

COMAR 10.24.11: General Surgical Services Chapter

Purpose

- Align with laws passed in 2019 and 2020 legislative sessions
- Align more closely with Maryland Department of Health regulations for freestanding ambulatory surgical facilities
- Align with Health Services Cost Review Commission's regulation of hospitals' budgets
- Require the provision of information helpful to consumers
- Clarify existing standards and make other technical corrections

.03 Issues and Policies

Comments

- The Maryland Ambulatory Surgery Association (MASA) suggested minor wording changes to the description of when general anesthesia may be used in a procedure room.
- MASA also suggested minor wording changes to Policy 1.

.03 Issues and Policies

Staff Recommendations

- Staff added language that closely mirrors language in statute that describes the specific procedures and circumstances when general anesthesia is not allowed in a procedure room.
- Staff revised Policy 1 to refer specifically to adherence to licensure and accreditation requirements for safety standards.

.04A Determinations of Coverage

Key Changes

- Staff revised the description of who may apply for a determination of coverage to be consistent with a law passed in 2019 (SB 940).
- Staff reduced the amount of information required when there is a change in the principal owner or a change in a majority of owners in an ambulatory surgery center (ASC), if there are no changes except in the ownership.
- Staff added a requirement for an ASC to certify that it is providing an estimate of out-of-pocket charges for each patient prior to arrival for surgery.

.04A Determinations of Coverage

Comment

- MASA suggested that item 12 be revised to refer only to the specialties for cases performed in an ASC, rather than specific procedures because a comprehensive list may not be known at the time of the request for a determination of coverage.

Staff Recommendation

- Staff recommends no change in response to MASA's comment because the information requested is needed to determine if the proposed surgical procedures are appropriate for the operating or procedure room(s).

.05A General Standards

Comment and Staff Recommendation

- MASA suggested that a general list of charge information is misleading for the public and suggested that an ASC should instead be required to work with a patient to determine anticipated charges.

Staff Recommendation

- Staff concluded that general charge information is useful for potential patients who have not yet selected a location for treatment.

.05A General Standards (continued)

New Requirement

- Staff revised standard .05A(1) to include a requirement for disclosure of health carrier network participation for the ASF and for each surgeon and health care practitioner.
- Staff concluded that this change would provide valuable information to consumers and should not be excessively burdensome.
- This change was made following the posting of the draft Surgical Services Chapter for informal comments.

.05A(3) Charity Care and Financial Assistance Policy

Comment

- MASA suggest that the requirement that notice of the ASC's charity care policy be posted in the ASC's registration and business offices is unreasonable because the policies are not easily explained in a short notice.

Recommendation

- Staff concluded that adding specificity to the notice requirement would be helpful.

.05A(3) Charity Care and Financial Assistance Policy

Comment

- Johns Hopkins Health System suggested clarification of how an applicant must demonstrate that its historic level of charity care or its projected level of charity care is appropriate.

Staff Recommendation

- Staff revised the standard to more clearly define the information and analysis required.

.05A(5) Transfer Agreements

Modification of Requirement

- Staff revised this standard to require that an ASF have an arrangement that complies with the requirements of the Maryland Department of Health provided in COMAR 10.05.05.09.

.05B(10) Preference in Comparative Reviews

Explanation for Deletion

- The standard applied only to instances when two ASFs are seeking to provide the same types of surgeries to the same service area populations, which will rarely occur.
- Staff concluded that the standard is not needed because each project can be evaluated based on its own merits.

.06 Definitions

Key Changes

- Staff added several definitions:
 - ambulatory surgery center
 - FGI Guidelines
 - health carrier
 - health carrier network
 - invasive procedure
- Staff revised the definition of ambulatory surgical facility.
- Staff deleted the definition of “physician outpatient surgery center.”

.06 Definitions

Comment

- The Maryland Society of Anesthesiologists expressed support for the changes to the definition of a procedure room.

Staff Recommendation

- No change is required to address this comment.