



DOCS4
Patient Care
FOUNDATION

"Combating the Health Care CON"

"Unleashing Free Market Medicine"

Legislative Update: FMMA 2017



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Courtesy

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Mercatus Center
George Mason University





CON Laws

Limit the ability to obtain medical treatment

Have no public health or safety justification

“Competitor veto law”



CON Laws

How Did We Get Here?

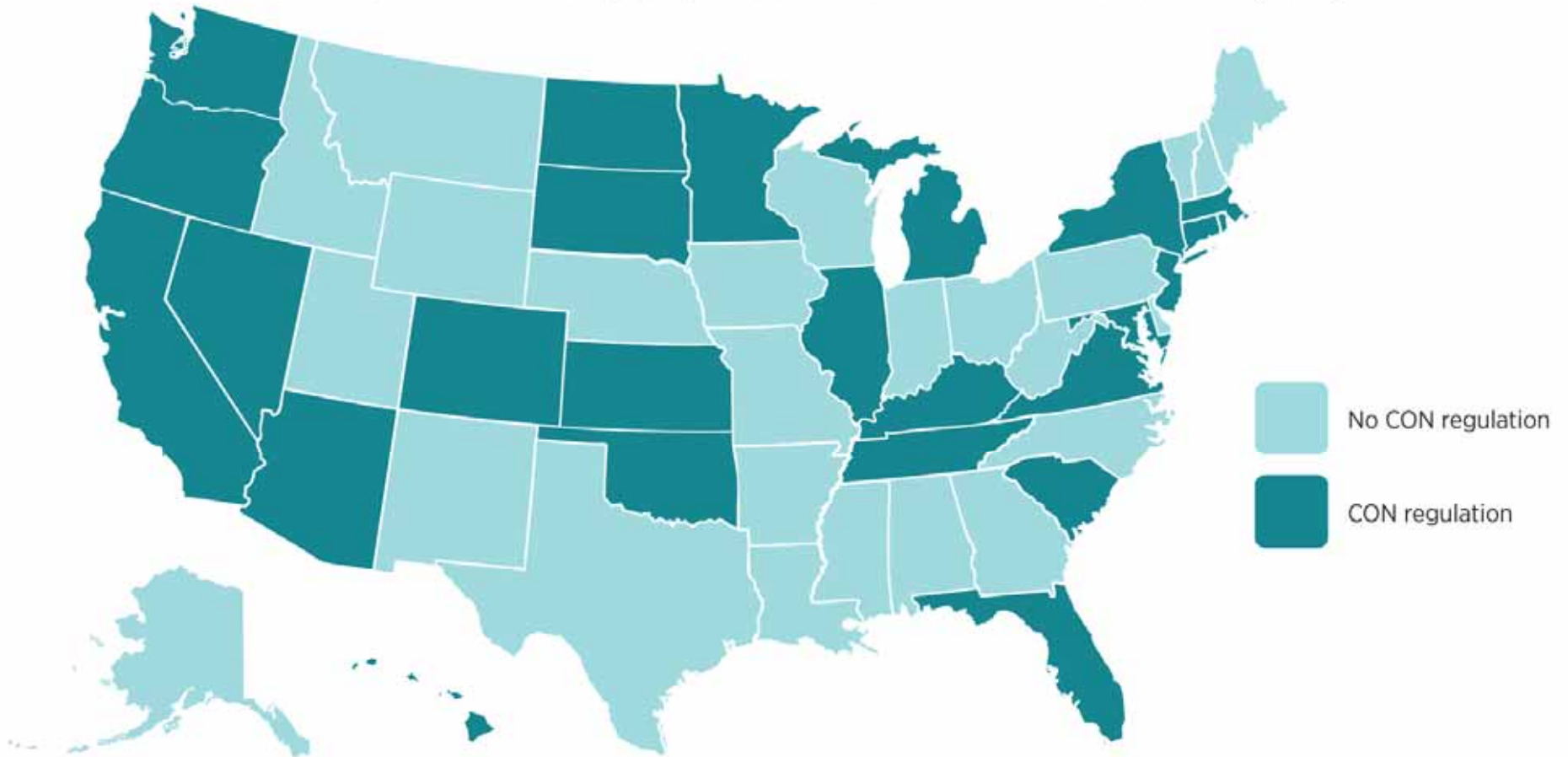
First introduced by New York in 1964

In 1974, the federal government incentivized states to implement CON laws

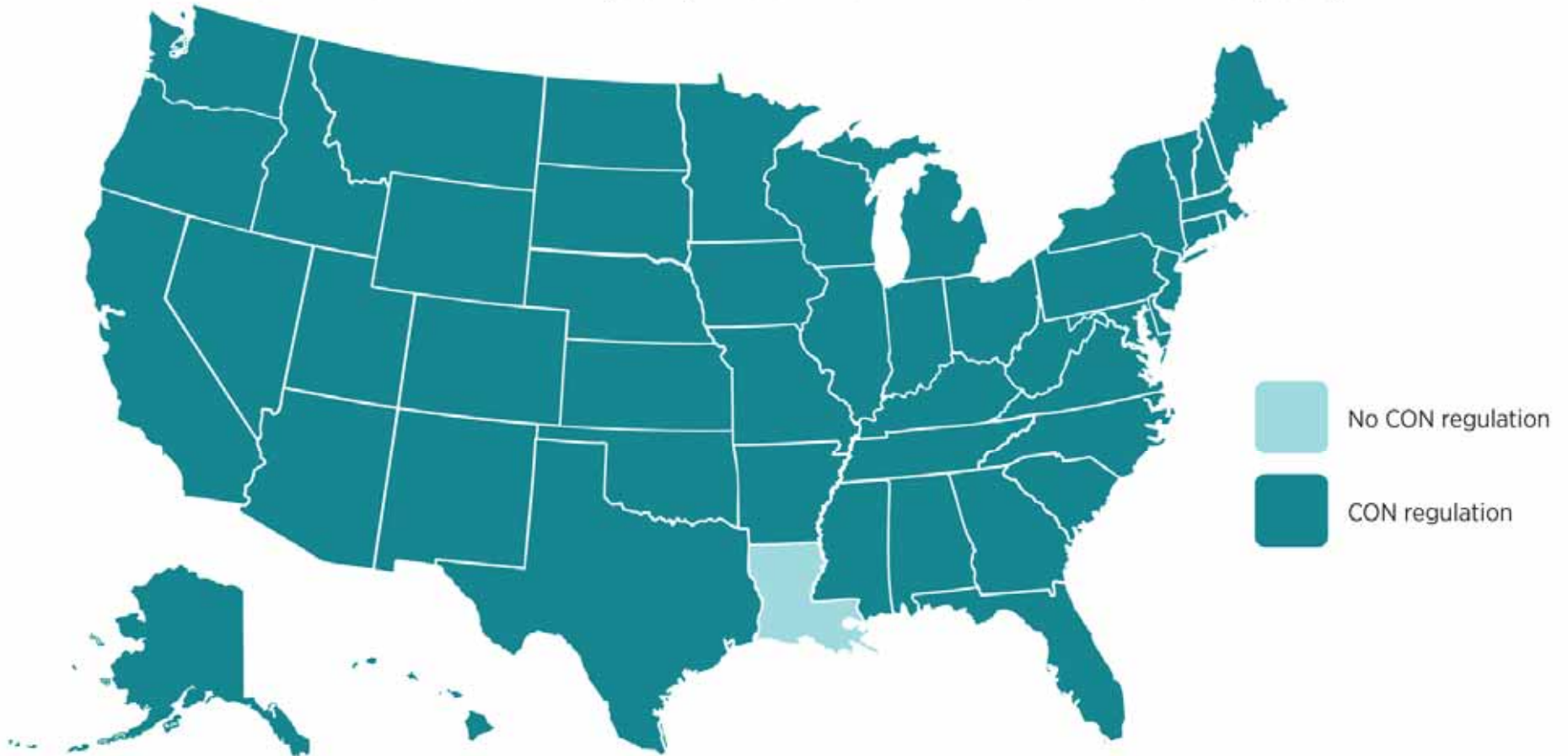
Federal law was repealed in 1987

Today, 35 states in the U.S. still have CON laws in their statutes and enforce them

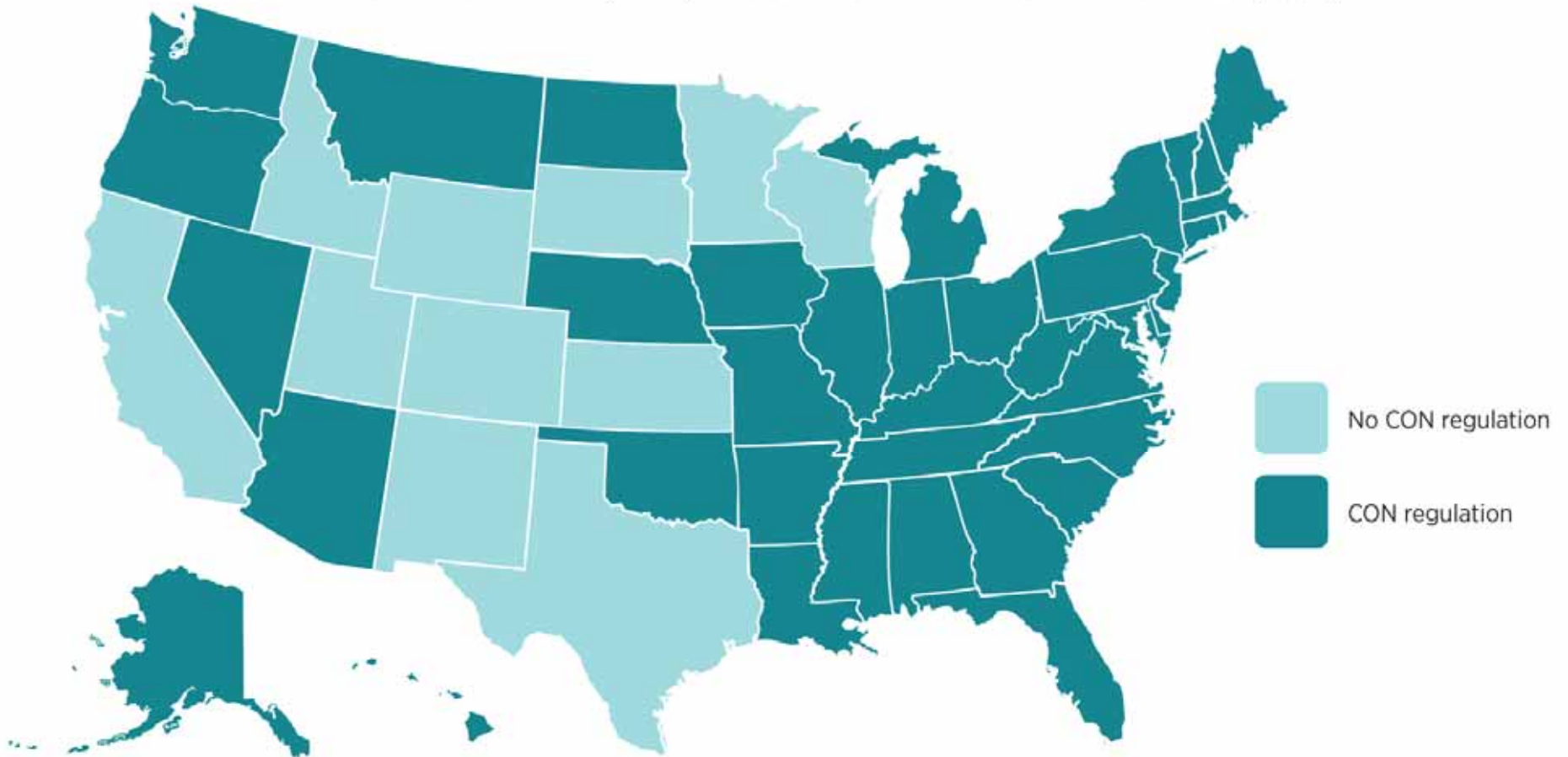
CERTIFICATE-OF-NEED (CON) REGULATION IN THE UNITED STATES (1974)



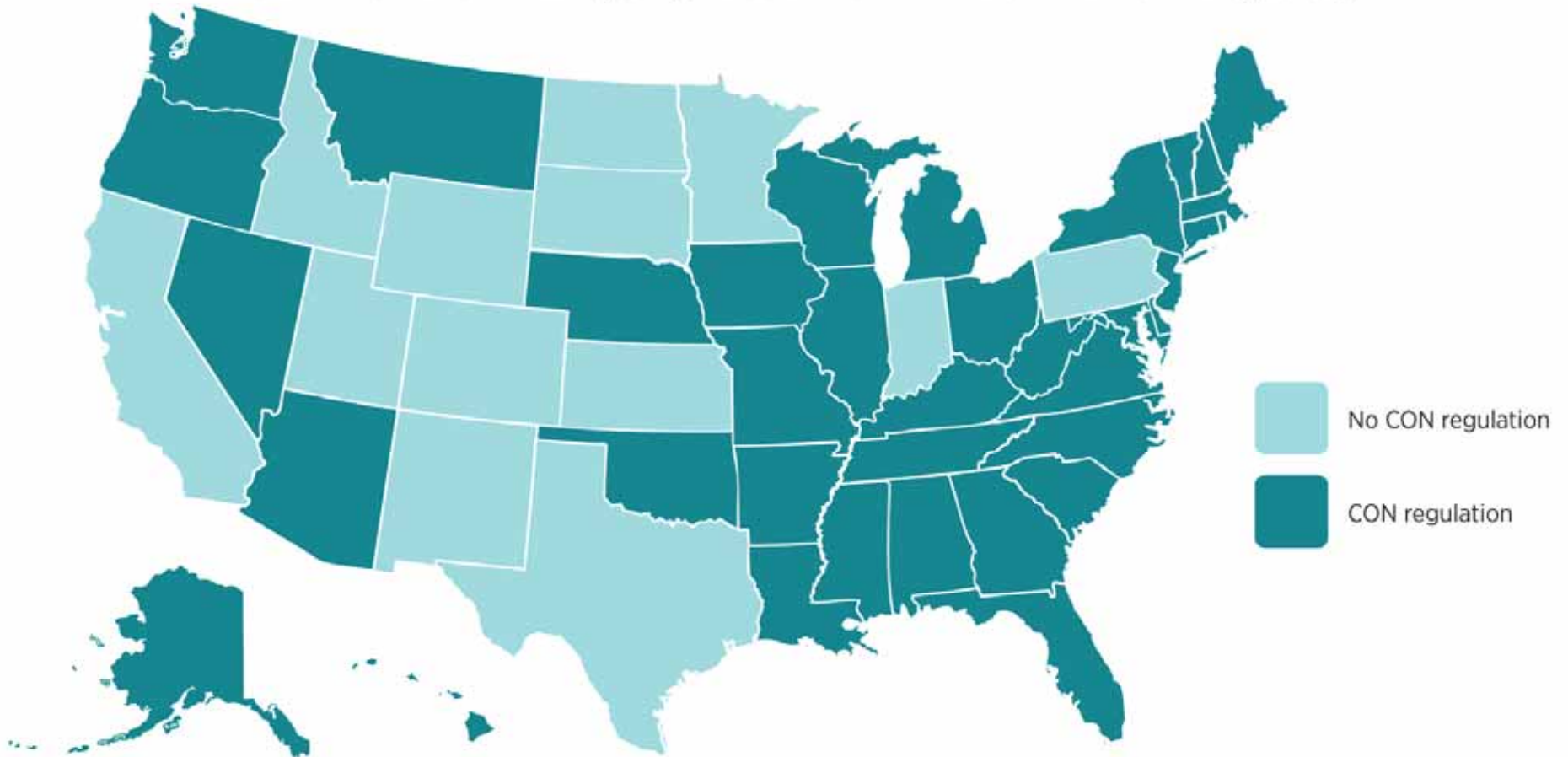
CERTIFICATE-OF-NEED (CON) REGULATION IN THE UNITED STATES (1980)



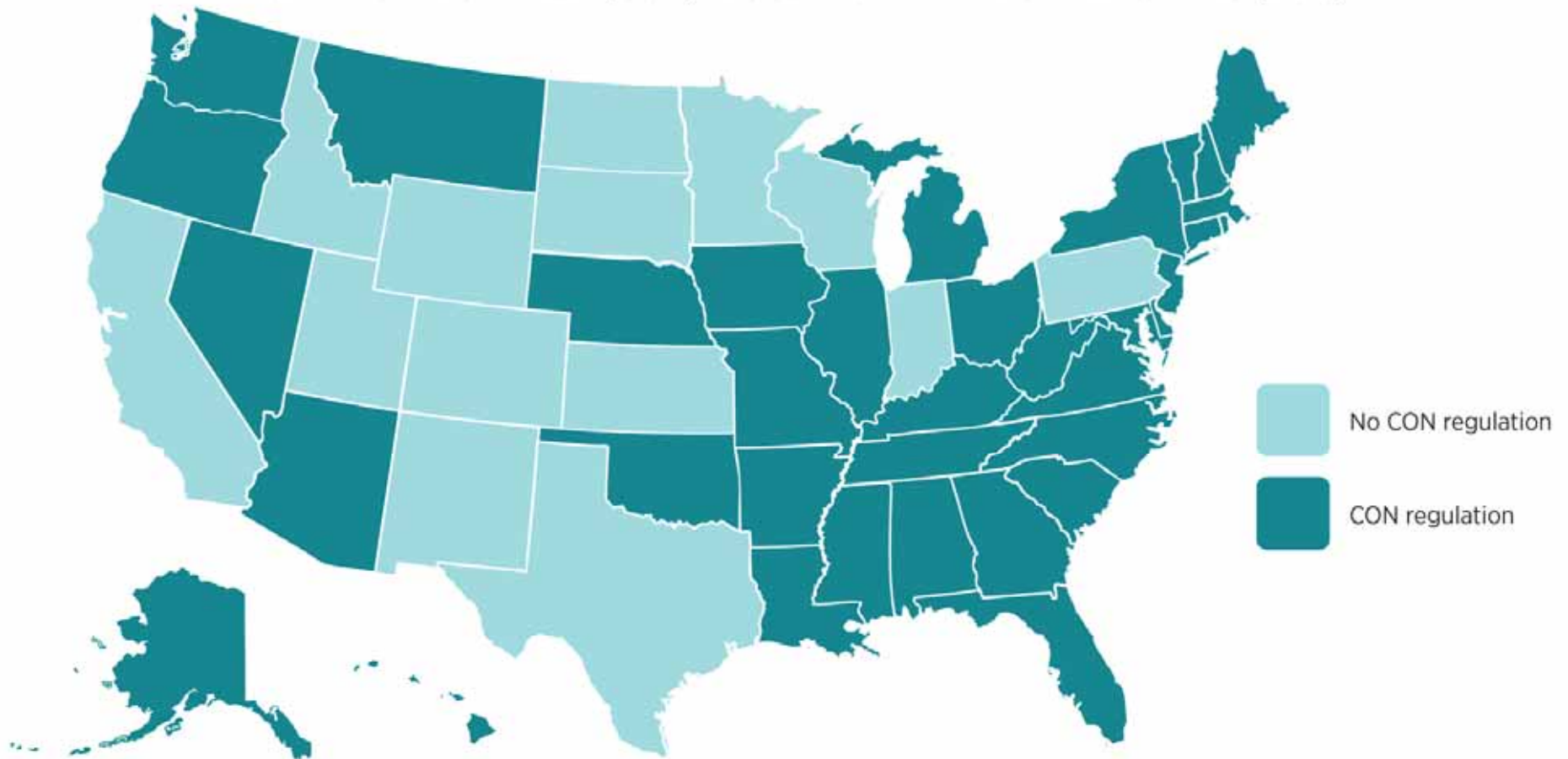
CERTIFICATE-OF-NEED (CON) REGULATION IN THE UNITED STATES (1990)



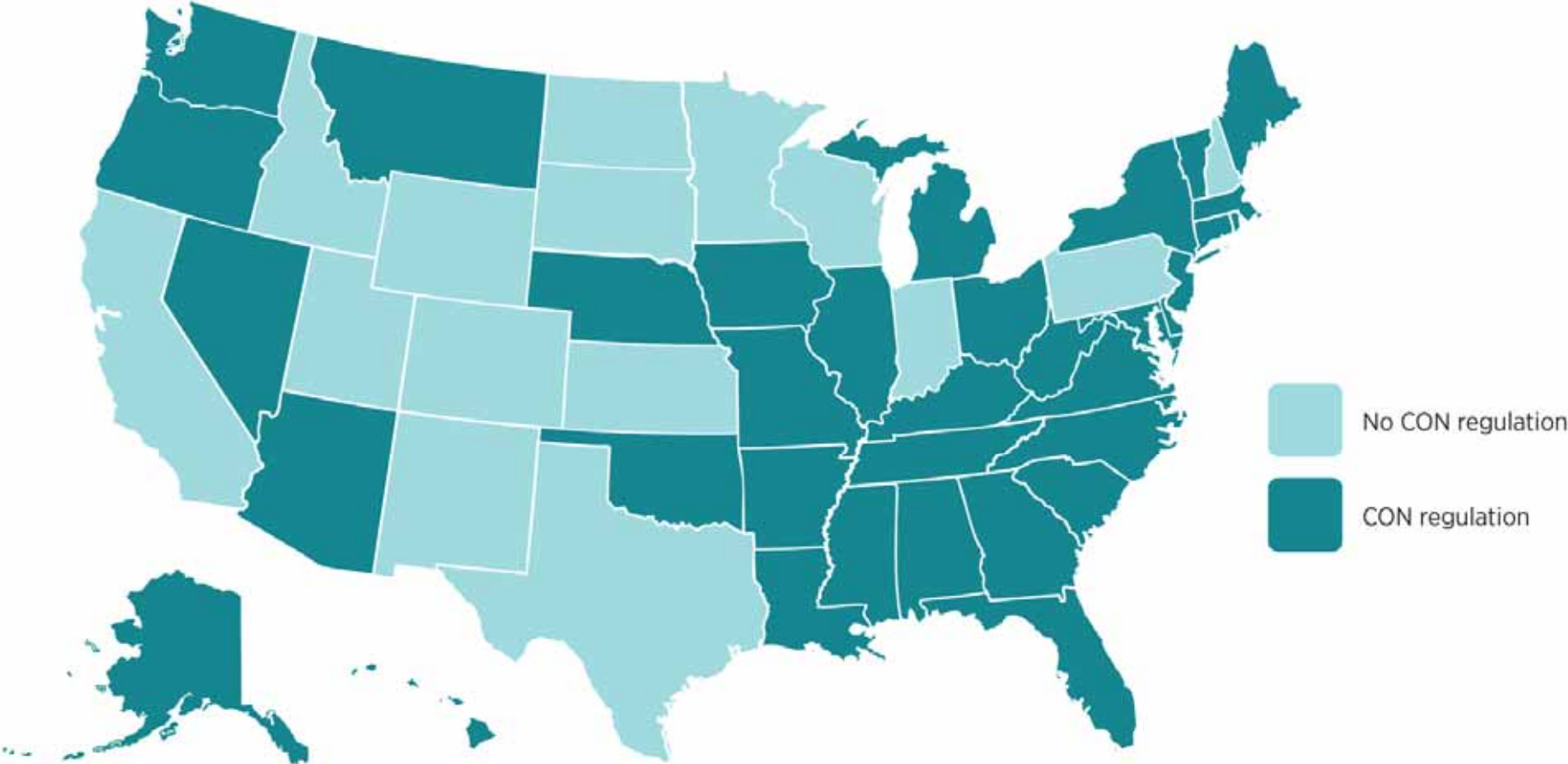
CERTIFICATE-OF-NEED (CON) REGULATION IN THE UNITED STATES (2000)



CERTIFICATE-OF-NEED (CON) REGULATION IN THE UNITED STATES (2015)



CERTIFICATE-OF-NEED (CON) REGULATION IN THE UNITED STATES (Present)





CON Laws

Medical Office

2





CON Laws

Ultrasound

4





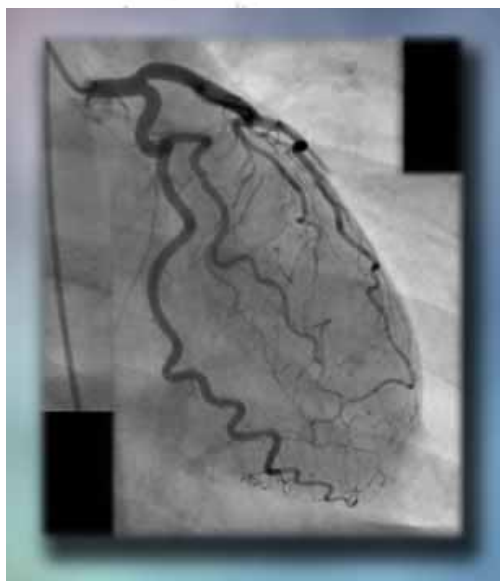
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CON Laws

Cardiac Catheterization

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CON Laws

Ambulatory Surgery Center **27**





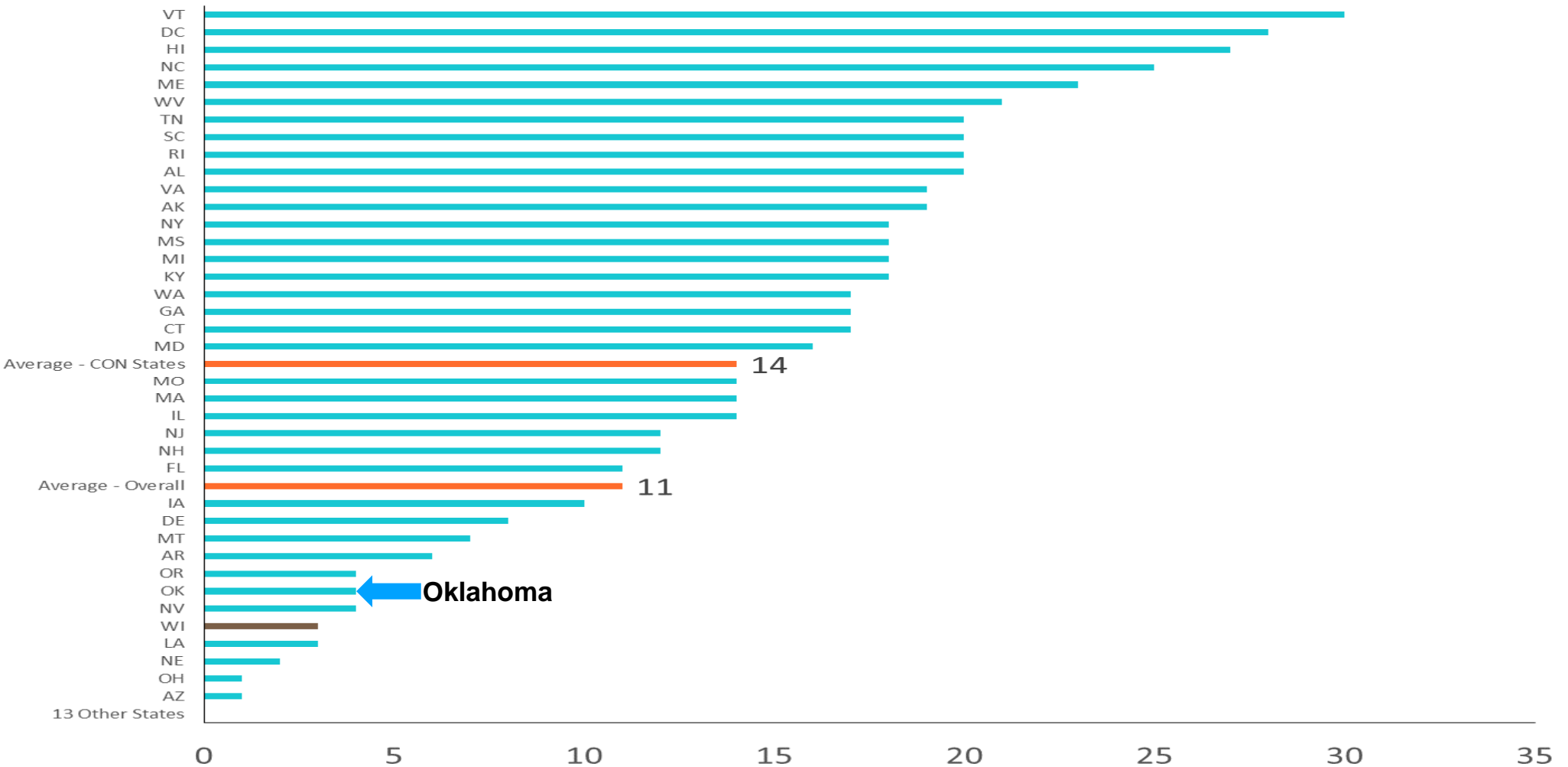
CON Laws

Hospital Beds

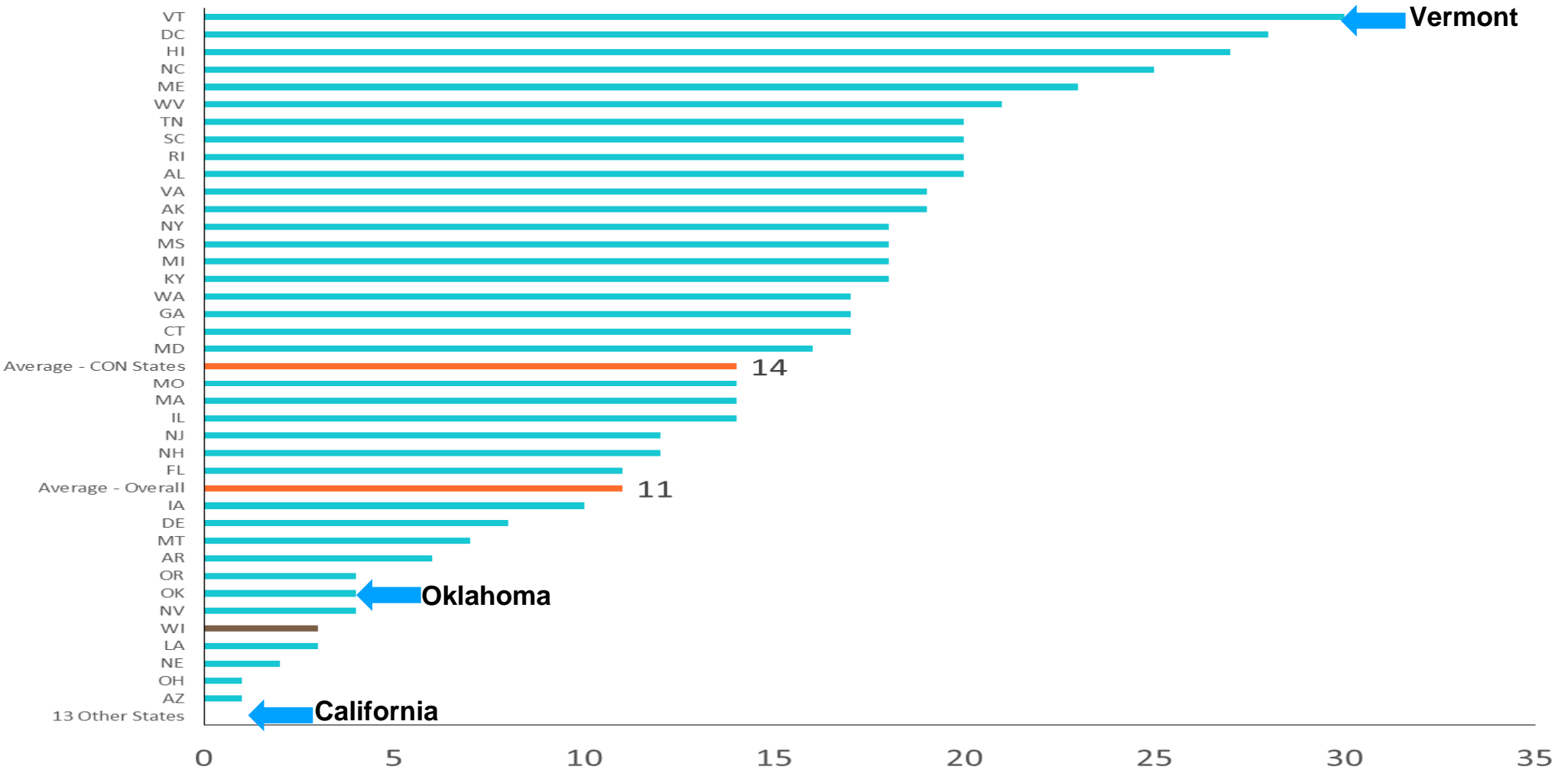
28



Number of CON Laws by State



Number of CON Laws by State





CON Laws

Claimed Benefits of CON

Ensure an adequate supply of healthcare resources

Ensure access to health care for rural communities

Promote high-quality health care

Ensure charity care for those unable to pay

Restrain the cost of healthcare services



CON Laws

CON Laws in Practice = Barrier to Entry

Letter of Intent

Application Form with an up a \$45,000 non-refundable application fee

Public hearing

Fact Finding Conference at the state agency



CON Laws

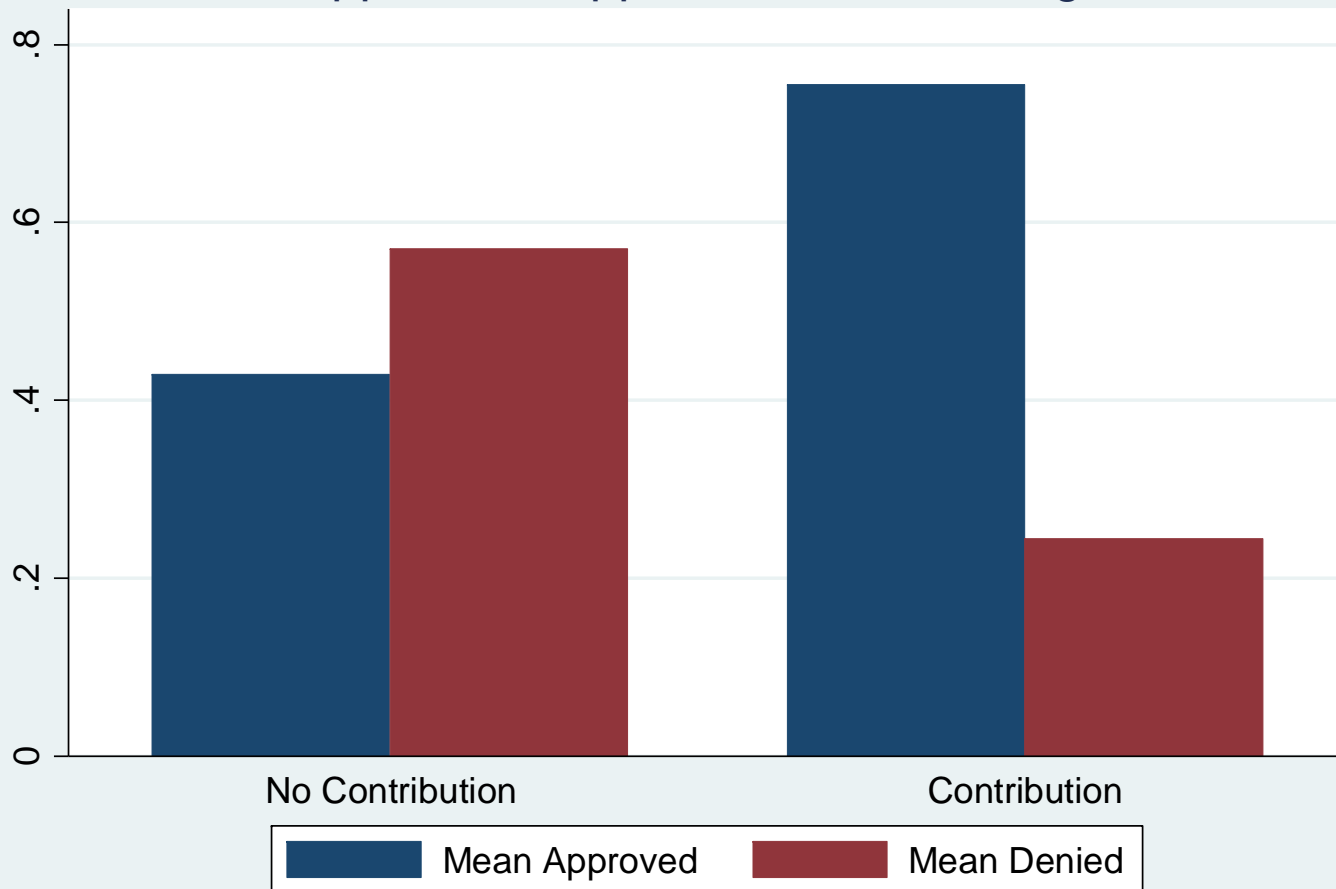
CON = Barrier to Entry

**Winners: Established hospitals
CON holders with a monopoly**

Losers: Innovators

Losers: "YOU" and all other patients

Application Approval Rates - Georgia





CON Laws

When States have No CON Laws....

More access to medical care for both urban and rural populations

Better quality care

More competition – lowers health care cost

Less corruption in the political process

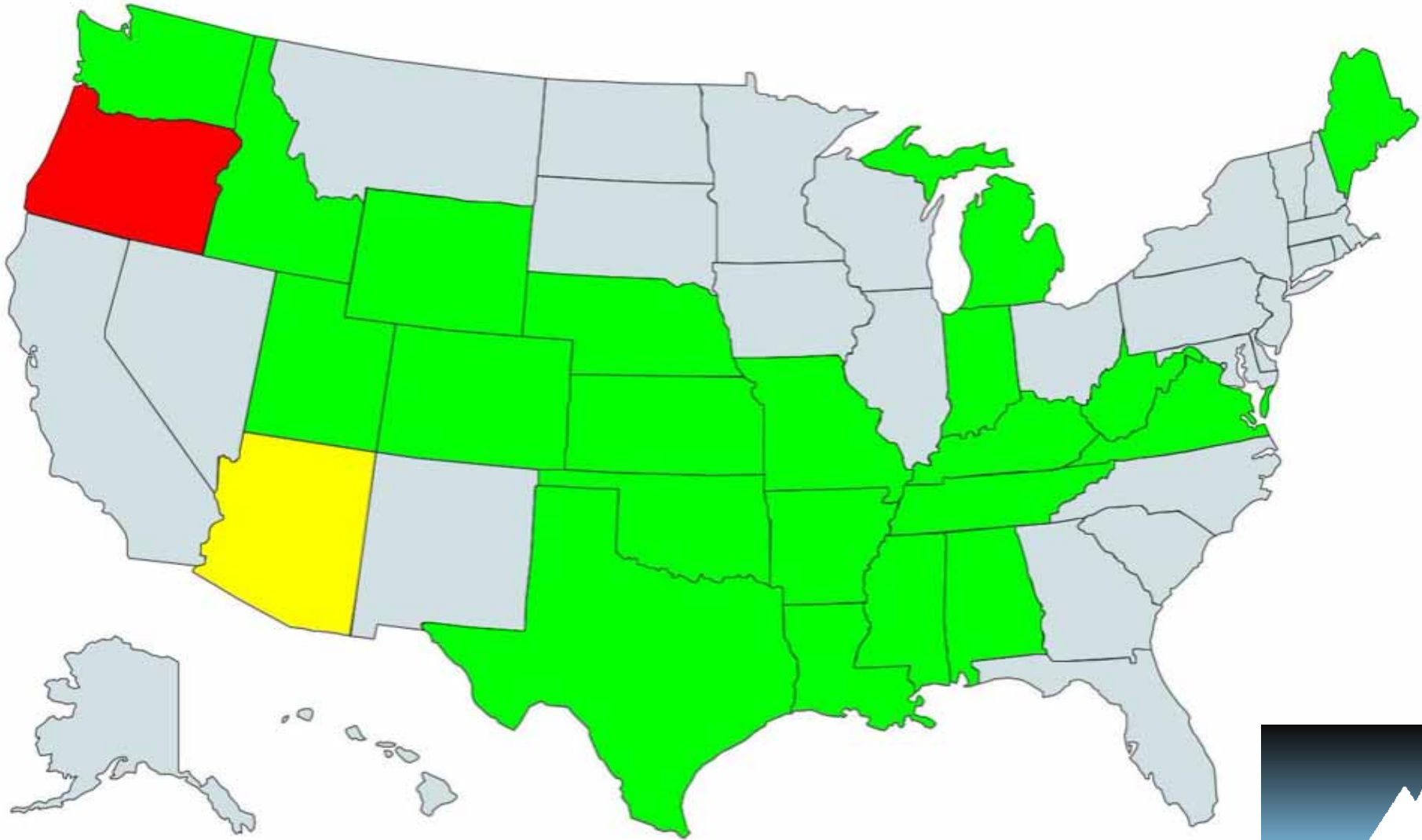


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Legislative Update: Direct Primary Care



Good ■ Irrelevant ■ Bad ■







Direct Primary Care

National initiatives

Primary Care Enhancement Act of 2017

Regulatory changes

Executive orders



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