

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
AL Rules	CHAPTER 540-X-10. OFFICE-BASED SURGERY. 540-X-10-.01. Preamble. 540-X-10-.02. Definitions--Levels Of Anesthesia. 540-X-10-.03. Standards For Each Level Of Anesthesia--Preoperative Assessment. 540-X-10-.04. Standards For Office-Based Procedures--Local Anesthesia. 540-X-10-.05. Standards For Office-Based Procedures--Minimal Sedation. 540-X-10-.06. Standards For Office-Based Procedures--Moderate Sedation/Analgesia. 540-X-10-.07. Standards For Office-Based Procedures--Deep Sedation/Analgesia. 540-X-10-.09. Recovery Area And Assessment For Discharge With Moderate And Deep Sedation/General Anesthesia--Monitoring Requirement. 540-X-10-.10. Reporting Requirement. 540-X-10-.11. Registration Of Office-Based Surgery/Procedures Physician. 540-X-10-.12. Penalty.	Effective November 2003, the Alabama State Board of Medical Examiners adopted rules on office-based surgery. The rules require physicians who maintain office-based surgical practices to register with the Board. The rules define levels of anesthesia and provide standards for its administration. The rules list requirements for the office setting, including equipment and supplies; medical record maintenance and security; reporting of specific events; emergency and transfer planning; and quality improvement measures.
AK	-	-
AZ-M Rules Statutes	ARTICLE 7. OFFICE-BASED SURGERY USING SEDATION. R4-16-701. Health Care Institution License R4-16-702. Administrative Provisions R4-16-703. Procedure and Patient Selection R4-16-705. Perioperative Period; Patient Discharge R4-16-706. Emergency Drugs; Equipment and Space Used for Office-Based Surgery Using Sedation R4-16-707. Emergency and Transfer Provisions Ariz. Rev. Stat. § 32-1401(20). (Defines office-based surgery) § 36-402. (Generally exempts physician offices and clinics from registration as health care institutions under certain conditions)	Effective January 8, 2008, Arizona Medical Board rules require physicians who use general anesthesia in their office or other outpatient setting to obtain a health care institution license. Administrative provisions require written policies and procedures on patient's rights, informed consent, emergency care, and transfer of patients. Gives guidelines on staff member assistants' qualifications, space and equipment, sedation monitoring standards, and requires physician to be physically present in the room where surgery is performed.
AZ-O	-	-
AR	-	-
CA-M Statutes	Cal. Bus. & Prof. Code Article 11.5. SURGERY IN CERTAIN OUTPATIENT SETTINGS. § 2215. Findings and intent § 2216. Procedures prohibited in outpatient setting § 2216.1. Unprofessional conduct; minimum number of staff persons; licensure	California passed enabling legislation in 1999 to improve patient protection during surgeries and procedures performed in out-of-hospital settings. The basic provisions apply to all outpatient surgery settings whether they are licensed surgical clinics, certified ambulatory surgical

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
	<p>§ 2216.2. Failure to provide adequate security by liability insurance § 2217. Adoption of regulations ... § 2240. Scheduled medical procedure outside general acute care hospital resulting in death or transfer to emergency center; written report; contents</p> <p>Cal. Health & Safety Code Chapter 1.3. OUTPATIENT SETTINGS. § 1248. Definitions § 1248.1. Operation and maintenance of outpatient setting; restrictions § 1248.15. Standards for accreditation; approval of accreditation agencies; certification programs; minimum standards; additional standards § 1248.2. Certificate of accreditation; application; issuance; list of accredited, certified, and licensed outpatient settings; notification to public upon inquiry § 1248.25. Denial of accreditation; reapplication § 1248.3. Validity of certificates of accreditation; change in ownership; notification; disclosure of information obtained in performance of accreditation activities § 1248.35. Inspection of outpatient settings; noncompliance with standards; reprimand, probation, suspension or revocation; notice; inspections by division § 1248.4. Accreditation agencies operating on or before Jan. 1, 1995; temporary certificates of approval; list of certificated settings; approval for accreditation; criteria; notification of revocation of certificate; expiration of certification; renewal § 1248.5. Performance evaluations § 1248.55. Failure to meet criteria; termination of approval § 1248.6. Fees § 1248.65. Violations; unprofessional conduct § 1248.7. Injunctions; requirements for proceedings § 1248.75. Injunctions; notification of deficiencies in compliance and of regulations; plan of correction; inspection; corrective action § 1248.8. Willful violations; punishment; considerations § 1248.85. Additional standards, procedures, and fees established by accreditation agency</p>	<p>centers, or physicians' offices and whether or not they are accredited by the state as an outpatient surgery facility. The Act requires reporting of procedures performed in outpatient settings that result in death or transfer to a hospital or emergency center for a period exceeding 24 hours to be reported to the Board. The legislation prescribes minimum staffing requirements and requires physicians to have adequate liability insurance. Outpatient settings are required to post their certificate of accreditation in a visible location. Oversight is through the Medical Board of California.</p>
CA-O	-	-
CO	Policy Statement 40-12. Office-Based Surgery and Anesthesia.	In November 2001, the Colorado Board of Medical Examiners adopted a policy statement concerning office-based surgery and anesthesia. The policy identifies the

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
Policy Statement		roles and responsibilities of physicians providing or overseeing surgical and/or anesthesia services. It does not apply to minor surgical procedures and specifies what procedures should not be performed in an office setting. It addresses liposuction procedures. The policy recommends that a surgeon have staff privileges at a licensed hospital to perform any procedure performed in an office and that there be written transfer agreements in place for emergency purposes. It includes guidelines for medical records and supervision of qualified anesthesia providers.
CT Statutes	<p>§ 19A-691. Anesthesia accreditation.</p> <p>§ 19A-493b. Definition of outpatient surgical facility. Licensure and exceptions. Compliance with certificate of need requirements. Dental clinics not subject to section. Waiver of certain licensure regulation requirements.</p> <p>§ 19A-490m. Development of surgery protocols by hospitals and outpatient surgical facilities.</p>	<p>Effective July 2001, the State of Connecticut requires facilities operated by a licensed health care practitioner, using certain designated levels of anesthesia, to be accredited by: The Medicare program; the Accreditation Association for Ambulatory Health Care; the American Association for Accreditation of Ambulatory Surgery Facilities, Inc.; or the Joint Commission on Accreditation of Healthcare Organizations.</p> <p>Includes any entity other than a hospital providing surgical services or diagnostic procedures for human healthcare utilizing designated levels of anesthesia. Excludes physicians' practices provided it: (1) Has no operating room or designated surgical area; (2) bills no facility fees to third party payers; (3) administers no deep sedation or general anesthesia; (4) performs only minor surgical procedures incidental to the work performed in said medical office of the physician or physicians that own and operate such medical office; and (5) uses only light or moderate sedation or analgesia in connection with such incidental minor surgical procedures.</p> <p>Requires each hospital and outpatient surgical facility to develop protocols for accurate identification procedures.</p>
DE	-	-

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
DC Advisory	Guidelines for Office-Based Anesthesia	The D.C. Board of Medicine issued an advisory in April 2000 that the Board would follow guidelines issued by the American Society of Anesthesiologists in assessing whether an acceptable standard of care had been met in cases involving office-based anesthesia. Those guidelines address requirements for a medical director and standards for operating room personnel; facility standards; minimum equipment standards; standards for clinical and preoperative care; and a protocol for emergencies and timely transfer of patients in emergency situations. (ID #4095)
FL-M Rules	64B8-9.009. Standard of Care for Office Surgery. 64B8-9.0091. Requirement for Physician Office Registration; Inspection or Accreditation. 64B8-9.0092. Approval of Physician Office Accrediting Organizations.	In March 2002, the Board adopted Standards of Care for Office Surgery. The rule defines office surgery and levels of surgery and sets out general requirements for office surgery, including: examination and evaluation of the patient; written informed consent from the patient; and maintaining a log of surgical procedures. The rule adopts the “Standards of the American Society of Anesthesiologists for Basic Anesthetic Monitoring” and specifies requirements and qualifications for anesthesia providers. The rule specifies the training required for surgeons, equipment and supplies required in the office setting, and requirements for transfer agreements and emergency protocols. The requirements for surgeons and anesthesia and the surgical setting vary according to the level of the surgery.
FL-O Rules	64B15-14.007. Standard of Care for Office Surgery.	The rule defines office surgery and levels of surgery and sets out general requirements for office surgery, including: examination and evaluation of the patient, written informed consent from the patient, and maintaining a log of surgical procedures. The rule adopts the “Standards of the American Society of Anesthesiologist for Basic Anesthetic Monitoring” and specifies requirements and qualifications for anesthesia providers. The rules specifies the training required for surgeons, equipment and supplies required in

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
		the office setting, and requirements for transfer agreements and emergency protocols. The requirements for surgeons and anesthesia and the surgical setting vary according to the level of the surgery.
GA	-	-
GU	-	-
HI	-	-
ID	-	-
IL	1285.340 Anesthesia Services in an Office Setting.	In April 2002, the Illinois Department of Professional Regulation adopted rules relating to physician supervision of CRNAs that require the supervising physician or anesthesiologist to be physically present and available on the premises during the delivery of anesthesia services. When anesthesia services are provided in an office setting, the operating physician must have training and experience in the delivery of anesthesia services in order to administer anesthesia or supervise the administration by a CRNA. The rule specifies training and experience requirements. When anesthesia is being administered in an office setting, the operating physician or anesthesiologist, or CRNA, must have documented current Advanced Cardiac Life Support (ACLS) certification. The rule also specifies what procedures are not required to comply with the rule.
IN	<p>Rules</p> <p>RULE 5. STANDARDS FOR PROCEDURES PERFORMED IN OFFICE-BASED SETTINGS THAT REQUIRE MODERATE SEDATION/ANALGESIA, DEEP SEDATION/ANALGESIA, GENERAL ANESTHESIA, OR REGIONAL ANESTHESIA.</p> <p>5-5-1 Purpose</p> <p>5-5-2 Application of rule</p> <p>5-5-3 "Accreditation agency" defined</p> <p>5-5-4 "American Society of Anesthesiologists (ASA) Physical Status Classification System" defined</p> <p>5-5-5 "Anesthesia" defined</p> <p>5-5-6 "Deep sedation/analgesia" defined</p> <p>5-5-7 "General anesthesia" defined</p> <p>5-5-8 "Health care provider" defined</p>	Rules include requirement that practitioner who performs procedures using anesthesia or one directing administration of anesthesia in an office-based setting have admitting privileges at a nearby hospital, a transfer agreement with another practitioner who has admitting privileges at a nearby hospital, or an emergency transfer agreement with a nearby hospital; ensure that a patient's informed consent is obtained in writing before the procedure is performed; show competency by maintaining privileges at an accredited or licensed hospital or ambulatory surgical center; have agreement with local emergency medical service (EMS) for transfer of patients to the hospital in case

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
	5-5-9 "Immediate presence" defined 5-5-10 "Local anesthesia" defined 5-5-11 "Minimal sedation/anoxiolysis" defined 5-5-12 "Moderate sedation/analgesia" defined 5-5-13 "Office-based setting" defined 5-5-14 "Practitioner" defined 5-5-15 "Regional anesthesia" defined 5-5-16 "Rescue" defined 5-5-17 "Superficial nerve block" defined 5-5-18 "Topical anesthesia" defined 5-5-19 Standards for procedures performed in office-based settings 5-5-20 Accreditation required 5-5-21 Approval of accreditation agencies; requirements 5-5-22 Practitioners requirements	of an emergency, as well as written procedures for peer review.
IA	-	-
KS Rules	ARTICLE 25. OFFICE REQUIREMENTS. 100-25-1 Definitions. 100-25-2 General requirements. 100-25-3 Requirements for office-based surgery and special procedures. 100-25-4 Office-based surgery and special procedures using general anesthesia or a spinal or epidural block. 100-25-5 Standard of care.	Effective August 2005, rules provide requirements for general direct patient care in addition to requirements for office-based surgery and special procedures. Defines levels of anesthesia and other relevant terms. Office-based surgery rules address personnel, equipment, administration of anesthesia, and administrative policies and procedures. Standard of care established by regulations of Article 25.
KY Policy Statement/ Guidelines	Guidelines for Office based Surgery	The Board adopted guidelines in December 2003, which differentiate between Level I, Level II, and Level III offices based on the types of procedures performed and associated levels of sedation or anesthesia required for such procedures; Level II and III facilities should be accredited by recognized authority. Office administration provisions encourage development and implementation of policies and procedures on emergency care and transfer planning, medical record maintenance and security, infection control, performance improvement, reporting of adverse incidents and compliance with federal and state laws and regulations. Standards for office procedures address training required, equipment and supplies availability, and the assistance of

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
		other personnel, while standards on patient admission and discharge outline criteria for patient selection, informed consent, preoperative assessment, discharge evaluation and patient instructions.
LA Rules	CHAPTER 73. OFFICE-BASED SURGERY SUBCHAPTER A. GENERAL PROVISIONS. s 7301.Scope of Chapters s 7303.Definitions s 7305.Exemptions s 7307.Prohibitions s 7309.Prerequisite Conditions s 7311.Administration of Anesthesia s 7313.Reports to the Boards s 7315.Effect of Violations	In February 2001, the Board appointed a Committee on Office-based surgery which subsequently proposed rules on office-based surgery that were approved and published in December 2003. The rules require physicians performing office-based surgery to have current staff privileges at a hospital located within a reasonable proximity in addition to admitting privileges; have achieved board certification from a member board of the ABMS in a specialty that encompasses the procedure performed in the office; current ACLS certification or evidence of training in advanced cardiac life support or pediatric advanced life support; and have a current valid license. Procedures must be of the nature that allows a patient to be discharged from the facility on the same day as the procedure. The anesthesia provider must be physically present throughout the surgery. The rules also address monitoring equipment and facility requirements. Emergency and transfer policies must be in place and posted at each telephone. The rule includes specific requirements for anesthesia administration and monitoring. Physicians performing office-based surgery are required to report specific incidents to the Board within 15 days. Failure to comply with the rule is deemed unprofessional conduct.
ME-M	-	-
ME-O	-	-
MD	-	-
MA Policy	Office-Based Surgery Guidelines	The Board endorsed the Massachusetts Medical Society's Office-Based Surgery Guidelines in December 2000 and in September 2004. The guidelines focus on surgical procedures in non-hospital settings that require anesthesia

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
Statement/ Guidelines		or sedation. The guidelines propose minimum standards for three classifications of office settings based on the level of anesthesia and the complexity of the surgery. The guidelines reference ASA guidelines for office-based surgery in regard to anesthesia. The guidelines address patient admission and discharge; office administration, including plans for emergency care and transfers to hospitals if needed; handling of medical records; documentation and administration of anesthesia; infection control policies; performance measurement; reporting of adverse incidents; compliance with federal and state regulations; and the patient's bill of rights. They also address credentialing of practitioners; training of other health care personnel; facility accreditation; and minimum standards for equipment and supplies.
MI-M	-	-
MI-O	-	-
MN	-	-
Rules	50 013 001. Chapter 15. Office Based Surgery.	The MS Board adopted rules and regulations pertaining to office-based surgery in June 2002. An office-based surgery procedure is designated as Level I, II, or III with associated requirements related to scope of permitted procedures to be performed; level of anesthesia required; training for health care personnel; and equipment and supplies. The rules apply to the practice of medicine, osteopathic medicine and podiatry and specify general requirements for office surgery that include sterilization procedures; maintenance of medical records; a log of all Level II and Level III surgical procedures; specific requirements for liposuction; a policy and procedures manual; reporting the occurrence of certain surgical events to the Board of Medicine; and a written response plan for emergencies.
MO	-	-
MT	-	-

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
NE	-	
NV-M	-	-
NV-O	-	-
NH	-	-
NJ Rules	<p>SUBCHAPTER 4A. SURGERY, SPECIAL PROCEDURES, AND ANESTHESIA SERVICES PERFORMED IN AN OFFICE SETTING</p> <p>13:35-4A.1 Purpose</p> <p>13:35-4A.2 Scope</p> <p>13:35-4A.3 Definitions</p> <p>13:35-4A.4 Policies and procedures requirements</p> <p>13:35-4A.5 Duty to report incidents related to surgery, special procedures or anesthesia in an office</p> <p>13:35-4A.6 Standards for performing surgery and special procedures in an office; privileges necessary; pre-procedure counseling; patient records; recovery ...</p> <p>13:35-4A.7 Standards for administering or supervising the administration of anesthesia services in an office; pre-anesthesia counseling; patient ...</p> <p>13:35-4A.8 Performance of general anesthesia; authorized personnel</p> <p>13:35-4A.9 Administration of regional anesthesia; authorized personnel</p> <p>13:35-4A.10 Administration of conscious sedation; authorized personnel</p> <p>13:35-4A.11 Administration of minor conduction blocks; authorized personnel</p> <p>13:35-4A.12 Alternative privileging procedure</p> <p>13:35-4A.13 Requirements for anesthetizing locations; emergency equipment and supplies</p> <p>13:35-4A.14 Requirements for anesthetizing locations; safety systems, monitoring devices</p> <p>13:35-4A.15 Equipment requirements for recovery areas</p> <p>13:35-4A.16 Maintenance requirements</p> <p>13:35-4A.17 Compliance timetables</p> <p>13:35-4A.18 Enforcement</p>	<p>In June 1998, the NJ medical board promulgated rules relating to “Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting.” The rules establish policies and procedures and staff and equipment requirements for practitioners and physicians who perform surgery (other than minor surgery), special procedures and administer anesthesia services in an office setting. Practitioners who perform such services must establish written policies and procedures on:</p> <ul style="list-style-type: none"> • specific surgical or special procedures which may be performed in the office; • specific anesthesia services which may be performed in the office; • responsibilities of health care personnel; • emergency equipment, supplies, maintenance and infection control practices; • procedures to be followed if a patient requires transport for emergency services; • procedures to be followed when a procedure must be terminated due to equipment malfunction or other complication; • procedures for in-office recovery • objective criteria for discharging patients; • requirements for medical records; • procedures for follow-up on complications and outcomes. <p>Physicians and anesthesiologists must be credentialed to perform office-based procedures. Physicians are automatically credentialed to perform, in the office, and procedures for which they have privileges in a hospital.</p>

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
		Physicians without hospital privileges must obtain “alternative credentialing” through the medical board. The rules set requirements for pre-procedure counseling. Additionally, a mandatory reporting system was created. Physicians are responsible for reporting any deaths, complications, or adverse events that occur during office-based procedures. Violation of the rules is deemed to be professional misconduct. (N.J.A.C. 13:35-4A)
NM-M	-	-
NM-O	-	-
NY Statutes/ Guidelines	<p>NY Pub. H. Law Sec 230-d. Office-Based Surgery Licensees “who perform invasive or surgical procedures using more than minimal sedation must practice in an accredited setting. The Commissioner of Health designated The Joint Commission, the American Association for the Accreditation of Ambulatory Surgical Facilities (AAAASF) and the Accreditation Association for Ambulatory Health Care (AAAHC) as the organizations which are authorized to perform the accreditation of practices which meet the definition of Office Based Surgery. A licensee who fails to practice in an accredited setting after July 14, 2009 may be guilty of professional misconduct.”</p> <p>NY Pub. H. Law Sec 2998-e Reporting of Adverse Events in Office-Based Surgery</p>	In July 2000, the NY Department of Health and the Public Health Council adopted <i>Clinical Guidelines for Office-Based Surgery</i> . The guidelines are comprehensive and intended to assist practitioners performing office-based surgery in providing high quality and safe care and to provide uniform professional standards for procedures which require anesthesia or sedation in private offices. Included are recommendations for qualifications of practitioners and staff; equipment; facilities, policies, and procedures for patient assessment and monitoring.
NC Position Statement	Office-Based Surgery	The NC Medical Board adopted a position in January 2003 that provides guidelines on office-based surgery. Physicians who perform office-based surgical or special procedures must be credentialed to perform the same surgical or special procedures by a hospital or ACS, or substantially comply with criteria set out by the Board. After one year of operation, any physician who performs Level II or Level III procedures in an office should be able to demonstrate substantial compliance with the guidelines or should obtain accreditation by an approved accreditation agency. Special guidelines are adopted for Level II and Level III surgical or special procedures. Certain complications that occur are required to be reported to the Board.
ND	-	-

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
OH Rules	<p>ANESTHESIA STANDARDS</p> <p>4731-25-01 Definition of terms</p> <p>4731-25-02 General provisions</p> <p>4731-25-03 Standards for surgery using moderate sedation/analgesia</p> <p>4731-25-04 Standards for surgery using anesthesia services</p> <p>4731-25-05 Liposuction in the office setting</p> <p>4731-25-07 Accreditation of office settings</p>	<p>In August 2003, the Board approved administrative rules governing office-based surgery. The rules require office-based surgical settings using moderate sedation/analgesia or anesthesia services to be accredited by JCAHO, AAAHC, AAAASF, AOA or another accrediting agency approved by the Board. The rules designate who may provide anesthesia services in office settings; requirements for education, training and experience; privileges, and/or board certification. The rules specify what patients are candidates for office-based anesthesia services using the ASA physical status classification system; requirements for equipment and supplies; and requirements for monitoring patients. There are specific guidelines for liposuction.</p>
OK-M Guidelines	<p>Guidelines for Office-Based Surgery and Other Invasive Procedures</p>	<p>The Oklahoma State Board of Medicine adopted guidelines in July 2000 for physicians who perform ambulatory surgery and other invasive procedures which require anesthesia or sedation in an office setting. Oklahoma physicians performing office-based surgery are required to address the issues of quality of care, maintenance of the facility and safety, patient and procedure selection, preoperative care, monitoring and equipment, as well as emergencies and transfers.</p>
OK-O	-	-
OR Rules	<p>DIVISION 17. OFFICE-BASED SURGERY OR PROCEDURES.</p> <p>847-017-0000 Preamble</p> <p>847-017-0005 Definitions</p> <p>847-017-0010 Patient Safety</p> <p>847-017-0015 Selection of Procedures and Patients</p> <p>847-017-0020 Patient Medical Records</p> <p>847-017-0025 Discharge Evaluation</p> <p>847-017-0030 Emergency Care and Transfer Protocols</p> <p>847-017-0035 Quality Assessment</p> <p>847-017-0040 Facility Administration and Equipment</p>	<p>Effective in 2006, Medial Board rules specifically acknowledge that Oregon physicians are accountable for the welfare and safety of their patients in providing office-based invasive procedures. Requires facilities in which office-based surgeries or procedures are performed to be accredited by a recognized organization, as well as at least one physician currently certified in advanced resuscitative techniques to be present or immediately available and appropriately equipped until discharge of the patient. Encourages appropriate education and training of those administering sedation or anesthesia, and provides guidelines on selection of procedures and patients, medical</p>

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
		records, discharge evaluation, and emergency care.
PA-M	-	In 1999, Pennsylvania adopted regulations requiring ambulatory surgical facilities to be licensed by the state. The licensure requirements do not apply to individual or group practice offices of private physicians unless the offices have a distinct part used solely for outpatient surgical treatment on a regular and organized basis. Facilities requiring licensure are classified as Class A, B, or C. Class A facilities include private or group practice settings where procedures are limited to those requiring local or topical anesthesia and during which reflexes are not obtunded. Class A facilities are not required to be licensed, but must be accredited by a nationally recognized accrediting agency. All Class B and C facilities, as defined, must be licensed and are required to be inspected annually. Oversight is through the Pennsylvania Department of Health. (28PA Code Ch 551, 553, 555, 557, 559, 561, 563, 565, 567, 569, 571, and 573)
PA-O	-	-
PR	-	-
RI	-	-
SC Rules	81-96. Office-based Surgery.	The South Carolina Board of Medical Examiners adopted Guidelines for Office-based Surgery in October 2001. The guidelines outline requirements for office-based facilities in which surgery will be performed. Offices are classified as Level I, II, or III based upon the complexity of anesthesia and surgical procedures being performed. The guidelines also include standards for patient selection, evaluation and discharge; procedures for emergency transfers and reporting of adverse incidents; requirements for appropriate credentialing of health care practitioners; and standards for anesthesia administration or supervision.
SD	-	-
TN-M	63-6-221. Office-based Surgery.	Authorizes promulgation of office-based surgery rules and lists various provisions related to office-based surgery

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
Statute/ Rules	0880-2-.21. Office Based Surgery.	performed by osteopathic physicians. States that “the Board will always judge the decision to perform surgery in the office setting based upon what was in the patients best interest and through strict application of these rules,” and lists various provisions governing office-based surgery.
TN-O Rules	63-9-117. Office-based Surgery.	Authorizes promulgation of office-based surgery rules and lists various provisions related to office-based surgery performed by osteopathic physicians.
TX Rules	CHAPTER 192. OFFICE-BASED ANESTHESIA SERVICES s 192.1. Definitions s 192.2. Provision of Anesthesia Services in Outpatient Settings s 192.3. Compliance with Office-Based Anesthesia Rules s 192.4. Registrations s 192.5. Inspections s 192.6. Requests for Inspection and Advisory Opinions	Effective September 2000, the Texas Board of Medical Examiners promulgated rules to identify the roles and responsibilities of physicians providing or overseeing anesthesia services in outpatient settings and to provide the minimum acceptable standards for the provision of anesthesia services in outpatient settings. The rules also require physicians who administer anesthesia or perform surgical procedures using anesthesia services in an outpatient setting to register annually with the Board. The rules apply to an outpatient setting that is not part of a hospital or ambulatory surgical center, where general, regional, or monitored anesthesia is administered.
UT-M	-	-
UT-O	-	-
VT-M	-	-
VT-O	-	-
VA	PART VIII. OFFICE-BASED ANESTHESIA 18 VAC 85-20-310. Definitions. 18 VAC 85-20-320. General provisions. 18 VAC 85-20-330. Qualifications of providers. 18 VAC 85-20-340. Procedure/anesthesia selection and patient evaluation. 18 VAC 85-20-350. Informed consent. 18 VAC 85-20-370. Emergency and transfer protocols. 18 VAC 85-20-380. Discharge policies and procedures.	The Virginia Board of Medicine regulations define levels of anesthesia and sedation and related terms, and requires physician administering office-based anesthesia to perform a preanesthetic evaluation and examination, develop an anesthesia plan, obtain informed consent, assess and monitor patient, and remain physically present or immediately available to manage complications and emergencies until discharged.

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

STATE	EXISTING STATUTES/RULES/REGULATIONS	COMMENT
	18 VAC 85-20-390. Reporting requirements.	
VI	-	-
WA-M	MD 2005-01. Clinical Guidelines for Office-Based Surgery.	References the FSMB Model Guidelines for Office-Based Surgery, 2002 adopting three level approach based on levels of sedation, analgesia, and general anesthesia utilized. Defines office-based surgery, physical status of patients based on degree of anesthesia risk, levels of sedation and related terms. Administrative provisions address governance of the facility, national accreditation as evidence of achievement of acceptable standards, emergency care and transfer planning, personnel, credentialing, medical records, patients rights, anesthesia equipment, infection control, data collection, reportable incidents and performance improvement. Clinical and other provisions address patient evaluation and anesthesia administration.
WA-O	-	-
WV-M	-	-
WV-O	-	-
WI	-	-
WY	-	-

ACCREDITATION ORGANIZATIONS	ACCREDITATION PROCESS
AAAASF -- American Association for Accreditation of Ambulatory Surgery Facilities	AAAASF is predominantly an office-practice accrediting organization that mainly accredits plastic surgery facilities. Any facility accredited by the organization must be owned or operated by American Board of Medical Specialties surgeons, who have been board-certified in the procedures they will perform. For all specialties, the physician must have hospital privileges, including transfer privileges, at a nearby facility. He accreditation program addresses the facility layout; patient and personnel records; quality assessment and quality improvement plans; and operating room personnel, equipment, operations, management, and sanitation. Once the inspection is complete, the AAAASF's Operations Committee and BOD issue accreditation, provisional accreditation, or denial of accreditation. The process operates on a three-year cycle. In the intervening years facility directors are required to complete a self-evaluation. Failure to do so voids accreditation.
AAHC – Accreditation Association for	The AAHC accreditation process is similar to that of the AAAASF. Following an initial self-assessment by the facility

OFFICE-BASED SURGERY REGULATION OVERVIEW BY STATE

<p>Ambulatory Health Care</p>	<p>seeking accreditation, practicing professionals conduct an on-site survey of the facility. The AAAHC issues six-month, one-year, and three-year accreditation, depending on the facility’s ability to meet all clinical and administrative aspects of ambulatory health care standards. Accredited facilities are required to meet standards in the following core areas: rights of patients, governance, administration, quality of care and quality improvement, clinical records, and facilities and environment.</p>
<p>JCAHO – Joint Commission on Accreditation of Healthcare Organizations</p>	<p>JCAHO accredits the widest range of health care facilities, including office-based practices, ambulatory care facilities, and hospitals. Professional surveyors, who have completed JCAHO training programs, tour the organization’s facilities, examine all patient care areas, interview staff members and patients, review documents and selected patient records, and, at the conclusion of the survey, issue a preliminary report and accreditation decision to the facility. In conducting its examination, the HCAHO looks at the facility’s safety, security, treatment of hazardous wastes and materials, emergency preparedness, patient safety, equipment condition, and utility systems. The JCAHO’s accreditation process provides the most exposure of the facility to surveyors and also more flexibility in issuing accreditation.</p>