

ENGROSSED HOUSE
BILL NO. 2452

By: Paulk of the House

and

Robinson of the Senate

(public health and safety - written verification -
amending 63 O.S., Section 2657 - ambulatory surgical
centers - codification - effective date)

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-702b of Title 63, unless there is created a duplication in numbering, reads as follows:

Any hospital or abortion facility which has not submitted a letter of intent to construct to the State Commissioner of Health prior to November 1, 1998, shall be required to provide and shall annually furnish written verification to the State Commissioner of Health that at least forty-five percent (45%) of its gross revenues are from Medicare, Medicaid, or both. The State Board of Health may suspend or revoke the license of any hospital that does not meet the minimum percent requirements of this section or does not file the annual verification as required by the provisions of this section.

SECTION 2. AMENDATORY 63 O.S. 1991, Section 2657, as amended by Section 2, Chapter 356, O.S.L. 1992 (63 O.S. Supp. 1997, Section 2657), is amended to read as follows:

Section 2657. As used in Section 2657 et seq. of this act ~~act~~ title, unless the context clearly indicates otherwise:

1. "Ambulatory surgical center" means ~~an~~ any public or private establishment with an organized medical staff of physicians, with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures, and with continuous physician services ~~available on call~~, and registered professional nursing services ~~available on site~~, whenever a patient is in the facility, and which ~~provides~~ does not provide services or other accommodations for patients to ~~recover for a period not to exceed~~ twenty-three (23) hours after surgery stay overnight. An ambulatory surgical center operating prior to the effective date of this act shall be exempt from the provisions of this section. Any center which has not submitted a letter of intent to construct to the State Commissioner of Health prior to November 1, 1998, shall be required to provide and shall annually furnish written verification to the State Commissioner of Health that at least forty-five percent (45%) of its gross revenues are from Medicare, Medicaid, or both. The State Board of Health may suspend or revoke the license of any hospital that does not meet the minimum percent requirements of this paragraph or does not file the annual verification as required by the provisions of this paragraph;

2. "Commissioner" means the State Commissioner of Health;

3. "Governmental unit" means any city, county or other political subdivision of this state, or any department, division, board or other agency of any political subdivision of this state; and

4. "Person" means any individual, firm, partnership, corporation, company or association and the legal successors thereof.

SECTION 3. This act shall become effective November 1, 1998.

Passed the House of Representatives the 11th day of March, 1998.

Speaker

of the House of
Representatives

Passed the Senate the ____ day of _____, 1998.

President

of the Senate