Ensure Access to Health Care Services

In 2017, *US News & World Report* ranked Iowa #1 in the country for health care affordability and #5 for health care access. Certificate of Need (CON) repeal will reduce access to health care by destabilizing local health care systems. For example, small, rural and safety-net hospitals in particular are vulnerable to the loss of profitable patients to for-profit, out of state, investor-owned organizations that selectively solicit the most profitable services and least complicated patients in the community.

Over the last 40 years, the State Health Facilities Council has considered nearly 1,900 projects, while it has denied fewer than 200 of those projects - only 13 percent of all projects reviewed by the council.

*If Iowa’s community hospitals only care for complicated patients with Medicaid or no insurance, their ability to survive and provide high-quality health care services to all Iowans will be jeopardized.*

Support Rural Communities

Rural Iowa is uniquely susceptible to losing essential health care services. CON criteria and safeguards ensure health care systems are stable and that health care options exist throughout all of Iowa, not just urban Iowa. Criteria under CON statutes require the Health Facilities Council to consider the impact of proposed projects on the accessibility to health services for "persons who live outside metropolitan areas." Iowa Code Section 135.64(1)"d".

*Rural hospitals bolster Iowa’s rural economy, preserving the ability to attract and retain families and high-quality jobs in rural Iowa.*

Promote Quality Health Care Services

In 2017, *US News & World Report* ranked Iowa #9 in the country for health care quality. Iowa’s CON criteria ensure new facilities operate at volumes that are sufficient to provide high quality services (Iowa Code Sections 135.61 to 135.74). CON criteria ensure excess capacity does not lower volumes in a manner that compromises patient safety.

A University of Iowa study found "average hospital volumes in states with no CON were substantially lower [86 percent lower (176 vs. 94 open heart surgery cases per year)]." The same University of Iowa study found in-hospital deaths in states without CON were 18 percent higher than CON states, which equates to seven additional deaths per 1,000 patients undergoing open heart surgery.

*CON criteria result in consideration of the quality services available in the community.*
MYTH: Elimination of CON will result in more competition and reduce health care costs for patients.

FACT: Patients rarely “shop” for health care as they do with other goods and services. Instead, patients make decisions based on physician referral and how much of the cost they pay, which is usually dictated by the patient’s insurance plan. Consequently, traditional notions of supply and demand do not apply.

MYTH: By allowing unrestricted development of health care facilities, Iowans will have improved access to health care services.

FACT: Elimination of CON could actually jeopardize access to health care—especially for rural Iowans and Iowans without commercial insurance. CON provides a check on overbuilding health care facilities that restrict care to only those able to pay. Without CON, profitable services will be stripped out of existing community hospitals, which will jeopardize their ability to survive and to continue caring for all Iowans regardless of ability to pay. Within six years after Ohio greatly limited its CON program, 11 inner-city hospitals and six rural hospitals closed.

MYTH: Elimination of CON will improve health care quality by forcing competition.

FACT: Eliminating CON would diminish quality of care. A proliferation of specialty providers would reduce the number of procedures performed by each provider, which will naturally reduce proficiency and result in quality degradation. In addition, the complexity of health care often makes it difficult for patients to differentiate providers based on quality.

MYTH: CON is inconsistent with new models of payment and accountable care.

FACT: CON stabilizes the provision of healthcare, which allows providers to pursue alternative payment mechanisms. Eliminating CON would destabilize health care, limiting providers’ ability to pursue these payment mechanisms.