

## HB2664—Extended Patient Stay

*A balanced step towards health savings & reform, market innovations, and improved patient outcomes.*

### ✓ PROCESS:

- 2014 Discussion with legislators, pre-session filing of bill, HB2570
- 2015 Initial Legislative Proposal and HHC Hearing,
- 2015 Work Group of hearing participants (Finished in mid-May)
- 2015 September Interim HHC Hearing
- 2015 November Initial Work Group at Coast
- 2016 Reintroduction of legislation / discussions / HHC Hearing
- 2016 Work group session in Capitol with 13 different participants
- 2016 Stakeholder Discussions - - Over 35 separate meetings/discussions, 12 separate discussions with hospitals or the Association, open door policy and clear communication. 9/9 concerns addressed
- 2016 Legislator Discussions - - Numerous meetings between legislators and work group participants. Reached out to solicit input
- 2016 OHA Discussions - - At least 3 separate discussions with OHA
- 2016 August/Sept Initial “DRAFT” Legislative concept paper circulated to all participants and legislators
- 2016 September Extended Stay Lunch for Legislators (all invited)
- 2016 October Bill Framework submitted to LC
- 2016 Fall-Winter Discussions with Regence, OHA, CMS, Providence, hospitals and others
- 2017 February Hearing / April Hearing / Hosted Dialogue
- 2017 Recommendations from OHA, Providence, Cambia/Regence, hospitals, legislators, etc.
- 2017 Ongoing discussions with various parties. Amendment developed based on hearing input
- 2017 Additional –8 amendment on population limit, Medicaid, patient safety, work group, etc.



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✓ **REVISIONS & SAFEGUARDS:**

**HOURS:** Certain patients would be allowed to remain for a combined **48 hours** in an Ambulatory Surgery Center and Extended Stay facility. An extra 4 hour window would be allowed in limited cases where a patient shouldn't be released early in the morning (i.e. 6 a.m.) for medical/safety

**NUMBER:** Only **16** licensed during the 5 year window

**OWNERSHIP:** 8 centers will be **joint ventures** with a health system. 5 more non-affiliated centers. 3 open to either

**LOCATION:** A center **must be adjacent** to the surgery center, and emergency transfers must be to a hospital 15 miles or less from the center

**PATIENT SAFETY:** Centers meet the **same life/safety** standards as those for patients in other extended stay settings

**PATIENT NOTIFICATION OF ELIGIBLE SERVICES:** **Medicare patients** would be clearly notified of the limits of Medicare coverage for these services

**MEDICAL SPONSOR / PRESERVING HIGH QUALITY:** An applicant would have to have a surgery center medical sponsor which had a safe track record of Oregon operations for 24 months to ensure patient safety

**STRUCTURE / EVALUATION / OVERSIGHT:** Follows current CMS restrictions, and require a separate license for the extended stay center. OHA will apply for authority to pursue a **single license** system from CMS. A standing work group established to advise OHA. Annual reports would be required on key metrics and outcomes. Applicants are required to outline how they would **accept qualified Medicaid patients** who meet CMS and safety criteria

✓ **-8 CHANGES:**

--**POPULATION LIMIT.** -8 amendments will require that any applicant be in a county with a population of 70,000 or more as of the passage of the act. This guarantees no impact on small rural hospitals

--**MEDICAID PROCEDURES.** ASCs currently take Medicaid recipients as allowed under federal law. Medicaid does not currently allow for reimbursement of extended patient stay. The bill requires OHA to apply for a waiver from CMS to allow more flexibility for these patients. The amendment requires that: a) Each applicant develop a plan for accepting Medicaid patients in expectation of a federal waiver, and b) Specific medical criteria for accepting patients be outlined during the process to ensure patient safety

--**PATIENT SAFETY.** Strengthens the existing patient safety requirements, including requiring that an extended stay center demonstrate how it will meet or exceed hospital metrics such as infection rates

--**JOINT VENTURE CLARIFICATIONS.** Sets minimum threshold for defining joint venture participation

--**LOCATION.** Requires that OHA require that a center be adjacent to the ASC

--**PROXIMITY TO HOSPITAL FOR EMERGENCY TRANSFER.** Although transfers to an Emergency Room are exceedingly rare, the amendment will require that an transfer agreement be with a hospital no more than 15 miles from the extended stay center, or as defined for "patient safety" purposes by the OHA

--**WORK/ADVISORY GROUP:** Creation of an advisory group consisting of 13 members to provide direction and input to the OHA during the rule making, as well as to meet no less than twice a year to provide review of implementation of the program