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

COMMISSION MEETING  
BEFORE JAMES FALAHEE, CHAIRPERSON  
BEFORE AMY L. MILEWSKI, M.D., VICE CHAIRPERSON  
333 South Grand Avenue, Lansing, Michigan  
Thursday, January 23, 2025, 9:30 a.m.

Marcy A. Klingshirn, CER 6924  
Certified Electronic Recorder  
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COMMITTEE MEMBERS:                    MARK DELANO, M.D.  
                                                 ARCHIE DRAKE  
                                                 ERIC FERGUSON, M.D.  
                                                 DEBRA GUIDO-ALLEN, R.N.  
                                                 GREG SALWIN  
                                                 RENEE TURNER-BAILEY  
                                                 DANIEL VELEZ

MICHIGAN DEPARTMENT OF  
HEALTH AND HUMAN  
SERVICES STAFF:                    TULIKA BHATTACHARYA  
                                                 (via videoconference)  
                                                 MARCUS CONNOLLY  
                                                 JUSTIN EASTER  
                                                 BETH NAGEL  
                                                 TIFFANI STANTON  
                                                 KATHERINE TUCKER

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1           Lansing, Michigan

2           Thursday, January 23, 2025 - 10:12 a.m.

3           MR. FALAHEE: Let's call the meeting together at  
4 10:12. Thank you, everyone, for making the effort to get  
5 here on a snowy day. We were all very, very happy to see  
6 Commissioner Drake because he was over (indiscernible). So,  
7 thanks. Thanks for everybody that made the trek.  
8 Apparently the west side of the state wasn't getting what  
9 the east side of the state was getting, you know. So there  
10 you go. So welcome, everyone. Let's call the meeting  
11 together.

12           The review of the agenda. I'm going to turn it  
13 over to Tiffani because as you see, there is nobody sitting  
14 to my right. And I broke the first rule, Marcy's first  
15 rule. This is Commissioner Falahee. So I have to identify  
16 myself. Brien Heckman knew he was not going to be here. He  
17 was tied up in a mediation or court. Carl Hammaker -- some  
18 of you may remember Carl -- was going to pinch hit. Carl  
19 texted me this morning, "Chip, I have COVID." I thanked him  
20 for not showing up. So Carl as you may recall is both a  
21 lawyer and an M.D. So he argued with himself and then he  
22 decided not to come. So that's -- we're going to do then a  
23 revised agenda and I'll turn it over to one of the people  
24 sitting across from me to talk about how we're going to  
25 eliminate what was item 10.

1 MS. STANTON: Yep; yep. We're just going to  
2 accept -- we can accept the agenda with the amendment,  
3 removing the legal activity report that would be presented  
4 by Carl in place of Brien.

5 MR. FALAHEE: Is there a motion to accept that  
6 revised agenda, please?

7 MS. GUIDO-ALLEN: Guido-Allen. Motion.

8 MR. FALAHEE: Second?

9 DR. MILEWSKI: McKenzie. Second.

10 MR. FALAHEE: Any discussion? All in favor say  
11 aye.

12 ALL: Aye.

13 MR. FALAHEE: Any opposed? Thank you.

14 (Whereupon motion passed at 10:14 a.m.)

15 MR. FALAHEE: All right. Any conflicts of  
16 interest to declare other than snow? None there. All  
17 right. We're going to move on and we have, I hope,  
18 Professor Delamater on the line and he, this is his graduate  
19 course -- oh, I'm sorry. Thank you.

20 Minutes of September. Skipped right over that,  
21 I'm sorry, trying to get through this and we're stretched  
22 with time. Minutes of the September 19 meeting. Recall we  
23 did not meet in December because of snow. The minutes are  
24 in front of us. As usual, a great job of capturing what was  
25 done, but we need formal approval of those minutes. Is

1 there a motion to approve?

2 MR. DRAKE: Commissioner Drake. Motion to  
3 approve.

4 MR. FALAHEE: Thank you. Support?

5 DR. MILEWSKI: Commissioner McKenzie. Second.

6 MR. FALAHEE: Thank you. Questions? All in favor  
7 say aye.

8 ALL: Aye.

9 MR. FALAHEE: Opposed? Okay.

10 (Whereupon motion passed at 10:15 a.m.)

11 MR. FALAHEE: Now we move on. First we have  
12 introductions and Marcus will lead us through that.

13 MR. CONNOLLY: Hi. I'm Marcus from the  
14 Department. I just want to make a quick note that Dr.  
15 Kondur has accepted a position which makes him ineligible to  
16 serve on the CON Commission. The Department wants to thank  
17 him for his years of service and we would like to wish him  
18 success in his new role. And I'll pass it over to Beth.

19 MS. NAGEL: Yes. Good morning, this is Beth  
20 Nagel. I have one announcement as well. The area that I  
21 oversee has over -- gone through a little bit of staffing  
22 changes in the last couple of weeks and so I just wanted to  
23 announce Marcus and Tulika who is normally here and could  
24 have been and I'll talk about that in a moment, now report  
25 to Ninah Sasy who is here. Ninah is the director of Policy



1 and Planning, the bureau there, and Certificate of Need  
2 falls underneath that bureau in my area. So I'm still  
3 involved and I will -- I told the staff unfortunately I  
4 really enjoy CON, so I will still be here and I'm going to  
5 continue. But Ninah will come up to speed and oversee that  
6 area very soon. So a big welcome to Ninah.

7 And then I just wanted to say in addition to Carl  
8 being absent today, Tulika is also absent. She had a family  
9 emergency that has taken her away from this meeting and her  
10 wonderful staff is here and they do a great job of filling  
11 her shoes when she is absent. However, there is no one  
12 quite like Tulika. And so there may be questions that you  
13 have today that we would normally turn to Tulika to answer,  
14 so I hope you will give us a little bit of grace if we can't  
15 answer some of those like she can off the top of her head.  
16 So we certainly wish her all the best and I know that she  
17 would -- I think she would actually rather be here today but  
18 was not -- oh, she is -- I guess she is on Zoom here  
19 virtually, so at any rate. So thank you for that.

20 MR. FALAHEE: Thank you. And when Beth informed  
21 us, Commissioner Milewski and I, that she was -- there was a  
22 change in structure, we went wait a minute. You can't leave  
23 CON. So we're very lucky that Beth can stay, stay around.  
24 And, Ninah, welcome. Welcome to the Commission meetings and  
25 to the fun work of CON. So thank you.

1           Now we'll move on to Professor Delamater giving us  
2 class education on Bed Need 101. So the professor can, can  
3 take over and present. And Professor Delamater, for those  
4 of you that don't know, has been working with CON on bed  
5 need numbers for 20 years, Paul?

6           DR. DELAMATER: Not quite. I think it's -- I  
7 think we're coming around almost 15, though.

8           MR. FALAHEE: Okay. Great. So he's at home and  
9 he was warning us before the meeting -- this was last  
10 week -- that there's a young child there that, you know,  
11 might act up and we went "that happens. We get it." But  
12 apparently your wife is home because of a snow day based on  
13 two inches of snow?

14           DR. DELAMATER: Not, not just two inches of snow.  
15 Two inches of snow two days ago. It's, it's impressive down  
16 here. Let me tell you.

17           Well, thanks, everyone. Thanks, Commissioner  
18 Falahee. I was actually in Michigan for a couple of days.  
19 My, my grandma passed away so I was up in Montcalm County  
20 for a couple of days but I couldn't stop in and say hi to  
21 any of my Lansing friends unfortunately.

22           But, yeah, welcome to class, everyone. We're  
23 going to start with the Acute Care Hospital Bed Need report.  
24 And, and the way that I think I can approach this -- and,  
25 and let me know, anyone, if, if this doesn't, doesn't work.

1 You've seen the report, I believe. I'll give you just a  
2 little bit. I'll try to keep it as brief as possible of  
3 some of my thoughts about it and then I'll just open up for  
4 questions. Does that sound okay?

5 DR. DELANO: Yes.

6 DR. DELAMATER: Okay. So let's start with Acute  
7 Care Hospital Bed Need. We ran it at the end of last year  
8 using 2022 as our base year, so that's our -- the most  
9 recent data we had to, to be able to run it. And so then  
10 we're projecting out to 2027. And, and the bed need numbers  
11 came out quite comparable to what they were in our prior run  
12 of the bed need I believe four years ago because we didn't  
13 adopt the last one. I think you'll see in the report we had  
14 this giant dip in patient days that happened, you know,  
15 right when the COVID pandemic started and then a bounce  
16 back, and then kind of a, an increase in late 2021 and early  
17 2022. I don't know what that was from. Maybe that might  
18 have been somewhat COVID-related as well except the other  
19 way actually, people landing in the hospital.

20 But what I found in this report is basically that  
21 the kind of the, the downturn in patient days were balanced  
22 out by that uptick in 2022, and the bed need looks a lot  
23 like the bed need has looked for years. The state has in  
24 general way more acute care hospital beds than the bed need  
25 says we need and that's been just the way it's gone and

1 that's the same thing we've been seeing since I started  
2 running the bed need almost 15 years ago. And so I would  
3 say in my opinion there's nothing remarkable here and I, I  
4 think we should probably just move forward with this. But  
5 I'm happy to answer any questions about methods or, or  
6 results.

7 MR. FALAHEE: So let's start with any questions  
8 and then I'll turn it over to the Department for what your  
9 recommendation would be. And I can tell you that dip in  
10 2021, that was the Omicron variant that really hit people  
11 hard right there at the beginning of that year, and so  
12 that's why you see the dip there. That's a variant of COVID  
13 that I think a lot of people weren't expecting was going to  
14 hit. They thought it was over, you know. Any questions  
15 from the commissioners?

16 MS. GUIDO-ALLEN: Guido-Allen. Just a quick  
17 question to refresh my memory. Patient days include any  
18 head in the bed, whether they're in patient or ob status?

19 DR. DELAMATER: They are -- what was the second  
20 part? Inpatient or?

21 MS. GUIDO-ALLEN: Observation.

22 DR. DELAMATER: I do not believe observation days.  
23 This is what's captured in the, the MIDB.

24 MR. DRAKE: That would just be inpatient then.

25 MS. GUIDO-ALLEN: Which is worrisome as payers do

1 not authorize inpatient very much anymore at all. You know,  
2 the criteria for inpatient is, is extremely tight depending  
3 on payer. We see -- we're seeing a lot more observation  
4 cases that a year ago, two years ago would have been  
5 inpatient. So I don't know if that's something we need to  
6 consider when we do bed need methodology? They require  
7 care, they require hospitalization. It's just that they're  
8 not classified, categorized as inpatient.

9 MR. FALAHEE: Yeah. This is Commissioner Falahee.  
10 Probably almost everybody in this room, because this is a  
11 very serious group, knows what Commissioner is talking  
12 about. Because if you're a nurse on the floor, you see a  
13 patient in bed, a head in the bed, and you don't know, you  
14 know, it doesn't matter whether it's an observation patient  
15 or an inpatient. Therefore, that person is taking up your  
16 bed of which there are a finite number. And to the extent  
17 that there's nothing wrong with these numbers. That's  
18 counting licensed beds. But what it doesn't properly  
19 reflect is how full is the hospital with the terms of the  
20 staffed beds that are there. And that's what we look at is  
21 how many are being occupied, whether it's observation or as  
22 inpatient. So that's, that's the issue we're dealing with.

23 MS. GUIDO-ALLEN: And I realize we don't want to  
24 keep pushing this out, but I'm wondering if we could run  
25 analysis of including observation just to see if we --

1 MR. FALAHEE: I don't know if the Department even  
2 tracks observation beds.

3 MS. GUIDO-ALLEN: Oh, they probably don't.

4 MR. FALAHEE: Yeah. Well, I'm getting nods --

5 MS. NAGEL: This is Beth. No, we do not track  
6 observation beds.

7 MS. GUIDO-ALLEN: We don't want to either.

8 MS. NAGEL: And, and there have been -- there was  
9 a SAC a couple of years ago that looked at that extensively  
10 and I think didn't come to any good resolution.

11 MR. FALAHEE: So it's just, it's, it's a fact  
12 that's out there the way it is counted. I don't have any  
13 qualms with the numbers that, that Professor Delamater  
14 presented which is looking behind the scenes and I'm not  
15 being critical of any insurance companies either for the  
16 observation status. Again, it's just the facts we're given.

17 MS. GUIDO-ALLEN: Yeah.

18 MR. FALAHEE: Okay. Does the Department have a  
19 recommendation on --

20 MS. GUIDO-ALLEN: Can we make it clear that it's  
21 inpatient only in the report? Calculating only inpatient  
22 beds, inpatient patient days?

23 MR. FALAHEE: I'm fine with clarifying it that  
24 way. It says -- right now it says acute care hospital bed,  
25 inpatient -- inpatients only.

1 MS. NAGEL: So this is Beth. I just want to  
2 remind the Commission that the purpose of the bed need is  
3 just to set the effective date. You're not necessarily  
4 approving the report. You're just approving the numbers and  
5 the effective date of them first. We can certainly add, you  
6 know, something to clarify, but I just wanted to, to make  
7 that point.

8 MR. FALAHEE: And does the Department have a  
9 recommended date of effective?

10 MR. CONNOLLY: Yes. Marcus with the Department.  
11 We do have March 1st, 2025, as the date. And talking to the  
12 eval section, it align with the publication as well. So  
13 once we set the effective date, there's a publication that  
14 come out at the same time.

15 MR. FALAHEE: Okay. Do any of the Commissioners  
16 have any questions about that effective date being March 1,  
17 2025? So you would need a motion from the Commission to set  
18 that effective date?

19 MR. CONNOLLY: Yes.

20 MR. FALAHEE: Would anyone care to make a motion?

21 MS. GUIDO-ALLEN: Guido-Allen. I move to accept  
22 the Acute Care Hospital Bed Need report and with the numbers  
23 effective March 1st, 2025.

24 MR. FALAHEE: Is there support for that motion?

25 MR. SALWIN: Commissioner Salwin. Support.

1 MR. FALAHEE: Thank you. Any discussion? All in  
2 favor say aye.

3 ALL: Aye.

4 MR. FALAHEE: Opposed? That motion carries.

5 (Whereupon motion passed at 10:27 a.m.)

6 MR. FALAHEE: Move on to the Hospital Groups  
7 update. Second part of the class, Professor.

8 DR. DELAMATER: Actually, I should have, I --  
9 thanks, Commissioner Falahee. I should have done the  
10 limited access area as well. I did the hospital beds, but I  
11 think that one is, is, again, quite unremarkable. They're,  
12 they're kind of together. So let's do that real fast.

13 The limited access area is the part of the  
14 Hospital Bed Need methodol- -- or is in the Hospital Bed  
15 standards. It also concerns Acute Care Hospitals. And my  
16 report on this is that the updated limited access areas look  
17 extraordinarily like the last time we ran it because really  
18 the only things that have changed since the last time we ran  
19 it were some minor differences in the patient day and  
20 patient, patient day rate per person in the state. And then  
21 little minor things around the edges concerning, like, roads  
22 that had speed limit changes so the 30 minute travel time  
23 areas might be a little bigger or smaller or things like  
24 that. But I did want to just point out that, that this gets  
25 an update as well along with the, the hospital beds. And,



1 and I'll, I'll stop there in, in saying that this is very  
2 much just like the one we did last time.

3 MR. FALAHEE: Okay. Thank you. I have a question  
4 for the Department. Do we need to set a separate effective  
5 date for these?

6 MS. STANTON: No; no, sorry. They're, they're  
7 under the same for the Acute Care Hospital.

8 MR. FALAHEE: Just making sure. Okay. Any  
9 questions for the commissioners? All right. Thank you.  
10 Okay. Proceed.

11 DR. DELAMATER: Okay. So -- okay. So the  
12 Hospital Groups is the next one. This -- I think, I think  
13 the, the standards state we're supposed to update every five  
14 years, I believe. And, and in a related comment, I think we  
15 might want to consider changing that to ten years. What  
16 happens is, is the hospital groups are, are how we group  
17 hospitals together so that we're not trying to predict acute  
18 care bed need for single facilities or something like that.  
19 We want to do it at a regional level to capture kind of  
20 these broader trends. And so we have a methodology that we  
21 put in when I was first getting going with CON to group the  
22 hospitals together in these hospital groups and then these  
23 are the units that we actually predict the, the bed need  
24 for. And I ran it with updated data, so we've got a very  
25 specific methodology in the standards and, and it's, it's

1 quite straightforward. We just plug in the updated data.  
2 But what we found this time was that there were a decent  
3 number of changes compared to the last time we ran this.  
4 Many of the groups had at least one change, whether that be  
5 a hospital, like, leaving that group or, or a hospital  
6 joining their group that wasn't there before. Of the 30  
7 groups, I think what it said 12 were unchanged and then --  
8 so which means we had, let's see, it was 16 that were  
9 changed because the total number of groups also decreased  
10 from 30 to 28 because that's part of the methodology as well  
11 to, is to say how many hospital groups we had.

12 This is hard to visualize, it's hard to kind of  
13 explain so I tried to create this figure and table. There's  
14 a table that, that has the summary, there's table one. And  
15 then this figure that kind of shows the, the movement from  
16 group to group here. I -- my recommendation on this one is  
17 that we shelve it for at least two more years. I am  
18 concerned that because this is based on the most recent  
19 data, basically 2020 to 2022, that we're catching a lot of  
20 COVID-related changes only in this. That it's like it's  
21 kind of -- this would be, like, if we based the Hospital  
22 Groups on COVID times. And I do think it would make sense  
23 for us to wait a couple of more years so that it would be  
24 based on data from basically '22, '23 and '24, because I  
25 feel like we're getting kind of back to how people move

1 around their environment a little more at that time.  
2 Because when we do this, when we change the Hospital Groups,  
3 then I will give a report. The next bed need will be the  
4 new Hospital Groups, not the old ones. So I'd have to,  
5 like, change the -- so the bed need we'll have to roll the  
6 change with it. And so I'll stop there and answer any  
7 questions or, or address any concerns you guys have. But  
8 my, my recommendation is that this is basically based off  
9 COVID-time data and I think we should delay.

10 MR. FALAHEE: Okay. Thank you. Questions from  
11 the commissioners? I've got one, not so much for you,  
12 Professor Delamater, as the Department. So I see in my  
13 sneak preview the Department recommendation may not be in  
14 sync with Professor Delamater's recommendation. What do you  
15 have to say about --

16 MS. NAGEL: I'll take the responsibility for that.  
17 That was a drafting accident. I apologize. We are back in  
18 sync with Dr. Delamater's recommendation.

19 MR. FALAHEE: All right. Thank you. Thank you.

20 MS. STANTON: Tiffani from the Department. If  
21 there was a date to be added, we do request the March 1st,  
22 2025 date if you're setting a date on this. But we do agree  
23 with the delay.

24 MR. FALAHEE: Do we need to pick a specific -- a  
25 specific date for how far to send it out?

1 MS. STANTON: The next review cycle, I mean,  
2 that's five years. So I guess we would have to set a date  
3 because it should be set now.

4 MR. FALAHEE: And then so --

5 DR. DELAMATER: This is --

6 MR. FALAHEE: -- go ahead.

7 DR. DELAMATER: -- this is Paul. Can -- I would  
8 suggest we, we could set it for two years out. That would  
9 be the next bed need cycle and that would be the not waiting  
10 a whole other five years. We can do that. We can do  
11 whatever the Commission wants. I, I would just say that  
12 would give us enough time to kind of get post COVID in the  
13 data.

14 MR. FALAHEE: Yeah. This is Commissioner Falahee.  
15 You read my mind. I wanted to send it with the next one,  
16 bed need methodology. So if we send it out, would it be two  
17 years, should we pick, like, March 1 of 2027?

18 MR. CONNOLLY: Marcus with the Department. I  
19 would agree with that.

20 MR. FALAHEE: I'm waiting for further comments  
21 from the Department.

22 MS. STANTON: Sorry. Tiffani from the Department.  
23 We would like to have the data by December 2026, that would  
24 be able to run that. So, yeah, the January '27, or March if  
25 you wanted to push it to the March meeting.

1 MR. CONNOLLY: I would say the March meeting  
2 because the special Commission meeting is in January. So  
3 the Department will say the March meeting because typically  
4 January is the special Commission meeting. So it will give  
5 us that time to, to do everything.

6 MS. STANTON: And Paul time.

7 MR. FALAHEE: So if you, if you want -- this is  
8 Falahee. So if you wanted to have discussion at the March  
9 meeting of the Commission in 2027, you need to set a date  
10 for December of '26?

11 MS. STANTON: Nope, March 2027, the effective  
12 date.

13 MR. FALAHEE: Okay.

14 MS. STANTON: Yep. We'll have the data by  
15 December of '26, possibly January depending, where we will  
16 be able to run it for the 2027 by pushing out the two years.

17 MR. FALAHEE: Okay. All right. So I'm hearing  
18 the general consensus before a motion of pushing this out  
19 until March 1st, 2027?

20 MR. CONNOLLY: Yes, that's correct.

21 MS. NAGEL: No.

22 MS. STANTON: We can, we can still present it at  
23 the January meeting because we typically do the bed needs at  
24 the January meeting. So if we had to, we can and if we  
25 needed to, we can postpone it at that January meeting.

1 MR. FALAHEE: I'm just trying to make --  
2 Falahee -- to make sure it works for the Department's  
3 timing, the bed need methodology timing. I think the  
4 Commission would be amenable to whatever date, but I want to  
5 make sure we're responsive to your, your needs.

6 MS. NAGEL: If you don't mind in, in that, under  
7 that theme, then maybe we say April 1st of '27.

8 MR. FALAHEE: Okay.

9 MS. NAGEL: To account for the March meeting.

10 MR. FALAHEE: Okay. Any, any other questions from  
11 the Commissioners? I think we have enough where we can  
12 enter-, I can entertain a motion.

13 DR. MILEWSKI: Commissioner Milewski. I will  
14 motion, motion that we set a Hospital Group update to have a  
15 new effective date of April 1st, 2027, to allow for any data  
16 to be captured.

17 MR. FALAHEE: Is there support for that motion?

18 MR. DRAKE: Commissioner Drake. I second.

19 MR. FALAHEE: Thank you. Any discussion? All in  
20 favor of the motion please say aye.

21 ALL: Aye.

22 MR. FALAHEE: Opposed? That motion carries.  
23 Thank you.

24 (Whereupon motion passed at 10:37 a.m.)

25 MR. FALAHEE: We continue with our class to NICU.

1 DR. DELAMATER: Okay. NICU. So NICU we update  
2 every year. And so this year's run has just slightly fewer  
3 beds needed in the projection than, than the prior couple  
4 years. It was 15 beds fewer statewide since the last one.  
5 NICU, if you look in the report, that table, the one that  
6 says "comparison," you can see NICU has been trending  
7 downward for, you know, the last almost ten years from a  
8 prediction of 511 down now to 455. I think this is just  
9 kind of broader trends in, in how NICU's used. And so,  
10 yeah, so there's nothing I would say remarkable here. It  
11 looks similar to everything I've seen in prior years and so  
12 my recommendation is to, to move forward with this one.

13 MR. FALAHEE: Thank you. Questions from the  
14 commissioners?

15 MS. GUIDO-ALLEN: Guido-Allen. I would say that  
16 it's actually Michigan and the work that we've done on  
17 maternal morbidity and mortality that has impacted the  
18 climb. So that, that demonstrates that was a success it  
19 happens. So, support.

20 MR. FALAHEE: Department recommendation?

21 MS. STANTON: Yep. This is Tiffani with the  
22 Department. We do recommend the March 1st, 2025, effective  
23 date.

24 MS. NAGEL: This one -- sorry, this is Beth. I  
25 keep cutting in. So you really, truly you can't get rid of

1 me. This one is different. NICU for whatever reason is  
2 written in the standards the Department sets the effective  
3 date. And so we will set the effective date of March 1. We  
4 wanted to bring this report to you so that you understood,  
5 you know, the -- what is happening with it. But for  
6 whatever reason, a group at some point saw fit to leave that  
7 to the Department and so we will, we will set that effective  
8 date.

9 MR. FALAHEE: Now -- this is Falahee. Understand  
10 what Commissioner Guido-Allen said. I think the trends  
11 we're seeing with all of the maternal health projects -- and  
12 the Governor signed I think 10 or 15 maternal health bills  
13 yesterday or the day before, so I think that's a large  
14 reason for this downward slide, if you will, which in a way  
15 is a good thing. Thank you.

16 MR. DRAKE: Yep. This is Commissioner Drake. I'd  
17 add to that also, Chip, that additionally I think  
18 (indiscernible) are down in Michigan as well.

19 MR. FALAHEE: Thank you. Okay. We'll move on,  
20 Nursing Homes, Long-Term-Care Units.

21 DR. DELAMATER: All right. Nursing Home update.  
22 So we, we spent a lot of time on Nursing Homes over the, the  
23 last few years trying to make sure that the method-,  
24 methodology aligns with, with what we're seeing happening on  
25 the ground. And so, so this one we, we used 2023 as the



1 base year. Again, I ran this late last year. 2023 is the  
2 base year and 2028 as the planning year until we're using  
3 utilization data from 2020 to 2023. And, let's see. So for  
4 Nursing Homes we came out statewide at 41,400 beds needed  
5 was the projection. That was about 800 fewer than the prior  
6 bed need run that we did a few years ago. I think we may  
7 have skipped one for Nursing Home because of COVID. That,  
8 that means with these numbers we are over -- where it says  
9 statewide we're over bedded by about 3,- -- 3,000 beds. And  
10 you can see in the large table most of these numbers are red  
11 which means these, these places are -- these planning areas  
12 are over bedded. And for Nursing Home, this, this is just,  
13 again, continues a trend of lower and lower and lower in  
14 changing use. We've seen the Nursing Home bed need just  
15 fall and fall and fall and fall over the years and I think  
16 that's just due to changing care. I, I actually don't -- I  
17 think COVID may have reset things a little bit with Nursing  
18 Homes, but I think it -- utilization went down during COVID  
19 and I think it's probably going to stay a little depressed.  
20 And I -- and so, again, it's a little different than we've  
21 seen before, but not anything, again, remarkable. And so I  
22 think this is -- I would, I would suggest that we move  
23 forward with this one as well.

24 MR. FALAHEE: Thank you.

25 DR. DELAMATER: Open for questions.

1 MR. FALAHEE: Thank you. Any questions of the  
2 commissioners? Welcome, Commissioner Turner-Bailey. Glad  
3 you're here.

4 MS. TURNER-BAILEY: Thank you.

5 MR. FALAHEE: Glad you made it.

6 MS. TURNER-BAILEY: Made it.

7 MR. FALAHEE: Any questions of the commissioners?

8 MS. STANTON: We do have public comment for this  
9 one.

10 MR. FALAHEE: Okay. Great. Thank you.

11 MS. GUIDO-ALLEN: This is Guido-Allen. This is a  
12 comment of the numbers. This is a question. Why does it  
13 take us so long to get Nursing Home beds if we're that over  
14 bedded? It just doesn't align.

15 MR. FALAHEE: Other comments? So we have public  
16 comment, Tiffani?

17 MS. STANTON: Correct.

18 MS. TUCKER: Public comment from Rich Farran and  
19 Melissa Reitz.

20 MS. MELISSA REITZ: I'm actually for the next  
21 Nursing Home bed topic, so I'll speak in a second.

22 RICH FARRAN

23 MR. RICH FARRAN: Thank you, Chair Falahee, and  
24 Commissioners for the opportunity to provide some public  
25 comment. I'm Richie Farran with the Health Care Association

1 of Michigan. We represent about 370 nursing facilities  
2 across the state.

3 I will agree with Dr. Delamater that this is not  
4 a, a significant change with, with the data we have here. I  
5 do think that this is still slightly skewed by COVID and we  
6 could likely see the next run of numbers even more skewed by  
7 COVID. Basically if you look at utilization pre-pandemic,  
8 so 2019, we're at 80.9 percent statewide. Our estimations  
9 in 2024 are we were about at 81 percent, so the exact same.  
10 So I think things have been relatively stagnant since  
11 pre-pandemic years. What I'm a little bit concerned with  
12 the next for a couple of reasons. With pulling beds out is  
13 we are seeing the aging of Michigan's population. I think  
14 the baby boomers begin turning 80 next year. And I think  
15 we're -- we -- there is a projection of increased  
16 utilization coming as Michigan continues to age. I think  
17 the next time we run the numbers -- and Dr. Delamater can  
18 probably speak to this better than I -- but we're going to,  
19 when we look at the previous three years we had a  
20 significant dip in '21 down to 67 percent occupancy level  
21 statewide and it's, again, it's back up. So when you, when  
22 we look at this next time we're going to see probably a  
23 pretty steep increase which, again, is probably not  
24 indicative of future utilization. So I know, I think it was  
25 at the end of last year the Commission decided to delay some

1 numbers. We would ask to continue to delay until those,  
2 those COVID years are no longer giving us the data to  
3 predict utilization.

4 And just real quickly, I think I can help answer  
5 Commissioner Guido-Allen's question about if bed need is so  
6 high, why is there wait times to get into facilities.  
7 Unfortunately that's a work force issue. The facility has  
8 the beds, but can only staff accordingly to what their staff  
9 and their acuity levels are.

10 So thank you again for the consideration.

11 MR. FALAHEE: Okay. Any questions? Thanks a lot.  
12 Any other public comment on this one?

13 MS. STANTON: No. The other one was for the  
14 Nursing Home section later in the analysis.

15 MR. FALAHEE: So does our Department have a  
16 comment or response to our last witness? Is that the  
17 recommendation was push it out further? Because I think the  
18 Department's recommendation is March 1 of 2025; correct?

19 MR. CONNOLLY: Yes. Marcus from the Department.  
20 That is the Department's recommendation. But if the  
21 Commission decides they want to push it out to maybe, say,  
22 December of 2025, we're open to that as well. But our  
23 initial recommendation was March 1st, 2025.

24 MR. FALAHEE: This is Falahee. Let me ask  
25 Professor Delamater. Paul, this was, this was 2023 data.

1 And so you heard what, what Rich had to say about let's push  
2 it out a little bit more, make sure we, if you will, put  
3 COVID behind us, I'll say. Do you agree with that or are  
4 you good with the numbers as they are now?

5 DR. DELAMATER: I think -- I think that -- I think  
6 that it's not going to change much. I think if -- I know  
7 we've been having a graying population for 15 years and  
8 nursing home, I mean, that's why we keep having Nursing Home  
9 workgroups and SACs and people are really concerned about it  
10 from a bed need perspective. But what happens is the way  
11 that nursing homes get used is changing as fast as the  
12 population is. And -- but more people are doing assisted  
13 living for longer and we just continue to see rates of even  
14 pre-COVID of the older residents in the state rates of  
15 nursing home utilization go down year after year after year  
16 as people are aging in, in their house and I don't think  
17 there's going to be a bounce-back. I think this is  
18 probably -- these are probably the numbers and if there is  
19 going to be a bounce-back, it would be minor if anything.  
20 You know, maybe back up to what it was, you know, a couple  
21 years ago. But I don't think we're going to see anything  
22 that would be -- I don't think, like, delaying is going to,  
23 you know, we're going to have some numbers in a year or two  
24 years that are, like, massively higher or high enough to  
25 even justify delaying.

1 MR. FALAHEE: Thank you. Any Department comments?  
2 So we have Department recommendation to set effective date  
3 for these Nursing Home, Hospital Long-Term-Care Unit March 1  
4 of 2025. Would anyone care to make a motion to that?

5 DR. MILEWSKI: This is Commissioner Milewski. I  
6 will make a motion to set the Nursing Home effective bed  
7 dates as March 1st, 2025.

8 MR. FALAHEE: Is there support for that motion?

9 MR. SALWIN: Commissioner Salwin. Support.

10 MR. FALAHEE: Thank you. Commission discussion?

11 MR. DRAKE: This is Commissioner Drake. Just to  
12 go back to what Commissioner Guido-Allen brought up in the  
13 public comment. When will this be measured again?

14 MS. STANTON: This is Tiffani from the Department.  
15 So it's run every two years, so the next date would be March  
16 of 2027.

17 MR. DRAKE: Okay. So, so with that, I guess,  
18 Commissioner Guido-Allen, with that I guess it gives them  
19 some time to get your staff into it and report this. It  
20 gives them time to we see what staffing does over the next  
21 two years when we measure it.

22 MS. GUIDO-ALLEN: Yeah. Agree.

23 MR. FALAHEE: Thank you. Any other comments?  
24 Questions? All right. There's a motion on the floor. All  
25 in favor of the motion please say aye.

1 ALL: Aye.

2 MR. FALAHEE: Opposed? That carries.

3 (Whereupon motion passed at 10:51 a.m.)

4 MR. FALAHEE: Psych Bed update. This, too, is a  
5 frequent topic in the Commission. Go ahead, Paul.

6 MS. STANTON: Paul, you're muted.

7 MR. FALAHEE: Yeah. Muted.

8 DR. DELAMATER: Sorry. Clicked a button on  
9 accident there. Yeah. This one -- and, and the use on this  
10 one has been kind of all over the place for adult, and, and  
11 pediatric it looked pretty normal. And I will preface all  
12 of this by saying, you know, we have spent a lot of time on  
13 this over the last five to ten years thinking about methods  
14 and that was one part of the preface. The other part of the  
15 preface is this is another one that the workforce issue is  
16 really driving what's happening on the ground rather than  
17 the bed need issue -- than the bed need itself. So I'm  
18 going to start there.

19 So let's do this in two parts because there's the  
20 adult part and the pediatric part. The method we use on  
21 each are the same, but we just apply it to different data.  
22 For the adult bed need, we, the numbers I believe are about  
23 the same as they were a couple of years ago when we did it,  
24 but I don't know if that one was adopted. We've seen lower.  
25 I mean, the bed need hit a peak in our planning year of 2024

1 of about 2,400 beds, and now we're seeing around 2100. And  
2 that's mostly because what the methodology did in this case  
3 was there was no discernible trend in adult/youth patient  
4 base. So if you scroll up and look at the graph I think  
5 it -- I don't know if you guys have this. You see that,  
6 that dip that goes down? So we have the peak at -- let me  
7 see. So the peak in 2019, and then a trough in 2020, and  
8 then it's working its way back up and then you have high  
9 again in 2023. So what happened was there's no real  
10 discernible trends there and so it used an average over the  
11 last couple of years to do the adult prediction. And so the  
12 adult prediction is just kind of in the middle of where we  
13 thought it is, you know, what we saw the last few years  
14 which I'm okay with. I think it's, it's all right. I --  
15 psychiatric beds, it's been so hard to understand what's  
16 going on with it in the last few years. You know, I would  
17 be unsurprised if we saw a downturn in the 2024 data. Like,  
18 I, I don't think that I feel confident that's what, you  
19 know, 2020 to 2021 to 2022 to 2023 is, like, an actual true  
20 increase of more of a, you know, could be we've just leveled  
21 out that those are COVID years. So for the adult one I, I  
22 think it's okay. Again, I think staffing issues is more  
23 important than the, the bed need numbers for psych beds. So  
24 that's for adult.

25 For pediatric bed need, it's pretty



1 straightforward that it's just going up, up, up if you look  
2 at that graph and the numbers reflect that. In, in our  
3 prediction, we're predicting, you know, more beds needed  
4 than we actually have current beds and that's because we,  
5 there's a real discernible linear trend of, of going up.  
6 And so I think I would say that for these ones it's, you  
7 know, I would, I would suggest adopting them. I don't see  
8 any problems. I don't think it's, you know, I -- I, I  
9 don't, I don't know if I believe that there's a 2024 point  
10 on that adult graph that's, like, much higher. Like it's  
11 just, like, going up. I don't know if that's happening and  
12 I don't think we should delay on this anymore either because  
13 it's, you know, we're -- this is using a few years' worth of  
14 data so we have a little bit of maybe COVID in, in the data.  
15 But as you can see with the pediatric side, you know, it  
16 wasn't really affected as much as, as the other one. So  
17 this one's, like, I'm less kind of confident in what's  
18 happening as far as, like, why the numbers are the way they  
19 are. So I'd be happy to answer any questions about it.

20 MR. FALAHEE: Okay. Thanks a lot, yeah. Psych is  
21 a never ending journey. For the Department, I think you're  
22 probably going to recommend an effective date of March 1?

23 MS. STANTON: That is correct.

24 MR. FALAHEE: And under the current language, we  
25 can't separate adult from pediatric in terms of setting

1 dates. For the Commissioners, you might have seen that  
2 there's in our packet some proposed language that was going  
3 to be introduced by Carl Hammaker who is not here. So we  
4 can't introduce. For those in the audience, that language  
5 would give the Commission a chance to separate approval  
6 dates for peds and adults because of the difference in what  
7 we see between the peds and adult population. So we can't  
8 do that today. We hope we can do it if the weather is  
9 better in March when next we meet. Let me ask. I'll turn  
10 to the Department. Is your recommendation still to do March  
11 1 or do you want us to push it out to have that language to  
12 let us bifurcate it? I don't know what your preference is.  
13 What works best for you?

14 MS. STANTON: Just kind of walking -- sorry, this  
15 is Tiffani from the Department -- walking through the  
16 process. If we were to present it in March, we would have  
17 final action in the June meeting and then it would have to  
18 go through the 45 days as well. So it would be the end of  
19 this year, beginning of next year depending on the process  
20 before it's actually in effect. So that would postpone it  
21 until next year before you could actually take effect.  
22 Preference? Marcus, do you have -- it is on a two-year  
23 cycle, so the next cycle would be the 2027, allowing the  
24 time for that. Even if this is in effect now, it'll be  
25 re-ran under the new policy assuming that does take effect.

1 MR. FALAHEE: So if I'm hearing you right, you  
2 don't have any objections to the March 1 date?

3 MS. STANTON: No.

4 MR. CONNOLLY: No.

5 MR. FALAHEE: Okay. And we can still potentially  
6 process that, the language change that we were going to  
7 introduce today, but we'll probably have to introduce it at  
8 the March meeting?

9 MS. STANTON: If I'm not mistaken, then it allows  
10 so if there is a change, you can make that call at the  
11 Commission to make that change before the new cycle.

12 MR. FALAHEE: Okay. Great. Thank you. All  
13 right. Thank you. Any questions from the commissioners?  
14 So we have a recommendation from the Department to set a  
15 March 1, 2025 date. Entertain a motion.

16 MR. DRAKE: This is Commissioner Drake. Make a  
17 motion to for the Psych Bed Needs report, that we set a  
18 March 1st of 2025 effective date.

19 MR. FALAHEE: Is there support for that motion?

20 MR. SALWIN: Commissioner Salwin. Support.

21 MR. FALAHEE: Thank you. Commission discussion?  
22 Hearing none. All in favor of the motion say aye.

23 ALL: Aye.

24 MR. FALAHEE: Opposed? That carries.

25 (Whereupon motion passed at 10:59 a.m.)

1 MR. FALAHEE: Professor Delamater, I think your  
2 class is over. Well done. We, we tried to pay attention  
3 and I don't think any of us in the room fell asleep. So,  
4 but seriously, Paul. Thank you very much. This is  
5 complicated stuff. You presented so that even I could  
6 understand so thank you very much. We very much appreciate  
7 it. Best of luck with that heavy snowfall you have down  
8 there.

9 DR. DELAMATER: I'll do what I can to stay safe  
10 here. I hope everyone drives safe there. It's good to see  
11 everyone even, even it's -- even though you're small on my  
12 screen.

13 MR. FALAHEE: Thanks again.

14 MS. STANTON: Thanks, Paul.

15 DR. DELAMATER: Bye-bye.

16 MR. CONNOLLY: Thank you, Dr. Delamater.

17 DR. DELAMATER: Bye.

18 MR. FALAHEE: Okay. Commissioner Falahee. We're  
19 going to move on to the next item in our agenda and I'll  
20 turn it over to Katherine.

21 MS. TUCKER: Katherine from the Department. A  
22 public comment period was held from October 4th through  
23 October 18th, 2024. We received public comment from four  
24 organizations. The summary of these as well as the comment  
25 letters are included in the electronic binder. All

1 testimony received was in support of continued regulation of  
2 Litho services. The Department supports continued  
3 regulation of Litho services and is recommending that the  
4 Commission charge the Department with drafting language to  
5 provide at a future Commission meeting. The Department is  
6 requesting to make technical revisions including adding  
7 30-day notice language being added to all standards and  
8 adding language for renewal of the lease in Section 4,  
9 consistent with the definition within that section. This  
10 language is similar to the language added in CT and MRI  
11 standards.

12 MR. FALAHEE: So if I'm hearing you correctly,  
13 you're looking to the Commission to approve the Department  
14 making the technical edits you discussed?

15 MS. TUCKER: Yes.

16 MR. FALAHEE: Okay. Not recommending any  
17 workgroup or any SAC, just the classic technical edits made  
18 by the Department?

19 MR. CONNOLLY: Yes.

20 MR. FALAHEE: Do any of the commissioners have any  
21 questions of the Department about that? Okay.

22 DR. MILEWSKI: This is Commissioner Milewski. I  
23 will make a motion to continue the regulation of the Urinary  
24 Extracorporeal Shock Wave Lithotripsy Services and refer  
25 technical edits to the Department to come back to the

1 Commission for a language (indiscernible).

2 MR. FALAHEE: Is there --

3 MS. TURNER-BAILEY: Commissioner Turner-Bailey.  
4 Support.

5 MR. FALAHEE: Thank you very much. Any questions  
6 or comments from the commissioners? Okay. We have a motion  
7 on the floor. All in favor of the motion, please say aye.

8 ALL: Aye.

9 MR. FALAHEE: Opposed? Great.

10 (Whereupon motion passed at 11:02 a.m.)

11 MR. FALAHEE: Now we go into the second NICU  
12 discussion. And I'll turn that over to -- don't know who.  
13 Justin? Okay. Thank you.

14 MR. EASTER: Justin from the Department. A public  
15 comment period was held from October 4th through October 18,  
16 2024. We received public comm- -- or public testimony from  
17 four organizations. Summary of these as well as the comment  
18 letters are included in the electronic binder. All  
19 testimony received was in support of continued regulation of  
20 NICU services. The Department supports continued regulation  
21 of NICU services and is recommending that an informal  
22 workgroup be formed to review some of the items brought  
23 forth. These include: Review the requirements related to  
24 the outreach program in Section 12(2)(c), and if updates are  
25 needed, make recommendations for changes; align NICU review

1 standards with the Joint Commission Maternal Levels of Care  
2 Verification program and make sure it aligns with the state  
3 of Michigan guidelines; review the methodology for  
4 consistency from the live births data in the Vital Records  
5 Department. The Department is also requesting to make  
6 technical revisions including adding 30-day notice language  
7 being added to all standards. If a workgroup is going to be  
8 seated, then a written charge will be needed to be drafted  
9 by the Commission, or the Commission may instruct the chair  
10 to write the charge consistent with the language presented  
11 at today's meeting. The chairperson would also appoint a  
12 chairperson for the workgroup, after the workgroup completes  
13 the work, it would then bring its recommendation to the  
14 Commission at a future meeting. Workgroups are open to the  
15 public and are not limited to a six-month time line.

16 MR. FALAHEE: This is Falahee. So in short, what  
17 Justin is saying, workgroup and not a SAC and we all know  
18 workgroups, whomever shows up is the workgroup for that  
19 meeting and it could be a different group of people. And  
20 we've discussed this before, depending on the  
21 substantiveness of the work to be done, it could be  
22 technical edits, a workgroup, or a Standard Advisory  
23 Committee, a SAC. So that's what we have here is a  
24 workgroup, middle ground. Any questions by the  
25 commissioners of the Department?

1 DR. MILEWSKI: This is Commissioner Milewski. I  
2 will make a motion to continue the regulation of NICU  
3 Services and Beds and to establish an informal workgroup and  
4 refer the selection of the chair and vice chair of the  
5 workgroup to the chair of the Commission and vice chair of  
6 the Commission, as well as drafting the charges to the chair  
7 and vice chair of the Commission, and also allow technical  
8 updates by the Department.

9 MR. FALAHEE: Is there support for that motion?

10 MR. DRAKE: Commissioner Drake. Support.

11 MR. FALAHEE: Thank you. Any discussion? We have  
12 a motion on the floor. All in favor say aye.

13 ALL: Aye.

14 MR. FALAHEE: Opposed? Great. That motion  
15 carries. Thank you very much.

16 (Whereupon motion passed at 11:05 a.m.)

17 MR. FALAHEE: This is Falahee. I always like -- I  
18 joke with the staff, keep track of what work is on their  
19 schedule. And we see that as the Commission work plan with  
20 the number of workgroups and the number of SACs and those  
21 are -- keep that in the back of my mind. So watch for that  
22 in the work plan that's coming up later in the meeting.  
23 Next one, Nursing Homes. Justin, is that you?

24 MS. STANTON: This is Tiffani from the Department.

25 MR. FALAHEE: Oh, okay.



1 MS. STANTON: So a, a public comment period was  
2 held from October 4th through October 18th, 2024. We did  
3 receive public testimony from four organizations. The  
4 summary reviews as well as the comment letters are included  
5 in the electronic binder. All testimony received was in  
6 support of continued regulation for Nursing Home Services.  
7 The Department does continue -- or support continued  
8 regulation of Nursing Home Services. And we are  
9 recommending an informal workgroup to be formed to review  
10 the charges. These include to review the process of  
11 temporary closure to replace aging structures and consider  
12 adding language; expand the provision to all sections of the  
13 CON standards where the QAAP payments are referenced; review  
14 Section 6 about the quality in nursing home care and if  
15 necessary, recommend changes; and then if a workgroup is to  
16 be seated, then the written charge will be form- -- will  
17 need to be drafted and voted on by the Commission, or the  
18 Commission may instruct the chair to write the charge  
19 consistent with the language presented at today's meeting.  
20 The chairperson will also appoint a chairperson for the  
21 workgroup. After a workgroup completes its work, it would  
22 then bring its recommendations to the Commission at a future  
23 meeting. And the workgroups are open to the public, not  
24 subject to the six-month time line. We do have public  
25 comment on this section.

1 MR. FALAHEE: Okay. Thank you.

2 MS. STANTON: Uh-huh.

3 MR. FALAHEE: Ready for public comment.

4 MS. STANTON: Melissa Reitz from McCall Hamilton.

5 MELISSA REITZ

6 MS. MELISSA REITZ: Good morning. Thank you,  
7 everyone, for making it this morning. I was grateful to --  
8 I've had a lot of cancellations lately on meetings that I  
9 travel to, so I was grateful that we are able to make this  
10 happen.

11 So I just wanted to -- oh, sorry. I just wanted  
12 to ask, you'll notice there's a couple of "no's" on that  
13 chart and one of them I wanted to just speak to and see if  
14 the Commission wouldn't be willing to turn that to a yes and  
15 allow the workgroup the opportunity to just talk about it  
16 and potentially bring forward a recommendation. It's the,  
17 the second one from the top there. The request specifically  
18 was unrelated to the conversation we just had about the  
19 Nursing Home Bed Need methodology. That methodology uses a  
20 three-year average of utilization and we spent a lot of time  
21 talking over the last several years about, you know, how the  
22 COVID pandemic has impacted that utilization and how that  
23 then impacts the bed need. And what we -- well, what was  
24 being requested in that particular request was to allow the  
25 workgroup to maybe work with Dr. Delamater and talk amongst

1 the experts about adding a provision to the methodology  
2 itself that would say if the utilization data being inputted  
3 into this formula is impacted by a public health epidemic,  
4 then the methodology should be adjusted in X way. I don't  
5 know what that X is. But having that group talk about it so  
6 that that way we're not constant -- I mean, hopefully we  
7 never have another COVID-19 pandemic situation, but we  
8 certainly might. And so, you know, being able to build that  
9 into the methodology so that we don't have to come to the  
10 Commission and ask you guys not to implement a bed need  
11 update that the standards say you're supposed to implement,  
12 or ask you to implement it five years down the road or, you  
13 know, whatever that might be. We just thought it would be  
14 an opportunity to, to talk about that. The workgroup may  
15 come back with a recommendation that the Commission doesn't  
16 like or they may say "you know what? We don't think that  
17 there is a solution." But if they're going to meet, you  
18 know, allowing them to talk about that would be something we  
19 would just ask you to consider. Any questions?

20 MR. FALAHEE: Thank you. Any questions? Thank  
21 you.

22 MS. MELISSA REITZ: All right. Thank you.

23 MR. FALAHEE: Does the Department have a response  
24 to the comments that Melissa made?

25 MR. CONNOLLY: Marcus from the Department. This

1 is something that we have discussed in the past. And what  
2 we feel is right now that we do have -- what Tiffani is  
3 pulling up -- in our public health code and it talks about  
4 any emergencies or anything like that, that the Department  
5 will handle it on an emergency basis. And just the evidence  
6 of COVID, all the power of Tulika's staff, an eval, and  
7 anything that came up, we would be more than willing to do  
8 emergency CONs or whatever needed. The complications of  
9 putting something in the standards is you kind of lock us in  
10 to whatever the standards say. And this right here allows  
11 us like if anything happens, COVID or another type of  
12 epidemic, we can just use emergency CONs based on the needs.  
13 And our track record shows that we're willing to work with  
14 any health care system if there's a need because we did  
15 hundreds of emergency CONs during that time.

16 MR. FALAHEE: Commissioner Falahee. I agree.  
17 Thank you. I don't know if Tulika is still with us, but --  
18 on the phone, but the Department was very responsive and  
19 Saturdays and Sundays included. So thank you. Any  
20 questions by the commissioners of the Department? I turn to  
21 my vice chair looking -- read my mind in terms of with the  
22 motion.

23 DR. MILEWSKI: Commissioner Milewski. There we  
24 go. Commissioner Milewski. I will motion that we continue  
25 to regulate Nursing Home and Hospital Long-Term-Care Unit

1 beds and that we form an informal workgroup and instruct the  
2 chairperson of the Commission to select a chair and vice  
3 chair to chair that workgroup, and also draft language  
4 consistent with what is in front of us today as to the  
5 charges for the workgroup and any technical edits we will  
6 refer to the Department.

7 MS. STANTON: This is Tiffani for the Department.  
8 We do have another public comment. I apologize. Rich  
9 Farran has one as well.

10 MR. FALAHEE: Okay. Thank you. Hold that, hold  
11 that motion in abeyance.

12 RICH FARRAN

13 MR. RICH FARRAN: Good morning. Sorry to slow  
14 things down. Is this on now? Again, Richie Farran from  
15 HCAM. We -- I support Melissa's testimony. I just shared  
16 our position on how the bed need numbers could be skewed  
17 from COVID data. So we'd appreciate at least a discussion,  
18 the opportunity for discussion on, on an informal workgroup  
19 and absolutely support it. And want to thank the Department  
20 for the other recommendations. Some of those are holdovers  
21 from the last informal workgroup which I think was a great  
22 process and appreciate all of that collaborative effort.

23 I think just some clarification on what we're  
24 asking for on the second charge. Agree 100 percent the  
25 emergency CONs were fantastic. They were helpful during the

1 pandemic. I think what we're asking for here is not  
2 necessarily an emergency CON, it's exploring language as  
3 part of the bed need methodology to determine future  
4 utilization. So it's not about getting an emergency CON  
5 because of a public health emergency. It's about whether or  
6 not we should use data to set future utilization if that  
7 data is skewed by a public health emergency. So from --  
8 just to clarify the ask. I don't think it goes to the  
9 emergency CON process what we're requesting to be included  
10 as a charge. Again, that process has been great. The  
11 Department has been very responsive and we're grateful for  
12 that. What we're asking for is an opportunity to discuss  
13 language as part of the bed need methodology, whether or not  
14 any data that was skewed by a PHE should be used to  
15 determine future utilization. I hope that makes sense.

16 MR. FALAHEE: Yeah. I think -- I understand what  
17 you're asking for. It might be a bit speculative depending  
18 on what the pandemic du jour might be and the long-term  
19 impacts going forward, so --

20 MR. RICH FARRAN: Agreed. And maybe it's not even  
21 a public health. Maybe it's something like, you know, the  
22 dam in Midland required evacuations and that could skew  
23 utilization. So I think it could be as, as broad as just  
24 allowing the discretion of the Department or the -- and the  
25 Commission to, to not adopt some, some language. I think

1 that -- or some bed need methodology. I, I think our ask is  
2 let's just explore the possibility of some language during  
3 the informal workgroup.

4 MR. FALAHEE: Any Department comments?

5 MR. CONNOLLY: Beth?

6 MS. NAGEL: This is Beth. From the Department's  
7 perspective, we think that would be, you know, a great  
8 discussion. However, we would be opposed adding something  
9 in that really limits the Commission's authority to set  
10 that, the date. So that's really one of our hangups. But,  
11 you know, if the, if the Commission feels it's worth  
12 discussing and -- we can certainly, we would certainly  
13 support having that discussion if that's the way the  
14 Commission wants to go.

15 MR. FALAHEE: Thinking out loud. Not sure if it's  
16 ready for prime time yet. This is Falahee. We, we've got a  
17 workgroup with some potential charges in front of it. I'd  
18 almost prefer sort of a, a discussion with the Department  
19 and those that are interested in this issue to get a better  
20 handle on it. I think there's some mushiness in there right  
21 now and I'd like to, like to put some finiteness to it and  
22 have some private discussions and maybe we can throw it into  
23 another workgroup down the road. That -- that would be my  
24 personal recommendation.

25 MR. RICH FARRAN: Yeah, I, I agree.

1 MR. FALAHEE: The Department will probably hate  
2 that.

3 MR. RICH FARRAN: I appreciate that. I would -- I  
4 can even right now and echo that we wouldn't want to limit  
5 the ability of the Commission to do it. I, I think  
6 discretion would be part of that but willing to follow  
7 whatever avenue the Commission recommends to explore this.

8 MR. FALAHEE: Okay. Thank you.

9 MR. RICH FARRAN: Thank you.

10 MR. CONNOLLY: Marcus with the Department. And  
11 we're willing to meet whenever. You would just e-mail me  
12 directly and we can get the team together and just kind of  
13 vet out what would be a, a good approach in the future to  
14 make sure that we just look over everything and make sure we  
15 don't miss anything, so --

16 DR. MILEWSKI: This is Commissioner Milewski. I  
17 agree with the comments of having a more informal discussion  
18 about whether it is needed to add a discussion to a future  
19 workgroup having lived through kind of the pandemic, being  
20 part of the Commission. I think one thing that I was able  
21 to witness was there's a lot of flexibility that the  
22 Department had with the emergency CONs and I don't want to  
23 do anything that would limit that flexibility or limit this  
24 body's flexibility in being able to handle. I think we've,  
25 we've been very responsive in setting effective dates. So



1 it's more of just a comment, not necessarily anything that  
2 I'm adding to the charge So I would stick with my current  
3 motion as it was set forth earlier.

4 MR. FALAHEE: Thank you. Thanks. So we have a  
5 motion. Would anyone care to second that motion?

6 MR. DRAKE: Commissioner Drake. Second.

7 MR. FALAHEE: Thank you. Any Commission  
8 discussion? Further discussion?

9 MR. DRAKE: Yeah. I would suggest briefly --  
10 it's, it's an interesting concept, though, to think about  
11 the bed need methodology like a public epidemic, epidemics  
12 or pandemics. But I would think that if we weren't going to  
13 talk about that offline, we should look at all data into  
14 that because the example of a flood, it could impact other  
15 bed needs as well. So I think it's definitely something  
16 worth discussing, though. Thank you.

17 MR. FALAHEE: Thank you. Any other comments or  
18 discussion? We have a motion on the floor. All in favor of  
19 the motion please say aye.

20 ALL: Aye.

21 MR. FALAHEE: Opposed? Okay. That motion  
22 carries.

23 (Whereupon motion passed at 11:18 a.m.)

24 DR. FERGUSON: I'm abstaining.

25 MR. FALAHEE: Oh, yes.

1 DR. FERGUSON: I walked in and, you know, not  
2 quite ready. But I'll abstain.

3 MR. FALAHEE: We're, we're glad you're here.

4 DR. FERGUSON: Sorry about that.

5 MR. FALAHEE: No; no. Thank you for making the  
6 effort to get here. Next, CT scanner services. Tiffani, I  
7 believe that's you.

8 MS. STANTON: Yeah. Tiffani from the Department.  
9 So we had the public comment period. That was October 4th  
10 through October 18th, 2024. We did receive public testimony  
11 from ten plus organizations. The summary of this as well as  
12 the comment letters are included in the electronic binder.  
13 Not all of the testimony received was in support of  
14 continued regulation for CT. The Department does support  
15 continued regulation for CT Services, and we are  
16 recommending a Standard Advisory Committee be seated to  
17 review some of the items that were brought forward. These  
18 items -- let me -- sorry. Apologize for that. These items  
19 include to review Section 2(k) definition of "CT Scanner"  
20 and if necessary, modify to include the exemption for  
21 chiropractic utilization similar to dentistry; review  
22 Section 14(2)(e) and if necessary, recommend changes to  
23 align with the American College of Radiology guidelines.  
24 And the Department also is rec-, requesting to direct  
25 language including review Section 14(2)(I) -- I'm sorry. We

1 also are requesting to review Section 14(2)(e) to clarify  
2 "immediately available"; and the Department is also  
3 requesting to draft language for 14(2)(I) and requirements  
4 for applicants offering scanner services to pediatric  
5 patients. So if a Standard Advisory Committee is to be  
6 seated, then a charge will need to be drafted on and voted  
7 on by the Commission or the Commission may instruct the  
8 chair to write the charge consistent with the language  
9 presented at today's meeting. The term of the SAC will  
10 expire six months from the first meeting. The SAC -- or  
11 first meeting of the SAC, unless the Commission specifies an  
12 earlier date and the Commission chairperson would appoint  
13 SAC members consistent with statutory requirements and  
14 CO- -- and the Commission bylaws. The chairperson would  
15 also appoint a chairperson and vice chairperson for the SAC.  
16 After the SAC completes its work, the SAC chairperson would  
17 be, would then bring the SAC's recommendation to the  
18 Commission at a future meeting. Thank you.

19 MR. FALAHEE: Any questions of the commissioners  
20 before I see if there's any public comment? Any questions  
21 of the commissioners of Tiffani? Okay. Any public comment?

22 MS. STANTON: No, we do not.

23 MR. FALAHEE: No? Okay. So this, just, just so  
24 you all know when, when we, assuming we appoint a SAC which  
25 we've done in the past, to the extent there are issues on

1 either side, what we try to do is select a chair and a vice  
2 chair of the SAC, if you will, from each side of the  
3 equation and to appoint members to the SAC because they have  
4 to nominate themselves first, that also represent the  
5 diverse views that may come before the SAC so we get a  
6 robust discussion in there. And every other time it's  
7 worked out very well. We get a very good recommendation on  
8 where to head with this because most of us around the state  
9 will learn the experts in that field, so we rely on those  
10 experts from the SAC. So that's how it was approached, sort  
11 of a behind the scenes nomination process and the selection  
12 process. Any questions of the Department about this? We  
13 all have our binder. I happen to have mine with many  
14 letters from the chiropractic community. So that's why I  
15 asked if there was any public comment. Seeing none, I'll  
16 ask if any commissioner would like to make a motion along  
17 the lines of what Tiffani just presented.

18 DR. MILEWSKI: Commissioner Milewski. I will  
19 motion to continue to regulate CT Scanner Services as well  
20 as to seat a Standard Advisory Committee and direct the  
21 chair of the Commission to draft the charges consistent with  
22 what we have before us today, as well as to select a chair  
23 and vice chair to, to lead the Standard Advisory Committee  
24 and also select members of the Standard Advisory Committee.

25 DR. DELANO: Commissioner Delano. Support.

1 MR. FALAHEE: Thank you very much. Any  
2 discussion? A motion on the floor. All those in favor of  
3 the motion please say aye.

4 ALL: Aye.

5 MR. FALAHEE: Opposed? That motion carries.  
6 Thank you.

7 (Whereupon motion passed at 11:23 a.m.)

8 MR. FALAHEE: Thank you for your attentiveness as  
9 we went through a series of agenda items, technical  
10 information. So thank you very much. Let's then turn it  
11 over. Legislative update; new legislative year. Justin?

12 MR. EASTER: Justin from the Department. All  
13 bills that were introduced in the previous legislative  
14 session will need to be reintroduced as none were made  
15 public acts that we were tracking.

16 MR. FALAHEE: Some were approved. There were some  
17 leftover bills that were the Governor took care of Tuesday  
18 and Wednesday this week, one of which was that maternal  
19 health bill I mentioned earlier.

20 DR. FERGUSON: Question. Are there any bills  
21 relevant to us that are the current pending? I think it was  
22 on the news this morning that some of the bills that didn't  
23 make it to the Governor's desk, that were intended for the  
24 Governor's desk. Are any of those relevant to us?

25 MR. EASTER: No. The same bills are not relevant

1 to us.

2 DR. FERGUSON: Thank you.

3 MR. FALAHEE: There was one --

4 DR. FERGUSON: Makes it a lot easier.

5 MR. FALAHEE: Yeah. There was one bill that, that  
6 died during lame duck. It would have repealed CON entirely.  
7 So you wouldn't have had to drive here today. But that bill  
8 did not make it anywhere and I don't think it never even  
9 got --

10 DR. FERGUSON: On the slippery roads today. Huh?

11 MS. STANTON: I think there was 29 of them that  
12 did die before things here.

13 MR. EASTER: Yeah, 29, correct. Yeah.

14 MR. FALAHEE: So there. So I -- did it answer  
15 your question? Okay. Great. Any other questions on that?  
16 All right. Administrative update.

17 MR. CONNOLLY: Okay. Marcus from the Department.  
18 At our last meeting we were still trying to find a consumer  
19 to form the Heart, Lung, Liver SAC. It was determined that  
20 one organization can represent consumers, purchasers, and  
21 payers. So the Department was able to start the Heart,  
22 Lung, Liver SAC on December 12th. With two meetings in,  
23 it's going very well. The last meeting we were able to form  
24 subgroups so the Heart, Lung, Liver SAC is moving along very  
25 well.

1           Also, the biannual report was submitted before the  
2           January 1, 2025 deadline as required by legislation. A copy  
3           of the report can be found in your electronic binder. One  
4           more note. I think that Beth mentioned earlier that Tulika  
5           is not here today. However, there were several activity and  
6           compliance reports included in the electronic binder.  
7           Should there be any questions on any of the reports, please  
8           feel free to reach out to Tulika or her team and they will  
9           answer any questions. And that is it. Are there any  
10          questions?

11           MR. FALAHEE: All right. Thank you, Marcus.  
12          Appreciate it. The binder report is a very detailed report.  
13          It has a bevy of information in there. So if anyone wants  
14          to see what we submitted to the JLC, Joint Legislative  
15          Committee, and (indiscernible), it's, it's in there. So  
16          thank you for putting that together, all of you. Thank you.  
17          Next, are there any public comments?

18           MS. TUCKER: Katherine from the Department. No  
19          additional public comment.

20           MR. FALAHEE: Okay. Thank you, Katherine. The  
21          Commission work plan. Tiffani is probably going to pull it  
22          up for us. There we are. Okay. Thank you.

23           MS. STANTON: Thank you. Tiffani from the  
24          Department. So the work plan that we are kind of  
25          configuring, right now we have Cardiac Cath that will be

1 presented, the report and draft language, at the March  
2 meeting. We are -- with the CT SAC recommendation, we are  
3 recommending it to start in June, so we will be now starting  
4 that nomination period next month. Heart, Lung, Liver, that  
5 is ongoing through May, and then we will have the report and  
6 final, final report draft at the June meeting. Hospital  
7 Beds is up for public comment this October. MRI, we'll have  
8 that report and present the draft language at the March  
9 meeting. MRT is also up for public comment in October.  
10 NICU, tentatively starting that workgroup in April. Nursing  
11 Home, tentatively starting that workgroup in July. Jump  
12 down. Open Heart is open for public comment this October.  
13 PET is also open for the public comment in October. Psych  
14 Beds is ongoing until June. We'll have that report -- I'm  
15 sorry, ongoing until March, and then present that draft  
16 language in June. Surgical Services is also open for public  
17 comment in October. And Litho, we would be presenting the  
18 language at the March meeting as charged by the Department.  
19 County designation is not usually part of the standards, but  
20 that workgroup that was appointed is ongoing through April.  
21 So that will start here in the next couple weeks or next  
22 week; next week, a week from today. And hopefully we will  
23 have a report with what goes on with that workgroup at the  
24 June meeting. I should also add that with Cardiac Cath,  
25 that is also up for public comment in October. So that is



1 the update for the work plan.

2 MR. FALAHEE: And this is Falahee. If my memory  
3 serves me correctly, you need the Commission to approve that  
4 work plan?

5 MS. STANTON: Yes, please.

6 MR. FALAHEE: Okay.

7 MS. GUIDO-ALLEN: Guido-Allen. Motion to approve  
8 the work plan as documented in our binder.

9 MS. TURNER-BAILEY: Commissioner Turner-Bailey.  
10 Second.

11 MR. FALAHEE: Thank you very much. Any  
12 discussion? Questions? All right. A motion on the floor  
13 before us. All in favor of the motion please say aye.

14 ALL: Aye.

15 MR. FALAHEE: Opposed? Great.

16 (Whereupon motion passed at 11:29 a.m.)

17 MR. FALAHEE: Next future meeting dates. March  
18 13, given our luck last meeting in December and this one,  
19 who knows what March 13 will bring. Then I think by June 12  
20 we'll be out of the snow; September 18 and then December the  
21 4th. So those are the future meeting dates for this year.  
22 And any other items to come before the Commission? Once  
23 again, thank you all of you that came from the east side.  
24 Apparently it was a mess. So thank you very much for making  
25 the effort to get here and I can hardly wait for the drive

1 back. We need a motion to adjourn, please.

2 MR. DRAKE: Commissioner Drake. Motion to  
3 adjourn.

4 MR. FALAHEE: Second?

5 DR. DELANO: So moved.

6 MR. FALAHEE: All in favor say aye.

7 ALL: Aye.

8 MR. FALAHEE: Thank you all very much. Appreciate  
9 it.

10 MS. NAGEL: Thank you, everyone.

11 MR. CONNOLLY: Thank you.

12 (The proceeding concluded at 11:29 a.m.)

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CERTIFICATE

I, Marcy A. Klingshirn, a Certified Electronic Recorder and Notary Public within and for the State of Michigan, do hereby certify:

That this transcript, consisting of 58 pages, is a complete, true, and correct record given in this meeting on January 23rd, 2025.

I further certify that I am not related to any of the parties to this action by blood or marriage and that I am not interested in the outcome of this matter, financial or otherwise.

IN WITNESS THEREOF, I have hereunto set my hand this 4th day of February, 2025.

*Marcy A. Klingshirn*

Marcy A. Klingshirn, CER 6924  
Notary Public, State of Michigan  
County of Eaton  
My commission expires: March 30, 2029