

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 4020**

1 On page 1 of the printed bill, line 3, after “442.700” insert “, 442.837”.
2 After line 4, insert:

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4 **“EXTENDED STAY CENTER LICENSING”.**

5

6 Delete lines 7 through 30.

7 Delete pages 2 and 3.

8 On page 4, delete lines 1 through 19 and insert:

9 **“SECTION 2. (1) As used in this section:**

10 **“(a) ‘Extended stay center’ means a facility that provides extended**
11 **stay services.**

12 **“(b) ‘Extended stay services’ means post-surgical and post-**
13 **diagnostic medical and nursing services provided to a patient who is**
14 **recovering from a surgical procedure performed in an ambulatory**
15 **surgical center.**

16 **“(c) ‘Operating room’ has the meaning given that term in rules**
17 **adopted by the Oregon Health Authority.**

18 **“(2) The authority shall adopt rules and procedures for the licensing**
19 **of extended stay centers to ensure that each licensed extended stay**
20 **center:**

21 **“(a) Is affiliated with a facility:**

1 **“(A) That is licensed by the authority as an ambulatory surgical**
2 **center;**

3 **“(B) Whose license is in good standing with the authority; and**

4 **“(C) That meets the criteria in subsection (3) of this section;**

5 **“(b) Has no more than two recovery beds for each operating room**
6 **that is in its affiliated ambulatory surgical center and a total of no**
7 **more than 10 recovery beds;**

8 **“(c) Discharges patients within 48 hours from the time of admission**
9 **to the ambulatory surgical center;**

10 **“(d)(A) Has an agreement with at least one hospital for the transfer**
11 **of patients requiring medical care beyond the capabilities of the ex-**
12 **tended stay center, and that the agreement complies with the federal**
13 **requirements applicable to patient transfer agreements between**
14 **ambulatory surgical centers and local hospitals; or**

15 **“(B) Is affiliated with an ambulatory surgical center in which all**
16 **of the physicians performing surgeries have admitting privileges at the**
17 **nearest hospital that has the capabilities to treat patients requiring**
18 **medical care that exceeds the capabilities of the extended stay center;**

19 **“(e) Conforms to all patient safety and facility requirements**
20 **adopted by the authority by rule;**

21 **“(f) Uses admission criteria based only on the extended stay**
22 **center’s:**

23 **“(A) Medical screening criteria;**

24 **“(B) Evidence-based surgery guidelines; or**

25 **“(C) Patient safety standards;**

26 **“(g) Orally and in writing, clearly notifies patients with Medicare**
27 **coverage of the services provided by the extended stay center that are**
28 **not covered by Medicare;**

29 **“(h) Reports data and metrics to the authority as prescribed by the**
30 **authority by rule, including but not limited to the:**

1 “(A) Types of procedures performed at the affiliated ambulatory
2 surgical center for which patients are transferred to the extended stay
3 center for recovery;

4 “(B) Average duration of patient stays at the extended stay center;

5 “(C) Medical acuity of the patients served by the extended stay
6 center;

7 “(D) Serious adverse events, as defined in ORS 442.819, and facility
8 acquired infections that occur at the extended stay center;

9 “(E) Types of payers that reimburse services provided at the ex-
10 tended stay center and the percentage of each payer type in the total
11 number of payers; and

12 “(F) Frequency and cause of patient transfers from the extended
13 stay center to a hospital; and

14 “(i) Is located within an urban area as defined by the Office of Rural
15 Health.

16 “(3) The ambulatory surgical center that is affiliated with an ex-
17 tended stay center must:

18 “(a) Not be affiliated with any other licensed extended stay center;

19 “(b) Be physically contiguous with the extended stay center;

20 “(c) Have demonstrated safe operating procedures in an outpatient
21 surgery setting for no less than 24 consecutive months;

22 “(d) Be certified by the Centers for Medicare and Medicaid Services
23 as participating in the ambulatory surgical center quality reporting
24 program administered by the Centers for Medicare and Medicaid Ser-
25 vices; and

26 “(e) Be accredited by a national accrediting organization approved
27 by the authority.

28 “(4) The authority shall mitigate barriers to and facilitate the re-
29 imbursement of extended stay centers with medical assistance funds.

30 “SECTION 3. (1) The Health Evidence Review Commission estab-

1 lished under ORS 414.688 shall develop evidence-based guidelines re-
2 garding the patient characteristics and surgical procedures that may
3 be appropriate for ambulatory surgical centers and extended stay
4 centers. The commission shall provide a report of the timeline and
5 plan for implementing the guidelines to the Legislative Assembly
6 during the 2019 regular session.

7 “(2) No later than December 31, 2022, the Oregon Health Authority
8 shall report to the interim committees of the Legislative Assembly
9 related to health on the implementation of section 2 of this 2018
10 Act.”.

11 In line 20, delete “5” and insert “4”.

12 On page 5, line 39, delete “6” and insert “5”.

13 On page 8, line 38, delete “7” and insert “6”.

14 On page 11, after line 32, insert:

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16 **“PATIENT SAFETY REPORTING BY EXTENDED STAY CENTERS**

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18 **“SECTION 7.** ORS 442.837 is amended to read:

19 “442.837. (1) The Oregon Patient Safety Reporting Program is created in
20 the Oregon Patient Safety Commission to develop a serious adverse event
21 reporting system. The program shall include but is not limited to:

22 “(a) Reporting by participants, in a timely manner and in the form de-
23 termined by the Oregon Patient Safety Commission Board of Directors es-
24 tablished in ORS 442.830, of the following:

25 “(A) Serious adverse events;

26 “(B) Root cause analyses of serious adverse events;

27 “(C) Action plans established to prevent similar serious adverse events;

28 and

29 “(D) Patient safety plans establishing procedures and protocols.

30 “(b) Analyzing reported serious adverse events, root cause analyses and

1 action plans to develop and disseminate information to improve the quality
2 of care with respect to patient safety. This information shall be made
3 available to participants and shall include but is not limited to:

4 “(A) Statistical analyses;

5 “(B) Recommendations regarding quality improvement techniques;

6 “(C) Recommendations regarding standard protocols; and

7 “(D) Recommendations regarding best patient safety practices.

8 “(c) Providing technical assistance to participants, including but not
9 limited to recommendations and advice regarding methodology, communi-
10 cation, dissemination of information, data collection, security and
11 confidentiality.

12 “(d) Auditing participant reporting to assess the level of reporting of se-
13 rious adverse events, root cause analyses and action plans.

14 “(e) Overseeing action plans to assess whether participants are taking
15 sufficient steps to prevent the occurrence of serious adverse events.

16 “(f) Creating incentives to improve and reward participation, including
17 but not limited to providing:

18 “(A) Feedback to participants; and

19 “(B) Rewards and recognition to participants.

20 “(g) Distributing written reports using aggregate, deidentified data from
21 the program to describe statewide serious adverse event patterns and main-
22 taining a website to facilitate public access to reports, as well as a list of
23 names of participants. The reports shall include but are not limited to:

24 “(A) The types and frequencies of serious adverse events;

25 “(B) Yearly serious adverse event totals and trends;

26 “(C) Clusters of serious adverse events;

27 “(D) Demographics of patients involved in serious adverse events, includ-
28 ing the frequency and types of serious adverse events associated with lan-
29 guage barriers or ethnicity;

30 “(E) Systems’ factors associated with particular serious adverse events;

1 “(F) Interventions to prevent frequent or high severity serious adverse
2 events;

3 “(G) Analyses of statewide patient safety data in Oregon and comparisons
4 of that data to national patient safety data; and

5 “(H) Appropriate consumer information regarding prevention of serious
6 adverse events.

7 “(2) Participation in the program is voluntary. The following entities are
8 eligible to participate:

9 “(a) Hospitals as defined in ORS 442.015;

10 “(b) Long term care facilities as defined in ORS 442.015;

11 “(c) Pharmacies licensed under ORS chapter 689;

12 “(d) Ambulatory surgical centers as defined in ORS 442.015;

13 “(e) Outpatient renal dialysis facilities as defined in ORS 442.015;

14 “(f) Freestanding birthing centers as defined in ORS 442.015; [and]

15 “(g) Independent professional health care societies or associations; **and**

16 “(h) **Extended stay centers licensed under section 2 of this 2018**
17 **Act.**

18 “(3) Reports or other information developed and disseminated by the pro-
19 gram may not contain or reveal the name of or other identifiable information
20 with respect to a particular participant providing information to the com-
21 mission for the purposes of ORS 442.819 to 442.851, or to any individual
22 identified in the report or information, and upon whose patient safety data,
23 patient safety activities and reports the commission has relied in developing
24 and disseminating information pursuant to this section.

25 “(4) After a serious adverse event occurs, a participant must provide
26 written notification in a timely manner to each patient served by the par-
27 ticipant who is affected by the event. Notice provided under this subsection
28 may not be construed as an admission of liability in a civil action.

29 “(5) The commission shall collaborate with providers of ambulatory health
30 care to develop initiatives to promote patient safety in ambulatory health

1 care.

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“CONFORMING AMENDMENTS”.

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5 On page 18, after line 16, insert:

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“IMPLEMENTATION”.

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9 In line 18, delete “120” and insert “180”.

10 Delete lines 19 through 22 and insert:

11 **“SECTION 16. (1) No later than July 1, 2018, the Oregon Health**
12 **Authority shall apply to the Centers for Medicare and Medicare Ser-**
13 **vices for approval of a demonstration project or other authorization**
14 **to permit the state to receive federal financial participation in the**
15 **costs of extended stay services and to permit extended stay centers**
16 **and ambulatory surgical centers to operate under a single license.**

17 **“(2) The authority shall report to the interim committees of the**
18 **Legislative Assembly related to health, no later than December 15,**
19 **2018, on the status of the request described in subsection (1) of this**
20 **section.”.**

21 In line 25, delete “5 and 6” and insert “4 and 5”.

22 Delete lines 26 and 27.

23 In line 28, delete “20” and insert “19”.

24 Delete lines 29 through 32 and insert:

25

26

“CAPTIONS

27

28 **“SECTION 20. The unit captions used in this 2018 Act are provided**
29 **only for the convenience of the reader and do not become part of the**
30 **statutory law of this state or express any legislative intent in the**

1 **enactment of this 2018 Act.**

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“EMERGENCY CLAUSE”.

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5 In line 33, delete “22” and insert “21”.

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