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December 2, 2020

The Honorable Hank Vaupel
Members of the House Health Policy Standing Committee Public Testimony
RE: HB 6325
State Capitol Building
Room 352
Lansing, MI 48933

Dear Chairman Vaupel and Members of the House Health Policy Standing Committee:

The Michigan Chapter of the American College of Cardiology (MCACC) opposes HB 6325 that would exempt certain cardiac catheterization procedures from Michigan Certificate of Need (CON) regulation if they are approved by Center for Medicare and Medicaid Services (CMS) for outpatient payment. The Michigan Chapter recommends that all cardiac catheterization procedures remain regulated by the Michigan CON program to ensure safety and quality.

The CON Review Standards for Cardiac Catheterization Services are currently being updated to allow for these procedures to be performed in Ambulatory Surgery Centers (ASCs). In fact, the CON Commission approved a Standards Advisory Committee (SAC) at their January 30th meeting and a SAC was appointed earlier this year made up of a 2/3 majority experts in this field. The Committee has met monthly since August and just two weeks ago adopted a motion to recommend to the Commission that the CON standards be updated to allow for these procedures in ASCs. The Committee is actively working on the specific provisions to be added to the Standards in order to ensure high quality, safety, and cost savings.

Addressing the CMS 2020 Outpatient Prospective Payment System (OPPS) rule revisions through a SAC will provide an opportunity to set detailed standards for performing these services in a non-hospital setting and retain the quality provisions in place today for these procedures and maintain an even playing field for all settings performing cardiac catheterizations.

The CON review standards contain many provisions for monitoring and improving quality, including a requirement that all facilities participate in the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2). BMC2 coordinates multiple quality improvement initiatives related to PCI across Michigan including peer review, outcomes data and benchmarks and meetings that drive quality and standards within the state. Removing these outpatient procedures from CON regulation could result in a significant decrease in participation and potential adverse impact on quality across the state.

The CMS OPPS rule, would only pay for these procedures to be performed in a hospital or Ambulatory Surgery Center (ASC). In Michigan, in order to obtain ASC certification from CMS, a facility has to be licensed as a Freestanding Surgical Outpatient Facility (FSOF) which requires CON in and of itself. While HB 6325 would exempt these outpatient procedures from CON, it would not eliminate the requirement for cardiologists to obtain CON approval for the FSOF license they will need to obtain CMS certification as an ASC. Allowing the current SAC to address this issue rather than taking legislative action, will result in a comprehensive solution and consistent changes in both sets of standards, as needed.

Continuing to regulate these cardiac catheterization procedures under CON and allowing the CON process to work as designed will ensure that Michigan residents receive the right care, in the right place, at the right time. It is imperative that we support policy that ensures the safety and quality of cardiovascular care for Michigan residents.

Sincerely,

David Wohns, MD, MBA, FACC, FSCAI

President, Michigan Chapter American College of Cardiology

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