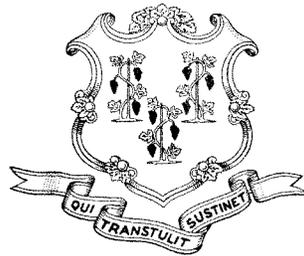


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State of Connecticut

SENATE
11th District

February 20, 2013

Good afternoon Senator Gerratana, Representative Johnson and Members of the Public Health Committee. I would like to express my support for SB 189, AN ACT CONCERNING ELECTIVE ANGIOPLASTY FOR CERTAIN PATIENTS.

The state of Connecticut has a policy based on evidence based medicine that creates two types of certificates of need for cardiac surgery: emergency and elective. A larger number of hospitals are allowed to perform the emergency procedures as the circumstances surrounding these procedures require immediate action to save the life of the patient. However, because there is clear evidence that hospitals that perform more of these procedures have better outcomes, the elective procedures are allowed at fewer hospitals in order to create the high volumes that lead to these better outcomes.

In most cases this policy makes a great deal of sense. However, it has led to an irrational outcome in one situation; I became aware of this reality due to the harrowing experience of a relative who experienced the following scenario.

If a patient experiences myocardial infarction and is taken to a hospital that is approved only for emergency cardiac procedures and during the course of the

procedure on the side of the heart suffering the attack the surgeon observes that the blockage on the other side is nearly as advanced as on the side currently affected, the surgeon cannot treat the unaffected side even if the risk is high that the patient will soon suffer another cardiac event on that side. Thus, under current law, this patient will require two procedures at two hospitals when one visit to the operating room should be sufficient. The surgeon in these cases will perform the procedure on the currently affected side and close the patient up. Then, a couple of days later the patient will be transported from the hospital approved for the emergency procedure to a hospital that is approved for elective cardiac care. Clearly this is an unintended consequence of the policy and subjects patients to unnecessary risk. I urge you to favorably report this legislation which would allow hospitals that are approved only for emergency cardiac procedures also to perform an elective procedure in this limited situation. Thank you for hearing this important legislation.