Principles to Guide the CON Program

Maryland's Certificate of Need program should:

- respond to its residents' needs for health care services, including hospital, long term care, ambulatory surgery, and specialized services;
- promote the quality and safety of these services;
- promote improved access to these services, including addressing the needs of underserved populations and both the ethnic and racial disparities in health care which presently exist;
- *promote the geographical distribution of medical facilities and access to proven technologies;*
- *support the diffusion of emerging medical services and technologies; and*
- promote the affordability of health care available to Maryland residents.

Certificate of Need should apply in situations where market forces are likely to result in:

- significantly higher or unnecessary costs to the system;
- *significant growth in supply-sensitive or volume-sensitive services[1];*
- decreased access to care by vulnerable populations or less populous regions of the state;
- *the proliferation of services that would undermine the ability of essential community providers to maintain their financial viability; or*
- a diminution of the quality or safety of patient care.

The Certificate of Need program should be:

- procedurally clear, consistent, and timely;
- flexible enough to accommodate unique situations, whether of provider mission, geography and demographics, or technological advances; and
- specific to Maryland's unique policy and regulatory framework; and

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[1] Supply-sensitive is defined in the Dartmouth Atlas as service in which the supply of the health care resource influences the utilization of that resource, and the level of utilization driven not by medical theory or evidence, but rather by capacity and payment incentives. A health care service is volume-sensitive if a high volume of the service is associated with improved quality or outcomes

- *complement local planning initiatives, payment reforms and emerging models of care that promote care coordination, foster collaboration among providers, and reduce inappropriate utilization.*