# **Department of Legislative Services**

Maryland General Assembly 2002 Session

#### **FISCAL NOTE**

House Bill 1353

(Delegates D. Davis and Brown)

**Environmental Matters** 

#### **Ambulatory Surgical Facilities - Definition**

This bill changes the definition of "ambulatory surgical facility" to a facility that operates primarily for the purpose of providing surgical services to patients requiring a period of postoperative observation not exceeding 23 hours. In addition, the Office of Health Care Quality (OHCQ) in the Department of Health and Mental Hygiene (DHMH) must report to the Senate Finance and the House Environmental Matters committees by September 30 annually regarding the number of facilities providing 23-hour recovery care.

## **Fiscal Summary**

**State Effect:** DHMH general fund expenditures could increase by \$50,300 in FY 2003. Future year estimates reflect annualization and inflation. No effect on revenues.

(in dollars)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	50,300	60,900	63,600	66,400	69,400
Net Effect	(\$50,300)	(\$60,900)	(\$63,600)	(\$66,400)	(\$69,400)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: Meaningful.

### **Analysis**

**Current Law:** An ambulatory surgical facility is a facility that operates primarily for the purpose of providing surgical services to patients requiring a period of postoperative observation *but not requiring overnight hospitalization*.

OHCQ inspects most health care facilities in Maryland. OHCQ inspects a hospital that has been accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) to investigate complaints only, and may inspect nonaccredited hospitals on a biannual basis for compliance with safety and sanitation regulations. For other health care facilities where patients or residents stay overnight, such as nursing homes and group homes, OHCQ inspects facilities on an annual basis.

**Background:** There are approximately 300 ambulatory surgical facilities in Maryland.

**State Fiscal Effect:** DHMH general fund expenditures could increase by an estimated \$50,298 in fiscal 2003, which accounts for the bill's October 1, 2002 effective date. This estimate reflects the cost of hiring one health facilities nurse surveyor to conduct more frequent inspections of ambulatory surgical centers. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses. OHCQ would require the additional position to conduct more frequent inspections of ambulatory surgical facilities. Currently, OHCQ conducts inspections of these types of facilities once every three years. The bill's provisions increasing the permitted length of stay to overnight would substantially expand the scope of surgical procedures an ambulatory surgical center could perform. A facility that chooses to expand its scope of services could require additional shifts of personnel to provide overnight care, including physicians, nurses, anesthesiologists, and other health care providers. The expanded scope of services and staff would require OHCQ to conduct more frequent inspections, necessitating an additional position. The bill's reporting requirements could be handled with existing OHCQ resources.

<b>Total FY 2003 State Expenditures</b>	\$50,298
Operating Expenses	7,653
Salary and Fringe Benefits	\$42,645

Future year expenditures reflect: (1) a full salary with 3.5% annual increases and 3% employee turnover; and (2) 1% annual increases in ongoing operating expenses.

**Small Business Effect:** Ambulatory surgical facilities are currently limited to providing minor outpatient procedures in which a patient is not in need of overnight recovery and monitoring. The bill's provisions would permit small business ambulatory surgical facilities to expand the scope of services offered to include surgeries that require more recovery time and overnight stays.

## **Additional Information**

**Prior Introductions:** None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene (Office of Health

Care Quality), Department of Legislative Services

**Fiscal Note History:** First Reader - March 19, 2002

lsc/jr

Analysis by: Susan D. John Direct Inquiries to:

John Rixey, Coordinating Analyst

(410) 946-5510 (301) 970-5510