

1 10A NCAC 14B .0152 - .0161 are repealed as follows:

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3 **10A NCAC 14B .0152 CERTIFICATE OF NEED REVIEW SCHEDULE**

4 **10A NCAC 14B .0153 MULTI-COUNTY GROUPINGS**

5 **10A NCAC 14B .0154 SERVICE AREAS AND PLANNING AREAS**

6 **10A NCAC 14B .0155 REALLOCATIONS AND ADJUSTMENTS**

7 **10A NCAC 14B .0156 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)**

8 **10A NCAC 14B .0157 REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)**

9 **10A NCAC 14B .0158 AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW**
10 **CATEGORY E)**

11 **10A NCAC 14B .0159 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW**
12 **CATEGORY H)**

13 **10A NCAC 14B .0160 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW**
14 **CATEGORY H)**

15 **10A NCAC 14B .0161 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC**
16 **ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)**

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18 *History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-177(1); 131E-183(b); 131E-183(1);*

19 *Temporary Adoption Eff. August 17, 2000; January 1, 2000;*

20 *Eff. April 1, ~~2001~~. 2001;*

21 *Repealed Eff. April 1, 2012.*