

North Carolina State Health Coordinating Council

Public Hearing on the *Proposed 2013 State Medical Facilities Plan*

August 1, 2012

*Presented on behalf of: Johnston Health*

Good afternoon. My name is Ruth Marler, Chief Operating Officer at Johnston Health and I'm here today, along with Dr. Matthew Hook, to speak on behalf of Johnston Health's petition which proposes changes in language for cardiac catheterization services in the *Proposed 2013 State Medical Facilities Plan*. Specifically, Johnston Health is requesting language be included in the 2013 SMFP to enable the Certificate of Need Section to use the temporary rule-making process to eliminate the rule at 10A N.C.A.C. 14C .1604(a), which would resolve the current inequities for providers of cardiac cath services without open heart surgery on site.

The current inequities are simple. For those providers without open heart surgery that acquired cardiac cath equipment prior to 1993, there are *no requirements* that the facility have an open heart surgery service on site. This includes mobile providers as well as fixed units. However, any provider that acquired cardiac cath equipment after the CON law change in 1993 is required by the Certificate of Need regulatory criteria to have an open heart surgery service on site. Furthermore, as Dr. Hook will explain, clinically that requirement is obsolete and no longer recommended practice per the American

College of Cardiology's guidelines. Clearly, no relevant distinctions exist among providers without open heart surgery, except the timing of their cardiac cath equipment purchases. In the *Proposed 2013 SMFP*, there are 35 existing providers of interventional cardiac cath services listed and more than one-third of those providers do not have open heart surgery on site. In addition, mobile cath providers who were "grandfathered in" prior to the law change in 1993, can provide interventional cath procedures with no restrictions and can do so from any location, including those without any hospital emergency facilities like a physician office or outpatient center.

To remedy this inequity, Johnston Health proposes that the SHCC include language in the 2013 SMFP to enable the Certificate of Need Section, through a temporary rule-making process, to eliminate the rule that requires all cardiac cath providers that acquired cardiac equipment after 1993 to have open heart surgery on site. We are not asking for a change in the methodology or a change in policies that would have statewide implications. In fact, approval of the petition would not allocate any additional equipment anywhere in the state, nor would it require hospitals to provide services they do not wish to provide. It simply clarifies that the methodology for cardiac catheterization does not limit a facility's ability to provide interventional cardiac cath procedures, which then creates more

equitable access to interventional cath for all North Carolina residents –access that is consistent with today’s clinical standards.

We believe that the SHCC, as an advisory body to the Governor, is the appropriate body to ensure that all patients have equal access to this important service and that all providers are treated equitably.

Thank you for your attention and your consideration.