

Department of Legislative Services
 Maryland General Assembly
 2006 Session

FISCAL AND POLICY NOTE

House Bill 1679 (Delegate Haynes, *et al.*)
 Health and Government Operations

Maryland Health Care Commission - Atlantic C-PORT II Trial: Non-Primary Percutaneous Coronary Intervention Study

This bill requires the Maryland Health Care Commission (MHCC) to grant a waiver from the requirement for on-site cardiac surgery for hospitals participating in the Atlantic C-Port II Trial: Non-Primary Percutaneous Coronary Intervention Study. The waiver must be granted by October 1, 2006. MHCC may not grant a new open heart surgery program to a hospital in the State on or before January 1, 2010. Uncodified language requires MHCC to report to the Governor and specified committees on the findings of the Atlantic C-PORT II Trial by January 1, 2010 as well.

The bill takes effect June 1, 2006 and terminates May 31, 2010.

Fiscal Summary

State Effect: MHCC special fund expenditures and revenues could increase by \$350,000 in fiscal 2010 only to provide the required report. Granting the required waiver could be handled with existing MHCC budgeted resources.

(in dollars)	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
SF Revenue	\$0	\$0	\$0	\$350,000	\$0
SF Expenditure	0	0	0	350,000	0
Net Effect	\$0	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: MHCC must issue a CON before a health care facility may be built, developed, or established in the State. A CON is also required for any capital expenditures to add a new medical service to an existing facility or to change the type or scope of any health service offered by an existing facility. A CON is the primary method for implementing the State Health Plan and is generally required for capital expenditures, additions, or modifications to existing facilities or services, and new services. The basis for approval of a CON is need, as determined in the State Health Plan.

A CON is required to establish an open heart surgery service.

Background: The Atlantic C-PORT II Trial is taking place in other states. MHCC must grant a waiver to permit a Maryland hospital to participate. In 1996, a predecessor agency of MHCC approved a waiver from the requirement for on-site cardiac surgical backup for the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) project to permit a small number of Maryland hospitals to participate in a research study to evaluate the safety and efficacy of providing primary (*i.e.*, emergency) percutaneous coronary intervention (PCI) services in hospitals without on-site cardiac surgery versus thrombolytic therapy for the treatment of acute myocardial infarction.

In 2004, MHCC updated its State Health Plan for cardiac surgery to allow MHCC to also consider a waiver from the requirement for on-site cardiac surgery for a well-designed, peer-reviewed research proposal to study the safety of elective PCI without on-site cardiac surgery. MHCC established a Research Proposal Review Committee with the charge to review and make recommendations on the design and implementation of the proposed research study. The committee reviewed a proposal, nicknamed “Atlantic C-PORT II” and recommended that MHCC not approve it. The proposal was withdrawn before MHCC could act upon it.

State Fiscal Effect: MHCC special fund expenditures could increase by \$350,000 in fiscal 2010 only to hire a consult to analyze the findings of the Atlantic C-PORT II Trial. The report would require statistical analysis, data processing, and related data management and analysis.

MHCC special fund revenues would also increase by the same amount in fiscal 2010. MHCC is specially funded by user fees imposed on payors and providers. As a result of the increased expenditures, MHCC would increase fees by an amount to exactly offset estimated expenditures.

Additional Information

Prior Introductions: None.

Cross File: SB 1027 (Senator Jones, *et al.*) – Finance.

Information Source(s): Department of Health and Mental Hygiene (Maryland Health Care Commission), Department of Legislative Services

Fiscal Note History: First Reader - March 16, 2006
ncs/jr

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