

# Analysis of the profile of electronic cardiac devices implanted before and after the Ordinance GM/MS 3693 - Brazilian Ministry of Health: Any changes in the scenario?

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**Introduction:** Implantable Electronic Cardiac Devices (CIED), Implantable Cardioverter Defibrillators (ICD) and Pacemakers (PM), especially those associated with cardiac resynchronization therapy (Multi-Sites), are interventions capable of improving the quality of life and survival in conditions such as heart failure, severe cardiac and malignant arrhythmias. Although in Brazil the supply is still below the standard of developed countries, on December 21, 2021, Ordinance No. 3,693 was published, which reduced the transfer made by the SUS [Brazilian - Unified Health System] to institutions by the Union. For some high-cost CIED, this reduction financing reached > 60%, as in Multi-Site ICD. This brought a potential risk of shortages in CIED reference centers, making it urgent for the other spheres to participate in the funding of these devices. **Objective:** to analyze the scenario of CIED implants in Brazil before and after implementing Ordinance GM/MS No. 3,693. **Methodology:** Descriptive study evaluating data from *DATASUS* using *SUS* procedure codes and *SIGTAP* table for the year 2019 to 2022 of transvenous PM (uni/bicameral and Multi-Site). Variables described: type of CIED, number of hospitalizations and implants/CIED/year, expenses/devices. The average for 2019–2021 was taken and compared with 2022. **Results:** 3.5% more hospitalizations for procedures were noted in 2022 compared to the three-year period 2019 – 2021 average. Despite the increase of 1.03% (643) in uni/bicameral PM, there was a 2.63% drop in Multi-Site ICD. The most significant impact was seen in relation to expenses, with an overall reduction of approximately R\$ 31.5 million in transfers from the SUS table, with the high-cost CIED (uni/bicameral ICD, Multi-Site and Multi-Site PM) being the main ones affected by the reduction of 20.89%, 23.73% and 8.31% respectively, totaling more than 19 million Reais. **Conclusion:** A significant impact has been observed in one year after the publication of the Ordinance GM/MS No. 3,693, reflecting in the short term the lack of assistance among the population using the *SUS*, perpetuating inequality in access to healthcare in Brazil. Another critical point is the encouragement of undertreatment of patients with inadequate prostheses, such as conventional uni/bicameral pacemakers, which are often insufficient to treat the underlying pathology, going against guidelines and reflecting a setback in artificial cardiac stimulation in the country. Furthermore, the harmful effects of the Ordinance may yet be reflected in mortality statistics, among other factors, requiring more robust studies based on monitoring by managers and professionals directly affected by it.