

Legislative Analysis



CERTIFICATE OF NEED FOR CARDIAC CATHETERIZATION

Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 6325 as introduced
Sponsor: Rep. Triston Cole
Committee: Health Policy
Complete to 12-2-20

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 6325 would amend the requirement for a certificate of need (CON) for a cardiac catheterization service under the Public Health Code.

Under the code, a CON is issued to authorize the initiation, replacement, or expansion of a covered clinical service, among other things. Covered clinical services includes services such as certain neonatal services, open heart surgery, and certain radiation and surgery services.

Currently, initiation, replacement, or expansion of a “cardiac catheterization” is included as a covered clinical service.

The bill would retain “a cardiac catheterization service” but provide that such a service would not include an outpatient service for which the federal Centers for Medicare and Medicaid Services has approved a current procedural terminology code as an outpatient service.

MCL 333.22203

FISCAL IMPACT:

House Bill 6325 would have fiscal implications for the Department of Health and Human Services (DHHS) health facility regulatory Certificate of Need (CON) program. Under the bill, DHHS costs and related fee revenue would be reduced, as certificates of need would no longer be required for certain new or expanded cardiac catheterization services in ambulatory settings. CON fees are established in statute under MCL 333.20161(3) and are used solely to support the CON program. Current year funding for the CON program is \$2.8 million. According to the FY 2019 CON Annual Report, there are about 60 existing covered cardiac catheterization services and 241 beds regulated under the CON program.

Legislative Analyst: Jenny McInerney
Fiscal Analyst: Susan Frey

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