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

COMMISSION MEETING  
BEFORE AMY L. MILEWSKI, M.D., CHAIRPERSON  
BEFORE DEBRA GUIDO-ALLEN, VICE CHAIRPERSON

333 South Grand Avenue  
Lansing, Michigan  
Thursday, September 18, 2025, 9:32 a.m.

Marcy A. Klingshirn, CER 6924  
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1 COMMISSION MEMBERS: KAREN CHEESEMAN  
2 MARK DELANO, M.D.  
3 AMY ENGELHARDT-KALBFLEISCH, D.O.  
4 ERIC FERGUSON, M.D.  
5 ROBERT GIBSON  
6 GREG SALWIN  
7 DANIEL VELEZ

8 MICHIGAN DEPARTMENT OF  
9 ATTORNEY GENERAL: CARL HAMMAKER, ESQ. (P81203)  
10 Assistant Attorney General  
11 PO Box 30736  
12 Lansing, Michigan 48909  
13 (517) 335-7632

14 MICHIGAN DEPARTMENT OF  
15 HEALTH AND HUMAN  
16 SERVICES STAFF: TULIKA BHATTACHARYA  
17 MARCUS CONNOLLY  
18 JUSTIN EASTER  
19 NINAH SASY  
20 TIFFANI STANTON  
21 KATHERINE TUCKER

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1           Lansing, Michigan

2           Thursday, September 18, 2025 - 9:32 a.m.

3           DR. MILEWSKI: Good morning, everybody.

4 Welcome to our September Commission Certificate of Need  
5 Commission meeting. I am Dr. Amy Milewski, for those  
6 that don't know me. And I'm glad everybody is here in  
7 attendance today. Appreciate it.

8           So I will get us moving. We do have a couple  
9 of new commissioners and changes to the Commission that  
10 I wanted to touch base on here briefly. We have two new  
11 commissioners that have joined us, and I'll ask them to  
12 say a couple words in that introduction, but we have  
13 Commissioner Robert Gibson. Welcome.

14          MR. GIBSON: Thank you.

15          DR. MILEWSKI: Do you want to do a brief intro?

16          MR. GIBSON: Sure; sure. Like said, my name is  
17 Robert Gibson. I go by Bob. I'm the labor  
18 representative. I am a trustee for SCIU-HCMI. I'm  
19 really looking forward to being on this committee and  
20 working with all of you. Because especially in times  
21 like this, it's real critical to make sure that  
22 everybody has access to quality healthcare no matter  
23 where they live in the state. Thank you.

24          DR. MILEWSKI: Thank you so much. We  
25 appreciate your service to the Commission. And we also

1 have Commissioner Karen Cheeseman. We welcome her and  
2 I'll ask her to say a couple words.

3 MS. CHEESEMAN: Great. Thank you. Good  
4 morning everyone. Karen Cheeseman. I represent the  
5 hospital segment. I've been in healthcare for just over  
6 25 years now. So I'm very passionate about ensuring  
7 quality access to -- to care. And my hospital is  
8 located in the Upper Peninsula. So great to be here.  
9 Look forward to working with everyone.

10 DR. MILEWSKI: Thank you so much. I did also  
11 want to notify everyone on the Commission and attendees  
12 today that we did have a commissioner that departed due  
13 to a change in location, change in job. Commissioner  
14 Drake is no longer going to be with us. So we do have  
15 an open seat that we'll be looking to fill as well.

16 So we have had a lot of change in the  
17 Commission, which I think is good. It brings new  
18 discussion, new viewpoints, and so really appreciate  
19 everybody's commitment.

20 We do have a quorum. We need six for a quorum.  
21 I also want to announce that there are blue cards  
22 available with Marcus, Tiffani, Katherine, and Justin,  
23 the Department, who are located over on the other side  
24 of the room. If there are public comments, please make  
25 use of those blue cards and hand those in to them. I

1 also want to remind that when we get to the public  
2 comment section, that we do limit public comments to  
3 three minutes. That's so we can keep the meeting  
4 moving. When you are finished with your comments,  
5 please stay up at the podium so that our commissioners  
6 are able to ask questions. Those questions can go on as  
7 long as we need them to. But the initial comments, we  
8 ask you to limit to three minutes. So thank you for  
9 that.

10 Okay. So I can move us forward. We have an  
11 agenda in front of you. I do need a motion on the  
12 agenda once you've been able to review that.

13 DR. FERGUSON: So moved, Ferguson.

14 MR. VELEZ: Second.

15 MR. GIBSON: Second, Gibson.

16 DR. MILEWSKI: Thank you. All in favor say  
17 aye.

18 ALL: Aye.

19 DR. MILEWSKI: Any against? Okay. The agenda  
20 passes.

21 (Whereupon motion passed at 9:35 a.m.)

22 DR. MILEWSKI: When we get to the actual items,  
23 we will do a roll call vote. But for some of these  
24 other items, we'll just do a kind of collective vote  
25 like we just did.

1           So declaration of conflicts of interest. So  
2 this is a part of every one of our meetings. For new  
3 commissioners as well, we all know we wear different  
4 hats. When we're here, we're wearing the hat for the  
5 state of Michigan to help with balancing cost, quality,  
6 and access on the services that we're reviewing. If  
7 there is a hat that feels like a conflict on a  
8 particular set of standards that we are reviewing, we do  
9 ask that you declare that and then recuse yourself from  
10 the vote. So I'll take any conflicts of interest from  
11 the commissioners right now. Okay. Hearing none, we  
12 will continue to move forward.

13           Next item on the agenda is your review of our  
14 minutes from our June 12th meeting. I do need a motion  
15 on those.

16           MR. VELEZ: Motion to approve the meeting  
17 minutes as presented. Commissioner Velez.

18           DR. FERGUSON: Second, Ferguson.

19           DR. MILEWSKI: Thank you. All in favor?

20           ALL: Aye.

21           DR. MILEWSKI: Any against? Okay. The minutes  
22 pass.

23           (Whereupon motion passed at 9:37 a.m.)

24           DR. MILEWSKI: Okay. Our first major topic on  
25 the agenda today is the Heart, Lung, Liver

1 Transplantation Services, and we're going to be  
2 reviewing the public hearing. So just as a recall, we  
3 had a -- I'm just going to give a little bit of history  
4 here -- we had a Standard Advisory Committee, which is  
5 garnered by -- they have six months, basically, to  
6 review the standards. It is defined in the statute. We  
7 need a particular set of representatives to participate  
8 in the Standard Advisory Committee to review our Heart,  
9 Lung, Liver Transplant Services.

10 They came back with a recommendation at our  
11 last meeting, which was voted -- it was the -- there's  
12 usually two votes. There's a preliminary vote, and then  
13 a final vote. Preliminary vote was approved, and that  
14 sent it out for public hearing. Okay? So now we're  
15 basically getting the comments back on the recommended  
16 changes to that standard. And that's what we're going  
17 to hear about before we decide on a final vote. Just so  
18 everybody knows where we're at.

19 So I will turn it over to Tiffani to walk us  
20 through that public hearing.

21 MS. STANTON: All right. Thank you. So at the  
22 June Commission meeting, the Commission proposed action  
23 on the draft language that was presented in the binder.  
24 The draft language was sent to the public hearing and  
25 Joint Legislative Committee. Testimony was received

1 from six organizations. While the organizations shared  
2 their perspectives, they all support modifying the  
3 outdated language within those standards in one way or  
4 another.

5 So therefore, the Commission can choose to take  
6 final action on the language as presented. The language  
7 would then be more -- forwarded to the JLC and Governor  
8 for a 45-day review period. The 45-day review period  
9 must include not less than nine legislative session  
10 days. If the language is not disapproved, it will  
11 become effective on the expiration of the 45th day  
12 period.

13 Or, the Commission can form a new SAC with very  
14 specific charge that can be created with the CON chairs  
15 and the Department.

16 Or, we can ask the chair and co-chair of the  
17 SAC, of the prior SAC, to review comments from the  
18 public hearing and work with the Department on the  
19 language that can be presented to the CON Commission at  
20 a later date.

21 The Department has consulted with the Heart,  
22 Lung, Liver SAC chairs prior to the meeting, and both --  
23 both have expressed a preference for involving more  
24 experts. Or, the Commission can choose to review the  
25 comments from the public hearing and create language.

1           The Department is in support of the direction  
2 of the Commission.

3           DR. MILEWSKI: Thank you, Tiffani. Sorry.  
4 Thank you, Tiffani. Do we have any public comment?

5           MS. STANTON: We do. All right. Starting with  
6 Anne Marie Lucas with UMH.

7                           ANNE MARIE LUCAS

8           MS. ANNE MARIE LUCAS: Good morning. Can you  
9 hear me now?

10          DR. MILEWSKI: Yes.

11          MS. ANNE MARIE LUCAS: My name is Anne Marie  
12 Lucas, and I am the transplant center administrator at  
13 University of Michigan Health. And I appreciate the  
14 opportunity to offer comments pertaining to the  
15 standards for Heart, Lung, and Liver Transplantation.

16           I want to first thank the CON Commission for  
17 recognizing that a fourth adult liver transplant program  
18 is needed in Michigan. Liver disease is growing, and  
19 with that, the need for transplant is growing. The  
20 solution to this is not just to make big transplant  
21 centers bigger. We're going to have to figure out ways  
22 to get transplantation closer to patients. Transplant  
23 access will only continue to grow not just in Michigan,  
24 but around the country by distributing transplant  
25 centers so patients have real access closer to home. A

1 fourth program is an excellent first step.

2 In June, the CON Commission took proposed  
3 action based on the recommendations of the SAC to allow  
4 a fourth adult liver transplant program outside of  
5 southeast Michigan. University of Michigan Health  
6 supports this recommendation as it is based on an  
7 objective assessment of the need to improve geographic  
8 access to liver transplantation for Michiganders.

9 I understand there is a need to address other  
10 parts of the CON standard, and UM Health supports making  
11 any other necessary changes in support of a fourth  
12 program.

13 I am here today to encourage the Commission to  
14 not prolong or delay the process. There is a very long  
15 lead time to get a new program in place, and extending  
16 the standards review process longer than necessary is  
17 detrimental to improving access to this lifesaving  
18 procedure.

19 The SAC leadership demonstrated professionalism  
20 in running an excellent SAC. UM Health supports their  
21 continued collaboration to complete the review and  
22 jointly propose recommendations at the December CON  
23 Commission meeting. University of Michigan Health does  
24 not recommend that the CON Commission form an informal  
25 workgroup or another SAC as this will greatly extend the

1 CON process that began in early 2022. Even once the new  
2 CON standard becomes effective, any applicant must go  
3 through a six-month comparative application review,  
4 followed by the time needed to get their new adult liver  
5 transplant program up and running. It is a long  
6 process, and patients are waiting.

7 Thank you for your attention and the  
8 opportunity to provide these comments for consideration.

9 DR. MILEWSKI: Thank you so much for your  
10 comments. I would invite any commissioners, if you have  
11 any questions at this time?

12 MR. VELEZ: Good morning.

13 MS. ANNE MARIE LUCAS: Good morning.

14 MR. VELEZ: I would like to know what's really  
15 the impact of establishing a fourth Heart, Lung, Liver  
16 Transplant in the Grand Rapids area as far as demand,  
17 allocation and availability of liver donors within the  
18 Organ Share Network, particularly when we're talking  
19 about existing centers in Chicago and Wisconsin.

20 MS. ANNE MARIE LUCAS: I think -- well, as far  
21 as demand, we know that a proportion of our patients are  
22 coming from the west side of the state, and I think many  
23 of you heard from them and representatives of them.

24 Liver allocation is based on concentric circles  
25 around the donor hospital. And right now, all of our

1 liver centers are in southeast Michigan. And so we  
2 really aren't in the same concentric circles for that  
3 first circle as centers in Chicago. And -- and having a  
4 center on the west side of -- of the state would give us  
5 more access.

6 I think there's some disagreement as to what  
7 that will look like. And it has -- and I think, you  
8 know, allocation is changing. We have a major press  
9 announcement later today at 10:00 a.m. And so I don't  
10 think we're fortune tellers and can exactly say how that  
11 will play out, but I do think it gives people a chance  
12 at organs that right now they're really not getting a  
13 chance at.

14 MR. VELEZ: Follow-up question just for  
15 clarification. What's your insight that if you're going  
16 to have a fourth liver transplant center in Grand  
17 Rapids, that it will negatively impact the waiting list  
18 time because it will prioritize more on the Chicago  
19 area? What are your thoughts on that or insights?

20 MS. ANNE MARIE LUCAS: Well, I think patients  
21 have a choice. And I think if they're really worried  
22 about their waiting time, they can still come to  
23 southeast Michigan. And I think everything's publicly  
24 reported. And -- and patients and families can do their  
25 homework. And if there's barriers to southeast

1 Michigan, then they'll need to make choices about where  
2 to be listed and you can be listed at more than one  
3 transplant center. Right now patients don't have that  
4 choice in Michigan.

5 MR. VELEZ: Okay. Thank you.

6 MS. CHEESEMAN: Thank you for your comments  
7 this morning. Can you give us an idea -- you mentioned,  
8 you know, the concern for lead times and establishing  
9 the program once final approval is given. Can you give  
10 us an idea of lead time to stand up the program?

11 MS. ANNE MARIE LUCAS: I think it's significant  
12 in that we have the application process, there's a  
13 lengthy OPTN process. And, really, the hospital that is  
14 going to stand up the program needs to determine if  
15 their facility needs any additional services to support  
16 such a program. There could be a capital process  
17 involved with that. And then recruitment of the  
18 staffing is critical. The surgeons, the -- the medical  
19 physicians, the hepatologists, and all of the staff and  
20 the training needed with that. And there's a whole  
21 application process for program directors separate from  
22 the Certificate of Need and the program and then the  
23 actual staffing. So there's many additional steps. And  
24 some run concurrently, but some may be sequential and  
25 it's a multi-year process.

1 DR. FERGUSON: Thank you for sharing.  
2 Appreciate that. I just want a point of clarification  
3 and -- and see if I understood what you're saying  
4 correctly.

5 I think I heard you say that you'd like the  
6 current SAC to finish up some duties by December as  
7 opposed to seating a new SAC?

8 MS. ANNE MARIE LUCAS: Yes.

9 DR. FERGUSON: And as opposed to being done  
10 now. So what additional activities are you asking the  
11 existing SAC to perform?

12 MS. ANNE MARIE LUCAS: I don't have the actual  
13 portion of the standards. I think it was 5, 6, 7 and --  
14 5, 7, 8, 9. Thank you. I actually removed the  
15 technical portion of my comments to make sure I stayed  
16 within the three minutes. And I think there were some  
17 technical edits. And I think Dr. Sonnenday and Dr. Bedi  
18 are experts in their fields and -- in their field, their  
19 shared field -- and they did a great job running the SAC  
20 with professionalism and collegiality. They're both on  
21 record with their opinions. And I think they could work  
22 together to resolve the technical edits so that we don't  
23 prolong this process.

24 DR. MILEWSKI: If I could ask a follow-up  
25 question on that? Your comments are advocating that

1 instead of seating a workgroup or a SAC to work on those  
2 additional edits around the comparative review language  
3 which was some of the feedback that came back in  
4 follow-up as our report out from the last SAC.

5 DR. BRANDON FRANCIS: Yes.

6 DR. MILEWSKI: The -- the chair and the  
7 co-chair would work together with the Department to help  
8 draft that language?

9 MS. ANNE MARIE LUCAS: Yes.

10 DR. MILEWSKI: In --

11 MS. ANNE MARIE LUCAS: That is what we're  
12 supporting. I think a lot of great work was done. A  
13 lot of voices were heard, and that did prolong some of  
14 the SAC discussions and progress to getting through  
15 everything. And I think, you know, we need to continue  
16 that work and bring it to completion as soon as  
17 possible. And I think the chair and co-chair are the  
18 people to do it.

19 DR. MILEWSKI: Thank you. That was -- as  
20 Tiffani outlined, there are different options. One was  
21 seating a SAC, one was seating a workgroup, one was  
22 working with the chair and the co-chair of the SAC to  
23 work on the language based on the feedback that we've  
24 gotten. So thank you.

25 MS. GUIDO-ALLEN: I have a question. I have a

1 question for you. You said that right now in the state  
2 of Michigan, folks who are on the transplant list at one  
3 site do not have the option of being listed at more than  
4 one, but --

5 MS. ANNE MARIE LUCAS: No. They -- they do  
6 have the option to be listed at more than one center,  
7 but all of the centers are clustered in southeast  
8 Michigan, and it doesn't really give them much of an  
9 advantage as far as access to organs. And I think a  
10 geographical distribution of centers in the state would  
11 provide more potential, recognizing that allegation is  
12 changing, and a lot of -- there are a lot of moving  
13 parts, it gives the potential to more access to organ  
14 offers.

15 MS. GUIDO-ALLEN: Because currently, the west  
16 side of the state is in a different zone of organ  
17 distribution; correct?

18 MS. ANNE MARIE LUCAS: Yes; yes.

19 MS. GUIDO-ALLEN: But that's going to go away?

20 MS. ANNE MARIE LUCAS: By adding a fourth liver  
21 center on the west side, if that's where it's determined  
22 to be, would provide broader access to organ offers from  
23 donor hospitals.

24 MS. GUIDO-ALLEN: In the current model or the  
25 model that we're moving towards?

1 MS. ANNE MARIE LUCAS: In the model that is  
2 proposed. In the current model, there is southeast  
3 Michigan, and there -- there's concentric circles from  
4 donor hospitals -- not from transplant centers, but from  
5 the hospitals where the donors reside. And we don't  
6 have any -- any transplant centers on the west side of  
7 the state so we're not in that first concentric circle  
8 from a lot of hospitals in Wisconsin, Illinois, et  
9 cetera.

10 MS. GUIDO-ALLEN: Thank you.

11 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
12 Engelhardt-Kalbfleisch, question. You mentioned some  
13 announcement at 10:00. Can you elaborate on that  
14 further?

15 MS. ANNE MARIE LUCAS: Yes. HHS is holding a  
16 press con- -- conference at 10:00 a.m. with a major  
17 announcement. We're preparing for what that  
18 announcement may be. And what we've heard is they're  
19 likely decertifying some organ procurement organizations  
20 that are considered low performing across the nation.  
21 We don't know for sure the number. And likely there is  
22 some announcement around a more -- a potential  
23 moratorium on donation for -- by circulatory death. So  
24 there's two different types of donors: Brain death and  
25 circulatory death. Circulatory death is newer, and at

1 University of Michigan, more than 50 percent of our  
2 organs accepted are from patients who had a circulatory  
3 death. If there is a moratorium on that process  
4 nationwide and there's maybe or could be reasons for  
5 doing that, but we don't know if it would be a 30 day or  
6 up to six months, and that could be catastrophic for  
7 patients waiting for the lifesaving treatment of  
8 transplant. So that could greatly affect the  
9 availability of organs for transplant.

10 DR. ENGELHARDT-KALBFLEISCH: Thank you.

11 DR. MILEWSKI: Any other questions from  
12 commissioners? Thank you so much for your time and your  
13 comments.

14 MS. ANNE MARIE LUCAS: Thank you.

15 DR. MILEWSKI: Do we have any other public  
16 comment?

17 MS. STANTON: Yes, we do. Tracey Dietz with  
18 Henry Ford.

19 TRACEY DIETZ

20 MS. TRACEY DIETZ: Good morning. Thank you for  
21 allowing me the opportunity to speak. My name is Tracey  
22 Dietz, director of strategy and activation with Henry  
23 Ford Health System.

24 I'm here to ask for the Commission to defer --  
25 defer the final action on Heart, Liver, Lung Transplant

1 standards and instead form a SAC to continue this work.  
2 Why do we think the SAC is needed? Sections 5, 7, 8 and  
3 9 are all out of date. Not calling out standards of  
4 care that should be required or more current ways to  
5 different -- differentiate programs in the case of  
6 comparative review.

7 In Henry Ford's public comments submitted in  
8 late July, we provided language on the specific  
9 provisions that needed updating. The suggested  
10 revisions were complex and technical in nature. Other  
11 experts might have other ideas or may disagree with  
12 Henry Ford's suggestions. A SAC creates the needed  
13 process for deciding which updates should be made --  
14 should be made with the required expertise and  
15 specificity. A SAC could be formed this fall and  
16 completing their work in Q1 of '26, given all the policy  
17 work for 2025 is scheduled to wrap up in December, and  
18 '26 work most likely won't start until later spring.

19 If a SAC is formed, we ask that you consider  
20 adding a charge to finish the other work that the first  
21 SAC did not complete. The Commission charged the SAC  
22 with reviewing the need for an additional program  
23 through three lenses: Cost, quality, and access. The  
24 SAC only looked at one of those aspects noted  
25 specifically in their report.

1           When the Commission to propose action to send  
2 language to public hearing in the last meeting, they  
3 only had one piece of the puzzle. And we're told that  
4 this was really about moving forward and, you know,  
5 keeping this -- this conversation going versus a final  
6 decision. In fact, the vote at the last meeting didn't  
7 even have enough support for it to be a final action.

8           This Commission should not be making decisions  
9 based solely on access, but instead on cost, quality,  
10 and access. A subsequent SAC should be charged with  
11 reporting back cost and quality implications of a fourth  
12 program as well as updating standards.

13           Charges to -- changes to the standards must be  
14 finalized at the same time, not piecemealed. If a  
15 fourth program is approved prior to the updated  
16 standards, then there's -- it's really a moot point, and  
17 there's no mechanism to hold back any approvals for a  
18 fourth program at that point.

19           Additionally, the standards written currently  
20 makes the Department's work of reviewing and approving  
21 difficult. Every comment letter suggested that there  
22 needs to be updates to the language; three of six  
23 specifically calling that a SAC.

24           We ask that you vote to table the final action  
25 on current proposed language and instead form a SAC to

1 finish the work. Thank you for letting me share Henry  
2 Ford's position.

3 DR. MILEWSKI: Thank you. Any questions from  
4 commissioners?

5 MR. VELEZ: Thank you. Actually, I'm going to  
6 be asking the same question about the impact on  
7 allocation availability if we're going to have a fourth  
8 liver transplant -- liver transplant program in Grand  
9 Rapids in relation to existing centers in Chicago and  
10 Wisconsin. What's your --

11 MS. TRACEY DIETZ: Thank you for that question.  
12 We did look at that. We looked at that earlier on when  
13 the SAC was still ongoing. And when you look at -- I  
14 think it was mentioned, the 150 concentric mile circle  
15 that is created from the standpoint of where that center  
16 is at, it does bring in the ability to pull organs and  
17 have the opportunity to capture, you know, new -- new  
18 patients into the Chicagoland and up into -- to  
19 Wisconsin, to that area.

20 One of the other things that we saw. So -- so  
21 granted, there are more -- there's more opportunity.  
22 But one of the things that we did notice as we looked at  
23 that is for the Chicagoland and north area, their MELD  
24 scores are often higher before transplantation, which  
25 then potentially is going to create a situation where if

1 a patient is waitlisted in the Grand Rapids area, that  
2 their MELD score and their wait times could be impacted  
3 and potentially have to wait longer for an organ  
4 transplant. When you look at the concentric model  
5 radius for the Detroit area programs, the southeastern  
6 Michigan area programs, MELD scores are lower, which  
7 means they'll have better access and potentially a  
8 transplant sooner.

9 MR. VELEZ: Thank you.

10 DR. MILEWSKI: Any other questions from  
11 commissioners? I do have a question of the Department.  
12 It was mentioned here that the recommendation that Ms.  
13 Dietz brought was for us to look at seating a SAC to  
14 address this, and I think it was referenced that a SAC  
15 could be seated this fall potentially. I want the  
16 Department to speak to the timing of how you feel in  
17 terms of seating a SAC and getting those recommendations  
18 back.

19 MR. CONNOLLY: Marcus with the Department.  
20 Right now we still have three workgroups going, NICU, CT  
21 and Nursing Home. So just looking at our work plan, we  
22 probably couldn't seat a SAC until the beginning of  
23 2026. That's what it's looking like. The last Heart,  
24 Lung, Liver SAC took a little bit longer. It was  
25 like -- what would you say? -- a four-month period for

1 us to actually seat a SAC. So we would -- we would aim  
2 for the beginning of 2026, but it all depends on the  
3 application that we receive back for you and they have  
4 to -- to approve.

5 MS. STANTON: Yeah. And Tiffani from the  
6 Department to add to that. I think kind of reviewing  
7 through everything the last few months, if -- assuming  
8 making it through the holidays and everything, and we  
9 have the applications and the review process, early  
10 January would probably be the earliest that we could  
11 seat the SAC.

12 DR. MILEWSKI: Thank you. For commissioners  
13 that are new, seating a SAC for groups that have been  
14 here for awhile is not always the easiest and sometimes  
15 we have to go out multiple times to seat a SAC because  
16 the membership is garnered by requirements. And so we  
17 have to have the right composition in order to even seat  
18 the SAC. So I appreciate the comments.

19 DR. FERGUSON: Follow-up question. And maybe  
20 I'm -- I think I'm missing a piece here so maybe you can  
21 help me understand. I hear a proposal for a new SAC to  
22 address certain specific topics. Okay? I hear an  
23 alternative to have the existing SAC's chair and vice  
24 chair solve whatever these same topics are. Is there an  
25 option to take the entirety of the existing SAC which

1 was already seated and charge them with whatever  
2 additional cleanup there is?

3 MS. STANTON: Go ahead.

4 MR. HAMMAKER: So there are requirements  
5 regarding the SAC, and the SAC's term as it's seated is  
6 limited to six months. And at six months it ceases to  
7 exist and it can no longer work as a SAC. So that's --  
8 that's the limitation.

9 DR. FERGUSON: And then follow-up question just  
10 to help me understand exactly where we sit. It sounds  
11 like what I'm hearing is the SAC thinks that they  
12 addressed some, but not all of the charges or does the  
13 existing SAC think they addressed all of the charges? I  
14 know that there's comment that said -- thinks that they  
15 did not address the charges, but do they think they  
16 addressed the charges?

17 MR. CONNOLLY: Marcus with the Department. The  
18 SAC ended with questions as far as the -- the final  
19 language. So that's why we held a public hearing to get  
20 feedback from the community to see what else we would --  
21 may need to look at. So it was kind of left that we  
22 did, the SAC voted on adding a fourth liver transplant  
23 facility, but there was not really an agreement on the  
24 language. So that's kind of where we are now. We took  
25 a public hearing, we read the letters. And what we're

1 doing right now is getting the feedback to see what we  
2 would need to do to -- to finalize the language and make  
3 it more current.

4 DR. FERGUSON: So they left -- they left all of  
5 the charges as not quite complete?

6 MR. CONNOLLY: Not all the charges. It would  
7 be the liver transplant, just the one.

8 DR. FERGUSON: Just the --

9 DR. MILEWSKI: It was specifically, my  
10 understanding, was the comparative review language  
11 around how the Department would assess applications for  
12 a fourth site. That was what was left open to my  
13 understanding.

14 DR. FERGUSON: I think -- I think that's a  
15 really important point, though, is trying to figure out  
16 what work the existing, well-authorized SAC commented on  
17 in what they think is a final state. Now, we can accept  
18 it or reject it, and there can be comment on it versus  
19 which part do they directly acknowledge being  
20 incomplete. And I'm hearing, at a minimum, the  
21 standards, but maybe more. I'm just trying to get to  
22 the bottom of it.

23 MS. STANTON: And Tiffani from the Department.  
24 I can add the recommendation from the SAC chair at the  
25 June commission meeting was to allow a fourth liver

1 location, which was essentially the heart of the charge  
2 and still seat a new SAC to continue those  
3 recommendations to review that information.

4 DR. MILEWSKI: Any other commission questions?

5 MR. GIBSON: Yes, I have a question. You  
6 mentioned that cost and quality were not looked at.  
7 What was missed in your assessment?

8 MS. TRACEY DIETZ: So from the standpoint of  
9 cost -- and I -- I wasn't on the SAC. But from the  
10 understanding that I had from members who did  
11 participate is it was very difficult. There wasn't a  
12 lot of -- if I understand -- -stood correctly, there was  
13 a subcommittee that was supposed to look at cost and  
14 quality, but they weren't successful in pulling that  
15 information together. Again, I guess I would have to  
16 look at transcripts to understand truly what the --  
17 the -- the challenge was in all of that. But my  
18 understanding is during that SAC, they just weren't  
19 successful in being able to address those things.

20 DR. MILEWSKI: Any other questions? Thank you.

21 MS. TRACEY DIETZ: Thank you.

22 DR. MILEWSKI: Got any other public comment?

23 MS. STANTON: Yes. Brandon Francis, Trinity  
24 Health.

25 BRANDON FRANCIS, M.D.

1 DR. BRANDON FRANCIS: Good morning. My name is  
2 Brandon Francis, and I am fortunate to serve as chief  
3 medical officer for Trinity Health Grand Rapids  
4 Hospital. Why am I here you might ask? I'm not a liver  
5 doc, but I have been quadruple boarded in internal  
6 medicine, psychiatry, critical care medicine and also  
7 trained in neural critical care. I've seen these  
8 patients. I've taken care of these patients. And I'm  
9 here because this work matters.

10 Thank you for recognizing the urgent need for a  
11 fourth liver transplant program at your June meeting.  
12 Your leadership matters. It matters deeply to patients  
13 and families who face barriers to lifesaving care.  
14 Today, West Michigan residents can receive heart, lung,  
15 kidney, and bone marrow transplants locally, but not  
16 liver transplants which are twice as likely far as to  
17 come as heart and lung transplants. This gap is not  
18 just inconvenient. It's unjust. Expanding access will  
19 correct this difference and bring vital care closer to  
20 home.

21 We urge the Commission to act swiftly. Why?  
22 Because lives are at stake. Liver transplant is not  
23 elective. It's lifesaving. Every year under the  
24 current standard means more patients suffer needlessly.  
25 Michigan ranks 24th nationally in liver transplant

1 availability while deaths from liver disease have risen  
2 steadily since 2007.

3 Data presented at the SAC showed West Michigan  
4 patients experienced poor waitlisting and transplant  
5 waits than those who live closer to a transplant center.  
6 Outreach clinics help, but they did not alleviate the  
7 burden of frequent travel to Southeast Michigan,  
8 especially for those that are critically ill. At  
9 Trinity Health Grand Rapids, we have to refer eight  
10 patients away from our kidney transplant program because  
11 they also needed liver transplants. These patients were  
12 forced to leave their community, their support systems  
13 and their care teams simply because of a geographic  
14 limitation in the current standard.

15 We recommend the Commission direct the  
16 Department to work directly with the SAC chair and vice  
17 chair to finalize language. The expertise already  
18 exists.

19 Trinity Health raised this issue back in  
20 January of '22. It has taken more than three years to  
21 reach this point. For the sake of patients in West  
22 Michigan and beyond, let's not wait any longer. We'd  
23 note the Department can present final language, the  
24 sooner the Commission acts, the sooner Michiganders will  
25 gain access to this lifesaving service. Thank you for

1 your time and your commitment to healthcare access for  
2 all Michiganders, including West Michigan.

3 DR. MILEWSKI: Thank you so much for your  
4 comments and for being here today. Questions from the  
5 commissioners?

6 DR. ENGELHARDT-KALBFLEISCH: I have a question.  
7 Commissioner Engelhardt-Kalbfleisch. So it sounds like  
8 you would be -- some additional work is needed on the  
9 language. Are you comfortable with that work being done  
10 with very specific people and not a broader group, I  
11 guess, of stakeholders given need for testimony from a  
12 lot of different people? Is there a concern that if it  
13 was one or two people or the chair, the previous SAC  
14 working with the Department, that we would have other  
15 parties coming forward kind of after the fact wanting to  
16 make more changes? Is there any concern about that?

17 DR. BRANDON FRANCIS: I think the chair and  
18 vice chair have the expertise in this area to tease out  
19 the details necessary to move forward and work with the  
20 Department and their capabilities. There's always  
21 concern that more people may come forward and have  
22 additional thoughts. I'm not sure that concern will  
23 ever be satisfied.

24 DR. ENGELHARDT-KALBFLEISCH: Thank you.

25 DR. MILEWSKI: Any other questions from the

1 commissioners? Actually -- oh. Go ahead.

2 DR. FERGUSON: Thank you for your presentation.  
3 I actually -- my question is for Carl. I think I'm  
4 understanding, but just to be really explicit about it  
5 for -- for everybody. The SAC that currently exists has  
6 to shut down in six months and can't continue its work.  
7 But the chair and vice chair of the SAC could continue  
8 to work in conjunction with the Department; is that what  
9 I'm hearing?

10 MR. HAMMAKER: Yes. So the Department can  
11 propose language changes, and frequently works with  
12 the -- the vice chair and chair of either workgroups or  
13 SACs to do so and that's permissible under the bylaws.

14 DR. MILEWSKI: I was actually going to ask a  
15 follow-up question to Carl. Given the differing  
16 feedback that we got in our public comment, and we know  
17 that this is an item that we've had differing  
18 opinions -- again, for those commissioners that have not  
19 been a part of this item -- the chair and the vice chair  
20 that were selected sat on different sides of opinion on  
21 this issue. That's why they were selected.

22 So, Carl, not to put you on the spot here, but  
23 it -- would there be -- if the commissioners decided to  
24 move forward with the recommendation working with the  
25 chair and vice chair instead of seating a SAC, are there

1 any concerns legally about that standing up or any  
2 issues with our ability to do that, to direct that in  
3 that way as opposed to seating a SAC?

4 MR. HAMMAKER: So fundamentally, what you'd be  
5 asking would be for the Department to propose language  
6 that then the -- then the Commission would ultimately  
7 have to take action on. So I don't see a legal issue  
8 with that from that standpoint at this point, but --

9 DR. MILEWSKI: Thank you. Any other  
10 commissioner questions?

11 MS. GUIDO-ALLEN: Guido-Allen. Is there any --  
12 there's timing to seat a SAC. We -- we sat the one that  
13 did the work initially. We as commissioners, you know,  
14 are able to help get our -- the folks, the pe- -- the  
15 organizations, people we represent to -- to apply. Do  
16 we think we're not going to be able to do that? Do  
17 we -- I mean, we did it once. Also, the -- the SAC that  
18 was sat before, those folks can apply again; correct?  
19 This is meaningful work for them. They're -- they're  
20 invested in this. We're all -- we're all responsible  
21 for helping get the -- the SACs -- the SACs seated as  
22 commissioners.

23 MS. STANTON: This is Tiffani from the  
24 Department. The bylaws require not to be seated on a  
25 SAC within two years. And all of the SAC members were

1 new, so they potentially could all seat the SAC a second  
2 time if there was interest.

3 MS. GUIDO-ALLEN: That's good.

4 DR. MILEWSKI: Other questions? Thank you so  
5 much for your comments and for being here today.

6 DR. BRANDON FRANCIS: Thank you.

7 DR. MILEWSKI: Other public comment?

8 MS. STANTON: Yes. Makenzie Buchert with DMC.

9 MAKENZIE BUCHERT

10 MS. MAKENZIE BUCHERT: Good morning. Wonderful  
11 to see some of you again. My name is Makenzie Buchert,  
12 and I am the director of transplant services at the  
13 Children's Hospital of Michigan.

14 Thank you for the opportunity to once again  
15 make comments regarding our Heart, Lung, Liver  
16 Transplant SAC recommendation. I was a member of the  
17 SAC committee, and I want to re- -- reiterate my  
18 appreciation for the work that other SAC members did,  
19 especially our chair and vice chair, Dr. Sonnenday and  
20 Dr. Bedi.

21 The DMC continues to support to the changes  
22 being recommended under charge two to Section 33 and 34,  
23 to update the provisions of joint sharing arrangements  
24 and appreciative -- and we're very appreciative of the  
25 SAC, Department and Commission's support of those

1 changes. But we do recognize that despite this great  
2 work and our SAC's great work, there was simply not  
3 enough time to complete all of the work.

4           So I'm going to address a few of the questions  
5 I heard that were answered -- or to the other members.  
6 Charge one, in our final report, the recommendation was  
7 to seat a second SAC. We did not have any workgroups  
8 slated for cost or quality that did not occur. It was  
9 only to look at access. While there was conversation  
10 that it would be challenging to get cost data, it -- it  
11 did not feel like there was ever put in to where we go  
12 beyond and try to collect that data.

13           Quality is, of course, very important to our  
14 state. New programs take time to ramp up. They often,  
15 you know, are more selective of patients coming in. But  
16 one of the aspects I think that might really be a  
17 deterrent here in the coming weeks or months, as my  
18 colleagues spoke about from Michigan, is if we -- if the  
19 United States makes changes to the -- the donor  
20 population, we're going to maybe inadvertently decrease  
21 donors. So why open a program right now when there may  
22 not be donors available?

23           So this has already happened unfortunately.  
24 There was an article posted, I think, in the New York  
25 Times that really has hit -- hit the donation world

1 hard. There's been some -- some comments that have gone  
2 pretty far and I think already we're starting to see the  
3 effects of individuals being worried about donating.

4 And then to address the MELD comment. Average  
5 MELD in the Chicago area is higher. And so individuals  
6 that would be in southwe- -- or West Michigan would have  
7 to be sicker and would be more likely to die on the  
8 waitlist if they have to reach a -- a higher MELD. So  
9 we did look at the average MELD of the southeast  
10 Michigan, and it is lower than it would be in Chicago.

11 Of note, too, just looking at the US from a  
12 transplant perspective, some states don't have any  
13 transplant programs. Our state is fortunate to have  
14 more than one. And in Chicago all -- or in Illinois,  
15 all five adult liver programs are in the Chicago  
16 metropolitan area. Happy to answer any questions.

17 DR. MILEWSKI: Any commissioner questions?

18 DR. ENGELHARDT-KALBFLEISCH: I have a question.  
19 Commissioner -- Commissioner Engelhardt-Kalbfleisch.  
20 It's been mentioned a couple times now and I don't work  
21 in transplant, but in terms of the organ procurement and  
22 the changes people are discussing, it sounds like they  
23 may be coming imminently. What would that do -- I know  
24 someone mentioned the two types of death, the  
25 circulatory and then another type. What would they do

1 in terms of, like, organ supply?

2 MS. MAKENZIE BUCHERT: Yeah. So since right  
3 now, we have -- we don't know what is coming. It's  
4 still in the docket. But we -- there are two types of  
5 donors that we are commonly approached with, it's for a  
6 death donation and death after a circulatory death. So  
7 your -- your heart. So we proceed different --  
8 differently with those two different types of organ  
9 donation and based on the mechanisms of death. And so  
10 right now, the changes that are coming out look to be  
11 around circulatory death. I think, you know, a much  
12 broader conversation ethically, but there are just  
13 concerns about mechanism of death and donation whereas  
14 brain death, you know, we verify that the brain stem  
15 activity has ended. So it's -- it's very kind of -- not  
16 cut and dry, but, yeah. So those are the two changes.

17 Recently, the number of transplants and  
18 especially Henry -- Henry Ford is a gold star for this,  
19 that their deceased do- -- donor organs that have been  
20 using the DCD has substantially increased, and they have  
21 been able to do way more liver transplants. So if we  
22 take that away, we're taking away a huge amount of  
23 access for the state of Michigan and -- and the United  
24 States.

25 DR. ENGELHARDT-KALBFLEISCH: Okay. Thank you.

1 DR. FERGUSON: Thank you for sharing your  
2 insights. Appreciate that. Question for you and then  
3 probably for the Department as well. When we seat a  
4 SAC, there's a six-month time limit on it, presumably  
5 that's supposed to work to get the job done. It sounds  
6 like this SAC was unable to complete that work in six  
7 months. There's good reasons why that may be, and  
8 there's bad reasons why that may be. Do you have any  
9 insights? And then follow-up for the Department is does  
10 the Department have insights? And then the final  
11 follow-up on that is what's to keep that from happening  
12 with a additional SAC? Like, you know, if we seat  
13 another SAC, is it actually going to get the job done?  
14 Because we didn't get the job done the first time.

15 MS. MAKENZIE BUCHERT: From -- the -- the  
16 holidays fell right at the beginning of our SAC, so I do  
17 think that delayed a little bit of progress and also  
18 just the amount of data and information we really needed  
19 to collect to be able to look at the -- the very large  
20 charge.

21 So there were two charges. And then to break  
22 those out even further, we had to collect a -- a lot of  
23 information from, you know, UNOS, which is our  
24 regulatory body and other department-based information.  
25 So analyzing that data and working on the data took a

1 significant amount of time. And so I -- I think it was  
2 just the charge was so large.

3 MR. CONNOLLY: Marcus from the Department.  
4 When you have a -- a SAC that has opposing sides, a lot  
5 of time the meetings kind of would go that way. As Amy  
6 talked about, we had two chairs on opposing sides. So  
7 there was a lot of dialogue with different perspectives  
8 and possibly disagreements on certain data that was  
9 presented. So we had a lot of meetings where people had  
10 opposing opinions, and it does take a lot of time. So  
11 we do understand that there's a possibility that if we  
12 do have another SAC, we can run into the same thing.  
13 But what we're trying to do is make sure that we narrow  
14 the charge so this group will have direction on exactly  
15 what we need to work on to try to shorten that time to  
16 make sure that we get accomplished what the last SAC had  
17 left off.

18 MR. VELEZ: Commissioner Velez here. So it's  
19 really concerning on my end that with a six-month's term  
20 of the SAC we were only able to address one important  
21 aspect as far as, for me, cost, quality and -- and  
22 access and that was access. So we have still work to do  
23 with regards to quality and cost.

24 So my -- my -- my question, for a new startup  
25 liver transplant program, how long or what is the

1 requirement in order for CMS to pay for the -- for the  
2 transplant?

3 MS. MAKENZIE BUCHERT: So programs have to do a  
4 num- -- and I don't know this right off the top of my  
5 head, I want to say five, I don't know -- transplants  
6 before they can get CMS verified. So you -- you have to  
7 prove that your outcomes are good and that you have the  
8 quality of care before CMS approves the program. Pay --  
9 and pays to, you know, you start to be part of Medicare  
10 and Medicaid.

11 MR. VELEZ: Do we have foreseen barriers as far  
12 as staffing, qualified staffing, professionals and --  
13 and other obligations in order for -- for a startup  
14 program to happen?

15 MS. MAKENZIE BUCHERT: I don't think I'm  
16 qualified to tell you because I've only been in Michigan  
17 for about two years. I know that there are significant  
18 challenges nationwide to recruit hepatologists,  
19 pediatrics especially, we had that. And then also with  
20 the program at Corewell, it took them a significant  
21 amount of time to get their -- their staffing where they  
22 wanted it and the number of physicians to support the  
23 program. I think one of the great things that Michigan  
24 has been doing is some outreach clinics where the  
25 southeast programs are sending their doctors out to the

1 west and other parts of the state that have just limited  
2 access and meeting them where they are, which I think is  
3 a really valuable tool that Michigan is already doing.

4 MR. VELEZ: Thank you.

5 DR. MILEWSKI: Any other questions from  
6 commissioners? Okay. Thank you.

7 MS. MAKENZIE BUCHERT: Thank you. Appreciate  
8 it.

9 MS. STANTON: One more public comment. Patrick  
10 O'Donovan, Corewell Health.

11 PATRICK O'DONOVAN

12 MR. PATRICK O'DONOVAN: Good morning. My name  
13 is Patrick O'Donovan, strategy director for Corewell  
14 Health. I appreciate the opportunity to provide public  
15 comments on the proposed standards.

16 I would first, like others, to -- like to  
17 commend the SAC for their sincere attempt to complete  
18 such a robust charge in such a short period of time.  
19 However, as acknowledged today and by the SAC report and  
20 reiterated by subsequent public comments, the SAC simply  
21 ran out of time to complete its work.

22 Specifically, the SAC did not adequately study  
23 cost or quality implications of adding a fourth program.  
24 Cost and quality along with access are the three tenets  
25 of the CON program, and all must be properly reviewed

1 when making changes to the CON standards.

2 So we respectfully ask the Commission not to  
3 take final action today and instead form another SAC to  
4 continue the unfinished work of the last SAC by  
5 reviewing the cost and quality implications of adding a  
6 fourth program and providing updates to the standards as  
7 appropriate, including the comparative review criteria  
8 and the project delivery requirements. I defer to the  
9 Department for confirmation, but given the status of the  
10 current CON Commission work plan, a SAC should be able  
11 to be formed and complete its work in time for the June  
12 2026, Commission meeting.

13 If instead the Commission takes final action  
14 today approving the proposed standards, this would  
15 result in applications for a fourth program being  
16 submitted at the February 1, 2026, window. The  
17 Department would have to review those applications based  
18 on the incomplete standards before you today. With all  
19 the outdated provisions in the standards, this would  
20 make it difficult for the Department to properly compare  
21 competing applications. This is contrary to how the  
22 Commission has historically ensured that all CON  
23 standards effectively balance healthcare cost, quality,  
24 and access. We believe these changes are substantive in  
25 nature and require technical expertise that should only

1 move forward with consensus from a broad mix of  
2 stakeholders.

3 Thank you again for the opportunity to comment  
4 and I'm happy to take any questions.

5 DR. MILEWSKI: Any questions from the  
6 commissioners? I'm going to give it a minute because I  
7 see people thinking.

8 DR. FERGUSON: Thank you for -- for sharing.  
9 Appreciate that. I'm hearing a request for a new SAC  
10 based on not only unfinished charges, but even the  
11 charges that were addressed, perhaps not assessing all  
12 of the factors that one might consider. I don't know if  
13 that's true or not true, but that's the ask.

14 Does that essentially mean that -- I'm trying  
15 to figure out what the implication of that is. And what  
16 I'm -- what I'm -- what I think I'm hearing is it's a  
17 complete rejection of all the work of the initial SAC  
18 and was a complete -- asking for a complete re-do?

19 MR. PATRICK O'DONOVAN: I -- I -- I wouldn't --  
20 I wouldn't say that the work that was done by the SAC  
21 couldn't be part of the -- you know, the basic body of  
22 work that the next SAC would have access to. But the  
23 recommendation for the fourth program was based on  
24 access, but did not consider cost and quality. Whether  
25 that impacts whether there should be a fourth or --

1 fourth program, I don't know because the SAC didn't look  
2 at that. So I think it's going to depend on how the --  
3 the charges for the SAC are -- are put forth as to how  
4 much of the existing SAC would be already incorporated.

5 DR. FERGUSON: I presume -- and, again, another  
6 question maybe for -- for Carl as well. Certainly, the  
7 data polls can be reused. If we're seeing a future SAC  
8 with same or different people, if it's the same people  
9 as that allowed, I think maybe it was, and the -- and  
10 you literally just use that receiving the same people to  
11 not have to reinvent the conversation. If you're  
12 changing membership, you're going to have a rehash of  
13 all the conversations, even if you already had the data  
14 poll, I think. There's a -- there's a significant  
15 difference between the two paths, I think.

16 MR. HAMMAKER: Yeah. So is your -- is your  
17 question to me whether they re-seat the SAC with all the  
18 same members?

19 DR. FERGUSON: Yeah.

20 MR. HAMMAKER: There -- my understanding from  
21 the Department is that because none of the members had  
22 previously served on a SAC within two years, then all of  
23 the previous numbers would be eligible to be seated  
24 again if they so agreed to it.

25 DR. MILEWSKI: Any other questions? We still

1 have time for discussion too. And I just asked the  
2 question because I'm a fairly new chair. If we want to  
3 hear from any prior folks who've given testimony here,  
4 we can also ask for that if we have additional  
5 questions. We can come back.

6 DR. ENGELHARDT-KALBFLEISCH: I have a question  
7 for the Department. So Commissioner  
8 Engelhardt-Kalbfleisch. In terms of the work plan for  
9 the remainder of 2025 and then extending into 2026, the  
10 existing workgroups and SACs, are they scheduled to  
11 conclude by the end of 2025 or are there things  
12 extending it to '26?

13 MR. CONNOLLY: Marcus from the Department.  
14 They will conclude by the end of 2025.

15 DR. ENGELHARDT-KALBFLEISCH: Okay.

16 MR. CONNOLLY: My team and I, we looked at all  
17 options. So whatever the direction the Commission gives  
18 us, we're ready to -- to move forward with it as quickly  
19 as possible because we know this is a pressing matter.  
20 So whatever you all decide, we're ready to move forward  
21 as soon as this meeting is over to start the process.

22 DR. ENGELHARDT-KALBFLEISCH: Thank you.

23 DR. FERGUSON: You mentioned that we could call  
24 somebody back to pose a question?

25 DR. MILEWSKI: Yes, we can.

1 DR. FERGUSON: When is the time to start that?  
2 To do that?

3 DR. MILEWSKI: Yes. Once -- once we finish  
4 with all the public comment, yeah. Any other questions  
5 currently? Thank you.

6 MR. PATRICK O'DONOVAN: Thank you.

7 DR. MILEWSKI: Do we have any other public  
8 comment?

9 MS. STANTON: No. Sorry. Tiffani with the  
10 Department. We do not. That was all of them.

11 DR. MILEWSKI: Do we have any other questions  
12 from commissioners? Or we also have time for Commission  
13 discussion, and that can include asking questions from  
14 those who have been up to the podium already if they're  
15 willing to come back.

16 DR. FERGUSON: So I don't know what the rules  
17 are, so check me if I cross them. Do we happen to have  
18 either the chair or the vice chair of the SAC here  
19 today?

20 DR. MILEWSKI: I do not believe we do to be  
21 able to respond. I had the same question. And I do  
22 have some questions for those who had prior testimony as  
23 a result. But I -- I --

24 DR. FERGUSON: Do -- which members of the SAC  
25 happen to be here? We heard from one. Are there other

1 members of the SAC who are here?

2 MS. MAKENZIE BUCHERT: I think it's just me.

3 DR. FERGUSON: Could I -- I guess, then ask --  
4 sorry, going down the -- this in my mind. Could we ask  
5 the gentleman, I believe, from Trinity Health who made  
6 public comments? I want to ask a specific question.

7 DR. MILEWSKI: Yeah.

8 MS. STANTON: Brandon Francis.

9 DR. FERGUSON: Brandon. Yeah, thank you,  
10 Brandon. Appreciate it. You -- you may or may not be  
11 able to answer this. So I apologize in advance if it's  
12 not -- not appropriate. I'm just trying to get to the  
13 bottom of this notion of -- it sounds like we -- there  
14 is a suggestion that the SAC address access without  
15 quality or cost considerations. Are you able to comment  
16 on the -- this notion of only one of the three was  
17 addressed? And do you have opinions on the two, were  
18 they addressed or not addressed? And/or is there an  
19 issue there that we only addressed, or there's a  
20 suggestion that we only addressed access?

21 DR. BRANDON FRANCIS: So I was not part of the  
22 SAC or its work, and not part of those teams. I have to  
23 defer to the chair and vice chair for the details around  
24 those kinds of discussions.

25 DR. FERGUSON: That's fine. I -- I --

1 perfectly reasonable. I'm not meaning to give you a  
2 hard time. I just didn't know if you had any insights.  
3 I'm just trying to get some insight on this topic.

4 DR. BRANDON FRANCIS: Thank you.

5 DR. MILEWSKI: Thank you. Any other questions  
6 from commissioners? I actually would like to hear also  
7 from -- I think it was Anne Marie Lucas from U of M if  
8 she's willing to come back up. Thank you.

9 I had a similar question on -- I know that the  
10 recommendation was based upon feedback of, like, we were  
11 leaning access in West Michigan, liver transplant need  
12 is growing, that we ask expedite whatever we're able to  
13 do by working with the chair and vice chair.

14 Given the other testimony that you've heard, do  
15 you have any concerns about the cost/quality component  
16 of this or -- and I know you -- you weren't part of the  
17 SAC -- or the organ availability piece of it? And if  
18 you're not able to answer, I understand that.

19 MS. ANNE MARIE LUCAS: I have observations I  
20 could share. I was not part of the SAC. I did attend  
21 the meetings as a guest or observer. There was a newer  
22 liver program started at Corewell East. I don't know  
23 how long ago now, maybe 15 years ago, 10 to 15. And  
24 that did, short term, affect volumes at the other two  
25 liver centers. But overall, liver disease is growing.

1 Our methods for procuring organs has -- have changed in  
2 advance of technology, and they're now a decent, midsize  
3 liver center with great outcomes. The other two health  
4 liver centers, Henry Ford and University of Michigan  
5 have set state records the last couple of years. And so  
6 I do think long term for Michiganders a fourth liver  
7 center will not affect quality.

8 Cost, I think is tough because there's the cost  
9 of disability and lives lost that is impossible to  
10 really capture. And then we get into the cost of the  
11 patient experience and travel and time out of work. And  
12 I think a lot of that was discussed and presented at the  
13 SACs. Then we have the cost -- the cost for the  
14 healthcare and the services and the treatments.

15 And so I think that's why the SAC struggled,  
16 and there were differing opinions. And I think the  
17 leadership really wanted to ensure that everybody was  
18 heard. And it was really -- I -- I don't know if I  
19 personally don't think another SAC will be able to  
20 adequately grapple with the costs. It's just too much.  
21 And I'm being just -- this is Anne Marie Lucas's opinion  
22 at this point, not University of Michigan -- but I think  
23 these people have other major full-time jobs including  
24 surgery and patient care. And I just think there were  
25 differing opinions on the SAC, and there were votes and

1 the votes stand as they are.

2 And I think I'm -- I think we should move  
3 forward with finalizing the language and bringing more  
4 care to the patients of Michigan for liver disease and  
5 liver transplant.

6 And I think the recruitment issue that was  
7 brought up, it's really hard to recruit people to an  
8 area of the state where there's no transplant center or  
9 advanced hepatology or medical school, et cetera. And  
10 those things are -- are difficult. And so by not  
11 putting a liver transplant program elsewhere in  
12 Michigan, we're only perpetuating the current state of  
13 having difficulty recruiting these people to other parts  
14 of the state besides southeast Michigan.

15 And so I think -- you know, that's my opinion.  
16 That's my professional opinion.

17 DR. ENGELHARDT-KALBFLEISCH: I have a follow-up  
18 question. Commissioner Engelhardt-Kalbfleisch. So I  
19 heard you say there's no access to, like, advanced  
20 hepatology in the western side of the state. I believe,  
21 you know --

22 MS. ANNE MARIE LUCAS: No. There -- there's --  
23 there is access to advanced hepatology. It's -- I'm  
24 saying there was a statement about a national shortage  
25 of hepatologists.

1 DR. ENGELHARDT-KALBFLEISCH: Okay.

2 MS. ANNE MARIE LUCAS: And it's difficult to  
3 recruit to areas without a transplant center with a  
4 liver program. And liver is the only organ that is not  
5 being transplanted in the Grand Rapids area. Heart is,  
6 lung is, kidney is.

7 DR. ENGELHARDT-KALBFLEISCH: Okay. My question  
8 is -- I appreciate the clarification around advanced  
9 hepatology. My question is we have heard previous  
10 testimony from healthcare systems that have outreach or  
11 access clinics throughout the state. Can you comment on  
12 the service that they preserve? And can you tell us  
13 maybe about that?

14 MS. ANNE MARIE LUCAS: Yes. Outreach clinics  
15 are a great first step towards trying to bring these  
16 services to patients where -- closer to home, where they  
17 live. And Henry Ford's done a great job of standing up  
18 several outreach clinics and University of Michigan is  
19 doing the same. And most of that is pretransplant and  
20 really capturing new patients and determining if they're  
21 really eligible for transplant and able to proceed on  
22 a -- with a rigorous pathway to being waitlisted. And  
23 so we find insurances can be a big barrier and it's to  
24 where testing can occur and -- and all of that. And we  
25 try very hard to work through that. But the way

1 transplant is reimbursed, a lot of it is through bundled  
2 payments and through cost reports, a Medicare cost  
3 report. And it really makes it difficult to provide  
4 care in other locations because you have to be a  
5 transplant hospital to provide transplant services.  
6 This is, you know, federal regulation requirements. And  
7 it makes it difficult to do it through the traditional  
8 means that we use for any other services, through  
9 professional service agreements, et cetera, because a  
10 lot of these hospitals that we want to be out in  
11 providing services are not transplant hospitals. And it  
12 makes it very difficult to try to stand up these  
13 freestanding clinics that really aren't integrated into  
14 the -- the hospital where you're located.

15 DR. ENGELHARDT-KALBFLEISCH: Okay. Thank you.

16 MS. GUIDO-ALLEN: I know it's only your  
17 opinion, so thank you for sharing. Guido-Allen --  
18 Commissioner Guido-Allen. What do you think the risk is  
19 to the existing transplant programs when the fourth one  
20 opens of staff, surgeons, hepatologists, social work,  
21 all the required folks that have to be part of the  
22 program of migrating? And then do you anticipate a  
23 negative impact on the existing programs?

24 MS. ANNE MARIE LUCAS: I really don't have  
25 experience or data. I would just say that I -- we train

1 a lot of people who leave the state of Michigan. And  
2 maybe if there were other places that they could work,  
3 we could retain them within the state.

4 MS. GUIDO-ALLEN: Thank you.

5 DR. ENGELHARDT-KALBFLEISCH: This isn't a  
6 question. Just a comment for Commission discussion.  
7 Like, so I appreciate that comment that, like, these  
8 people have day jobs, that being -- and I know it's an  
9 enormous task that we're asking of the SAC and the  
10 individuals that sit on the SAC. But really, the job is  
11 to make sure -- there's data out there, so the job is  
12 really to make sure that we're properly evaluating that  
13 data in terms of cost, access and quality. So while I  
14 appreciate it's a huge ask, it is technically the job of  
15 the Commission and the SAC for these.

16 MS. ANNE MARIE LUCAS: You're right.

17 DR. ENGELHARDT-KALBFLEISCH: Thank you.

18 DR. MILEWSKI: Any other questions? Otherwise  
19 I'm going to move on.

20 MR. GIBSON: I have a background question.

21 DR. MILEWSKI: Yes.

22 MR. GIBSON: So we're looking at expanding  
23 additional access for liver transplant. Why was West  
24 Michigan chosen?

25 DR. MILEWSKI: So this gets into -- real quick

1 before I answer your question. This -- do we have any  
2 further questions for our current speaker? Otherwise  
3 I'm going to allow her to sit down and then I think  
4 we're going to direct some questions to the Department.  
5 Okay. Thank you.

6 MS. ANNE MARIE LUCAS: Thank you.

7 DR. MILEWSKI: Sorry. I'm going to address  
8 your question --

9 MR. GIBSON: Okay.

10 DR. MILEWSKI: -- but I'm going to address it  
11 in a little bit of a broader way. It's a little bit of  
12 history lesson -- lesson of what the recommendations  
13 were that came back from the SAC because we don't have  
14 the chair and the vice chair here to stand up. So my  
15 apologies that I have to direct the staff of the  
16 Department.

17 The recommendation from the SAC, you know, and  
18 I understand it was a divided vote which is reflective  
19 of all the feedback and the testimony that we are  
20 getting here today. But is it true, my recollection,  
21 that the SAC came back with a recommendation for a  
22 fourth site? Is that accurate?

23 MS. STANTON: That is correct, yep.

24 DR. MILEWSKI: Okay.

25 MS. STANTON: The -- the stand -- and this is

1 Tiffani from the Department to add. The language that  
2 was in the standards posed that's being presented for  
3 final action, includes modifying the planning area,  
4 which is including the health service areas, which are  
5 eight in the state of Michigan, anywhere outside of  
6 health service area one, which is the east side, where  
7 all of them are currently located.

8 DR. MILEWSKI: Yeah; correct. That was my --  
9 that was going to be my second question. So the  
10 recommendation that came back was we are recommending a  
11 fourth site, it should not be in the same planning area  
12 that the other three sites are, but it didn't -- it just  
13 excluded the -- that planning area. It didn't say  
14 specifically that it had to be in west Michigan.

15 Second piece of my question, that  
16 recommendation of the SAC, while saying that they  
17 recommended a fourth site, acknowledged that they didn't  
18 have enough time to address the language that would  
19 facilitate the Department's selecting where that  
20 fourth -- fourth site should be or who that fourth site  
21 should be, right. In terms of there's outdated  
22 language, we think that that needs to be corrected. Is  
23 that accurate?

24 MS. STANTON: That is correct.

25 DR. MILEWSKI: Okay. Thank you. I just wanted

1 to levels that. I know I'm going back to basics, but,  
2 you know, we have a decision to make about what we're  
3 going to do, and it's my job to kind of help facilitate  
4 that decision. We've heard a lot of testimony about  
5 what we should do next, whether we should work with the  
6 vice chair or the chair or whether we should seat  
7 another SAC to garner that language. But the  
8 recommendation of the prior SAC was for a fourth site.  
9 Because I've heard a lot of kind of additional testimony  
10 about that today, so I just wanted to make sure that we  
11 were clear that there was a up vote for a fourth site  
12 not to be in planning area one.

13 MR. GIBSON: Okay. Thank you.

14 DR. FERGUSON: So if we're in the discussion  
15 now. I guess we've all had -- express an opinion. One  
16 is if there's a definitive up vote from the existing  
17 SAC, I would support proceeding with that to allow  
18 additional access in the state of Michigan with a fourth  
19 site. And we can -- we can talk about that from a lot  
20 of perspectives, you know, empowering the SAC as they do  
21 the analysis, they're the experts, et cetera, et cetera.  
22 But stepping back from a pattern of consistency -- and I  
23 know they're not the same, but I think we heard earlier  
24 that liver transplant, generically, is more common than  
25 some other transplants; right? It's not the least

1 common transplant in society. And West Michigan has  
2 access to all the other major transplants in the  
3 community and not liver. So why is it treated  
4 differently?

5 And if there's a good reason for why it should  
6 be treated fundamentally differently from an access  
7 perspective, I guess I'd like to hear it. And I  
8 understand that cost considerations vary by organ line  
9 and whatever. But just on a 50,000 foot level, it  
10 doesn't make a ton of sense to me that all the other  
11 transplants are offered in the community but not this  
12 one and I'm struggling with that.

13 DR. MILEWSKI: Yeah. Commissioner Milewski.  
14 As a clinician, I would echo that based on the data that  
15 I've seen. The need for liver transplants and the  
16 indications around that are continuing to grow, not  
17 decline. So, I know we had a lot of testimony about  
18 organ access and other things that are complicating  
19 factors. But -- but that is true that the need for  
20 liver transplant is continuing to grow. So I echo  
21 your -- your concerns on that.

22 Other Commission discussion or comments? I can  
23 also help set up a motion of what we might want to  
24 consider when we're ready for that.

25 DR. ENGELHARDT-KALBFLEISCH: I have a question

1 for the Department. I know we said we had an option on  
2 the table would potentially mean the chair and co-chair  
3 of the prior SAC to work with the Department on  
4 language. Have they -- have they agreed to do that? Do  
5 we know for sure that's an option?

6 MS. STANTON: Yeah. We did reach out to the --  
7 both chairs. They will go to the direction of the  
8 Commission. However, their preference is to include  
9 more experts with the evaluation for the language.

10 DR. ENGELHARDT-KALBFLEISCH: Okay. Thank you.

11 MS. CHEESEMAN: Commissioner Cheeseman. A  
12 follow-up question. Hearing there's willingness from  
13 the -- the chair and co-chair -- and -- and maybe this  
14 is a question for Carl or the Department. Are there  
15 time allocations if this route were taken for the two of  
16 them to weigh in? Are there any time allocations that  
17 we need to be aware of? The SAC itself is six months.  
18 If we go this route, what does that look like?

19 MR. HAMMAKER: AG Carl Hammaker. There is no  
20 statutory requirements related to the amount of time  
21 that it could take. So I think I would defer to the  
22 Department on how long if they had any idea that would  
23 take. But I think it could be a somewhat lengthy  
24 process still.

25 MR. CONNOLLY: Marcus from the Department. I

1 would say we would minimally follow the SAC, the six  
2 months at least, to make sure they get the adequate time  
3 and make sure they're able to do the proper research to  
4 get everything correct based on the public comments and  
5 letters that we get from all the different hospitals to  
6 make sure we don't miss anything.

7 DR. MILEWSKI: Commissioner Milewski. So that  
8 would mean with a SAC if we seat it in January, if it  
9 takes the six-month time period, that takes us through  
10 to June, which would mean -- just I'm trying to back  
11 into this for folks to think about -- which would mean  
12 then a report out for a preliminary vote probably in  
13 September.

14 MR. CONNOLLY: Yep.

15 DR. MILEWSKI: And then it would go out for  
16 public comment for final action in December of 2026 is  
17 what we're talking about by seating an additional SAC.  
18 If we were to work with the chair and the vice chair, it  
19 could be as early as December of this year. So we're  
20 talking about a year time difference in working out this  
21 language, potentially.

22 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
23 Engelhardt-Kalbfleisch. I want to make sure I  
24 understand. So -- but you said the preference of the  
25 chair and co-chair would be to include other experts in

1 the discussion. Did I hear that correctly?

2 MS. STANTON: That is correct.

3 DR. ENGELHARDT-KALBFLEISCH: Okay.

4 MS. STANTON: And it -- it -- because it's not  
5 bylaws, I'm not sure they would be able to reach out to  
6 more constituents. I'm not sure. Carl, that's a you  
7 question.

8 MR. HAMMAKER: It is. So there's statutory  
9 authority for the Commission to request under 333.22215,  
10 for the Commission to request the Department to reach  
11 out to private consultants or other tes- -- technical  
12 experts to assist the Commission in carrying out its  
13 duties. That's a section under -- that gives the  
14 Department the ability to reach out to the co-chairs  
15 after the SAC is resolved anyway. So it would not be --  
16 there's no specific statutory limitation where it could  
17 only be the chair or co-chair. As to the workability of  
18 such a solution, I would once again defer to the  
19 Departmental staff.

20 MR. VELEZ: Commissioner Velez. Question to  
21 the Department. With the SAC on liver transplant and  
22 this -- the -- the standard is not only unique for --  
23 for Michigan. We have CON as well in other states.  
24 Were you aware that there was a comparative study or a  
25 check of what the standards of other states compared to

1 us in order for us to be present with the caring  
2 standards and best practices?

3 MS. STANTON: We did -- Tiffani from the  
4 Department. We did kind of review the other states and  
5 comparative. I'm not sure we had the supportive data  
6 that really made a difference to how we compared just  
7 because every state's comparative review sections are  
8 different.

9 MR. CONNOLLY: Marcus from the Department.  
10 They did discuss other states within the SAC. Depending  
11 on what side you're on, is if they agreed with it or  
12 not. So that kind of was the -- the problem throughout  
13 the whole SAC is any time any type of data or  
14 information was presented, the other side may say,  
15 "well, that data may be more biased towards your  
16 perspective or the other." So it was brought up, but  
17 once again, there -- there wasn't really a consensus on  
18 agreement in some aspects.

19 MR. VELEZ: Thank you.

20 DR. FERGUSON: Question for Carl. So if the  
21 Department were to engage the prior chair, vice chair  
22 and/or other experts and they were to come to whatever  
23 conclusion they were to come to under the legal  
24 authority that you've identified that they would be  
25 granted, is there -- you know, is there any risk that

1 whoever ends up disgruntled on the outside -- someone's  
2 going to end up disgruntled -- whoever's disgruntled on  
3 the outside, would take some other course of action? Do  
4 they have a recourse? Can they challenge the decision  
5 of the Department, et cetera, et cetera? Like are --  
6 are we setting ourselves up for trouble?

7 Now, that being said, I want to be really  
8 clear. I personally believe we have an obligation to  
9 get this thing done. It's been going on for a long  
10 time. Like, we got to get this done. And what --  
11 having it drag on for another year and a half or  
12 whatever is really not a great plan. But how do we make  
13 sure that, you know, the -- the Department doesn't end  
14 up -- I -- I don't know, I -- I don't really know what  
15 it means, you know -- subject to some legal address  
16 because of an outside disgruntled party?

17 MR. HAMMAKER: That is a difficult question to  
18 answer. Certainly, any time that this Commission takes  
19 action, someone could potentially challenge it. We've  
20 seen it a few times in the past where that's happened.  
21 Luckily, it does not happen very often because this  
22 Commission does such a good job of working through these  
23 questions in a very formal -- formal process so that  
24 they take notice and receive public comments, and that  
25 they address everything in accordance with the procedure

1 under the statute.

2 Both of the -- both of the procedures that  
3 we've been talking about, both the SAC and having the  
4 Department proceed with outside experts, are authorized  
5 procedures under the statute. So they're both  
6 acceptable. They also -- the -- there is a -- I will --  
7 now venturing out of the pure statutory realm into my  
8 opinion -- is that there are some strengths that the --  
9 a SAC brings that the Department working with experts  
10 does not.

11 One is an increased level of formality and  
12 documentation of discussions that are had in a way that  
13 creates a -- a more certain record that the Commission  
14 can base its decisions on. And in a more informal  
15 setting, the same strength of record is not established.  
16 So from a legal perspective, I think there are some  
17 arguments that a discussion made up of a set,  
18 statutorily defined panel of experts is probably the  
19 stronger position from a defense of the -- the  
20 Commission's actions, but both are acceptable under the  
21 statute.

22 DR. FERGUSON: Thank you.

23 DR. MILEWSKI: Any further discussion from  
24 commissioners? Otherwise, I will start laying out the  
25 options.

1 MR. GIBSON: I just have a comment. This being  
2 my first meeting, the fact that we're having this  
3 discussion really is a little frustrating. Right? And  
4 this -- this SAC, for whatever reason, didn't complete  
5 its charge and now we're kind of left holding this hot  
6 potato.

7 The other thing is, you know, we talked about  
8 basically the three charges of this board: Access,  
9 cost, and quality. And from what I'm hearing, two of  
10 them weren't addressed. I've lived in a state that got  
11 rid of their certificate of need and I watched  
12 healthcare access concentrate in areas that I'm sure  
13 everybody knows where they would concentrate. We need  
14 to do our due diligence and make sure that we're  
15 following the guidelines and doing what we are charged  
16 to do.

17 So however we go forward with, you know,  
18 whatever the -- whatever the decision this body makes,  
19 we need to somehow put in guidelines that are going to  
20 ensure that the process is completed in the end and that  
21 we're checking all the boxes that we have been charged  
22 in oversight.

23 DR. MILEWSKI: Any other comments from the  
24 commissioners? Okay.

25 Now, I get the fun task of trying to lay out

1 the options here. Okay. So option one -- which I'm  
2 going to throw a little bit of a curve ball here -- is  
3 that we have one motion -- and, Carl, correct me if I'm  
4 wrong -- that the Commission postpone taking final  
5 action on the language as presented, and charge the  
6 chair and the vice chair of the Commission to work with  
7 the Department and the chair and the vice chair of the  
8 SAC to -- to draft language. It would come back to the  
9 Commission for review in December. Hard stop on that.  
10 If that went forward and we reviewed language in  
11 December, my understanding would be that that language  
12 would then go back out for public comment for review and  
13 come back for final action in the March meeting.

14 MS. STANTON: That is correct. If you propose  
15 action, then the public hearing.

16 DR. MILEWSKI: Okay. So that's working with  
17 the chair and the vice chair of the SAC. Okay?  
18 Hopefully I got that right because I kind of worked  
19 through that one on my own.

20 MR. HAMMAKER: Just to address one minor issue  
21 here. Regarding the timelines, I'll just point out  
22 there are -- there are requirements for the timelines  
23 that are more variable than just by the next meeting.  
24 One, I know that the Department would likely want to  
25 point out that there's no guarantee that language would

1 necessarily get done by December because of the -- how  
2 complex this is. Also, there is a requirement for a  
3 45-day period, and the legislature must meet a certain  
4 number of legislative days between proposed action and  
5 final action. So that can be variable and sometimes  
6 kick it out an additional meeting. So I just don't want  
7 to set an -- an unrealistic timeline that we might not  
8 be able to meet because of legislative issues.

9 DR. MILEWSKI: Those are great additional  
10 comments. So it could be June before we would have  
11 final action if we walked that pathway.

12 Second option, based upon what we discussed and  
13 heard testimony of today, would be a motion that the  
14 Commission -- this would be two motions. First that the  
15 Commission would seat a new SAC to review the concerns  
16 addressed by the public related to that comparative  
17 review section and bring updated language back to the  
18 Commission for review. The second motion would be that  
19 the Commission accept to postpone taking final action on  
20 the language presented today until that SAC could be  
21 seated and provide the Commission with language  
22 recommendations at a later date.

23 DR. ENGELHARDT-KALBFLEISCH: All right.  
24 Commissioner Engelhardt-Kalbfleisch. I will attempt to  
25 make a motion. So I move to table final action on the

1 Heart, Liver, Lung standards and form another SAC  
2 addressing Heart, Lung, Liver Transplant to address cost  
3 and quality implications of adding a fourth transplant  
4 program to the state as well as to review the standards,  
5 including but not limited to, Sections 5, 7, 8 and 9 for  
6 any necessary updates.

7 MR. HAMMAKER: Just one clarification for  
8 procedure. So you're being -- making that motion to  
9 postpone until a certain time after a SAC was able to  
10 meet and provide a report to the Commission on the  
11 substantive issues that you just listed off?

12 DR. ENGELHARDT-KALBFLEISCH: Correct. And  
13 those substantive issues specific to liver.

14 DR. MILEWSKI: So I still think we need to have  
15 two separate motions. One around seating a SAC and what  
16 those charges should be. The charges that were outlined  
17 were a little broader around addressing cost, quality  
18 which potentially opening back up the original decision  
19 of a fourth site versus refining based upon building on  
20 what the last SAC came back. I just want to clarify  
21 what you're kind of -- how you want to lay that out.

22 DR. ENGELHARDT-KALBFLEISCH: That -- that was  
23 my attempt to combine all of that in one motion. So I  
24 don't know if we have to vote on that now since I made  
25 it or if we have --

1 DR. MILEWSKI: Do I have a second for the  
2 motion as presented?

3 MR. VELEZ: I second it.

4 DR. MILEWSKI: Okay. Then I will take a roll  
5 call vote around that motion. Commissioner Velez?

6 MR. GIBSON: Is there discussions?

7 DR. MILEWSKI: Oh, yes. I'm sorry. Thank you.  
8 Open it up for discussion or questions.

9 MR. GIBSON: Can you please repeat the motion  
10 and the intent behind the motion?

11 DR. ENGELHARDT-KALBFLEISCH: Yes. I will  
12 attempt to do that. So I'm making a motion to table the  
13 final language, the final action on the Heart, Lung and  
14 liver standards, and also making a motion to form or  
15 seat an addition -- another SAC to address the Heart,  
16 Lung, and Liver Transplant the ask -- to -- for the SAC  
17 to look at the cost and quality implications as well as  
18 to review the standards, specifically charges sections  
19 5, 7, 8 and 9 for any necessary updates.

20 DR. DELANO: This is Commissioner Delano. Just  
21 a point of clarification.

22 DR. ENGELHARDT-KALBFLEISCH: Yes.

23 DR. DELANO: So that would include a new  
24 discussion and a new decision regarding the charge for  
25 the fourth what you're describing, incorporating quality

1 and cost issues?

2 DR. ENGELHARDT-KALBFLEISCH: Yes. Specific to  
3 liver.

4 DR. DELANO: Thank you.

5 DR. FERGUSON: So I will -- I guess I'm  
6 completely the opposite direction. So, you know, I  
7 think two-fold. I think it's -- it's reasonable to look  
8 at the criteria because that was the part left over.  
9 The SAC came with a specific recommendation around  
10 adding a fourth center and I guess there was support  
11 adding a fourth center. Otherwise, we're functionally  
12 rejecting all of the work that's been done to date. And  
13 it's okay. I mean, we can -- you know, we can decide to  
14 reject all the work that's done to date, but that was  
15 the one thing that came through.

16 Second, I'm struggling with the idea of waiting  
17 a year and a half to come to an answer. That's a really  
18 long time and this has already been in the works for a  
19 long time.

20 DR. MILEWSKI: So we currently have a motion  
21 that's been seconded on the floor. We are going to have  
22 to vote on that.

23 DR. FERGUSON: Yeah. No, I realize that.

24 DR. MILEWSKI: So any further discussion on  
25 that motion? Otherwise I will go for a roll call vote.

1 MS. CHEESEMAN: Commissioner Cheeseman.  
2 Clarification on the SAC that was referenced in the  
3 motion. Is it a newly established SAC or does it --  
4 does it reinstate the prior SAC?

5 DR. MILEWSKI: It would be a newly established  
6 SAC.

7 MS. GUIDO-ALLEN: You can't reinstate it.

8 DR. MILEWSKI: It can have the same  
9 participants as the prior SAC, but you're not allowed to  
10 reinstate. Any other discussion or questions?

11 MR. CONNOLLY: Marcus from the Department. I  
12 guess I have a question. This might be more towards  
13 Carl. Now the motion that was just posed, I just want  
14 to make sure that if they look at the cost and quality,  
15 would that open up what the previous SAC voted on as far  
16 as the fourth liver facility? Because I just want to  
17 get clarification on that. I'm not sure if that would  
18 do that or not.

19 MR. HAMMAKER: That -- that was my  
20 understanding of the motion and the sections that it  
21 addressed, that it would open up that decision.

22 MR. CONNOLLY: Would that maintain the, I  
23 guess, integrity of what the previous SAC wanted to do?  
24 Because they already voted in favor of that. So I'm  
25 just --

1 MR. HAMMAKER: Sure. So the way -- the way the  
2 motion was put out there is that it was to table which I  
3 took to, and clarify, would be to postpone to a certain  
4 time, which would be until when you get the SAC, the new  
5 SAC's recommendations. So the -- the language that was  
6 voted on last meeting and this Commission took proposed  
7 action on was to adopt the language adding a fourth site  
8 so that language would remain in place. But the SAC, a  
9 newly seated SAC under the -- my understanding of your  
10 charges -- would be able to go back and look at quality  
11 and cost under sections -- was it -- and, I'm sorry, ask  
12 for this -- 5, 7, 8 and 9, would be -- allow the SAC to  
13 make recommendations on sections 5, 7, 8 and 9.

14 MR. CONNOLLY: Thank you.

15 MS. STANTON: Tiffani from the Department.  
16 That discredits any other language for any of the other  
17 charges as well. That would have to be re- --  
18 representing even if they're not within those charges or  
19 the sections, like 5, 7 and 9?

20 MR. HAMMAKER: I'm sorry. Could you restate  
21 your question? I -- I missed the first part of it.

22 MS. STANTON: The other language that was  
23 recommended outside of charge 1, that was under charge 2  
24 and different sections, would that have to be re- -- if  
25 that doesn't fall under sections 5, 7, 8 and 9, would

1 they have to add request for additional charge or would  
2 that be tabled to be reviewed later?

3 MR. HAMMAKER: Under the current motion any  
4 language not in 5, 7, 8 or 9 would remain and a vote on  
5 that language would be postponed until after the second  
6 SAC provide its recommendations on sections 5, 7, 8 and  
7 9.

8 MS. STANTON: Okay. Thank you.

9 DR. FERGUSON: I'm starting to make sure I  
10 understand exactly what we're -- so does this then  
11 functionally adopt? So -- so knowing that we have to  
12 vote on the motion that's on the table, is there a way  
13 or is this, in fact, the way to say we accept and  
14 finalize the recommendation on a fourth center, but  
15 we're going to continue to address through whichever the  
16 channel, whether it's through the chairs or whether it's  
17 through a separate SAC, is there a way to split it,  
18 accept -- I guess it's number one, not accept the others  
19 and give the chairs or whoever or a separate SAC time to  
20 work on those?

21 DR. MILEWSKI: Yeah. I don't believe there's a  
22 way to split that because as soon as you put forward the  
23 acceptance of the fourth center, the current standards  
24 as they stand go into place. That was -- the initial  
25 proposal that I made was that the charges would be

1 narrowed around the comparative review pieces related to  
2 that center. So it was -- it was more narrow than what  
3 we have on the floor today which would open up the prior  
4 decision and everything that was discussed.

5 Any further discussion? No questions? Okay.  
6 Then I will call for a vote. Commissioner Velez.

7 MR. VELEZ: I support.

8 DR. MILEWSKI: Commissioner Ferguson?

9 DR. FERGUSON: No.

10 DR. MILEWSKI: Commissioner Gibson?

11 MR. GIBSON: Yes.

12 DR. MILEWSKI: Commissioner Cheeseman?

13 MS. CHEESEMAN: Yes.

14 DR. MILEWSKI: Commissioner Delano?

15 DR. DELANO: No.

16 DR. MILEWSKI: Commissioner Engelhardt?

17 DR. ENGELHARDT-KALBFLEISCH: Yes.

18 DR. MILEWSKI: Commissioner Guido-Allen?

19 MS. GUIDO-ALLEN: Yeah; yes.

20 DR. MILEWSKI: I'm sorry. I can't see.

21 MR. SALWIN: Salwin.

22 DR. MILEWSKI: Commissioner Salwin?

23 MR. SALWIN: No.

24 DR. MILEWSKI: And no for me. So where does  
25 the vote stand? I wasn't counting.

1 MS. STANTON: That's five in support and four  
2 not to support.

3 DR. MILEWSKI: And this is for final action?  
4 No; no; no. I'm sorry. This is for -- sorry, proposed  
5 action. So you need to --

6 MR. HAMMAKER: Seat a SAC.

7 DR. MILEWSKI: -- to seat a SAC, yeah.

8 MR. HAMMAKER: And postpone. So the --  
9 majority vote.

10 DR. MILEWSKI: So majority vote. Okay. Sorry.  
11 I needed the rules reiterated to me. So it's a five  
12 yes, four no, so that passes.

13 (Whereupon motion passed at 11:11 a.m.)

14 DR. MILEWSKI: Okay. So I think that closes  
15 out this item. The one thing that was not part of that  
16 charge -- sorry, I have a question now so I'm going to  
17 pause for just a minute -- was drafting the charges.  
18 Was that part of that language? Let the chair and the  
19 vice chair to draft the charges? And do we need to  
20 amend that?

21 MR. HAMMAKER: It would -- I don't remember  
22 that being part of the motion.

23 MR. CONNOLLY: It wasn't. It wasn't.

24 DR. ENGELHARDT-KALBFLEISCH: Do you want me to  
25 amend it?

1 MR. HAMMAKER: So -- yeah. So now either the  
2 Commission would have to draft -- come up with charges  
3 now to provide for the SACs to specific questions to  
4 answer or delegate that to the chair and vice chair.

5 DR. ENGELHARDT-KALBFLEISCH: Okay. So I  
6 will -- Commissioner Engelhardt-Kalbfleisch. I will  
7 amend to include the cost and quality as well as  
8 sections 5, 7, 8 and 9, and including any additional  
9 charges deemed necessary by the chair and vice chair.  
10 Is that sufficient?

11 DR. MILEWSKI: I think it's that the charges  
12 related to that.

13 DR. ENGELHARDT-KALBFLEISCH: I see.

14 DR. MILEWSKI: The drafting of the charges  
15 would be delegated to the chair and vice chair.

16 DR. ENGELHARDT-KALBFLEISCH: Okay.

17 DR. MILEWSKI: Related to your prior motion.

18 DR. ENGELHARDT-KALBFLEISCH: Okay. So amend to  
19 include drafting of the charges, delegate that to the  
20 chair and vice chair. Sorry. It's a little clunky.

21 DR. MILEWSKI: No. I appreciate it. And I'm  
22 sorry I did not recognize that before. Do I have  
23 support for that motion?

24 MS. GUIDO-ALLEN: Guido-Allen. Support.

25 DR. MILEWSKI: Thank you.

1 MR. HAMMAKER: Vote.

2 DR. MILEWSKI: Yeah. We'll take -- any  
3 discussion on that?

4 DR. FERGUSON: So are we voting on just the  
5 amendment to give you the authority, or are we revoting  
6 on the whole thing?

7 DR. MILEWSKI: That's right. We're voting on  
8 just the amendment now.

9 DR. FERGUSON: So just the amendment to give  
10 you the -- two of you the authority --

11 DR. MILEWSKI: That's right. To give us the  
12 authority to draft the charges and select the chair and  
13 the vice chair. Sorry. Can I amend your motion to also  
14 select chair and vice chair as separate?

15 DR. ENGELHARDT-KALBFLEISCH: Yes; yeah.

16 DR. MILEWSKI: Thank you. So I will run  
17 through again. Commissioner Velez?

18 MR. VELEZ: I support, yes.

19 DR. MILEWSKI: Commissioner Ferguson?

20 DR. FERGUSON: Support the amendment.

21 DR. MILEWSKI: Commissioner Gibson?

22 MR. GIBSON: Yes.

23 DR. MILEWSKI: Commissioner Cheeseman?

24 MS. CHEESEMAN: Support.

25 DR. MILEWSKI: Commissioner Delano?

1 DR. DELANO: Support the amendment.

2 DR. MILEWSKI: Commissioner Engelhardt?

3 DR. ENGELHARDT-KALBFLEISCH: Support.

4 DR. MILEWSKI: Commissioner Salwin?

5 MR. SALWIN: Support.

6 DR. MILEWSKI: Commissioner Guido-Allen?

7 MS. GUIDO-ALLEN: Support.

8 DR. MILEWSKI: And I support.

9 (Whereupon motion passed at 11:13 a.m.)

10 DR. MILEWSKI: Thank you all. I know that was  
11 really a challenging one to get through.

12 We are currently at 11:15. I do believe the  
13 rest of the agenda we're going to get through pretty  
14 quickly. Is the Department okay if we take like a  
15 10-minute bio break for everybody? Okay. Great. Thank  
16 you so much.

17 (A recess was taken.)

18 DR. MILEWSKI: Okay. Thank you, everybody. So  
19 we will pick up our agenda at the next topic, which is  
20 Psychiatric Beds and Services. We have our public  
21 hearing summary. And I'm going to turn it over to  
22 Justin to provide that.

23 MR. EASTER: I promise, everyone, that it will  
24 be a lot quicker.

25 So at the June Commission meeting, the

1 Commission took proposed action on the draft language  
2 which is in front of you today. The draft language was  
3 sent out to public hearing and to the Joint Legislative  
4 Committee. No testimony was received from any  
5 organizations. The Department is supporting the  
6 language as presented.

7 If the Commission chooses to take final action  
8 on the language as presented, that language will be  
9 forwarded to the JLC and the Governor for the 45-day  
10 review period. The 45-day review period must include  
11 not less than nine legislative session days. If the  
12 language is not disapproved, it becomes effective upon  
13 the expiration of that 45th day. Are there any  
14 questions? Short and sweet.

15 DR. MILEWSKI: Thank you, Justin. Do we have  
16 any public comment on this?

17 MR. EASTER: None received.

18 DR. MILEWSKI: Okay. Great. Thank you. So  
19 the language is in front of you. Do I have any  
20 Commission discussion? And if there's none, then I can  
21 entertain a motion for final action on the language  
22 changes.

23 MS. GUIDO-ALLEN: Guido-Allen. I move to  
24 accept final language as written and forward it to the  
25 Joint Legislative Committee and the Governor for a

1 45-day review period.

2 DR. MILEWSKI: Thank you. I have a motion on  
3 the floor. Do I have a second?

4 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
5 Engelhardt-Kalbfleisch. Second.

6 DR. MILEWSKI: Thank you. Any discussion?  
7 Okay. Hearing none, I will take a vote. Commissioner  
8 Velez?

9 MR. VELEZ: Yes; support.

10 DR. MILEWSKI: Commissioner Ferguson?

11 DR. FERGUSON: Yes.

12 DR. MILEWSKI: Commissioner Gibson?

13 MR. GIBSON: Support.

14 DR. MILEWSKI: Commissioner Cheeseman?

15 MS. CHEESEMAN: Support.

16 DR. MILEWSKI: Commissioner Delano?

17 DR. DELANO: Support.

18 DR. MILEWSKI: Commissioner Engelhardt?

19 DR. ENGELHARDT-KALBFLEISCH: Support.

20 DR. MILEWSKI: Commissioner Salwin?

21 MR. SALWIN: Support.

22 DR. MILEWSKI: Commissioner Guido-Allen?

23 MS. GUIDO-ALLEN: Support.

24 DR. MILEWSKI: Commissioner Milewski. Support.

25 So all ups on that one. Motion passes.

1 (Whereupon motion passed at 11:26 a.m.)

2 DR. MILEWSKI: Thank you all. Much quicker  
3 than the last one. All right. Moving on.

4 We have draft language before us for County  
5 Designation recommendations. And this is something that  
6 we took a look at back in June about working through the  
7 standards and aligning our definitions in the standards.

8 And so I just want to provide a little bit of a  
9 brief summary about what you're looking at in front of  
10 you because you'll see groups of standards under A, B, C  
11 and D that we're going to be looking at proposed  
12 language on. The reason that they're grouped in that  
13 way is that the language changes that were made to those  
14 standards were each similar, so they were consistent  
15 with each other. And so when we take our vote, we're  
16 going to be voting on all of those standards at the same  
17 time, but we're going to turn it over to the Department,  
18 Katherine Tucker, to kind of walk through some of those  
19 changes.

20 MS. TUCKER: At the June 2025 CON Commission  
21 meeting, the Commission adopted the definition of  
22 "rural" as defined by the Federal Office of Health  
23 Policy over the Office of Management and Budget  
24 definition as presented from the completion of the  
25 County Designation informal workgroup.

1           12 of the 14 CON regulated review standards  
2 have been modified and are being presented for proposed  
3 action. We have broken them down into four groups. The  
4 modifications include adding and implementing the  
5 definitions for rural areas and metropolitan counties.

6           MRI and Surgical Services standards have both  
7 been updated previously by a SAC or workgroup to add the  
8 rural hospital information. It was part of the phase  
9 three recommendations from the County Designation  
10 workgroup to update the rural hospital information in  
11 these standards with a single definition of "designated  
12 rural hospital." The phase three recommendations were  
13 included in the phase one process presented today.

14           A copy of the standards can be found in your  
15 electronic binder. Now as a reminder, the phase two  
16 recommendations were to have a SAC or a workgroup review  
17 the designated rural hospital definition and how it can  
18 be implemented into the CT, Cardiac Cath, Hospital Beds,  
19 MRT, Open Heart Surgery, and PET review standards.

20           Are there any questions?

21           DR. MILEWSKI: So do we have any -- are we  
22 going to be walking through each one of these with  
23 public comment, or are we going to take it as a group?  
24 Each one? Okay.

25           So the draft language that you have before you

1 first is the NICU. You can see the MRI and other  
2 standards that are there for review -- I'm sorry, trying  
3 to get in the notes here -- Lithotripsy, Psych Beds. So  
4 that's the first one up. Do we have any public comment  
5 on that?

6 MS. STANTON: We have not received any public  
7 comment for this section.

8 DR. MILEWSKI: Okay. And do we have any  
9 Commission discussion on the changes to the standard  
10 language? If not, then I will need a motion and a  
11 second on taking proposed action on that language  
12 change.

13 MS. GUIDO-ALLEN: Is it for -- Guido-Allen. Is  
14 it for all of the -- the NICU, Psych, Litho and MRI  
15 review standards or just one?

16 MS. TUCKER: For this sec- -- for this section  
17 we'll cover NICU, Psych Beds, Litho and MRI for the  
18 first group.

19 MR. HAMMAKER: Yes. And you can make a motion  
20 to adopt propo- -- to take proposed action on the  
21 language for all of those at the same time.

22 MS. STANTON: These standards are separated  
23 because the fact they have three definitions versus two.  
24 So we have grouped them by the common ground for each of  
25 them.

1 DR. MILEWSKI: My understanding is the proposal  
2 needs to mention each of the standards as well. So we  
3 would be basically proposing that we would adopt the  
4 language changes for NICU, Psych Beds, Lithotripsy, and  
5 MRI review standards, moving that forward -- language  
6 forward for public hearing and to the JLC.

7 DR. FERGUSON: So moved.

8 MS. GUIDO-ALLEN: Go ahead. Sorry.

9 DR. MILEWSKI: So I'll entertain a motion.

10 DR. FERGUSON: Okay. So -- so moved. Do you  
11 need a --

12 DR. MILEWSKI: And can I get a second? No. We  
13 can move on -- on what I just outlined here if you're  
14 agreeing to that.

15 MR. GIBSON: Second.

16 DR. MILEWSKI: Thank you. And I will walk  
17 through -- any discussion?

18 MS. STANTON: Who was the second? I'm sorry.

19 MS. GUIDO-ALLEN: Gibson.

20 DR. MILEWSKI: Okay. Then I will call for a  
21 vote. Commissioner Velez?

22 MR. VELEZ: Yes, I support.

23 DR. MILEWSKI: Commissioner Ferguson?

24 DR. FERGUSON: Support.

25 DR. MILEWSKI: Commissioner Gibson?

1 MR. GIBSON: Support.

2 DR. MILEWSKI: Commissioner Cheeseman?

3 MS. CHEESEMAN: Support.

4 DR. MILEWSKI: Commissioner Delano?

5 DR. DELANO: Support.

6 DR. MILEWSKI: Commissioner Engelhardt?

7 DR. ENGELHARDT-KALBFLEISCH: Support.

8 DR. MILEWSKI: Commissioner Salwin?

9 MR. SALWIN: Support.

10 DR. MILEWSKI: Commissioner Guido-Allen?

11 MS. GUIDO-ALLEN: Support.

12 DR. MILEWSKI: And Commissioner Milewski  
13 support.

14 (Whereupon motion passed at 11:32 a.m.)

15 DR. MILEWSKI: Okay. So we're through A.

16 We're going to move on to section B, which includes --

17 MS. TUCKER: Section B includes Cardiac Cath,  
18 CT, MRT, PET, Hospital Beds and Open Heart Surgery.

19 DR. MILEWSKI: Okay. And so you have -- do we  
20 have any public comment, first, on this component?

21 MR. CONNOLLY: No public comment.

22 DR. MILEWSKI: Okay. Okay. Any Commission  
23 discussion or questions related to the language before  
24 you?

25 MR. CONNOLLY: Marcus from the Department.

1 Katherine just wants to do a quick overview of that to  
2 give everybody information about those changes.

3 DR. MILEWSKI: That would be great. Yep.  
4 Thank you.

5 MS. TUCKER: Okay. For Cardiac Cath, CT, MRT,  
6 PET, Hospital Bed and Open Heart Surgery, the review  
7 standards have been updated to include the following  
8 definitions: Metropolitan counties and rural areas.  
9 These -- these definitions were added and updated  
10 throughout the standards as necessary.

11 Again, the phase two recommendations were to  
12 have a SAC or a workgroup review the designated rural  
13 hospital definition and how it can be implemented into  
14 these standards. Any applicable standards that had an  
15 appendix specifying rural, micropolitan and metropolitan  
16 counties were removed. Proposed action from the  
17 Commission will require a motion, a second, and vote to  
18 approve. The Commission's proposed action will move the  
19 language to a public hearing and to the Joint  
20 Legislative Committee. A report and language for final  
21 action will be brought back to the Commission at the  
22 December meeting.

23 DR. MILEWSKI: Thank you, Katherine. Now do we  
24 have any questions or discussion? Otherwise, I will  
25 entertain a motion that the Commission takes proposed

1 action to approve the language as presented for Cardiac  
2 Cath, CT, MRT, PET, Hospital Beds and Open Heart Surgery  
3 review standards and move the language forward to the  
4 JLC and public hearing.

5 DR. FERGUSON: Second.

6 DR. MILEWSKI: So I have Commissioner Ferguson  
7 support for that. Do I have a second?

8 MS. GUIDO-ALLEN: Guido-Allen. Second.

9 DR. MILEWSKI: Thank you. Any discussion? No  
10 questions? Okay. I will take a vote. Commissioner  
11 Velez?

12 MR. VELEZ: Yes.

13 DR. MILEWSKI: Commissioner Ferguson?

14 DR. FERGUSON: Support.

15 DR. MILEWSKI: Commissioner Gibson?

16 MR. GIBSON: Support.

17 DR. MILEWSKI: Commissioner Cheeseman?

18 MS. CHEESEMAN: Support.

19 DR. MILEWSKI: Commissioner Delano?

20 DR. DELANO: Support.

21 DR. MILEWSKI: Commissioner Engelhardt?

22 DR. ENGELHARDT-KALBFLEISCH: Support.

23 DR. MILEWSKI: Commissioner Salwin?

24 MR. SALWIN: Support.

25 DR. MILEWSKI: Commissioner Guido-Allen?

1 MS. GUIDO-ALLEN: Support.

2 DR. MILEWSKI: And Commissioner Milewski.

3 Support.

4 (Whereupon motion passed at 11:35 a.m.)

5 DR. MILEWSKI: Okay. Thank you. I will turn  
6 it over to Tiffani to review next set of standards for  
7 us.

8 MS. STANTON: So the Nursing Home review  
9 standards, they were updated to include definitions of  
10 Metropolitan counties and rural areas. Designated rural  
11 hospital definition was not applicable to the Nursing  
12 Home standards. The appendix that was specifying rural,  
13 micropolitan, and metropolitan counties were -- was also  
14 removed. The only other part of the standards where  
15 rural/micro and metro was listed was in that rule -- I'm  
16 sorry, "replacement zone" definition. So due to the way  
17 the replacement zone was defined, the Department is  
18 recommending the changes as presented. The changes  
19 allow for the replacement zone to be considered for a  
20 complete rural area, metropolitan counties excluding  
21 rural areas, and the rural areas within the metropolitan  
22 county.

23 The proposed action from the Commission  
24 requires a motion, second, and a vote to approve. The  
25 Commission's proposed action will move the language to

1 the JLC and a legisla- -- or, I'm sorry, the public  
2 hearing and JLC. And then a report and final action  
3 will be brought back to the CON Commission at the  
4 December meeting. And we do have one public comment.

5 DR. MILEWSKI: Okay. Thank you.

6 MS. STANTON: Melissa Reitz.

7 MELISSA REITZ

8 MS. MELISSA REITZ: Is it still morning?

9 UNIDENTIFIED SPEAKER: Yes.

10 MS. MELISSA REITZ: Good morning. Melissa  
11 Reitz with McCall Hamilton. Richie Farron was here this  
12 morning, but he had to catch a flight this -- this  
13 afternoon, so he wasn't able to stay to the end of this.  
14 So I offered to -- to be tribute and -- and make these  
15 comments.

16 So I want to first say we have a Nursing Home  
17 workgroup that is currently actively meeting. I think  
18 there's four meetings left of that workgroup. And so  
19 I'd like to suggest that this -- these changes be added  
20 as a charge to that workgroup and have this go to them  
21 because I so greatly appreciate the Department's attempt  
22 to take the County Designation workgroup recommendations  
23 and put it into what is really kind of a very  
24 complicated replacement zone definition. We find  
25 ourselves -- I -- I think that the fourth methodology is

1 great. I think that the changes that we're making are  
2 all in the best interest of good public policy. But we  
3 find ourselves in these situations where we have a  
4 metropolitan county but with little rural census tracts  
5 within them.

6 Today in the standards, if you are located --  
7 or I'm sorry. Today in the standards, if you wanted to  
8 replace your nursing home within a three mile radius of  
9 your current site, you can do it no matter where you  
10 are. And the way that this current draft that's before  
11 you is written, if you are in a nursing home in a  
12 metropolitan county that just happened to be located in  
13 a rural census tract, you probably, first of all, don't  
14 know right now that you're in a rural census tract. You  
15 would not necessarily be allowed to replace your  
16 facility within three miles. The way it's written, you  
17 would have to go and find another rural census tract in  
18 your county if there is one and that would be the place  
19 that you could replace.

20 I think, generally speaking, we've always  
21 historically agreed that if you're replacing it within  
22 three miles, you are continuing to provide service to  
23 your same market, to your same community. And so, you  
24 know, my -- I think one solution would just be to say if  
25 you are in a metropolitan county and within a rural

1 census tract, you can replace within three miles of your  
2 current site or to another rural census tract in your  
3 county. That would be one option.

4 But because of the complexity of it and because  
5 we already have a Nursing Home workgroup going on right  
6 now, it would seem to me like letting those  
7 conversations and discussions happen at that workgroup  
8 and then bringing back updated language along with the  
9 rest of their recommendations at the next meeting would  
10 be a really good solution. Thank you.

11 DR. MILEWSKI: Thank you, Melissa. Questions  
12 from the commissioners?

13 DR. FERGUSON: I have a question for the  
14 Department. Tiffani, what -- what do you think of this  
15 comment? Is this a challenge point? I mean, is this a  
16 true technical challenge, and is it intentional or  
17 unintentional?

18 MS. STANTON: Tiffani from the Department. It  
19 was something that we brought up last minute in the  
20 changes. The Nursing Home workgroup isn't aware of that  
21 currently. We proposed the language, broadened the  
22 rural or from the county designation workgroup. This  
23 was something that kind of came forward because of how  
24 the standards define planning area, which includes the  
25 geographic boundaries. So the concern was not

1 considering the rural tracts and leaving them excluded,  
2 so that was why the language was drafted the way it was  
3 presented.

4 So the additional -- like, the three miles, I  
5 think we talked about where it could be, a simple  
6 technical edit to add in the proposed action. Or if it  
7 needs further review, it could be something that is  
8 charged to the workgroup to add to review.

9 DR. FERGUSON: Would you be okay with the  
10 simple technical edit of what is being proposed?

11 MS. MELISSA REITZ: Sure. If you guys wanted  
12 to -- if you felt strongly you wanted to move something  
13 forward today, adding the three mile radius as an option  
14 for those facilities replacing from a rural census tract  
15 within a metropolitan county is -- if it went to the  
16 workgroup, I suspect that's probably what they would end  
17 up recommending. So I don't have any concerns with that  
18 as a solution.

19 MR. VELEZ: So my understanding is that for a  
20 facility replacement in the rural area to a rural area  
21 or within three mile radius of the facility?

22 MS. MELISSA REITZ: If they were going to  
23 another rural area, they wouldn't have to be within the  
24 three miles. They would just have to be within the  
25 planning area. But if they were going -- if they were

1 in a metropolitan county but in a rural census tract,  
2 then what -- what I believe we're talking about changing  
3 is to say you can replace still within your planning  
4 area but within three miles or to another rural census  
5 tract within that planning area.

6 MR. VELEZ: Thank you.

7 DR. MILEWSKI: Any other questions? Does the  
8 Department have a preference as to whether we redirect  
9 this into the workgroup or make the technical edit? Do  
10 you see any barriers to making the edit?

11 MS. STANTON: I don't see any issue adding the  
12 edit. Carl, is there any issues? Concerns?

13 MR. HAMMAKER: So -- so just to clarify. The  
14 edit that's been discussed is in subsection --

15 MS. STANTON: (2). This would be subsection  
16 2(1)cc --

17 MR. HAMMAKER: Subsection 2 --

18 MS. STANTON: -- part 2 -- or, I'm sorry, part  
19 3 --

20 MR. HAMMAKER: A.

21 MS. STANTON: A.

22 MR. HAMMAKER: And the edit would be, so the  
23 language currently reads, "if the existing licensed site  
24 is in a rural area, the replacement zone is in any rural  
25 area within the same planning area as the existing

1 licensed site," and we would be adding "or within three  
2 miles" to the end of that sentence?

3 UNIDENTIFIED SPEAKER: Yeah.

4 MR. HAMMAKER: I have no problems with that.

5 DR. MILEWSKI: Okay. Any other public comment?

6 MS. STANTON: We do not have any more.

7 DR. MILEWSKI: Okay. Commission discussion?

8 All right. There's none. I can entertain a motion.

9 The two options are, one, to take the language and,  
10 instead of moving it forward, to create a charge for the  
11 existing Nursing Home workgroup to review the language  
12 and make edits, or we can edit the proposed language to  
13 add "or three miles" to section --

14 MR. HAMMAKER: C -- cc.

15 MS. STANTON: It would -- this is Tiffani from  
16 the Department. It would be Section 2(1)(cc) Part (iii)  
17 Part (b).

18 DR. MILEWSKI: Thank you. To add "or three  
19 miles" to the end of the sentence.

20 MR. HAMMAKER: Apologies. Part a; right?

21 MS. STANTON: Oh, I'm sorry. Yes, Part a.

22 DR. DELANO: So those are the two options?

23 DR. MILEWSKI: Those are the two options before  
24 us.

25 DR. DELANO: Commissioner Delano. I make the

1 motion that we approve the amended language under I  
2 guess part 3(a) to add three miles at the end of the  
3 sentence rather than send it back to the workgroup.

4 DR. MILEWSKI: So if I can just re-frame that?  
5 Your proposal is to move forward with the proposed  
6 language with the amendment that we add the additional  
7 three miles to the section that was cited previously.  
8 I'm not going to try to reiterate that, we have it in  
9 the notes -- and move that forward to the JLC and public  
10 hearing?

11 DR. DELANO: Yes. Thank you.

12 DR. MILEWSKI: Do I have a second?

13 DR. FERGUSON: Second.

14 DR. MILEWSKI: Thank you. Any further  
15 discussion? Okay. We'll take a vote. Commissioner  
16 Velez?

17 MR. VELEZ: Yes.

18 DR. MILEWSKI: Commissioner Ferguson?

19 DR. FERGUSON: Support.

20 DR. MILEWSKI: Commissioner Gibson?

21 MR. GIBSON: Support.

22 DR. MILEWSKI: Commissioner Cheeseman?

23 MS. CHEESEMAN: Support.

24 DR. MILEWSKI: Commissioner Delano?

25 DR. DELANO: Support.

1 DR. MILEWSKI: Commissioner Engelhardt?

2 DR. ENGELHARDT-KALBFLEISCH: Support.

3 DR. MILEWSKI: Commissioner Salwin?

4 MR. SALWIN: Support.

5 DR. MILEWSKI: Commissioner Guido-Allen?

6 MS. GUIDO-ALLEN: Support.

7 DR. MILEWSKI: Commissioner Milewski. Support.

8 (Whereupon motion passed at 11:45 a.m.)

9 DR. MILEWSKI: Thank you all. Okay. We will  
10 move to section D, which is our Surgical Standards  
11 review standards and I will go right to Justin to review  
12 that.

13 MR. EASTER: This one's a little more lengthier  
14 than Psych Beds.

15 The Surgical Services review standards were  
16 updated to include the definitions of designated rural  
17 hospital, metropolitan counties and rural areas. These  
18 definitions were added and updated throughout the  
19 standards as necessary. The appendix as -- the appendix  
20 specifying rural, micropolitan, and metropolitan  
21 counties was removed.

22 In addition, if you recall, a charge from the  
23 2023-2024 Surgical Services SAC was to review how the  
24 excess Cardiac Cath maintenance volumes were utilized.  
25 It resulted in being passed to the 2024-2025 Cardiac

1 Cath SAC to review the provisions and definitions for  
2 Hybrid OR/Cardiac Cath labs and to allow Hybrid/OR  
3 Cardiac Cath labs in facilities other than those with  
4 Open Heart Surgery onsite, while ensuring safety  
5 measures are in place without Open Heart Surgery. Once  
6 language was determined from the Cardiac Cath SAC, it  
7 could then come back to the Surgical Service for  
8 updating as originally intended.

9 Cardiac Cath SAC provided language around the  
10 charge as approved for final action at the June 12,  
11 2025, CON Commission meeting. The language became  
12 effective in the Cardiac Cath review standards on August  
13 27th, 2025. Therefore, the language that was approved  
14 has been added to the Surgical Service draft being  
15 presented for proposed action today.

16 Proposed action from the Commission will  
17 require a motion, a second, and a vote to approve. The  
18 Commission's proposed action will move to -- will move  
19 the language to a public hearing and to the Joint  
20 Legislative Committee. A report and language for final  
21 action will be brought back to the CON Commission at the  
22 December meeting. Are there any questions?

23 DR. MILEWSKI: Do we have any public comment?

24 MS. STANTON: We do not.

25 DR. MILEWSKI: Thank you. I'll open it up for

1 Commission discussion. If there is none, then I will  
2 entertain a motion to proposed action on the language in  
3 front of you for the Surgical Site review standard and  
4 move that language forward to the JLC and public  
5 hearing.

6 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
7 Engelhardt-Kalbfleisch. Move that the Commission take  
8 the Surgical Service language forward for review for  
9 public hearing and to the Joint Legislator --  
10 Legislative Committee.

11 MS. GUIDO-ALLEN: Guido-Allen. Support.

12 DR. MILEWSKI: Thank you. Any further  
13 discussion? Okay. We'll go for a vote. Commissioner  
14 Velez?

15 MR. VELEZ: Yes.

16 DR. MILEWSKI: Commissioner Ferguson?

17 DR. FERGUSON: Support.

18 DR. MILEWSKI: Commissioner Gibson?

19 MR. GIBSON: Support.

20 DR. MILEWSKI: Commissioner Cheeseman?

21 MS. CHEESEMAN: Support.

22 DR. MILEWSKI: Commissioner Delano?

23 DR. DELANO: Support.

24 DR. MILEWSKI: Commissioner

25 Engelhardt-Kalbfleisch?

1 DR. ENGELHARDT-KALBFLEISCH: Support.

2 DR. MILEWSKI: Commissioner Salwin?

3 MR. SALWIN: Support.

4 DR. MILEWSKI: Commissioner Guido-Allen?

5 MS. GUIDO-ALLEN: Support.

6 DR. MILEWSKI: Commissioner Milewski. Support.

7 (Whereupon motion passed at 11:48 a.m.)

8 DR. MILEWSKI: Thank you. All right. We got  
9 through the rest of those. So very much appreciate  
10 everybody's work on that, so.

11 Our next item is election of officers. And I  
12 will turn it over to Tiffani for that discussion.

13 MS. STANTON: Thank you. Tiffani from the  
14 Department. So the commissioners will need to nominate  
15 a chair and vice chair. Whoever is nominated as vice  
16 chair and chair today cannot participate in the voting  
17 process for the respective position. Following the  
18 discussion, the Commission will need to make a motion,  
19 second and a vote to elect a chair and vice chair for  
20 the Commission. This will be part of our annual voting.

21 DR. FERGUSON: We're doing them one at a time  
22 or together?

23 MS. STANTON: We can do one at a time unless --  
24 yeah, probably better to do one at a time.

25 DR. ENGELHARDT-KALBFLEISCH: All right. Motion

1 to nominate Commissioner Milewski to the position of  
2 chair.

3 DR. FERGUSON: Second.

4 DR. MILEWSKI: I don't know if I run the roll  
5 call vote.

6 MS. STANTON: I -- I can do that. Commissioner  
7 Velez?

8 MR. VELEZ: Support; yes.

9 MS. STANTON: Ferguson?

10 DR. FERGUSON: Support.

11 MS. STANTON: Gibson?

12 MR. GIBSON: Support.

13 MS. STANTON: Cheeseman?

14 MS. CHEESEMAN: Support.

15 MS. STANTON: Delano?

16 DR. DELANO: Support.

17 MS. STANTON: Engelhardt-Kalbfleisch?

18 DR. ENGELHARDT-KALBFLEISCH: Support.

19 MS. STANTON: Salwin?

20 MR. SALWIN: Support.

21 MS. STANTON: Guido-Allen?

22 MS. GUIDO-ALLEN: Support.

23 MS. STANTON: And you have to abstain. So,  
24 yes, that would be motion carries.

25 (Whereupon motion passed at 11:49 a.m.)

1 DR. MILEWSKI: Thank you, I think. All right,  
2 Tiffani. So we want to also then take a motion for vice  
3 chair?

4 MS. STANTON: Correct.

5 DR. MILEWSKI: I'll let you handle that as  
6 well.

7 MS. STANTON: Yep.

8 MR. VELEZ: Commissioner Velez. I would like  
9 to make a motion to nominate the Commissioner Debra  
10 Guido-Allen for vice chair.

11 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
12 Engelhardt-Kalbfleisch. Second.

13 MS. STANTON: Velez?

14 MR. VELEZ: Yes; support.

15 MS. STANTON: Ferguson?

16 DR. FERGUSON: Support.

17 MS. STANTON: Gibson?

18 MR. GIBSON: Support.

19 MS. STANTON: Cheeseman?

20 MS. CHEESEMAN: Support.

21 MS. STANTON: Delano?

22 DR. DELANO: Support.

23 MS. STANTON: Engelhardt-Kalbfleisch?

24 DR. ENGELHARDT-KALBFLEISCH: Support.

25 MS. STANTON: Salwin?

1 MR. SALWIN: Support.

2 MS. STANTON: Milewski?

3 DR. MILEWSKI: Support.

4 MS. STANTON: That motion carries.

5 (Whereupon motion passed at 11:50 a.m.)

6 MS. STANTON: Thank you, everyone.

7 DR. MILEWSKI: Thank you, everyone.

8 Okay. Our next item is our legislative update  
9 and I'll turn to Justin for that.

10 MR. EASTER: Senate Bill 148 was introduced on  
11 March 13th. The intent of the bill is to allow an  
12 exemption for CT, PET, and MRI services from being  
13 required to obtain a Certificate of Need. This bill is  
14 still currently in the Health Policy with no movement.  
15 And then I want to give an update that Litho, MRI and  
16 Cardiac Cath have gone into effect. They've gotten  
17 their session days.

18 DR. MILEWSKI: Thank you. Any questions on  
19 that? Thank you, Justin.

20 Okay. I will -- we have our administrative  
21 updates next. I will turn it to Marcus.

22 MR. CONNOLLY: Hi. Marcus from the Department.  
23 The update we have mentioned earlier, we're going to  
24 finish up NICU, Nursing Home and CT by the end of this  
25 year. So if there's any questions or concerns, feel

1 free to reach out to myself or one of my team members.  
2 We will be more than happy to answer any questions for  
3 you pertaining to those work rules and SACs.

4 Also, another thing I would like to mention  
5 that if there's anything that you read in the binders  
6 prior to the meeting you have questions on, once again,  
7 feel free to reach out to my staff or I and we will be  
8 happy to walk through whatever questions you may have  
9 prior to the meeting to better understand. That will be  
10 it. Thank you.

11 DR. MILEWSKI: Thank you, Marcus. I will say  
12 that the Department is a wealth of information on this.  
13 So if you have questions, like Marcus said, please reach  
14 out. They've been amazing. So appreciate all the  
15 support.

16 We next have an update from Tulika on CON  
17 evaluation updates.

18 MS. BHATTACHARYA: Good morning. Good morning.  
19 This is Tulika. So there are two reports in your  
20 packet: The program activity reports and the compliance  
21 reports for the third quarter. I'm not going to go  
22 through all of the items. If you have any questions,  
23 I'm happy to answer on any of the items.

24 Also, just as an update, the Department is  
25 doing statewide compliance review for all Open Heart

1 Surgery services and PET Scanner services. We will  
2 bring the report back to the Commission once we have  
3 concluded our review. Thank you.

4 DR. MILEWSKI: Thank you, Tulika. I just want  
5 to thank Tulika and her team for great work. They  
6 respond very quickly and have demonstrated just a very  
7 high level of execution. So really appreciate that.  
8 Thank you.

9 Okay. Next up is our legal activity report and  
10 I'll turn it over to Carl.

11 MR. HAMMAKER: There's a report in your  
12 packets, but there's no ongoing litigation currently.  
13 So I'll keep you up to date if anything gets filed.

14 DR. MILEWSKI: Thank you so much. And next up,  
15 just any open public comment that we have?

16 MS. TUCKER: None at this time.

17 DR. MILEWSKI: Thank you. And then we have our  
18 review of our Commission work plan. And this is one  
19 that we do have to take action on and approve. So I'll  
20 turn it over to Tiffani.

21 MS. STANTON: Okay. Thank you. The work plan  
22 looks pretty much the same right now. This is showing a  
23 split year for the remainder of the year. We have the  
24 CT SAC, Nurse -- NICU and Nursing Home workgroups  
25 hopefully ending by the end of the year. Those will

1 plan to be presented in March apart from we're hoping to  
2 present NICU in December. And then we'll have -- open  
3 the public comment that is open for the six standards in  
4 October. So those will be brought to the January  
5 Commission meeting. And then we'll have more to update  
6 by the December/January meeting. So otherwise  
7 everything looks pretty much the same.

8 DR. MILEWSKI: And the Heart, Lung, Liver that  
9 we just executed on today --

10 MS. STANTON: Will be added.

11 DR. MILEWSKI: -- that will be added to this.  
12 Okay. Great.

13 MS. STANTON: Yes. Thank you.

14 DR. MILEWSKI: Thank you. Okay. So --

15 DR. FERGUSON: Can I ask a question?

16 DR. MILEWSKI: Uh-huh.

17 DR. FERGUSON: So understanding that there will  
18 be additional information coming this fall, at this  
19 point are there any topics that are so time sensitive  
20 that we should be changing this? I -- I -- I'm not  
21 saying that there is. I mean, it looks perfectly fine  
22 to me. I just don't know if there's anything out there  
23 that's, like, oh, yeah, we really need to make a pivot  
24 because something is critically time sensitive?

25 MS. STANTON: I don't think right now there is

1 anything. I mean, the Heart, Lung, Liver will be added  
2 in apart which is as presented due to motions today.  
3 But otherwise, there isn't anything we can really adjust  
4 as we're wrapping up the groups that were already agreed  
5 upon. So we'll see what comes in October to what may  
6 set for next year.

7 DR. MILEWSKI: Okay. Thank you. So I do need  
8 a motion on a work plan.

9 MS. GUIDO-ALLEN: Guido-Allen. Motion to  
10 approve the work plan as -- as presented.

11 DR. FERGUSON: Ferguson. Second.

12 MS. STANTON: With the addition of the Heart,  
13 Lung, Liver?

14 MS. GUIDO-ALLEN: With the -- yeah, with the  
15 addition of the Heart, Lung, Liver Transplant.

16 MS. STANTON: Thank you.

17 DR. MILEWSKI: Great. Any further discussion?  
18 All in favor?

19 ALL: Aye.

20 DR. MILEWSKI: Any against? Okay. The work  
21 plan passes. Thank you.

22 (Whereupon motion passed at 11:55 a.m.)

23 DR. MILEWSKI: Future meeting days are listed  
24 there for you for planned purposes. I always forget.  
25 Do we need a motion to approve the meeting dates?

1 MR. CONNOLLY: Yes. We need a motion to  
2 approve that as well.

3 DR. MILEWSKI: Okay. We do need a motion to  
4 approve our meeting dates.

5 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
6 Engelhardt-Kalbfleisch. Motion to approve the meeting  
7 dates as outlined.

8 DR. MILEWSKI: Thank you. Do I have a second?

9 MS. CHEESEMAN: Commissioner Cheeseman.  
10 Second.

11 DR. MILEWSKI: Thank you. Any discussion? All  
12 in favor?

13 ALL: Aye.

14 DR. MILEWSKI: Any against? Okay. Thank you.  
15 (Whereupon motion passed at 11:56 a.m.)

16 DR. MILEWSKI: And our last item is adjournment  
17 and I do need a motion for adjournment.

18 MS. GUIDO-ALLEN: Guido-Allen. Motion to  
19 adjourn.

20 DR. ENGELHARDT-KALBFLEISCH: Commissioner  
21 Engelhardt-Kalbfleisch. Second.

22 DR. MILEWSKI: Thank you. All in favor?

23 ALL: Aye.

24 DR. MILEWSKI: Any against? Great. Thank you,  
25 everyone.

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(Whereupon motion passed at 11:56 a.m.)

DR. MILEWSKI: Look forward to seeing you. Be careful driving for our December meeting. It's always a fun one as weather gets started in Michigan. Really appreciate everybody's participation today. Thank you.

(Proceedings concluded at 11:56 a.m.)

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CERTIFICATE OF RECORDER

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 108 pages, is a complete, true, and correct record of the testimony at the meeting on September 18th, 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 1st day of October 2025.

*Marcy A. Klingshirn*

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