

**From:** [DoNotReply@michigan.gov](mailto:DoNotReply@michigan.gov)  
**To:** [MDCH-ConWebTeam](#)  
**Subject:** 2015 CON Standards Public Comment (ContentID - 306550)  
**Date:** Monday, October 13, 2014 12:12:05 PM

---

1. Name: Ginger Williams
2. Organization: Oaklawn Hospital
3. Phone: 269-789-3924
4. Email: [gwilliams@oaklawnhospital.com](mailto:gwilliams@oaklawnhospital.com)
5. Standards: Psychiatric Beds and Services
6. Testimony: Mental illness is one of the seven chronic conditions directly driving the extraordinary cost of healthcare in the United States. Mental illness is also a significant indirect driver of cost in that patients with co-existing mental health and physical conditions are prone to be less compliant with medical treatment regimens, thereby increasing the cost of caring for their comorbidities because of non-compliance. It is estimated that approximately 1 in 4 adults experiences mental illness in a given year. Yet mental health resources are becoming more scarce rather than more abundant, creating a vicious cycle of disease and a vortex of increasing healthcare costs.

While poor payment for mental health conditions is part of the problem, regulation contributes to the scarcity as well. A 2007 report by the Treatment Advocacy Center noted that there were 17 inpatient psychiatric beds per 100,000 population in 2005 in the US, compared to 340 beds per 100,000 population in 1955. They cite a consensus of experts as stating that the minimum number of beds needed for adequate treatment of the population is 50 beds per 100,000. In 2005 Michigan was reported to have 9.9 beds per 100,000 population, and regulation is threatening to decrease that number rather than increase it.

Inadequate treatment of underlying mental illness results in increased costs to both the healthcare system and to society as a whole. Those with mental illness, especially untreated mental illness, are less likely to finish high school, less likely to enter college or earn a degree, more likely to miss work or be unemployed, more likely to be homeless, and are three times less likely to adhere to medical treatment regimens thereby exacerbating their comorbid medical conditions and increasing their cost of healthcare.

If the cost of healthcare was being driven up by inadequate access to care for diabetes or COPD, regulators would most likely be seeking to either deregulate such treatment or to provide enabling regulations to expand treatment availability. Yet for mental health, particularly inpatient psychiatric care, current CON occupancy requirements are threatening to reduce access even further.

Reimbursement for mental health treatment is generally poor, which is why so many inpatient units have closed. Those who continue to provide such services are likely to have facilities that were constructed many years ago and have semi-private rooms. The presence of semi-private rooms, or even 3- or 4-bed wards, often creates a situation where >60% occupancy isn't possible due to patient diagnosis and gender mix, even if demand exists. Yet current CON rules threaten to delicense these very necessary beds in spite of a severe and increasing shortage of such beds in Michigan.

Therefore, I would urge the Commission to either deregulate inpatient psychiatric beds or, at a minimum, to grandfather all existing licensed inpatient psychiatric beds regardless of occupancy rate.

7. Testimony:  
fpSpamBlock:

**From:** [DoNotReply@michigan.gov](mailto:DoNotReply@michigan.gov)  
**To:** [MDCH-ConWebTeam](#)  
**Subject:** 2015 CON Standards Public Comment (ContentID - 306550)  
**Date:** Wednesday, October 22, 2014 1:52:09 PM  
**Attachments:** [Beaumont Health System Public Hearing Comment.10.22.14.pdf](#)

---

1. Name: Belinda Barron
  2. Organization: Beaumont Health System
  3. Phone: 248-551-6401
  4. Email: [bbarron@beaumont.edu](mailto:bbarron@beaumont.edu)
  5. Standards: Heart/Lung and Liver Transplantation Services
  6. Testimony: Beaumont Health System supports the continued regulation of heart/lung and liver transplantation services. Beaumont Health System recommends that the Commission consider an institution specific methodology for initiation of transplantation services in lieu of comparative review.
- fpSpamBlock:

Content-Length: 66763

October 22, 2014

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 Certificate of Need Commission:

This letter is written as formal testimony pertaining to the C.O.N. Review Standards for Bone Marrow Transplantation Services, Heart/Lung and Liver Transplantation Services, Magnetic Resonance Imaging (MRI) Services, and Psychiatric Beds and Services, which are scheduled for review in 2015.

Bone Marrow Transplantation (BMT) Services:

Beaumont Health System recommends the removal of BMT services from CON regulation or, at a minimum, mandate an institution specific methodology for BMT or autologous-only BMT. For the fourth time, Beaumont Health System is formally requesting that BMT standards be modified or removed to allow large cancer centers to offer this service. The other three times, in 2006, 2009 and 2012, existing providers used the C.O.N. process to block patient access to BMT services even though need was shown using data. The data continues to support the need for additional BMT access. Note that MDCH has recommended multiple times that BMT be deregulated.

Heart/Lung and Liver Transplantation Services:

Beaumont Health System supports the continued regulation of heart/lung and liver transplantation services. Beaumont Health System recommends that the Commission consider an institution specific methodology for initiation of transplantation services in lieu of comparative review.

Magnetic Resonance Imaging (MRI) Services:

Beaumont Health System supports the continued regulation of magnetic resonance imaging services. No specific changes to these standards are recommended at this time.

Psychiatric Beds and Services:

Beaumont Health System supports the continued regulation of psychiatric beds and services. No specific changes to these standards are recommended at this time.

Thank you for the opportunity to provide comment on these C.O.N. Review Standards.

Sincerely,



Patrick O'Donovan  
Vice President, Planning

**THE ECONOMIC ALLIANCE FOR MICHIGAN**  
**Public Comment on 2015 Work Plan**  
**Dennis McCafferty, EAM Vice President Health Policy**

Following a review of the Public Comments related to the 2015 Annual Work Plan and the posted agenda, on behalf of our business and labor member, the Economic Alliance for Michigan wishes to make the following comments:

**Bone Marrow Transplantation (BMT) Services:**

Our members are not aware of any changes in technology or the arguments presented the last time this CON standard was reviewed, that would warrant a revision of this Standard. As far as we know, there has not been a material increase in the number of patients being provided this service. If demand has not increased, why would there be a need to increase the number of facilities providing this service?

We would be most interested in hearing from the experts what may have change that could justify an expansion in the number of hospitals providing this service.

**Heart, Lung and Liver Transplantation (HLL) Services:**

Our members are not aware of any changes in technology or the arguments presented the last time this CON standard was reviewed, that would warrant a revision of this Standard. As far as we know, there has not been a material increase in the number of organs available for transplantation. If supply has not increased, why would there be a need to increase the number of facilities providing this service?

We would be most interested in hearing from the experts what may have change that could justify an expansion in the number of hospitals providing this service.

**Magnetic Resonance Imaging (MRI):**

Our members are not aware of any changes in technology since the last time this CON standard was reviewed, that would warrant a revision of this Standard.

We would be most interested in hearing from the experts what may have change that could justify a revision in this Standard.

**Psychiatric Beds: Acute Inpatient**

Our members were supportive of the changes made in this Standard the last time it was reviewed but are not aware of any additional changes needed that would warrant a revision in this Standard.

We would be most interested in hearing from the experts what may have change that could justify a revision in this Standard.

**From:** [DoNotReply@michigan.gov](mailto:DoNotReply@michigan.gov)  
**To:** [MDCH-ConWebTeam](#)  
**Subject:** 2015 CON Standards Public Comment (ContentID - 306550)  
**Date:** Thursday, October 23, 2014 3:34:50 PM  
**Attachments:** [Karmanos\\_BMT\\_Comments10-23-14.pdf](#)

---

1. Name: Joseph Uberti, MD
  2. Organization: Karmanos Cancer Institute
  3. Phone: 313-576-8760
  4. Email: [ubertij@karmanos.org](mailto:ubertij@karmanos.org)
  5. Standards: Bone Marrow Transplantation Services
  6. Testimony: See attached
- fpSpamBlock:

Content-Length: 160358



Wayne State University

## **Bone Marrow Transplant Certificate of Need Standards Testimony** October 23, 2014

It is our opinion that the existing BMT standards continue to serve the needs of cancer patients in Michigan and we do not have any recommendations for changes at this time. The standards ensure that those in need of bone marrow transplant have access to four high quality FACT accredited adult programs. Each program is operated by experienced physicians, nurses, physician assistants and multiple layers of support staff. None of the programs are at capacity and all are capable of increasing the number of transplants. Adding more programs will certainly increase costs with the need to purchase expensive equipment required to meet FACT guidelines, such as controlled rate cryopreservation systems, liquid nitrogen freezers and HEPA filtered inpatient care areas. In addition there is a well documented shortage of physicians trained in the area of stem cell transplantation. Due to this shortage of physicians, opening new programs will require recruitment of physicians from existing programs. This has already occurred with the opening of the new adult program in Grand Rapids. It will take years before any programs can match the long-standing expertise of existing BMT programs in Michigan. Every study of complex medical procedure has shown expertise and experience leads to better outcomes. The current programs have provided a stable environment for patients, payors and providers which leads to an ability to contain the cost of transplantation. In Michigan's tenuous economic environment it is imperative that all patients, regardless of insurance coverage, have access to BMT programs. Karmanos is **the** safety net cancer hospital in southeast Michigan. In Fiscal Year 2013, over sixty percent of our patient volume had either Medicaid, Medicare or no insurance. It is likely that the newer programs will focus on insured patients, while leaving those under and uninsured patients to existing programs. This would ultimately result in financial hardship for programs such as ours which have been dedicated to provide care to all patients regardless of insurance status.

4100 John R  
Detroit, Michigan 48201  
(800) KARMANOS (1-800-527-6266)  
info@karmanos.org | [www.karmanos.org](http://www.karmanos.org)



The Meyer L. Prentis Comprehensive Cancer Center of Metropolitan Detroit, operated by the Barbara Ann Karmanos Cancer Institute, is one of 39 National Cancer Institute-designated comprehensive cancer centers in the United States.

As you may hear there has been an increase in the number of transplants performed in Michigan since the standards were last reviewed, especially at Karmanos. However, in the late 1990's there was also a similar spike in the number of transplants. In fact, Karmanos performed 254 transplants in 1998 and 259 in 2013 an increase of only five in a 15 year period. In 1998, transplantation was being promoted as a treatment modality for breast cancer. Research later indicated that patients undergoing BMT for breast cancer did not have higher survival rates than those receiving other forms of treatment, essentially eliminating transplantation as a form of treatment and decreasing volumes significantly.

Since the last evaluation of the CON for stem cell transplantation, the FDA has approved a number of very effective new therapies for many of the hematologic malignancies which we currently perform transplantation on. These include multiple myeloma, CLL, NHL and Hodgkins Lymphoma; these new medications often delay and lessen the need for transplantation in these patients. As an example the majority of adult transplantation over the past few years at Karmanos, and around the country, has been from transplantation for one disease - Multiple Myeloma. Patients with myeloma are somewhat unique in that they are one of the only diseases to respond to 2 and sometimes 3 transplants. However due to the approval of 2 new agents for the treatment for myeloma, carfilzomib and pomalidomide, the increase in transplantation for myeloma may be transient. As stated in the most recent NCCN guidelines the data from recently completed trials as well as new agents currently available for the treatment of myeloma may decrease the need for the use of transplantation for this disease. In fact the number of allogeneic unrelated and cord blood transplantation at our center has not increased over the past five years.

Transplantation remains a complex medical procedure. Due to advances in the procedure we are now transplanting patients who are older with more confounding medical conditions which make their outcome difficult. Even in the best of settings the mortality for transplantation still remains as high as 20-30% in the first 100 days of treatment.

Although we hear of transplantation for a number of non-cancer diseases these are all investigational studies and certainly not a standard procedure offered to any patients in our center. There are a number of unique uses of hematopoietic stem cells which do not require transplant that are currently available in clinical applications in the area of heart disease, lung disease, and colitis or Crohn's disease. If research activities in these areas of regenerative

medicine are proven to be of benefit, this type of medical care does not require hospitals to have stem cell transplant programs to administer these products.

Thank you again for the opportunity to share with you Karmanos' position that the current BMT standards should remain unchanged to best ensure the tenets of CON – cost, quality, and access – are adhered to.





Wayne State University

## **MRI Certificate of Need Standards Testimony** October 23, 2014

We believe that Magnetic Resonance Imaging (MRI) services should continue to be regulated by the Certificate of Need program in Michigan, but request the Commission consider updating the rules to allow facilities better access to updated equipment and to be consistent with the other CON replacement standards. More specifically, there are 18 hospitals in the State of Michigan operating a single MRI unit that do not have enough volume to qualify to replace that unit when it has surpassed its useful life. The standards allow for these facilities to upgrade and repair these machines up to an expenditure of \$750,000, but not replace them entirely. As MRI has clearly become a standard diagnostic tool in health care, we feel it is important that these hospitals be allowed to replace those aged units, rather than be forced to pay for temporary fixes and potentially compromise quality or access.

Over the past several years the Department has consistently recommended that replacement of covered clinical equipment not require minimum volume for the service. In fact, that policy change has been implemented in PET, CT, and MRT over the past few years. We believe the same rationale behind those changes apply just as much to MRI as any of the other 3. We do, however, recognize that historically the volume requirement for replacement of equipment has functioned as a mechanism to ensure that facilities are not paying for equipment they do not need. Therefore we would like to offer that the replacement of an MRI unit without regard to volume could apply to MRI services that only have 1 MRI unit. Facilities with multiple units would still have to justify that their volume supports the required CON number for their MRI units.

Thank you for the opportunity to share with you Karmanos' suggestions for improving the MRI standards. We look forward to working with the Commission and Department on this issue in the coming year.

4100 John R  
Detroit, Michigan 48201  
(800) KARMANOS (1-800-527-6266)  
info@karmanos.org | [www.karmanos.org](http://www.karmanos.org)



The Meyer L. Prentis Comprehensive Cancer Center of Metropolitan Detroit, operated by the Barbara Ann Karmanos Cancer Institute, is one of 39 National Cancer Institute-designated comprehensive cancer centers in the United States.

# PENNOCK HEALTH

your partner in personal, professional, progressive care

October 23, 2014

Marc D. Keshishian, MD  
Chairperson  
Certificate of Need Commission  
Michigan Department of Community Health  
201 Townsend Street  
Lansing, Michigan 48913

Chairperson Keshishian,

Thank you for this opportunity to provide comments regarding the Certificate of Need Standards for Magnetic Resonance Imaging (MRI) Services. We are writing to express our continued support for the Certificate of Need program and the continued regulation of MRI services under the CON program. However, we do have a concern with the standards that we would appreciate an opportunity to work with you to find a solution to.

Pennock Hospital is a 49 bed community hospital located in Hastings, Michigan (Barry County). We provide MRI services through the use of one fixed MRI unit. In addition to MRI services we also provide surgical services and CT. The hospital building itself is quite old and in need of replacement. The hospital board is in the process of planning for a replacement facility within the 2 mile replacement zone on property already owned by the hospital. However, during this planning process we have identified one obstacle - we do not qualify to move our fixed MRI service to the new hospital.

Our MRI service was approved under a provision added to the standards almost 10 years ago, which allowed for the conversion of a mobile MRI host site to a fixed service if the host site was located in a county that did not have any other fixed MRI units and was at least 15 miles from the next nearest fixed MRI. Our site also had to be performing at least 4,000 adjusted MRI procedures, which we were at the time. However, since then our volumes have decreased and we are now running at about 3,000 adjusted MRI procedures per year. Our volume for the most current published MRI utilization data, which covers CY 2013, was 2,912 adjusted MRI procedures. The current standards require an MRI service to be meeting minimum volumes in order to change geographic locations, regardless of whether or not it is associated with the replacement of an entire hospital.

Pennock Hospital was approved for fixed MRI service in early 2006 and implemented that service in late 2007, nearly 7 years ago. As most of you know, the average useful life of this type of equipment is 7 years. Although we do not need to replace the MRI unit itself yet, it certainly would not make sense for us to pay to move an aged unit to the new hospital just to replace it shortly thereafter, or have it break down. In fact, we are already experiencing some maintenance issues with it. Unfortunately the standards require us to be meeting minimum volume to replace the unit as well.

Pennock Hospital is the only MRI service in Barry County and is more than 20 miles, as the crow flies, from the next closest fixed MRI unit with 24/7 availability. This equates to a 37 minute drive, which is mostly 2 lane highway. During the winter, this could be much longer. It is extremely important to patients in Hastings, and Barry County as a whole, that MRI service be available at Pennock Hospital.

We understand that the Michigan Health and Hospital Association (MHA) approached the CON Commission in June with a concern regarding the continued use of the federal county designations as rural, micropolitan, and metropolitan. We agree with MHA that these designations may make perfect sense for what the federal government uses them for, but they seem to make less and less sense for purposes of health care planning in the State of Michigan. The CON Commission has consistently expressed a strong desire to use CON to ensure adequate access to important health care services in rural areas. However, the federal designation changes over the years have designated counties that are clearly rural in nature as metropolitan. A perfect example of that is Barry County. Barry County has a population of 59,173 according to the 2010 census, but is designated as a metropolitan statistical area county by the federal government. However, Allegan County, with a population of almost double, 111,408, is considered micropolitan (which for CON purposes, we treat as rural).

One option for addressing our specific MRI issue would be to redefine rural counties in Michigan by utilizing population instead of the current federal designations. If Barry County were defined as rural and could therefore qualify for the rural adjustment factor, we believe the Pennock Hospital MRI service would meet its minimum volume of 4,000 adjusted MRI procedures, thereby qualifying to replace the unit and relocate it with the hospital.

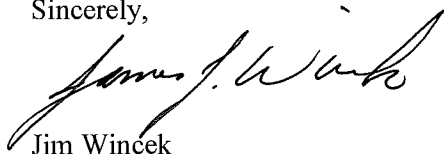
Attached you will find a spreadsheet showing all Michigan counties, their current federal designation, and their population based on the 2010 census. Based on this data, we would propose that any county with a population of 100,000 or less be considered rural and benefit from the various rural modifications in all of the CON standards, including MRI.

Although it would only fix one of our concerns, we also want to lend our support to a recommendation made by the Department during the last review of the MRI standards, to allow for the replacement of MRI units without regard to volume. This is a change that has been made in recent years to the MRT, CT, and PET standards and it seems reasonable and consistent to make this change in the MRI standards. If there is concern that facilities have more MRI's than needed and you feel the volume requirement encourages "right-sizing", then perhaps minimum volume for replacement could apply only to facilities with more than one fixed unit. This would ensure appropriate geographic access is maintained, ensure access to high quality equipment, but also prevent facilities with multiple units from replacing units that their volume does not support.

Without a change to these standards, Barry County will most certainly lose access to MRI services. It is important to understand that because the next closest MRI service is more than 20 miles away, and because we are located in a county designated as metropolitan, we do not even have the option of returning to MRI service as a mobile host site. We would not be able to obtain physician commitments to qualify even for that service.

We thank you for your time in considering our concerns and would very much appreciate an opportunity to work with you, the Department, and other interested parties to find the best solution.

Sincerely,



Jim Wincek  
VP, Facilities and Construction Management

County Code	County	HSA.	Federal Designation	2010 Population
42	Keweenaw	8	Micropolitan	2156
48	Luce	8	Rural	6631
66	Ontonagon	8	Rural	6780
77	Schoolcraft	8	Rural	8485
68	Oscoda	4	Rural	8640
07	Baraga	8	Rural	8860
02	Alger	8	Rural	9601
60	Montmorency	7	Rural	9765
01	Alcona	7	Rural	10942
49	Mackinac	8	Rural	11113
43	Lake	4	Rural	11539
36	Iron	8	Rural	11817
71	Presque Isle	7	Rural	13376
20	Crawford	7	Rural	14074
57	Missaukee	7	Micropolitan	14849
06	Arenac	6	Rural	15899
27	Gogebic	8	Rural	16427
40	Kalkaska	7	Micropolitan	17153
10	Allegan	4	Micropolitan	17525
65	Ogemaw	6	Rural	21699
45	Leelanau	7	Micropolitan	21708
67	Osceola	4	Rural	23528
05	Antrim	7	Rural	23580
55	Menominee	8	Micropolitan	24029
69	Otsego	7	Rural	24164
72	Roscommon	6	Rural	24449
51	Manistee	7	Rural	24733
26	Gladwin	6	Rural	25692
35	Iosco	6	Rural	25887
15	Charlevoix	7	Rural	25949
16	Cheboygan	7	Rural	26152
22	Dickinson	8	Micropolitan	26168
64	Oceana	4	Rural	26570
53	Mason	4	Rural*	28705
04	Alpena	7	Micropolitan	29598
18	Clare	6	Rural	30926
24	Emmet	7	Rural	32694
84	Wexford	7	Micropolitan	32735
32	Huron	6	Rural	33118
31	Houghton	8	Micropolitan	36628
21	Delta	8	Micropolitan	37069
17	Chippewa	8	Micropolitan	38520
29	Gratiot	6	Micropolitan	42476
54	Mecosta	4	Micropolitan	42798
76	Sanilac	6	Rural	43114
12	Branch	3	Micropolitan	45248
30	Hillsdale	2	Rural*	46688
62	Newaygo	4	Metropolitan*	48460
14	Cass	3	Metropolitan	52293
79	Tuscola	6	Rural	55729
08	Barry	3	Metropolitan	59173

75	St. Joseph	3	Micropolitan	61295
59	Montcalm	4	Rural*	63342
34	Ionia	4	Metropolitan*	63905
52	Marquette	8	Micropolitan	67077
37	Isabella	6	Micropolitan	70311
78	Shiawassee	5	Micropolitan	70648
19	Clinton	2	Metropolitan	75382
80	Van Buren	3	Metropolitan	76258
56	Midland	6	Micropolitan*	83629
28	Grand Traverse	7	Micropolitan	86986
44	Lapeer	5	Metropolitan	88319
46	Lenawee	2	Micropolitan	99892
23	Eaton	2	Metropolitan	107759
09	Bay	6	Metropolitan	107771
03	Allegan	4	Micropolitan	111408
13	Calhoun	3	Metropolitan	136146
58	Monroe	1	Metropolitan	152021
11	Berrien	3	Metropolitan	156813
38	Jackson	2	Metropolitan	160248
74	St. Clair	1	Metropolitan	163040
61	Muskegon	4	Metropolitan	172188
47	Livingston	1	Metropolitan	180967
73	Saginaw	6	Metropolitan	200169
39	Kalamazoo	3	Metropolitan	250331
70	Ottawa	4	Metropolitan	263801
33	Ingham	2	Metropolitan	280895
81	Washtenaw	1	Metropolitan	344791
25	Genesee	5	Metropolitan	425790
41	Kent	4	Metropolitan	602622
50	Macomb	1	Metropolitan	840978
63	Oakland	1	Metropolitan	1202362
82	Wayne	1	Metropolitan	1820584
83	Detroit City	1	Metropolitan	

**From:** [DoNotReply@michigan.gov](mailto:DoNotReply@michigan.gov)  
**To:** [MDCH-ConWebTeam](#)  
**Subject:** 2015 CON Standards Public Comment (ContentID - 306550)  
**Date:** Thursday, October 23, 2014 1:48:27 PM  
**Attachments:** [UMHS\\_BMT\\_Public\\_Comment\\_23Oct2014.pdf](#)

---

1. Name: Steven Szelag
  2. Organization: University of Michigan Health System
  3. Phone: (734) 647-1163
  4. Email: [sszelag@umich.edu](mailto:sszelag@umich.edu)
  5. Standards: Bone Marrow Transplantation Services
  6. Testimony:
- fpSpamBlock:

Content-Length: 690214

**From:** [DoNotReply@michigan.gov](mailto:DoNotReply@michigan.gov)  
**To:** [MDCH-ConWebTeam](#)  
**Subject:** 2015 CON Standards Public Comment (ContentID - 306550)  
**Date:** Thursday, October 23, 2014 1:52:41 PM  
**Attachments:** [UMHS\\_MRI\\_Public\\_Comment\\_23Oct2014.docx.pdf](#)

---

1. Name: Steven Szelag
  2. Organization: University of Michigan Health System
  3. Phone: (734) 647-1163
  4. Email: [sszelag@umich.edu](mailto:sszelag@umich.edu)
  5. Standards: Magnetic Resonance Imaging (MRI) Services
  6. Testimony:
- fpSpamBlock:

Content-Length: 1435699



October 23, 2014

Marc Keshishian, M.D. - CoN Commission Chairperson  
Certificate of Need Policy  
Capitol View Building  
201 Townsend Street  
Lansing, MI 48913

**RE: Magnetic Resonance Imaging Services - Certificate of Need Standards Review**

Dear Commissioner Keshishian:

This letter is written as formal testimony pertaining to the Certificate of Need (CoN) Review Standards for Magnetic Resonance Imaging (MRI) Services. The University of Michigan Health System supports the continued regulation of this service and would like to provide the following comments:

To assist in improving access and safety, the CoN Commission should consider modifying the MRI Adjusted Procedure volume threshold for expansion at a freestanding site or consider adding an additional scan weight for fixed MRI scanners located at a freestanding site. The Standards currently in effect require applicants to demonstrate an average of 11,000 MRI Adjusted Procedures per fixed unit for expansion at both hospital and freestanding sites. This is a challenging volume requirement for freestanding sites to achieve as most are not 24 x 7 operations. The current volume threshold for expansion is creating capacity constraints at certain locations resulting in some patients being scanned using Computed Tomography (CT), when either modality is appropriate, thus exposing them to unnecessary CT radiation.

The Commission should also investigate a "system view" of imaging asset deployment. Healthcare delivery systems with multiple licensed and/or unlicensed medical facilities, under common ownership, require flexibility to improve "point-of-service" care based on changing demographics and demand. The existing CoN Standards for Replacement and Relocation are somewhat restrictive and may not adequately meet the specific needs of the applicant. CoN Standards currently exist for the movement of licensed medical/surgical beds between multiple



licensed facilities under common ownership. Similar standards for other CoN Covered Services would significantly improve access to healthcare.

Thank you for allowing the University of Michigan Health System to provide these comments for consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "T. Anthony Denton". The signature is written in a cursive style with a large, looped initial "T".

T. Anthony Denton  
Acting Chief Executive Officer and Chief Operating Officer



**HOSPITALS & HEALTH CENTERS**  
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

**T. Anthony Denton**  
Acting Chief Executive Officer  
and Chief Operating Officer

**University of Michigan Hospitals  
And Health Centers**  
300 N. Ingalls St, SPC 5474  
Ann Arbor MI 48109-0400

T: (734) 764-1505  
F: (734) 763-5311

tadpole@med.umich.edu  
uofmhealth.org

October 23, 2014

Marc Keshishian, M.D. - CoN Commission Chairperson  
Certificate of Need Policy  
Capitol View Building  
201 Townsend Street  
Lansing, MI 48913

**RE: Bone Marrow Transplant Services - Certificate of Need Standards Review**

Dear Commissioner Keshishian:

This letter is written as formal testimony pertaining to the Certificate of Need (CoN) Review Standards for Bone Marrow Transplant (BMT) Services. The University of Michigan Health System supports the continued regulation of this covered service and the CoN standards for allogeneic and autologous stem cell transplant do not require modification.

Thank you for allowing the University of Michigan Health System to provide these comments for consideration.

Respectfully submitted,

T. Anthony Denton  
Acting Chief Executive Officer and Chief Operating Officer



**HOSPITALS & HEALTH CENTERS**  
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

**T. Anthony Denton**  
Acting Chief Executive Officer  
and Chief Operating Officer

**University of Michigan Hospitals  
And Health Centers**  
300 N. Ingalls St, SPC 5474  
Ann Arbor MI 48109-0400

T: (734) 764-1505  
F: (734) 763-5311

tadpole@med.umich.edu  
uofmhealth.org

October 23, 2014

Marc Keshishian, M.D. - CoN Commission Chairperson  
Certificate of Need Policy  
Capitol View Building  
201 Townsend Street  
Lansing, MI 48913

**RE: Heart/Lung & Liver Transplantation Services - Certificate of Need Standards Review**

Dear Commissioner Keshishian:

This letter is written as formal testimony pertaining to the Certificate of Need Review Standards for Heart/Lung & Liver Transplantation Services. The University of Michigan Health System supports the continued regulation of this covered service and does not believe specific revisions to these standards are necessary at this time.

Thank you for allowing the University of Michigan Health System to provide these comments for consideration.

Respectfully submitted,

T. Anthony Denton  
Acting Chief Executive Officer and Chief Operating Officer



October 23, 2014

Marc Keshishian, M.D. - CoN Commission Chairperson  
Certificate of Need Policy  
Capitol View Building  
201 Townsend Street  
Lansing, MI 48913

**RE: Magnetic Resonance Imaging Services - Certificate of Need Standards Review**

Dear Commissioner Keshishian:

This letter is written as formal testimony pertaining to the Certificate of Need (CoN) Review Standards for Magnetic Resonance Imaging (MRI) Services. The University of Michigan Health System supports the continued regulation of this service and would like to provide the following comments:

To assist in improving access and safety, the CoN Commission should consider modifying the MRI Adjusted Procedure volume threshold for expansion at a freestanding site or consider adding an additional scan weight for fixed MRI scanners located at a freestanding site. The Standards currently in effect require applicants to demonstrate an average of 11,000 MRI Adjusted Procedures per fixed unit for expansion at both hospital and freestanding sites. This is a challenging volume requirement for freestanding sites to achieve as most are not 24 x 7 operations. The current volume threshold for expansion is creating capacity constraints at certain locations resulting in some patients being scanned using Computed Tomography (CT), when either modality is appropriate, thus exposing them to unnecessary CT radiation.

The Commission should also investigate a "system view" of imaging asset deployment. Healthcare delivery systems with multiple licensed and/or unlicensed medical facilities, under common ownership, require flexibility to improve "point-of-service" care based on changing demographics and demand. The existing CoN Standards for Replacement and Relocation are somewhat restrictive and may not adequately meet the specific needs of the applicant. CoN Standards currently exist for the movement of licensed medical/surgical beds between multiple

licensed facilities under common ownership. Similar standards for other CoN Covered Services would significantly improve access to healthcare.

Thank you for allowing the University of Michigan Health System to provide these comments for consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "T. Anthony Denton". The signature is written in a cursive style with a large initial "T" and "D".

T. Anthony Denton  
Acting Chief Executive Officer and Chief Operating Officer

October 23, 2014

Marc Keshishian, M.D. - CoN Commission Chairperson  
Certificate of Need Policy  
Capitol View Building  
201 Townsend Street  
Lansing, MI 48913

**RE: Psychiatric Beds and Services - Certificate of Need Standards Review**

Dear Commissioner Keshishian:

This letter is written as formal testimony pertaining to the Certificate of Need (CoN) Review Standards for Psychiatric Beds and Services. The University of Michigan Health System supports the continued regulation of this covered service and does not believe specific revisions to these standards are necessary at this time.

Thank you for allowing the University of Michigan Health System to provide these comments for consideration.

Respectfully submitted,



T. Anthony Denton  
Acting Chief Executive Officer and Chief Operating Officer