



December 2, 2020

Chairman Vaupel 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 6325** to allow for cardiac catheterization procedures that are approved for reimbursement in the ASC setting by the Center for Medicare and Medicaid Services (CMS) to be allowed to be performed in Michigan ASCs.

Historically, Michigan's Certificate of Need (CON) standard for cardiac catheterization services has not allowed these types of procedures to be performed in the out-patient setting. As medical technology and safety have advanced, ASCs in other states have demonstrated that certain cardiac catheterization procedures can be safely and efficiently performed in a stand-alone facility. In 2013, CMS approved reimbursement for several current procedure terminology (CPT) codes that included cardiac catheterization in the ASC setting. This list was expanded in 2019 to include several more interventional codes such as percutaneous coronary interventions.

In 2017-18, during the previous CON Standing Advisory Committee (SAC) that reviewed the Cardiac Catheterization Standard, the CON Commission *explicitly added* the word "hospital" to the standard. That SAC did not include any representation from MASA and the majority of the clinicians on the SAC were hospital based for their primary place of employment. While ASCs are a facility type regulated by CON, there is no representation of the over 120 free-standing outpatient facilities in Michigan on the Commission.

ASCs are licensed facilities by the State of Michigan and are required to be inspected by CMS to receive Medicare and Medicaid reimbursement. Our facilities use the same physicians and equipment that is available in a hospital and are required by state and federal law and rule to have highly trained staff and procedures in place for emergency situations. ASCs are also subject to many of the same quality and clinical outcome reporting requirements for CMS and commercial insurers, such as Hospital Compare.

The industry trend of moving health care procedures to the more cost efficient and patient preferred outpatient setting has occurred across all lines of surgical procedures. COVID-19 has hastened this trend as patients seek alternative sites of care outside of hospitals. ASCs, by definition, are free standing and have been incredibly effective in mitigating the spread of COVID-19 while still performing much needed health care procedures. Michigan law and the CON standards are limiting patient access, choice and affordability by requiring that all cardiac catheterization procedures be performed within a hospital.

MASA urges the House Health Policy Committee to pass HB 6325 and allow for ASCs to perform the same types of cardiac catheterization procedures allowed by the federal CMS and many other states to give Michigan patients access to the most efficient, safe, and affordable health care.

Sincerely,

Andrew Gwinnell, President