



**Testimony  
Blue Cross Blue Shield of Michigan/Blue Care Network  
Public Hearing  
July 30, 2008**

On behalf of Blue Cross Blue Shield of Michigan and Blue Care Network, I would like to thank the Commission for this opportunity to testify. BCBSM and BCN retain their commitment to providing access to cost-effective, high quality health care. We continue to support Certificate of Need to ensure the effective expenditure of health care dollars in Michigan.

Our comments are as follows:

**Bone Marrow Therapy Services:** The Blues support this proposed Standard language, it is our understanding that this language allows the Karmanos Cancer Institute to retain its federal designation, and thus its CON. We believe that this modification of the BMT standards represents a technical solution to support the retention of a highly regarded BMT program already in operation with a long history of service to residents throughout the state of Michigan.

**MRI Services:** BCSM/BCN strongly supports this proposed language, particularly the provision that allows for the use of intra-operative MRI units (IMRI) in the acute care setting. We believe that this new application of MRI technology improves patient safety and quality of health care and is the right thing to do for the well being of all our stakeholders.

BCBSM/BCN commends the CON Commissioners and MDCH staff for all their hard work in maintaining this strong, vibrant program that continues to assure high quality, appropriate use and valid research as well as preventing unnecessary costs for ALL of our stakeholders.

Good afternoon, my name is Sean Gehle and I am here today on behalf of the Michigan Health Ministries of Ascension Health. The Michigan Health Ministries of Ascension Health is supportive of language that would be incorporated into the current CON MRI standards to provide for a pilot program that would allow applicants to acquire a hospital based Intra-operative MRI unit.

IMRI offers the ability of surgeons to obtain a more accurate MRI scan during surgical and interventional procedures that can offer substantial benefit for the patient as it significantly reduces the additional risks associated with a second anesthetic and/or increased infection from re-operating through a fresh surgical site. We believe that this technology should be available to the residents of Michigan.

We are seeking one modification of the language as adopted by the CON Commission at its June meeting. We are concerned about a requirement in the currently proposed standards that would require that the proposed IMRI unit be located in an operating room. Other notable medical facilities around the country have successfully utilized an alternative configuration which utilizes a fixed IMRI unit in a room adjacent to the Operating Room. We believe one benefit of this configuration is in not bringing a very powerful magnet into the OR environment. We contend that this alternative configuration has not been shown to result in any significant additional risk to the patient and should be allowed for in this language.

We would suggest that the current language appearing in Section 11, Subsection 5 line 561 in the CON Review Standards for MRI Services which reads “The Proposed IMRI unit must be located in an Operating Room” be replaced with “The proposed Intra operative MRI unit must be located in an approved Operating Room or a diagnostic suite directly adjacent to an approved operating room with the capability of transferring the patient between the operating room and the diagnostic suite.”

Thank you for the opportunity to provide comment today. We would like to reserve the right to make additional comments within the written comment period if necessary.