

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO  
HOUSE BILL 4020**

1 On page 1 of the printed bill, line 3, after “442.015,” insert “442.120,” and  
2 after “442.700” insert “, 442.837”.

3 After line 4, insert:

4

5

**“EXTENDED STAY CENTER LICENSING”.**

6

7 Delete lines 7 through 30.

8 Delete pages 2 and 3.

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

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

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

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

17 **“(c) ‘Local hospital’ has the meaning given that term in rules**  
18 **adopted by the Oregon Health Authority that are consistent with fed-**  
19 **eral requirements.**

20 **“(d) ‘Operating room’ has the meaning given that term in rules**  
21 **adopted by the authority.**

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

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

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

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

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

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

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

14       **“(d)(A) Has an agreement with at least one local hospital that has**  
15 **the capabilities to treat patients requiring medical care that exceeds**  
16 **the capabilities of the extended stay center and the agreement com-**  
17 **plies with the federal requirements applicable to patient transfer**  
18 **agreements between ambulatory surgical centers and local hospitals;**  
19 **or**

20       **“(B) Is affiliated with an ambulatory surgical center in which all**  
21 **of the physicians performing surgeries have admitting privileges at a**  
22 **local hospital that has the capabilities to treat patients requiring**  
23 **medical care that exceeds the capabilities of the extended stay center;**

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

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

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

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

30       **“(C) Patient safety standards;**

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

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

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

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

10       “(C) Medical acuity of the patients served by the extended stay  
11 center;

12       “(D) Types of payers that reimburse services provided at the ex-  
13 tended stay center and the percentage of each payer type in the total  
14 number of payers; and

15       “(E) Frequency and cause of patient transfers from the extended  
16 stay center to a hospital; and

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

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

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

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

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

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

29       “(e) Be accredited by a national accrediting organization approved  
30 by the authority.

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

3       **“SECTION 3. (1) The Health Evidence Review Commission estab-**  
4 **lished under ORS 414.688 shall develop evidence-based guidelines re-**  
5 **garding the patient characteristics and surgical procedures that may**  
6 **be appropriate for ambulatory surgical centers and extended stay**  
7 **centers. The commission shall provide a report of the timeline and**  
8 **plan for implementing the guidelines to the Legislative Assembly**  
9 **during the 2019 regular session.**

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

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

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

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

17       On page 11, after line 32, insert:

18       **“SECTION 7. ORS 442.120 is amended to read:**

19       **“442.120. In order to provide data essential for health planning programs:**

20       **“(1) The Oregon Health Authority may request, by July 1 of each year,**  
21 **each general hospital to file with the authority ambulatory surgery and in-**  
22 **patient discharge abstract records covering all patients discharged during**  
23 **the preceding calendar year. The ambulatory surgery and inpatient discharge**  
24 **abstract record for each patient must include the following information, and**  
25 **may include other information deemed necessary by the authority for devel-**  
26 **oping or evaluating statewide health policy:**

27       **“(a) Date of birth;**

28       **“(b) Sex;**

29       **“(c) Race and ethnicity;**

30       **“(d) Primary language;**

- 1 “(e) Disability;  
2 “(f) Zip code;  
3 “(g) Inpatient admission date or outpatient service date;  
4 “(h) Inpatient discharge date;  
5 “(i) Type of discharge;  
6 “(j) Diagnostic related group or diagnosis;  
7 “(k) Type of procedure performed;  
8 “(L) Expected source of payment, if available;  
9 “(m) Hospital identification number; and  
10 “(n) Total hospital charges.

11 “(2) By July 1 of each year, the authority may request from ambulatory  
12 surgical centers licensed under ORS 441.015 ambulatory surgery discharge  
13 abstract records covering all patients admitted during the preceding year.  
14 Ambulatory surgery discharge abstract records must include information  
15 similar to that requested from general hospitals under subsection (1) of this  
16 section.

17 “(3) **By July 1 of each year, the authority may request from ex-**  
18 **tended stay centers licensed under section 2 of this 2018 Act extended**  
19 **stay center discharge abstract records covering all patients admitted**  
20 **during the preceding year. Extended stay center discharge abstract**  
21 **records must include information prescribed by the authority by rule.**

22 “[3] (4) In lieu of abstracting and compiling the records itself, the au-  
23 thority may solicit the voluntary submission of [*such data from Oregon hos-*  
24 *pitals or other sources*] **the data described in subsections (1) to (3) of this**  
25 **section** to enable [*it*] **the authority** to carry out its responsibilities under  
26 this section. If such data are not available to the authority on an annual and  
27 timely basis, the authority may establish by rule a fee to be charged to each  
28 hospital, **ambulatory surgical center or extended stay center.**

29 “[4] (5) [*Subject to prior approval of the Oregon Health Policy Board and*  
30 *a report to the Emergency Board, if the Legislative Assembly is not in session,*

1 *prior to adopting the fee, and within the budget authorized by the Legislative*  
2 *Assembly as the budget may be modified by the Emergency Board,] The fee*  
3 *established under subsection [(3)] (4) of this section may not exceed the cost*  
4 *of abstracting and compiling the records.*

5 “[5] (6) The authority may specify by rule the form in which [*the*] re-  
6 cords are to be submitted. If the form adopted by rule requires conversion  
7 from the form regularly used by a hospital, **ambulatory surgical center**  
8 **or extended stay center**, reasonable costs of such conversion shall be paid  
9 by the authority.

10 “[6] (7) Abstract records must include a patient identifier that allows  
11 for the statistical matching of records over time to permit public studies of  
12 issues related to clinical practices, health service utilization and health  
13 outcomes. Provision of such a patient identifier must not allow for iden-  
14 tification of the individual patient.

15 “[7] (8) In addition to the records required in subsection (1) of this sec-  
16 tion, the authority may obtain abstract records for each patient that identify  
17 specific services, classified by International Classification of Disease Code,  
18 for special studies on the incidence of specific health problems or diagnostic  
19 practices. However, nothing in this subsection shall authorize the publica-  
20 tion of specific data in a form that allows identification of individual pa-  
21 tients or licensed health care professionals.

22 “[8] (9) The authority may provide by rule for the submission of records  
23 for enrollees in a health maintenance organization from a hospital,  
24 **ambulatory surgical center or extended stay center** associated with such  
25 an organization in a form the authority determines appropriate to the  
26 authority’s needs for such data and the organization’s record keeping and  
27 reporting systems for charges and services.

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

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1       **“SECTION 8.** ORS 442.837 is amended to read:

2       “442.837. (1) The Oregon Patient Safety Reporting Program is created in  
3 the Oregon Patient Safety Commission to develop a serious adverse event  
4 reporting system. The program shall include but is not limited to:

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

8       “(A) Serious adverse events;

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

10       “(C) Action plans established to prevent similar serious adverse events;  
11 and

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

13       “(b) Analyzing reported serious adverse events, root cause analyses and  
14 action plans to develop and disseminate information to improve the quality  
15 of care with respect to patient safety. This information shall be made  
16 available to participants and shall include but is not limited to:

17       “(A) Statistical analyses;

18       “(B) Recommendations regarding quality improvement techniques;

19       “(C) Recommendations regarding standard protocols; and

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

21       “(c) Providing technical assistance to participants, including but not  
22 limited to recommendations and advice regarding methodology, communi-  
23 cation, dissemination of information, data collection, security and  
24 confidentiality.

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

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

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

1       “(A) Feedback to participants; and

2       “(B) Rewards and recognition to participants.

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

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

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

9       “(C) Clusters of serious adverse events;

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

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

14       “(F) Interventions to prevent frequent or high severity serious adverse  
15 events;

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

18       “(H) Appropriate consumer information regarding prevention of serious  
19 adverse events.

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

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

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

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

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

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

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

28       “(g) Independent professional health care societies or associations[.]; **and**

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

30       “(3) Reports or other information developed and disseminated by the pro-



1 gram may not contain or reveal the name of or other identifiable information  
2 with respect to a particular participant providing information to the com-  
3 mission for the purposes of ORS 442.819 to 442.851, or to any individual  
4 identified in the report or information, and upon whose patient safety data,  
5 patient safety activities and reports the commission has relied in developing  
6 and disseminating information pursuant to this section.

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

11 “(5) The commission shall collaborate with providers of ambulatory health  
12 care to develop initiatives to promote patient safety in ambulatory health  
13 care.

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#### **“CONFORMING AMENDMENTS”.**

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17 In line 33, delete “8” and insert “9”.

18 On page 13, line 31, delete “9” and insert “10”.

19 On page 15, line 21, delete “10” and insert “11”.

20 On page 16, line 12, delete “11” and insert “12”.

21 In line 33, delete “12” and insert “13”.

22 On page 17, line 1, delete “13” and insert “14”.

23 In line 26, delete “14” and insert “15”.

24 On page 18, after line 16, insert:

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#### **“IMPLEMENTATION”.**

27

28 In line 17, delete “15” and insert “16”.

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

30 Delete lines 19 through 22 and insert:

