March 24, 2005

S 1072. HOSPITAL LICENSE CHANGES. *TO MAKE CHANGES TO CHANGE THE DEFINITION OF "PRIMARY CARE HOSPITAL" TO CONFORM TO FEDERAL CHANGES; TO AUTHORIZE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SUSPEND ADMISSIONS OR SERVICES IN HOSPITALS AS PART OF TAKING ADVERSE ACTION AGAINST A HOSPITAL'S LICENSE; AND TO AUTHORIZE THE MEDICAL CARE COMMISSION TO ESTABLISH STAFF QUALIFICATIONS FOR HOSPITAL STAFF*. Amends GS 131E-76, 131E-78, and 131E-79 as title indicates, except changes the definition of "critical access hospital," not "primary care hospital." Authorizes facility to contest adverse license actions under GS Chapter 150B but requires that petition be filed within 20 days after the Dep't mails notice of adverse action. Makes technical changes.

Intro. by Rand.

Ref. to Health Care GS 131E

April 13, 2005

S 1072. HOSPITAL LICENSE CHANGES. Intro. 3/24/05. Senate committee substitute makes the following changes to 1st edition. Provides that NC Dep't of Health and Human Services may designate a hospital located in a Metropolitan Statistical Area as a rural hospital for the purposes of the critical access hospital program if the hospital is located in a county with 25% or more rural residents. Provides that the Secretary rather than Dep't of Health and Human Services may suspend admission of new patients to areas of the hospital where the conditions of the hospital constitute a substantial failure to comply with the provisions of Part 2 of Article 5 of GS Chapter 131E (Hospital Licensure) and are dangerous to the health or safety of the patients (was, where conditions are detrimental to health or safety of the patients). Expands factors Secretary must consider in deciding whether to suspend admissions.