

# STATE OF NEW YORK

---

6802

2021-2022 Regular Sessions

## IN SENATE

May 18, 2021

---

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to convening an office-based surgery workgroup to make recommendations regarding appropriate reforms or policy changes necessary and in the best interest of the public

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section  
2 230-f to read as follows:

3 § 230-f. Office-based surgery workgroup. 1. An office-based surgery  
4 workgroup shall be convened and shall consist of nine members appointed  
5 by the governor. Two members shall be appointed on the recommendation of  
6 the speaker of the assembly and two members shall be appointed on the  
7 recommendation of the temporary president of the senate and shall  
8 consist of two representatives of the office-based surgery industry, one  
9 representative of health plans, one representative of the accreditation  
10 agencies, one representative of a statewide society representing physi-  
11 cians and two consumers and shall be co-chaired by the superintendent of  
12 financial services and the commissioner. Such representatives of the  
13 workgroup must represent different regions of the state. The members  
14 shall receive no compensation for their services but shall be allowed  
15 their actual and necessary expenses incurred in the performance of their  
16 duties.

17 2. The workgroup shall review the history of office-based surgery  
18 since enactment of accreditation requirements for office-based surgery  
19 entities pursuant to section two hundred thirty-d of this title and any  
20 impacts including trends, upwards or downwards, in size, specialty and  
21 geographic distribution of office-based surgery practices and compar-  
22 isons with other out-patient surgical settings especially related to  
23 patient access, safety and rates of reimbursement paid by health plans.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD01613-01-1

1 Based on this review, such workgroup shall make recommendations regard-  
2 ing appropriate reforms or policy changes necessary and in the best  
3 interest of the public and considering the following factors:

4 (a) current scientific or medical research directly examining office-  
5 based surgery and patient outcomes;

6 (b) trends in access to out-patient surgical care;

7 (c) trends in reimbursement rates for out-patient surgical care across  
8 all settings and the actual costs of out-patient surgical care;

9 (d) regional differences regarding access and costs;

10 (e) the impact rates of reimbursement across settings have on consum-  
11 ers who access out-patient surgery services;

12 (f) the impact rates of reimbursement across settings have on health  
13 plan premium costs;

14 (g) patient claims data from all health plans both public and private  
15 as well as charge data from medical professionals and hospitals avail-  
16 able through the all payer database and office-based surgery related  
17 data required pursuant to section two hundred thirty-d of this title;  
18 and

19 (h) other issues deemed appropriate by members of the workgroup and  
20 either the superintendent of financial services or the commissioner.

21 3. The workgroup shall review the availability of out-patient surgery  
22 services in terms of patient access and cost by region of the state and  
23 make recommendations taking into consideration the following factors:

24 (a) the extent to which office-based surgery is available in each  
25 region in this state;

26 (b) the extent to which and diversity of specialties in office-based  
27 surgery is available in every region in this state, including the most  
28 common specialties and subspecialty services; and

29 (c) other issues deemed appropriate by the members of the workgroup  
30 and either the superintendent of financial services or the commissioner.

31 4. The workgroup shall report its findings and make recommendations  
32 for legislation and regulations to the governor, the speaker of the  
33 assembly, the senate majority leader, the chairs of the insurance and  
34 health committees in both the assembly and the senate, and the super-  
35 intendent of financial services no later than April first, two thousand  
36 twenty-two.

37 § 2. This act shall take effect immediately.