

House File 2324 - Introduced

HOUSE FILE 2324
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 589)

A BILL FOR

- 1 An Act relating to ambulatory surgical centers.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 10A.711, subsection 2, Code 2024, is
2 amended to read as follows:

3 2. *"Ambulatory surgical center"* means ~~ambulatory surgical~~
4 ~~center as defined in [section 135R.1](#)~~ a distinct facility that
5 operates primarily for the purpose of providing surgical
6 services to patients not requiring hospitalization and in which
7 the expected duration of services does not exceed twenty-four
8 hours following an admission. *"Ambulatory surgical center"*
9 includes a facility certified or seeking certification as an
10 ambulatory surgical center under the federal Medicare program
11 or under the medical assistance program established pursuant
12 to chapter 249A. *"Ambulatory surgical center"* does not include
13 the individual or group practice office of a private physician,
14 podiatrist, or dentist who there engages in the lawful practice
15 of surgery, or the portion of a licensed hospital designated
16 for outpatient surgical treatment.

17 Sec. 2. Section 10A.713, subsection 2, Code 2024, is amended
18 by adding the following new paragraph:

19 NEW PARAGRAPH. *g.* Cosmetic, reconstructive, or plastic
20 surgery services provided in an ambulatory surgical center
21 licensed under chapter 135R.

22 Sec. 3. Section 135R.3, subsection 1, Code 2024, is amended
23 to read as follows:

24 1. An applicant for an ambulatory surgical center license
25 shall submit an application to the department. Applications
26 shall be upon such forms and shall include such information
27 as the department may reasonably require, which may include
28 affirmative evidence of the ability to comply with reasonable
29 rules and standards prescribed under [this chapter](#) but which
30 shall not exceed either the requirements for applications
31 required by Medicare, or an accreditation standard for the
32 joint commission, the American association for accreditation of
33 ambulatory surgical facilities, the accreditation association
34 for ambulatory health care, or an accrediting organization with
35 deeming authority authorized by the centers for Medicare and

1 Medicaid services of the United States department of health and
2 human services.

3 Sec. 4. Section 135R.4, subsection 1, Code 2024, is amended
4 to read as follows:

5 1. The department, with the advice and approval of the
6 council on health and human services, shall adopt rules
7 specifying the standards for ambulatory surgical centers to be
8 licensed under this chapter. The rules shall be consistent
9 with and shall not exceed the requirements of this chapter and
10 the conditions for coverage in the federal Medicare program
11 for ambulatory surgical centers under 42 C.F.R. pt. 416,
12 or an accreditation standard for the joint commission, the
13 American association for accreditation of ambulatory surgical
14 facilities, the accreditation association for ambulatory health
15 care, or an accrediting organization with deeming authority
16 authorized by the centers for Medicare and Medicaid services of
17 the United States department of health and human services.

18 Sec. 5. Section 135R.5, subsection 2, Code 2024, is amended
19 to read as follows:

20 2. The department shall recognize, in lieu of its own
21 licensure inspection, the comparable inspection and inspection
22 findings of a Medicare conditions for coverage survey completed
23 by the department or an accrediting organization survey from an
24 accrediting organization with deeming authority authorized by
25 the centers for Medicare and Medicaid services of the United
26 States department of health and human services. An ambulatory
27 surgical center utilizing an accrediting organization survey
28 to satisfy the requirements of this section shall submit an
29 accreditation certificate to the department within thirty days
30 of completion of each accrediting organization survey.

31 EXPLANATION

32 The inclusion of this explanation does not constitute agreement with
33 the explanation's substance by the members of the general assembly.

34 This bill relates to ambulatory surgical centers (ASCs).

35 The bill defines "ambulatory surgical center" differently

1 for the purposes of Code chapter 10A (department of
2 inspections, appeals, and licensing) relative to the health
3 facilities council and certificate of need as compared with
4 Code chapter 135R (ambulatory surgical centers). Under Code
5 section 10A.711, "ambulatory surgical center" does not include
6 the individual or group practice office of a private physician,
7 podiatrist, or dentist who there engages in the lawful practice
8 of surgery, or the portion of a licensed hospital designated
9 for outpatient surgical treatment. Under Code section 135R.1,
10 "ambulatory surgical center" does not include the individual or
11 group practice office of a private physician, podiatrist, or
12 dentist who there engages in the lawful practice of surgery,
13 not including cosmetic, reconstructive, or plastic surgery, or
14 the portion of a licensed hospital designated for outpatient
15 surgical treatment.

16 The bill also exempts from the applicability of certificate
17 of need requirements, cosmetic, reconstructive, or plastic
18 surgery services provided in an ambulatory surgical center as
19 defined in Code section 135R.1, and as licensed pursuant to
20 Code chapter 135R.

21 The bill amends Code section 135R.3(1) and Code section
22 135R.4(1) to provide that the application requirements for an
23 ASC license and the rules adopted specifying standards for an
24 ASC shall not exceed, as applicable, either the requirements
25 for applications or the conditions for coverage required
26 by Medicare, or an accreditation standard for the joint
27 commission, the American association for accreditation of
28 ambulatory surgical facilities, the accreditation association
29 for ambulatory health care, or an accrediting organization with
30 deeming authority authorized by the centers for Medicare and
31 Medicaid services (CMS) of the United States department of
32 health and human services.

33 Code section 135R.5(2) provides that the department of
34 inspections, appeals, and licensing (DIAL) shall recognize, in
35 lieu of its own licensure inspection, the comparable inspection

1 and inspections findings of a Medicare conditions survey
2 completed by DIAL or an accrediting organization with deeming
3 authority authorized by CMS. The bill provides instead that
4 DIAL shall recognize the comparable inspection and inspections
5 findings of a Medicare conditions survey completed by DIAL
6 or an accrediting organization survey from an accrediting
7 organization with deeming authority authorized by CMS. An ASC
8 utilizing an accrediting organization survey as specified shall
9 submit an accreditation certificate to DIAL within 30 days of
10 completion of each accrediting organization survey.