



New York State Association of Ambulatory Surgery Centers

Testimony of Thomas J. Faith
President, NYS Association of Ambulatory Surgery Centers
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To Members of the Senate Finance, Assembly Ways and Means,
Senate Health and Assembly Health Committees:

My name is Thomas J. Faith and I am the President of the New York State Association of Ambulatory Surgery Centers (NYSAAASC). Ambulatory Surgery Centers (ASC) deliver high-quality care in a cost-effective setting. Our facilities are regulated by the New York State Department of Health and licensed under Article 28 of the NYS Public Health Law. We are subject to the same rules and regulations as hospitals including: certificate of need (CON), Article 28 health and safety codes, SPARCs reporting, and charity-care requirements.

ASCs have been a major player in the elective surgical and diagnostic arena for approximately 20 years. ASCs perform a broad range of procedures including: colonoscopy screenings, cataract surgery, reconstructive surgery, and orthopedic surgery for injured workers. Approximately 82% of surgical procedures are considered safe to perform outside of a hospital, and New York's 134 ASCs have performed over 900,000 surgical and diagnostic procedures in 2017 alone. Furthermore, ASCs have contributed over \$2 billion to the State's Public Goods Pool helping fund charity and undocumented care in NY's Hospitals since 2007.

The Executive Budget is rightfully focused on reducing the cost of healthcare delivery. ASCs represent the best way to reduce costs and improve outcomes for all stakeholders. For instance, an endoscopy at an ASC will cost approximately \$650 dollars while that same procedure in a hospital may cost \$1,500 or more. This type of cost-savings, multiplied over the spectrum of procedures noted above, can lead to a more efficient healthcare system, without sacrificing quality of care. Imagine extending that savings to New York State employees covered under the Empire Plan, Workers Compensation, and self funded employers. We're talking about real dollars NOW.

Advances in technology and surgical care are allowing ASCs to safely perform procedures that were once only available in hospitals. Consider that ASCs in other states are performing total joint, spine, and cardiac procedures every day. Their systems save millions of dollars annually. Unfortunately, patients in New York are unable to choose an ASC for these procedures because regulations have not kept pace with innovation. Better utilization of ASCs presents an enormous opportunity to reduce costs without sacrificing outcomes. Debates over reducing the overall cost of healthcare delivery should



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include an expanded role for ASCs as the healthcare system is best served by matching patients to the appropriate level of care.

Another important matter to consider is that a record numbers of nurses are leaving the profession as nurse demand increases. Nursing degree programs are stretched to capacity and facilities will soon have to compete for an entirely BSN-educated RN workforce. This has the potential to further destabilize rural and safety-net facilities and drive-up costs for everyone. Care should be given to ensure that all healthcare workers are enabled to practice based on their demonstrated competency within the scope of their license, so that every patient receives quality care in a timely and cost-effective manner.

In sum, pairing a patient and procedure to the appropriate level of care is one of the most important conversations that can take place when discussing efficiencies in the healthcare system. We urge you to consider the setting in which care is delivered while evaluating proposals during the budget process and throughout legislative session.

Respectfully submitted,

Thomas J. Faith

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