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 Georgia without CON laws.

**GEORGIA STATE PROFILE**

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**HEALTHCARE SERVICES THAT REQUIRE A CON IN GEORGIA**

- Acute Hospital Beds
- Ambulatory Surgical Centers (ASCs)
- Cardiac Catheterization
- Computed Tomography (CT) Scanners
- Gamma Knives
- Home Health
- Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID)
- Lithotripsy
- Long-Term Acute Care (LTAC)
- Magnetic Resonance Imaging (MRI) Scanners
- Medical Office Buildings
- Neonatal Intensive Care
- Nursing Home Beds/Long-Term Care Beds
- Obstetrics Services
- Open-Heart Surgery
- Positron Emission Tomography (PET) Scanners
- Psychiatric Services
- Radiation Therapy
- Rehabilitation
- Substance/Drug Abuse
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 Georgia without CON**

- Total Healthcare Spending: $187 Saved W/O CON
- Physician Spending: $82 Saved W/O CON

Comparing rural areas in CON states with rural areas in non-CON states, research finds that the presence of a CON program is associated with fewer rural hospitals. A subset of CON states specifically regulate the entry of ambulatory surgical centers (ASCs), which provide healthcare services and compete with traditional hospitals. These states have fewer rural ASCs.

Research also finds that states with CON programs have fewer hospitals in general (in rural and nonrural areas alike), and states with ASC-specific CON regulations have fewer ASCs in general.

**Estimated changes in access to healthcare facilities in Georgia without CON**

<table>
<thead>
<tr>
<th>Total Facilities</th>
<th>Hospitals</th>
<th>Rural Hospitals</th>
<th>Rural ASCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>W/CON</td>
<td>176</td>
<td>61</td>
<td>24</td>
</tr>
<tr>
<td>W/O CON</td>
<td>250</td>
<td>88</td>
<td>28</td>
</tr>
<tr>
<td>ASCs</td>
<td>282</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>330</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supporters of CON suggest these regulations positively impact healthcare quality, but research finds the quality of hospital care in CON states is not systematically higher than hospital 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.

Georgia is one of 32 states with 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.

Findings on heart failure readmission rates, heart attack readmission rates, and the percentage of patients giving their hospital a 9 out of 10 or 10 out of 10 overall rating were statistically significant only in the restricted sample of states that regulate four or more services with certificate of need.

The survey referred to is the Hospital Consumer Assessment of Healthcare Providers and Systems survey. It was developed by the Centers for Medicare and Medicaid Services in partnership with the Agency for Healthcare Research and Quality, and it is based on a standardized instrument and data collection methodology that allows for cross-hospital comparisons of patients’ experiences related to different aspects of care. “Highest overall quality rating” is defined as a 9 out of 10 or 10 out of 10 rating on the survey.

MEDICAL IMAGING SERVICES

CON programs are associated with lower utilization rates for medical imaging technologies through nonhospital providers.

Estimated effect on medical imaging by nonhospital providers without CON

<table>
<thead>
<tr>
<th>Imaging Service</th>
<th>Percentage Point Reduction in Out-of-County Scans</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI</td>
<td>5.5%</td>
</tr>
<tr>
<td>CT</td>
<td>3.6%</td>
</tr>
<tr>
<td>PET</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

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