

## **Diagnostic Ultrasound and Laboratory Medicine and Specimen Collection Station Facilities Moratorium Exception Evaluation Process**

Applications for new, expansion and/or relocation of outpatient diagnostic ultrasound, laboratory medicine and specimen collection station facilities in British Columbia are under temporary moratorium, with the exception of applications judged to **meet urgent health or safety needs**.

In order to apply for a Certificate of Approval for a new outpatient ultrasound, laboratory medicine or specimen collection station facility, or expansion and/or relocation of an existing approved facility, the prospective applicant (the proponent) must first detail how the service(s) they seek approval for meet(s) this “urgent health or safety needs” criterion.

To be considered for an exception to the moratorium, a proponent must:

- complete the following questions, providing as much detail about the situation as possible;
- add any additional information or documents the proponent wishes to provide; and
- save all documents to a computer and then submit them through the [secure upload tool of the Advisory Committee on Diagnostic Facilities \(ACDF\)](#).

When an exceptions request is received, the ACDF Secretariat will review and verify the information submitted to the extent possible. All information will be provided to the Medical Services Commission (MSC) for their review. The MSC will make a decision as to whether the proponent meets the urgent health or safety needs moratorium criterion. If so, the proponent will then be invited to complete a formal application to the ACDF

**NOTE: the following questions cannot be completed on-line at this time. Please address the questions in a separate document. Save the document and any supporting material (in PDF, JPEG, PNG, TIF, GIF or BMP format) and submit through the [Advisory Committee on Diagnostic Facilities’ secure upload tool](#).**

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## **Moratorium Exception Request**

### **Proponent**

- Contact name
- Facility/organization (if applicable)
- Contact email
- Contact phone number

### **Facility and Service**

- Location of proposed facility (general geographic area, not specific street address unless known)
- Is this a request for a new Certificate of Approval?      Yes      No
- For existing facilities only:
  - Does the facility currently hold an Advisory Committee on Diagnostic Facilities or Medical Services Commission Certificate of Approval?      Yes      No
  - If yes, what service(s) or fee item(s) is the facility approved to provide and bill the Medical Services Plan for?
  - If accepted, would this application be for (indicate one only):
    - expansion of a facility;
    - relocation of a facility; or
    - expansion and relocation of a facility?
- If an exception is granted, what services would be applied for? Be as specific as possible (include service category(s) and fee codes if applicable)

### **Exception Criterion**

What are the urgent health or safety needs your proposed application would address? Provide as much detail as possible, e.g.:

- If the urgent health or safety needs pertain to wait times, include detail regarding current wait times in the area, and to what category of ultrasound service these wait times apply. (*Note: The current Medical Services Commission-approved wait time benchmark for urgent, non-emergency ultrasounds is 10 working days; no wait time benchmarks exist for laboratory medicine or specimen collection station facilities*).

If this request concerns a new or expanded diagnostic ultrasound facility, please include detail regarding:

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- where sonographers would be recruited from; and
- if using a contracted provider, where they recruit sonographers from.

The proponent may include additional information or documents as they see fit.