



October 14, 2021

Chair Kahle and members of the House Health Policy Committee,

The Michigan Ambulatory Surgery Association (MASA) represents over 60 licensed Ambulatory Surgery Centers (ASCs) in the state of Michigan performing same day surgical procedures that include diagnostic, preventative, and corrective care in a dedicated setting as a safe, convenient, and more efficient alternative to a hospital out-patient department. MASA **SUPPORTS HB 5074-5077** to provide additionally transparency and accountability to the Certificate of Need Commission.

As a facility that provides surgical services, MASA ASC members are required to conform with CON rules and regulations in the same manner as hospital based out-patient surgical departments. However, unlike hospitals, ASCs are small businesses and are often run by a single administrator. This administrator is often responsible with all non-medical functions of the facility including staffing, safety, finance, licensing, and state compliance. While this creates an environment that is both safe and cost effective for patients and payors, it does not allow much time for facilities to navigate or influence the complex bureaucratic process that has become the Certificate of Need program.

Recently, the CON Commission has allowed for cardiac catheterization services to be preformed in the ASC setting almost ten years after CMS originally allowed for certain procedures under this covered service to be reimbursed. The American College of Cardiology also acknowledged the safety of these procedures in the outpatient and ASC setting and in 2019 after a long public debate, CMS expanded the number of current procedure terminology (CPT) codes to include additional corrective CPT codes such as percutaneous coronary interventions. Meanwhile, after the 2018 Standing Advisory Committee (SAC) on cardiac catheterization services, the CON Commission **required** that these services be performed in a hospital setting even though it was allowed to be performed in a hospital out-patient department **without** direct surgical back up. It was only the most recent SAC that included multiple cardiologists that wished to move these procedures to the ASC setting, along with legislation introduced in both legislative chambers, that the Commission reversed course and modified the standards to allow ASCs to perform cardiac catheterization procedures.

Health care delivery changes faster than government can regulate it. Cardiac catheterization is one example but others include the delayed deregulation of dental CT scans by the CON Commission, waivers required for open heart surgery facilities as technology has moved to non-invasive procedures, and the required emergency CON applications for hospitals during the COVID-19 pandemic. While **HBs 5074-5077** will not entirely solve the problem, MASA **SUPPORTS** adding additional transparency and accountability for a governmental body that regulates our industry where we have no representation on the Commission.

Sincerely,

A handwritten signature in black ink that reads "Tina Piotrowski".

Tina Piotrowski, President