(a) The Commission shall develop and adopt an institution-specific -[-plan-]- COMPONENT--OF--THE-STATE-HEALTH PLAN to guide possible capacity -[-reduction-]- ADJUSTMENT.

(b) The institution-specific -[-plan-]- COMPONENT shall address:

(1) Accurate bed count data for licensed beds and staffed and operated beds;

(2) Cost data associated with all hospital beds and associated services on a hospital specific basis;

(3) Migration patterns and current and future projected population data;

(4) Accessibility and availability of beds;

(5) Quality of care;

(6) Current health care needs, as well as growth trends for such needs, for the area served by each hospital;

(7) Hospitals in high growth areas; and

(8) Utilization.

(c) In the development of the institution-specific -[-plan-]- COMPONENT the Commission shall give priority to the conversion of acute capacity to alternative uses where appropriate.

(d) (1) The Commission shall use the institution-specific -[-plan-]- COMPONENT in reviewing certificate of need applications for conversion, expansion, consolidation, or introduction of hospital services in conjunction with the REST-OF THE State health plan.

(2) If there is a conflict between the State health plan and any rule or regulation adopted by the Commission in accordance with Title 10, Subtitle 1 of the State Government Article to implement -[-an-]- A--SEPARATE institution-specific plan that is developed for identifying any excess capacity in beds and services, the provisions of whichever plan -[-that-]- is most recently adopted shall control.

-[-(3) Immediately upon adoption of the institution-specific plan the Health Resources Planning Commission shall begin the process of incorporating the institution-specific plan into the State health plan and shall complete the incorporation within 12 months.-]-

[E]--SUBJECT--TO--EVALUATION--BY-THE-GENERAL-ASSEMBLY-OF-THE IMPACT-OF-THIS-SECTION-ON-HOSPITAL--CAPACITY,--ACCESS--TO--HEALTH CARE,--AND--QUALITY-OF-HEALTH-CARE-IN-THE-STATE,-THIS-SECTION-AND