MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEETING NOTICE

GROUP: Surgical Services (SS) Informal Workgroup

DATE: Thursday, May 14, 2026

TIME: 9:30 a.m. – 11:30 a.m.

A virtual meeting will be held via Zoom.

In advance of the meeting, members of the public may provide input on or ask questions related to any business that will come before the informal workgroup by sending an email to MDHHS-ConWebTeam@michigan.gov. Any comment or question received sufficiently in advance of the meeting will be presented to the members of the informal workgroup for their review and consideration.

Join from PC, Mac, Linux, iOS or Android:

Zoom Link

Or Telephone Dial:

USA 1-408-961-3928
USA 1-408-961-3929
USA (855) 758-1310 (US Toll Free)

Meeting ID: 814 3349 4926
Passcode: 285185

Note: Individuals who need auxiliary aids and/or assistance in programs and services of the Michigan Department of Health and Human Services are invited to make their needs known to MDHHS-ConWebTeam@michigan.gov.

Check the Certificate of Need (CON) Web Site for future posting of Agenda www.michigan.gov/con

TENTATIVE AGENDA

SURGICAL SERVICES INFORMAL WORKGROUP

Thursday, May 14, 2026
9:30 a.m. – 11:30 a.m.

Zoom Meeting Link

Telephone Dial:
(408) 961-3928 or (855) 758-1310
Meeting ID: 849 7898 5309

	Agenda topics	
I.	Call to Order	Dr. Jesse Selber, Chairperson
II.	Introduction of Members and Staff	
III.	Review of Agenda	
IV.	Review and Discussion of Charge 1	Allisyn Mattice, McLaren Health Care Scott Mango, MyMichigan Health
V.	Review and Discussion of Charge 2	Jen Vallier, MASA
VI.	Next Steps	Dr. Jesse Selber, Chairperson
VII.	Public Comment	Katherine Tucker, MDHHS
VIII.	Future Meeting Dates –June 18, 2026, July 16, 2026, August 13, 2026	Dr. Jesse Selber, Chairperson
IX.	Adjournment	
NOTE: There may be a 10-minute break at approximately 10:00 a.m.		

Be sure all cellular telephones are turned off or set to vibrate during meeting.

NOTES:

1) *To be included as part of the official record, the Informal Workgroup would appreciate brief and concise written copies of the oral testimony and/or other documentation/data pertaining to Public Comment items.*

2) *Public Comment for all items will be limited to three (3) minutes per item per speaker per organization with a maximum of ten (10) minutes if speaking on four (4) or more items. This time may be adjusted depending on the number of speakers.*

Rural Surgical Services
Charge 1

April 2026

Workgroup Meeting #1: April 28, 2026

Attendees

- Scott Mango: MyMichigan Health
- Matthew Winkler: MyMichigan Health
- Dana Thering: MyMichigan Health
- Jenny Groseclose: Munson Healthcare
- Karol Clason: Bronson Healthcare
- Tricia Wollam: Alliance Surgery Center
- Steven Szelag: UofM Health
- Jerin Philip: Corewell Health
- Allisyn Mattice: McLaren Health Care
- Ryan Burtka: Khoury Johnson Leavitt
- Carrie Linderoth: Kelley Cawthorne
- Dave Walker: McCall Hamilton

Discussion

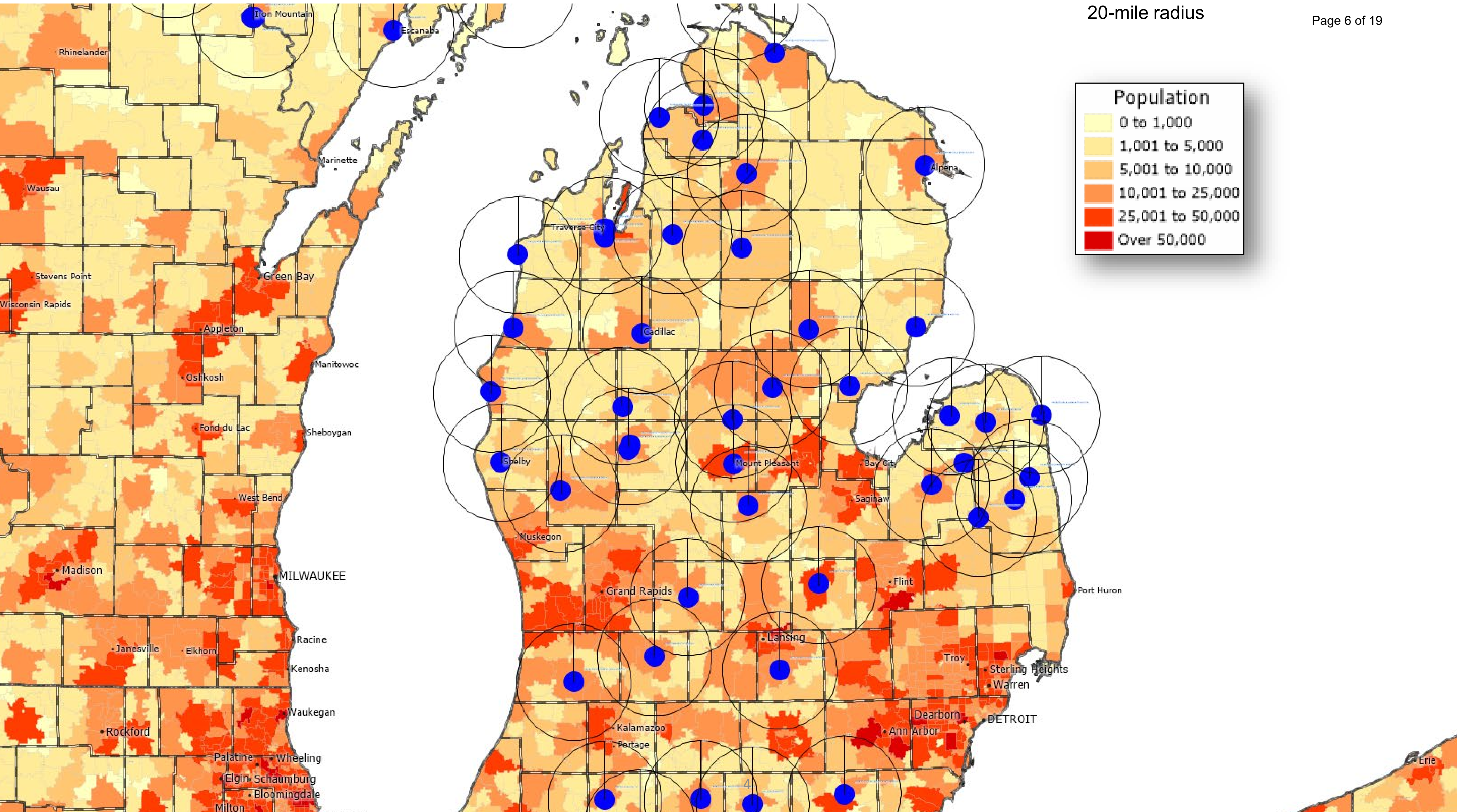
- Operational viability
- Staffing concerns

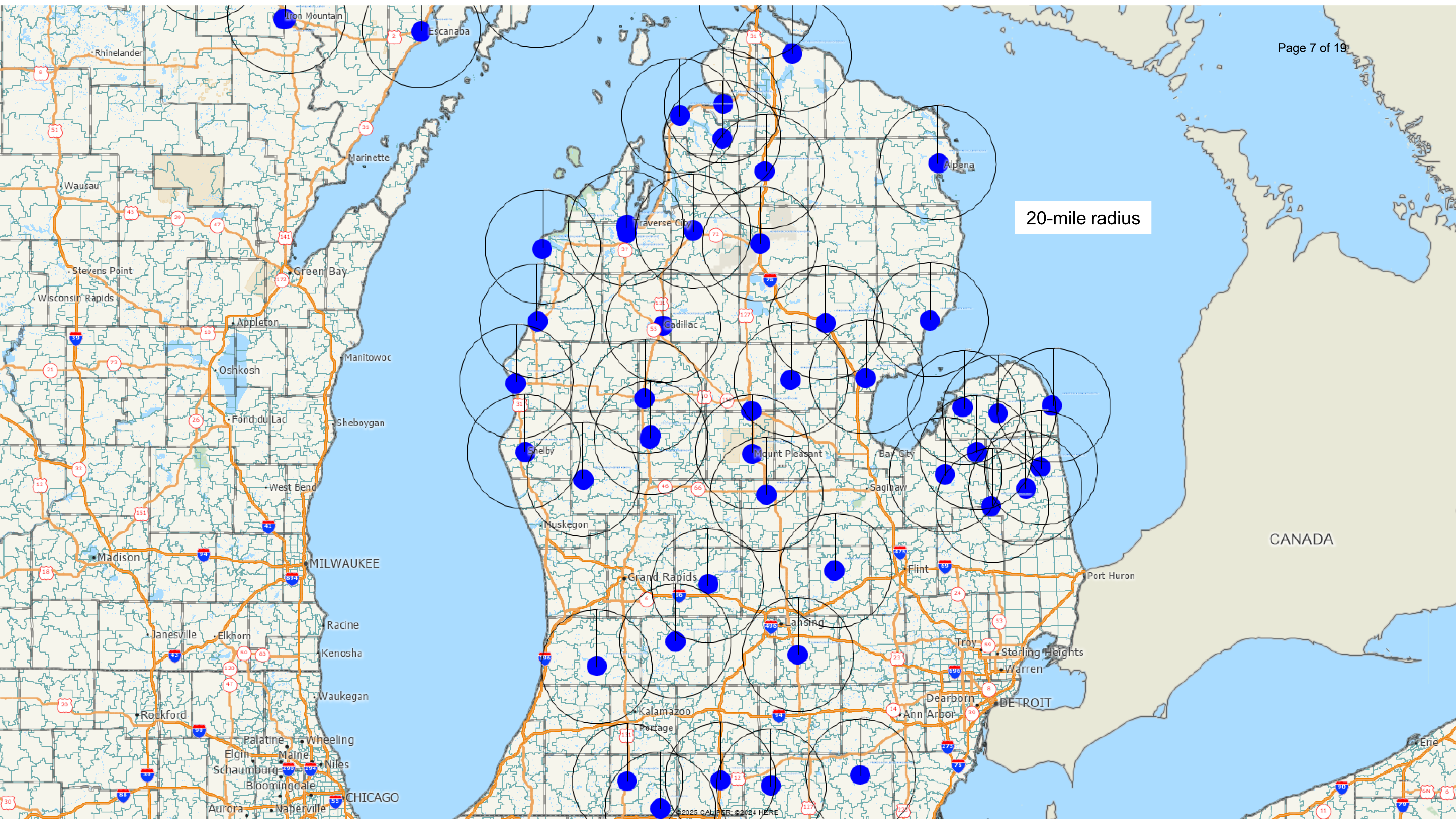
- Patient opportunity & financial interest
- Process for initiation does not change

- 75-mile radius covers almost the whole state
  - Consensus: 75-miles is not the right public policy
- Reviewed heat map slides of current 20-mile radius & 50-mile radius
  - Did not get to review Dr. Delamater's map

- Create new maps considering:
  - 35-mile radius
  - At least two rural hospitals within the mile distance
  - Creative Options that consider common parent or partnerships

20-mile radius




20-mile radius
Iron Mountain
Escanaba
Rhinelander
Marinette
Wausau
Alpena
Traverse City
Green Bay
Stevens Point
Wisconsin Rapids
Appleton
Cadillac
Manitowoc
Oshkosh
Fond du Lac
Sheboygan
Shelby
Mount Pleasant
Bay City
Saginaw
West Bend
Muskegon
CANADA
Madison
MILWAUKEE
Flint
Port Huron
Grand Rapids
Lansing
Racine
Janesville
Elkhorn
Kenosha
Troy
Sterling Heights
Warren
Waukegan
Dearborn
DETROIT
Rockford
Kalamazoo
Ann Arbor
Portage
Palatine
Wheeling
Elgin
Maine
Schaumburg
Niles
Bloomingdale
CHICAGO
Aurora
Naperville
Erie
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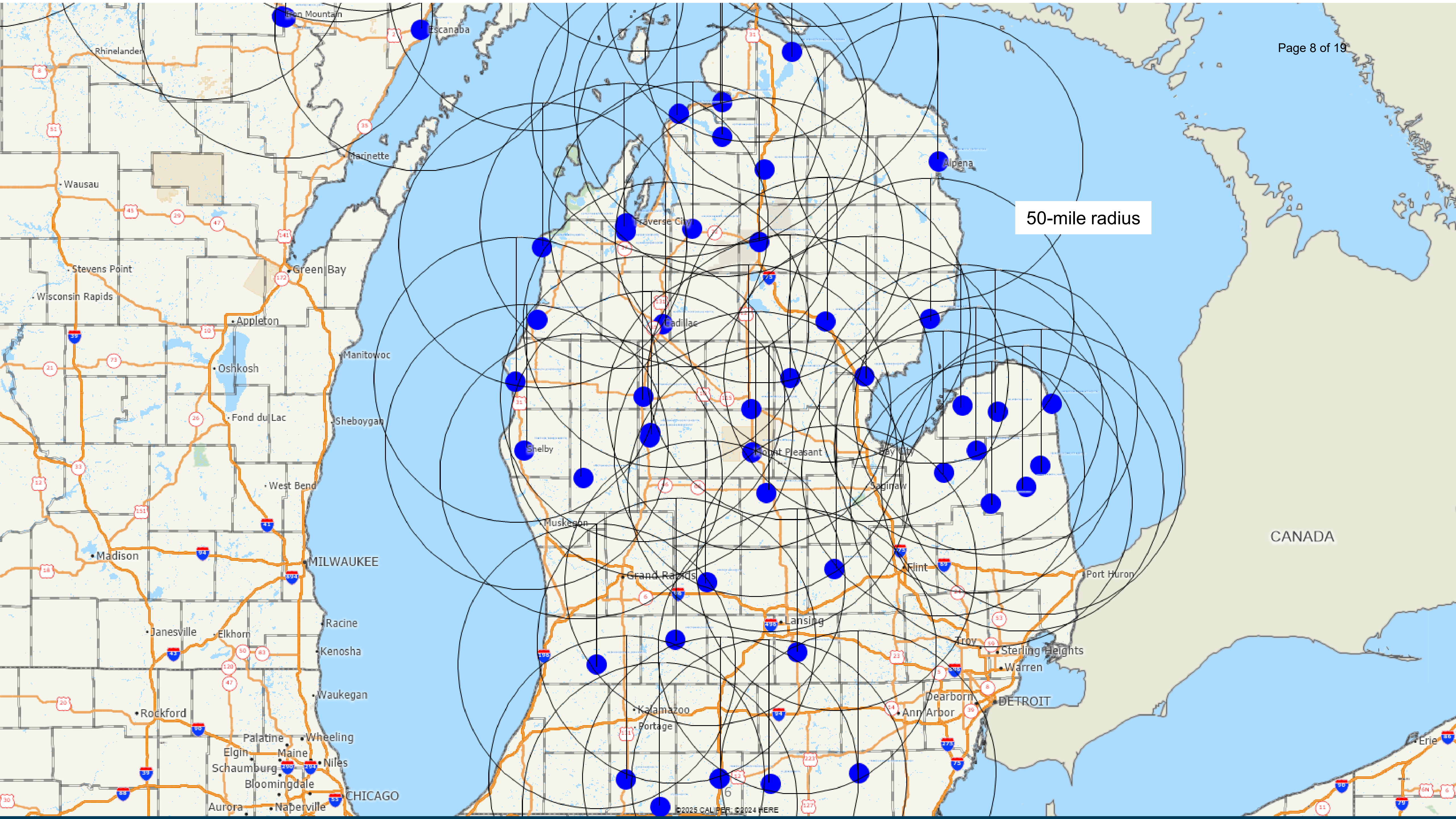

50-mile radius
Iron Mountain
Escanaba
Rhinelander
Marinette
Wausau
Alpena
Traverse City
Stevens Point
Green Bay
Wisconsin Rapids
Appleton
Cadillac
Manitowoc
Oshkosh
Fond du Lac
Sheboygan
Shelby
Mount Pleasant
Bay City
West Bend
Saginaw
Muskegon
CANADA
Madison
MILWAUKEE
Flint
Grand Rapids
Port Huron
Lansing
Racine
Janesville
Elkhorn
Kenosha
Troy
Sterling Heights
Warren
Waukegan
Dearborn
DETROIT
Kalamazoo
Ann Arbor
Rockford
Portage
Palatine
Wheeling
Erie
Elgin
Maine
Schaumburg
Niles
Bloomingdale
CHICAGO
Aurora
Naperville
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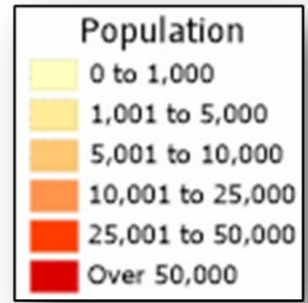

20 mile radius

COOK
KEWEENAW
HOUGHTON
ONTONAGON
BARAGA
MARQUETTE
Marquette
ALGER
LUCE
CHIPPEWA
Sault Ste. Marie
GOGEBIC
Ironwood
IRON
ASHLAND
VILAS
IRON
DICKINSON
Iron Mountain
FLORENCE
DELTA
Escanaba
SCHOOLCRAFT
MACKINAC
SAWYER
PRICE
ONEIDA
Rhinelander
FOREST
MENOMINEE
MARINETTE
RUSK
LINCOLN
LANGLADE
TAYLOR
MARATHON
Wausau
Weston
CLARK
MENOMINEE
SHAWANO
OCONTO
Marinette
DOOR
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CHEBOYGAN
PRESQUE ISLE
CHARLEVOIX
ANTRIM
OTSEGO
MONTMORENCY
ALPENA
GRAND TRAVERSE

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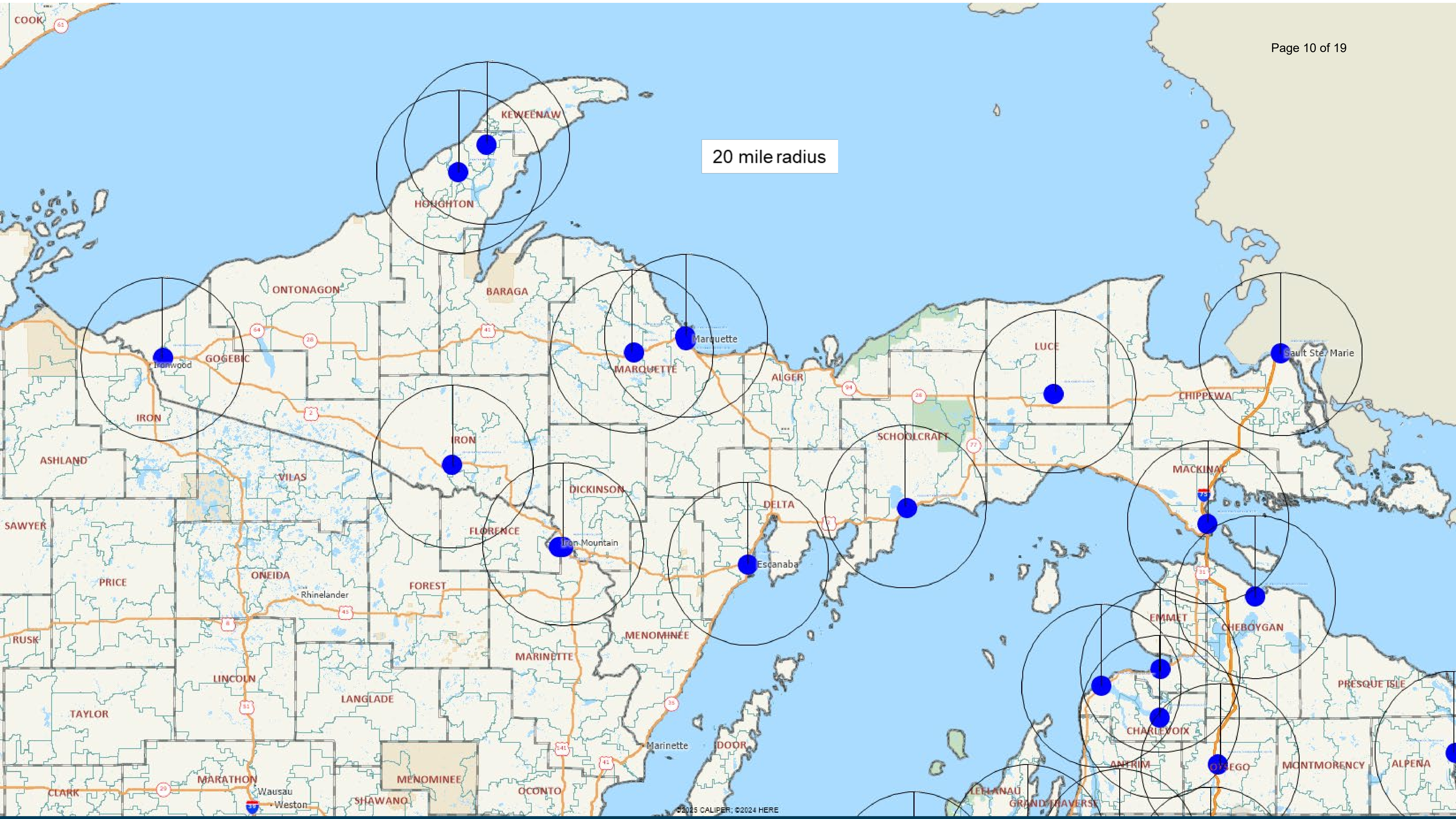

20 mile radius
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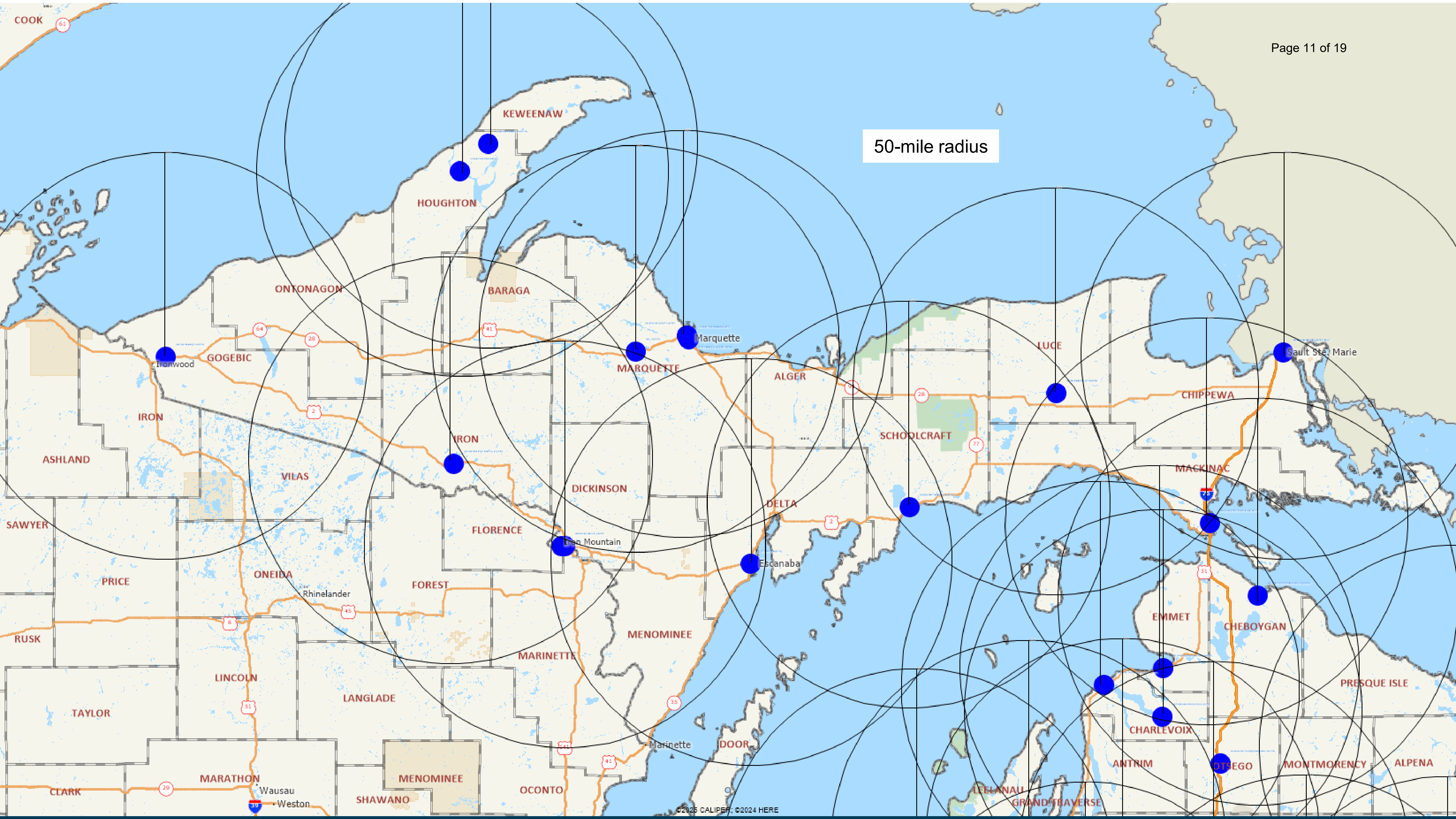

50-mile radius
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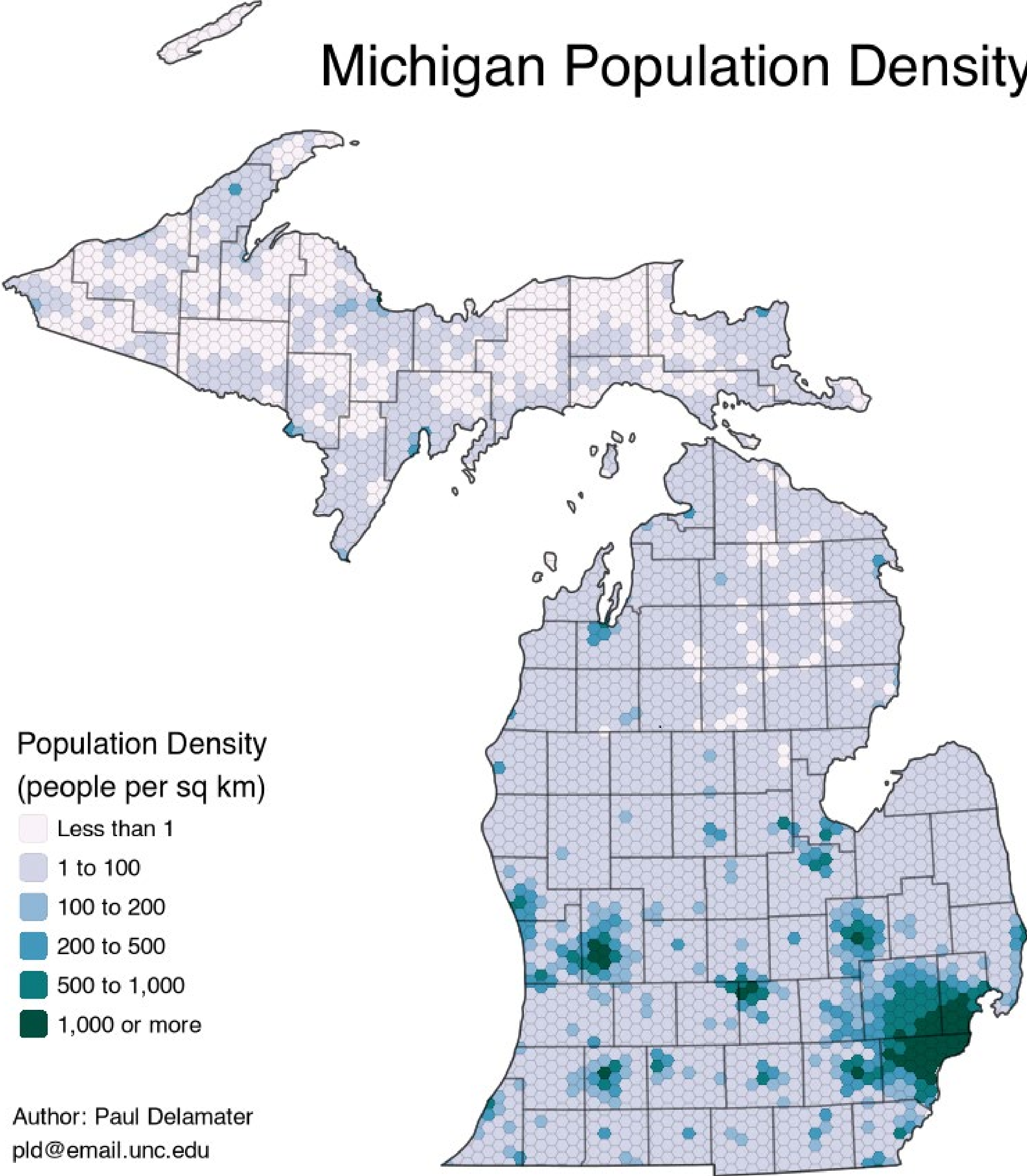

Dr. Delamater
2020 Consensus

MEETING MINUTES

SURGICAL SERVICES INFORMAL WORKGROUP 2026
SUBGROUP 2 – CHARGE 2
Remove language in Section 10(2)(iv) that can be restrictive for surgeons in an ASC.

Date & Time: April 24, 2026, 1:00 pm – 2:30 pm
(meeting commenced at approximately 1:04 pm; noted discrepancy between agenda and calendar invitation)
Location: Virtual Meeting via Teams

Call to Order:
The meeting was called to order, and participants were welcomed by J. Vallier at 1:04pm.

Roll Call: (Obtained via participant login to Teams Meeting)
Attendance included members of Subgroup 2, representing clinical, administrative, and regulatory perspectives. (Note: Some invited participants were unable to attend due to scheduling and communication issues.)

Name and Organization	Present	Absent
Cristen Brandsma, McLaren Health Care		X
Ryan Burtka, Michigan Ambulatory Surgical Association (MASA)	X	
Kimberly Klenk, Trinity Health Care	X	
Allisyn Mattice, McLaren Health Care		X
Scott Mango, MyMichigan Health	X	
Ryan Mix, Corewell Health		X
Jerin Philip, Corewell Health		X
Jesse Selber, Corewell Health, Informal Workgroup Chairperson		X
Katherine Tucker, Michigan Department of Health and Human Services		X
Jen Vallier, MASA, Subgroup 2 – Charge 2 Leader	X	
Dave Walker, McCall Hamilton	X	
Gary Webster, Corewell Health	X	
Matthew Winkler, MyMichigan Health	X	
Tricia Wollam, MASA	X	

Review of Agenda
The agenda was reviewed without modification. J. Vallier noted that supporting materials and regulatory references had been distributed in advance to facilitate discussion.

J. Vallier presented 4.23.26_Regulatory Summary Table.pdf outlining summary discussion items for the following:

Review State of Michigan Standards Related to Charge 2:
CON Standard – Section 10(2)(iv)

- The group reviewed the current CON requirement:
    - Requires physicians performing surgery in an ASC to have hospital admitting privileges or written arrangements for patient admission at a local hospital, and requires the ASC to maintain a procedure for immediate transfer capability to a hospital with inpatient capability within 30 minutes, or nearest appropriate hospital if not available
    - Inclusion of a formal transfer agreement
- Discussion highlighted that this standard:

  - Combines physician-specific requirements and facility-level transfer requirements
  - May be more prescriptive than other regulatory frameworks

Michigan Administrative Rules

- The following rules were reviewed:
  - R 325.45131 – Transfer policies and procedures
  - R 325.45153 – Emergency preparedness (including transfer agreements or other arrangements)
  - R 325.45155 – Communication plans
  - R 325.45221 – Transportation services
- Key Discussion Points:
  - These rules consistently focus on facility-level systems and processes
  - Transfer agreements are permitted but not prescriptive
  - No explicit requirement for physician hospital admitting privileges identified within these rules

Michigan Public Health Code

- Section 333.20171 – Rulemaking authority
- Section 333.20821 – ASC operational requirements
- Key Takeaway:
  - These statutes provide broad regulatory authority
  - No explicit requirement for physician admitting privileges was identified

Review of Federal Standards Related to Charge 2:

Current CMS Standards

- The group reviewed 42 CFR 416.41(b) and related guidance:
  - Key Requirements:
    - Effective procedure for immediate transfer
    - Transfer to the nearest appropriate local hospital
    - Required elements include:
      - Written policies and procedures
      - Staff readiness
      - Stabilizing care prior to transfer
      - Emergency transport arrangements
      - Communication with receiving hospital
      - Periodic written notice to hospital
    - No explicit requirements for the following were identified within these standards:
    - Formal transfer agreements
    - Physician hospital admitting privileges
- Additionally: 42 CFR 416.42 requires physician privileging at the ASC level, not hospital level

Historical Federal Context

- The group reviewed:
  - 2022 CMS guidance update
  - 2019 Final Rule (removal of transfer agreement requirement)
  - 2015 guidance
- Key Discussion Points:
  - Federal regulations have shifted toward process-based requirements

    - Emphasis is on patient safety through systems and coordination, rather than provider-specific requirements

Discussion Regarding Current Standard of Care (Key Themes Identified)

- Facility-Level Responsibility vs. Physician Requirement
    - Majority of transfers are:
        - Related to anesthesia or medical events
        - Not directly related to the operating surgeon
    - Transfers are typically initiated by clinical staff (often anesthesia)
- Role of Emergency Departments
    - Transferred patients are generally:
        - Received through the emergency department
        - Managed by the receiving hospital team
    - Admitting privileges of the ASC physician does not necessarily impact:
        - Timing of care
        - Admission process
- Continuity of Care Concerns
    - Some concern raised regarding:
        - Follow-up care by the operating physician
        - Continuity in post-operative complications
    - Discussion clarified, continuity may still occur through:
        - Physician communication
        - Practice-level coverage
        - Patient/physician preference
- Practical Application of Current Requirement
    - Examples shared indicating:
        - Transfer agreements were described by some members as functioning primarily as administrative requirements in practice
        - Admitting privileges may not impact actual transfer destination
    - In practice, patients are transferred based on:
        - Clinical need
        - Proximity
        - Specialty capability
        - Patient/physician preference
- Potential Duplication of Requirements
  The admitting privileges requirement was viewed by several members as:
    - Potentially duplicative of transfer agreement requirements
    - Not clearly tied to improved patient outcomes
- Operational and System Considerations
  Discussion included:
    - Rural vs. urban transfer dynamics
    - Health system alignment considerations
    - Potential for variability in transfer destination

The discussion highlighted a need for clearer differentiation between regulatory requirements and real-world operational practices within ASCs and hospital systems.

Open Discussion
Additional discussion focused on:

- Clarifying differences between:
  - Transfer agreements
  - Transfer procedures
  - Admitting privileges
- Need for clearer understanding of practical impact of each requirement
- Recognition that regulatory language may not fully reflect real-world operations.

A central question identified by the group was whether the physician admitting privileges requirement provides additional patient safety benefit beyond existing transfer procedures and regulatory safeguards.

Action Items:

- No formal recommendation was reached during this meeting
- Consensus that additional review and discussion is needed
- Agreed Actions:
  - Subgroup members will:
    - Review applicable regulations in more detail
    - Consider potential revisions to Section 10(2)(iv)
    - Develop and share proposed language or recommendations prior to next meeting
  - J. Vallier will:
    - Distribute regulatory summary table and materials
    - Send scheduling poll for next meeting
    - Compile submitted recommendations for group review

Next Steps

- Subgroup will:
  - Continue discussion via email
  - Reconvene prior to full Workgroup meeting
- Goal: Develop recommendation for presentation on May 14, 2026, Workgroup Meeting

Future Meeting Dates

- Subgroup 2 – TBD
- Full Workgroup:
  - May 14, 2026
  - June 18, 2026
  - July 16, 2026
  - August 13, 2026

Adjournment
The meeting was adjourned by unanimous decision at approximately 2:13 PM.

Informational Items
Documentation distributed with the agenda prior to the meeting:

State of Michigan Standards related to Charge 2:

- MDHHS CON Review Standards for Surgical Services - Section 10(2)(iv) (page 10 of 12)
- Michigan Administrative Rules – Licensing Health Facilities or Agencies

- R 325.45131 Discharge; transfer; policy; procedure; planning (Page 11)
- R 325.45153 Policies and Procedures for emergency preparedness (Page 16)
- R 325.45155 Communication Plan (Page 16)
- R 325.45221 Transportation Services (Page 27)

- Michigan Public Health Code (Excerpt) Act 368 of 1978, Article 17 Facilities and Agencies
  - Section 333.20171 - Rules implementing article; rules promulgated under MCL 333.21563; rules subject to MCL 554.917.
  - Section 333.20821 - Freestanding surgical outpatient facility; requirements.

Federal Standards related to Charge 2:
Current Standards:
State Operations Manual Appendix L

- Rev. 215, 07-21-23
- 416.41(b) Pages 42- 45

Historical Standards:

- Updated Guidance for Ambulatory Surgical Centers - Appendix L of the State Operations Manual (SOM) (Posting Date June 03, 2022)
  - (Rev. Advanced Copy May 2022)
  - 416.41(b) Standard: Hospitalization (pages 37 - 40 of 96)
- Federal Register / Vol. 84, No. 189 / Monday, September 30, 2019 / Rules and Regulations
- Revised Guidance Related to New & Revised Regulations for Hospitals, Ambulatory Surgical Centers (ASCs), Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) (Posting Date January 30, 2015)
  - 416.41 (b) Standard: Hospitalization (Page 25 – 29)

Regulatory Summary Table

Category	Regulation / Source	Citation	Key Requirement Summary	Relevance to Charge 2	Notes for Discussion
State – CON Standards	MDHHS CON Review Standards	Section 10(2)(iv)	Requires physicians performing surgery in an ASC to have **hospital admitting privileges or written arrangements** with other physicians for patient admissions at a local hospital; also requires the ASC to have a procedure for immediate transfer to a hospital with inpatient capability within **30 minutes**, or to the nearest appropriate hospital if not available, **including a formal transfer agreement.**	**Directly impacted** – provision under review.	Combines **provider requirement + facility transfer requirement**. Is both necessary?
State – Licensing Rules	Michigan Administrative Rules	R 325.45131	Requires ASC to have discharge and transfer policies and procedures, including coordination or arrangements with a hospital for patient transfer.	Focus on **facility responsibility**.	Process-based, not physician-based.
State – Licensing Rules	Michigan Administrative Rules	R 325.45153	Requires emergency preparedness policies; may include **transfer agreements or other arrangements** based on patient needs and services offered.	Supports transfer capability.	Allows flexibility—not prescriptive.
State – Licensing Rules	Michigan Administrative Rules	R 325.45155	Requires communication plan for emergencies.	Supports transfer coordination.	Reinforces system readiness.
State – Licensing Rules	Michigan Administrative Rules	R 325.45221	Governs transportation services for patient transfer.	Ensures safe transport.	Operational requirement.
State – Licensing Rules	Michigan Administrative Rules	R 325.45185	Requires credentialing and privileging policies for physicians by the ASC.	**Critical distinction**.	Privileges required—but at ASC level.
State – Public Health Code	Michigan Public Health Code	Section 333.20821	Establishes ASC operational requirements.	Broad authority.	No admitting privilege requirement.
State – Public Health Code	Michigan Public Health Code	Section 333.20171	Authorizes rulemaking.	Indirect relevance.	Framework only.
Federal – Current	Centers for Medicare & Medicaid Services SOM Appendix L	42 CFR 416.41(b)	Requires effective procedure for immediate transfer to the **nearest appropriate local hospital**, including policies, staff readiness, stabilizing care, transport, communication, and periodic written notice; **does not require transfer agreements or admitting privileges**.	Focus on **ASC system responsibility**.	Strong safety framework without provider requirement.
Federal – Current	CMS Conditions for Coverage	42 CFR 416.42	Requires physicians to have **clinical privileges granted by ASC governing body**.	Differentiates privilege types.	ASC privileging ≠ hospital privileges.

Category	Regulation / Source	Citation	Key Requirement Summary	Relevance to Charge 2	Notes for Discussion
Historical Regulations Related to Charge 2					
Federal – Historical (2022 Update)	CMS Appendix L (Advanced Copy)	416.41(b)	Reinforces requirement for effective transfer procedures and coordination; reflects transition away from reliance on formal transfer agreements.	Consistent with current standards.	Demonstrates continued shift toward process-based requirements.
Federal – Historical (2019 Final Rule)	Federal Register	416.41(b)	Clarified expectations for hospitalization and transfer processes; confirmed that formal transfer agreements are no longer required at the federal level.	Movement toward flexibility and modernization.	Supports argument for removing restrictive language.
Federal – Historical (2015 Guidance)	CMS Guidance	416.41(b)	Emphasized need for safe transfer and coordination with hospitals; preceded later regulatory shift away from formal transfer agreements.	No requirement for admitting privileges.	Demonstrates longstanding federal focus on transfer capability over privileges.