

## CERTIFICATE-OF-NEED LAWS



# DISTRICT OF COLUMBIA STATE PROFILE

Certificate-of-need (CON) laws require healthcare providers to obtain permission before they open or expand their practices or purchase certain devices or new technologies. Applicants must prove that the community “needs” the new or expanded service, and existing providers are invited to challenge would-be competitors’ applications. CON laws have persisted in spite of mounting evidence from health economists, regulatory economists, and antitrust lawyers showing that these laws fail to achieve their intended goals. The following charts are based on studies comparing outcomes in states that have CON laws with outcomes in those that do not. These comparisons account for socioeconomic differences and differences in the underlying health of the populations across states. The studies give some insight into what is likely to happen in a District of Columbia without CON laws.



### HEALTHCARE SERVICES THAT REQUIRE A CON IN THE DISTRICT OF COLUMBIA

Acute Hospital Beds	Hospice	Medical Office Buildings	Psychiatric Services
Ambulatory Surgical Centers (ASCs)	Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IDs)	Neonatal Intensive Care	Radiation Therapy
Burn Care	Lithotripsy	Nursing Home Beds/ Long-Term Care Beds	Rehabilitation
Cardiac Catheterization	Long-Term Acute Care (LTAC)	Obstetrics Services	Renal Failure/Dialysis
Computed Tomography (CT) Scanners	Magnetic Resonance Imaging (MRI) Scanners	Open-Heart Surgery	Subacute Services
Gamma Knives		Organ Transplants	Substance/Drug Abuse
Home Health		Positron Emission Tomography (PET) Scanners	Swing Beds
			Ultrasound

# SPENDING

Research finds that CON laws are associated with higher healthcare spending per capita and higher physician spending per capita.

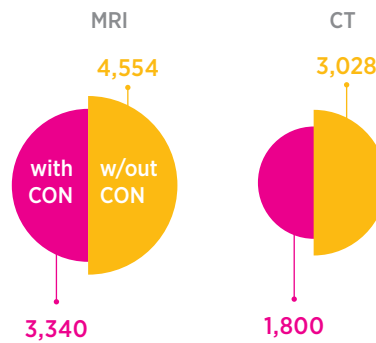
Estimated changes in annual per capita healthcare spending patterns in the District of Columbia without CON



# MEDICAL IMAGING SERVICES

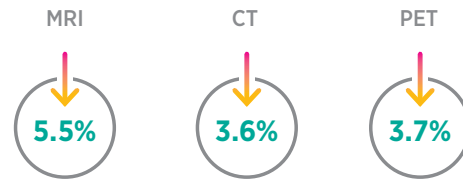
CON programs are associated with lower utilization rates for medical imaging technologies through non-hospital providers.

Estimated effect on medical imaging by nonhospital providers without CON



CON laws are also associated with more out-of-county travel for imaging services. Research finds that the presence of a CON program is associated with 5.5 percent more MRI scans, 3.6 percent more CT scans, and 3.7 percent more PET scans occurring out of county.

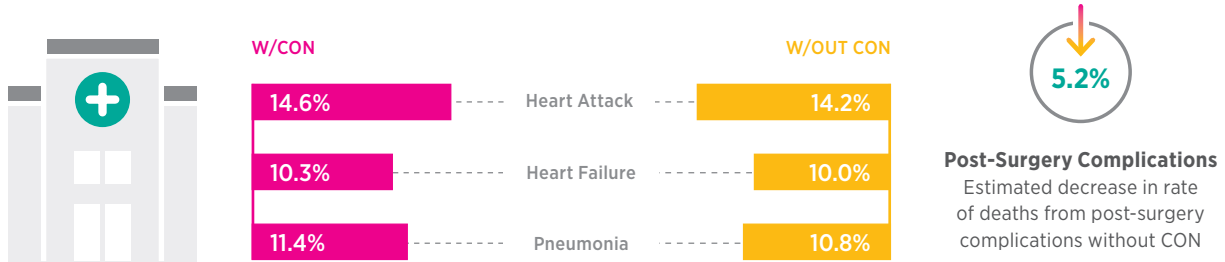
Estimated percentage point reduction in out-of-county scans without CON



# QUALITY

Supporters of CON suggest that these regulations positively impact healthcare quality, but research finds that the quality of hospital care in CON states is not systematically higher than the quality in non-CON states. In fact, mortality rates for pneumonia, heart failure, and heart attacks, as well as patient deaths from serious complications after surgery, are statistically significantly higher in hospitals in states with at least one CON regulation.

## Estimated changes in District of Columbia healthcare quality indicators (full sample, at least one CON law)



32 states and the District of Columbia have four or more CON restrictions. The effects of CON regulations may be cumulative, meaning states with more entry restrictions may experience larger quality differences than states with fewer restrictions. Research finds that states with four or more CON laws have systematically lower-quality hospitals than non-CON states. The effect is evident across other quality indicators, including the share of patients surveyed giving their hospital the highest overall quality rating, heart failure readmission rate, and heart attack readmission rate.

## Estimated changes in District of Columbia healthcare quality indicators (restricted sample, four or more CON laws)

