



A POLICYMAKING PLAYBOOK FOR
CERTIFICATE OF NEED REPEAL:

Ranking Certificate of Need Laws in All 50 States

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The battle at the landing between the Pinkertons and strikers.

Introduction

Unchecked monopoly, a form of market failure scorned by both Keynesian and libertarian economists, yields disastrous consequences, as illustrated by The Homestead Strike of 1892.¹ Andrew Carnegie, seeking to increase profits, placed Henry Clay Frick in charge of his Homestead Steel Works, and Frick resolved to break the steel union at any cost.² Slashing wages by 22 percent, Frick leveraged the Carnegie monopoly to maintain high rents and prices in the company town of Homestead.³ Workers, represented by the Amalgamated Association of Iron and Steel Workers (AA), responded with a strike that turned violent. Frick fortified Carnegie's plant with barbed wire and sniper towers, hiring Pinkerton mercenary agents to secure Carnegie's facility.⁴ On July 6, 1892, a bloody clash ensued when 300 Pinkertons, armed with Winchester rifles, attempted to break the strike. Strikers and their families fiercely resisted, resulting in a battle that left several dead and many wounded on both sides.⁵

In subsequent decades, organized labor unions, such as AA, lobbied Republican Presidents Roosevelt and Taft to implement policies ensuring episodes like Homestead would never recur.⁶ These leaders passed laws that disrupted monopolies and ensured fair labor markets, placing crucial guardrails to ensure competition and prevent market failure.

Today, however, America's industrial landscape is unrecognizable from Carnegie's era. Company towns and totalizing monopolistic practices have dissipated, and laws now protect workers' rights and promote competition.⁷ Consequently, once crucial to address corporate

exploitation, organized labor now tends to hinder market efficiency and competition, constituting a cartel that often impedes market corrections.⁸ Likewise, some Progressive Era laws, once necessary to prevent egregious abuses of civil liberties, are invoked today to undermine market efficiency.

Indeed, often in America's republican policymaking arena, solutions outlive the problems they were designed to solve—and then yield new problems that themselves require correction.

The shifting necessity of labor unions parallels the evolution of healthcare regulations, particularly Certificate of Need (CON) laws that once addressed a legitimate market failure but today impede market health and undermine human outcomes. In the 1960s and '70s, there was a view among American policymakers that overinvestment and frivolous competition in the healthcare industry would diminish the overall quality of care. At the time, this position was defensible. Looking to slow the growth rate of Medicare, and because Medicare was then reimbursed on a cost-plus model, Congress did not want unneeded infrastructure investment where there was no community need. Under this cost-plus regime, some worried that providers would be indirectly incentivized to inflate costs and overspend, knowing they would earn a generous reimbursement.

Therefore, it should not be surprising that policymakers desired a reform designed to mitigate healthcare competition. The 1974 Health Planning and Resources Development Act offered such a reform, mandating that all states establish CON programs to oversee healthcare markets, stand up state-level review boards to vet and approve all new market entrants, and propose expansions of existing facilities or service lines.⁹ Former Federal Trade Commissioner Maureen Ohlhausen explains, "Proponents viewed state intervention as a necessary check on a perceived market failure created by the existing reimbursement structure."¹⁰

However—like many of the industrial unions that once faced off against armed mercenaries—CON laws today are an outdated relic of a past market and now impede innovation and efficiency. In 1983, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA), shifting Medicare from a cost-based reimbursement methodology to a prospective payment system (PPS). In so doing, the underlying reimbursement model that incentivized lawmakers to implement CON disappeared. After a decade of CON statutes, the Federal Trade Commission (FTC) recognized the detrimental impact of CON laws following an analysis that underscored the inefficacy of these regulations in the wake of reimbursement changes. Under the new universal reimbursement model, private insurers negotiated payment procedure-by-procedure. In 1987, a bipartisan Congress repealed the federal CON mandate.¹¹ Yet, as of January 1, 2024, 38 states and Washington, D.C., persist with some form of CON, despite unambiguous evidence of significant costs imposed in financial terms and missed opportunities for improvement in healthcare quality and access.

It is long past time for states to repeal outdated CON restrictions, but the road to repeal often appears treacherous, and bad arguments dominate debates on this issue. This report



endeavors to disrupt existing narratives and provide robust, well-researched arguments and actionable tools for legislators seeking better healthcare systems in their states.

This paper will:

- I) demonstrate how CON laws increase healthcare prices while reducing quality and access, rebutting counterarguments before
- II) offering a novel methodology that policymakers can use to assess their CON laws and find a pathway to repeal, and finally,
- III) provide a 50-state ranking of CON statutes to situate each state within a national context.

CON Laws Raise Healthcare Prices While Reducing Quality and Access

Certificate of Need (CON) laws were initially intended to control healthcare costs, ensure equitable distribution of healthcare resources, and improve the quality of care. However, robust empirical literature increasingly indicates that after the implementation of the Tax Equity and Fiscal Responsibility Act (TEFRA), these laws have opposite effects (e.g., raising prices, diminishing quality, undermining access, threatening dynamism, imposing burdens upon taxpayers, and enabling regulatory capture). America's fragmented patchwork of CON jurisdictions provides two useful A-B tests: CON states vs non-CON states, and pre-CON repeal vs post-CON repeal. Examining these experiments and others, this section will examine arguments in detail, rebutting counterarguments, and providing robust empirical data to support the case for repealing CON laws.

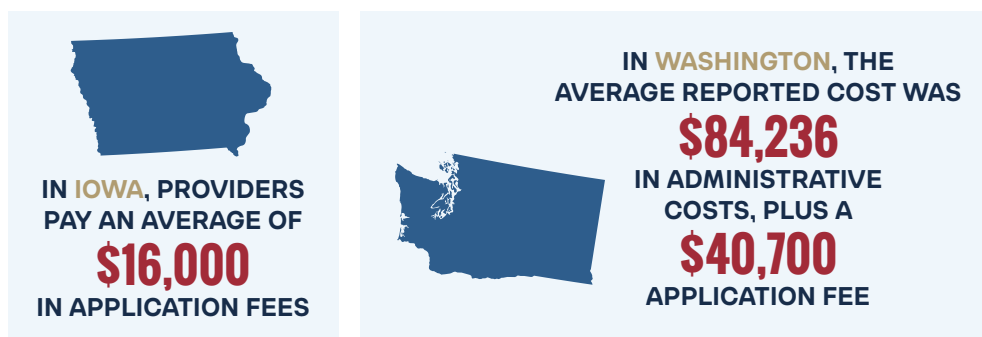
CON Laws Raise Healthcare Prices

One of the primary arguments in favor of CON laws is the notion that barriers to entry keep healthcare costs low by preventing overinvestment in unnecessary and duplicative services, which exacerbate shortages. These concerns are misguided, understating the compliance burden of CON restrictions and neglecting the implications of uncompetitive markets.

Compliance with CON regulations involves significant legal and administrative expenses—including legal fees, administrative costs, and other resource expenditures necessary to CON requirements. Hospitals and other healthcare providers must often navigate complex application processes, hire legal counsel, and endure lengthy review periods, ultimately increasing operational costs. These costs are borne by consumers in the form of higher prices and taxpayers in the form of higher taxes. Robert Moffit at the Center for Health and Welfare Policy explains that:

“Securing a certificate-of-need often requires detailed studies, analyses, and projections which can take months, even years, to complete. Medical providers must hire lawyers, lobbyists, or consultants to help them with this arduous process. It sometimes ends up costing hundreds of thousands of dollars—and not one cent funds patient care.”¹²

One report from Iowa found that providers pay an average of \$16,000 in application fees. In Washington state, a 2013 study found the “average reported cost was \$84,236 in administrative costs, plus a \$40,700 application fee.”¹³⁻¹⁴ Beyond upward pressure on prices and taxes, these onerous costs also deter prospective market entrants and encourage consolidation.



CON laws also promote anticompetitive price-setting behavior. Ohlhausen explained, “If you want the price of something to decline, creating an artificial shortage of it is not the way to achieve that.”¹⁵ Research suggests that CON states offer fewer hospitals. Consequently, this less competitive landscape results in higher prices.¹⁶ Similarly, insurance companies, faced with limited options, must accept higher prices set by monopolistic providers, reifying an overall increase in healthcare costs. Moffit crystallizes: “A lack of competition is a major contributor to [price] dysfunction.”¹⁷ Moreover, a 2016 report found that healthcare spending per capita

in states with CON laws is approximately three to four percent higher than in states without such laws; a clear rebuttal against prevailing unsubstantiated claims that CON laws reduce healthcare spending costs.¹⁸

Another backward-looking study estimates that CON restrictions are responsible for a 10.5 percent increase in per capita healthcare spending.¹⁹ In other words, as Ollerton and Koopman explain, “for every dollar spent, approximately 10 cents can be saved by the removal of CON laws.”²⁰ Among the states that have successfully repealed CON laws, literature clearly demonstrates that prices have not increased but have instead decreased.²¹ In fact, these price hikes disproportionately hurt those who most desperately need healthcare. Bailey and Hamami, in 2022, built a model that predicted CON laws are likely to increase prices in markets in which patients are sickest.²²

CON Laws Undermine Access to Healthcare

While CON laws are purported to enhance access to healthcare services, particularly in rural and underserved areas, evidence suggests CON restrictions yield contravening effects. In these regions, where healthcare resources are already scarce, barriers to entry exacerbate underlying problems. CON laws can protect inefficient healthcare providers from facing competition, allowing them to continue operating despite poor performance. One study from Americans for Prosperity examined Michigan and found, “From July 2016 to February 2020, Michigan denied over \$580 million in health care investments.”²³

Overall, robust empirical evidence suggests that CON repeal yields more hospitals, clinics, and ambulatory surgical centers (ASCs). One study of Vermont found that CON repeal would result in six new hospitals, 36.4 percent more MRI scans, and 70 percent more CT scans.²⁴ Florida, which repealed most of its CON laws in 2019, can look forward to an even brighter future: within one year of repeal, 65 new hospitals announced construction.²⁵ Indeed, Maine, Oregon, and Washington, each with onerous CON laws, implicitly accept that CON improves access, exempting rural hospitals from CON laws, thereby increasing healthcare access for rural citizens.²⁶ Finally, a 2024 study comparing CON and non-CON states found that repealing ASC-specific CON laws substantially increases the number of ASCs. Specifically, ASCs per capita increased by 44 to 47 percent statewide and 92 to 112 percent in rural areas.²⁷

Moreover, even when CON laws do not deter new hospitals and clinics, the application approval process can be lengthy and arduous, significantly limiting timely access to care. Such delays are of great consequence for patients requiring immediate access to new, life-saving treatments or facilities. Delays associated with CON regulations negatively impact patient outcomes, especially in urgent care scenarios. One study of Tennessee—among the most restrictive CON states according to our rankings—found that approval can take up to 110 days.²⁸ Another study found that CON review typically takes six to 12 months.²⁹

By preventing and deterring new entrants and expansions of existing facilities and service lines, CON laws stifle innovation and the introduction of new care models. For example, Medicine

3.0-style longevity clinics, which focus on preventative care and advanced treatments, often face significant hurdles in CON states. Research from the Independent Women’s Forum demonstrates that states without CON laws are better positioned to attract startups and investment, which can improve access to and quality of care.³⁰

CON Laws Diminish Healthcare Quality

Advocates of CON laws also claim that restrictions improve healthcare quality by ensuring that only financially viable providers with high standards can enter the market. This argument is similarly discordant with empirical evidence.

Research indicates that CON laws can impede the introduction of new technologies and innovative care models, crucial to improve healthcare quality over time. A 2019 study found that states with CON laws offer four percent fewer MRI scans, 3.52 percent fewer CT scans, and 8.13 percent fewer PET scans than states without CON laws.³¹ Considering that many CON laws prevent the introduction of these technologies without government approval, such outcomes are unsurprising. Another study suggests that CON states utilize medical equipment—including MRI, CT, and PET scans—up to 65 percent less than their non-CON counterparts.³²

CON laws also prevent new market entrants who might offer diverse and high-quality services. A 2017 study by the Mercatus Center at George Mason University found that states with CON laws had 30 percent fewer ambulatory surgical centers, which often provide high-quality, lower-cost alternatives to hospital-based surgeries.³³ More troubling, Zinn finds that even limited CON on nursing home construction yields lower RN staffing and a higher percentage of nursing home residents who are physically restrained.³⁴ By blocking market entry, CON laws prove deleterious to healthcare quality.³⁵

COMPARED TO THEIR NON-CON COUNTERPARTS, STATES WITH CON LAWS OFFER:

4%
FEWER
MRI SCANS



3.52%
FEWER
CT SCANS



8.13%
FEWER
PET SCANS

Artificially spared from the pressure of competition that pervades every other sector of the American economy, there is little incentive for incumbent providers in CON states to compete on quality. One study concludes that “after 1990, competition led to substantially lower costs and significantly lower rates of adverse outcomes. Thus, after 1990, hospital competition unambiguously improves social welfare.”³⁶ Another study found that the rate of death after hip and knee replacements declined after CON law repeal.³⁷

Overall, CON jurisdictions are associated with higher mortality rates. Researchers Ollerton and Koopman from Utah State University's Center for Growth and Opportunity explained, "CON laws reduce the quality of care through their regulations and contribute to higher mortality rates."³⁸ Further empirical evidence corroborates this claim, with one study finding that CON repeal in Virginia would decrease post-surgery complications by more than five percent and increase patient satisfaction by roughly the same amount.³⁹

CON Laws Render States Vulnerable to Pandemics and Population Changes

The dynamic nature of healthcare requires flexibility and adaptability, which CON laws inherently restrict. During the COVID-19 pandemic, 23 states suspended or waived CON regulations to rapidly increase healthcare capacity. While most of these states reinstated CON barriers after the pandemic, their temporary actions acknowledge the reality that CON laws create unnecessary barriers to healthcare access. A study from the Mercatus Center found that states with CON suspensions were able to add more hospital beds and critical care facilities more quickly than states that did not suspend their CON laws.⁴⁰ New York, which was slow to suspend its CON laws, faced significant challenges in expanding healthcare capacity during the pandemic.⁴¹

CON laws also create a static healthcare environment that does not adapt well to population changes.⁴² States with declining populations may have excess healthcare capacity, while rapidly growing states may struggle to meet new demand. It is expected that states with rigid CON laws often have mismatches between healthcare supply and population needs, leading to either underutilization or shortages of healthcare services.⁴³

Finally, many CON regulations are based on fixed price thresholds, requiring approval for developments exceeding certain costs.⁴⁴ These thresholds often fail to account for inflation, making compliance increasingly burdensome. Additionally, high-cost new technologies may be delayed or blocked by CON requirements, hindering the adoption of cutting-edge medical advancements.

CON Laws Are Excessively Burdensome to Taxpayers

The economic burden of CON laws extends beyond healthcare providers and impacts every American taxpayer. Additional costs associated with compliance and uncompetitive markets are passed onto taxpayers through higher Medicare and Medicaid reimbursements. Moffit wrote, "Anti-competitive certificate-of-need laws increase a state's healthcare costs, thus imposing unnecessary costs on the federal taxpayers subsidizing its insurance exchange."⁴⁵ According to a study by the Kaiser Family Foundation (2020), states with CON laws have higher Medicaid spending per enrollee, driven by the higher costs of healthcare services in these states. This means that even residents of non-CON states indirectly bear the financial burden of CON laws through federal tax contributions.

CON Laws Propel Regulatory Capture

CON laws create regulatory bodies responsible for approving applications, which are vulnerable to capture by powerful incumbent firms. Statutory CON language and judgments are subjective, enabling abuse. Researcher Maggie Tieche wrote, “(CON) attempts to assign objective value to a subjective assessment of a facility’s community value.”⁴⁶ Thus, there is a significant risk that incumbent providers can influence CON boards, leading to anti-competitive practices. Ohlhausen notes:

“If Burger King wants to build a new restaurant down the street from McDonald’s, it does not have to go before a state board and ... fight for the right to open in a lengthy, expensive, and contested proceeding where McDonald’s can successfully object to its entry on the ground that it is already providing all the hamburgers the area requires. Yet this is exactly how states administer CON laws, with the incumbent provider weighing in on whether there is a need for it to face competition”⁴⁷

Another study demonstrated that incumbent providers often lobby CON boards to reject applications from potential competitors.⁴⁸

Regulatory capture undermines the original intent of CON laws and perpetuates monopolistic practices as the enforcement of laws is lenient for incumbents and draconian for newcomers. In his groundbreaking 1971 article, “The Economic Theory of Regulation,” University of Chicago economist George Stigler famously argued, “As a rule, regulation is acquired by the industry and is designed and operated primarily for its benefit.”⁴⁹ In the case of CON, Conover and Bailey explain that enforcement mechanisms include “denying, suspending or revoking the license or certification of a facility ... in addition, some states impose sizable administrative penalties (e.g., \$5 million) for specific violations of CON statutes.”⁵⁰ Thus, prospective market entrants and existing firms looking to expand facilities or service lines have no choice but to seek approval from their competitors. Unsurprisingly, the limited data available on CON approvals suggests that boards tend to reject applicants. One report from Louisiana obtained during discovery in a case contesting a rejected CON application found that, between 2019 and 2020, 75 percent of need-review applications in Louisiana were denied.⁵¹

Numerous additional studies have documented instances of anti-competitive behavior facilitated by CON laws. For example, research published in the *Journal of Law and Economics* found that incumbent providers frequently use CON regulations to block or delay the entry of competitors, resulting in reduced competition and higher prices. The research states, “one of those [market] participants would challenge the new entrant applying for a CON. Such challenges ... invite high litigation costs and additional resources ... all without any guarantee of success.”⁵² In a meta-analysis of 90 studies, researchers corroborate these conclusions, finding that “social welfare would increase by several hundred million dollars a year if CON were repealed in the 37 states that retain it ... CON is more likely to lead to large negative effects (more spending and worse health) than large positive ones (less spending and better health).”⁵³

Rankings Methodology: Creating Pathways to Repeal

Reviewing relevant statutes in all 50 states as of January 1, 2024, nine areas of CON restrictions were isolated—medical inpatient, medical outpatient, behavioral inpatient, behavioral outpatient, long-term care facilities, day services, ancillaries, imaging, and other. States were awarded points to each area to provide lawmakers with an actionable playbook for repeal. Points were assigned pursuant to each CON or CON-equivalent barrier present in that state’s statutes on a 100-point basis. The most restrictive states are burdened with 100 points, reflecting CON barriers in every category measured. Meanwhile, the states with 0 points do not have any CON or CON-equivalent statutes limiting market entry in the measured categories.

This methodology concluded that behavioral outpatient barriers are particularly onerous. CON restrictions against these firms limit healthcare options without meaningfully providing any net benefit. Twenty points therefore were assigned to states with behavioral outpatient CON restrictions.

The next category of restrictions each received 15 points: medical outpatient, behavioral inpatient, and imaging. Both medical outpatient and behavioral inpatient facilities provide critical care, and undersupply risks unnecessary death and suffering. Moreover, limited supply in these areas drives up costs. Similarly, medical imaging should be significantly less expensive and more widely accessible. Barriers against medical imaging directly erode a state’s healthcare outcomes without providing a net benefit.

CON restrictions to medical inpatient and day services each earned a state 10 points. These facilities and services are of critical importance to healthcare outcomes. However, bad reimbursement policies in some states might temporarily justify supply limitations in some very rare cases. In those states, reimbursement reform should precede CON repeal.

Restrictions on long-stay facilities, ancillaries, and other services and facilities each earned a state five points, reflecting the comparatively smaller impact of CON repeal in these areas. As with medical inpatient and day services, CON restrictions ought to be removed in the long term, though reimbursement reform should come first in some cases.

A. Behavioral Outpatient (20 points)

Any state with CON restrictions on outpatient facilities for behavioral health, such as nonresidential, substitution-based treatment centers for opiate addiction, was assigned 20 points.

B. Medical Outpatient (15 points)

Any state with CON restrictions on any of the following was assigned 15 points in the medical outpatient category:

1. Outpatient clinics
2. Ambulatory surgical facilities
3. Treatment centers
4. Rehabilitation centers
5. Kidney disease treatment centers

6. Freestanding hemodialysis units
7. Independent cardiac catheterization centers
8. Lithotripsy
9. Cancer treatment centers
10. Free-standing emergency centers or departments
11. Free-standing surgical centers
12. Organized outpatient health facilities
13. Ambulatory surgery centers or facilities for surgical treatment not requiring hospitalization
14. Cardiac catheterizations
15. Outpatient surgical facilities
16. Specialized centers, clinics, or physicians' offices developed for the provision of specialized medical services
17. Ambulatory, surgical, diagnostic, or treatment centers
18. Diagnostic, treatment, and rehabilitation centers

C. Behavioral Inpatient (15 points)

15 points assigned for states with CON restrictions on behavioral inpatient facilities, including:

1. Psychiatric hospitals
2. Residential psychiatric treatment centers
3. Psychiatric hospitals and intermediate care facilities for individuals with substance abuse
4. Psychiatric residential treatment facilities
5. Sanitariums

D. Imaging (15 points)

15 points assigned to any state with restrictions on imaging tools and facilities, including:

1. Diagnostic centers
2. Computed tomographic (CT) scanning
3. Magnetic resonance imaging (MRI)
4. Magnetic source imaging (MSI)
5. Positron emission tomographic (PET) scanning
6. Radiation therapy
7. Stereotactic radiotherapy
8. Proton beam therapy

9. Independent diagnostic testing facilities
10. Nuclear medicine imaging
11. Diagnostic, treatment, and rehabilitation centers
12. Ambulatory, surgical, diagnostic, or treatment centers

E. Medical Inpatient (10 points)

Any state with CON restrictions on any of the following was assigned 10 points of restriction in the medical inpatient category:

1. General hospitals
2. Specialized hospitals
3. Tuberculosis hospitals
4. Long-term care hospitals
5. Rehabilitation hospitals
6. Maternity hospitals
7. Stereotactic radiosurgery
8. Chronic disease hospitals
9. Post-acute head injury retraining facilities
10. Destination cancer hospitals
11. Comprehensive medical rehabilitation facilities
12. Free-standing acute inpatient rehabilitation hospitals
13. Hospitals or other facilities or institutions operated by the state that provide services eligible for Medicare and Medicaid reimbursement

F. Day Services (10 points)

10 points assigned to states with restrictions on any of the following Day Services, including:

1. Adult day health care programs
2. Home nursing-care providers
3. Home care providers
4. Hospice providers
5. Hospices
6. Domiciliary care
7. Personal care
8. Nursing care
9. Home health agencies

G. Long-term Care Facilities (5 points)

Any state restricting any of the following was assigned 5 points for Long-term Care Facilities:

1. Long-term care facilities
2. Nursing homes
3. Intermediate care facilities
4. Skilled nursing facilities
5. Assisted living facilities
6. Residential care facilities
7. Rest homes
8. Residential care homes
9. Personal care homes
10. Family care homes
11. Continual care community and other non-traditional, long-term care facilities
12. Adult care facilities
13. Facilities for individuals with developmental disabilities
14. Intellectual disability institutional habilitation facilities
15. Facilities for the developmentally disabled
16. Residential healthcare facilities

H. Ancillaries (5 points)

5 points assigned to any state with CON restrictions on ancillaries, including:

1. Laboratories
2. Clinical laboratories
3. Bioanalytical laboratories
4. Central service facilities
5. Central services facilities
6. Dispensaries
7. Health maintenance organizations

I. Other (5 points)

5 points assigned in this general "other" category for restrictions on small facilities that do not easily fall into the other categories, such as:

1. Health facility established by a health maintenance organization
2. Parent companies
3. Subsidiaries
4. Affiliates
5. Joint ventures

50-State Rankings

Overall Rankings

From least to most restrictive

1: Texas	0 points	25: Louisiana.....	55 points
1: Idaho.....	0 points	27: Hawaii	65 points
1: New Hampshire	0 points	27: Maine.....	65 points
1: California.....	0 points	27: Michigan.....	65 points
1: Colorado.....	0 points	27: Illinois.....	65 points
1: Kansas	0 points	27: Oregon	65 points
1: New Mexico.....	0 points	27: New York	65 points
1: Pennsylvania.....	0 points	33: Missouri.....	80 points
1: South Dakota	0 points	33: Alabama.....	80 points
1: Utah.....	0 points	33: Rhode Island.....	80 points
1: Wyoming	0 points	36: Tennessee	85 points
1: Arizona.....	0 points	37: Mississippi.....	90 points
14: Florida	5 points	37: Connecticut	90 points
14: Montana	5 points	37: Iowa	90 points
14: North Dakota.....	5 points	37: Massachusetts.....	90 points
14: Ohio	5 points	41: Georgia.....	95 points
14: Wisconsin	5 points	41: Maryland.....	95 points
18: Arkansas	15 points	43: Kentucky	100 points
18: Indiana.....	15 points	43: Nevada.....	100 points
20: Oklahoma.....	20 points	43: New Jersey.....	100 points
21: Minnesota.....	30 points	43: North Carolina	100 points
22: South Carolina	35 points	43: Vermont.....	100 points
23: Delaware.....	45 points	43: Virginia.....	100 points
23: Nebraska.....	45 points	43: Washington.....	100 points
25: Alaska	55 points	43: West Virginia.....	100 points

Ranking	State	Total Score	Behavioral Outpatient (x/20)	Medical Outpatient (x/15)	Behavioral Inpatient (x/15)	Imaging (x/15)	Medical Inpatient (x/10)	Day Services (x/10)	Long-term Care Facilities (x/5)	Ancillaries (x/5)	Other (x/5)
1	Texas	0	0	0	0	0	0	0	0	0	0
1	Idaho	0	0	0	0	0	0	0	0	0	0
1	New Hampshire	0	0	0	0	0	0	0	0	0	0
1	California	0	0	0	0	0	0	0	0	0	0
1	Colorado	0	0	0	0	0	0	0	0	0	0
1	Kansas	0	0	0	0	0	0	0	0	0	0
1	New Mexico	0	0	0	0	0	0	0	0	0	0
1	Pennsylvania	0	0	0	0	0	0	0	0	0	0
1	South Dakota	0	0	0	0	0	0	0	0	0	0
1	Utah	0	0	0	0	0	0	0	0	0	0
1	Wyoming	0	0	0	0	0	0	0	0	0	0
1	Arizona	0	0	0	0	0	0	0	0	0	0
14	Florida	5	0	0	0	0	0	0	5	0	0
14	Montana	5	0	0	0	0	0	0	5	0	0
14	North Dakota	5	0	0	0	0	0	0	5	0	0
14	Ohio	5	0	0	0	0	0	0	5	0	0
14	Wisconsin	5	0	0	0	0	0	0	5	0	0
18	Arkansas	15	0	0	0	0	0	10	5	0	0
18	Indiana	15	0	0	0	0	10	0	5	0	0
20	Oklahoma	20	0	0	15	0	0	0	5	0	0
21	Minnesota	30	0	0	0	15	10	0	5	0	0
23	South Carolina	45	0	15	0	15	10	0	5	0	0
23	Delaware	45	0	15	0	15	10	0	5	0	0
23	Nebraska	45	0	15	15	0	10	0	5	0	0
25	Alaska	55	0	15	15	0	10	0	5	5	5
25	Louisiana	55	20	0	15	0	0	10	5	0	5
27	Hawaii	65	0	15	15	15	10	0	5	5	0
27	Maine	65	0	15	15	15	10	0	5	0	5
27	Michigan	65	0	15	15	15	10	0	5	5	0
27	Illinois	65	0	15	15	15	10	0	5	5	0
27	Oregon	65	0	15	15	15	10	0	5	0	5

Ranking	State	Total Score	Behavioral Outpatient (x/20)	Medical Outpatient (x/15)	Behavioral Inpatient (x/15)	Imaging (x/15)	Medical Inpatient (x/10)	Day Services (x/10)	Long-term Care Facilities (x/5)	Ancillaries (x/5)	Other (x/5)
27	New York	65	0	15	0	15	10	10	5	5	5
33	Missouri	80	20	15	15	15	10	0	5	0	0
33	Alabama	80	20	15	15	0	10	10	5	5	0
33	Rhode Island	80	0	15	15	15	10	10	5	5	5
36	Tennessee	85	20	15	0	15	10	10	5	5	5
37	Mississippi	90	20	15	15	15	10	10	5	0	0
37	Connecticut	90	20	15	15	15	10	0	5	5	5
37	Iowa	90	20	15	15	15	10	0	5	5	5
37	Massachusetts	90	20	15	15	15	10	0	5	5	5
41	Georgia	95	20	15	15	15	10	10	5	5	0
41	Maryland	95	20	15	15	15	10	10	5	0	5
43	Kentucky	100	20	15	15	15	10	10	5	5	5
43	Nevada	100	20	15	15	15	10	10	5	5	5
43	New Jersey	100	20	15	15	15	10	10	5	5	5
43	North Carolina	100	20	15	15	15	10	10	5	5	5
43	Vermont	100	20	15	15	15	10	10	5	5	5
43	Virginia	100	20	15	15	15	10	10	5	5	5
43	Washington	100	20	15	15	15	10	10	5	5	5
43	West Virginia	100	20	15	15	15	10	10	5	5	5

Universal CON	Stringent CON	Expansive CON	Limited CON	No CON
100 - Kentucky	80 - Missouri	45 - Delaware	5 - Montana	0 - Arizona
100 - Nevada	85 - Alabama	50 - Georgia	5 - Florida	0 - California
100 - New Jersey	85 - Maryland	50 - Illinois	5 - North Dakota	0 - Colorado
100 - North Carolina	90 - Connecticut	50 - Oregon	5 - Ohio	0 - Idaho
100 - Rhode Island	90 - Iowa	55 - Alaska	5 - Wisconsin	0 - Kansas
100 - Tennessee	90 - Massachusetts	55 - Louisiana	15 - Arkansas	0 - New Hampshire
100 - Vermont	95 - New York	65 - Hawaii	15 - Indiana	0 - New Mexico
100 - Virginia		65 - Maine	15 - Nebraska	0 - Pennsylvania
100 - Washington		65 - Michigan	20 - Minnesota	0 - South Dakota
100 - West Virginia		65 - Mississippi	20 - Oklahoma	0 - Texas
			30 - South Carolina	0 - Utah
				0 - Wyoming

State-by-State Analysis

Alabama:

TOTAL SCORE: 80 points

1. **Medical Inpatient:** Restrictions on general hospitals, specialized hospitals, psychiatric, long-term care, and related facilities suggest restrictions in this category. **Score: 10 points**
2. **Medical Outpatient:** Restrictions on outpatient clinics, kidney disease treatment centers, freestanding hemodialysis units, and facilities for surgical treatment not requiring hospitalization suggest restrictions in this category. **Score: 15 points**
3. **Behavioral Inpatient:** Restrictions on psychiatric hospitals and community mental health centers indicate restrictions in this category. **Score: 15 points**
4. **Behavioral Outpatient:** Given the mention of community mental health centers and alcohol and drug abuse facilities, this suggests restrictions on behavioral outpatient services. **Score: 20 points**
5. **Long-term Care Facilities:** Restrictions on skilled nursing facilities, intermediate care facilities, facilities for the developmentally disabled, and hospice service providers. **Score: 5 points**
6. **Day Services:** Given the regulation of home health agencies and hospice service providers, this suggests restrictions on day services. **Score: 10 points**
7. **Ancillaries:** Regulation of laboratories and central service facilities indicate restrictions. **Score: 5 points**
8. **Imaging:** Not explicitly mentioned in the regulated activities or facilities. **Score: 0 points**
9. **Other:** Given the broad regulation of health facilities and activities, other unspecified facilities require a Determination of Need. **Score: 0 points**

Alaska:

TOTAL SCORE: 55 points

1. **Medical Inpatient:** Regulations include private, municipal, state, or federal hospitals, psychiatric hospitals, tuberculosis hospitals, and skilled nursing facilities. **Score: 10 points**
2. **Medical Outpatient:** Regulated facilities include ambulatory surgical facilities and kidney disease treatment centers, including free-standing hemodialysis units. **Score: 15 points**
3. **Behavioral Inpatient:** Regulations on psychiatric hospitals and residential psychiatric treatment centers suggest restrictions in this category. **Score: 15 points**
4. **Behavioral Outpatient:** Not explicitly mentioned for nonresidential facilities. **Score: 0 points**
5. **Long-term Care Facilities:** Regulations on skilled nursing facilities and intermediate care facilities indicate restrictions in this category. **Score: 5 points**
6. **Day Services:** Not explicitly mentioned. **Score: 0 points**
7. **Ancillaries:** Includes independent diagnostic testing facilities and covers some ancillary services like laboratories. **Score: 5 points**

- 8. Imaging:** Not explicitly mentioned, but the regulation of independent diagnostic testing facilities might cover some imaging services. **Score: 0 points**
- 9. Other:** The broad range of facilities covered and activities regulated suggests that other unspecified facilities require CON. **Score: 5 points**

Arizona:

TOTAL SCORE: 0 points

- 1. Medical Inpatient:** No CON law or specific regulations covering hospitals or related medical inpatient services. **Score: 0 points**
- 2. Medical Outpatient:** No CON law or specific regulations covering outpatient medical facilities. **Score: 0 points**
- 3. Behavioral Inpatient:** No CON law or specific regulations covering behavioral inpatient services. **Score: 0 points**
- 4. Behavioral Outpatient:** No CON law or specific regulations covering behavioral outpatient services. **Score: 0 points**
- 5. Long-term Care Facilities:** No CON law or specific regulations covering long-term care facilities such as nursing homes. **Score: 0 points**
- 6. Day Services:** No CON law or specific regulations covering day services such as adult day care or hospice. **Score: 0 points**
- 7. Ancillaries:** No CON law or specific regulations covering ancillary services such as laboratories or health maintenance organizations. **Score: 0 points**
- 8. Imaging:** No CON law or specific regulations covering imaging services. **Score: 0 points**
- 9. Other:** No CON law covering other unspecified health facilities. **Score: 0 points**

Arkansas:

TOTAL SCORE: 15 points

- 1. Medical Inpatient:** No specific mention of regulations for general hospitals, rehabilitation hospitals, maternity hospitals, etc., under the CON laws. **Score: 0 points**
- 2. Medical Outpatient:** No specific mention of regulations for outpatient clinics, ambulatory surgical facilities, cancer treatment centers, etc., under the CON laws. **Score: 0 points**
- 3. Behavioral Inpatient:** No specific mention of regulations for psychiatric hospitals or residential psychiatric treatment centers under the CON laws. **Score: 0 points**
- 4. Behavioral Outpatient:** No specific mention of regulations for nonresidential behavioral outpatient services under the CON laws. **Score: 0 points**
- 5. Long-term Care Facilities:** Explicit mention of regulations under CON laws for nursing home facilities, residential care facilities, assisted living facilities, and other long-term medical care or personal care facilities. **Score: 5 points**

- 6. Day Services:** Regulations for creating hospice programs and expanding home health services are explicitly mentioned under the CON laws. **Score: 10 points**
- 7. Ancillaries:** No specific mention of regulations for laboratories or health maintenance organizations under the CON laws. **Score: 0 points**
- 8. Imaging:** No specific mention of regulations for diagnostic centers, MRI, CT, or other imaging services under the CON laws. **Score: 0 points**
- 9. Other:** No specific mention of regulations for any other unspecified facilities that would require a Determination of Need under the CON laws. **Score: 0 points**

California:

TOTAL SCORE: 0 points

- 1. Medical Inpatient:** No CON laws affecting general hospitals, specialized hospitals, etc. **Score: 0 points**
- 2. Medical Outpatient:** No CON laws affecting outpatient clinics, ambulatory surgical facilities, etc. **Score: 0 points**
- 3. Behavioral Inpatient:** No CON laws affecting psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points**
- 4. Behavioral Outpatient:** No CON laws affecting nonresidential behavioral outpatient services. **Score: 0 points**
- 5. Long-term Care Facilities:** No CON laws affecting long-term care facilities such as nursing homes, assisted living facilities, etc. **Score: 0 points**
- 6. Day Services:** No CON laws affecting day services such as adult day health care programs, home care providers, etc. **Score: 0 points**
- 7. Ancillaries:** No CON laws affecting ancillary services such as laboratories, health maintenance organizations, etc. **Score: 0 points**
- 8. Imaging:** No CON laws affecting imaging services such as MRI, CT, PET scans, etc. **Score: 0 points**
- 9. Other:** No CON laws affecting other unspecified facilities that would require a Determination of Need. **Score: 0 points**

Colorado:

TOTAL SCORE: 0 points

- 1. Medical Inpatient:** No CON laws affecting general hospitals, specialized hospitals, etc. **Score: 0 points**
- 2. Medical Outpatient:** No CON laws affecting outpatient clinics, ambulatory surgical facilities, etc. **Score: 0 points**

3. **Behavioral Inpatient:** No CON laws affecting psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points**
4. **Behavioral Outpatient:** No CON laws affecting nonresidential behavioral outpatient services. **Score: 0 points**
5. **Long-term Care Facilities:** No CON laws affecting long-term care facilities such as nursing homes, assisted living facilities, etc. **Score: 0 points**
6. **Day Services:** No CON laws affecting day services such as adult day health care programs, home care providers, etc. **Score: 0 points**
7. **Ancillaries:** No CON laws affecting ancillary services such as laboratories, health maintenance organizations, etc. **Score: 0 points**
8. **Imaging:** No CON laws affecting imaging services such as MRI, CT, PET scans, etc. **Score: 0 points**
9. **Other:** No CON laws affecting other unspecified facilities that would require a Determination of Need. **Score: 0 points**

Connecticut:

TOTAL SCORE: 90 points

1. **Medical Inpatient:** CON laws regulate hospitals and specialty hospitals. **Score: 10 points**
2. **Medical Outpatient:** CON laws regulate outpatient surgical facilities, free-standing emergency departments, and facilities providing outpatient services eligible for Medicare and Medicaid reimbursement. **Score: 15 points**
3. **Behavioral Inpatient:** CON laws regulate mental health facilities. **Score: 15 points**
4. **Behavioral Outpatient:** CON laws regulate substance abuse treatment facilities. **Score: 20 points**
5. **Long-term Care Facilities:** CON laws regulate residential facilities for persons with intellectual disabilities, nursing homes, rest homes, and residential care homes. **Score: 5 points**
6. **Day Services:** No specific mention of day services like adult day health care programs. **Score: 0 points** (*No direct mention in the CON details*)
7. **Ancillaries:** CON laws regulate central service facilities. **Score: 5 points**
8. **Imaging:** CON laws explicitly regulate the acquisition of CT, MRI, PET, or PET/CT scanners. **Score: 15 points**
9. **Other:** CON laws regulate parent companies, subsidiaries, affiliates, or joint ventures of healthcare facilities under this broad category. **Score: 5 points**

Delaware:

TOTAL SCORE: 45 points

- 1. Medical Inpatient:** CON laws regulate hospitals and free-standing acute inpatient rehabilitation hospitals. **Score: 10 points**
- 2. Medical Outpatient:** CON laws regulate free-standing surgical centers and free-standing emergency centers. **Score: 15 points**
- 3. Behavioral Inpatient:** No specific mention of regulations for psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points**
- 4. Behavioral Outpatient:** No specific mention of regulations for nonresidential behavioral outpatient services. **Score: 0 points**
- 5. Long-term Care Facilities:** CON laws regulate nursing homes and continual care community and other non-traditional long-term care facilities. **Score: 5 points**
- 6. Day Services:** No specific mention of regulations for day services like adult day health care programs or home care providers. **Score: 0 points**
- 7. Ancillaries:** No specific mention of regulations for laboratories or health maintenance organizations. **Score: 0 points**
- 8. Imaging:** CON laws regulate the acquisition of major medical equipment, which typically includes advanced imaging equipment. **Score: 15 points**
- 9. Other:** No specific mention of other facilities requiring a Determination of Need beyond those already listed. **Score: 0 points**

Florida:

TOTAL SCORE: 5 points

- 1. Medical Inpatient:** CON laws no longer apply to general hospitals, complex medical rehabilitation beds, tertiary hospitals, and specialty hospitals as of 2019. **Score: 0 points**
- 2. Medical Outpatient:** No specific mention of CON laws affecting outpatient medical services. **Score: 0 points**
- 3. Behavioral Inpatient:** No specific mention of CON laws affecting psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points**
- 4. Behavioral Outpatient:** No specific mention of CON laws affecting nonresidential behavioral outpatient services. **Score: 0 points**
- 5. Long-term Care Facilities:** CON laws still apply to skilled nursing facilities, hospices, and intermediate care facilities for the developmentally disabled. **Score: 5 points**
- 6. Day Services:** No specific mention of CON laws affecting day services such as adult day health care programs. **Score: 0 points**
- 7. Ancillaries:** No specific mention of CON laws affecting ancillary services such as laboratories or health maintenance organizations. **Score: 0 points**

8. **Imaging:** No specific mention of CON laws regulating imaging services. **Score: 0 points**
9. **Other:** No specific mention of other types of facilities that would require a Determination of Need under the CON laws, beyond those listed. **Score: 0 points**

Georgia:

TOTAL SCORE: 95 points

1. **Medical Inpatient:** CON laws regulate hospitals and destination cancer hospitals. **Score: 10 points**
2. **Medical Outpatient:** CON laws regulate ambulatory surgical facilities and free-standing emergency departments not located on a hospital's primary campus. **Score: 15 points**
3. **Behavioral Inpatient:** "Clinical health services" offered through a "health care facility" require a CON; this includes mental health and drug-abuse treatment facilities. **Score: 15 points**
4. **Behavioral Outpatient:** "Clinical health services" offered through a "health care facility" require a CON; this includes mental health and drug-abuse treatments. **Score: 20 points**
5. **Long-term Care Facilities:** CON laws regulate skilled nursing facilities, intermediate care facilities, and personal care homes. **Score: 5 points**
6. **Day Services:** CON laws restricting home health agencies are explicitly mentioned under the CON laws. **Score: 10 points**
7. **Ancillaries:** CON laws regulate health maintenance organizations, which might include some ancillary services. **Score: 5 points** (*Given the inclusion of HMOs*)
8. **Imaging:** CON laws specifically mention the regulation of acquiring or offering new radiation therapy, surgical and cardiac catheterization services, and the purchase or lease of diagnostic or therapeutic treatment, which includes imaging equipment. **Score: 15 points**
9. **Other:** No specific mention of CON laws covering "other" unspecified facilities beyond those listed, so there is no expectation of CON requirements for unmentioned types. **Score: 0 points**

Hawaii:

TOTAL SCORE: 65 points

1. **Medical Inpatient:** CON laws regulate hospitals, extended care facilities, and rehabilitation centers. **Score: 10 points**
2. **Medical Outpatient:** CON laws regulate outpatient clinics and ambulatory health care facilities. **Score: 15 points**
3. **Behavioral Inpatient:** No specific mention of psychiatric facilities, but behavioral inpatient facilities are included in the statutory definition of "hospital." **Score: 15 points**

4. **Behavioral Outpatient:** No specific mention of behavioral outpatient services. **Score: 0 points**
5. **Long-term Care Facilities:** CON laws regulate nursing homes, skilled nursing facilities, and intermediate care facilities. **Score: 5 points**
6. **Day Services:** No specific mention of day services like adult day health care programs. **Score: 0 points** (*No explicit regulation mentioned*)
7. **Ancillaries:** CON laws regulate health maintenance organizations, potentially covering some ancillary services. **Score: 5 points**
8. **Imaging:** Given the regulation on capital expenditures and modifying health care facilities, imaging services like CT, MRI, etc., appear to be covered. **Score: 15 points**
9. **Other:** No specific mention of other facilities beyond those typically associated with health care services that require CON. **Score: 0 points**

Idaho:

TOTAL SCORE: 0 points

1. **Medical Inpatient:** No CON laws or regulations affecting general hospitals, specialized hospitals, etc. **Score: 0 points**
2. **Medical Outpatient:** No CON laws or regulations affecting outpatient clinics, ambulatory surgical facilities, etc. **Score: 0 points**
3. **Behavioral Inpatient:** No CON laws or regulations affecting psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points**
4. **Behavioral Outpatient:** No CON laws or regulations affecting nonresidential behavioral outpatient services. **Score: 0 points**
5. **Long-term Care Facilities:** No CON laws or regulations affecting long-term care facilities such as nursing homes, assisted living facilities, etc. **Score: 0 points**
6. **Day Services:** No CON laws or regulations affecting day services such as adult day health care programs, home care providers, etc. **Score: 0 points**
7. **Ancillaries:** No CON laws or regulations affecting ancillary services such as laboratories or health maintenance organizations. **Score: 0 points**
8. **Imaging:** No CON laws or regulations affecting imaging services such as MRI, CT, PET scans, etc. **Score: 0 points**
9. **Other:** No CON laws or regulations affecting other unspecified facilities that would require a Determination of Need. **Score: 0 points**

Illinois:

TOTAL SCORE: 65 points

- 1. Medical Inpatient:** CON laws regulate hospitals, impacting the ability to modify or construct hospital facilities. **Score: 10 points**
- 2. Medical Outpatient:** CON laws regulate ambulatory surgery centers and free-standing emergency centers. **Score: 15 points**
- 3. Behavioral Inpatient:** CON laws regulate facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013. This includes residential psychiatric treatment centers and sanitariums. **Score: 15 points**
- 4. Behavioral Outpatient:** No specific mention of CON laws affecting nonresidential behavioral outpatient services. **Score: 0 points** (*No explicit regulation mentioned*)
- 5. Long-term Care Facilities:** CON laws regulate long-term care facilities, which appear to include skilled nursing facilities and other residential care facilities. **Score: 5 points**
- 6. Day Services:** No specific mention of CON laws affecting day services like adult day health care programs. Assuming no regulation **Score: 0 points** (*No explicit regulation mentioned*)
- 7. Ancillaries:** While not explicitly mentioned, regulating major medical equipment and health facilities could indirectly affect ancillaries. **Score: 5 points** (*Assuming impact due to broad regulation*)
- 8. Imaging:** CON laws regulate the acquisition of major medical equipment, including imaging technologies. **Score: 15 points**
- 9. Other:** There is no specific mention of CON laws covering "other" facilities beyond those directly related to healthcare services. Assuming no regulations on unspecified types. **Score: 0 points**

Indiana:

TOTAL SCORE: 15 points

- 1. Medical Inpatient:** The CON laws specifically mention the regulation of building, developing, or establishing new healthcare facilities, which includes hospitals. **Score: 10 points**
- 2. Medical Outpatient:** The CON laws do not explicitly mention outpatient clinics or ambulatory surgical facilities. **Score: 0 points** (*Assuming no regulation is mentioned*)
- 3. Behavioral Inpatient:** No specific mention of CON laws regulating psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points** (*Assuming no regulation is mentioned*)
- 4. Behavioral Outpatient:** No specific mention of CON laws affecting nonresidential behavioral outpatient services. **Score: 0 points** (*Assuming no regulation is mentioned*)
- 5. Long-term Care Facilities:** CON laws specifically mention comprehensive care facilities, which include nursing homes. **Score: 5 points**

6. **Day Services:** No specific mention of CON laws affecting day services such as adult day health care programs. **Score: 0 points** (*Assuming no regulation is mentioned*)
7. **Ancillaries:** No specific mention of CON laws affecting ancillary services such as laboratories or health maintenance organizations. **Score: 0 points** (*Assuming no regulation is mentioned*)
8. **Imaging:** No specific mention of CON laws regulating imaging services directly. **Score: 0 points** (*Assuming no regulation is mentioned*)
9. **Other:** No specific mention of CON laws covering "other" facilities beyond those directly related to healthcare services. **Score: 0 points** (*Assuming no regulations on unspecified types*)

Iowa:

TOTAL SCORE: 90 points

1. **Medical Inpatient:** CON laws regulate hospitals and other healthcare facilities. This includes constructing and modifying hospitals. **Score: 10 points**
2. **Medical Outpatient:** CON laws regulate outpatient surgical facilities and organized outpatient health facilities. **Score: 15 points**
3. **Behavioral Inpatient:** CON laws regulate intermediate care facilities for persons with mental illness, which appear to include psychiatric hospitals. **Score: 15 points**
4. **Behavioral Outpatient:** CON laws regulate organized outpatient health facilities. **Score: 20 points**
5. **Long-term Care Facilities:** CON laws regulate nursing and intermediate care facilities, including long-term care settings. **Score: 5 points**
6. **Day Services:** No specific mention of day services like adult day health care programs. **Score: 0 points**
7. **Ancillaries:** The CON laws regulate the acquisition of expensive equipment and might cover ancillary services indirectly. **Score: 5 points** (*Assuming due to equipment regulation*)
8. **Imaging:** CON laws specifically regulate the acquisition of replacement equipment valued at \$1.5 million or more, which appear to include imaging technologies. **Score: 15 points**
9. **Other:** The comprehensive nature of CON laws suggests they might implicitly cover other unspecified types of facilities, especially those involving high expenditures or service changes. **Score: 5 points** (*Assuming due to broad application*)

Kansas:

TOTAL SCORE: 0 points

1. **Medical Inpatient:** No CON laws regulating hospitals or other medical inpatient facilities. **Score: 0 points**
2. **Medical Outpatient:** No CON laws regulating outpatient clinics or ambulatory surgical facilities. **Score: 0 points**
3. **Behavioral Inpatient:** No CON laws regulating psychiatric hospitals or residential psychiatric treatment centers. **Score: 0 points**
4. **Behavioral Outpatient:** No CON laws regulating nonresidential behavioral outpatient services. **Score: 0 points**
5. **Long-term Care Facilities:** No CON laws regulating long-term care facilities like nursing homes or assisted living facilities. **Score: 0 points**
6. **Day Services:** No CON laws regulating day services such as adult day health care programs. **Score: 0 points**
7. **Ancillaries:** No CON laws regulating ancillary services such as laboratories or health maintenance organizations. **Score: 0 points**
8. **Imaging:** No CON laws regulating imaging services. **Score: 0 points**
9. **Other:** No CON laws covering unspecified types of facilities that the state might license. **Score: 0 points**

Kentucky:

TOTAL SCORE: 100 points

1. **Medical Inpatient:** Kentucky regulates hospitals, psychiatric hospitals, and physical rehabilitation hospitals. **Score: 10 points**
2. **Medical Outpatient:** Regulates outpatient clinics, ambulatory care facilities, and ambulatory surgical centers. **Score: 15 points**
3. **Behavioral Inpatient:** Regulates psychiatric hospitals and chemical dependency programs. **Score: 15 points**
4. **Behavioral Outpatient:** Regulates community mental health centers, which may include outpatient services. **Score: 20 points**
5. **Long-term Care Facilities:** Regulates nursing facilities, nursing homes, personal care homes, intermediate care facilities, and family care homes. **Score: 5 points**
6. **Day Services:** Regulates home health agencies that may provide day services. **Score: 10 points**
7. **Ancillaries:** Includes ambulance services and other related services. **Score: 5 points**
8. **Imaging:** Regulates the acquisition of major medical equipment, appearing to include imaging technologies. **Score: 15 points**
9. **Other:** Includes any other health facility establishment or major equipment acquisition. **Score: 5 points**

Louisiana:

TOTAL SCORE: 55 points

1. **Medical Inpatient:** No specific mention of regulations for general medical inpatient facilities such as hospitals; no restrictions indicated. **Score: 0 points**
2. **Medical Outpatient:** No specific mention of regulations affecting most medical outpatient facilities. **Score: 0 points**
3. **Behavioral Inpatient:** Regulates behavioral health services providers. **Score: 15 points**
4. **Behavioral Outpatient:** Specifically regulates opioid treatment programs and certain other behavioral health services. **Score: 20 points**
5. **Long-term Care Facilities:** Regulates nursing and intermediate care facilities for people with developmental disabilities. **Score: 5 points**
6. **Day Services:** Regulates pediatric day health care facilities. **Score: 10 points**
7. **Ancillaries:** Not explicitly mentioned but appear covered under various health service providers. **Score: 0 points** (*Assuming no specific restrictions unless stated*)
8. **Imaging:** No specific mention of restrictions on imaging facilities. **Score: 0 points**
9. **Other:** Involves regulations that might impact new facilities and services not otherwise categorized. **Score: 5 points** (*Due to broad facility need review process*)

Maine:

TOTAL SCORE: 65 points

1. **Medical Inpatient:** Regulates hospitals and rehabilitation facilities. **Score: 10 points**
2. **Medical Outpatient:** Regulates ambulatory surgical facilities, recovery rooms, waiting areas for such facilities, and any space with major medical equipment. **Score: 15 points**
3. **Behavioral Inpatient:** Regulates psychiatric hospitals. **Score: 15 points**
4. **Behavioral Outpatient:** No specific mention of regulations for nonresidential substitution-based treatment centers for opiate addiction unless they are part of psychiatric or other regulated behavioral health facilities. **Score: 0 points**
5. **Long-term Care Facilities:** Regulates nursing facilities. **Score: 5 points**
6. **Day Services:** No regulation of hospice care, home care, or other day services. **Score: 0 points**
7. **Ancillaries:** Not explicitly detailed unless they fall under the regulated spaces for ambulatory surgical facilities or similar settings. **Score: 0 points**
8. **Imaging:** Regulates independent radiological service centers and independent cardiac catheterization centers. **Score: 15 points**
9. **Other:** Any new health facility or service or major changes in existing facilities/services are regulated, especially those involving major medical equipment or service changes. **Score: 5 points**

Maryland:

TOTAL SCORE: 95 points

1. **Medical Inpatient:** Regulates hospitals and related institutions. **Score: 10 points**
2. **Medical Outpatient:** Regulates ambulatory surgical facilities and rehabilitation facilities. **Score: 15 points**
3. **Behavioral Inpatient:** Not explicitly detailed but falls under the general regulation of hospitals and potentially other related health services. **Score: 15 points**
4. **Behavioral Outpatient:** Not explicitly detailed but appears to fall under the general regulation of health services. **Score: 20 points**
5. **Long-term Care Facilities:** Regulates facilities providing domiciliary, personal, or nursing care which includes many types of long-term facilities. **Score: 5 points**
6. **Day Services:** CON laws regulate hospices and home health agencies. **Score: 10 points**
7. **Ancillaries:** Not explicitly detailed unless they fall under regulated categories like laboratories within hospitals or surgical facilities. **Score: 0 points**
8. **Imaging:** Although not explicitly stated in the general summary, imaging facilities are typically regulated under Maryland's CON laws if associated with hospitals or other major medical facilities. Capital expenditures on equipment exceeding \$12.4 million require CON. **Score: 15 points**
9. **Other:** General regulation of any new health facilities, services, or programs that may require CON. **Score: 5 points**

Massachusetts:

TOTAL SCORE: 90 points

1. **Medical Inpatient:** Regulates hospitals or clinics. **Score: 10 points**
2. **Medical Outpatient:** Regulates hospitals or clinics and mandates approval of changes that increase outpatient load capacity. **Score: 15 points**
3. **Behavioral Inpatient:** Restrictions regulate behavioral inpatient facilities, as they fall under the broad definition of hospitals or public medical institutions. **Score: 15 points**
4. **Behavioral Outpatient:** Regulated as part of clinics. **Score: 20 points**
5. **Long-term Care Facilities:** Specifically mentioned as regulated. **Score: 5 points**
6. **Day Services:** Not explicitly mentioned, but could fall under the regulation of clinical facilities if they involve substantial medical interventions. **Score: 0 points**
7. **Ancillaries:** Specifically regulates clinical laboratories. **Score: 5 points**
8. **Imaging:** Appear regulated under the acquisition of medical equipment exceeding \$250,000. **Score: 15 points**
9. **Other:** Regulates various other licensed facilities requiring approval. **Score: 5 points**

Michigan:

TOTAL SCORE: 65 points

1. **Medical Inpatient:** Includes hospitals and psychiatric hospitals. **Score: 10 points**
2. **Medical Outpatient:** Includes free-standing surgical outpatient facilities. **Score: 15 points**
3. **Behavioral Inpatient:** Includes psychiatric hospitals. **Score: 15 points**
4. **Behavioral Outpatient:** Not explicitly mentioned. **Score: 0 points**
5. **Long-term Care Facilities:** Includes nursing homes. **Score: 5 points**
6. **Day Services:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
7. **Ancillaries:** Air ambulance services are regulated by CON. **Score: 5 points**
8. **Imaging:** CON required for the initiation or expansion of various services and equipment, including MRI and PET. **Score: 15 points**
9. **Other:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)

Minnesota:

TOTAL SCORE: 30 points

1. **Medical Inpatient:** Hospitals and hospital beds face a moratorium exception process, which functions similarly to a CON program. **Score: 10 points**
2. **Medical Outpatient:** Not explicitly mentioned. **Score: 0 points**
3. **Behavioral Inpatient:** Mental health facilities are specifically exempted. **Score: 0 points**
4. **Behavioral Outpatient:** No CON laws; not regulated. **Score: 0 points**
5. **Long-term Care Facilities:** Specific moratoriums mentioned (nursing home beds). **Score: 5 points**
6. **Day Services:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
7. **Ancillaries:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
8. **Imaging:** Regulated in certain conditions (counties). **Score: 15 points**
9. **Other:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)

Mississippi:

TOTAL SCORE: 90 points

1. **Medical Inpatient:** Required for hospitals. **Score: 10 points**
2. **Medical Outpatient:** Includes ambulatory surgical facilities. **Score: 15 points**
3. **Behavioral Inpatient:** Includes psychiatric hospitals. **Score: 15 points**

- 4. Behavioral Outpatient:** Includes psychiatric residential treatment facilities. **Score: 20 points**
- 5. Long-term Care Facilities:** Includes skilled nursing facilities. **Score: 5 points**
- 6. Day Services:** Not specifically mentioned. **Score: 10 points**
- 7. Ancillaries:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 8. Imaging:** MRI and PET services require a CON. **Score: 15 points** (*No explicit regulation noted*)
- 9. Other:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)

Missouri:

TOTAL SCORE: 80 points

- 1. Medical Inpatient:** Includes hospitals. **Score: 10 points**
- 2. Medical Outpatient:** Includes ambulatory surgical facilities. **Score: 15 points**
- 3. Behavioral Inpatient:** Not explicitly mentioned, but psychiatric services appear regulated under hospital services. **Score: 15 points**
- 4. Behavioral Outpatient:** Not explicitly mentioned but implied under hospital services. **Score: 20 points**
- 5. Long-term Care Facilities:** Includes residential care and skilled nursing facilities. **Score: 5 points**
- 6. Day Services:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 7. Ancillaries:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 8. Imaging:** Appear covered under major medical equipment regulations. **Score: 15 points**
- 9. Other:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)

Montana:

TOTAL SCORE: 5 points

- 1. Medical Inpatient:** No explicit mention of general hospitals under CON. **Score: 0 points**
- 2. Medical Outpatient:** Not specifically regulated under CON. **Score: 0 points**
- 3. Behavioral Inpatient:** Not explicitly mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 4. Behavioral Outpatient:** Not explicitly mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 5. Long-term Care Facilities:** Long-term care facilities explicitly mentioned. **Score: 5 points**
- 6. Day Services:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 7. Ancillaries:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 8. Imaging:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)
- 9. Other:** Not specifically mentioned. **Score: 0 points** (*No explicit regulation noted*)

Nebraska

TOTAL SCORE: 45 points

1. **Medical Inpatient:** Includes rehabilitation beds in inpatient facilities and long-term care hospitals. **Score: 10 points**
2. **Medical Outpatient:** Rehabilitation centers included in definition of hospital. **Score: 15 points**
3. **Behavioral Inpatient:** Psychiatric hospitals and treatment centers are included in the statutory definition of hospital. **Score: 15 points**
4. **Behavioral Outpatient:** Not explicitly mentioned. **Score: 0 points**
5. **Long-term Care Facilities:** Includes skilled nursing facilities, intermediate care facilities, and nursing facilities. **Score: 5 points**
6. **Day Services:** Not explicitly mentioned. **Score: 0 points**
7. **Ancillaries:** Not explicitly mentioned. **Score: 0 points**
8. **Imaging:** Not explicitly mentioned. **Score: 0 points**
9. **Other:** Not explicitly mentioned. **Score: 0 points**

Nevada

TOTAL SCORE: 100 points

1. **Medical Inpatient:** Broad definition may include various hospital types. **Score: 10 points**
2. **Medical Outpatient:** Covered under broad CON requirements for "health facilities". **Score: 15 points**
3. **Behavioral Inpatient:** Appears covered under broad "health facilities". **Score: 15 points**
4. **Behavioral Outpatient:** Appears covered under broad "health facilities". **Score: 20 points**
5. **Long-term Care Facilities:** Appear covered under broad "health facilities". **Score: 5 points**
6. **Day Services:** Appear covered under broad "health facilities". **Score: 10 points**
7. **Ancillaries:** Appear covered under broad "health facilities". **Score: 5 points**
8. **Imaging:** Appear covered under broad "health facilities". **Score: 15 points**
9. **Other:** Appear covered under broad "health facilities". **Score: 5 points**

New Hampshire

TOTAL SCORE: 0 points

1. **Medical Inpatient:** No CON laws, no restrictions were mentioned. **Score: 0 points**
2. **Medical Outpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
3. **Behavioral Inpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
4. **Behavioral Outpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
5. **Long-term Care Facilities:** No CON laws, no restrictions mentioned. **Score: 0 points**
6. **Day Services:** No CON laws, no restrictions mentioned. **Score: 0 points**
7. **Ancillaries:** No CON laws, no restrictions mentioned. **Score: 0 points**
8. **Imaging:** No CON laws, no restrictions mentioned. **Score: 0 points**
9. **Other:** No CON laws, no restrictions mentioned. **Score: 0 points**

Total Score: 0 points

New Jersey

TOTAL SCORE: 100 points

1. **Medical Inpatient:** Includes general hospitals, specialized hospitals, and more. **Score: 10 points**
2. **Medical Outpatient:** Includes outpatient clinics and more. **Score: 15 points**
3. **Behavioral Inpatient:** Includes mental hospitals. **Score: 15 points**
4. **Behavioral Outpatient:** Appears covered under mental health services. **Score: 20 points**
5. **Long-term Care Facilities:** Includes skilled nursing homes, intermediate care facilities, and more. **Score: 5 points**
6. **Day Services:** Appears covered as CON regulates comprehensive care facilities. **Score: 10 points**
7. **Ancillaries:** Includes bioanalytical laboratories and central services facilities. **Score: 5 points**
8. **Imaging:** Not explicitly mentioned, but major equipment expenditures are regulated. **Score: 15 points**
9. **Other:** Broad range of facilities covered, including any that require a Determination of Need. **Score: 5 points**

New Mexico

TOTAL SCORE: 0 points

1. **Medical Inpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
2. **Medical Outpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
3. **Behavioral Inpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
4. **Behavioral Outpatient:** No CON laws, no restrictions mentioned. **Score: 0 points**
5. **Long-term Care Facilities:** No CON laws, no restrictions mentioned. **Score: 0 points**
6. **Day Services:** No CON laws, no restrictions mentioned. **Score: 0 points**
7. **Ancillaries:** No CON laws, no restrictions mentioned. **Score: 0 points**
8. **Imaging:** No CON laws, no restrictions mentioned. **Score: 0 points**
9. **Other:** No CON laws, no restrictions mentioned. **Score: 0 points**

New York

TOTAL SCORE: 65 points

1. **Medical Inpatient:** Includes hospitals, nursing homes, and more. **Score: 10 points**
2. **Medical Outpatient:** Includes diagnostic and treatment centers and ambulatory surgery centers. **Score: 15 points**
3. **Behavioral Inpatient:** Statute specifically exempts mental health and substance use disorder services. **Score: 0 points**
4. **Behavioral Outpatient:** Statute specifically exempts mental health and substance use disorder services. **Score: 0 points**
5. **Long-term Care Facilities:** Includes nursing homes and long-term care programs. **Score: 5 points**
6. **Day Services:** Includes adult day health care programs. **Score: 10 points**
7. **Ancillaries:** Not specifically mentioned but appear covered under broad CON scope. **Score: 5 points**
8. **Imaging:** Appears covered as CON regulates major medical equipment. **Score: 15 points**
9. **Other:** Broad CON scope appears to cover all other aspects. **Score: 5 points**

North Carolina

TOTAL SCORE: 100 points

1. **Medical Inpatient:** Regulates hospitals, long-term care hospitals, psychiatric and rehabilitation facilities. **Score: 10 points**
2. **Medical Outpatient:** Regulates diagnostic centers and ambulatory surgical facilities and potentially affects outpatient clinics as well, based on the inclusion of home health agencies. **Score: 15 points**
3. **Behavioral Inpatient:** Specifically includes psychiatric facilities. **Score: 15 points**
4. **Behavioral Outpatient:** Appears included under the regulation of psychiatric facilities. **Score: 20 points**
5. **Long-term Care Facilities:** Regulates nursing homes, adult care homes, and intermediate care facilities. **Score: 5 points**
6. **Day Services:** Includes hospice offices and potentially other day services under broad service definitions. **Score: 10 points**
7. **Ancillaries:** The regulation of kidney disease treatment centers and diagnostic centers indicates some ancillary services are controlled. **Score: 5 points**
8. **Imaging:** Includes diagnostic centers which would encompass imaging services. **Score: 15 points**
9. **Other:** Broad control over various health facilities suggests comprehensive CON coverage. **Score: 5 points**

North Dakota

TOTAL SCORE: 5 points

1. **Medical Inpatient: Score: 0 points**
2. **Medical Outpatient: Score: 0 points**
3. **Behavioral Inpatient: Score: 0 points**
4. **Behavioral Outpatient: Score: 0 points**
5. **Long-term Care Facilities:** Specific moratoriums mentioned (nursing home beds). **Score: 5 points**
6. **Day Services: Score: 0 points**
7. **Ancillaries: Score: 0 points**
8. **Imaging: Score: 0 points**
9. **Other: Score: 0 points**

Ohio

TOTAL SCORE: 5 points

1. **Medical Inpatient:** No specific mention of most inpatient facilities except long-term care, but only affects those facilities directly. **Score: 0 points**
2. **Medical Outpatient:** No explicit mention, assuming not covered unless specifically stated. **Score: 0 points**
3. **Behavioral Inpatient:** Not mentioned; no restrictions inferred. **Score: 0 points**
4. **Behavioral Outpatient:** Not mentioned; no restrictions inferred. **Score: 0 points**
5. **Long-term Care Facilities:** Explicitly mentioned and regulated. **Score: 5 points**
6. **Day Services:** Not mentioned; no restrictions inferred. **Score: 0 points**
7. **Ancillaries:** Not mentioned, assuming no restrictions. **Score: 0 points**
8. **Imaging:** Not explicitly regulated, no specific CON requirements mentioned. **Score: 0 points**
9. **Other:** No specific restrictions mentioned outside of long-term care. **Score: 0 points**

Oklahoma

TOTAL SCORE: 20 points

1. **Medical Inpatient and Outpatient:** No specific mention except for specialized facilities such as psychiatric or long-term care. General hospitals and outpatient clinics appear not covered. **Score: 0 points for Medical Inpatient, 0 points for Medical Outpatient**
2. **Behavioral Inpatient:** Specifically mentioned and regulated. **Score: 15 points**
3. **Behavioral Outpatient:** No specific mention, assuming not covered. **Score: 0 points**
4. **Long-term Care Facilities:** Specifically regulated. **Score: 5 points**
5. **Day Services:** Not mentioned; no restrictions inferred. **Score: 0 points**
6. **Ancillaries:** Only specialized facilities mentioned, assuming other ancillaries not covered. **Score: 0 points**
7. **Imaging:** Not specifically mentioned except in the context of specialized facilities. **Score: 0 points**
8. **Other:** Assuming not covered unless specifically stated. **Score: 0 points**

Oregon

TOTAL SCORE: 65 points

1. **Medical Inpatient:** Hospitals, skilled nursing facilities, and long-term care facilities are regulated. **Score: 10 points**
2. **Medical Outpatient:** Since health facilities and ambulatory surgical facilities are regulated, this implies coverage. **Score: 15 points**
3. **Behavioral Inpatient:** Includes inpatient psychiatric services. Additionally, hospitals include psychiatric services by default. **Score: 15 points**
4. **Behavioral Outpatient:** No specific mention, assuming not covered. **Score: 0 points**
5. **Long-term Care Facilities:** Specifically regulated. **Score: 5 points**
6. **Day Services:** Not specifically mentioned; no restrictions inferred. **Score: 0 points**
7. **Ancillaries:** Not explicitly regulated outside hospital and long-term care settings. **Score: 0 points**
8. **Imaging:** Specifically mentions MRI and PET scanners, among other pieces of equipment. **Score: 15 points**
9. **Other:** Broad coverage of health facilities appears to include various other facilities. **Score: 5 points**

Pennsylvania

TOTAL SCORE: 0 points

1. **Medical Inpatient:** **Score: 0 points**
2. **Medical Outpatient:** **Score: 0 points**
3. **Behavioral Inpatient:** **Score: 0 points**
4. **Behavioral Outpatient:** **Score: 0 points**
5. **Long-term Care Facilities:** **Score: 0 points**
6. **Day Services:** **Score: 0 points**
7. **Ancillaries:** **Score: 0 points**
8. **Imaging:** **Score: 0 points**
9. **Other:** **Score: 0 points**

Rhode Island

TOTAL SCORE: 80 points

- 1. Medical Inpatient: Score: 10 points** (Regulates hospitals, inpatient rehab, etc.)
- 2. Medical Outpatient: Score: 15 points** (Regulates facilities providing surgical treatments that do not require hospitalization, such as outpatient centers.)
- 3. Behavioral Inpatient: Score: 15 points** (Regulates inpatient rehabilitation centers, including substance abuse treatment.)
- 4. Behavioral Outpatient: Score: 0 points** (No mention of substance abuse centers or rehabilitation facilities.)
- 5. Long-term Care Facilities: Score: 5 points** (Regulates nursing facilities.)
- 6. Day Services: Score: 10 points** (Regulates home care and hospice providers, which often include day services.)
- 7. Ancillaries: Score: 5 points** (Regulations appear to extend to clinical labs and dispensaries given broad health facility regulations.)
- 8. Imaging: Score: 15 points** (Regulations on new health service equipment appear to include imaging technologies.)
- 9. Other: Score: 5 points** (Broad CON regulations, including home care, hospice, and other health services.)

South Carolina

TOTAL SCORE: 35 points

- 1. Medical Inpatient: Score: 10 points** (CON requirements still apply to hospitals and nursing homes.)
- 2. Medical Outpatient: Score: 15 points** (Some CON removal, but hospital-related restrictions remain until 2027.)
- 3. Behavioral Inpatient: Score: 0 points** (Not specifically mentioned, assuming not covered.)
- 4. Behavioral Outpatient: Score: 0 points** (Not mentioned, assuming not covered.)
- 5. Long-term Care Facilities: Score: 5 points** (Still regulated, especially for nursing homes.)
- 6. Day Services: Score: 0 points** (Not specifically mentioned, appear not covered under current CON law.)
- 7. Ancillaries: Score: 0 points** (Assuming not covered unless specifically mentioned.)
- 8. Imaging: Score: 5 points** (CON still applies if equipment costs more than \$1.5 million.)
- 9. Other: Score: 0 points** (Assuming not covered unless specified, but broad implications possible.)

South Dakota

TOTAL SCORE: 0 points

- 1. Medical Inpatient: Score: 0 points**
- 2. Medical Outpatient: Score: 0 points**
- 3. Behavioral Inpatient: Score: 0 points**
- 4. Behavioral Outpatient: Score: 0 points**
- 5. Long-term Care Facilities: Score: 0 points**
- 6. Day Services: Score: 0 points**
- 7. Ancillaries: Score: 0 points**
- 8. Imaging: Score: 0 points**
- 9. Other: Score: 0 points**

Tennessee

TOTAL SCORE: 85 points

- 1. Medical Inpatient: Score: 10 points** *(Regulates hospitals and rehabilitation facilities.)*
- 2. Medical Outpatient: Score: 15 points** *(Regulates ambulatory surgical treatment centers and outpatient diagnostic centers.)*
- 3. Behavioral Inpatient: Score: 0 points** *(Mental health hospitals are specifically excluded from "healthcare institutions" and are exempt.)*
- 4. Behavioral Outpatient: Score: 20 points** *(Regulates nonresidential substitution-based treatment centers for opiate addiction.)*
- 5. Long-term Care Facilities: Score: 5 points** *(Regulates nursing homes and intellectual disability facilities.)*
- 6. Day Services: Score: 10 points** *(Regulations potentially affect residential and non-residential hospices which may offer day services.)*
- 7. Ancillaries: Score: 5 points** *(Potentially impacts clinical laboratories, if regulated under outpatient diagnostic centers.)*
- 8. Imaging: Score: 15 points** *(Regulates services initiating MRI or PET scans.)*
- 9. Other: Score: 5 points** *(Broad regulation appears to affect any other specified facility needing a CON.)*

Texas

TOTAL SCORE: 0 points

- 1. Medical Inpatient: Score: 0 points**
- 2. Medical Outpatient: Score: 0 points**
- 3. Behavioral Inpatient: Score: 0 points**
- 4. Behavioral Outpatient: Score: 0 points**
- 5. Long-term Care Facilities: Score: 0 points**
- 6. Day Services: Score: 0 points**
- 7. Ancillaries: Score: 0 points**
- 8. Imaging: Score: 0 points**
- 9. Other: Score: 0 points**

Utah

TOTAL SCORE: 0 points

- 1. Medical Inpatient: Score: 0 points**
- 2. Medical Outpatient: Score: 0 points**
- 3. Behavioral Inpatient: Score: 0 points**
- 4. Behavioral Outpatient: Score: 0 points**
- 5. Long-term Care Facilities: Score: 0 points**
- 6. Day Services: Score: 0 points**
- 7. Ancillaries: Score: 0 points**
- 8. Imaging: Score: 0 points**
- 9. Other: Score: 0 points**

Vermont

TOTAL SCORE: 100 points

- 1. Medical Inpatient: Score: 10 points** *(Regulates hospitals, psychiatric facilities, etc.)*
- 2. Medical Outpatient: Score: 15 points** *(Regulates outpatient diagnostic or therapy programs and ambulatory surgical centers.)*
- 3. Behavioral Inpatient: Score: 15 points** *(Regulates psychiatric facilities.)*
- 4. Behavioral Outpatient: Score: 20 points** *(Mental health agencies and centers appear regulated.)*
- 5. Long-term Care Facilities: Score: 5 points** *(Regulates nursing homes and health maintenance organizations that may provide long-term care.)*
- 6. Day Services: Score: 10 points** *(Regulate home health agencies that may offer day services)*
- 7. Ancillaries: Score: 5 points** *(Regulates independent diagnostic labs and potentially other ancillary services.)*
- 8. Imaging: Score: 15 points** *(Regulates diagnostic imaging facilities and specific imaging technologies.)*
- 9. Other: Score: 5 points** *(Broad regulations affecting nearly every health service and facility category.)*

Virginia

TOTAL SCORE: 100 points

- 1. Medical Inpatient: Score: 10 points** *(Regulates general hospitals, sanitariums, nursing homes, and many specialized facilities.)*
- 2. Medical Outpatient: Score: 15 points** *(Regulates ambulatory surgery, diagnostic imaging, and several outpatient specialty services.)*
- 3. Behavioral Inpatient: Score: 15 points** *(Regulates psychiatric hospitals and facilities for individuals with developmental disabilities.)*
- 4. Behavioral Outpatient: Score: 20 points** *(Appears regulated under psychiatric and substance abuse services.)*
- 5. Long-term Care Facilities: Score: 5 points** *(Regulates nursing homes and extended care facilities.)*
- 6. Day Services: Score: 10 points** *(Regulations may impact facilities like outpatient clinics providing day services.)*
- 7. Ancillaries: Score: 5 points** *(Regulates facilities that would include ancillary services such as labs and imaging.)*
- 8. Imaging: Score: 15 points** *(Specifically regulates a range of imaging services.)*
- 9. Other: Score: 5 points** *(Extensive regulations appear to cover any other specified needs under the CON requirements.)*

Washington

TOTAL SCORE: 100 points

- 1. Medical Inpatient: Score: 10 points** *(Regulate hospitals and psychiatric hospitals)*
- 2. Medical Outpatient: Score: 15 points** *(Regulates ambulatory surgical facilities and home health agencies.)*
- 3. Behavioral Inpatient: Score: 15 points** *(Regulates psychiatric hospitals.)*
- 4. Behavioral Outpatient: Score: 20 points** *(Regulates services at substance addiction treatment centers.)*
- 5. Long-term Care Facilities: Score: 5 points** *(Regulates nursing homes.)*
- 6. Day Services: Score: 10 points** *(Potential impact on home health agencies that could include day services.)*
- 7. Ancillaries: Score: 5 points** *(Regulations could impact clinical labs and central services.)*
- 8. Imaging: Score: 15 points** *(Specific regulations on increasing stations at kidney dialysis centers and acquiring major medical equipment.)*
- 9. Other: Score: 5 points** *(Regulates a wide array of facilities and services that appear to encompass any other specified need.)*

West Virginia

TOTAL SCORE: 100 points

- 1. Medical Inpatient: Score: 10 points** *(Regulates hospitals and potentially other inpatient facilities. Existing hospitals that already perform hospital services are exempt from certificate of need requirements.)*
- 2. Medical Outpatient: Score: 15 points** *(Regulates entities providing outpatient services, subject to CON requirements.)*
- 3. Behavioral Inpatient: Score: 15 points** *(Regulates healthcare facilities providing psychiatric and substance abuse services.)*
- 4. Behavioral Outpatient: Score: 20 points** *(Regulates opioid treatment programs and potentially other outpatient behavioral health services.)*
- 5. Long-term Care Facilities: Score: 5 points** *(Regulates nursing facilities; moratorium on new intermediate care or skilled nursing beds.)*
- 6. Day Services: Score: 10 points** *(Possible regulation of facilities providing day services under healthcare services.)*
- 7. Ancillaries: Score: 5 points** *(Potentially regulates bioanalytical labs and other ancillary services.)*
- 8. Imaging: Score: 15 points** *(Regulates acquisition of major medical equipment, including imaging equipment.)*
- 9. Other: Score: 5 points** *(Broad regulation appears to affect any other specified need.)*

Wisconsin

TOTAL SCORE: 5 points

1. **Medical Inpatient: Score: 0 points**
2. **Medical Outpatient: Score: 0 points**
3. **Behavioral Inpatient: Score: 0 points**
4. **Behavioral Outpatient: Score: 0 points**
5. **Long-term Care Facilities: Score: 5 points**
(Statewide bed limit for nursing homes; approval processes still in effect)
6. **Day Services: Score: 0 points**
7. **Ancillaries: Score: 0 points**
8. **Imaging: Score: 0 points**
9. **Other: Score: 0 points**

Wyoming

TOTAL SCORE: 0 points

1. **Medical Inpatient: Score: 0 points**
2. **Medical Outpatient: Score: 0 points**
3. **Behavioral Inpatient: Score: 0 points**
4. **Behavioral Outpatient: Score: 0 points**
5. **Long-term Care Facilities: Score: 0 points**
6. **Day Services: Score: 0 points**
7. **Ancillaries: Score: 0 points**
8. **Imaging: Score: 0 points**
9. **Other: Score: 0 points**

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