

§§4,5 -  
C.45:9-22.5a &  
45:9-22.5b  
§6 - Note to §1  
§7 - Note to  
§§1-5

P.L. 2009, CHAPTER 24, *approved March 21, 2009*  
Senate Substitute for  
Senate Substitute for  
Senate, No. 787

1 AN ACT concerning ambulatory surgical facilities, amending  
2 P.L.1971, c.136, and amending and supplementing P.L. 1989,  
3 c.19.  
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:  
7

8 1. Section 12 of P.L.1971, c.136 (C.26:2H-12) is amended to  
9 read as follows:

10 12. a. No health care service or health care facility shall be  
11 operated unless it shall: (1) possess a valid license issued pursuant  
12 to this act, which license shall specify the kind or kinds of health  
13 care services the facility is authorized to provide; (2) establish and  
14 maintain a uniform system of cost accounting approved by the  
15 commissioner; (3) establish and maintain a uniform system of  
16 reports and audits meeting the requirements of the commissioner;  
17 (4) prepare and review annually a long range plan for the provision  
18 of health care services; and (5) establish and maintain a centralized,  
19 coordinated system of discharge planning which assures every  
20 patient a planned program of continuing care and which meets the  
21 requirements of the commissioner which requirements shall, where  
22 feasible, equal or exceed those standards and regulations  
23 established by the federal government for all federally-funded  
24 health care facilities but shall not require any person who is not in  
25 receipt of State or federal assistance to be discharged against his  
26 will.

27 b. (1) Application for a license for a health care service or health  
28 care facility shall be made upon forms prescribed by the  
29 department. The department shall charge a single, nonrefundable  
30 fee for the filing of an application for and issuance of a license and  
31 a single, nonrefundable fee for any renewal thereof, and a single,  
32 nonrefundable fee for a biennial inspection of the facility, as it shall  
33 from time to time fix in rules or regulations; provided, however,  
34 that no such licensing fee shall exceed \$10,000 in the case of a

**EXPLANATION** – Matter enclosed in bold-faced brackets **[thus]** in the above bill is  
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 hospital and \$4,000 in the case of any other health care facility for  
2 all services provided by the hospital or other health care facility,  
3 and no such inspection fee shall exceed \$5,000 in the case of a  
4 hospital and \$2,000 in the case of any other health care facility for  
5 all services provided by the hospital or other health care facility.  
6 No inspection fee shall be charged for inspections other than  
7 biennial inspections. The application shall contain the name of the  
8 health care facility, the kind or kinds of health care service to be  
9 provided, the location and physical description of the institution,  
10 and such other information as the department may require. (2) A  
11 license shall be issued by the department upon its findings that the  
12 premises, equipment, personnel, including principals and  
13 management, finances, rules and bylaws, and standards of health  
14 care service are fit and adequate and there is reasonable assurance  
15 the health care facility will be operated in the manner required by  
16 this act and rules and regulations thereunder.

17 c. (Deleted by amendment, P.L.1998, c.43).

18 d. The commissioner may amend a facility's license to reduce  
19 that facility's licensed bed capacity to reflect actual utilization at the  
20 facility if the commissioner determines that 10 or more licensed  
21 beds in the health care facility have not been used for at least the  
22 last two succeeding years. For the purposes of this subsection, the  
23 commissioner may retroactively review utilization at a facility for a  
24 two-year period beginning on January 1, 1990.

25 e. If a prospective applicant for licensure for a health care  
26 service or facility that is not subject to certificate of need review  
27 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) so requests, the  
28 department shall provide the prospective applicant with a pre-  
29 licensure consultation. The purpose of the consultation is to  
30 provide the prospective applicant with information and guidance on  
31 rules, regulations, standards and procedures appropriate and  
32 applicable to the licensure process. The department shall conduct  
33 the consultation within 60 days of the request of the prospective  
34 applicant.

35 f. Notwithstanding the provisions of any other law to the  
36 contrary, an entity that provides magnetic resonance imaging or  
37 computerized axial tomography services shall be required to obtain  
38 a license from the department to operate those services prior to  
39 commencement of services, except that a physician who is  
40 operating such services on the effective date of P.L.2004, c.54 shall  
41 have one year from the effective date of P.L.2004, c.54 to obtain the  
42 license.

43 g. (1) Notwithstanding the provisions of any other law to the  
44 contrary, an entity that operates a surgical practice on the effective  
45 date of this section of P.L. , c. (pending before the Legislature as  
46 this bill), as defined in this subsection, shall be required to register

1 with the department within one year of the effective date of P.L. ,  
2 c. .

3 (2) An entity that has not commenced operation as a surgical  
4 practice on the effective date of this section of P.L. , c. (pending  
5 before the Legislature as this bill), but has filed or files before the  
6 180th day after the effective date of this section of P.L. , c. its  
7 plans, specifications, and required documents with the municipality  
8 in which the surgical practice will be located, shall register with the  
9 department prior to the commencement of services.

10 (3) As a condition of registration with the department, a surgical  
11 practice shall be required to obtain certification by the Centers for  
12 Medicare and Medicaid Services as an ambulatory surgery center  
13 provider or obtain ambulatory care accreditation from an  
14 accrediting body recognized by the Centers for Medicare and  
15 Medicaid Services.

16 (4) As a condition of registration with the department, a surgical  
17 practice shall be required to report the following information  
18 annually: the number of patients served by payment source,  
19 including the number of Medicaid-eligible and medically indigent  
20 persons served; the number of new patients accepted; and the  
21 number of physicians, physician assistants, and advance practice  
22 nurses providing professional services at the surgical practice.

23 (5) As used in this subsection and subsection i. of this section,  
24 “surgical practice” means a structure or suite of rooms that has the  
25 following characteristics:

26 (a) has no more than one room dedicated for use as an operating  
27 room which is specifically equipped to perform surgery, and is  
28 designed and constructed to accommodate invasive diagnostic and  
29 surgical procedures;

30 (b) has one or more post-anesthesia care units or a dedicated  
31 recovery area where the patient may be closely monitored and  
32 observed until discharged; and

33 (c) is established by a physician, physician professional  
34 association surgical practice, or other professional practice form  
35 specified by the State Board of Medical Examiners pursuant to  
36 regulation solely for the physician’s, association’s or other  
37 professional entity’s private medical practice.

38 “Surgical practice” includes an unlicensed entity that is certified  
39 by the Centers for Medicare and Medicaid Services as an  
40 ambulatory surgery center provider.

41 (6) Nothing in this subsection shall be construed to limit the  
42 State Board of Medical Examiners from establishing standards of  
43 care with respect to the practice of medicine.

44 h. An ambulatory care facility licensed to provide surgical and  
45 related services shall be required to obtain ambulatory care  
46 accreditation from an accrediting body recognized by the Centers

1 for Medicare and Medicaid Services as a condition of licensure by  
2 the department.

3 An ambulatory care facility that is licensed to provide surgical  
4 and related services on the effective date of this section of P.L. , c.  
5 (pending before the Legislature as this bill) shall have one year  
6 from the effective date of this section of P.L. , c. to obtain  
7 ambulatory care accreditation.

8 i. Beginning on the effective date of this section of P.L. , c.  
9 (pending before the Legislature as this bill), the department shall  
10 not issue a new registration to a surgical practice or a new license to  
11 an ambulatory care facility to provide surgical and related services  
12 unless:

13 (1) in the case of a registered surgical practice or licensed facility  
14 in which a transfer of ownership of the practice or facility is  
15 proposed, the commissioner reviews the qualifications of the new  
16 owner or owners and approves the transfer;

17 (2) (a) except as provided in subparagraph (b) of this paragraph,  
18 in the case of a registered surgical practice or licensed facility for  
19 which a relocation of the practice or facility is proposed, the  
20 relocation is within 20 miles of the practice's or facility's current  
21 location or the relocation is to a "Health Enterprise Zone"  
22 designated pursuant to section 1 of P.L.2004, c.139 (C.54A:3-7),  
23 there is no expansion in the scope of services provided at the new  
24 location from that of the current location, and the commissioner  
25 reviews and approves the relocation; or

26 (b) in the case of a licensed facility described in paragraphs (5)  
27 or (6) of this subsection for which a relocation of the facility is  
28 proposed, the commissioner reviews and approves the relocation;

29 (3) the entity is a surgical practice required to be registered  
30 pursuant to paragraph (1) of subsection g. of this section and meets  
31 the requirements of that subsection;

32 (4) the entity has filed its plans, specifications, and required  
33 documents with the Health Care Plan Review Unit of the  
34 Department of Community Affairs or the municipality in which the  
35 surgical practice or facility will be located, as applicable, on or  
36 before the 180th day following the effective date of this section of  
37 P.L. , c. ;

38 (5) the facility is owned jointly by a general hospital in this State  
39 and one or more other parties; or

40 (6) the facility is owned by a hospital or medical school.

41 (j) (1) The department shall require an applicant for registration  
42 as a surgical practice, as provided in subsection g. of this section, to  
43 submit an application for registration in a form and manner  
44 prescribed by the department. The applicant shall submit the name  
45 and address of the surgical practice that is to be registered, the name  
46 of the chief administrator or designated agent of the practice, the  
47 names and addresses of all owners of the practice, the scope of

1 services provided at the practice, proof of certification by the  
2 Centers for Medicare and Medicaid Services or accreditation from  
3 an accrediting body recognized by the Centers for Medicare and  
4 Medicaid Services, and such other information as the commissioner  
5 deems necessary and as provided by regulation.

6 (2) The registration shall be valid for a one-year period and may  
7 be renewed upon submission to the department of an application for  
8 renewal.

9 (3) The commissioner may suspend, revoke, or deny a  
10 registration if the registrant or applicant, as applicable, is not in  
11 compliance with the requirements of this section.

12 (4) No registered surgical practice shall be owned, managed, or  
13 operated by any person convicted of a crime relating adversely to  
14 the person's capability of owning, managing, or operating the  
15 practice.

16 (5) The department may charge a reasonable fee for filing an  
17 application for registration and for each renewal thereof.

18 (cf: P.L. 2004, c.54, s.4)

19

20 2. Section 2 of P.L.1989, c.19 (C.45:9-22.5) is amended to read  
21 as follows:

22 a. A practitioner shall not refer a patient or direct an employee  
23 of the practitioner to refer a patient to a health care service in which  
24 the practitioner, or the practitioner's immediate family, or the  
25 practitioner in combination with the practitioner's immediate family  
26 has a significant beneficial interest; except that, in the case of a  
27 practitioner, a practitioner's immediate family or a practitioner in  
28 combination with the practitioner's immediate family who had the  
29 significant beneficial interest prior to the effective date of P.L.1991,  
30 c.187 (C.26:2H-18.24 et al.), and in the case of a significant  
31 beneficial interest in a health care service that provides lithotripsy  
32 or radiation therapy pursuant to an oncological protocol that was  
33 held prior to the effective date of this section of P.L. , c. (pending  
34 before the Legislature as this bill), the practitioner may continue to  
35 refer a patient or direct an employee to do so if that practitioner  
36 discloses the significant beneficial interest to the patient.

37 b. If a practitioner is permitted to refer a patient to a health care  
38 service pursuant to **[subsection a. of]** this section, the practitioner  
39 shall provide the patient with a written disclosure form, prepared  
40 pursuant to section 3 of P.L.1989, c.19 (C.45:9-22.6), and post a  
41 copy of this disclosure form in a conspicuous public place in the  
42 practitioner's office.

43 c. The restrictions on referral of patients established in this  
44 section shall not apply to:

45 (1) **[a health care service that is provided at the practitioner's**  
46 **medical office and for which the patient is billed directly by the**  
47 **practitioner; and]** medical treatment or a procedure that is provided

1 at the practitioner's medical office and for which a bill is issued  
2 directly in the name of the practitioner or the practitioner's medical  
3 office;

4 (2) **【radiation therapy pursuant to an oncological protocol,**  
5 **lithotripsy and】 renal dialysis; and**

6 (3) ambulatory surgery or procedures requiring anesthesia  
7 performed at a surgical practice registered with the Department of  
8 Health and Senior Services pursuant to subsection g. of section 12  
9 of P.L.1971, c.136 (C.26:2H-12) or at an ambulatory care facility  
10 licensed by the Department of Health and Senior Services to  
11 perform surgical and related services, if the following conditions  
12 are met:

13 (a) the practitioner who provided the referral personally performs  
14 the procedure;

15 (b) the practitioner's remuneration as an owner of or investor in  
16 the practice or facility is directly proportional to his ownership  
17 interest and not to the volume of patients the practitioner refers to  
18 the practice or facility;

19 (c) all clinically-related decisions at a facility owned in part by  
20 non-practitioners are made by practitioners and are in the best  
21 interests of the patient; and

22 (d) disclosure of the referring practitioner's significant beneficial  
23 interest in the practice or facility is made to the patient in writing, at  
24 or prior to the time that the referral is made, consistent with the  
25 provisions of section 3 of P.L.1989, c.19 (C.45:9-22.6).

26 (cf: P.L.1991, c.187, s.47)

27

28 3. Section 3 of P.L.1989, c.19 (C.45:9-22.6) is amended to read  
29 as follows:

30 3. The written disclosure form required pursuant to section 2 of  
31 **【this act】 P.L.1989, c.19 (C.45:9-22.5)** shall be **【in the following**  
32 **form:**

33 Public law of the State of New Jersey mandates that a physician,  
34 chiropractor or podiatrist inform his patients of any significant  
35 financial interest he may have in a health care service.

36 Accordingly, I wish to inform you that I do have a financial  
37 interest in the following health care service(s) to which I refer my  
38 patients:

39 (list applicable health care services)

40 You may, of course, seek treatment at a health care service  
41 provider of your own choice. A listing of alternative health care  
42 service providers can be found in the classified section of your  
43 telephone directory under the appropriate heading**】 prescribed by**  
44 regulation of the State Board of Medical Examiners. In addition to  
45 such other information as the board determines necessary, the  
46 disclosure shall inform the patient whether any services or facility  
47 fees associated with the referral will be considered to be, and

1 reimbursed at, an “out-of-network” level by the patient’s insurance  
2 carrier or other third party payer.

3 (cf: P.L. 1989, c.19, s. 3)

4

5 4. (New Section) a. A referral for ambulatory surgery or a  
6 procedure requiring anesthesia made prior to the effective date of  
7 this section of P.L. , c. (pending before the Legislature as this bill)  
8 by a practitioner to a surgical practice or ambulatory care facility  
9 licensed by the Department of Health and Senior Services to  
10 perform surgical and related services shall be deemed to comply  
11 with the provisions of section 2 of P.L.1989, c.19 (C.45:9-22.5) if  
12 the practitioner personally performed the procedure that is the  
13 subject of the referral.

14 b. As used in this section, “surgical practice” means a structure  
15 or suite of rooms that has the following characteristics:

16 (1) has no more than one room dedicated for use as an operating  
17 room which is specifically equipped to perform surgery, and is  
18 designed and constructed to accommodate invasive diagnostic and  
19 surgical procedures;

20 (2) has one or more post-anesthesia care units or a dedicated  
21 recovery area where the patient may be closely monitored and  
22 observed until discharged; and

23 (3) is established by a physician, physician professional  
24 association surgical practice, or other professional practice form  
25 specified by the State Board of Medical Examiners pursuant to  
26 N.J.A.C.13:35-6.16(f) solely for the physician’s, association’s or  
27 other professional entity’s private medical practice.

28 “Surgical practice” includes an unlicensed entity that is certified  
29 by the Centers for Medicare and Medicaid Services as an  
30 ambulatory surgery center provider.

31

32 5. (New section) a. A referral made during the first 12 months  
33 after the effective date of this section of P.L. , c. (pending before  
34 the Legislature as this bill) to a surgical practice or an ambulatory  
35 care facility licensed by the Department of Health and Senior  
36 Services to perform surgical and related services, shall be deemed  
37 to comply with the provisions of section 2 of P.L.1989, c.19  
38 (C.45:9-22.5) if:

39 (1) the practitioner who makes the referral also personally  
40 performs the procedure; and

41 (2) disclosure of the referring practitioner’s significant beneficial  
42 interest in the surgical practice or licensed ambulatory care facility  
43 is made to the patient in writing, at or prior to the time that the  
44 referral is made, consistent with the provisions of section 3 of  
45 P.L.1989, c.19 (C.45:9-22.6).

46 b. As used in this section, “surgical practice” means a structure  
47 or suite of rooms that has the following characteristics:

1 (1) has no more than one room dedicated for use as an operating  
2 room which is specifically equipped to perform surgery, and is  
3 designed and constructed to accommodate invasive diagnostic and  
4 surgical procedures;

5 (2) has one or more post-anesthesia care units or a dedicated  
6 recovery area where the patient may be closely monitored and  
7 observed until discharged; and

8 (3) is established by a physician, physician professional  
9 association surgical practice, or other professional practice form  
10 specified by the State Board of Medical Examiners pursuant to  
11 N.J.A.C.13:35-6.16(f) solely for the physician's, association's or  
12 other professional entity's private medical practice.

13 "Surgical practice" includes an unlicensed entity that is certified  
14 by the Centers for Medicare and Medicaid Services as an  
15 ambulatory surgery center provider.

16

17 6. The Commissioner of Health and Senior Services shall adopt  
18 rules and regulations, pursuant to the "Administrative Procedure  
19 Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to carry out the  
20 provisions of section 1 of this act, including prescribing the  
21 application form and process to register with the department as a  
22 surgical practice and the information that shall be reported to the  
23 department pursuant to paragraph (4) of subsection g. of section 12  
24 of P.L.1971, c.136 (C.26:2H-12).

25

26 7. This act shall take effect immediately, except that section 2  
27 shall take effect on the first day of the 12th month after the date of  
28 enactment, and section 5 shall expire on the first day of the 12th  
29 month after the date of enactment.

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#### STATEMENT

33

34 This substitute seeks to establish standardized requirements for  
35 health care facilities in the State that provide ambulatory surgery  
36 and related procedures, to enhance quality of care and patient  
37 safety, to address the economic disadvantage that hospitals face  
38 with the proliferation of free-standing ambulatory surgical facilities  
39 throughout the State, and to ensure that patients receiving care at  
40 such facilities are adequately informed as to whether they will be  
41 responsible for out-of-network cost sharing. Accordingly, the  
42 substitute: (1) requires that single operating-room surgical facilities  
43 register with the Department of Health and Senior Services (DHSS)  
44 and report certain information to DHSS; (2) limits the issuance of  
45 new registrations for surgical practices and licenses for ambulatory  
46 care facilities in the State; and (3) revises the law pertaining to  
47 patient referrals to health care services in which health care

1 practitioners or their immediate families have a significant  
2 beneficial interest.

3 Specifically, the substitute provides as follows:

- 4 • A surgical practice operating on the effective date of the  
5 substitute shall register annually with DHSS. The initial  
6 registration shall be within one year of the date of enactment  
7 of the substitute. In addition, as a condition of registration  
8 with DHSS, surgical practices shall obtain certification by  
9 the Centers for Medicare and Medicaid Services (CMS) or  
10 accreditation from an accrediting body recognized by CMS,  
11 and comply with certain annual reporting requirements  
12 concerning utilization and staffing. The substitute also  
13 specifies the information that shall be submitted to the  
14 department by an applicant for registration. The substitute  
15 provides that its provisions shall not be construed to limit  
16 the State Board of Medical Examiners from establishing  
17 standards of care with respect to the practice of medicine.
- 18 • A surgical practice is defined as a structure or suite of rooms  
19 that:
  - 20 -- has no more than one room dedicated for use as an  
21 operating room which is specifically equipped to perform  
22 surgery, and is designed and constructed to accommodate  
23 invasive diagnostic and surgical procedures;
  - 24 -- has one or more post-anesthesia care units or a dedicated  
25 recovery area where the patient may be closely monitored  
26 and observed until discharged; and
  - 27 -- is established by a physician, physician professional  
28 association surgical practice, or other professional practice  
29 form specified by the State Board of Medical Examiners  
30 solely for the physician's, association's, or other  
31 professional entity's private medical practice.
- 32 • As a condition of DHSS licensure, ambulatory care facilities  
33 shall obtain ambulatory care accreditation from an  
34 accrediting body recognized by CMS. Facilities shall have  
35 one year from the date of enactment of the substitute to  
36 comply with the requirement to obtain accreditation.
- 37 • As of the date of enactment of the substitute, DHSS shall not  
38 issue a new registration to a surgical practice or a new  
39 license to an ambulatory care facility to provide surgical and  
40 related services unless:
  - 41 -- in the case of a registered surgical practice or licensed  
42 facility in which a transfer of ownership of the practice or  
43 facility is proposed, the commissioner reviews the  
44 qualifications of the new owner or owners and approves the  
45 transfer;
  - 46 -- except as provided below, in the case of a registered  
47 surgical practice or licensed facility for which a relocation of

- 1 the practice or facility is proposed, the relocation is within  
2 20 miles of the practice's or facility's current location or is  
3 to a State-designated "Health Enterprise Zone," there is no  
4 expansion in the scope of services provided at the new  
5 location from that of the current location, and the  
6 commissioner reviews and approves the relocation. In the  
7 case of a licensed facility owned jointly by a general hospital  
8 in the State and other parties, or owned by a hospital or  
9 medical school for which a relocation of the facility is  
10 proposed, the commissioner reviews and approves the  
11 relocation;
- 12 -- the entity is a surgical practice required to be registered,  
13 and otherwise meets the requirements of the substitute;
  - 14 -- the entity has filed, on or before the 180th day following  
15 the effective date of the substitute, its plans, specifications,  
16 and required documents with the Health Care Plan Review  
17 Unit of the Department of Community Affairs or the  
18 municipality in which the facility or surgical practice will be  
19 located, as applicable;
  - 20 -- the facility is owned jointly by a general hospital in this  
21 State and one or more other parties; or
  - 22 -- the facility is owned by a hospital or medical school.
- 23 • Effective one year after the date of enactment of the  
24 substitute, practitioner self-referrals to a health care service  
25 that provides lithotripsy or radiation therapy pursuant to an  
26 oncological protocol in which the practitioner, the  
27 practitioner's immediate family, or the practitioner in  
28 combination with practitioner's immediate family has a  
29 significant beneficial interest for health care services will be  
30 prohibited; however, practitioners who held significant  
31 beneficial interests in such health care services before the  
32 effective date are permitted to continue referring patients to  
33 those services, provided they comply with the substitute's  
34 disclosure requirements.
  - 35 • The substitute provides an exemption for referrals for  
36 ambulatory surgery and procedures requiring anesthesia  
37 performed at a registered surgical practice or at a licensed  
38 ambulatory care facility if the following conditions are met:
    - 39 -- the practitioner who provides the referral also personally  
40 performs the procedure;
    - 41 -- the practitioner's remuneration as an owner of or investor  
42 in the practice or facility is directly proportional to his  
43 ownership interest and not to the volume of patients the  
44 practitioner refers to the practice or facility;
    - 45 -- all clinically-related decisions at a facility owned in part  
46 by non-practitioners are made by practitioners and are in the  
47 best interests of the patient; and

- 1 -- disclosure of the referring practitioner’s significant  
2 beneficial interest in the practice or facility is made to the  
3 patient in writing, at or prior to the time that the referral is  
4 made.
- 5 • The provisions of this substitute concerning patient referrals  
6 for ambulatory surgery performed in a facility in which a  
7 practitioner or a member of the practitioner’s immediate  
8 family has a significant beneficial interest are not intended  
9 to limit referrals between practitioners of a medical office  
10 that are made for the benefit and in the best interests of the  
11 patient.
  - 12 • The substitute amends section 3 of P.L.1989, c.19 (C.45:9-  
13 22.6) to provide that the State Board of Medical Examiners  
14 shall prescribe the information which must be disclosed to  
15 patients (rather than specifying in the statute the exact  
16 language of the disclosure), although the substitute specifies  
17 that the disclosure must include whether any services or  
18 facility fees associated with a referral will be considered to  
19 be, and reimbursed at, an “out-of-network” level by the  
20 patient’s insurance carrier or other third party payer.
  - 21 • The substitute takes effect immediately, but provides a 12-  
22 month transition period for: (1) surgical practices to meet the  
23 requirements for DHSS registration, including obtaining  
24 CMS certification or accreditation from an accrediting body  
25 recognized by CMS, and (2) licensed facilities to obtain  
26 accreditation from an accrediting body recognized by CMS.  
27 Referrals for health care services in which a practitioner has  
28 a beneficial interest made before and during the 12 months  
29 after the date of enactment of the substitute shall be deemed  
30 to comply with the substitute if the referring practitioner also  
31 performs the procedure, and for referrals made during the  
32 one-year period after the date of enactment of the substitute,  
33 if the practitioner also discloses any significant beneficial  
34 interest he may have in the health care service.

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40 Requires single operating-room facilities to register with DHSS,  
41 permits practitioners to refer patients to ambulatory surgery  
42 facilities in which practitioners have financial interest under certain  
43 circumstances.