

**S 278: An Act Relating to Regulation of Ambulatory Surgical Centers
Comments from the Green Mountain Surgery Center**

Section	Comments
<p>Section 1: Licensing</p>	<p>See GMSC Proposal</p>
<p>Section 2: GMCB Fee</p> <p>This section proposes to have ASCs pay for 5% of the Green Mountain Care Board's budget.</p>	<p>This is punitive to ASCs based on their tiny size (2 centers, less than \$10 million combined revenue) and very limited oversight required.</p> <p>Suggest DELETING.</p>
<p>Section 3: GMCB Review of ASC budgets</p> <p>This section establishes Green Mountain Care Board's duty to review ASC budgets.</p>	<p>This is unnecessary as ASCs have very restricted operations (outpatient procedures not requiring hospitalization only) and average ASC budget will be less than 1/20th the size of average hospital budget. ASC's small revenues are too volatile to make target setting worthwhile; e.g., if one doctor retires, budget plummets. This places very large and unnecessary administrative cost burden on the two small ASCs in the state.</p> <p>Suggest DELETING.</p>
<p>Section 4: ASC Definition</p>	<p>See GMSC Proposal</p>
<p>Section 5: Health Resource Allocation Plan</p> <p>This section requires the Green Mountain Care Board to submit a 4-year Health Resource Allocation plan.</p>	<p>ACCEPTABLE See GMSC Proposal</p>

<p>Section 6: Public Participation and Strategic Planning</p> <p>This section mandates that ASCs produce their own community health needs assessments.</p>	<p>We suggest language be changed to say that ASCs must <i>participate in</i> the community health needs assessment process undertaken by their local nonprofit hospital. See GMSC Proposal</p>
<p>Section 7: Hospital and ASCs Community Reports</p> <p>This section amends the law governing state reporting requirements for hospitals regarding quality measures, infections control, patient safety, staffing levels, four-year capital expenditure plans, and depreciation schedules</p>	<p>See GMSC Proposal</p>
<p>Section 8: Uniform Provider Credentialing</p> <p>This section updates the law requiring that insurers and hospitals <u>and ASCs</u> use a standard uniform provider credentialing form provided by the VT Department of Health</p>	<p>ACCEPTABLE – See GMSC Proposal</p>
<p>Section 9 and 10: VPQHC and Health Care Advocate Fees</p> <p>Imposes fees/billback that ASCs must pay 5% of expenses to VPQHC support section 7 requirements</p>	<p>Minimal data coming from ASCs beyond federally reported data, only outpatient surgical volumes. No new report cards necessary, link to federal report cards for ASCs is sufficient. Given minimal data beyond what is already reported and the size of the centers this is fee is outsized and onerous.</p> <p>Given the limited size, operations and budget it is not anticipated that there will be significant work for the Health Care Advocate’s office related to the two small ACS and this fee is outsized and onerous.</p> <p>Suggest DELETING.</p>

<p>Section 11: Hospital and ASC Budget Review</p> <p>This section revises the law governing Green Mountain Care Board's Review of hospital budgets to fully include ASCs in all aspects of budget review.</p>	<p>This is unnecessary as ASCs have very restricted operations (outpatient procedures not requiring hospitalization only) and average ASC budget will be less than 1/20th the size of average hospital budget. ASC's small revenues are too volatile to make target setting worthwhile; e.g., if one doctor retires, budget plummets. This places very large and unnecessary administrative cost burden on the two small ASCs in the state.</p> <p>Suggest DELETING.</p>
<p>Section 12: Ambulatory Surgical Center Assessment</p> <p>This section proposes to impose a 6% of revenue Provider Tax on ASCs beginning July 1, 2019.</p>	<p>This section is not necessary because</p> <ul style="list-style-type: none"> - ASCs already pay Property Tax, Income Taxes, and Sales Taxes, whereas other nonprofit healthcare providers do not. - Hospitals effectively get paid back a portion of the Provider tax through Medicaid DSH payments. No DSH payments for ASCs - Certain ASCs, such as the Eye Surgery Center, see predominantly Medicare patients and have very limited Medicaid payments because Medicaid population (children/young women) generally do not require cataract surgery - Only a handful of other states tax ASCs (and even those at generally lower rates than hospitals -- 1-2%) - ASCs serve the public good already by accepting <u>much lower</u> prices for services from public and private payers than other providers <p>Suggest DELETING.</p>