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

COMMISSION MEETING

BEFORE JAMES FALAHEE, CHAIRPERSON

Via Zoom Video Conference

Thursday, September 17, 2020, 9:30 a.m.

COMMITTEE MEMBERS:	THOMAS MITTELBRUN, III, VICE CHAIRPERSON J. LINDSEY DOOD AMY ENGELHARDT, D.O. DEBRA GUIDO-ALLEN, R.N. ASHOK KONDUR, M.D. MELANIE LALONDE LORISSA MACALLISTER, PH.D. AMY MCKENZIE, M.D. MELISA J. OCA, M.D.
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Thursday, September 17, 2020 - 9:33 a.m.

MR. FALAHEE: I will as the chairman call the meeting to order. Welcome, everyone, to part two of our Zoom call meetings while we're doing Zooms instead of in-person. What I'd like to start off with as those of you on the call can see it and you probably know already, there's been a substantial change in the membership of the Commission. And what I'd like to do first is to thank the Commissioners whose terms are no longer in existence and that would be Denise Brooks-Williams, Robert Hughes, Stuart Wang, and Tressa Gardner. All four of them were -- were great Commissioners, served multiple years, they will be missed, their input, their candor, their humor. And we will miss them and we wish them well and we thank them for their service. Also leaving the table, if you will, is Carl Hammaker. I think, Carl, you might be on this call, but Carl has taken a new role within the Attorney General's Department where I believe, Carl, I'm going to get -- I may get this wrong, but you're in charge of the -- the fraud unit. So selfishly, I don't ever want to talk to Carl again. But I wish him well in the fraud unit and I hope he never talks to any of the hospitals or anybody else on this call. Carl, I thank you for all you've done for many, many years sitting to my right and dealing with many, many

issues.

With those people leaving, obviously there's people coming in and what I'd like to do is for those four new Commissioners and our new Assistant Attorney General to briefly introduce themselves to the rest of us. It doesn't have to be the same intro we gave last week to the Committee, but if -- if we could go through it? And let me start -- Commissioner Engelhardt, let me start with you because I know you've got audio and video now.

DR. ENGELHARDT: That's right. It's exciting.

MR. FALAHEE: So give a brief -- brief introduction. Thank you.

DR. ENGELHARDT: Sure. Good morning, everyone. I am Dr. Amy Engelhardt and I am currently the associate chief medical officer at Henry Ford Hospital in Detroit. I am originally from Mid-Michigan from the Bay City area, but I have resided in metro Detroit for almost 20 years now. I'm an internal medicine background hospitalist and I also have a background in utilization review and management, as well as a MBA. Thanks.

MR. FALAHEE: Thank you very much.

DR. ENGELHARDT: And I'm excited to be serving.

MR. FALAHEE: Great. Thank you. And I was kidding her about audio and video. We had some technical snafus last week during our Committee hearing. Next let's

go to Commissioner MacAllister.

DR. MACALLISTER: Hello. Sorry. Can you hear me okay?

MR. FALAHEE: Yup. You're fine.

DR. MACALLISTER: Awesome. So my name is Dr. Lorissa MacAllister. I reside in Grand Rapids, Michigan, and my company is in buy. I look forward to the opportunity to serve with the Commissioners. What else did you want us to talk, Chip, about?

MR. FALAHEE: That's -- that's enough. That's great.

DR. MACALLISTER: Excellent.

MR. FALAHEE: This is not a Committee hearing, so we're on your side.

DR. MACALLISTER: Whew.

MR. FALAHEE: Next, Commissioner Kondur?

DR. KONDUR: Good morning, everyone, and -- Ashok Kondur and I'm a interventional cardiologist. Started in the lead roles in (inaudible) system at the (inaudible). I'm chair of cardiology at Garden City Hospital, representing the big system as well as the small community hospitals. I reside in West Bloomfield for the past 15 years.

MR. FALAHEE: Thank you very much. And last, Commissioner Dimick, are you on the call yet? Okay. Maybe

not. When we see that he joins, I'll have him introduce himself. And then in Carl Hammaker's seat, if you will, Becky Berels. Becky, if you'd like to introduce yourself, please?

MS. BERELS: Good morning, everyone. This is Becky Berels. It's actually Rebecca. I say it's "Rebecca" to my mother and to the Court, so Becky is fine. I'm an assistant attorney general. I've been with the Department of Attorney General since 2018 and I'm happy to fill Carl's shoes. Hopefully I do him justice.

MR. FALAHEE: I'm sure you will. Thank you very much for joining us. So --

MS. ROGERS: Excuse me, Chip?

MR. FALAHEE: Yes.

MS. ROGERS: Before we move on? This is Brenda. Just to let you know, we did receive a e-mail from Commissioner Dood. He's also one that's trying to call in, so -- so they're still working on the situation.

MR. FALAHEE: Okay. But we clearly have a quorum, so that's why we'll proceed. The next item is the agenda. And I spoke to -- to Beth about this. If -- you've got the agenda on the screen in front of you. But on the -- what's the second page of our printed out agenda, there's an agenda item, you see it Roman Numeral XV, X-V. I'd like to take that public comment section agenda item and move it up to

become agenda item IX, I-X, which would be just before the review draft of the CON Commission Biennial Report. The reason I'd like to do that is two-fold. Number one, I never like to wait 'til the very end of the meeting to get public comment. I think while we're all fresh, if you will, and to be respectful of people's time that do want to make public comment under that agenda item, I'd like to move it up. I want to make sure it's in front of and comes before the review of he Commission Work Plan because sometimes what is said during public comment impacts the Commission Work Plan. And the second reason I'd like to do it is that I know there are people today, at least one and maybe more, that would like to make comments under that section. So with your permission, I'd like to move that item up to Roman Numeral IX. With that, does anybody have any questions about the proposed revised agenda? If not, I would entertain a motion to accept that revised agenda as presented.

MS. GUIDO-ALLEN: Commissioner Guido-Allen. Move to approve -- motion to approve agenda.

MR. FALAHEE: Thank you. Any seconds?

DR. MCKENZIE: Commissioner McKenzie, second.

MR. FALAHEE: Thank you very much.

DR. KONDUR: Commissioner Kondur, I accept.

MR. FALAHEE: Thank you. What I will do to save time like we did last time in our Zoom meeting is I will --

once we have a motion and a second, instead of saying who's in favor and going one by one by one, to speed it up I'll just say "is anyone opposed" and that way it will speed things up and we'll still have a record of approval. So we have a motion and a support to accept the revised agenda. Is anyone opposed to that motion? Hearing no opposition, that motion carries.

(Whereupon motion passed at 9:41 a.m.)

MR. FALAHEE: I will add that for the new Commissioners who have joined us, we recently went through last week a Committee hearing chaired by Senator Aric Nesbitt where it's an advise and consent, if you will, type of hearing. And the four new Commissioners and myself, all the current appointees appeared before Senator Nesbitt's Committee for two hours. And the difficulty for us was we did not see the senators who were asking us questions. So I -- I wasn't even sure who was there in the Committee room, but I thought everybody did very, very well. Thank you for going through that. Thank you for preparing for it. I will let you know that I was on the phone for about two and a half hours straight after that Committee call taking calls from people. One of those calls was from the chairman, Senator Nesbitt himself. He called me and he thought the Committee hearing went very well. He does not see any issues with anybody moving forward. There still is some

time on the clock for the Committee to take any action if they wanted, but you will remember and you'll note that there was no vote at the end of that Committee hearing. Usually if there is an issue with anybody that's been appointed, there is a vote and you'll note there wasn't a vote. So I think we're all in good shape. There's still time, but just so you all know that I did have a very good discussion with Chairman Nesbitt after that meeting. So with that, let's move on.

Any conflicts of interest? As I explained to the new Commissioners, when we go through the agenda we look at what's poten- -- what's on the agenda and then if there's any potential conflict of interest, to raise it usually before the meeting, but it obviously can happen right here at the meeting. Based on the agenda in front of us, do any of the Commissioners have any conflict of interest they wish to raise? Okay. Hearing none, we'll move on. And for the new Commissioners, if you have any questions of how we're going through this, you can -- you're welcome to ask me during the meeting or probably better after the meeting.

Next item is reviewing the minutes of June 18th. The minutes are before you and I would entertain a motion to accept the minutes as presented.

MR. MITTELBRUN: Motion to accept the minutes as presented. Mittelbrun.

MS. LALONDE: Lalonde. Second.

MR. FALAHEE: We have a motion and a second to approve the minutes as presented. Is anyone opposed to that motion? Okay. Hearing no opposition, minutes are approved.

(Whereupon motion passed at 9:44 a.m.)

MR. FALAHEE: Next item is the CT Scanner Services public hearing summary. And let me say this to people. Normally if we were together in person, as many of the veterans on this call know, if anyone would like to speak, they could submit a green card and they would submit that to Tania. What I'd like to do is instead of that, if you want to speak on an issue, in the chat box if you could send a private chat to Tania and me -- and, Tom, I'm going to add you to the list as well, Commissioner Mittelbrun -- so that between the three of us, one of us at least will notice if someone has an issue they want to talk about. And so that we don't get bombarded with chat messages, what I'd also ask is that if you want to speak on an issue, let's say you want to speak on the nursing home standards, don't send the chat yet. Please wait until we introduce that specific agenda item. So, for example, now on CT Scanner Services, if you want to chat about that, you can send a private message to, again, to myself, Tania Rodriguez and Commissioner Mittelbrun. All right? Okay. With that, Brenda as we always do and I've informed the new Commissioners how we

work it and you were on that orientation call as well, if you could summarize the issue before us and then we'll proceed from there? Thank you.

MS. ROGERS: Yes. Good morning, everyone. The CT Scanner Services are up for final action today. You took proposed action back at your June meeting. The Department held a public hearing back on July 30th. We received written testimony from three organizations all in support of the changes needed moving forward. So today the Department's recommending taking final action moving it on to the JLC and to the Governor for the 45-day review period without any further changes. Thank you.

MR. FALAHEE: Brenda, thank you. Before we open it up to potential comment -- I don't see any yet -- but does any -- do any of the Commissioners have any questions of Brenda or Beth or Tulika, anybody else? Any questions from the Commissioners? Okay. Hearing none, looking at my chat screen I do not see anyone that wishes to I'll still say submit a green card or blue card, whatever. So assuming there isn't anyone, let's move forward with Commission discussion. And for the sake of the new Commissioners, Brenda will always describe the issue before us. In this case, this is, if you will, the -- the end of the process for us usually is where it comes to final action. As you'll see in a few minutes, there are some of the items before us

that are proposed action. This is one for final action where it's already gone out for public comment and as Brenda noted, when it went out for public comment, the comments came back all in favor of the standards so now it's before us for final action. Are there any Commission questions amongst the Commissioners? Any Commission discussion? Any questions anybody has? Okay. Hearing none, I would entertain a motion on Commission final action, please.

MR. MITTELBRUN: This is Commissioner Mittelbrun. Based on the recommendations and the comments made during the public comment period, make a motion to move the matter forward to the Joint Legislative Committee and the Governor for the 45-day review.

MR. FALAHEE: And to approve the standards as presented obviously?

MR. MITTELBRUN: And, I'm sorry, approve the standards as presented.

MR. FALAHEE: That's fine. I knew what you meant. Is there support for that motion?

DR. MCKENZIE: McKenzie. I'll support.

MR. FALAHEE: Thank you.

MS. LALONDE: Lalonde. Second.

MR. FALAHEE: Any discussion of the motion before us? Hearing none, is anyone opposed to that motion? Hearing no opposition, that motion carries, the standards

are approved and the language will be forwarded to the Joint Legislative Committee and the Governor for the 45-day review period.

(Whereupon motion passed at 9:49 a.m.)

MR. FALAHEE: Brenda, did I miss anything? Did we miss anything on that one?

MS. ROGERS: No. This is Brenda. You got it. Thank you.

MR. FALAHEE: Okay. Thank you.

MS. NAGEL: Chip, this is Beth. I just wanted to announce that the audio issue that we had come across earlier where no one could call in has now been fixed.

MR. FALAHEE: Great. Thank you. So let me ask, Commissioner Dood, are you on the line? Maybe not. And then Commissioner Dimick, are you on the line? All right. Maybe later. Reminds me of the challenges we had last week during the Committee hearing. So let's move forward. The next item on the agenda, NICU work group. Brenda, do you want anything, add anything, or would you like us just to turf it over to our fellow Commissioner and the chair of the work group, Commissioner Oca?

MS. ROGERS: This is Brenda. I don't have anything at this point.

MR. FALAHEE: Okay. Fellow Commissioner?

DR. OCA: Yes, thank you.

MR. FALAHEE: Just turn -- turn it over to you. You're not subject to the three-minute limit. Get a special exemption.

DR. OCA: Okay. Thank you. Thank you. Can everyone hear me?

MR. FALAHEE: Yeah, we're good.

DR. OCA: Okay. Great. So let -- I'm going to see if I can share -- no? -- my contents. Tania and I were trying to -- I have just some slides that are easier to show than all the -- okay. Let me try now. Let's see. Try to get it on. One moment. Can you see that?

MR. FALAHEE: No, not yet.

DR. OCA: All right. Try it again.

MS. GUIDO-ALLEN: It says it's your iPad, but we don't see slides.

DR. OCA: Pardon me?

MS. GUIDO-ALLEN: It says it's your iPad, but we don't see slides.

DR. OCA: Okay. Let me try something else. Any other ideas, Tania?

MS. MELISSA REITZ: Dr. Oca?

DR. OCA: Yes.

MS. MELISSA REITZ: I don't know if you can hear me, but it might just be that you selected the wrong screen to share.

DR. OCA: Oh, okay. Should I -- what pops up is screen recording. Okay. Well, I don't want to waste time trying to do it. We can just chat instead. Let's see. Let me just try one more -- oh, maybe this is what I need to do. Hang on.

MR. FALAHEE: Hanging on. And while we're working on that, just so that the new Commissioners know, this is where there's -- this is for draft language that we're looking at. That assuming that we as the Commission approve the draft language, that will then go out for a public hearing and we'll talk about that at the end of this discussion. Just a heads up of how this is different from what we just approved.

DR. OCA: Okay. Just seeing if I can get my Google drive up for you. Oh, no, it wants to -- okay. That's not going to -- hang on. All right.

MR. FALAHEE: While we're waiting, if anybody does want to submit a "card" on this issue, you're welcome to send a chat to Tania, myself, and Commissioner Mittelbrun. There we go.

Dr. OCA: There. See that?

MR. FALAHEE: Got it. Thank you.

DR. OCA: Okay. All right. Let's see. So as Chairman Falahee said, this is the final report from the NICU work group. The work group met over the last nine out

of ten months, the majority being Zoom meetings. And I want to thank all of our partners and colleagues around the state as listed here (indicating) who really delved in with great passion and expertise to allow us to get to these final draft report. I especially want to thank Melissa Reitz from RWC Advocacy who took meticulous notes and provided us our minutes for each work group meeting and that was very much appreciated, as well as Jackie Smith from Children's Hospital who helped to develop the informal survey that we sent out to the special care nurseries around the state to help with conversation and discussion regarding high flow nasal cannula. So, again, thank you to all who participated.

We start with our first charge, "Should High Flow Nasal Cannula be included as an acceptable service for special care nursery." As I said, we conducted a very informal survey to assess its current use, complications and potential need for transfer of these patients to a higher level of care. Our results were that the overall trend is definitely an increasing use of high flow cannula across the special care nurseries without an increase in complications. And our complications for this case was the development of a collapsed lung or pneumothorax. So there were no increase in those complications despite increasing use of high flow. Of the patients that needed to be continued high flow for

greater than 24 hours, about 20 percent of those babies needed to be transferred out to a higher level of care. So our recommendation based on the survey and conversation, expertise of our neonatal colleagues around the state, the work group recommended that high flow nasal cannula should be included as an acceptable service for special care nursery.

Our second charge, "Should Neonatal Abstinence Syndrome be included as a accepted service for special care nurseries." As we all know, opioid use and its effect on newborns that require monitoring and treatment has greatly increased across both the state and the country. We have many well-born nurseries, level 1 nurseries, in our rural areas that are currently providing exceptional care for our NAS newborns and as a result, those babies are then not needed to transfer or separate from the mom. Again, after prolonged discussion from all of our colleagues, we felt that if we included language regarding services for Neonatal Abstinence Syndrome and special care nurseries, that would prohibit our well-born nurseries from continuing their excellent care, thus limiting access, separating mother and baby and incurring increasing health care costs. So our recommendation for charge 2 was to not include Neonatal Abstinence Syndrome as an accepted service for special care nursery.

Charge three, "To determine if telemedicine can be used as an acceptable replacement for on-site services." We know telemedicine is actively being used across the community, NICUs, for a number of years now both in our state and around the country, that helps to provide both neonatal and pediatric subspecialty cares for, and support for our infants needing cardiology, ophthalmology, surgery, and pediatric neurosurgery, which all four are considered on-site services in order to be able to have -- have a neonatal intensive care unit. We know that the use of telemedicine for subspecialty support is consistent with the AAP guidelines and published in 2012 for levels of neonatal care. We also, with conversation, discussed the importance of neonatal telemedicine to provide supportive services to both special care nurseries and well-born nurseries around our state in order to avoid maternal/infant separation and costly transfers. So the work group recommends that telemedicine as defined by the legislature is an acceptable replacement for on-site services.

Charge four was to discuss, "Occupancy requirements and high occupancy provisions for Neonatal Intensive Care Units." We had a subgroup formed to explore new high occupancy provisions that are more in line with other high occupancy standards and bed methodology for the hospitals, nursing home, and psych bed standards. It was

felt by the entire committee that the bed methodology language was very cumbersome and difficult at times to understand. The current bed methodology in order to expand services was also dependent on transfers from other NICUs and it did not provide for NICUs that are having current high delivery rates. So the subgroup, after great discussion and statistical analysis, provided us a new bed methodology that is more in line with bed methodology for our other high occupancy standards. It does not depend on transfers from other NICUs and it does provide for the NICUs with high delivery rates to expand appropriately. Therefore, the work group recommended that the existing NICU beds that are operating at a occupancy rate of 80 percent or above for the previous consecutive 24 months may be approved for additional beds using the bed methodology as defined in the NICU draft standards in section two to reduce the occupancy rate to 70 percent. And I should add and/or increase their beds by five beds.

Charge five, a "Minimum NICU size exception for rural or micropolitan counties." Our current standards require a minimum size of 15 NICU beds. With that in mind, again, a subgroup was formed to address potential modification of NICU size. They reviewed the national studies that are currently in our neonatal literature and find very strong correlation well known between the volume

and quality in NICU services. Studies also highlight regionalization of NICU services urging against proliferation of smaller units in attempt to increase access. There was no evidence around our state that supported any concern that there was an area that felt they did not have access to NICUs. So our subgroup committee concluded that 15 beds is an appropriate number to ensure quality of NICU service and financial sustainability. Therefore, the work group recommended that no exception would be made to a minimum size NICU for rural or micropolitan counties.

Our last two charges really were kind of combined together, basically looking at the overall definition of NICU services found in section two and potentially any other technical change or updates and/or modifications that would be consistent with other CON review standards. As throughout our nine months of conversation, the Committee felt it was really important to look at all of our definitions of both NIC- -- of all three NICU special care nurseries and level 1 well-born nursery services, and to make sure that they are in line with the AAP guidelines that were published in 2012's Levels of Neonatal Care. As I said, we had vigorous discussion on all aspects including the conversation revolving the use of CPAP or continuous positive airway pressure in special care nursery.

Upon review of our AAP guidelines and discussion and conversation, the work group felt that the guidelines did not really limit the use of CPAP time in a level 2 or special care nursery. Currently our standards did limit CPAP use to 24 hours. The time limit that is defined in the AAP guidelines is defined for provision of mechanical ventilation. CPAP while -- is -- is a non-invasive measures to provide ventilation and oxygenation to babies. So vigorous discussion was held on that as well as I discussed earlier, that we had the use of telemedicine to make sure not only it could provide consultative services on-site for NICUs, for cardiology, ophthalmology, pediatric surgery and neurosurgery, but it could also provide support for our special care nurseries to assist in stabilization and care of infants as well. And there is excellent literature support for that across the country, mostly coming out of Mayo Clinic who has really established an excellent telemedicine services for their rural level 1 nurseries.

So in summary of all of our recommendations based on the charges, we felt, number one, high flow nasal cannula is an accepted service for special care nurseries; continuous positive airway pressure is an accepted service for special care nursery without a time limit; Neonatal Abstinence Service Syndrome services are not defined or limited to any level of neonatal care; telemedicine as

defined by the legislature is an acceptable replacement for on-site consultative services and used to provide additional support to all levels of care for neonatal care; bed methodology is redefined for high occupancy provisions, and there is no exception given to a NICU minimum size for rural and micropolitan counties.

And with that, I open up the floor to any questions.

MR. FALAHEE: Well, first of all, thank you very much Commissioner Dr. Oca for leading this work group. Many months of discussions and many discussions. I -- I think it's great. The work is wonderful. I would open it up -- if we -- is there a way we could leave that last screen up? I just need the recommendations. I'm sorry. I should have said something earlier.

DR. OCA: Sorry.

MR. FALAHEE: It's all right. If not, don't worry about it.

DR. OCA: Okay.

MR. FALAHEE: If not, don't worry about it.

DR. OCA: Okay.

MR. FALAHEE: Does anybody have any questions about what you just heard?

MR. MITTELBRUN: This is Tom Mittelbrun. I do have one question, but it's mostly out of curiosity. As

somebody who enjoys his CPAP every evening, why was there a limit on the amount of time that it could be used? Just in (inaudible).

DR. OCA: Right. There was -- as you can imagine, there was great discussion over the last nine months regarding that. The CON last met, or I should say a NICU -- I don't know if it was a SAC or a informal work group last met --

MR. FALAHEE: Work group.

DR. OCA: -- work group, okay -- three years ago. Every three years the standards are reviewed. And my understanding -- I was not involved at that time, but my understanding was that the way the -- the interpretation of the guidelines -- and it isn't, it -- I will admit it's not exactly clear and the AAP guidelines tend to sometimes open that up for interpretation by medical physicians and -- and the experts. In the guidelines, it -- it was unclear in one area and seemed to be more stated clearly in verbal dis- -- and -- and written discussion of -- of the guidelines. I think the last group discussed it greatly and felt it was important at that time to keep or to interpret it as that there should be a time limit. This group, however, felt because of the way our special care nurseries have developed, they're all overseen by Board Certified neonatologists and they are staffed by either 24-hour nurse

practitioners and/or pediatricians and in some cases neonatologists depending on the unit. There has not been a great increase in -- which was a little information that we were able to garner out of our informal survey because we did ask about CPAP. There were not adverse complications, increased complications with the use of CPAP. And the work group felt at this time with continued oversight by the experts, the Board Certified neonatologists of our special care nurseries, that it would be reasonable to allow CPAP to not have a time limit.

MR. MITTELBRUN: Okay. Thank you.

MR. FALAHEE: Other -- other questions from the Commissioners? I've got a couple, but just other Commissioners? Okay. One of the questions I've got is on the NAS, Neonatal Abstinence Syndrome. It's sort of backwards the way it's written. Not -- not your fault. But by saying that it's not to be included for the special care nursery, in effect, it means it's more widely available.

DR. OCA: Correct.

MR. FALAHEE: That it can be done in other nurseries. Because correct me if I'm wrong, Melisa, but NICU and "special care nursery" are pretty much the same thing; right?

DR. OCA: No. Well, not really. The special care nursery is limited to the type of patient that they can care

for.

MR. FALAHEE: Okay.

DR. OCA: So those babies have to be greater than 1500 grams and greater -- and/or greater than 32 weeks in gestational age. Then depending on those infants, you know, those infants would be admitted into a special care nursery for various medical issues. Depending on the progress or escalation of support, then there are specific guidelines that then the special care nursery must transfer to a high level of care which is a level 3 and/or 4, depending on what the needs are. Our well-born nurseries are not under standards from the -- or defined rules and regulations. So if anything is placed in either the definition or standards of care amongst level 3, a NICU, with the next lower level being a special care nursery, and then the lowest level of care for the relative -- for the well babies in level 1, if anything is placed in any other of those standards of definitions of care, it precludes the lower nursery from providing that service. So by not including any draft addressing Neonatal Abstinence Syndrome, it allows all of the nurseries to be able to provide care. And I will add the majority of Neonatal Abstinence Syndrome babies are cared for on regular pediatric floors or the normal nursery, are now longer needing special care nursery nor a -- very rarely an NICU because there's a movement for new type of

intervention called Eat Sleep Console, which is a non-medical intervention which has proven to be very, very effective in treating these babies. And it's -- and it's based on maternal and baby co-habitating in the room together with the -- with the parents providing the support for the baby by feeding them, consoling them by holding them, and allowing them to sleep.

MR. FALAHEE: Thank you. That explained it very well. Part of the reason I asked was when we were in the Committee hearing last week, we received several questions about being sensitive to the non-metropolitan areas, the rural areas.

DR. OCA: Correct.

MR. FALAHEE: And by -- by this, as you know, many infants born in rural areas they're getting the necessary care now and this proposal would continue that that could happen still in their rural area.

DR. OCA: Absolutely; absolutely.

MR. FALAHEE: And then the last question I had, telemedicine, any of us in health care know that the last eight months -- seems like eight years sometimes -- telemedicine has exploded, patients love it, providers love it. I just noted that the work group talked about telemedicine as defined by the legislature. I don't know what the legislature defines it as. Beth or Brenda, I'm not

sure if you know? Should we rely on that definition? What if it doesn't keep pace with what's the most recent technology? I'm just throwing that out to the group.

MS. ROGERS: Yeah, Chip, this is Brenda. If you look at the draft language, the definition of telemedicine that's included, it comes from what the legislature approved just here in the last few months. So it's pretty much verbatim. I think it's broad enough. I think the group felt it covered it as well, so that's -- that's the route we went. So that's the length -- the draft language does utilize the telemedicine definition approved by the legislature.

MR. FALAHEE: Yeah. And reading that it, it's not limiting, so -- I mean, there are a few limitations, but they're not problematic.

MS. ROGERS: Right.

MR. FALAHEE: So I'm just making sure everyone is comfortable with that. Okay. Other questions, please, from the Commissioners? And just a heads up, I don't see anybody that wants to "submit a card" via chat. So any other questions? Okay. Again, thanks so much for the entire workgroup and for leading it, Commissioner Oca. That was -- that was terrific. Appreciate it very much.

DR. OCA: Thank you.

MR. FALAHEE: As the father of someone who was in

the NICU many, many years ago, thank you very much.

DR. OCA: You're welcome.

MR. FALAHEE: Let's move on then. We've had our Commission discussion. Brenda, if you want to summarize the potential Commission action, then we could call for a motion on the floor.

MS. ROGERS: Yeah. So at this time you -- what you would need is a motion to take proposed action and move it forward to public hearing and to the Joint Legislative Committee. And should you do that, then the Department will schedule the public hearing on behalf of the Commission and the language will brought along with any testimony received to you at your September Commission meeting.

MR. FALAHEE: Thank you, Brenda. With that, I would entertain any motion from the Commissioners.

MR. MITTELBRUN: Commissioner Mittelbrun. I'll make the motion to move the draft language forward to public hearing and to the JLC.

MR. FALAHEE: Thank you, Tom. Is there support for that motion?

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

MR. FALAHEE: Thank you very much. So we have a motion and support. Any questions about that motion? Then I will ask is anyone opposed to that motion, please? Hearing no one and seeing no one waving their hand

hysterically, the motion approves -- is approved, and it will move forward for public hearing and to the JLC. Thank you very much for all the work on this. It's terrific.

(Whereupon motion passed at 10:17 a.m.)

MR. FALAHEE: Moving on to the next agenda item, I shorted out -- I see Don Haney's on the phone -- the Nursing Home SAC. Hi, Don. Brenda, would you like to describe where we're at and then, Mr. Haney, I'm going to turn it over to you if you'd like to add any remarks as well. Brenda?

MS. ROGERS: Yeah, this is Brenda. So, again, just like NICU, this language is be -- and final report is being brought to you the first time. Mr. Haney will be providing that report and presenting the language. And should the Commission at the end of all of this decide to accept the proposal, then you would take proposed action and moving it forward for public hearing and to the Joint Legislative Committee.

MR. FALAHEE: Thank you, Brenda. And welcome, Mr. Haney, welcome, Don. Thanks for being here. Thanks. Again, like I said earlier, having been on a few SACs in my day, it's a lot of work and as the chair it's even more work. So I appreciate all the effort you've put into it. And I'll turn it over to you. You have the floor and you, too, are not subject to the three-minute limit.

DONALD HANEY

MR. DONALD HANEY: Thank you. First, I'd like to thank you, Chairman Falahee, for the opportunity to serve on the SAC and to serve as the SAC chair. It was a lot of work, but it was very rewarding work at the same time and we did have a subcommittee that worked very, very hard as well and put a lot of effort in, and -- and I want to thank them and the entire Committee for their, for their efforts, as well as the Department and Dr. Paul Delamater for their efforts. A tremendous amount of work went into this.

We did look at all of the charges, all six charges, and did come up with a recommendation for a new bed need methodology. You have my report there which summarizes it very well. There's also a spreadsheet from Dr. Delamater that kind of highlights what the change in the bed need would be if -- if adopted and how it would impact the different planning regions, the health service areas and so you have that information as well. The nice thing about this methodology is it does keep in place the four age groups: The current bed need methodology segments of the four age groups, the existing planning area, geographic boundaries and the data derived from the CON annual survey. And it's a five-year prediction planning area, on average daily census factor of 90 percent. So it does factor in utilization as well as predicted population changes. That

was charge 1.

And charge 2 is whether or not adequate access exists. We do find that there is an issue with access for certain specialty needs, however, it is not the result of bed calculation methodology and not something that the -- the SAC could really address and so that that might be something that while we recognize that there is an, there might be some issues there, it really was not within the purview -- or those issues were not within the purview of the SAC to come up with a recommendation for.

Charge 3 was the specialty population beds. The SAC reviewed the special population groups, the four pools of spinal cord, behavioral patients, ventilator dependent patients, and bariatric. And, again, there were no changes recommended by the SAC Committee for those specialty bed populations.

And then the charge 4 we did not support to bring forward any language, but we do recommend that this gets addressed again perhaps the next time there's a SAC formed for nursing home bed needs to take a look at it that time.

And then charges 5 and 6, the language changes have been thoroughly reviewed and are there and highlighted for you and have been reviewed I understand by legal counsel and by the Department and we're comfortable with those recommendations as well. So I guess with that I'll open it

up for any questions.

MR. FALAHEE: Thanks, Mr. Haney. And thanks to -- thank Frank as well as the co-chair or vice chair because that's also -- can be a lot of work as well. Any questions from the Commissioners on -- on what was presented just now? While you're thinking about it, I'll -- I'll ask one question and as of right now, I don't see any people that want to submit a card via chat, so if you do, let me know. I want to talk about the minimum occupancy requirements, Mr. Haney. You said that it wasn't supported by the SAC. Can you help me understand the discussion that took place on that topic?

MR. DONALD HANEY: There was a lot of conversation about that, both at the -- at the Committee meeting as well as in the subgroup meeting. And I think at this time that the Department felt that there was -- would be some benefit to standardizing that minimum occupancy requirement across the different areas but there was such complexity, particularly because of the pandemic and what had happened in a very short period of time with nursing home occupancy due to the pandemic, that it kind of highlighted some of the concerns about whether that was appropriate or not to -- to take a look at at this time. So I think, you know, that was one of the main factors that we looked at when we decided that this was probably something that we should defer to --

to the next -- next SAC Committee for the Nursing Home bed needs.

MR. FALAHEE: And I'll -- I'll point out as -- as we pointed out to the senate committee last week, the standards are on a three-year cycle, but that doesn't mean we have to wait three years as a Commission if we see issues arise. So if whatever happens once we're out of the pandemic or whatever, whatever impact if any that has on nursing home, if that creates an issue or if it's brought forward to the Commission, we as the Commission can deal with it then. We can also wait for the three years and just put it as -- leave it as part of the regular cycle. So the options are out there. I just wanted people to know that and thanks, Don, for filling out -- filling me in on the discussion there. Thank you.

Other questions from the Commissioners? See, it's such a great report they don't want to ask any questions. And let me turf it, Brenda, back to you just to summarize once again the potential action that could be taken by the Commission at this time now that we've concluded Commission discussion. And I don't see any public comment. I see that -- I'll note that Pat -- Pat Anderson from HCAM, would support the recommendations of the SAC. Brenda?

MS. ROGERS: Okay. So, again, as I stated earlier, your option is to accept the language and report as

presented by taking proposed action and moving it forward to public hearing and then to the Joint Legislative Committee.

MR. FALAHEE: Thank you, Brenda. I will entertain a motion, please.

MS. LALONDE: This is Commissioner Lalonde. I do take proposed -- the proposed action to take the recommended language to public hearing and to the Joint Legislative Committee.

MR. FALAHEE: Is there support for that motion?

DR. KONDUR: Agree.

MR. FALAHEE: Okay. We have a motion and support. Any questions or any discussion about that motion? Hearing none, is anyone opposed to the motion? Hearing no opposition, the motion carries.

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

MR. FALAHEE: Okay. Now we'll next, we'll next then move on to the revised agenda and we'll do the public comment that was going to be agenda item Roman numeral XV, we'll move it to Roman numeral IX. And I know you've all seen the letter that was addressed to me as the chairman. As the Commissioners know, that often the chairman and the vice chairman and the members of the Department receive these letters. We get them out to you. Mr. Casalou -- full disclosure -- and I are good friends. Served on the MHA board together for years. Mr. Casalou just left the MHA

board. We stay in close contact. And Mr. Casalou headed up one of the prior Hospital Bed SACs so he understands the issue well. And he sent me the letter that you see on your screen in front of you and it's self -- self-evident what it says. I see that Sean Gehle is on the call. Sean, did you want to make any comments about this? Are you wishing to "submit" a card? I see you nodding yes.

MR. SEAN GEHLE: I am. And I would like to make comments if I can, Mr. Chairman. And I do know that I am subject to the three-minute limit. I do have an unstable Internet connection, so I'm hoping I don't lose you.

SEAN GEHLE

MR. SEAN GEHLE: Thank you very much for your attention and members of the CON Commission for the opportunity to come before you on behalf of Trinity Health Michigan. As the Chairman mentioned, there's a packet -- there's a letter in your packet from Rob Casalou, president and CEO of Trinity Health Michigan in the southeast region requesting an additional charge be added to the Hospital Bed Standard Advisory Committee to review the current definition of replacement zone in the standards.

Based on our research, we found out that more than half of Michigan's counties rely on a single general acute care hospital providing 24/7 emergency services. Because many of these hospitals were built decades ago and

populations have shifted, as many as 20 of these hospitals are no longer located within the most populous municipality of the county. We are concerned that the current replacement zone definition which is based on mileage rather than population may not provide these essential hospitals enough latitude to locate closer to their county's population center. We're asking that the SAC review this data and consider whether changes to the replacement zone are warranted to better serve the people of these unique counties.

I just want to emphasize that if you agree to add this issue to the charge, you would just be allowing the SAC to consider this issue, not whether or not to change this language. A case would have to be made in the SAC to make changes to the current language. We just would like the opportunity to share our research on this question with the SAC and we're hoping you can support adding the additional charge just for discussion within the SAC's charge.

MR. FALAHEE: Thank you. Thank you, Sean. Does anyone have any questions for Mr. Gehle about what he just commented on and the letter that's in front of us? And he's exactly right, but, Sean, I'll sum it up and if I get it wrong, say something. What they're proposing is potentially adding a charge to the SAC. As the current Commissioners know, the new Commissioners, the way we work it when a SAC

is formed, often the Commission authorizes the vice chair and the chair to work with the Department to establish the specific charges for each SAC and that's what was done here and in our packet are the current charges for the SAC. And as Mr. Gehle said, just because something is added as a charge doesn't mean it's a given that it's going to happen. So what -- what the request is, is that this topic be added as a charge to the hospital bed SAC. Did I summarize that correctly, Mr. Gehle?

MR. SEAN GEHLE: Thank you.

MR. FALAHEE: Thanks, Sean. Any questions from the Commissioners? Okay. Thank you. I see a note from Bret Jackson from Economic Alliance of Michigan, interested in providing public comment. Bret, is it about this issue or a separate issue?

MR. BRET JACKSON: It is about the Hospital Bed SAC.

MR. DOOD: Okay. Then go ahead, please.

BRET JACKSON

MR. BRET JACKSON: Well, good morning, everybody. My name is Bret Jackson. I'm president of the Economic Alliance for Michigan. And because there's a number of new Commissioners, I'll just briefly talk about the organization. We are a business and labor coalition that works to provide the purchaser and consumer perspective to

issues in health care, whether it's through the legislature, Certificate of Need, working with different provider groups. We're representing the people who pay for health care and who are receiving health care. And so we support Michigan Certificate of Need program not because of any philosophical or theoretical reasons, but because the data has shown time and time again to us that Michigan benefits from having the program and I'd be happy to give some examples if -- if asked.

As in regards to the Hospital Bed SAC, you know, Michigan just went through an extraordinary time as did the rest of the country and Michigan Certificate of Need program had to for the first time that I can recall, had to make a number of emergency CON applications and work very quickly to adapt to the -- the needs of the patients of Michigan, you know, the surge of patients because of the coronavirus. And I would like the Hospital Bed SAC to review the actions of the Department and the rules on how they applied in that situation through the spring and, you know, give a report on how things went, if there are any recommendations for -- for changes either to the standards or to the statute. So that would be my request, to be added to the charge of the Hospital Bed SAC.

MR. FALAHEE: Okay. Thank -- thank you, Mr. Jackson. So you don't have any specific comments about the

request from Mr. Gehle; correct?

MR. BRET JACKSON: We would support that.

MR. FALAHEE: Okay. Thank you. So we have in front of us -- first of all, any questions of Mr. Jackson from the Commissioners? Okay. Thank you. And as -- as you who were on the prior call in June know that back then I commented about how the Department, Tulika and her team and the licensing area through Larry Horvath and his team, did yeoman's work very fast, seven days a week, many, many hours a day to respond to the needs of hospitals, particularly those in southeast Michigan.

So -- so as I see it, what we have is a request for two charges to be added to the Hospital Bed SAC. Keep in mind that SAC has not even been formed yet so we're early, early in the process and we don't have a final list of nominees, so it's -- it's timely to look at it. One option is that the Commissioners could approve these charges right now or the other option is the Commissioners could instruct myself as chairman and Commissioner Mittelbrun as the vice chair to work with the Department to develop appropriate wording for those two specific charges that Mr. Gehle and Mr. Jackson talked about. I think either one works. I would -- I would hope that we -- I would encourage the Commission maybe to instruct the chair and vice chair to work with the Department. I think that's the best way

because then we can come up with the appropriate wording on how to word what we want the charge to be. Any discussion? Okay. Any motion that any of the Commissioners would choose to make about these potential additional charges?

DR. MCKENZIE: This is Commissioner McKenzie. I would ask that the two charges from Mr. Casalou as well as the additional charge from EAM are taken up by the chair and the vice chair to work with the Department to develop the language related to adding these charges to the SAC. Hopefully I said that right, Chip.

MR. FALAHEE: Commissioner McKenzie said it better than I could, so thank you. Is there support for that motion?

DR. KONDUR: Chip, I -- I think charges are valid and I recommend Commissioner McKenzie proposed chair and vice chair work with the Health Service Department, agreed.

MR. FALAHEE: Thank you very much for that second. All right. Any discussion amongst the Commissioners about the proposed motion? Okay. Thank you. Any objection to that motion that's on the floor before us? Hearing no objection then, pursuant to the motion, Commissioner Mittelbrun and I will work with the Department to develop appropriate language to add those two charges.

(Whereupon motion passed at 10:36 a.m.)

MR. FALAHEE: Mr. Gehle, if you can get ahold of

Mr. Casalou and let him know? And we will work on it so we will now have six charges for that Hospital Bed SAC. And while we're talking about that SAC, I would selfishly say if any hospitals on this call would like their representative to be on the SAC, let your name be known and submit the nomination, please. Thank you.

With that, unless I'm wrong, and Brenda correct me, we can move on to the next agenda item which is now back on our agenda which is the review the Draft of the Biennial Report to the Joint Legislative Committee.

MS. ROGERS: I'm sorry, Chip. This is Brenda. And maybe I just missed it. Did you actually call for, ask for the vote?

MR. FALAHEE: I asked if anyone objected, there were no objections.

MS. ROGERS: Okay. Okay. I just missed it. Thank you.

MR. FALAHEE: Thank you. So now I think, Brenda, the ball is in your court regarding the Commission -- the report to the JLC.

MS. ROGERS: Okay. Yeah. So as you know by statute the Commission is required to -- or every two years to provide a report to the Joint Legislative Committee. So what you have in your packet today is a draft of that letter. And so we are providing it today with the hope that

if there's anything else you would like added to this letter, that you can do a final approval at your December Commission meeting. This is required. We need to have this submitted to the JLC by January 1st of 2021. So typically we try to provide the draft in September and finalize it in December for submission. So we have shared this previously with the chair and vice chair. They were both supportive of the current draft. But, again, this is the time if the Commission either today and/or at the December meeting wants to make any changes, additions or deletions to it. Thank you.

MR. FALAHEE: Thank you, Brenda. For the Commissioners, yes, Commissioner Mittelbrun and I looked at it and approved it. Brenda and the Department did a very good job of putting it together. However, I would encourage every Commissioner to look at it, go through it with a fine-toothed comb because number one, some legislators weren't aware there was a Joint Legislative Committee; number two, they weren't aware that they were even on the Joint Legislative Committee; and the renewed emphasis on CON and the renew -- or the new sort of microscope that it's under, I guarantee you that what gets submitted to the JLC members will be reviewed. So I would welcome every set of eyes that look at this to if you see something, have a question about it, you don't have to wait 'til the December

meeting. You can get ahold of Brenda and raise the issue with her. So I would encourage everybody to read that. It's a great report. And thank you for -- in advance, for doing that.

Next we'll move on to our next agenda item which is the Cardiac Cath Services SAC, the interim report. There is that brief report. It's page 130 of our page packet and it's up on the screen in front of us. Bottom line, they just got started. They just -- they had their first meeting August 27th and you can see the interim report right there from Dr. Madder. And if anybody has any questions, let me know. And we'll continue to get interim reports. I'm sure we'll get another one at our December meeting. Any questions from the Commission so far?

Okay. Moving on to the next agenda item which is the legislative update and that's me. We've already talked about the Senate Committee, part of the confirmation process. I thought that went very well. Thanks to the four others who were grilled. And even though they had never attended the CON Commission meeting or knew what the process was, did a great job of answering questions about something that they were about to get engaged in. So thank you for -- for doing that. I appreciate it. And thank you for being willing to serve on the Commission.

Also, the -- let's see, in the House I believe

yesterday there were -- there was a hearing. Mr. Gehle probably, knowing him, was at the hearing. Sean, what was the discussion if you were there about anything that occurred in the House yesterday? Sean may not be available right now. But in any event, there was a House hearing. I'll let everybody know what, if anything, occurs. Nothing has been approved by the House. What they're looking at is four or five bills that were approved by the Senate and we've discussed those at the Commission and we're supportive of them. We as the Commission don't take any action one way or the other. That's up to the legislature. But just an update for you. That ends my legislative report. Any questions about that?

MR. MITTELBRUN: Chip, this is Tom Mittelbrun. I only have one comment because I -- I got to watch our new Commissioners in front of their -- in front of the Senate and I thought they all did a very good job, so just wanted to make --

MR. FALAHEE: Yeah. It wasn't entertaining TV, but --

MR. MITTELBRUN: Well, you did a good job, too, but I already told you that, so --

MR. FALAHEE: I will say that in talking to Chairman Nesbitt that night when he called me, we talked for about 40 or 45 minutes, he was not aware that those of us

that were on the call, the five of us, could not see the senators. All we could do was we heard them. And, for example, I didn't know that Senator Hertel was even at the meeting. He never spoke and he was never acknowledged. Commissioner or Chairman Nesbitt said that that will be the last time he does a Zoom confirmation hearing. From now on they will be in person. Speaking personally, I'm glad we were on the call and that we're not up there in person, but that -- we -- we'll move on from there.

All right. Let's move on to the administrative. And Beth Nagel, I'll turn it over to you first, please.

MS. NAGEL: Good morning, everyone. This is Beth Nagel. I just have two things to report. One is that -- and I think we've already alluded to it -- that we are trying to seat the Hospital Bed Standard Advisory Committee looking for at this point I think most categories. Brenda can correct me where I'm wrong. But we'll take any recommendations at this time for that Standard Advisory Committee. The second point I wanted to -- to just bring to your attention is that every year in October we have a public comment period to prepare for your January planning meeting where we ask for comments on the standards that will be up for review next year. And so I don't think we have the date at this time, but that will happen next month in October. Those standards -- I don't know if, you know, time

is just passing so quickly or what it is, but it seems like these are some standards we just looked at. But it was -- the ones for next year will be Bone Marrow Transplant, Heart Lung and Liver Transplant Services, MRI and Psych Beds as well. So we will be soliciting comments for those in October. And that's my update.

MR. FALAHEE: Great. Thank you, Beth. And I will add, Melissa, thank you very much. Melissa just chatted with me that the House Health policy yesterday just took testimony from Senator VanderWall -- recall Senator VanderWall is the chair of the Senate Health Policy Committee, if you will -- and also took testimony from Americans For Prosperity. There was no vote. And Melissa will send a summary. Melissa, if you could send it to me, then I can get it out to the rest of the Commissioners just to keep everybody up to speed. Thank you very much for that. And, Beth, thank you very much. Yes, it seems like only yesterday we were doing some of those standards, so time flies.

Next item is the CON evaluation section update and I'll turn that over to Tulika, please. Thank you.

MS. BHATTACHARYA: Good morning, everyone. This is Tulika Bhattacharya. So there are two reports in your packet. The first report is on the compliance activities. On page 1 as you will see the follow-up activities. There

are 55 projects that were up for one year follow-up review which we completed. And if you look at the last line, we are still actively monitoring 343 CON approved projects to make sure they are meeting the timelines or if they need extensions to implement the project and things like that. I would like to mention that given the current situation in the state for the last six months or so, we are receiving quite a few requests for extension and we are appropriately reviewing their request and kind of helping them out in their planning process.

On the next page of the report, as you can see, this year we are doing the statewide compliance review for Surgical Services and Air Ambulance Services utilizing the 2018 survey data. We have completed the Air Ambulance review and I'm happy to report that no further actions are needed. We found all of the services are meeting their delivery requirements. However, for Surgical Services, we are still in the process of discussing with our providers and see what are the issues and what actions we can recommend to remedy the problems or the noncompliance issues. The next -- also, we provided a summary of the Air Ambulance compliance review. We don't share the names of the providers, but we have given you service area information and our findings in that report.

The next report is the Program Activity reports.

We always report to the Commission the -- you know, the letters of intent processing, application processing, decision making because for all of these reviews there are strict timelines in the statute and we would like to report to the Commission whether we are meeting those timelines or not. And as you can see, we have met those timelines even in the last quarter throughout the pandemic. There are some changes that you may not notice, but I would like to point out. There has been an update in the number of emergencies here and applications. So this year we have received 102 of them. I looked at our last five years' numbers, we have received approximately five in total and almost all of them, these 102, are related to the bed surge applications to -- to -- for the coronavirus situation: hospital beds, nursing home beds, psych beds, swing beds, metropolitan areas, rural areas and all of that.

Other than that, oh, there is another announcement not related to the activity or the compliance reports in front of you. As you may recall in the Cardiac Cath standards the Department has the authority to designate institutions that will act as the accreditation body or institution for Michigan hospitals for PCI programs without onsite open heart surgery. So we currently have three organizations in our approved list. We are adding a fourth organization which is called Intersocietal Accreditation

Commission, IAC. We will post their contact information on our web site in the advisory page for those hospitals that may be interested in contacting this IAC.

With that said, if there are questions, I would be happy to answer.

MR. FALAHEE: Are there any questions from the Commissioners about the report? I'll just make one comment. Tulika, I don't know if you watched the hearing last week, but one or two of the senators was inquiring about something, you know, "What's the impact of COVID to the extent there are volume requirements and minimum volume requirements and what will the Commission do about that?" And the answer we gave was that, well, the Commission does not enforce the standards nor interpret the standards. That's up to the Department. And that I -- I expressed my confidence that the Department will do what is appropriate given the pandemic we've gone through. And so I just wanted you to be aware of that. I know that Beth Nagel at least was on the call to hear those comments. And as we talked about earlier, yes, when -- when over the last few years you received five emergency applications and in this year alone you received 102, that speaks to what you and your entire Department has done. So thank you so much.

MS. BHATTACHARYA: Thank you.

MR. FALAHEE: Questions from the Commissioners?

Okay. Thank you. And then next up I will -- Rebecca. I will refer to it legally. Your report, please?

MS. BERELS: Good morning, everyone. This is Rebecca Berels, Becky Berels from the Attorney General's Office. You have my written report in your packet. There's not much new to report on cases that were pending as of the last Commission meeting. Something significant that did happen, we did have a flurry of Nursing Home comparative review appeals, about 14 of them, but given the new Nursing Home standard that took effect on September 3rd, as of now two of those have been remanded to the Department, two of them are pending on entry of remand orders, and one of them we just haven't had a chance to speak with the ALJ yet. Other than that, we continue to be available to offer advice to the Commission and the Department.

MR. FALAHEE: Thank you. For those that aren't familiar with nomenclatures, "ALJ" is administrative law judge. So there is many acronyms in that world as there are in the CON world. So thank you. Any questions from the Commissioners? Okay. Thank you very much.

MS. BERELS: Thanks.

MR. DOOD: Look forward to working with you. Thank you.

MS. BERELS: You as well.

MR. FALAHEE: Next we have future meeting dates.

They haven't changed, but just so everybody knows the dates. The last meeting for this calendar year will be December 10. And then looking into 2021: January 28, that's our planning meeting, if you will; and then March 18; June 17; September 16; and December 9. And we don't know right now if we will still be on a Zoom call or in person. We'll let you know what is going to occur or is allowed to occur based on the current executive order at the time of our December meeting and onward.

With that, we've already done the public comment as we adjusted the agenda. And, Brenda, I'll turn it over to you then to review the Commission Work Plan, please.

MS. ROGERS: All right. Thanks, Chip. This is Brenda. You do have the draft Work Plan in front of you. Based on today's meeting, I don't believe there's any additions or deletions from the Work Plan other than we will add to the Hospital Bed SAC charge. So unless there's questions, then I would just ask for a motion to approve the Work Plan as presented.

MR. FALAHEE: Is there a motion to that effect from the Commissioners?

MS. ROGERS: And, actually, one more thing, Chip. There was a question that came in asking about the (inaudible). Sorry. I hit mute by accident.

MR. FALAHEE: Yeah. Start over again, please.

MS. ROGERS: Yeah. Sorry. There was a question that came in to Tania asking about the PET workgroup. It is still on the Work Plan, but given the circumstances of the -- of the last several months, it will follow Hospital Bed SAC. So unfortunately probably will not be started until the first of the year at this point in time. So, but I just wanted to give an update. We haven't forgotten about it.

MR. FALAHEE: Thank you, Brenda. Is there a Commissioner who would like to make a motion regarding the Work Plan, please?

MR. MITTELBRUN: Tom Mittelbrun. Motion to approve the Work Plan as presented.

MR. FALAHEE: Thank you. Is there support?

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

MR. FALAHEE: Thank you, Commissioner Guido-Allen. Motion -- any questions about the motion on the floor? Hearing none, is there anyone opposed to the motion to accept the Work Plan as presented? Hearing none, that Work Plan is approved.

(Whereupon motion passed at 10:56 a.m.)

MR. FALAHEE: I don't see any or hear of any other or see any chat items of any other items to be brought before the Commission. With that, therefore, I would entertain a motion to adjourn.

MR. MITTELBRUN: Mittelbrun. Motion to adjourn.

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

MR. FALAHEE: All in favor?

ALL: Aye.

MR. FALAHEE: Thank you. I'm assuming no one's opposed. I should have said it that way. My fault. All right. Thank you all very much for participating. Thanks to everyone that was on the call and thank you very much. Enjoy the rest of your day. Bye-bye.

(Proceedings concluded at 10:56 a.m.)

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