

HB0935/856488/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 935
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Kipke” and substitute “Delegates Kipke, Pendergrass, Pena–Melnik, Bagnall, Bhandari, Carr, Charles, Chisholm, Cullison, Hill, Johnson, Kerr, Krebs, R. Lewis, Morgan, Rosenberg, Saab, Sample–Hughes, Szeliga, and K. Young”; strike beginning with “a” in line 5 down through “resources” in line 6 and substitute “an anesthesia practitioner is not precluded from providing a certain level of support to treat certain patients in a certain manner; defining certain terms”; in line 11, after “Section” insert “19–3B–01 and”; and after line 16, insert:

“19–3B–01.

(a) In this subtitle the following words have the meanings indicated.

(b) (1) “Ambulatory surgical facility” means any center, service, office facility, or other entity that:

(i) Operates exclusively for the purpose of providing surgical services to patients requiring a period of postoperative observation but not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following admission; and

(ii) Seeks reimbursement from payors as an ambulatory surgery center.

(2) “Ambulatory surgical facility” does not include:

(Over)

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(i) The office of one or more health care practitioners seeking only professional reimbursement for the provisions of medical services, unless:

1. The office operates under contract or other agreement with a payor as an ambulatory surgical facility regardless of whether it is paid a technical or facility fee; or

2. The office is designated to receive ambulatory surgical referrals in accordance with utilization review or other policies adopted by a payor;

(ii) Any facility or service owned or operated by a hospital and regulated under Subtitle 2 of this title;

(iii) The office of a health care practitioner with not more than one operating room if:

1. The office does not receive a technical or facility fee;
and

2. The operating room is used exclusively by the health care practitioner for patients of the health care practitioner;

(iv) The office of a group of health care practitioners with not more than one operating room if:

1. The office does not receive a technical or facility fee;
and

2. The operating room is used exclusively by members of the group practice for patients of the group practice; or

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(v) An office owned or operated by one or more dentists licensed under the Health Occupations Article.

(c) “Freestanding ambulatory care facility” means:

(1) An ambulatory surgical facility;

(2) A freestanding endoscopy facility;

(3) A freestanding facility utilizing major medical equipment;

(4) A kidney dialysis center; or

(5) A freestanding birthing center.

(d) (1) “Freestanding birthing center” means a facility that provides nurse midwife services under Title 8, Subtitle 6 of the Health Occupations Article.

(2) “Freestanding birthing center” does not include:

(i) A hospital regulated under Subtitle 2 of this title; or

(ii) The private residence of the mother.

(e) (1) “Freestanding endoscopy facility” means a facility:

(i) For the testing, diagnosis, or treatment of a medical disorder in conjunction with the use of microscopic, endoscopic, or laparoscopic equipment that is inserted in a naturally occurring orifice of the body; and

(ii) That seeks reimbursement as a freestanding endoscopy facility from payors or Medicare.

(Over)

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(2) “Freestanding endoscopy facility” does not include:

(i) The office of one or more health care practitioners unless:

1. The office operates under a contract or other agreement with a payor as a freestanding endoscopy facility regardless of whether it is paid a technical or facility fee; or

2. The office is designated to receive endoscopic referrals in accordance with utilization review or other policies adopted by a payor; or

(ii) Any facility or service operated by a hospital and regulated under Subtitle 2 of this title.

(f) (1) “Freestanding facility operating major medical equipment” means a facility using major medical equipment.

(2) “Freestanding facility operating major medical equipment” does not include any facility or service owned or operated by a hospital and regulated under Subtitle 2 of this title.

(g) “Health care practitioner” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide medical services in the ordinary course of business or practice of a profession.

(h) (1) “Kidney dialysis center” means a facility that provides hemodialysis or chronic peritoneal dialysis.

(2) “Kidney dialysis center” does not include any facility or service owned or operated by a hospital and regulated under Subtitle 2 of this title.

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- (i) “License” means a license issued by the Secretary under this subtitle.

- (j) “Major medical equipment” means:
 - (1) Cardiac catheterization equipment;
 - (2) A computer tomography (CT) scanner;
 - (3) A lithotripter;
 - (4) Radiation therapy equipment, including a linear accelerator; or
 - (5) A magnetic resonance imager (MRI).

(K) “NONSTERILE PROCEDURE ROOM” MEANS A ROOM:

(1) IN WHICH MINOR SURGICAL PROCEDURES ARE PERFORMED, INCLUDING ENDOSCOPY AND ENDOSCOPIC PROCEDURES REQUIRING DEEP SEDATION;

(2) THAT CAN ONLY BE ACCESSED FROM A SEMI-RESTRICTED CORRIDOR OR AN UNRESTRICTED CORRIDOR;

(3) THAT IS NOT USED FOR OPEN SURGICAL PROCEDURES THAT:

(I) ENTER THE THORAX, ABDOMEN, PELVIS, CRANIUM, OR SPINE; OR

(II) ROUTINELY REQUIRE INDUCTION OF DEEP SEDATION OR GENERAL ANESTHESIA FOR THE ENTIRETY OF THE SURGICAL PROCEDURE; AND

(Over)

(4) IN WHICH DEEP SEDATION OR GENERAL ANESTHESIA MAY BE INDUCED IF:

(I) WARRANTED BY THE CLINICAL SITUATION; AND

(II) THE ROOM IS EQUIPPED TO SAFELY CONDUCT THE REQUIRED LEVEL OF ANESTHESIA.

[(k)] (L) “Payor” means:

(1) A health insurer, nonprofit health service plan, or health maintenance organization that holds a certificate of authority to offer health insurance policies or contracts in the State in accordance with this article or the Insurance Article;

(2) A third party administrator or any other entity under contract with a Maryland business to administer health benefits; or

(3) A self-insured group.

(M) “STERILE OPERATING ROOM” MEANS A ROOM IN A SURGICAL SUITE THAT MEETS THE REQUIREMENTS OF A RESTRICTED AREA AND IS DESIGNATED AND EQUIPPED FOR PERFORMING SURGICAL OPERATIONS OR OTHER INVASIVE PROCEDURES THAT MAY REQUIRE AN ASEPTIC FIELD.

[(l)] (N) “Surgical services” has the meaning incorporated in the Centers for Medicare and Medicaid Services State Operations Manual – Guidance for Surveyors: Ambulatory Surgical Centers.”.

AMENDMENT NO. 2

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On page 2, strike beginning with “A” in line 12 down through “PROCEDURE” in line 16 and substitute “AN ANESTHESIA PRACTITIONER IS NOT PRECLUDED FROM PROVIDING THE HIGHEST LEVEL OF ANESTHESIA SUPPORT THAT MAY BE REQUIRED TO SAFELY TREAT PATIENTS UNDERGOING PROCEDURES IN A FREESTANDING AMBULATORY SURGICAL FACILITY PERFORMED IN A NONSTERILE PROCEDURE ROOM OR A STERILE OPERATING ROOM”.