OHCA Summary of CON States' Outpatient Surgical Facilities Statutes, Standards and Guidelines*

State	Main Approach	Additional Info
Alaska	General review standards must be met first then the service-specific review standards are evaluated for general surgery services. • Determine caseload by using the official state projected population in the fifth (5th) year following implementation of the project. • Multiplying by the general surgery rate (defined as the average no. of surgery cases provided over the preceding three years per 1,000 persons.) • Determine number of ORS required to meet projected demand. ORs required is the projected number of surgery cases divided by the target use rate for ORS defined as 900 surgical procedures per OR for inpatients and outpatient use and 1,200 surgical procedures per OR for dedicated outpatient use. • Determine the unmet net, if any.	Does not apply to open-heart; surgery suites dedicated to birth-related surgeries; or surgery suites dedicated to LASIK or other eye surgery.
Georgia	Has an official state component plan adopted by the State Health Strategies Council and approved by the Board of Community Health and implemented by the State. • Planning areas that are fixed sub-state regions for reviewable services as defined in the State Health Component Plan for Ambulatory Surgery Services. • Assumes 250 operating room days per OR per year with 5 patients per room and 80% utilization (1,000 patients). • Ambulatory surgery patients pro-rata portion of hospital-shared ORs is 90 min., and inpatient patients are 145 min.	Minimum 3 ORs for a proposed multi-specialty OSF. Minimum 2 ORs for single-specialty OSF. May allow an exception for an atypical barrier to ambulatory surgery services based on cost, quality, financial access, or geographic accessibility with the Applicant having the burden of proof.
Kentucky	Overall IP and OP surgical utilization in hospitals and OSFs is 85% (determined by the Kentucky Annual Ambulatory Surgical Services Report and the Kentucky Annual Hospital Utilization and Services Report.) • Planning area = county of the proposal and all contiguous counties. • IP uses 2.0 hours with cleanup. • OP uses 1.2 hours with cleanup. • Potential 2,205 surgical hours per year. • Must be located within 20 minute normal driving time of an acute care hospital and have a transfer agreement.	If the OSF will be specific to a type of procedure the following conditions must be met: documentation that patients are not rec'ing the specific type of procedures (by Procedure Code) proposed; an explanation of why the unmet need for the specific type of procedure has not been reasonably addressed by providers in the planning area.

OHCA Summary of CON States' Outpatient Surgical Facilities Statutes, Standards and Guidelines*

<table>
<tr><th>State</th><th>Main Approach</th><th>Additional Info</th></tr>
<tr><td>Maryland</td><td>Expects a high degree of utilization as productivity and efficiency levels are directly related to cost.
Uses 255 days per year, eight hours per day for full operating room capacity.
Average case time 85 mins. (55 for surgery, 30 for clean-up).
General-purpose OR optimal capacity is 80% equaling 1,152 cases per year.
Mixed-use (IP and OP) or special-purpose) is 576 cases per year.
Mixed-use and special purpose is 288 per year.
Preference to the ASC that provides the greater number of surgical specialties or the one that will serve a larger proportion of charity care and Medicaid patients.
Existing facilities wanting to expand must document that its ORs, in the last 12 months operated at the optimal capacity and current surgical capacity cannot adequately accommodate the existing or projected volume.
For new facilities, each applicant must demonstrate, on the basis of the documented caseload of the surgeons expected to have privileges at the facility, that by the end of the 2nd full year of operations the facility can draw sufficient patients to utilize the optimal capacity of the proposed number of ORs.</td><td>Defines service area are the contiguous area comprised of the postal zip code areas from which the first 85% of the hospital's discharged patients originated from during the most recent 12 month period.
Unstaffed ORs are considered available for ambulatory surgery and are included in the inventory and in the measure of capacity. (Does not include delivery rooms for C-sections or treatment rooms or rooms designated for "minor surgery".)
Applicant identifies its proposed service area that must be con-sistent with its proposed location.
Must have a charity care policy, transfer agreement.</td></tr>
<tr><td>Michigan</td><td>Uses the number of ORs and verifiable data to determine number of surgical cases, hours of use, or both, as applicable. Same as some other states also has population requirements.
Requires compliance with CON minimum volume requirements.
Each proposed OR shall perform an average of at least 1,128 surgical cases per year per year operating room in the second 12 months of operation, and annually thereafter.
Same as some other states also has population requirements.</td><td>To add an OR to a hospital each ORs must do 979 surgical cases, 1,400 hours of use per year, all proposed ORs are projected to perform an average of at least 839 cases and 1,200 hours of use.
Endoscopy rooms are not defined as "operating rooms".</td></tr>
</table>

OHCA Summary of CON States' Outpatient Surgical Facilities Statutes, Standards and Guidelines*

State	Main Approach	Additional Info
Mississippi	Uses ASC Planning Areas where each is calculated independently. There are 9 in the state and each facility service area is approx. 60,000 in population. • Normal driving time of 30 minutes or 25 miles whichever is greater for patients • Must be a stable or increasing population. • Must be within a 15 minutes of an acute care hospital. • Minimum 2 ORs. • Must provide indigent care. • Must demonstrate ability to perform 1,000 per OR. • Applicant must prove the need for additional ORs in the area. • Must provide full range of surgical services in general surgery. • Must be economically viable within 2 years. • Medical staff must live with 25 miles of the facility.	For multi-specialty OSF 1,000 surgeries required based on 5 per OR per day 5 days a week and 50 weeks per year. With 80% utilization. Must consider current utilization of existing providers. Optimum capacity per OR is 800, 4 per day, 5days/wk., 50 wks. /yr. at 80% to expend or establish an additional facility must prove 800 per OR in the last 12 months. For Hospital-based given preference over detached or freestanding unless application can show a cost savings with new construction and meets substantially all other criteria.
New Hamp-shire	• Applicant defines the proposed service area with town name and zip code. • Applicant reports surgical specialties will be provided. • Must address physicians' ability to access resources which allow them to perform health care services or obtain admitting privileges at an existing OSF or hospital OP ORs and include correspondence from physicians intending to refer patients to the proposed facility. • To the extent possible, Applicant must provide a statistical report in the application which shows how the project is projected to affect health care services in the proposed service area in terms of utilization, patient charges, market share, physician referral patterns, and personnel resources. • Acute care hospital must be within 30 minutes travel time.	Applicants must document the projected patient volume for each service to be offered at the proposed facility and include the average number of cases for a 12-month period, the length of turnover time between cases, and the percentage of available OR time utilized on an annual basis.

OHCA Summary of CON States' Outpatient Surgical Facilities Statutes, Standards and Guidelines*

<table>
<tr><th>State</th><th>Main Approach</th><th>Additional Info</th></tr>
<tr><td>West Virginia</td><td>All certificate of need applicants must demonstrate, with specificity, that there is an unmet need for the proposed ambulatory care services. The Health Care Cost Review Authority provides each applicant with a current inventory of OSFs and ORs. Facilities that would duplicate existing underutilized facility capacity are may lead to increases in total cost of health care to the community may be denied.
Must meet 40 hr. utilization minimum for new ORs at an existing facility, and a 36 hr. minimum for replaced or renovation of existing ORs.
For existing facilities, applicant must submit reliable, probative, and substantial evidence that it not practical for the existing ORs at the facility to be utilized to achieve the required patient surgical requirements.
Additional ORs may not be added unless all existing comparable ORs at the facility are utilized on average for surgery at least 40 hrs. per week, including billable hours and reasonable turn-around time, based on the most recent 12 month study period for which data is available.
Requires that hospital-based dependent facilities have at least 4 ORs.
Freestanding OSFs must have at least four (4) ORs.
Private office practices are CON reviewable if there are two or more ORs and general, epidural, or spinal anesthesia is provided and there will be a facility fee.</td><td>States uses a calculation based on national surgical rates per 1,000 population as well as West Virginia state rates, service area rates, range of lowest use multiplied by .40 and highest use multiplied by .60. (Assumes 40% to 60% of all surgeries performed in hospitals are appropriate for ambulatory surgery.)

1,200 procedures per year are necessary to justify one ambulatory surgical ORs (Source Hospital Survey Committee of Philadelphia) and uses a National surgical use rate of 110.5/1,000 persons (Source: AMA)</td></tr>
</table>

* Some states may not be implementing the indicated guidelines or standards. The information provided is for discussion purposes on what other states have used in the past or may be currently using.