

DRAFT

EXTENDED STAY LEGISLATIVE CONCEPT

- ✓ Immediately direct (through a legislative letter sent this summer, and in language in the bill) OHA to pursue a waiver from CMS to allow for a pilot project for extended stay to be an "add on" to an existing surgery center license to explore methods to meet the triple aim and bring efficiencies and improved outcomes to patients facing certain types of surgeries that could be performed in an outpatient setting in an extended care facility.
- ✓ In the bill, direct OHA to create an interim additional license that meets current CMS guidelines until CMS approves the "add on" license request.
- ✓ Require that any applicant must have a medical sponsor that has demonstrated safe operating procedures in an outpatient surgery setting and have been in compliance with Oregon laws for not less than 24 months to ensure patient safety. Require that the extended stay facility be in close proximity to the location where the surgery occurs.
- ✓ Require that all extended stay centers pursue an emergency transfer agreement or other partnership procedures with a local hospital system to ensure patient safety.
- ✓ Include all applicable life and safety standards.
- ✓ Require clear oral and written notification of the limitations of Medicare coverage for any senior presenting at a facility with an extended care setting.
- ✓ Allow for "up to 48 hours in the extended care facility for medically necessary extended stay. Required certification by the attending physician."
- ✓ Limit the total number of extended care licenses to be issued under this bill to no more than 15. Require that the legislature consider additions to this cap during the 2023 legislative session.
- ✓ Require that OHA report back to the legislature no later than September 10, 2022 on the number of applicants, number of licenses granted, number of patients served, average time of extended stay, acuity of patients and types of surgeries performed for extended stay, cost comparisons or efficiencies, infection rate, patient satisfaction, emergency transfer data, national extended stay trends and or insurance directives, etc.
- ✓ Set up a standing work group to advise the OHA and DCBS that will meet twice a year, including:
 - 2 legislators, appointed by the Senate President and the House speaker
 - Two members of extended stay or ASC facilities
 - One member of a hospital or health system
 - One member from the insurance industry
 - One member from a statewide organization representing physicians
 - One member from patient advocacy organizations
 - One member from assisted living or nursing facilities

Yellow = hospitals

Blue = Pac/West/CCOs

Green = Assisted Living

Pink = General consensus of the group to shorten stay