

(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 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.

(4) A State health plan developed or adopted after the incorporation of the institution-specific plan into the State health plan shall include the criteria in subsection (b) of this section in addition to the criteria in [§ 19-114 of this article] § 19-121 OF THIS SUBTITLE.

[19-115.] 19-123.

(a) (1) In this section the following words have the meanings indicated.

(2) "Health care service" means any clinically-related patient service including a medical service under paragraph (3) of this subsection.

(3) "Medical service" means:

(i) Any of the following categories of health care services:

1. Medicine, surgery, gynecology, addictions;
2. Obstetrics;
3. Pediatrics;
4. Psychiatry;
5. Rehabilitation;
6. Chronic care;
7. Comprehensive care;
8. Extended care;
9. Intermediate care; or
10. Residential treatment; or

(ii) Any subcategory of the rehabilitation, psychiatry, comprehensive care, or intermediate care categories of health care services for which need is projected in the State health plan.

(b) The Commission may set an application fee for a certificate of need for facilities not assessed a user fee under [§ 19-122 of] this subtitle.