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2 Thursday, September 20, 2018 - 9:35 a.m.

MR. FALAHEE: Let's go ahead and call the Certificate of Need Commission meeting together. I want to first thank those that struggled through some heavy, heavy rains to get here, so. I'll remind everyone, make sure you say who you are when you talk. This is Mr. Falahee. So welcome everyone to our meeting.

I want to make some initial announcements. We have two former commissioners that are now former commissioners. Commissioners Tomatis and Clarkson are no longer on the Commission. Those of you who've been in this room many, many times know that they served for many, many years and I want to acknowledge both of them for their service to the Commission over the years and thank them for that service.

As we have two individuals that are former commissioners, we now have two new commissioners. One of whom is here today. I'll get to him in a moment. But the other commissioner that can't be here is Dr. Melisa Oka from St. Joe's in Ypsilanti. I had orientation with her and Commissioner Dood last week. She had a longstanding conflict and I said that's perfectly understandable so she will not be here for this meeting and we'll introduce her to everyone when she does get here.

And then I would like John Lindsey Dood to
introduce himself to all of us and then perhaps we can go
around the table and tell Commissioner Dood what we do when
we're not at the CON Commission. Okay? So, Commissioner
Dood, welcome.

MR. DOOD: Thank you. My name is Lindsey Dood.

Lindsey is my middle name and it's my preferred name. I
have a father John and a son John, so you can call me John.

I'll probably respond to that. Thank you for the warm
welcome and the great orientation last week. Really
appreciate the chance to go through the materials and it's
an honor to be appointed and looking forward to serving. I
work for Metron Integrated Health Systems which is a skilled
nursing facility chain based in Grand Rapids, Michigan, and
we have seven skilled nursing facilities almost all in West
Michigan from Big Rapids, Greenville, Belding, and Wyoming,
and one in Grand Rapids and Cedar Springs and Lamont.

Thanks.

MR. FALAHEE: You're welcome. Deb, maybe you could tell Lindsey what you do and we'll just go around the table so he's got a sense of who we are sitting around the table here?

MS. GUIDO-ALLEN: I'm Debbie Guido-Allen. I represent nursing on the Certificate of Need Commission and I'm the chief nursing officer at Beaumont Hospital in Troy.

1	MS. BROOKS-WILLIAMS: Good morning. I'm Denise
2	Brooks-Williams. I work with Henry Ford Health System. I'm
3	the CEO of our Wyandotte Hospital. Welcome.
4	DR. GARDNER: I'm Tressa Gardner; Dr. Tressa
5	Gardner. I'm a emergency physician at (inaudible), State of
6	Michigan.
7	MS. LALONDE: I'm Melanie LaLonde. I work at
8	General Motors and I am on the Global Benefits Healthcare
9	Team, and I represent self-insureds.
10	MR. HUGHES: I'm Robert Hughes, president of
11	Advantage Benefits Group, one of the employee benefits firm
12	that has the privilege of working for some of Michigan's
13	finest employers. I also work for Mr. Falahee here and
14	everybody else on the Commission. How's that?
15	MR. MITTELBRUN: Tom Mittelbrun. I work for the
16	National Electrical Contractors Association, so I'm here
17	representing those like associations, but also the various
18	building trades, cross-sectioning.
19	MR. FALAHEE: We met through orientation, so I'll
20	pass the
21	MR. HAMMAKER: My name is Carl Hammaker. I work
22	for the Attorney General and I represent the CON Commission.
23	MS. NAGEL: Good morning. I'm Beth Nagel. We met
24	during orientation on the phone. I am the division director
25	for the Planning Division within the Department.

MS. BHATTACHARYA: Good morning. I am Tulika -good morning. This is Tulika Bhattacharya. I manage the
CON evaluation section. My team reviews all of the CON
applications and makes the determination of approval or
denial and we send those to the Department director for
final approval. We also do follow-up and monitoring all of
the approved CONs and we do compliance monitoring for all of
the approved facilities in Michigan. Thank you.

MS. MYERS: Amber Myers, Michigan Department of Health and Human Services. I manage the workforce access and grants management section.

MR. FALAHEE: Thank you, everyone. And one more introduction is the gentleman to my right. Mr. Potchen at the end of the last meeting he said, "Well, Chip, now that you're the chairman, I'm leaving." So thank you for that vote of confidence, Mr. Potchen. But, no, this has been in the works for quite a while where I knew that Mr. Potchen was going to be transitioning to other duties within the Department. The gentleman to my right, Carl Hammaker, has been attending many of these meetings in the last several months and so he is going to replace Joe at the table. But I will tell you to be very watchful and attentive because he actually has the Robert's Rules of Order with him. All right? And tabbed. So, everyone, beware. We all have to be on our toes now. So seriously, Carl, welcome aboard.

1 Glad you're here. 2 MR. HAMMAKER: Thank you, Chip. 3 MR. FALAHEE: Carl is both a J.D. and an M.D. Anything else you'd like to say? 4 5 MR. HAMMAKER: I think that's plenty. MR. FALAHEE: All right. So let's proceed. We've 6 7 moved to the second item on our agenda which is the review of the agenda. The revised agenda was sent out to us last 8 9 night and Tania passed it out at our tables this morning. 10 Any changes or comments to that agenda? If not, I would 11 entertain a motion to accept that as the final agenda for 12 this morning's meeting. 13 MR. HUGHES: So moved. 14 MR. MITTELBRUN: Second, Mittelbrun. 15 MR. FALAHEE: All in favor? 16 ALL: Aye. 17 MR. FALAHEE: Opposed? Okay. That agenda is 18 approved. 19 (Whereupon motion passed at 9:42 a.m.) 20 MR. FALAHEE: And just as a reminder, make sure we 21 say our name when we're talking. Next, declaration of conflicts of interest. Do any of the commissioners looking 22 at the agenda that we have in front of us have any conflicts 23

of interest they wish to declare? Hearing none, we'll

proceed. Next item, review of the minutes of our meeting

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1	back in June. The minutes were passed out in our agendas.
2	I would entertain a motion to accept those minutes as
3	presented, please.
4	DR. GARDNER: Motion to accept, Gardner.
5	MS. LALONDE: Lalonde, second.
6	MR. FALAHEE: Thank you. Motion made and
7	seconded. All in favor say "aye."
8	ALL: Aye.
9	MR. FALAHEE: Opposed? All right. We move
10	forward.
11	(Whereupon motion passed at 9:42 a.m.)
12	MR. FALAHEE: Onto the substantive part of the
13	agenda. We have first on the agenda Open Heart Surgery
14	Services, the public hearing summary. We'll get into public
15	comment, Commission discussion, and then Commission final
16	action. And I at this point don't have any cards for that
17	topic or the next topic. I have one card in support. But,
18	so if you have any cards to submit, please do so at the time
19	while I turn to Beth for the summary.
20	MS. NAGEL: Good morning. This is Beth. The
21	Commission took proposed action on the draft language at the
22	June 14th, 2018 meeting. A public hearing was held on July
23	19th, 2018. Written testimony was received from one
24	organization. The testimony is in your meeting packet along

with an overview of that testimony.

The Department supports the proposed language as presented at the June 14th CON Commission meeting. If the Commission chooses to take final action on the language for the standard presented, which is Open Heart Surgery, the draft would then move to the JLC and the Governor for the 45-day review period. Please note that this language is connected with Cardiac Catheterization draft language, specifically Section 5(3) of those standards and so they need to be linked together.

MR. FALAHEE: Any commissioner questions of Beth with that summary or the process? Great. I don't have any cards for public testimony. Is anyone interested in testimony on this issue? Okay. Seeing none, move to Commission discussion. Any comments, questions, concerns from the Commission members? Seeing none, I'll entertain a motion for final action. And I'll just add that, as Beth said, this and the next agenda item, Cardiac Cath, are tie-barred together because of the language in each. It doesn't mean we have to approve both now. We'll do it one by one. So the first, I'd entertain a motion on the Open Heart Surgery Services language.

MS. BROOKS-WILLIAMS: Okay. Commissioner

Brooks-Williams. I have not done this before; right? Ha

ha. But I move that we move the Open Heart Surgery

recommendations forward --

Τ	MS. NAGEL: 45-day review period.
2	MS. BROOKS-WILLIAMS: for the 45-day review
3	period
4	MS. NAGEL: And sent to the JLC and the Governor.
5	MS. BROOKS-WILLIAMS: and sent to the JLC and
6	the Governor. That's my motion.
7	MR. MITTELBRUN: Mittelbrun, second.
8	MR. FALAHEE: Okay. We have a motion and a
9	second. Any questions from the commissioners? Any
10	discussion? Seeing none, hearing none, all in favor of the
11	motion say aye.
12	ALL: Aye.
13	MR. FALAHEE: Opposed? That motion carries.
14	(Whereupon motion passed at 9:45 a.m.)
15	MR. FALAHEE: We next move into the Cardiac
16	Catheterization item and, again, I don't have any cards to
17	talk. I have one card in support, but I'll turn to Beth
18	again for the summary, please.
19	MS. NAGEL: Okay. The summary is very similar to
20	Open Heart Surgery. The Commission took proposed action on
21	the draft language at the June 2018 meeting. A public
22	hearing was held on July 19th of 2018. Written testimony
23	was received from four organizations and two individuals.
24	The testimony can be found in your meeting packet along with
25	a memo providing an overview of that testimony.

1	The Department supports the language as presented
2	at the June 2018 CON Commission meeting. If the Commission
3	chooses to take final action on the language for the
4	standard as presented today, the draft would then move to
5	the JLC and Governor for the 45-day review period.
6	MR. FALAHEE: Thank you, Beth. Any questions of
7	Beth from the commissioners? Okay. Last call for anyone
8	that chooses to make any public comment. All right. Good.
9	Commission discussion? Seeing none, hearing none, I'll
10	entertain a motion.
11	MS. BROOKS-WILLIAMS: Commissioner
12	Brooks-Williams. I move that we move the Cardiac
13	Catheterization language forward for the 45-day review
14	period to the JLC and then to the Governor.
15	MR. MITTELBRUN: Mittelbrun, second.
16	MR. FALAHEE: Motion on the floor. Any
17	discussion? All those in favor of the motion say "aye."
18	ALL: Aye.
19	MR. FALAHEE: Opposed? That motion carries.
20	(Whereupon motion passed at 9:47 a.m.)
21	MR. FALAHEE: For Commissioner Dood, just so you
22	know, there are certain requirements that at least the
23	chairman forgets about 45-day review and going to the Joint
24	Legislative Committee, that's the JLC, and then the
25	Governor. That's why if we forget, the people to my right

make sure I don't forget. That's what's going on. Okay.

Thank you for that. Moving on to the next agenda item, it's the Hospital Beds Recalculation of Bed Need Numbers. The written report is in our packet and you can see that report that's page 74, beginning on page 74 of our packet. I don't know, Beth, did you want to summarize anything or give a status report or do you want to do --

MS. NAGEL: Sure. Within the Hospital Bed standards, specifically Section 5(2), the Department has to recalculate the hospital bed need numbers. Accordingly, the Commission needs to set the effective date of the bed need numbers pursuant to Section 5(3) of the Hospital Bed standards. Those numbers have been run and, as your chairman said, they are in the packet. The Department does have a recommendation of the effective date of October 1.

MR. FALAHEE: October 1 -- Falahee -- would obviously match the start of the State's fiscal year.

MS. NAGEL: (Nodding head in affirmative)

MR. FALAHEE: So it's up to us as the commissioners to, number one, if we have any questions about this, to raise them and then if we don't have any questions, then to set the effective date. I, for one, am totally comfortable with the October 1 date. Let's start with does anyone have any questions about the report we have in front of us? Okay. Seeing none, I think the next item of

1	business then would be to set the effective date. So I
2	would entertain a motion as to that.
3	MR. MITTELBRUN: Mittelbrun. Motion to accept the
4	Department's recommendation of October 1st, 2018, for the
5	recalculation of the bed need numbers.
6	MR. FALAHEE: Is there a second for that?
7	MR. HUGHES: Hughes. Second.
8	MR. FALAHEE: Thank you. Any questions? Any
9	discussion? We have a motion on the floor. All those in
LO	favor of the motion say "aye."
L1	ALL: Aye.
L2	MR. FALAHEE: Opposed? Okay. That motion
L3	carries.
L4	(Whereupon motion passed at 9:50 a.m.)
L5	MR. FALAHEE: I will also add to Commissioner
L6	Dood, don't assume that every meeting goes this fast. We
L7	have been here before until 1:30, so don't think this is
L8	typical. It's not the chairman.
L9	Next item, the review draft of the CON Commission
20	biennial report. Again, that is this is a working draft
21	It begins on page 80 of our agenda. And I will tell you
22	that though the commissioners, the chairman and the vice
23	chairman's names sign this, let's just say the work isn't
2.4	done by the chairman and the vice chairman. The work is

done by the people to my right. But, Beth, if you want to

comment about it or Tulika or whomever?

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MS. NAGEL: Absolutely. In the statute that created the Certificate of Need Commission, one of the requirements is that every two years on a biennial basis that the Commission reports to the Joint Legislative Committee on some specific parts of the program and one of those is to make a comment about the general effectiveness and efficacy of the program, and the second is to make any recommendations to the legislature about the Certificate of Need program. And so you'll see -- Tania, if you go down a little bit? Most of what's written in the report is based on reports that we've provided to you throughout the last two years. But a little further down to the highlighted section? A little bit -- yeah, kind of I think down here (indicating). This is where the Commission can either make a recommendation to the legislature or make no recommendations to the legislature. But either way this part of the report needs to be addressed. And there are other areas of the report that are highlighted or in red text that were dependent upon the action that you took today and so those will be updated accordingly as well.

MR. FALAHEE: Any questions of Beth about the report? What happens internally is that we work with Beth and Brenda and others to put this together, then it comes back to Tom and I as the vice chair and the chair to review

1	and edit as we see fit, and then it's finalized and then
2	it's sent off. So any questions at all? Do we need to
3	approve that?
4	MS. NAGEL: You don't need to approve it. Just
5	any comments or edits.
6	MR. FALAHEE: Okay. I'm fine with it as is.
7	Moving on then to our next agenda item, Megavoltage
8	Radiation Therapy Services Standard Advisory Committee.
9	Again, that is in our packet beginning on page 92. It's a
10	written report. oh, but Dr. Kastner is not here, who was not
11	expected to be here, who was not required to be here. He
12	didn't shirk his responsibilities. But he gave us a
13	one-page report. Does anyone have any questions or comments
14	that we can relay through the Department to that SAC? Any
15	comments or questions?
16	`I have one. So I'm going to refer you to the
17	second to the last paragraph where, "The SAC began to review
18	current volume requirements." And you'll see the last
19	sentence of that paragraph says and thank you, Tania, for
20	putting that up there.
21	"After thorough discussion of cost, quality, and
22	access, we agreed that any unit delivering at least
23	4000 ETV per year should not be subject to regulatory
24	sanction."

The current threshold is 8,000. The SAC, at least

at this point, is recommending we take it down to 4,-. They say "based on thorough discussion of cost, quality, and access." Well, I would like to know more about that discussion. Okay? Because from a cost perspective, one would argue that the more there are, the cost is spread over a wider base than the fewer. You could argue many different ways on that. As to quality, some would say that the more you do of anything the better you are at it. So what do we do about quality? What happens if we do reduce it from 8,000 to 4,000, 6,000 whatever, what happens to quality in that regard?

And last is access and the question I've got there is, as far as I know, the Department has never taken away in this case in MRT if they drop below the volume, especially in areas where there might be -- that might be the only MRT within 30 or 45 minutes. All right? So I have questions for the SAC. I'm not being critical of the SAC. I just have questions to say what drove the discussion and the decision or the initial conclusion to drop it from 8,000 to 4,000? And I welcome the opportunity to hear from Dr.

Kastner when he reports back in person what led to that, what was the discussion, because at least this commissioner has some questions. So if I can ask the Department somehow to get that to him and the SAC, that'd be great. Any other comments or questions?

1 MS. GUIDO-ALLEN: Agree. Debbie Guido-Allen.
2 Agree with your concerns.

MR. FALAHEE: Thank you. Anybody else? As those of you who have been on the Commission for awhile know it's quite often for a SAC to report back on an interim basis in writing, not in person. When the SAC is finished meeting and has its final report, that's when the chairman and sometimes the vice chairman will appear in front of us, not subject to the three-minute rule, but give us a full run-down of the SAC report where we can ask them question after question as we get an idea of what's going on and why the recommendation is there.

MR. MITTELBRUN: I have one. Mittelbrun. I'm just trying to recirculate my memory. It seems to me there was a comment. The reason they were considering this is because there were so few meeting the minimum requirements and what were the ramifications of not meeting the minimum requirements?

MS. NAGEL: That's a good question. Thirty

percent of the MRT services were not meeting the volume

requirement. The Department did take compliance action with

each of those facilities. We certainly -- in the statute

that governs Certificate of Need compliance, the Department

has broad discretion and we certainly took into account

issues like access and quality and other mitigating factors

that might go into not meeting their volume and we were able
to enter into settlement agreements with each of those
facilities.

MR. MITTELBRUN: Thank you.

MR. FALAHEE: Other questions? Okay. So thank you for that. Next is another written report. This is on Psychiatric Beds and Services work group, and you see the report beginning on page 95. And, Beth, you want to summarize that at all or --

MS. NAGEL: No.

MR. FALAHEE: It is what it is?

MS. NAGEL: It is the -- yup, the written report.

Well, I guess now that you've given it to me, I might -
they have met just one time. The next time that they meet

will be later in October. So this is just the summary of

their first meeting.

MR. FALAHEE: And, again, this work group is led by Dr. Hirshbein and I talked to her as we got started on this. Much like Dr. Kastner on the earlier one, both very qualified, very interested in helping out on the SAC and the work groups. I look forward to the final conclusion on these. Any questions from the commissioners about this report so far? Okay. We'll accept that as it is. Move on to the next agenda item. Legislative report. I've got a little bit wearing my other hats, but welcome the

1 Department's comments.

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MS. NAGEL: Sure. Matt Lori could not be here today, but did ask me to send his regards and his apologies for not being able to attend. He does not have a legislative update at this time.

MR. FALAHEE: And those commissioners know that I interact with legislators quite a bit and one member of the legislature said to me earlier this summer that if that member of the legislature was the Governor, he would say to the chairman of the Commission and the fellow commissioners, "What can you do to put yourself out of business in three years?" That's nothing new for us. We always know that the legislators, as they should, are looking at what we do and how we do it and what we provide. So just to -- it's a continuation that they're not being critical of the program, they're just questioning it as is their prerogative and we continue to meet with them as needed. Obviously we'll have a change of administration here coming up and we'll see what that does and we'll continue to advocate for the CON program because I don't think any of us would sit here if we didn't believe the program itself. So I'll keep you posted with what I find out at outings and golf courses and wherever else we might pick this up. Okay. Let's --

MR. DOOD: Yeah. Lindsey Dood, Commissioner Dood.

I wondered a little bit about the report for the Psychiatric

Beds aside from that legislative action that they're recommending to conform the definition of and of the legislative report. Is there something being done with that or is that on our shoulders to move that somewhere?

MR. FALAHEE: I'll answer and then I'll turn it to my friends to the right. That is more — that's a much broader scope than the CON Commission, so that's not on our shoulders to use your words, Commissioner Dood. This is Falahee. It's something that I think is a wise issue to tackle, to look at. The entire scope of license practicing at the top of your license has been an issue in the state regardless of what profession you have for quite awhile. So I know it's being discussed. I was on a panel appointed by the Governor to look at changes in the Public Health Code. This is one of the things we talked about in that panel, the top of license kinds of issues. So it's not within the CON Commission purview, but I'm not surprised that they identified it as something to look at. I'll turn to anyone at my right if they want to say anything more?

MS. NAGEL: That was a excellent summary and I would only add that the Department is taking this recommendation very seriously and we are looking at it, at our level.

MR. FALAHEE: Anything else on that? Thank you.

Okay. Let's move on, administrative update.

MS. NAGEL: This is Beth. And as you know, we are currently in the middle of the Megavoltage Radiation Therapy Standard Advisory Committee. We're also proceeding forward with the Psychiatric Beds and Services work group. In addition to that, we plan to start the nomination process for the Bone Marrow Transplant Standard Advisory Committee later in October with meeting dates projected to start in early 2019. Also later in October we will hold our annual public comment period for the standards that are up for review in 2019. You will certainly hear more about that as we set those dates and make those announcements. But just to wet your whistle, the 2019 standards for review are air ambulance, NICU, nursing homes, lithotripsy, and CT machines.

MR. FALAHEE: Thank you. And Commissioner Dood, just so you know, we talked a little bit on orientation, there's a cycle, like a three-year cycle as things get reviewed on a three-year cycle. That's why, as Beth just said, here's what's coming up, sneak preview of 2019.

Next is CON evaluation section update.

MS. BHATTACHARYA: Good morning. This is Tulika. So in your packet there are two reports. One is a summary of all of the activities in terms of application review, decisions issued, and the timeliness of those, and the second one is the compliance activity report. If you have

any questions, I'll be happy to answer.

Just in summary, we are in the middle of doing or completing the statewide compliance reviews for NICU beds, Special Care Nursery Services, and Lithotripsy Services statewide. We were hoping to do Computer Tomography as well, but just time -- ran out of time for lack of other words. We are also doing the follow-up statewide compliance review for Open Heart Surgery Services.

MR. FALAHEE: Tulika, is that the end? Do you want to do quarterly performance measures at all or --

MS. BHATTACHARYA: No. If you have any questions, otherwise those are just the statistics.

MR. FALAHEE: So for Commission Dood's benefit, every time we get together we have these reports and most of them, 99 percent is in there (indicating) so if you have any questions or we have any questions we can ask Tulika, Beth. There's another person that's not here today, something to do with a family wedding, and that would be Brenda Rogers. So Brenda is another person that we rely on to help us do our job as well. Okay. Legal activity report?

MR. HAMMAKER: Thank you. Yes, Carl Hammaker.

There is currently one pending case in the Administrative

Hearing System regarding the expiration of a CON. I've

included the report in your packet. I'd be happy to answer

any questions. It's still at the very beginning stages and

set for a status conference on October 18th. Otherwise, the Department of Attorney General remains here to help with the development of standards and offer legal advice to the Department.

MR. FALAHEE: Any questions? I'll add that, as chairman and vice chairman, I quite often interact with the Attorney General's office with questions that I've got or questions that I get from people calling in to say, "Hey, what about this?" And I've quite often referred those to Mr. Potchen and now Mr. Hammaker. Always very prompt, always very helpful, and I think we're lucky to have them helping us and the Department as we move forward. So that's the legal activity report.

We've got public comment coming up in a couple sessions in case anybody has that. But future meeting dates, for those in the audience, just so you've got them on your calendars, our next meeting is December 6. That will be our last meeting of this calendar year. Then in '19 the meetings are: January 31 and that's the special Commission meeting where we sort of plot the course for the next year, so that's January 31; and then March 21, June 13, September 19, and December 5 of next year. So put those on your calendar.

That moves us to public comment. Anyone out there want to make any public comment? Yes, ma'am, if you would

	Tike, you can step up to the podium, sign in, please, for
2	public comment.
3	CAROLINE FULLER
4	MS. CAROLINE FULLER: Hi, Caroline Fuller with
5	American Surgical. This is the first meeting I have been to
6	here. We're looking to do outpatient defibrillators and
7	pacemakers. We've submitted a letter, so I'm not sure where
8	that fits in this morning.
9	MR. FALAHEE: We received a letter last night.
10	MS. CAROLINE FULLER: This would have been from
11	our HR department.
12	MR. FALAHEE: Okay. Well, if you're referring to
13	Cardiac Catheterization procedures? Are you referring to
14	Cardiac Catheterization procedures?
15	MS. CAROLINE FULLER: No. I wasn't sure on the
16	agenda where it fit in. We were told to attend this meeting
17	to bring it up.
18	MR. FALAHEE: Okay.
19	MS. CAROLINE FULLER: Current leader not being
20	MR. FALAHEE: Well, let's okay.
21	MS. CAROLINE FULLER: Sorry.
22	MR. FALAHEE: I'll let you speak. Like with any
23	witness, there's a three-minute time line.
24	MS. CAROLINE FULLER: Okay.
25	MR. FALAHEE: Time limit. The buzzer will go off

1 and you might be able to get two more words into that, 2 but --3 MS. CAROLINE FULLER: Okay. MR. FALAHEE: Three minutes. Go ahead and tell us 4 5 what you'd like to tell us and then if we have questions, 6 you can go ahead and ask your questions at that point, 7 please. MS. CAROLINE FULLER: Basically, defibrillators 8 9 and pacemakers will be -- being performed in an outpatient 10 setting outside of Michigan and we're being told we need a 11 separate CON to perform them in an ambulatory surgery center. And we think we have the ideal place to do that, so 12 13 we submitted letters. And we're here today because we were 14 told to attend, but we've submitted information already so I 15 don't know if I'm in the right area. 16 MR. FALAHEE: Okay. 17 MS. CAROLINE FULLER: I'm thinking you're the 18 person I need to speak to, but --19 MR. FALAHEE: Well, we'll leave that open for 20 debate. 21 MS. CAROLINE FULLER: Okay. MR. FALAHEE: But let me -- this is Falahee. Mr. 22 23 Hammaker pointed out that there is a letter. I'm sorry. I missed it when I went through it. 24

MS. CAROLINE FULLER: That's okay.

1	MR. FALAHEE: It's on page 64 of our packets.
2	MS. CAROLINE FULLER: I'd like to see it more.
3	MR. FALAHEE: Yeah. Well, I don't know if you
4	sent it in. But the request is to review the capability of
5	ASCs to perform procedures in a safe manner. I, number one,
6	thank you. Thank you for being here and thank you for
7	submitting your letter. As you heard, we have a regular
8	cycle of how our standards are reviewed, analyzed, amended.
9	And to the extent that you or anyone else would like to see
10	changes in that, get involved in that process. For example,
11	you just heard what's coming up in 2019, and that's how to
12	get involved on the ground floor, whether we set up a
13	Standards Advisory Committee or a work group. If you or
14	anybody else want to see changes or recommend changes,
15	that's when to do it.
16	MS. CAROLINE FULLER: Would love to be involved in
17	that.
18	MR. FALAHEE: Okay. Well, I'm sure the Department
19	will take notice. I also notice that in here you offer a
20	pilot project. It's exceedingly rare for the Commission to
21	do pilot projects. But, again, I would encourage you to get
22	involved in the process as part of the normal cycle of
23	standards.
24	MS. CAROLINE FULLER: Okay. Thank you.
25	MR. FALAHEE: Thank you. Appreciate it. Other

1	public comment? All right. Then we will turn to Commission
2	work plan and any changes that we made to that today. Beth?
3	MS. NAGEL: Based on your action today there are
4	no changes to the work plan as presented in your packet.
5	MR. FALAHEE: Any questions of Beth? Does the
6	October 1 date have to be reflected because that's not in
7	the work plan itself, is it?
8	MS. NAGEL: It is under October. It says public
9	comment period oh, I'm sorry, for Hospital Beds? No,
10	that doesn't need to be more.
11	MR. FALAHEE: Okay. All right. Thank you. Any
12	questions of Beth? We are then oh, we have to accept
13	that.
14	MS. NAGEL: Yes.
15	MR. FALAHEE: Yes. So I'd entertain a motion to
16	accept the Commission work plan as presented.
17	MS. GUIDO-ALLEN: Guido-Allen. Motion to accept
18	the work plan as presented.
19	MR. FALAHEE: Second?
20	MR. MITTELBRUN: Mittelbrun. Second.
21	MR. FALAHEE: Motion on the floor. All those
22	in any discussion? All those in favor say "aye."
23	ALL: Aye.
24	MR. FALAHEE: Opposed?
25	(Whereupon motion passed at 10:11 a.m.)

1	MR. FALAHEE: Good. We are now at adjournment.
2	Please remember this folks. This doesn't happen very often
3	I'd entertain a motion for adjournment.
4	MS. GUIDO-ALLEN: Guido-Allen. Motion to adjourn
5	MR. FALAHEE: Second?
6	MS. LALONDE: Lalonde. Second.
7	MR. FALAHEE: All in favor say "aye."
8	ALL: Aye.
9	MR. FALAHEE: Thank you, everyone. We are
10	adjourned. Safe travels through the rain on the way back.
11	(Proceedings concluded at 10:12 a.m.)
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