

STATE OF MICHIGAN  
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF NEED COMMISSION

COMMISSION MEETING

BEFORE JAMES FALAHEE, CHAIRPERSON

333 South Grand Avenue, Lansing, Michigan

Thursday, June 14, 2018, 9:30 a.m.

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1                   Lansing, Michigan

2                   Thursday, June 14, 2018 - 9:31 a.m.

3                   MR. FALAHEE: Good morning, everyone, and welcome  
4 to the June meeting of the CON Commission meeting. We all  
5 think we should be somewhere else other than this meeting,  
6 maybe the shore of Lake Michigan, but we're not. So let's  
7 call this meeting to order. And for introductions, you can  
8 tell who's a new commissioner because those of us that are  
9 veterans have these (indicating), those that are new have  
10 paper. So what I thought we could do is have Commissioners  
11 Wang and McKenzie tell us who they are, where they're from  
12 if they do, and then we in turn can let them know who the  
13 heck we are because we do things outside of the CON  
14 Commission, thank goodness.

15                   So, Amy, why don't I start with you, please? And  
16 are the mics working as far as we know?

17                   MS. NAGEL: They should be.

18                   MR. FALAHEE: Okay. Thank you.

19                   DR. MCKENZIE: Thanks. Yeah, I'm Amy McKenzie and  
20 I am a medical director at Blue Cross in our value  
21 partnerships area which works with our provider partners in  
22 developing programs and incentives trying to improve  
23 quality, cost, efficiency. I came to Blue Cross five years  
24 ago. I am a family medicine physician. I practiced for 13  
25 years prior to coming to Blue Cross.

1 DR. WANG: Hi. I'm Stewart Wang. I am a surgeon  
2 at the University of Michigan where I've been for about 23  
3 years. I practice in acute care surgery, trauma, general  
4 surgery, burn surgery. I'm the current director of the  
5 University of Michigan Burn Center. And I have a sort of  
6 longstanding interest in balancing needs with resources. I  
7 sat on the national expert panel of field triage, and as --  
8 of the director of the State of Michigan Burn and Mass  
9 Casualty Coordinating Center and as the coordinating center  
10 for the Midwest we're always interested in making sure that  
11 we have an understanding of what the resources are so that  
12 we could respond appropriately in a mass casualty situation.

13 MR. FALAHEE: Thank you. And why don't we start,  
14 Commissioner Guido-Allen, if you could introduce yourself to  
15 our new ones?

16 MS. GUIDO-ALLEN: I'm Debbie Guido-Allen. I  
17 represent nursing on the Commission.

18 MS. LALONDE: Hi. I'm Melanie LaLonde. I am from  
19 General Motors and I represent self-funded medical plans.

20 MS. BROOKS-WILLIAMS: Good morning. Denise  
21 Brooks-Williams. I work with Henry Ford Health System. I  
22 am the CEO of our downriver hospital and I represent  
23 hospitals.

24 MR. HUGHES: Good morning. I'm Bob Hughes with  
25 Advantage Benefits Groups. We're an employee benefits firm.

1 I think I represent fully insured plans.

2 DR. GARDNER: I'm Tressa Gardner. I'm an ER  
3 physician and staffed through multiple sites in the state of  
4 Michigan.

5 MR. MITTELBRUN: Tom Mittelbrun. I work for the  
6 National Electrical Contractors Association here in  
7 Michigan, and pretty much my role is to represent consumers  
8 and the construction industry.

9 MR. FALAHEE: And I'm James "Chip" Falahee with  
10 Bronson Health Care Group in Kalamazoo. Been working on CON  
11 for at least 30 years and have two in the pipeline right  
12 now, so -- but we don't talk about that when we're in here.  
13 So thank you, everyone. And I thought we'd introdu- -- we'd  
14 go down the row and let our state folks -- introduce them  
15 because you will get to know them very well and they provide  
16 valuable input to the Commission.

17 MR. POTCHEN: So, hello. I'm Joe Potchen. I'm  
18 from the attorney general's office and I serve as legal  
19 counsel for the Commission. And I should also introduce  
20 Carl Hammaker who is also from our office and he is involved  
21 in many Certificate of Need matters and I plan to get him  
22 involved even more.

23 MS. NAGEL: Hi. I'm Beth Nagel. I'm the division  
24 director for the Office of Planning within the Policy,  
25 Planning & Legislative Affairs bureau within the department

1 and I oversee Certificate of Need policy and evaluation.

2 MS. BHATTACHARYA: Hi. This is Tulika  
3 Bhattacharya. I manage the CON evaluation section. My team  
4 of nine reviews all the applications to issue a decision to  
5 the director of the department. We also follow up projects  
6 to make sure they're implemented within the required time  
7 frame and we also monitor compliance with the delivery  
8 requirements for all of the approved facilities.

9 MR. LORI: Good morning. My name is Matt Lori. I  
10 work for Policy, Planning & Legislative Services here at  
11 MDHHS. I'm here because Beth and Tulika tell me I need to  
12 be. Welcome.

13 MR. FALAHEE: Tania?

14 MS. RODRIGUEZ: I'm Tania Rodriguez.

15 MS. NAGEL: Marcy?

16 REPORTER: I'm Marcy. I'm the court reporter.

17 MR. FALAHEE: And now and then Marcy and/or Tania  
18 will remind us to introduce ourselves when we're making a  
19 comment. So there. So with that, I'd also want to  
20 recognize two people that aren't here because they're no  
21 longer on the Commission. One would be Suresh Mukherji and  
22 the other is Mark Keshishian. Their terms expired or they  
23 otherwise left the Commission. I want to just publicly  
24 acknowledge both of them for their long service on the  
25 Commission. Mark was on for a very, very long period of

1 time, served as chairman either before me or after me as  
2 chairman, and Suresh succeeded Mark and I in the chairman  
3 role. And I know that Suresh would like to come back to the  
4 Commission, but that's up to the governor. But I wanted to  
5 publicly acknowledge both of them for their service to the  
6 state and the Commission.

7 With that, the next agenda item would be the  
8 review of the agenda. And Tania, as she always does, sends  
9 out the final agenda which is in front of us today and I've  
10 asked for any comments on the agenda. If not, I would  
11 entertain a motion to accept the agenda as presented.

12 MS. BROOKS-WILLIAMS: Commissioner  
13 Brooks-Williams, so moved.

14 MR. HUGHES: Second.

15 MR. FALAHEE: We have a motion to accept the  
16 agenda. Any discussion? All in favor say "aye."

17 (All in favor)

18 MR. FALAHEE: Opposed? The agenda is accepted.  
19 Next, declaration of conflicts of interests. I know you're  
20 all aware of the conflicts of interest issue and we have  
21 written comments or written commentary in our books. Does  
22 anyone have a conflict of interest they would wish to  
23 declare at this time? Hearing none, we'll move on. Minutes  
24 of our March 27 meeting, any comments about those?  
25 Otherwise, I'd entertain a motion to accept those minutes.



1                   MR. MITTELBRUN: Motion to accept minutes as  
2 presented. Commissioner Mittelbrun.

3                   MS. GUIDO-ALLEN: Second, Guido-Allen.

4                   MR. FALAHEE: Any discussion? All in favor of the  
5 acceptance of the minutes say "aye."

6                   (All in favor)

7                   MR. FALAHEE: Opposed? Okay. Great. Let's move  
8 into the agenda. And this is one of those agendas when you  
9 first look at it you go, "Whoa. We might be able to get out  
10 of here in decent shape today." So far I only have 48 blue  
11 cards, so we'll plow right through it. I have four.

12                   But I will say that to the extent that the first  
13 witness comes up and says A, B and C, and if you're going to  
14 follow them and you've submitted a blue card and you're  
15 going to say the same thing, there's no need to do that. We  
16 don't have to have multiple witnesses saying, "Yeah, I  
17 agree. I agree. I agree." So if that first witness is  
18 sufficient and you don't have anything else to add, there's  
19 really nothing to add to that. And I'll remind everyone of  
20 the three-minute rule where we as the Commission expect you  
21 to say what you have to say in three minutes. If you're not  
22 done in three minutes, Tania's little bell will go off and  
23 you'll start getting stern looks from the Commission.

24                   And then I'll add one other thing, for those of  
25 you that were around when I was the former chairman, none of

1 us as the Commission, especially me, like it when we get  
2 presented to us as we sit down written documents. All  
3 right? That will get at least a stern look from me and I  
4 think others. So please do your best to get to us anything  
5 you want us to review before the meeting because it's not  
6 fair to us or to any witness who's testifying if something  
7 is put in front of us and we're trying to listen to the  
8 witness, listen to discussion and read documents at the same  
9 time. I myself can't do that. So just a word of caution.  
10 Thank you.

11 With that, the first item on the agenda is Open  
12 Heart Surgery Services and I'll turn it over to Beth to talk  
13 about it and I have three cards once Beth summarizes the  
14 issue.

15 MS. NAGEL: Good morning. This is Beth. For item  
16 five, Open Heart Surgery Services, the Commission took  
17 proposed action on a draft language at the March meeting. A  
18 public hearing was held on April 26th, written testimony was  
19 received from four organizations. The testimony can be  
20 found in your packet along with a memo summarizing an  
21 overview of the testimony. It's also on the screen. The  
22 draft language before you has two changes from the March  
23 meeting. One is a technical change and the other is a  
24 substantive change. The first technical change is in  
25 section 4(1)(d). This is a proposed amendment that changes

1 the relocation zone of Open Heart Surgery to five miles in a  
2 metropolitan area or within ten miles of a -- in a rural  
3 area. The second technical change is (e), the word "and"  
4 was changed to "the" in the last sentence of (e). The  
5 Department supports the proposed language as presented today  
6 with these two -- with the technical and substantive change.

7 If the Commission accepts and/or makes any  
8 additions to this draft, it would be proposed action again  
9 today at this meeting and the draft language will go to  
10 public hearing and to the JLC. It's important to note that  
11 this language is connected with the next agenda item which  
12 is Cardiac Catheterization as well.

13 MR. FALAHEE: Thank you. Any questions of Beth  
14 before we go to public comment? All right. Great. The  
15 first card I've got is from Tracey Dietz from Henry Ford  
16 Health System. I apologize if I've mispronounced the name.

17 TRACEY DIETZ.

18 MS. TRACEY DIETZ: Hi. I'm Tracey Dietz with  
19 Henry Ford Health System. First of all, thank you for  
20 giving me the opportunity to make comments. My comments are  
21 both supportive of the open heart surgery modifications to  
22 language as well as the similar changes to language in the  
23 cardiac cath standards. So basically what I wanted to say  
24 is that Henry Ford Health System is supportive of the  
25 changes that Beth outlined as it relates to the relocation

1 zone and we're generally supportive of all the language  
2 changes -- there's a couple other minor changes within the  
3 document for open heart surgery.

4 The language, the revisions, ensure that  
5 communities that we currently serve in the areas in which  
6 the current program sit are not negatively impacted in case  
7 of a relocation, and the language also is still allowing  
8 hospitals that flexibility to be able to make the moves, you  
9 know, collectively or jointly with cardiac cath labs. So,  
10 again, we support the changes and thank you for the time.

11 MR. FALAHEE: Any questions? Thank you. Next  
12 card I've got is David Walker from Spectrum.

13 DAVID WALKER

14 MR. DAVID WALKER: I don't have anything to add.  
15 I think that was perfect. I'd just like it on record that  
16 Spectrum Health also supports the language and is thankful  
17 to the Department for the changes.

18 MR. FALAHEE: Okay. Great. Thank you. Last card  
19 I've got on Open Heart is Marlana Hendershot from Sparrow.

20 MARLENA HENDERSHOT

21 MS. MARLENA HENDERSHOT: Agree. The Tri-Cities  
22 appreciates the Department's --

23 MR. FALAHEE: And I appreciate both of you for  
24 saying you agree. Thank you. Would you like that put on  
25 the record?

1 MS. MARLENA HENDERSHOT: Yes. Marlena Hendershot  
2 with Sparrow Health System.

3 MR. FALAHEE: Okay. Great. Thank you very much.  
4 Any others choose to comment about the Open Heart Surgery?  
5 Commission discussion? Does anyone have anything they'd  
6 like to discuss or would you like to move directly to a  
7 motion along the lines of what was presented in our packets?

8 MR. MITTELBRUN: Well, I'm happy to make the  
9 motion that the matter be given its normal course and move  
10 forward according to our procedures.

11 MR. FALAHEE: So is that motion to approve the  
12 language as recommended with the five mile and ten mile, and  
13 then the technical changes as well?

14 MR. MITTELBRUN: Yes. Mittelbrun.

15 MS. NAGEL: Could you please say "take proposed  
16 action"?

17 MR. MITTELBRUN: Mittelbrun. A motion to take the  
18 proposed action.

19 MS. BROOKS-WILLIAMS: Support. Brooks-Williams.

20 MR. FALAHEE: Okay. Any discussion? Does the  
21 Department need that to be clarified at all?

22 MS. NAGEL: No. I have recorded the motion as  
23 motioned by Commissioner Mittelbrun, seconded by  
24 Commissioner Brooks-Williams to take proposed action on the  
25 language as presented today and move forward to the Joint

1 Legislative Committee at a public hearing.

2 MR. FALAHEE: Any other discussion? Okay. We  
3 have a motion on the floor. All in favor say "aye."

4 (All in favor)

5 MR. FALAHEE: Opposed? That motion carries which  
6 may make the Cardiac Cath even faster, but we'll see. So  
7 we'll then move on to our next agenda item six, Cardiac  
8 Catheterization. Beth, please?

9 MS. NAGEL: Okay. Item six, Cardiac  
10 Catheterization Services. This is draft language in your  
11 public hearing report. The Commission took proposed action  
12 on the draft language at the March meeting. A public  
13 hearing was held on April 26th. Written testimony was  
14 received from five organizations. The testimony can be  
15 found in the packet along with a memo giving an overview of  
16 the testimony. There were two -- one proposed change from  
17 the previous draft that you saw and that is consistent with  
18 Open Heart Surgery which limits the relocation zone to five  
19 miles metropolitan and ten miles for a rural community.

20 The Department supports the proposed language as  
21 presented at the March meeting -- or as presented today,  
22 excuse me -- with the proposed substantive change. If the  
23 Commission accepts and/or makes any additional substantive  
24 changes, it would take proposed action on the draft language  
25 and the draft language would be sent to public hearing and

1 the Joint Legislative Committee.

2 MR. FALAHEE: Okay. Thank you, Beth. Any  
3 questions? I have at least one and maybe another card that  
4 just came in on this. The only card I have is from  
5 Marlena Hendershot at Sparrow.

6 MARLENA HENDERSHOT

7 MS. MARLENA HENDERSHOT: Good morning. I'm  
8 Marlena Hendershot with Sparrow Health System. In addition  
9 to my previous comments supporting the relocation zone, we'd  
10 like to provide some feedback that you requested at your  
11 last meeting regarding being the appropriate location for  
12 ICD and pacemaker implants.

13 The current draft makes it clear that these  
14 procedures must be performed in a cath lab or in an OR  
15 located in a licensed hospital. We believe that language  
16 should be clarified to make it clear that the hospital must  
17 have CON approval for cath lab services in order to ensure  
18 that the cardiac support services are available to these  
19 patients in case of a complication. Thank you for your  
20 time. Do you have any questions?

21 MR. FALAHEE: Does anyone have any questions? I  
22 do. So run that by me again. This is Falahee.

23 MS. MARLENA HENDERSHOT: Okay. So in the state's  
24 current draft, it states that an ICD or pacemaker can be  
25 implanted in either a cath lab or an OR, licensed OR. So it

1 does not necessarily clarify that you also have to have a  
2 cath lab program. So if you were to perform the procedure  
3 in an OR, you do not have to have, as it's written, a cath  
4 lab program. Is that correct, Beth?

5 MS. NAGEL: Yes.

6 MS. MARLENA HENDERSHOT: Am I understanding that  
7 correctly?

8 MS. NAGEL: Yes. The Department certainly  
9 supports clarification on this point because it may not be  
10 clearly written.

11 MR. FALAHEE: So, okay. It's so confusing in  
12 my mind so help me out. Where is the change? Where  
13 would you propose the change in the --

14 MS. NAGEL: In the definition.

15 MS. BHATTACHARYA: Yeah.

16 MS. MARLENA HENDERSHOT: Yes; yes.

17 MS. NAGEL: Tulika?

18 MS. BHATTACHARYA: Yeah.

19 MS. NAGEL: In the definition.

20 MS. BHATTACHARYA: Yeah. 2(1)(c).

21 MS. NAGEL: 2(1)(c) currently says -- oh, yes.

22 Okay. So the very last sentence of the definition of a  
23 cardiac catheterization procedures says that,

24 "This term does not include 'float catheters' that  
25 are performed at the bedside or in settings outside the



1           laboratory or the implantation of cardiac permanent  
2           pacemakers and implantable cardioverter defibrillator  
3           (ICD) devices that are performed at an interventional  
4           radiology laboratory or operating room" and then we, at  
5           the SAC, added "in a licensed hospital."

6           And I believe what Ms. Hendershot is referring to  
7           is that -- to further clarify it that it would be in a  
8           licensed hospital that has a cardiac catheterization  
9           Certificate of Need.

10           MS. MARLENA HENDERSHOT: Exactly.

11           MS. NAGEL: A diagnostic certificate for cardiac  
12           catheterization.

13           MR. FALAHEE: Hang on, while we -- the issue is,  
14           is it a technical change or a substantive change and that we  
15           have to rely on that --

16           MR. POTCHEN: So let me just tell you what we're  
17           talking about. We have to determine at this point whether  
18           this is a substantive change or a technical change. To the  
19           extent it's a technical change, we don't have to send it  
20           back out to public hearing.

21           MS. NAGEL: It's going.

22           MR. POTCHEN: They have determined it -- the  
23           determination is moot. I support the change. It's going to  
24           go out to public hearing.

25           MR. FALAHEE: Given what we think will happen,

1 it's going to go out to public hearing anyway.

2 MR. POTCHEN: As these issues come up.

3 MR. FALAHEE: Yeah. So assuming it's going to go  
4 out -- this is Falahee again -- to public hearing, we would  
5 have -- and if everyone would have that proposed language so  
6 they could comment on it at the public hearing or submit  
7 written testimony? Okay. All right.

8 MR. POTCHEN: So the Department supports that  
9 addition?

10 MS. NAGEL: We -- yes, we support clarifying it,  
11 whichever way the Commission wants to clarify it. Because  
12 it could be clarified -- okay. It could be clarified to say  
13 that it could be in a licensed hospital and doesn't need  
14 Certificate of Need for Cardiac Catheterization. This was  
15 the debate. And so we certainly support clarifying it one  
16 way or the other. It needs to be clarified. Either you  
17 need a Certificate of Need for Diagnostic Cardiac  
18 Catheterization or you don't. And I will say this was  
19 somewhat of a concern for the SAC and I believe they were --  
20 by this change they were meaning in a licensed hospital with  
21 a cardiac catheterization Certificate of Need -- diagnostic  
22 certificate.

23 MR. FALAHEE: Okay.

24 MS. NAGEL: But because it wasn't clearly written,  
25 that's where the debate came.

1                   MR. FALAHEE: This is Falahee. What I recommend  
2 is following the -- what you believe to be the advice of the  
3 SAC because we accepted their comments when they were here  
4 last time and then put that language together and sent it  
5 out for public hearing and see what comments we get back.  
6 Does that work for the commissioners?

7                   MR. MITTELBRUN: Yes.

8                   MR. FALAHEE: All right. I think we're set.  
9 Thank you.

10                  MS. MARLENA HENDERSHOT: Thank you.

11                  MR. FALAHEE: I have one other card just came in,  
12 and I don't know if it's for this issue or just a general  
13 public comment card. Let me ask Dr. Elias Kassab. If I  
14 pronounced it incorrectly, I apologize. Do you wish to  
15 testify on the cardiac catheterization proposed standards  
16 that are in front of us here, or is it something else?

17                  DR. ELIAS KASSAB: It's actually both. Good  
18 morning.

19                                 DR. ELIAS KASSAB

20                  MR. FALAHEE: Good morning. And I'll remind  
21 you -- you weren't here when we walked in -- or we started.  
22 Number one, witnesses have three minutes to testify. Number  
23 two, we don't like having things thrown in front of us at  
24 the day of the meeting. With that, you may proceed.

25                  DR. ELIAS KASSAB: Understood. Understood. I am

1 Dr. Elias Kassab. I'm the president and CEO of the Michigan  
2 Outpatient Vascular Institute. I'm here to ask this  
3 Committee for -- to expand the services for cardiac rhythm  
4 management to the outpatient setting under an ambulatory  
5 surgery center. CMS over the past year and a half has  
6 established a fee schedule for all CRM procedures pertaining  
7 to the ambulatory surgery center. I'd like to add to this  
8 that we've observed trending over the past several years  
9 towards the outpatient services, whether it's cardiac or  
10 non-cardiac that's being essentially treated by higher  
11 customer satisfaction, higher safety, less infection  
12 recently, less nosocomial infection, and also very  
13 importantly, much lower costs.

14 In the packet I included some highlights  
15 pertaining to that highlighting the safety of the outpatient  
16 as well as reduction in costs up to 49 percent for  
17 procedures performed -- CRM procedures performed in the  
18 outpatient setting. This trending has occurred in over 25  
19 states in this country based on the CMS fee schedule that  
20 was proposed and agreed upon about a year and a half ago.

21 So we are asking to -- this Committee to consider  
22 the expansion of CRM procedures to the outpatient. Patients  
23 are asking for it, physicians are asking for it, and we'd  
24 like to make sure that there's a very close oversight in the  
25 beginning from this date to assure and be confident about

1 the credibility and we want to maintain a good communication  
2 with this entity regarding the success and the safety as  
3 well as the -- what we are proposing and follow through on  
4 everything.

5 MR. FALAHEE: Thank you. Any questions? Let me  
6 ask --

7 MR. HUGHES: Go first.

8 MR. FALAHEE: Okay. This is Falahee. Let me ask  
9 Beth if the SAC considered this issue in its discussions or  
10 deliberations?

11 MS. NAGEL: Yes. The staff did deliberate on  
12 this. It was part of the SAC's charge and it was an  
13 interesting debate. There were many of the same arguments,  
14 a lot of really good conversation about this and they did  
15 decide to include in the language that these procedures  
16 cannot be done in an ambulatory surgery center.

17 MR. FALAHEE: All right. Thank you. Commissioner  
18 Hughes?

19 MR. HUGHES: Yeah, I was just interested in more  
20 of the detail of what happened in the SAC. I mean, was it a  
21 close issue? Was it -- at the end of the day why the  
22 decision was made to keep it as is?

23 MS. NAGEL: You know, it was a close issue I would  
24 say. There were, you know, not -- my characterization of  
25 it, at the end of the day I think their concerns were

1 perhaps that this hadn't been studied as much as it could to  
2 really truly know the outcomes. Also, there was a lot of  
3 talk that certainly it is interesting that CMS allows it,  
4 but that doesn't necessarily, you know, directly translate  
5 to quality and access issues so I think that would be my  
6 characterization of what happened.

7 MR. HUGHES: As a card carrying member of a  
8 defibrillator club that really enjoys going through TSA  
9 lines, I was just making it my personal experience when I  
10 them put in and whether I wanted it at the hospital or the  
11 outpatient which would be less expensive potentially and  
12 more access. But I was very interested in what the SAC had  
13 to say, so --

14 MR. FALAHEE: Any other questions for the doctor?  
15 Okay. Thank you very much. Appreciate your comments.

16 DR. ELIAS KASSAB: May I ask one thing? Would the  
17 state consider to have private centers where for six or  
18 twelve months evaluate the request in an ambulatory surgery  
19 center and one center have a pilot evaluation under a very,  
20 very close, very well scrutinized supervision? Any  
21 consideration can be given to that?

22 MR. FALAHEE: Speaking on behalf of the state --  
23 and if I get it wrong, they'll tell me, I'm sure -- I'm sure  
24 they can look at that request. Any pilot projects at all  
25 would require a standard to be approved through this

1 Commission and then interpreted and enforced by the  
2 Department. So we can look at the request and then respond  
3 back at the next CON meeting. Is that fair?

4 MS. NAGEL: Yeah.

5 MR. FALAHEE: Okay.

6 DR. ELIAS KASSAB: Thank you.

7 MR. FALAHEE: All right. Thank you. Any other  
8 comments about this issue or Cardiac Cath? Okay.  
9 Commission discussion or motion?

10 MR. HUGHES: We're on time for this one and it  
11 would be three years from now I guess would be the next  
12 time?

13 MR. FALAHEE: Right. This is Falahee. You read  
14 my mind. We can revisit in three years and see where the  
15 industry is at at that point. Would anyone like to make a  
16 motion?

17 MR. HUGHES: I'll make a motion to -- ladies  
18 first, please. Yours will be better than mine.

19 MS. BROOKS-WILLIAMS: No, it's not. This is  
20 Commissioner Brooks-Williams. So I move that we take the  
21 proposed action.

22 MS. NAGEL: So you could take proposed action on  
23 the language as presented today, or as presented today with  
24 the additional change at the meeting, and that would move  
25 forward to the Joint Legislative Committee and to public

1 hearing.

2 MS. BROOKS-WILLIAMS: Absolutely. That's what I  
3 said, what Beth said. Proposed language with the amendment  
4 from today.

5 MR. MITTELBRUN: Mittelbrun, second.

6 MR. FALAHEE: Any discussion? Any question from  
7 the state as to what the motion was?

8 MS. NAGEL: No, I think --

9 MR. FALAHEE: Or any additions from the state as  
10 to what the motion is?

11 MS. NAGEL: I think I have it.

12 MR. FALAHEE: Any discussion? All right. We have  
13 a motion on the floor. All in favor of the motion please  
14 say "aye."

15 (All in favor)

16 MR. FALAHEE: Opposed? Okay. That motion  
17 carries. Thank you everyone. Next we move to agenda item  
18 seven, Hospital Beds. Beth, I'll turn it over to you for a  
19 summary, please. And I do not have any blue cards on this  
20 issue.

21 MS. NAGEL: Okay. Item seven, Hospital Bed draft  
22 language and public hearing report. The Commission took  
23 proposed action on the draft language at the March meeting.  
24 A public hearing was held on April 26th. No testimony was  
25 received. The language that is in front of you today is the



1 same as was presented at the March meeting. The Department  
2 supports the proposed language as presented at the March  
3 meeting. If the Commission takes final action today, the  
4 language for this standard would move to the Joint  
5 Legislative Committee and the governor for the 45-day review  
6 period.

7 MR. FALAHEE: This is Falahee. Thank you, Beth.  
8 Any questions or discussion amongst the commissioners?  
9 Because this is one where it's final action if we don't have  
10 anything to add or subtract from what was presented to us  
11 and is in front of us. Any discussion? Hearing none, does  
12 anyone care to make a motion regarding this?

13 MR. MITTELBRUN: Mittelbrun. I'll make the motion  
14 to take final action and move it to the JLC.

15 MR. FALAHEE: And the governor?

16 MR. MITTELBRUN: And the governor for approval.

17 MR. HUGHES: Second.

18 MR. FALAHEE: Any discussion? Anything to add  
19 from the state?

20 MS. NAGEL: No.

21 MR. FALAHEE: Motion in front of us. All in favor  
22 say "aye."

23 (All in favor)

24 MR. FALAHEE: Opposed? That motion carries.  
25 Thank you one and all. Moving right along, legislative

1 report. Mr. Lori?

2 MR. LORI: Thank you, Mr. Chairman. As it relates  
3 to the CON Commission, I really don't have anything to  
4 report at this particular time. Some of the big things I  
5 think everybody's read about in the press. Work force  
6 requirements are going to be a major topic for us as they  
7 relate to Healthy Michigan. We will start those once the  
8 governor signs the bill. We'll start that process. So  
9 there's a waiver required for that. Beyond that, we're  
10 still working diligently on the 298 process, the integration  
11 of physical and behavioral health. That was supposed to  
12 kick off October 1st of 2018, but has been delayed until  
13 October 1st of 2019, primarily because of IT issues and a  
14 waiver we're waiting on from Washington.

15 And then another big issue we're working on is  
16 the -- we call it the MIPAD. It's the Michigan Psychiatric  
17 Admissions and Discharge discussion. And, again, that has  
18 to do with psychiatric beds and trying to figure out where  
19 the openings are and how that relates to the processes that  
20 relate to my former career in law enforcement and, again,  
21 trying to keep behavioral needs of patients out of our  
22 emergency rooms. Thank you, Mr. Chairman.

23 MR. FALAHEE: Thank you very much. Any questions?  
24 Great. Then we'll move on to the administrative update and  
25 I think we start, Beth, with you.

1 MS. NAGEL: We have three activities going on  
2 right now on behalf of the Commission. One is the MRT  
3 Standard Advisory Committee which is scheduled to start June  
4 28th. We also sent out several rounds of nominations for a  
5 Standard Advisory Committee for psych beds, and  
6 unfortunately we were not able to meet the statutory  
7 requirements for Standard Advisory Committee membership. So  
8 we will be turning that into a work group. The chair has  
9 nominated a chair and the chair has accepted. So we hope to  
10 start that work group in July. We also -- on our list is a  
11 Bone Marrow Transplant Standard Advisory Committee and we  
12 are working to get out a nomination and selection period for  
13 that as well. The dates on that are still to be determined.

14 MR. FALAHEE: Thank you. I will add, to those in  
15 the audience on the psych work group, 0-3, we sent it out  
16 three times and we didn't get the requisite numbers on there  
17 so we could not have a SAC which is disheartening, but we'll  
18 proceed with a work group. So I would just encourage all of  
19 you when the SAC's are publicized to make sure you make your  
20 wishes known and submit nominees so that we can fill those  
21 and we can proceed with a SAC. Not that work groups are  
22 bad, but SAC's can be more thorough and more in-depth. So  
23 editorial comment from the chair. Moving on to the CON  
24 evaluation section update.

25 MS. BHATTACHARYA: This is Tulika. So there are

1 two written reports in your packet and I'll be happy to  
2 answer any questions you may have on the information in the  
3 reports.

4 MR. FALAHEE: Any questions from the Commission?  
5 All right. I don't know who to turn the legal activity  
6 report over -- because the gentleman to my right has been in  
7 Australia and Fiji for three weeks nominally teaching. So,  
8 but we'll see if he knows if there's a legal activity  
9 report.

10 MR. POTCHEN: Hi. This is Joe. You know, I used  
11 to provide a real lengthy overview of the litigation we have  
12 involving CON and for the past, you know, year or so we  
13 haven't had any litigation which is awesome. It's because  
14 you're doing such a great job. And we still don't have any  
15 litigation so that's my report. No litigation to report on.  
16 We continue to assist the Department in drafting and  
17 advising on legal issues, but that's where we are.

18 MR. FALAHEE: Thank you. And I will add that we  
19 work with Joe and Carl when we're developing a charge for  
20 the BMT issue that we talked about last time and we think  
21 we've got a very good charge to send out to the members.  
22 And I've already spoken to some of what I refer to as the  
23 "dueling physicians" back in March, and said that "Thank you  
24 for testifying, you are now assured of a place on the SAC."  
25 So we'll look forward to that.

1                   Future meeting dates, our next day is September  
2                   20. I will not be here, so Vice Chair Mittelbrun will take  
3                   over. And then also December 6, those are our two remaining  
4                   dates for this year, 2018. With that, I'll move then to  
5                   public comment. Does anyone have any public comment they  
6                   would like to make? Okay. Seeing none, hearing none, we'll  
7                   move then review of the Commission work plan.

8                   MS. NAGEL: The work plan that's in your packet  
9                   will be amended to reflect the changes that were made today,  
10                  most notably with the Cardiac Catheterization Services and  
11                  the Open Heart Surgery Services. We will send those out for  
12                  public hearing and they will come back to you in September.  
13                  We will also be updating the Psychiatric Bed Services  
14                  standard line to reflect the work -- meetings.

15                 MR. FALAHEE: So we need a motion to approve the  
16                  revised work plan as presented by Beth.

17                 MR. MITTELBRUN: Motion to approve the revised  
18                  work plan. Mittelbrun.

19                 MR. HUGHES: Second.

20                 MR. FALAHEE: Okay. Any challenges? All in favor  
21                  of the motion say "aye."

22                 (All in favor)

23                 MR. FALAHEE: Opposed? Great. I am happy to say  
24                  the next item is adjournment. I will note we have never  
25                  done a CON meeting this fast, so I would encourage someone

1 to make a motion to adjourn before we go any longer.

2 DR. GARDNER: Motion to adjourn. Gardner.

3 MR. FALAHEE: Second?

4 MR. MITTELBRUN: Second. Mittelbrun.

5 MR. FALAHEE: Thank you. All in favor?

6 (All in favor)

7 MR. FALAHEE: We're adjourned. Thank you,  
8 everyone. Remember this when we have a three and a half  
9 hour meeting.

10 (Proceeding concluded at 10:09 a.m.)

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