

26:2H-5.1c

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2009 **CHAPTER:** 263

NJSA: 26:2H-5.1c (Requires uniform billing and reporting of infection rates by ambulatory surgical centers and requires DHSS to make reported information public)

BILL NO: S2312 (Substituted for A3465)

SPONSOR(S) Gordon and Others

DATE INTRODUCED: October 27, 2008

COMMITTEE: **ASSEMBLY:** Health and Senior Services
SENATE: Health, Human Services and Senior Citizens
Budget and Appropriations

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** January 7, 2010

SENATE: January 11, 2010

DATE OF APPROVAL: January 17, 2010

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Third reprint of bill enacted)

S2312

SPONSOR'S STATEMENT: (Begins on page 2 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: Yes Health 12-15-08
Budget 2-26-09

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: Yes 2-4-09
1-12-10

A3465

SPONSOR'S STATEMENT: (Begins on page 2 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes

SENATE: No

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

(continued)

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

LAW/RWH

[Third Reprint]

SENATE, No. 2312

STATE OF NEW JERSEY
213th LEGISLATURE

INTRODUCED OCTOBER 27, 2008

Sponsored by:

Senator ROBERT M. GORDON

District 38 (Bergen)

Senator THOMAS H. KEAN, JR.

District 21 (Essex, Morris, Somerset and Union)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington and Camden)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman PAUL D. MORIARTY

District 4 (Camden and Gloucester)

Assemblywoman LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

Co-Sponsored by:

**Senator O'Toole, Assemblywomen Wagner, N.Munoz and Assemblyman
Connors**

SYNOPSIS

Requires uniform billing and reporting of infection rates by ambulatory surgical centers and requires DHSS to make reported information public.

CURRENT VERSION OF TEXT

As reported by the Assembly Health and Senior Services Committee on December 3, 2009, with amendments.

(Sponsorship Updated As Of: 1/8/2010)

1 AN ACT concerning billing for³, and reporting of certain information
 2 by³ certain health care providers and supplementing Title 26 of
 3 the Revised Statutes.

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

7
 8 1. An ambulatory care facility licensed ²to provide surgical
 9 services² pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.)¹ [, but not
 10 required to report information pursuant to section 18 of P.L.1979,
 11 c.496 (C.26:2H-5.1),]¹ shall use a common billing form, designated
 12 by the Commissioner of Health and Senior Services, for each
 13 patient when billing for health care services. The information
 14 provided on the billing form shall, to the extent applicable, be the
 15 same as that required of hospitals. ³[¹The provisions of this section
 16 shall not apply to an ambulatory care facility licensed to provide
 17 family planning services. ¹]³

18
 19 ³[2. The commissioner shall establish a reporting system for
 20 ²[licensed]² ambulatory care facilities ²[which are not required to
 21 report financial or patient level clinical data] licensed to provide
 22 surgical services² pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).
 23 The reporting system shall, to the extent applicable, meet the same
 24 data requirements that apply to hospitals and hospital-based
 25 ambulatory care services facilities and shall include audited
 26 financial data. ¹The provisions of this section shall not apply to an
 27 ambulatory care facility licensed to provide family planning
 28 services. ¹]³

29
 30 ²[3. The commissioner shall make publicly available the
 31 identification number for the physician or physicians, as applicable,
 32 that appear on hospital and ambulatory care facility billing forms, to
 33 the extent that doing so is consistent with the “Health Insurance
 34 Portability and Accountability Act of 1996,” Pub.L.104-191.]²

35
 36 ³[²[¹4.] 3. ² An ambulatory care facility licensed to provide
 37 surgery and related services pursuant to P.L.1971, c.136 (C.26:2H-1
 38 et seq.) shall, in addition to such information as may be required to
 39 be reported pursuant to section 2 of this act, annually report the
 40 following information to the Department of Health and Senior
 41 Services: the number of patients served at the facility by payment

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted December 15, 2008.

²Senate floor amendments adopted June 18, 2009.

³Assembly AHE committee amendments adopted December 3, 2009.

1 source, including the number of Medicaid-eligible and medically
2 indigent persons served; the number of new patients accepted at the
3 facility; and the number of physicians, physician assistants, and
4 advance practice nurses providing professional services at the
5 facility.¹³

6
7 ³[²4.] 2.³ The commissioner shall make publicly available the
8 identification number for the physician or physicians, as applicable,
9 that appear on hospital billing forms and billing forms of
10 ambulatory care facilities licensed to provide surgical services, to
11 the extent that doing so is consistent with the “Health Insurance
12 Portability and Accountability Act of 1996,” Pub.L.104-191.²

13
14 ³3. a. An ambulatory care facility licensed to provide surgical
15 services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall be
16 required to report quarterly to the Department of Health and Senior
17 Services, in a form and manner prescribed by the commissioner:

18 (1) process quality indicators of infection control as selected by
19 the commissioner in consultation with the Quality Improvement
20 Advisory Committee within the department; and

21 (2) beginning 30 days after the adoption of regulations pursuant
22 to this act, data on infection rates for the major site categories that
23 define facility-associated infection locations, multiple infections,
24 and device-related and non-device related infections, as selected by
25 the commissioner in consultation with the Quality Improvement
26 Advisory Committee within the department.

27 b. The information reported pursuant to this section shall be
28 transmitted in such a manner as to not include identifying
29 information about patients.

30 c. The commissioner shall promptly advise an ambulatory care
31 facility in the event that the commissioner determines, based on
32 information reported by the facility, that a change in facility
33 practices or policy is necessary to improve performance in the
34 prevention of facility-associated infection and quality of care
35 provided at the facility.

36 d. The commissioner shall make available to members of the
37 public, on the official Internet website of the department, the
38 information reported pursuant to this section, in such a format as the
39 commissioner deems appropriate to enable comparison among
40 ambulatory care facilities with respect to the information.

41 e. In order to effectuate the purposes of this section, the
42 commissioner, in consultation with the Quality Improvement
43 Advisory Committee in the department, shall, by regulation:
44 establish standard methods for identifying and reporting facility-
45 associated infections; identify the major site categories for which
46 infections shall be reported, taking into account the categories most
47 likely to improve the delivery and outcome of health care in the

1 State; and specify the methodology for presenting the data to the
2 public, including procedures to adjust for differences in case mix
3 and severity of infections among facilities.³

4

5 ³[¹[4.] 5.¹] 4.³ The Commissioner of Health and Senior
6 Services, pursuant to the “Administrative Procedure Act,” P.L.1968,
7 c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to
8 effectuate the purposes of this act.

9

10 ³[¹[5.] 6.¹] 5.³ This act shall take effect ²[immediately and
11 shall apply to billing occurring on or after] on² the first day of the
12 ²[sixth] 18th² month next following the date of enactment.

SENATE, No. 2312

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED OCTOBER 27, 2008

Sponsored by:

Senator ROBERT M. GORDON

District 38 (Bergen)

Senator THOMAS H. KEAN, JR.

District 21 (Essex, Morris, Somerset and Union)

SYNOPSIS

Requires uniform billing and patient data reporting by ambulatory care facilities.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/16/2008)

1 AN ACT concerning billing for certain health care providers and
2 supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. An ambulatory care facility licensed pursuant to P.L.1971,
8 c.136 (C.26:2H-1 et seq.), but not required to report information
9 pursuant to section 18 of P.L.1979, c.496 (C.26:2H-5.1), shall use a
10 common billing form, designated by the Commissioner of Health
11 and Senior Services, for each patient when billing for health care
12 services. The information provided on the billing form shall, to the
13 extent applicable, be the same as that required of hospitals.

14

15 2. The commissioner shall establish a reporting system for
16 licensed ambulatory care facilities which are not required to report
17 financial or patient level clinical data pursuant to P.L.1971, c.136
18 (C.26:2H-1 et seq.). The reporting system shall, to the extent
19 applicable, meet the same data requirements that apply to hospitals
20 and hospital-based ambulatory care services facilities and shall
21 include audited financial data.

22

23 3. The commissioner shall make publicly available the
24 identification number for the physician or physicians, as applicable,
25 that appear on hospital and ambulatory care facility billing forms, to
26 the extent that doing so is consistent with the "Health Insurance
27 Portability and Accountability Act of 1996," Pub.L.104-191.

28

29 4. The Commissioner of Health and Senior Services, pursuant to
30 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1
31 et seq.), shall adopt rules and regulations to effectuate the purposes
32 of this act.

33

34 5. This act shall take effect immediately and shall apply to
35 billing occurring on or after the first day of the sixth month next
36 following the date of enactment.

37

38

39

STATEMENT

40

41 This bill requires that those ambulatory care facilities which are
42 not required to use a common billing form designated by the
43 Commissioner of Health and Senior Services or report financial and
44 patient clinical level data to the department, use a common billing
45 form and report such financial and patient data to the department.
46 Currently, only hospitals and hospital-based ambulatory care
47 facilities are required to use a uniform billing form and to provide
48 certain financial and patient care data to the department.

1 The bill also requires the commissioner to make the public
2 physician identification numbers reported pursuant to this bill to the
3 extent that doing so complies with HIPAA, the “Health Insurance
4 Portability and Accountability Act of 1996.”

5 Many services that once were performed on an inpatient basis are
6 now performed in outpatient settings, including at ambulatory care
7 services facilities which are not hospital based; however, only
8 hospitals and hospital-based ambulatory care facilities are subject to
9 uniform billing and financial and patient data reporting
10 requirements. This bill is intended to ensure that all ambulatory
11 care facilities in the State also use, to the extent possible, a uniform
12 billing and patient data reporting system, to ensure that the citizens
13 of New Jersey receive necessary and appropriate medical services
14 of the highest quality.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2312

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2008

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 2312.

As amended by committee, this bill establishes certain uniform billing form requirements and reporting requirements for State licensed ambulatory care facilities.

Specifically, the bill:

- requires ambulatory care facilities to use a common billing form designated by the Commissioner of Health and Senior Services;
- requires ambulatory care facilities to report financial and patient clinical level data to the Department of Health and Senior Services;
- requires the commissioner to make public the physician identification numbers reported pursuant to this bill to the extent that doing so complies with HIPAA, the “Health Insurance Portability and Accountability Act of 1996”;
- provides that an ambulatory care facility licensed to provide surgery and related services shall, in addition to such information as may be required to be reported pursuant to section 2 of the bill, annually report the following information to the department: the number of patients served at the facility by payment source, including the number of Medicaid-eligible and medically indigent persons served; the number of new patients accepted at the facility; and the number of physicians, physician assistants, and advance practice nurses providing professional services at the facility; and
- specifies that the requirements concerning the common billing form and financial and patient clinical level data reporting shall not apply to ambulatory care facilities that are licensed to provide family planning services. These facilities are exempted from the billing and reporting requirements because they are already subject to various State and federal reporting requirements.

Many services that once were performed on an inpatient basis are now performed in outpatient settings, including at ambulatory care facilities which are not hospital-based; however, only hospitals and

hospital-based ambulatory care facilities are subject to uniform billing and financial and patient data reporting requirements.

The committee amended the bill to add additional reporting requirements for ambulatory care facilities licensed to provide surgery and related services and to exempt facilities licensed to provide family planning services.

As amended, this bill is similar to Assembly Bill No.3465 (Conaway/Vainieri Huttler), which is pending in the Assembly Health and Senior Services Committee.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2312

STATE OF NEW JERSEY

DATED: FEBRUARY 26, 2009

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2312 (1R).

The bill establishes a common billing form and certain reporting requirements for State licensed ambulatory care facilities.

Specifically, the bill:

- requires ambulatory care facilities to use a common billing form designated by the Commissioner of Health and Senior Services;
- requires ambulatory care facilities to report financial and patient clinical level data to the Department of Health and Senior Services (DHSS);
- requires the commissioner to make public the physician identification numbers reported pursuant to this bill to the extent that doing so complies with HIPAA, the “Health Insurance Portability and Accountability Act of 1996”;
- provides that an ambulatory care facility licensed to provide surgery and related services shall, in addition to such information as may be required to be reported pursuant to section 2 of the bill, annually report the following information to the department: the number of patients served at the facility by payment source, including the number of Medicaid-eligible and medically indigent persons served; the number of new patients accepted at the facility; and the number of physicians, physician assistants, and advance practice nurses providing professional services at the facility; and
- specifies that the requirements concerning the common billing form and financial and patient clinical level data reporting shall not apply to ambulatory care facilities that are licensed to provide family planning services. These facilities are exempted from the billing and reporting requirements because they are already subject to various State and federal reporting requirements.

FISCAL IMPACT:

The DHSS should incur no additional costs associated with the designation of a common billing form to be used by ambulatory care facilities (ACFs). The billing form designated by the Commissioner of DHSS will likely be the form used by the federal Medicare program,

since the State cannot impose its own billing form on the federal Medicare program, and the Medicare program is the largest single payer of health care costs in the State.

The legislation does not provide any additional funding to DHSS for staff to collect and analyze the financial, clinical, and personnel data the ACFs will be required to submit. It is noted, however, that, the FY2009 appropriations act provided the Health Care Systems Analysis program with upwards of \$10 million in State and Other Funds to support about 70 personnel. In addition, more than \$2.7 million in unexpended FY 2008 Other Funds are available to the Health Care Systems Analysis program.

While DHSS may have sufficient funding for staff to collect and analyze the data ACFs would be required to submit, if the personnel currently assigned to the Health Care Systems Analysis program are unable to process the additional ACF data that will be submitted and DHSS is not able to hire additional staff to administer these new responsibilities due to the State hiring freeze, DHSS may have to reassign existing staff to handle the collection and analysis of ACF data. This could adversely affect the timeliness of other reports prepared by the Health Care Systems Analysis program.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

[Second Reprint]
SENATE, No. 2312

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 3, 2009

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Senate Bill No. 2312 (2R).

As amended by the committee, this bill establishes certain uniform billing and reporting of infection rates by ambulatory surgical facilities.

The bill provides specifically as follows:

- An ambulatory care facility licensed to provide surgical services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) is required to use a common billing form, designated by the Commissioner of Health and Senior Services, for each patient when billing for health care services. The information provided on the billing form will, to the extent applicable, be the same as that required of hospitals.
- The commissioner is to make publicly available the identification number for the physician or physicians, as applicable, that appear on hospital billing forms and billing forms of ambulatory care facilities licensed to provide surgical services, to the extent that doing so is consistent with the federal “Health Insurance Portability and Accountability Act of 1996,” Pub.L.104-191.
- An ambulatory care facility licensed to provide surgical services is required to report quarterly to the Department of Health and Senior Services (DHSS), in a form and manner prescribed by the commissioner:
 - process quality indicators of infection control as selected by the commissioner in consultation with the Quality Improvement Advisory Committee within DHSS; and
 - beginning 30 days after the adoption of regulations pursuant to the bill, data on infection rates for the major site categories that define facility-associated infection locations, multiple infections, and device-related and non-device related infections, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee.

- The information reported pursuant to the bill is to be transmitted in such a manner as to not include identifying information about patients.
- The commissioner is to promptly advise an ambulatory care facility in the event that the commissioner determines, based on information reported by the facility, that a change in facility practices or policy is necessary to improve performance in the prevention of facility-associated infection and quality of care provided at the facility.
- The commissioner is to make the reported information available to members of the public, on the official DHSS Internet website, in such a format as the commissioner deems appropriate to enable comparison among ambulatory care facilities with respect to the information.
- In order to effectuate the purposes of the bill, the commissioner, in consultation with the Quality Improvement Advisory Committee, will, by regulation: establish standard methods for identifying and reporting facility-associated infections; identify the major site categories for which infections are to be reported, taking into account the categories most likely to improve the delivery and outcome of health care in the State; and specify the methodology for presenting the data to the public, including procedures to adjust for differences in case mix and severity of infections among facilities.
- The bill takes effect on the first day of the 18th month next following the date of enactment.

The bill is identical to the Assembly Committee Substitute for Assembly Bill No. 3465 (Conaway/Vainieri Huttle), which the committee also reported on this date.

COMMITTEE AMENDMENTS

The committee amendments to the bill:

-- delete the language that would exempt an ambulatory care facility that is licensed to provide family planning services from the uniform billing form requirements of section 1 (as these entities are already exempted from the uniform billing form requirements of the bill, unless they are licensed to provide surgical services);

-- delete the language in sections 2 and 3 of the bill concerning the reporting of financial and patient data by ambulatory facilities licensed to provide surgical services; and

-- create a new section 3 that requires these facilities to report data on facility-associated infection rates as selected by the Commissioner of Health and Senior Services in consultation with the Quality Improvement Advisory Committee within the Department of Health and Senior Services (thereby creating reporting requirements for these facilities that parallel those for hospitals under P.L.2007, c.196 (C.26:2H-12.39 et seq.)).

STATEMENT TO

[First Reprint]

SENATE, No. 2312

with Senate Floor Amendments
(Proposed by Senator GORDON)

ADOPTED: JUNE 18, 2009

These amendments:

- limit the scope of the bill to those ambulatory care facilities licensed to perform surgical services, rather than to all ambulatory care facilities in the State;
- revise the order of sections 3 and 4 ; and
- change the effective date of the bill to the first day of the 18th month following the date of enactment, instead of immediately, in order to provide the Department of Health and Senior Services sufficient time to implement the provisions of the bill.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 2312 STATE OF NEW JERSEY 213th LEGISLATURE

DATED: FEBRUARY 4, 2009

SUMMARY

- Synopsis:** Requires uniform billing and patient data reporting by ambulatory care facilities.
- Type of Impact:** A possible increase in State costs that cannot be determined.
- Agencies Affected:** Department of Health and Senior Services (DHSS)

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1 – 3</u>
State Cost	Cannot be determined, but DHSS may need additional staff because existing staffing of the Health Care Systems Analysis unit may be insufficient to handle the additional workload without affecting the unit's other activities.

- The DHSS already collects and analyzes significant amounts of financial, clinical, and personnel data provided by hospitals. The FY 2009 appropriations act provides about \$10 million in State and Other Funds to support about 70 personnel involved in Health Care System Analysis. In addition, over \$2.7 million in unexpended FY 2008 Other Funds are available to support program costs.

BILL DESCRIPTION

Senate Bill No. 2312 (1R) of 2008 requires DHSS to establish a uniform bill form for use by licensed ambulatory care facilities and establishes certain reporting requirements for ambulatory care facilities (ACFs) as follows:

- The ACFs will be required to report financial and patient clinical level data similar to that reported by hospitals to DHSS; and
- The ACFs that are licensed to provide surgery and related services also would be required to report information as to the number of patients served by payment source, the number

of new patients accepted at the facility, and the number of medical professionals employed by the facility.

- The ACFs licensed to provide family planning services are exempt from the common billing form and reporting requirements.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The DHSS should incur no additional costs associated with the designation of a common billing form to be used by ACFs. The billing form designated by the Commissioner of DHSS will likely be the form used by the federal Medicare program since the State cannot impose its own billing form on the federal Medicare program, and the Medicare program is the largest single payer of health care costs in the State.

The legislation does not provide any additional funding to DHSS for staff to collect and analyze the financial, clinical, and personnel data ACFs will be required to submit. It is noted, however, that, the FY2009 appropriations act provided the Health Care Systems Analysis program with upwards of \$10 million in State and Other Funds to support about 70 personnel. In addition, more than \$2.7 million in unexpended FY 2008 Other Funds are available to the Health Care Systems Analysis program.

While DHSS may have sufficient funding for staff to collect and analyze the data ACFs would be required to submit, if the personnel currently assigned to the Health Care Systems Analysis program are unable to process the additional ACF data that will be submitted and DHSS is not able to hire additional staff to administer these new responsibilities due to the State hiring freeze, DHSS may have to reassign existing staff to handle the collection and analysis of ACF data. This could adversely affect the timeliness of other reports prepared by the Health Care Systems Analysis program.

Section: Human Services

*Analyst: Jay A. Hershberg
Principal Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L. 1980, c.67 (C. 52:13B-1 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

SENATE, No. 2312 STATE OF NEW JERSEY 213th LEGISLATURE

DATED: JANUARY 12, 2010

SUMMARY

- Synopsis:** Requires uniform billing and reporting of infection rates by ambulatory surgical centers and requires DHSS to make reported information public.
- Type of Impact:** A possible increase in State costs that cannot be determined.
- Agencies Affected:** Department of Health and Senior Services (DHSS)

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1 – 3</u>
State Cost	Cannot be determined, but DHSS may need additional staff if existing staff in the Health Care Systems Analysis unit is insufficient to handle the additional workload the legislation requires without affecting the unit's other activities.

- The Department of Health and Senior Services (DHSS) already collects and analyzes significant amounts of financial, clinical, and personnel data provided by hospitals and other health care providers. The FY 2010 appropriations act provided nearly \$13.8 million in State, federal and Other Funds to support about 60 personnel involved in Health Care System Analysis. In addition, about \$8.7 million in unexpended FY 2009 Other Funds are available to support program costs.

BILL DESCRIPTION

Senate Bill No. 2312 (3R) of 2008 requires DHSS to establish a uniform bill form for use by licensed ambulatory care facilities which provide surgical services and establishes certain reporting requirements for ambulatory care facilities (ACFs) as follows:

- The ACFs will be required to report financial and patient clinical level data similar to that reported by hospitals to DHSS; and
- The ACFs that are licensed to provide surgery and related services also would be required to report information as to the number of patients served by payment source, the number

of new patients accepted at the facility, and the number of medical professionals employed by the facility.

- Infection reporting ACFs would be required to report on a quarterly basis information on infection control matters as prescribed by the DHSS.
- The ACFs would be required to report data on facility associated infection rates as selected by the Commissioner of DHSS in consultation with the department's Quality Improvement Advisory Committee.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None provided.

OFFICE OF LEGISLATIVE SERVICES

The DHSS should incur no additional costs associated with the designation of a common billing form to be used by ACFs. As the Medicare program is the largest single payer of health care costs in the State and as the State cannot impose its own billing form on the federal Medicare program, the billing form designated by the Commissioner of DHSS will likely be a form accepted by the federal Medicare program.

The legislation does not provide any additional funding to DHSS for staff to collect and analyze the various data ACFs will be required to submit. However, the FY 2010 appropriations act provided the Health Care Systems Analysis program with nearly \$13.8 million in State, federal and Other Funds to support about 60 personnel. In addition, about \$8.7 million in unexpended FY 2009 Other Funds are available to the Health Care Systems Analysis program.

While DHSS may have sufficient funding for staff to collect, analyze and disseminate the data ACFs would be required to submit, if personnel currently assigned to the Health Care Systems Analysis program are unable to process the additional ACF data that will be submitted in a timely manner and DHSS is not able to hire additional staff to administer these new responsibilities with respect to ACFs due to the State hiring freeze, DHSS may have to reassign existing staff to collect and analyze ACF data. This could delay the analysis of other health data and the preparation of other health care reports prepared by the Health Care Systems Analysis program.

Section: Human Services

*Analyst: Jay A. Hershberg
Principal Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

ASSEMBLY, No. 3465

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED NOVEMBER 17, 2008

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington and Camden)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Co-Sponsored by:

Assemblywomen Wagner and N.Munoz

SYNOPSIS

Requires uniform billing and patient data reporting by ambulatory care facilities.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/26/2009)

1 AN ACT concerning billing for certain health care providers and
2 supplementing Title 26 of the Revised Statutes.

3

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

6

7 1. An ambulatory care facility licensed pursuant to P.L.1971,
8 c.136 (C.26:2H-1 et seq.), but not required to report information
9 pursuant to section 18 of P.L.1979, c.496 (C.26:2H-5.1), shall use a
10 common billing form, designated by the Commissioner of Health
11 and Senior Services, for each patient when billing for health care
12 services. The information provided on the billing form shall, to the
13 extent applicable, be the same as that required of hospitals.

14

15 2. The commissioner shall establish a reporting system for
16 licensed ambulatory care facilities which are not required to report
17 financial or patient level clinical data pursuant to P.L.1971, c.136
18 (C.26:2H-1 et seq.). The reporting system shall, to the extent
19 applicable, meet the same data requirements that apply to hospitals
20 and hospital-based ambulatory care services facilities and shall
21 include audited financial data.

22

23 3. The commissioner shall make publicly available the
24 identification number for the physician or physicians, as applicable,
25 that appear on hospital and ambulatory care facility billing forms, to
26 the extent that doing so is consistent with the "Health Insurance
27 Portability and Accountability Act of 1996," Pub.L.104-191.

28

29 4. The Commissioner of Health and Senior Services, pursuant to
30 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1
31 et seq.), shall adopt rules and regulations to effectuate the purposes
32 of this act.

33

34 5. This act shall take effect immediately and shall apply to
35 billing occurring on or after the first day of the sixth month next
36 following the date of enactment.

37

38

39

STATEMENT

40

41 This bill requires that those ambulatory care facilities which are
42 not required to use a common billing form designated by the
43 Commissioner of Health and Senior Services or report financial and
44 patient clinical level data to the department, use a common billing
45 form and report such financial and patient data to the department.
46 Currently, only hospitals and hospital-based ambulatory care
47 facilities are required to use a uniform billing form and to provide
48 certain financial and patient care data to the department.

1 The bill also requires the commissioner to make the public
2 physician identification numbers reported pursuant to this bill to the
3 extent that doing so complies with HIPAA, the “Health Insurance
4 Portability and Accountability Act of 1996.”

5 Many services that once were performed on an inpatient basis are
6 now performed in outpatient settings, including at ambulatory care
7 services facilities which are not hospital based; however, only
8 hospitals and hospital-based ambulatory care facilities are subject to
9 uniform billing and financial and patient data reporting
10 requirements. This bill is intended to ensure that all ambulatory
11 care facilities in the State also use, to the extent possible, a uniform
12 billing and patient data reporting system, to ensure that the citizens
13 of New Jersey receive necessary and appropriate medical services
14 of the highest quality.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 3465

STATE OF NEW JERSEY

DATED: DECEMBER 3, 2009

The Assembly Health and Senior Services Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 3465.

This committee substitute establishes certain uniform billing form and reporting of infection rates by for ambulatory surgical facilities.

The substitute provides specifically as follows:

- An ambulatory care facility licensed to provide surgical services pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) is required to use a common billing form, designated by the Commissioner of Health and Senior Services, for each patient when billing for health care services. The information provided on the billing form will, to the extent applicable, be the same as that required of hospitals.
- The commissioner is to make publicly available the identification number for the physician or physicians, as applicable, that appear on hospital billing forms and billing forms of ambulatory care facilities licensed to provide surgical services, to the extent that doing so is consistent with the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191.
- An ambulatory care facility licensed to provide surgical services is required to report quarterly to the Department of Health and Senior Services (DHSS), in a form and manner prescribed by the commissioner:
 - process quality indicators of infection control as selected by the commissioner in consultation with the Quality Improvement Advisory Committee within DHSS; and
 - beginning 30 days after the adoption of regulations pursuant to the bill, data on infection rates for the major site categories that define facility-associated infection locations, multiple infections, and device-related and non-device related infections, as selected by the commissioner in consultation with the Quality Improvement Advisory Committee.
- The information reported pursuant to the bill is to be transmitted in such a manner as to not include identifying information about patients.

- The commissioner is to promptly advise an ambulatory care facility in the event that the commissioner determines, based on information reported by the facility, that a change in facility practices or policy is necessary to improve performance in the prevention of facility-associated infection and quality of care provided at the facility.
- The commissioner is to make the reported information available to members of the public, on the official DHSS Internet website, in such a format as the commissioner deems appropriate to enable comparison among ambulatory care facilities with respect to the information.
- In order to effectuate the purposes of the bill, the commissioner, in consultation with the Quality Improvement Advisory Committee, will, by regulation: establish standard methods for identifying and reporting facility-associated infections; identify the major site categories for which infections are to be reported, taking into account the categories most likely to improve the delivery and outcome of health care in the State; and specify the methodology for presenting the data to the public, including procedures to adjust for differences in case mix and severity of infections among facilities.
- The substitute takes effect on the first day of the 18th month next following the date of enactment.

The substitute is identical to Senate Bill No. 2312 (2R) ACA (Gordon/T. Kean), which the committee also reported on this date.