacity• Overall occupancy rate threshold decreased from 75% to 60%• The three-year period now referenced was previously a two-year period



Exemption	Language	Impact of H.B. 1339
O.C.G.A. 31-6-47(32); Ga. Comp Rules & Regs r. 111-2-2-.03(34)	A new general acute care hospital in a rural county when certain criteria are met.	<p>Created an exemption for new rural hospitals that, among other things:</p> <ul style="list-style-type: none"> • Will attain status as a teaching hospital or verification as a trauma center; • Provide certain specific services (psychiatric and behavioral health services); and, • Provide uncompensated indigent and charity care at a fixed percentage

“Rural County” means a county having a population of less than 50,000. See O.C.G.A. § 31-6-2(32).

"Teaching hospital" means a hospital designated as a teaching hospital by the Georgia Board for Physician Workforce, which serves as a sponsoring or major participating hospital for a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and maintains a written affiliation agreement with an accredited medical school located in Georgia or is owned and operated by an accredited medical school in Georgia. Ga. Comp Rules & Regs r. 111-2-2-.20(2)(p)



Exemption	Language	Impact of H.B. 1339
O.C.G.A. 31-6-47(33); Ga. Comp Rules & Regs r. 111-2-2-.03(35)	A new acute care hospital where a short-stay general hospital in a rural county has been closed for more than 12 months and a new replacement hospital has not opened, when certain criteria are met.	New Exemption

“Rural County” means a county having a population of less than 50,000. See O.C.G.A. § 31-6-2(32).



Exemption	Language	Impact of H.B. 1339
O.C.G.A. 31-6-47(34); Ga. Comp Rules & Regs r. 111-2-2-.03(36)	A new short-stay general hospital to address the underserved population previously served by a short-stay general hospital that was closed within the 48 months preceding the filing of a request for a letter of determination, when certain criteria are met.	Exemption for new hospitals that, among other things, have a written agreement to serve as a teaching hospital.



Exemption	Language	Impact of H.B. 1339
O.C.G.A. 31-6-47(35); Ga. Comp Rules & Regs r. 111-2-2-.03(37)	Transfer of existing beds from one general acute care hospital's primary campus to another general acute care hospital's primary campus within the same hospital system within a 15-mile radius of the original campus, when certain criteria are met.	New Exemption

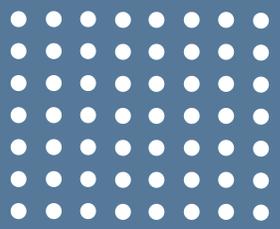


- Information about past and future meetings may be accessed here:

[CON Technical Advisory Committee Web Page](#)

- Interested parties may submit comments for the TAC here:

tac.publiccomment@dch.ga.gov



TAC REVIEW:

CERTIFICATE OF NEED RULE FOR SHORT-STAY GENERAL HOSPITAL BEDS

Ga. Comp Rules & Regs r. 111-2-2-.20(3)
Standards (a), (e), (f), (g), (h)

Presentation of existing standards, followed by
discussion and feedback.





A new hospital must be at least fifty (50) beds in size if located in a rural county and at least one hundred (100) beds in size if located in a county other than a rural county.



In considering applications joined for review, the Department may give favorable consideration to whichever of the applicants historically has provided the higher annual percentage of unreimbursed care to indigent and charity patients and the higher annual percentage of services to Medicare, Medicaid and Peach Care patients.



An applicant for a new, replacement or expanded hospital shall foster an environment that assures access to individuals unable to pay, regardless of payment source or circumstances, by the following:

1. providing evidence of written administrative policies that prohibit the exclusion of services to any patient on the basis of age, race, sex, creed, religion, disability or the patient's ability to pay;
2. providing a written commitment that services for indigent and charity patients will be offered at a standard that meets or exceeds three percent (3%) of annual, adjusted gross revenues for the hospital;
3. providing a written commitment to participate in the Medicare, Medicaid and Peach Care programs;
4. providing a written commitment to participate in any other state health benefits insurance programs for which the hospital is eligible; and
5. providing documentation of the past record of performance of the applicant, and any facility in Georgia owned or operated by the applicant's parent organization, of providing services to Medicare, Medicaid, and indigent and charity patients.



1. An applicant for a replacement or expanded hospital shall document that the hospital is fully accredited by the Joint Commission or another nationally recognized accrediting body, and also shall provide sufficient documentation that the hospital has no history of significant licensure deficiencies and no history of conditional level Medicare and/or Medicaid certification deficiencies in the past three (3) years and has no outstanding licensure and Medicare and/or Medicaid certification deficiencies. In the event that the hospital is not accredited by the Joint Commission or another nationally recognized health care accreditation body and relies solely on state licensure, the applicant should provide sufficient documentation that the hospital has no history of significant licensure deficiencies and no history of conditional level Medicare and/or Medicaid certification deficiencies in the past five (5) years and has no outstanding licensure and Medicare and/or Medicaid certification deficiencies.



2. An applicant for a new, replacement or expanded hospital shall:
 - (i) provide a written commitment that the applicant presently participates, or in the case of a new hospital, will participate, in a statewide or national external reporting and peer review process related to patient safety and control of medical errors;
 - (ii) provide evidence of the availability of resources, including health care providers, management personnel and funds for capital and operating needs, for the provision of the hospital services; and
 - (iii) document a plan for obtaining and maintaining staff and service quality standards necessary to promote effective patient care and clinical outcomes.



1. An applicant for a new, replacement or expanded hospital shall document a plan to operate an emergency room licensed by the Healthcare Facility Regulation Division.



2. An applicant for a new, replacement or expanded hospital shall provide a description of the proposed service area for the hospital and document a community planning process that addresses primary care relationships and the range of transfer and referral activities across the range of care levels. The descriptions and community planning process should address:

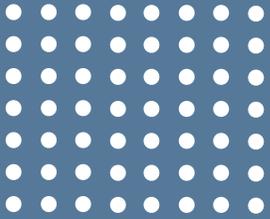
- (i) Estimated geographic boundaries of primary and secondary service areas and the primary and outpatient providers in these areas;
- (ii) Demographic and income characteristics of the service area by age, gender and racial compositions;
- (iii) Anticipated payer sources by population totals and percentages to include public payers and indigent and charity care services;
- (iv) Patient access to the full continuum of care, including discharge planning and long-term care options;
- (v) The projected financial and economic impact that the project will have on the community;
- (vi) Strategies related to physician recruitment and medical staffing to include the hospital's plan to ensure that the care provided by physicians and other clinicians is made available to patients without regard for ability to pay;
- (vii) The manner in which the facility coordinates or will coordinate with the existing health care system;
- (viii) The manner(s) in which the hospital will make available the necessary ancillary and support services; and
- (ix) The manner in which the hospital will support the operation of any affiliated critical access hospitals, if applicable.



3. An applicant for a new, replacement or expanded hospital shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the hospital.



4. An applicant for a new, replacement or expanded hospital shall demonstrate that proposed charges for services shall compare favorably with charges for other similar hospital services in the planning area when adjusted for annual inflation. When determining the accuracy of an applicant's projected charges for hospital services, the Department may compare the applicant's history of charges if applicable, with other hospitals in the planning area(s) previously served by the applicant or its parent company.



FUTURE MEETINGS AND EXPECTATIONS



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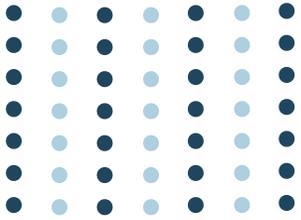




MEETING & REVIEW SCHEDULE



Meeting # / Date	Meeting Content	Standards to be Discussed
Meeting 1: June 30	Introductory Meeting	
Meeting 2: August 25	Discussion of standards that address the qualities and characteristics that an applicant needs to demonstrate.	a) New Hospitals – Size e) Favorable Consideration f) Financial Access to Care g) Quality of Care h) Continuity of Care
Meeting 3: September 22	Discussion of Need Methodology and Exceptions	b) Need for New, Replacement, or Expanded Hospital Services; c) Exception to Need
Meeting 4: October 21	Discussion of Impact to Existing Health Care System, Consolidations, and Remaining Standards	d) Adverse Impact i) Consolidation of Rural Hospitals j) Consolidation of Non-Rural Hospitals
Meeting 5: November 17	Synthesis and Summary of TAC Findings	
Additional Meeting/ Post-Meetings	Report on TAC Findings Published	



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THANK YOU!
QUESTIONS /
COMMENTS?

