SCAI
Society for Cardiovascular Angiography & Interventions

October 3, 2019

The Honorable Barry Jozwiak
East Wing Building
Room 155-B
Harrisburg, PA 17120

Dear Representative Jozwiak:

On behalf of the Board of Directors of the Society for Cardiovascular Angiography and Interventions (SCAI) and the nearly 130 members who currently practice in Pennsylvania, I want to express our strong support of your amendment with regards to Pennsylvania Act 112 (of 2018). SCAI is a non-profit professional association with over 5,000 members representing the majority of practicing interventional cardiologists and cardiac catheterization teams in the United States. SCAI members specialize in catheter-based treatment of coronary artery disease, peripheral vascular disease and heart valve disease.

Act 112 was passed with good intentions, but unfortunately it resulted in significant unintended consequences. As described in a letter from the Pennsylvania Chapter of the American College of Cardiology, which we fully support, these consequences include needlessly alarming patients about the routine results of diagnostic tests, disrupting the patient-physician relationship, and placing an onerous burden on physicians. Therefore, we support your amendment to exclude cardiovascular testing from the provisions of Act 112.

Interventional cardiologists have a particularly strong interest in amending Act 112 because it is particularly inappropriate for patients treated by them. It is inappropriate because invariably the interventional cardiologist performs a post-procedural check after the invasive procedure, and as a routine part of that check, discusses results of the procedure with the patients and family. This practice pattern is codified in the official descriptions of, and payments for, invasive cardiology procedures used by the Center for Medicaid and Medicare Services; and it is prescribed in our Society's document on best practices for interventional procedures (1). Thus, the action prescribed by Act 112 already occurs.

The authors of Act 112 probably never envisioned it applying specifically to the invasive cardiac procedures performed by interventional cardiologists. However, Act 112 was so vaguely written that many hospital legal teams have decided in order to avoid citations from the PA Department of Health, it is safest to require the interventional cardiologist to have the patient sign an Act 112 form after every outpatient procedure. The form must then be scanned or

inserted into the medical record, and then it is tracked by hospital officials to ensure compliance with Act 112.

The Act 112 form contains no medical information of any use to the patient. In addition to creating an unnecessary administrative burden for physicians, staff, and medical records personnel, it imposes yet another task on patients who have just been through a frightening invasive procedure. At times, the hand they use to sign the form has just been used to pass catheters into the heart, and it has a clamp on the wrist which makes it difficult and painful for the patient to produce the required signature.

The authors of this letter routinely perform this process. After the invasive procedure is over, we discuss results of the procedure with the patient (as we have always done before Act 112). We then inform the patient they must sign a form, required by the Commonwealth of PA, acknowledging this conversation.

In conclusion, we understand the potential benefit of Act 112 in identifying unexpected abnormalities that may signal cancer and the need to protect the patients we serve. However, we feel that Act 112 simply does not apply to cardiovascular disease, and we particularly believe it does not apply to invasive cardiology procedures. We strongly think it would be best for Act 112 to be amended to exclude interventional cardiology. We find the pre-Act 112 practices of Pennsylvania make more sense and helps to reduce patient anxiety more than a notice, a letter, or form which merely adds to the already heavy administrative workload of Pennsylvania's physicians.

Thank you for your time and consideration on this matter. Representative Jozwiak, we appreciate the ability to provide insight and comment on your important amendment. We are extremely supportive of your leadership on this issue. Please feel free to contact either of us on this matter if you have any questions or concerns, or you may also contact Mr. Ariel Gonzalez, Esq. Vice President of Government Relations at (800) 992-7224, ext. 987 or agonzalez@scai.org.

Thank you,

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1. Naidu SS, Aronow HD, Box LC, Duffy PL, Kolansky DM, Kupfer JM, Latif F, Mulukutla SR, Rao SV, Swaminathan RV, Blankenship JC. SCAI expert consensus statement: 2016 best practices in the cardiac catheterization laboratory. Cathet Cardiovasc Intervent 2016;88:407-423. DOI: 10.1002/ccd.26551