

Elimination or Reduction in Emergency Department and Primary Care Services – “Reverse CON”

Proposals Subject to Review

No hospital emergency department or primary care services which existed for at least one (1) year and which significantly serve uninsured or underinsured individuals shall be eliminated or significantly reduced without the prior approval of the Director.

Review Criteria

The written plan describing the proposed reduction or elimination, shall include, at a minimum, the following information:

1. Description of the services to be reduced or eliminated;
2. The proposed change in hours of operation, if any;
3. The proposed changes in staffing, if any;
4. The documented length of time the services to be reduced or eliminated have been available at the facility;
5. The number of patients utilizing those services that are to be reduced or eliminated annually during the most recent three (3) years;
6. Aggregate data delineating the insurance status of the individuals served by the facility during the most recent three (3) years;
7. Data describing the insurance status of those individuals utilizing those services that are to be reduced or eliminated annually during the most recent three (3) years;
8. The geographical area for which the facility provides services;
9. Identification and description, including supporting data and statistical analyses, of the impact of the proposed elimination or reduction on:
 - a. Access to health care services for traditionally underserved populations, including but not limited to, Medicaid, uninsured and underinsured patients, and racial and ethnic minority populations;

- b. The delivery of such services on the affected community: emergency and/or primary care in the cities and towns whose residents are regularly served by the hospital (the “affected” cities and towns);
 - c. Other licensed hospitals or health care providers in the affected community or cities and towns; and,
 - d. Other licensed hospitals or health care providers in the state; and,
10. Such other information as the Director deems necessary.

Review and Decision

The Director shall have the sole authority to review all plans submitted under this section and the Director shall issue a decision within ninety (90) days from the receipt of the written plan in form and content acceptable for review by the Department or the request shall be deemed approved.

If deemed appropriate, the Director may issue public notice and allow a written comment period within sixty (60) days of receipt of the receipt of the proposal.

If the Director disapproves the proposal within ninety (90) days of receipt of the written plan in a form acceptable for review, he/she shall afford written expressed reason(s) for disapproval.