

- 1.+Name: Joel M. Baillie
- 2.+Organization: North Flight, Inc.
- 3.+Phone: 231-935-9505
- 4.+Email: jbaillie@mhc.net
- 5.+Standard: AA
- 6.+Testimony: The "CON Review Standards for Air Ambulance Services" as submitted for CON Commission public hearing on 8/01/07 are acceptable to North Flight, Inc. We propose that no changes be made.

Thank you for the opportunity to comment upon this proposed document.

- 1.+Name: Ralph Rogers
- 2.+Organization: Aero Med Spectrum Health
- 3.+Phone: (616) 391-3519
- 4.+Email: ralph.rogers@spectrum-health.org
- 5.+Standard: AA
- 6.+Testimony: Spectrum Health appreciates the opportunity to comment on the proposed revisions to the CON Review Standards for Air Ambulance Services approved for public comment by the CON Commission on June 13, 2007. In general, we are supportive of the proposed changes. In particular, the revisions to the expansion requirements are much clearer than the existing Standards. Spectrum Health appreciates the efforts of the Work Group and MDCH staff in revising these standards.

We have suggested changes to two (2) existing sections of the standards and a recommended new section, as follows:

Section 2. Definitions:

The definition of "Air ambulance service" has been modified. However, in the revision process, the existing reference to "critical care and specialty support services," as appropriate services which may be provided by an air ambulance service, was eliminated. We feel strongly that this reference should be restored, in order to provide a more complete description of the extent of services which may be provided by an air ambulance service. We recommend that the reference to critical care and specialty support services be reinserted in the definition of air ambulance service and that the definition of critical care be restored to the Standards, as follows:

Sec. 2. (1)(e) Air ambulance service - providing advanced life support services utilizing an air ambulance(s) that operates in conjunction with a base hospital(s). The service may include the provision of critical care or specialty care support services. Other functions of the service may include advanced life support intercepts, searches, emergency transportation of drugs, organs, medical supplies, equipment or personnel. An air ambulance service may operate a back-up air ambulance when the primary air ambulance(s) is not available or for a designated event with prior notification and approval from the local medical control authority.

Sec. 2. (1)(k) "Critical care" means care provided directly by a Michigan licensed physician or registered nurse as part of the patient care staff on the air ambulance.

Section 4. Expansion

The proposed expansion criteria require an existing air ambulance service to meet only the minimum volume required for initiation, 275 patient transports per aircraft per year (although the requirement for patient transports and organ transports, combined, is 600 per aircraft per year). It is reasonable to expect that an air ambulance service wishing to expand should perform more than the absolute minimum volume required for operation. Therefore, Spectrum Health recommends that the minimum volume for expansion of patient transports be changed to at least 300 per aircraft per year. As a way to operationalize this change, we suggest the following revised language:

Sec. 4. An applicant proposing to expand an air ambulance service shall:

(1) demonstrate that in the most recent 12-month period for which verifiable data are available to the department, the air ambulance service met one (1) of the following:

(a) 600 patient transports and organ transports for an air ambulance service expanding to two (2) air ambulances, at least half of which must be patient transports;

(b) 1,200 patient transports and organ transports for an air ambulance service expanding to three (3) air ambulances, at least half of which must be patient transports;

(c) 1,800 patient transports and organ transports for an air ambulance service expanding to four (4) air ambulances, at least half of which must be patient transports.

Furthermore, under the existing Air Ambulance Standards, the "base of operations" is defined as a hospital. The proposed revisions define the base of operations as the place where the aircraft and crew are stationed; in other words, the location of the hanger. The proposed Standards also specify that, when expanding, an air ambulance service must utilize a base of operations for the additional aircraft that is covered by the same medical control authority as the original base of operations. It seems quite likely that an air ambulance service applying to add a helicopter may decide to locate it at a different "base of operations," in order to maintain closer proximity to a larger portion of the community to be served by the air ambulance service, particularly in rural areas. In many cases, a logical secondary site will be covered by

a different medical control authority than the primary site. Hence, the proposed expansion requirements related to the base of operations should be revised further, as follows:

Sec 4. (3) identify any proposed base of operations and demonstrate that. If the proposed base of operations is within a different medical control authority from the existing base of operations, the applicant must comply with all of the following:

- (a) provide a letter of support from the medical control authority for the proposed new base of operations indicating that the applicant's protocols comply with the requirements of the medical control authority;
- (b) demonstrate that all existing air ambulance services with a base of operations within a 75-mile radius of the proposed new base of operations of the air ambulance service have been notified of the applicant's intent to change the base of operations, by means of a certified mail return receipt dated before the deemed complete date of the application; and
- (c) demonstrate that the proposed new base of operations is within the same health service area as the existing base of operations.

New Section: Change Base of Operations

Since a CON is specific to an identified location (in the case of air ambulance services, the base of operations), as discussed above, the CON Review Standards need to allow an air ambulance service to change its location. In the existing Standards, this issue is handled by the fact that the base of operations is a hospital. If the hospital identified as the base of operations receives CON approval to relocate, an air ambulance base of operations would move with it. Since the proposed Standards define the base of operations as the place where the aircraft and crew are located, provisions need to be made in the Standards for changing the base of operations. This may occur if the air ambulance operator wishes to change the hanger location of the aircraft for any number of reasons. As a way to operationalize this change, Spectrum Health suggests the following additional language:

- Sec. X. An applicant proposing to change the base of operations of an existing air ambulance shall:
- (1) demonstrate that in the most recent 12-month period for which verifiable data are available to the Department, the air ambulance service met one (1) of the following:
 - (a) 275 patient transports for an air ambulance service with one (1) air ambulance;
 - (b) 600 patient transports and organ transports for an air ambulance service with two (2) air ambulances, of which 550 must be patient transport;
 - (c) 1,200 patient transports and organ transports for an air ambulance service with three (3) air ambulances, of which 825 must be patient transport;
 - (d) 1,800 patient transports and organ transports for an air ambulance service with four (4) air ambulances, of which 1,100 must be patient transport.
 - (2) maintain the same base hospital(s) of the existing air ambulance service.
 - (3) identify the proposed base of operations, and comply with all of the following:
 - (a) provide a letter of support from the medical control authority for the proposed base of operations indicating that the applicant's protocols comply with the requirements of the medical control authority;
 - (b) demonstrate that all existing air ambulance services with a base of operations within a 75-mile radius of the proposed new base of operations of the air ambulance service have been notified of the applicant's intent to change the base of operations, by means of a certified mail return receipt dated before the deemed complete date of the application; and
 - (c) demonstrate that the proposed new base of operations is within the same health service area as the existing base of operations.

Thank you for the opportunity to comment on the proposed revisions to the CON Review Standards for Air Ambulance Services. Spectrum Health is willing to assist the Commission in addressing these and any other issues related to CON requirements for air ambulance services in Michigan

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1. +Name: Judith Kettenstock
 2. +Organization: Midwest Medflight / Trinity Health
 3. +Phone: 734-712-3104
 4. +Email: kettensj@trinity-health.org
 5. +Standard: AA
 6. +Testimony: August 8, 2007

Norma Hagenow, Chair
Certificate of Need Commission
C/o Michigan Department of Community Health
Certificate of Need Policy Section Capital View Building, 201 Townsend Street
Lansing, Michigan, 48913

Dear Ms. Hagenow,

Midwest Medflight would like to comment on the proposed revisions to the CON Review Standards for Air Ambulance Services, which was approved for public comment by the CON Commission on June 13, 2007. In general, Midwest Medflight is supportive of the proposed changes.

We are writing to support the suggested changes that were submitted by Spectrum Health. We would especially like to emphasize their suggestion for Section X. An applicant proposing to change the base of operations of an existing air ambulance shall:

- Sec. X. An applicant proposing to change the base of operations of an existing air ambulance shall:
- (1) demonstrate that in the most recent 12-month period for which verifiable data are available to the Department, the air ambulance service met one (1) of the following:
 - (a) 275 patient transports for an air ambulance service with one (1) air ambulance;
 - (b) 600 patient transports and organ transports for an air ambulance service with two (2) air ambulances, of which 550 must be patient transport;
 - (c) 1,200 patient transports and organ transports for an air ambulance service with three (3) air ambulances, of which 825 must be patient transport;
 - (d) 1,800 patient transports and organ transports for an air ambulance service with four (4) air ambulances, of which 1,100 must be patient transport.
 - (2) maintain the same base hospital(s) of the existing air ambulance service.
 - (3) identify the proposed base of operations, and comply with all of the following:
 - (a) provide a letter of support from the medical control authority for the proposed base of operations indicating that the applicant's protocols comply with the requirements of the medical control authority;
 - (b) demonstrate that all existing air ambulance services with a base of operations within a 75-mile radius of the proposed new base of operations of the air ambulance service have been notified of the applicant's intent to change the base of operations, by means of a certified mail return receipt dated before the deemed complete date of the application; and
 - (c) demonstrate that the proposed new base of operations is within the same health service area as the existing base of operations.

This section as it currently stands in the proposed changes would prohibit Midwest Medflight from operation out of its current hangar at Willow Run Airport or operating out of another hangar if a change was required. The proposed wording submitted by Spectrum Health would allow us to continue to operate and make changes if financially we were required to do so.

Thank you for the opportunity to comment on the proposed revisions to the CON Review Standards for Air Ambulance Services.

Sincerely,

Judy Kettenstock RN, MSN
Program Director
Midwest Medflight

1. +Name: Richard Morley
2. +Organization: Michigan Association of Air Medical Services
3. +Phone: 269-568-0413
4. +Email: rlmorley@aircare.org
5. +Standard: AA
6. +Testimony: August 7, 2007
Norma Hagenow, Chair
Certificate of Need Commission
c/o Michigan Department of Community Health
Certificate of Need Policy Section
Capitol View Building, 201 Townsend Street
Lansing, Michigan 48913
Dear Ms. Hagenow,

This letter presents Board-approved testimony from the Michigan Association of Air Medical Services (MAAMS) about the proposed revisions to the CON Review Standards for Air Ambulance Services approved for public comment by the CON Commission on June 13, 2007. In general, MAAMS is supportive of the proposed changes. In particular, the revisions to the volume requirements in all sections are much more straightforward than before. MAAMS is appreciative of the efforts of the Work Group and MDCH staff in revising these standards.

MAAMS would like to offer constructive comments on three (3) sections of the standards, as follows:

Section 2. Definitions:

The definition of "Air ambulance service" has been modified substantially and, for the most part, constructively. However, in the revision process, the existing reference to "critical care and specialty support services" as appropriate services which may be provided was eliminated. MAAMS feels strongly that such references should be reinstated, in order to indicate the extent of services which can be included under this definition. We recommend that the reference to critical care and specialty support services be reinstated into the definition of air ambulance service and that the definition of critical care be reinserted into the Standards, as follows:

Sec. 2. (1)(e) Air ambulance service - providing at least advanced life support services utilizing an air ambulance(s) that operates in conjunction with a base hospital(s). The service may include the provision of critical care or specialty care support services. Other functions of the service may include advanced life support intercepts, searches, emergency transportation of drugs, organs, medical supplies, equipment or personnel. An air ambulance service may operate a back-up air ambulance when the primary air ambulance(s) is not available or for a designated event with prior notification and approval from the local medical control authority.

Sec. 2. (1)(k) "Critical care" means care provided directly by a Michigan licensed physician or registered nurse as part of the patient care staff on the air ambulance.

Section 4. Expansion

The proposed expansion criteria require an existing air ambulance service to meet only the minimum volume required for initiation, 275 patient transports per aircraft per year (although the requirement for patient transports and organ transports, combined, is 600 per aircraft per year). It is reasonable to expect that an air ambulance service wishing to expand should perform more than the absolute minimum volume. MAAMS recommends that the minimum volume of patient transports per aircraft for expansion be at least 300. To accomplish this, we suggest the following revised language:

Sec. 4. An applicant proposing to expand an air ambulance service shall:

(1) demonstrate that in the most recent 12-month period for which verifiable data are available to the department, the air ambulance service met one (1) of the following:

- (a) 600 patient transports and organ transports for an air ambulance service expanding to two (2) air ambulances, at least half of which must be patient transport;
- (b) 1,200 patient transports and organ transports for an air ambulance service expanding to three (3) air ambulances, at least half of which must be patient transports;
- (c) 1,800 patient transports and organ transports for an air ambulance service expanding to four (4) air ambulances, at least half of which must be patient transports.

Thank you for the opportunity to comment on the proposed revisions to the CON Review Standards for Air Ambulance Services. MAAMS stands ready to assist the Commission in addressing these and other issues related to the regulation of air ambulance services by CON in Michigan

Sincerely,
Richard Morley
President, MAAMS

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1. +Name: Steven Szelag
 2. +Organization: University of Michigan Health System
 3. +Phone: (734) 647-1163
 4. +Email: sszelag@umich.edu
 5. +Standard: AA

6. +Testimony: The University of Michigan Health System (UMHS) would like to offer comments on the proposed changes to the Certificate of Need review standards for Air Ambulance Services. The comments being offered enhance recommendations presented by the Air Ambulance Informal Workgroup. The specific recommendations pertain to the definitions and the requirements for expansion.

Definitions

Section 2 (1)(E), Air Ambulance Service: It is recommended that the entire sentence that reads, "The service shall be capable of providing at least advanced life support services but may include the provision of critical care or specialty care support services," should not be deleted from the proposed revisions.

Section 2 (1)(S), Initiate Air Ambulance Service: It is recommended that reference to "Department Inventory of Air Ambulances" be removed, or Appendix A, which had been deleted from page 11 of the standards, be added back.

Section 2 (1)(Y), Organ Transplant: It is recommended that the definition of Organ Transport includes both the organ and surgical transplant team. There are occasions when the helicopter may be used solely for timely transport of an organ, as in the case of heart or lung transplant. The team will not necessarily accompany the organ. Additionally, there are times when the helicopter may be harvesting an organ outside of Michigan, so the last three words occurring in Michigan should be deleted. Therefore, the definition should be modified to read "Organ transport means the use of an air ambulance to transport an organ(s) AND/OR a surgical transplant team between hospitals for transplantation purposes."

Expansion of Air Ambulance Service

Section 4 (1), Expansion: It is recommended that when expanding an air ambulance service the minimum number of patient transports per aircraft is increased to 300. The proposed expansion criteria, agreed upon by the Informal Workgroup, require an existing Air Ambulance service to meet only the minimum volume required for initiation, 275 patient transports per aircraft per year, although the requirement for patient transports and organ transports, combined, is 600 per aircraft per year. It is reasonable to expect that an air ambulance service wishing to expand should perform more than the absolute minimum volume. At least half of the applicant's total air ambulance utilization must be patient transports. This formula of at least half of the applicant's total air ambulance utilization would also be used for an applicant's future expansion to 3 or 4 helicopters.

Section 4(3), Base of Operations: Under the existing Standards for Air Ambulance, the "Base of Operations" is defined as a hospital. The proposed revisions define the base of operations as the place where the aircraft and crew are stationed; in other words, the location of the hangar. The proposed Standards also specify that, when expanding, an air ambulance service must utilize a base of operations for the additional aircraft that is covered by the same Medical Control Authority as the original base of operations. It is likely that an air ambulance service applying to add a helicopter may decide to locate it in a different "base of operations," in order to maintain closer proximity to a larger portion of the community to be served by the service. In many cases, logical secondary sites will be covered by a different Medical Control Authority than the primary site. As a result, the expansion requirements related to the base of operations should be revised. To be approved

, the applicant must demonstrate both of the following:

1. Provide a letter of support from the Medical Control Authority for the proposed new base of operation indicating that the applicant's protocols comply with the requirements of the Medical Control Authority.
2. Demonstrate that all existing air ambulance services in the State have been notified of the applicant's intent to expand the air ambulance service to an additional base of operation, by means of certified mail return receipt date before the deemed complete date of the application.

Thank you for according UMHS this opportunity to address these items. We stand ready to work with you and with the Department on these issues.