

SENATE, No. 1087

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JANUARY 30, 2020

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)

SYNOPSIS

Requires surgical practices to apply for licensure as ambulatory care facilities.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning surgical practices and amending P.L.1971,
2 c.136, P.L.1989, c.19, and P.L.2009, c.24.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. Section 12 of P.L.1971, c.136 (C.26:2H-12) is amended to read
8 as follows:

9 12. a. No health care service or health care facility shall be
10 operated unless it shall: (1) possess a valid license issued pursuant to
11 this act, which license shall specify the kind or kinds of health care
12 services the facility is authorized to provide; (2) establish and maintain
13 a uniform system of cost accounting approved by the commissioner;
14 (3) establish and maintain a uniform system of reports and audits
15 meeting the requirements of the commissioner; (4) prepare and review
16 annually a long range plan for the provision of health care services;
17 and (5) establish and maintain a centralized, coordinated system of
18 discharge planning which assures every patient a planned program of
19 continuing care and which meets the requirements of the
20 commissioner which requirements shall, where feasible, equal or
21 exceed those standards and regulations established by the federal
22 government for all federally-funded health care facilities but shall not
23 require any person who is not in receipt of State or federal assistance
24 to be discharged against his will.

25 b. (1) Application for a license for a health care service or health
26 care facility shall be made upon forms prescribed by the department.
27 The department shall charge a single, nonrefundable fee for the filing
28 of an application for and issuance of a license and a single,
29 nonrefundable fee for any renewal thereof, and a single, nonrefundable
30 fee for a biennial inspection of the facility, as it shall from time to time
31 fix in rules or regulations; provided, however, that no such licensing
32 fee shall exceed \$10,000 in the case of a hospital and \$4,000 in the
33 case of any other health care facility for all services provided by the
34 hospital or other health care facility, and no such inspection fee shall
35 exceed \$5,000 in the case of a hospital and \$2,000 in the case of any
36 other health care facility for all services provided by the hospital or
37 other health care facility. No inspection fee shall be charged for
38 inspections other than biennial inspections. Any surgical practice
39 required to apply for licensure by the department as an ambulatory
40 care facility pursuant to P.L. , c. (pending before the Legislature as
41 this bill) shall be exempt from the initial and renewal license fees
42 required by this section. The application shall contain the name of the
43 health care facility, the kind or kinds of health care service to be
44 provided, the location and physical description of the institution, and
45 such other information as the department may require.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 (2) A license shall be issued by the department upon its findings
2 that the premises, equipment, personnel, including principals and
3 management, finances, rules and bylaws, and standards of health care
4 service are fit and adequate and there is reasonable assurance the
5 health care facility will be operated in the manner required by this act
6 and rules and regulations thereunder.

7 (3) The department shall post on its Internet website each
8 inspection report prepared following an inspection of a residential
9 health care facility, as defined in section 1 of P.L.1953, c.212
10 (C.30:11A-1) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et
11 seq.), that is performed pursuant to this subsection, along with any
12 other inspection report prepared by or on behalf of the department for
13 such facility.

14 If an inspection reveals a serious health and safety violation at a
15 residential health care facility, the department shall post the inspection
16 report, including the name of the facility and the owner of the facility,
17 on its website no later than 72 hours following the inspection. If a
18 license of a residential health care facility is suspended, the department
19 shall post the suspension on its website no later than 72 hours
20 following the suspension. The department shall update its website to
21 reflect the correction of a serious health and safety violation, and the
22 lifting of a suspension.

23 The department shall notify, as soon as possible, the Commissioner
24 of Human Services, or the commissioner's designee, and the director
25 of the county board of social services or county welfare agency, as
26 appropriate, in the county in which a residential health care facility is
27 located, of a serious health and safety violation at the facility and of
28 any suspension of a license to operate such facility.

29 If the inspection responsibilities under this subsection with respect
30 to such facility are transferred or otherwise assigned to another
31 department, that other department shall post on its Internet website
32 each inspection report prepared following an inspection of such
33 facility performed pursuant to this subsection, along with any other
34 inspection report prepared by or on behalf of that department for such
35 facility, and shall comply with the other requirements specified in this
36 subsection.

37 c. (Deleted by amendment, P.L.1998, c.43) **[.]**

38 d. The commissioner may amend a facility's license to reduce that
39 facility's licensed bed capacity to reflect actual utilization at the
40 facility if the commissioner determines that 10 or more licensed beds
41 in the health care facility have not been used for at least the last two
42 succeeding years. For the purposes of this subsection, the
43 commissioner may retroactively review utilization at a facility for a
44 two-year period beginning on January 1, 1990.

45 e. If a prospective applicant for licensure for a health care service
46 or facility that is not subject to certificate of need review pursuant to
47 P.L.1971, c.136 (C.26:2H-1 et al.) so requests, the department shall
48 provide the prospective applicant with a pre-licensure consultation.

1 The purpose of the consultation is to provide the prospective applicant
2 with information and guidance on rules, regulations, standards and
3 procedures appropriate and applicable to the licensure process. The
4 department shall conduct the consultation within 60 days of the request
5 of the prospective applicant.

6 f. Notwithstanding the provisions of any other law to the
7 contrary, an entity that provides magnetic resonance imaging or
8 computerized axial tomography services shall be required to obtain a
9 license from the department to operate those services prior to
10 commencement of services, except that a physician who is operating
11 such services on the effective date of P.L.2004, c.54 shall have one
12 year from the effective date of P.L.2004, c.54 to obtain the license.

13 g. (1) **【**Notwithstanding the provisions of any other law to the
14 contrary, an entity that operates a surgical practice on the effective
15 date of this section of P.L.2009, c.24, as defined in this subsection,
16 shall be required to register with the department within one year of the
17 effective date of P.L.2009, c.24.**】** (Deleted by amendment,
18 P.L. , c.) (pending before the Legislature as this bill)

19 (2) **【**An entity that has not commenced operation as a surgical
20 practice on the effective date of this section of P.L.2009, c.24, but has
21 filed or files before the 180th day after the effective date of this section
22 of P.L.2009, c.24 its plans, specifications, and required documents
23 with the municipality in which the surgical practice will be located,
24 shall register with the department prior to the commencement of
25 services.**】** (Deleted by amendment, P.L. , c.) (pending before the
26 Legislatre as this bill)

27 (3) **【**As a condition of registration with the department, a surgical
28 practice shall be required to obtain certification by the Centers for
29 Medicare and Medicaid Services as an ambulatory surgery center
30 provider or obtain ambulatory care accreditation from an accrediting
31 body recognized by the Centers for Medicare and Medicaid Services
32 and continually maintain such accreditation.**】** (Deleted by amendment,
33 P.L. , c.) (pending before the Legislature as this bill)

34 (4) **【**As a condition of registration with the department, a surgical
35 practice shall be required to report the following information annually:
36 the number of patients served by payment source, including the
37 number of Medicaid-eligible and medically indigent persons served;
38 the number of new patients accepted; and the number of physicians,
39 physician assistants, and advanced practice nurses providing
40 professional services at the surgical practice.**】**

41 A surgical practice in operation on the effective date of this section
42 of P.L. , c. (pending before the Legislature as this bill) shall be
43 required to apply to the department for licensure as an ambulatory care
44 facility licensed to provide surgical and related services within one
45 year of the effective date of this section of P.L. , c. (pending before
46 the Legislature as this bill).

1 A surgical practice that is certified by the Centers for Medicare and
2 Medicaid Services (CMS) shall not be required to meet the physical
3 plant and functional requirements specified in N.J.A.C.8:43A-19.1 et
4 seq. A surgical practice that is not Medicare certified, either by CMS
5 or by any deeming authority recognized by CMS, but which has
6 obtained accreditation from the American Association of Ambulatory
7 Surgery Facilities or any accrediting body recognized by CMS and is
8 in operation on the effective date of this section of P.L. _____,
9 c. (pending before the Legislature as this bill), shall not be required
10 to meet the physical plant and functional requirements specified in
11 N.J.A.C.8:43A-19.1 et seq. A surgical practice not in operation on the
12 effective date of this section of P.L. _____, c. (pending before the
13 Legislature as this bill), if it is certified by CMS as an ambulatory
14 surgery center provider, shall also be exempt from these requirements.
15 A surgical practice required by this subsection to meet the physical
16 plant and functional requirements specified in N.J.A.C.8:43A-19.1 et
17 seq. may apply for a waiver of any such requirement in accordance
18 with N.J.A.C.8:43A-2.9. The commissioner shall grant a waiver of
19 those physical plant and functional requirements, as the commissioner
20 deems appropriate, if the waiver does not endanger the life, safety, or
21 health of patients or the public.

22 A surgical practice required to be licensed pursuant to this
23 subsection shall be exempt from the ambulatory care facility
24 assessment pursuant to section 7 of P.L.1992, c.160 (C.26:2H-18.57);
25 except that, if the entity expands to include any additional room
26 dedicated for use as an operating room, the entity shall be subject to
27 the assessment.

28 (5) As used in this subsection and subsection i. of this section,
29 "surgical practice" means a structure or suite of rooms that has the
30 following characteristics:

31 (a) has no more than one room dedicated for use as an operating
32 room which is specifically equipped to perform surgery, and is
33 designed and constructed to accommodate invasive diagnostic and
34 surgical procedures;

35 (b) has one or more post-anesthesia care units or a dedicated
36 recovery area where the patient may be closely monitored and
37 observed until discharged; and

38 (c) is established by a physician, physician professional
39 association surgical practice, or other professional practice form
40 specified by the State Board of Medical Examiners pursuant to
41 regulation solely for the physician's, association's, or other
42 professional entity's private medical practice.

43 **["Surgical practice" includes an unlicensed entity that is certified**
44 **by the Centers for Medicare and Medicaid Services as an ambulatory**
45 **surgery center provider.]**

46 (6) Nothing in this subsection shall be construed to limit the State
47 Board of Medical Examiners from establishing standards of care with
48 respect to the practice of medicine.

1 h. An ambulatory care facility licensed to provide surgical and
2 related services shall be required to obtain ambulatory care
3 accreditation from an accrediting body recognized by the Centers for
4 Medicare and Medicaid Services as a condition of licensure by the
5 department.

6 An ambulatory care facility that is licensed to provide surgical and
7 related services on the effective date of this section of P.L.2009, c.24
8 shall have one year from the effective date of this section of P.L.2009,
9 c.24 to obtain ambulatory care accreditation.

10 i. Beginning on the effective date of this section of P.L.2009,
11 c.24, and as provided in P.L. , c. (pending before the Legislature as
12 this bill), the department shall not issue a new **【registration to a**
13 **surgical practice or a new】** license to an ambulatory care facility to
14 provide surgical and related services unless:

15 (1) in the case of a **【registered surgical practice or】** licensed
16 facility in which a transfer of ownership of the **【practice or】** facility is
17 proposed, the commissioner reviews the qualifications of the new
18 owner or owners and approves the transfer;

19 (2) (a) except as provided in subparagraph (b) of this paragraph,
20 in the case of a **【registered surgical practice or】** licensed facility for
21 which a relocation of the **【practice or】** facility is proposed, the
22 relocation is within 20 miles of the **【practice's or】** facility's current
23 location or the relocation is to a "Health Enterprise Zone" designated
24 pursuant to section 1 of P.L.2004, c.139 (C.54A:3-7), there is no
25 expansion in the **【scope of services】** number of operating rooms
26 provided at the new location from that of the current location, and the
27 commissioner reviews and approves the relocation prior to its
28 occurrence; or

29 (b) in the case of a licensed facility described in paragraph (5) or
30 (6) of this subsection for which a relocation of the facility is proposed,
31 the commissioner reviews and approves the relocation prior to its
32 occurrence;

33 (3) the entity is a surgical practice required to be **【registered】**
34 licensed pursuant to **【paragraph (1) of】** subsection g. of this section
35 and meets the requirements of that subsection;

36 (4) the entity has filed its plans, specifications, and required
37 documents with the Health Care Plan Review Unit of the Department
38 of Community Affairs or the municipality in which the surgical
39 practice or facility will be located, as applicable, on or before the
40 180th day following the effective date of this section of P.L.2009,
41 c.24;

42 (5) the facility is owned jointly by a general hospital in this State
43 and one or more other parties; **【or】**

44 (6) the facility is owned by a hospital or medical school in this
45 State, or the facility is owned by any hospital approved on or before
46 the effective date of **【this act】** P.L.2015, c.305 to provide ambulatory
47 surgery services in this State, or the facility is owned by a hospital

1 which applied on or before the effective date of **【this act】** P.L.2015,
2 c.305 to provide ambulatory surgery services in this State so long as
3 the hospital is later approved to provide ambulatory surgery services at
4 the facility, or the facility is owned by any hospital approved to
5 provide ambulatory surgery services at another facility in this State ; or
6 (7) (a) the facility is a newly licensed ambulatory surgical facility
7 that was created by combining two or more registered surgical
8 practices, provided that the number of operating rooms at the newly
9 licensed facility is not greater than the total number of operating rooms
10 prior to the establishment of the newly licensed facility;
11 (b) the facility is a licensed ambulatory surgical facility that has
12 expanded by combining with one or more registered surgical practices,
13 provided that the number of operating rooms at the newly expanded
14 facility is not greater than the total number of operating rooms prior to
15 the combination of the practices and facility; or
16 (c) the facility is a licensed ambulatory surgical facility that has
17 expanded through the combination of two or more licensed ambulatory
18 surgical facilities, provided that the number of operating rooms at the
19 newly expanded facility is not greater than the total number of
20 operating rooms prior to the combining of the facilities.
21 Beginning on the effective date of this section of P.L. _____,
22 c. (pending before the Legislature as this bill), the department shall
23 not issue a new registration to a surgical practice. Any surgical
24 practice in operation on the effective date of this section of P.L. _____,
25 c. (pending before the Legislature as this bill) that proposes to
26 relocate on or after the effective date of this section of P.L. _____,
27 c. (pending before the Legislature as this bill) shall be required to be
28 licensed by the department as an ambulatory care facility providing
29 surgical and related services pursuant to subsection g. of this section.
30 j. **【(1)** The department shall require an applicant for registration
31 as a surgical practice, as provided in subsection g. of this section, to
32 submit an application for registration in a form and manner prescribed
33 by the department. The applicant shall submit the name and address of
34 the surgical practice that is to be registered, the name of the chief
35 administrator or designated agent of the practice, the names and
36 addresses of all owners of the practice, the scope of services provided
37 at the practice, proof of certification by the Centers for Medicare and
38 Medicaid Services or accreditation from an accrediting body
39 recognized by the Centers for Medicare and Medicaid Services, and
40 such other information as the commissioner deems necessary and as
41 provided by regulation.
42 (2) The registration shall be valid for a one-year period and may
43 be renewed upon submission to the department of an application for
44 renewal.
45 (3) The commissioner may suspend, revoke, or deny a registration
46 if the registrant or applicant, as applicable, is not in compliance with
47 the requirements of this section.

1 (4) No registered surgical practice shall be owned, managed, or
2 operated by any person convicted of a crime relating adversely to the
3 person's capability of owning, managing, or operating the practice.

4 (5) The department may charge a reasonable fee for filing an
5 application for registration and for each renewal thereof. **】** (Deleted by
6 amendment, P.L. , c.) (pending before the Legislature as this bill)

7 k. An ambulatory care facility licensed to provide surgical and
8 related services and a surgical practice shall:

9 (1) report to the department any change in ownership of the
10 facility within 30 days of the change in ownership; and

11 (2) annually report to the department the name of the facility's
12 medical director, physician director, and physician director of
13 anesthesia, as applicable, and the director of nursing services. The
14 facility shall notify the department if there is any change in a named
15 director within 30 days of the change of the director.

16 (cf: P.L.2015, c.305, s.1)

17
18 2. Section 2 of P.L.1989, c.19 (C.45:9-22.5) is amended to read
19 as follows:

20 2. a. A practitioner shall not refer a patient or direct an
21 employee of the practitioner to refer a patient to a health care
22 service in which the practitioner, or the practitioner's immediate
23 family, or the practitioner in combination with the practitioner's
24 immediate family has a significant beneficial interest; except that,
25 in the case of a practitioner, a practitioner's immediate family, or a
26 practitioner in combination with the practitioner's immediate family
27 who had the significant beneficial interest prior to the effective date
28 of P.L.1991, c.187 (C.26:2H-18.24 et al.), and in the case of a
29 significant beneficial interest in a health care service that provides
30 lithotripsy or radiation therapy pursuant to an oncological protocol
31 that was held prior to the effective date of this section of
32 P.L.2009, c.24, the practitioner may continue to refer a patient or
33 direct an employee to do so if that practitioner discloses the
34 significant beneficial interest to the patient.

35 b. If a practitioner is permitted to refer a patient to a health care
36 service pursuant to this section, the practitioner shall provide the
37 patient with a written disclosure form, prepared pursuant to section
38 3 of P.L.1989, c.19 (C.45:9-22.6), and post a copy of this disclosure
39 form in a conspicuous public place in the practitioner's office.

40 c. The restrictions on referral of patients established in this
41 section shall not apply to:

42 (1) medical treatment or a procedure that is provided at the
43 practitioner's medical office and for which a bill is issued directly in
44 the name of the practitioner or the practitioner's medical office;

45 (2) renal dialysis;

46 (3) ambulatory surgery or procedures **【requiring】** involving the
47 use of any anesthesia performed at a surgical practice **【registered**
48 **with】** licensed by the Department of Health pursuant to subsection

1 g. of section 12 of P.L.1971, c.136 (C.26:2H-12) or at an
2 ambulatory care facility licensed by the Department of Health to
3 perform surgical and related services or lithotripsy services, if the
4 following conditions are met:

5 (a) the practitioner who provided the referral personally
6 performs the procedure;

7 (b) the practitioner's remuneration as an owner of or investor in
8 the practice or facility is directly proportional to the practitioner's
9 ownership interest and not to the volume of patients the practitioner
10 refers to the practice or facility;

11 (c) all clinically related decisions at a facility owned in part by
12 non-practitioners are made by practitioners and are in the best
13 interests of the patient; and

14 (d) disclosure of the referring practitioner's significant
15 beneficial interest in the practice or facility is made to the patient in
16 writing, at or prior to the time that the referral is made, consistent
17 with the provisions of section 3 of P.L.1989, c.19 (C.45:9-22.6);

18 (4) medically necessary intraoperative monitoring services
19 rendered during a neurosurgical, neurological, or neuro-radiological
20 surgical procedure that is performed in a hospital; and

21 (5) Referrals that a practitioner makes, or directs an employee of
22 the practitioner to make, to a health care service in which the
23 referring practitioner has a significant beneficial interest, when
24 participants in an alternative payment model registered with the
25 Department of Health pursuant to section 3 of P.L.2017, c.111
26 (C.45:9-22.5c) make a bona fide determination that the significant
27 beneficial interest is reasonably related to the alternative payment
28 model standards filed with the Department of Health, provided that
29 the determination is documented and retained for a period of 10
30 years.

31 (cf: P.L.2017, c.111, s.2)

32
33 3. Section 4 of P.L.2009, c.24 (C.45:9-22.5a) is amended to
34 read as follows:

35 4. a. A referral for ambulatory surgery or a procedure
36 requiring anesthesia made prior to the effective date of this section
37 of P.L.2009, c.24 by a practitioner to a surgical practice or
38 ambulatory care facility licensed by the Department of Health to
39 perform surgical and related services shall be deemed to comply
40 with the provisions of section 2 of P.L.1989, c.19 (C.45:9-22.5) if
41 the practitioner personally performed the procedure that is the
42 subject of the referral.

43 b. As used in this section, "surgical practice" means a structure
44 or suite of rooms that has the following characteristics:

45 (1) has no more than one room dedicated for use as an operating
46 room which is specifically equipped to perform surgery, and is
47 designed and constructed to accommodate invasive diagnostic and
48 surgical procedures;

1 (2) has one or more post-anesthesia care units or a dedicated
2 recovery area where the patient may be closely monitored and
3 observed until discharged; and

4 (3) is established by a physician, physician professional
5 association surgical practice, or other professional practice form
6 specified by the State Board of Medical Examiners pursuant to
7 N.J.A.C.13:35-6.16(f) solely for the physician's, association's or
8 other professional entity's private medical practice.

9 **["Surgical practice" includes an unlicensed entity that is certified
10 by the Centers for Medicare and Medicaid Services as an
11 ambulatory surgery center provider.]**

12 (cf: P.L.2012, c.17, s.411)
13

14 4. The Commissioner of Health shall, in accordance with the
15 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
16 seq.), adopt any rules and regulations as the commissioner deems
17 necessary to carry out the provisions of this act.
18

19 5. Section 1 of this act shall take effect immediately, and sections
20 2 and 3 of this act shall take effect one year after the date of
21 enactment, except that the Commissioner of Health may take any
22 anticipatory administrative action in advance as shall be necessary for
23 the implementation of this act.
24

25 STATEMENT 26

27
28 This bill requires all surgical practices to be licensed by the
29 Department of Health (DOH) as ambulatory surgery facilities
30 within one year.

31 Under current law, a "surgical practice" is defined as a structure
32 or suite of rooms that has the following characteristics:

- 33 • has no more than one room dedicated for use as an operating
34 room which is specifically equipped to perform surgery, and
35 is designed and constructed to accommodate invasive
36 diagnostic and surgical procedures;
- 37 • has one or more post-anesthesia care units or a dedicated
38 recovery area where the patient may be closely monitored
39 and observed until discharged; and
- 40 • is established by a physician, physician professional
41 association surgical practice, or other professional practice
42 form specified by the State Board of Medical Examiners
43 pursuant to regulation solely for the physician's,
44 association's or other professional entity's private medical
45 practice.

46 Pursuant to P.L.2009, c.24, all physician surgical practices were
47 required to register with DOH by March 21, 2010, and be subject to
48 very limited oversight by DOH. However, these physician-owned

1 practices with one operating room provide the same type of surgical
2 services as the larger, licensed ambulatory surgery facilities without
3 being subject to the same DOH regulations, requirements, and
4 oversight that are designed to ensure patient safety.

5 Accordingly, the bill repeals the requirement that surgical
6 practices be registered by DOH and provides instead that surgical
7 practices are to apply to DOH, within one year of the effective date
8 of the bill, for licensure as an ambulatory care facility licensed to
9 provide surgical and related services; upon licensure, the facilities
10 will be subject to the same regulatory requirements as currently
11 apply to ambulatory surgical facilities. A surgical practice required
12 to be licensed under the bill will be exempt from the initial and
13 renewal license fees and the ambulatory care facility assessment
14 otherwise applicable to ambulatory care facilities; except that, if the
15 entity expands to include any additional room dedicated for use as
16 an operating room, the entity will be subject to the assessment.

17 DOH may issue a license to an ambulatory care facility to
18 provide surgical and related services in the event that two or more
19 surgical practices or ambulatory care facilities combine, provided
20 that the number of operating rooms is no greater than the number
21 that existed prior to the combination.

22 Commencing as of the effective date of the bill, DOH will not
23 issue any new registrations to operate as surgical practices;
24 however, an existing registered surgical practice that proposes to
25 relocate on or after the effective date will be required to be licensed
26 by DOH.

27 The bill provides exceptions to physical plant and functional
28 requirements applicable to traditional ambulatory care facilities
29 specified in N.J.A.C.8:43A-19.1 et seq. for any surgical practice
30 that:

- 31 • is certified by the Centers for Medicare and Medicaid
32 Services (CMS);
- 33 • has obtained accreditation from the American Association of
34 Ambulatory Surgery Facilities or any accrediting body
35 recognized by CMS and is in operation on the bill's effective
36 date;
- 37 • is in operation on the effective date of the bill, if it is
38 certified by CMS as an ambulatory surgery center provider;
39 or
- 40 • receives a waiver granted by the Commissioner of Health
41 pursuant to current regulations, if the waiver does not
42 endanger the life, safety, or health of patients or the public.

43 The bill requires ambulatory care facilities licensed to provide
44 surgical and related services and surgical practices to report to the
45 department any change in ownership of the facility within 30 days
46 of the change in ownership; and annually report to the department
47 the name of the facility's medical director, physician director, and
48 physician director of anesthesia, as applicable, and the director of

1 nursing services. The facility is to notify the department if there is
2 any change in a named director within 30 days of the change.

3 The bill provides that restrictions on the referral of patients to a
4 service, practice, or facility in which a physician or a family
5 member of the physician has a significant beneficial interest will
6 not apply in the case of referrals for ambulatory surgery or
7 procedures “involving the use of any anesthesia” at a surgical
8 practice or ambulatory care facility; current law provides that the
9 restrictions do not apply in cases “requiring anesthesia.”