

## MDHHS Recommendations for CON Standards Scheduled for 2021 Review

### Bone Marrow Transplantation (BMT) Services Standards

**Department Recommendations:** BMT services should continue to be regulated by CON and reviewed again in 2024.

Pursuant to MCL 333.22215 (1) (m), the Certificate of Need (CON) Commission is to “...review, and if necessary, revise each set of CON standards at least every 3 years.” In accordance with the established review schedule on the Commission Work Plan, the BMT Services Standards are scheduled for review in calendar year 2021.

#### Public Comment Period Testimony

The Department held a Public Comment Period to receive testimony regarding the Standards on October 2 - 16, 2020. Testimony was received from seven organizations and is summarized as follows:

1. *Carolyn Wilson, Beaumont Health*

- Supports deregulation of BMT services “as the CON barrier blocks any additional access and provides no demonstrated benefit from a cost or quality standpoint. De-regulation will not result in a significant number of new programs in Michigan (because of external requirements already in place), but will allow for increased access for patients in need of BMT. Patients will benefit from increased access because studies have shown that BMT as a cancer treatment is significantly underutilized.”

2. *Robert G. Riney and Benjamin Movsas, Henry Ford Health System (HFHS)*

- HFHS supports the continued regulation of BMT services and recommends no changes at this time.

3. *Mary Kay VanDriel, FACHE, Spectrum Health*

- Supports continued regulation of BMT services and recommends no changes at this time.

4. *T. Anthony Denton, JD, MHA and Gregory Yanik, MD, University of Michigan Health System (UMHS)*

- Supports continued regulation of BMT services and recommends no changes at this time.

5. *Rob Casalou, Saint Joseph Mercy Health System and Mercy Health*

- Supports continued regulation of BMT services and recommends no changes at this time.

6. *Diana Prichard, Americans for Prosperity-Michigan*

- Supports deregulation of BMT services as “CON laws negatively impact not just medical systems as a whole, but the individual patients who rely on them for care.”

7. *Alisha Cottrell, Ascension Michigan*

- Supports continued regulation of BMT services and recommends no changes at this time.

**Background:**

The BMT Services standards were reviewed by the Department in 2019. The current effective date of the BMT Services standards is September 29, 2014.

**BMT Services Survey Data for 2019:**

Annual survey data for 2019 is the latest available and can be found here:

BMT Services Utilization

[https://www.michigan.gov/documents/mdhhs/Report\\_120\\_Organ\\_Transplant\\_Utilization\\_703407\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Report_120_Organ_Transplant_Utilization_703407_7.pdf)

## MDHHS Recommendations for CON Standards Scheduled for 2021 Review

### Heart/Lung and Liver (HLL) Transplantation Services Standards

**Department Recommendations:** HLL Transplantation services should continue to be regulated by CON and reviewed again in 2024.

Pursuant to MCL 333.22215 (1) (m), the Certificate of Need (CON) Commission is to "...review, and if necessary, revise each set of CON standards at least every 3 years." In accordance with the established review schedule on the Commission Work Plan, the HLL Transplantation Services Standards are scheduled for review in calendar year 2021.

#### Public Comment Period Testimony

The Department held a Public Comment Period to receive testimony regarding the Standards on October 2 - 16, 2020. Testimony was received from seven organizations and is summarized as follows:

1. *Rob Casalou, Saint Joseph Mercy Health System and Mercy Health*
  - Supports continued regulation of HLL Transplantation services and recommends no changes at this time.
2. *Diana Prichard, Americans for Prosperity-Michigan*
  - Supports deregulation of HLL Transplantation services as "CON laws negatively impact not just medical systems as a whole, but the individual patients who rely on them for care."
3. *Alisha Cottrell, Ascension Michigan*
  - Supports continued regulation of HLL Transplantation services and recommends no changes at this time.
4. *Patrick O'Donovan, Beaumont Health*
  - Supports continued regulation of HLL Transplantation services and recommends no changes at this time.
5. *Marwan Abouljoud, MD, FACS, CPE, MMM, Henry Ford Health System (HFHS)*
  - HFHS supports the continued regulation of HLL Transplantation services and recommends no changes at this time.
6. *Nancy P. Schwallier, MPAS, PA-C, FACHE, Spectrum Health*
  - Supports continued regulation of HLL Transplantation services and recommends no changes at this time.
7. *T. Anthony Denton, JD, MHA and John C. Magee, MD, University of Michigan Health System (UMHS)*

- Supports continued regulation of HLL Transplantation services and recommends no changes at this time.

**Background:**

The HLL Transplantation Services standards were reviewed by the Department in 2012. The current effective date of the BMT Services standards is September 28, 2012.

**HLL Transplantation Services Survey Data for 2019:**

Annual survey data for 2019 is the latest available and can be found here:

HLL Transplantation Services Utilization

[https://www.michigan.gov/documents/mdhhs/Report\\_120\\_Organ\\_Transplant\\_Utilization\\_703407\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Report_120_Organ_Transplant_Utilization_703407_7.pdf)

## MDHHS Recommendations for CON Standards Scheduled for 2021 Review

### Magnetic Resonance Imaging (MRI) Services Standards

**Department Recommendations:** MRI services should continue to be regulated by CON. The Commission should form a standard advisory committee (SAC) to make a recommendation regarding the issues outlined below.

Identified Issues	Issue Recommended for Substantive Review?	Recommended Course of Action to Review Issues	Other/Comments
Review all volume requirements for fixed and mobile MRI.	Yes.	SAC	This issue was approved for review by a workgroup in 2020.
Review access to fixed MRI for hospitals with 24/7 emergency departments.	Yes.	SAC	Need more information to develop a charge for this issue.
Review the current limit of \$750,000 for upgrades within 24 months [Section 4(1) of the standards.]	Yes.	SAC	
Review the current equivalent weighting for patient sedation/general anesthesia in Section 15(1)(a).	Yes.	SAC	
Add information to Physician Pledge forms.	No.		This does not involve a change to the CON standard. It involves a request to add a formal Q&A document to be included with physician pledge forms outlining what pledging volumes means for a physician when signing a pledge form.
Review the addition of mobile services to a site with an already existing fixed MRI service as a means of expanding access incrementally without the full financial commitment to another fixed unit.	No.		It is already possible under the current standards to add a host site through a new application with physician commitment forms.

Review adding language related to portable MRI units.	Yes.	SAC	There is similar language in the CT standards.
Review the possibility of movement between multiple licensed facilities under common ownership – replacement and relocation.	No.		There are provisions in the current standards to replace and relocate MRI units by submitting an application.
Redefine pediatric patients as 0-20 (younger than 21 years of age).	No.		There is no indication that this is a widespread problem. Changing the definition of child/adolescent would have implications for other CON standards. Current CON standards do not prohibit patients aged 18-21 from receiving treatment on a dedicated pediatric MRI. Further, this was recently reviewed by a computed tomography (CT) workgroup and no change was recommended to the standards as with or without a change there is no impact to patient care, access, or costs.
Review the possibility of giving more flexibility for dedicated research MRI.	No.		The current ratio is 70% for research and 30% for clinical.
Review adding in language that allows providers to initiate service at a lower volume of available MRI adjusted procedures needed if the application is utilizing an MRI list where the report period is impacted by a public health epidemic.	Yes.	SAC	Recommended by the Department and input received on the language that was presented to the Commission at its 12/10/20 meeting.
Other technical edits by the Department if needed.		Department will draft language if any.	

Pursuant to MCL 333.22215 (1) (m), the Certificate of Need (CON) Commission is to “...review, and if necessary, revise each set of CON standards at least every 3 years.” In accordance with the established review schedule on the Commission Work Plan, the MRI

Services Standards are scheduled for review in calendar year 2021.

### **Public Comment Period Testimony**

The Department held a Public Comment Period to receive testimony regarding the Standards on October 2 - 16, 2020. Testimony was received from ten organizations and is summarized as follows:

1. *Diana Prichard, Americans for Prosperity-Michigan*
  - Supports deregulation of MRI services as “CON laws negatively impact not just medical systems as a whole, but the individual patients who rely on them for care.”
2. *Alisha Cottrell, Ascension Michigan*
  - Supports continued regulation of MRI services and recommends the formation of the workgroup already approved in 2020 and ask that the workgroup also discuss access to fixed MRI for hospitals with 24/7 emergency departments.
3. *Ryan Chairs, Alliance HNI*
  - Supports continued regulation of MRI services and recommends a review of the minimum volume requirements in the project delivery requirements.
4. *Patrick O'Donovan, Beaumont Health*
  - Supports continued regulation of MRI services and recommends a review of the minimum volume requirements for mobile services.
5. *Cheryl Martin, Henry Ford Health System (HFHS)*
  - HFHS supports the continued regulation of MRI services and recommends a review of the following:
    - “Section 4(l) financial cap for equipment changes: HFHS recommends that the definition of ‘Replace an existing MRI unit’ be modified and updated to remove the capital expenditure threshold for an equipment change that does not require CON approval. The current threshold is outdated, and we believe it would be more effective to allow for any equipment changes and/or upgrade to a MRI machine that does not lead to a change in the machine's serial number without CON approval. This is consistent with similar provisions in the CT standards.”
    - “Section 5(b) volumes for expansion: HFHS recommends the minimum volume requirement of 11,000 adjusted procedures per unit be reduced. HFHS MRI services are operational 16 hours a day, 7 days a week at some of our facilities, and patient services are being delayed due to lack of availability of machines. Even with these extended service times, HFHS is challenged to meet the 11,000 adjusted procedure requirement for expansion at these sites.”
    - “Section 15(l)(a): HFHS recommends that procedures requiring

general Anesthesia be considered for an increase in weighting. The current weighting does not take into consideration the extended time the patient is in the MRI during pre and post procedure care due to the Anesthesia requirements. HFHS recommends adding procedures under general anesthesia to (a) with a base value weight of 2.0.”

- “Section 18- Physician Pledge forms: HFHS recommends there be a formal Q&A document included with physician pledge forms clearly outlining what pledging volumes means for a physician when signing a pledge form. We have seen slightly misleading Q&A documents distributed to HFHS physicians in the past. A standard Q&A would help physicians understand what commitment of volumes means to them and their patients and protect both the physician and institutions involved in the process.”

6. *Dana Thering, MidMichigan Health*

- Supports continued regulation of MRI services and recommends a review of the following:
  - “Issues raised during last year’s public comments, which the Commission already approved for a workgroup to discuss.”
  - “The current requirements to add mobile services to a site with an already existing fixed MRI service as a means of expanding access incrementally without the full financial commitment to another fixed unit. The current standards require collection of physician commitments, which is at best extremely time consuming, and at worst an impediment to using this efficient option for expanding service. Perhaps the standards could be updated in a similar fashion to recent changes to the CON Standards for Surgical Services, allowing for facility level commitments of available adjusted MRI procedures when they come from the same facility as the applicant. In the alternative, perhaps the stark distinction fixed MRI service and mobile MRI host sites could be viewed differently so that the addition of a mobile MRI host site at an existing fixed MRI service could be considered an expansion based on existing volume, rather than an initiation requiring physician commitments.”

7. *Rob Casalou, Saint Joseph Mercy Health System and Mercy Health*

- Supports continued regulation of MRI services and recommends a review of the following:
  - “Consider whether the current CON requirements to convert a mobile MRI host site to a fixed MRI are reasonable. The current volume required for this is quite high, and in working to meet this volume, some host sites incur mobile MRI contractual costs that far exceed the actual costs of a fixed MRI.”
  - “Consider whether the current equivalent weighting for patient sedation adequately reflects the amount of time this adds to a study.”

- “Consider whether the current limit of \$750,000 for upgrades within 24 months reflects current providers’ experience.”

8. *Marlena Hendershot, Sparrow Health System*

- Supports continued regulation of MRI services and recommends the formation of the workgroup and charge already approved in 2020.

9. *Myron (Ron) Lewis, MSW, MBA, FACHE, Spectrum Health Zeeland Community Hospital*

- Supports continued regulation of MRI services and recommends a review of the following:
  - The formation of the workgroup and charge already approved in 2020.
  - “Review adding language related to portable MRI units. Portable MRI units are different from mobile MRI in that they can be moved around a hospital to bring the MRI to the patient, rather than the patient to the MRI. This promises to be valuable technology for patients that are not stable enough to go to radiology for an MRI scan. There are provisions for this type of CT scanner in our current CT standards and we would request the workgroup consider adding similar provisions to the MRI standards.”

10. *T. Anthony Denton, JD, MHA and Vikas Gulani, MD, University of Michigan Health System (UMHS)*

- Supports continued regulation of MRI services and recommends a review of the following:
  - “Investigate a ‘system view’ of imaging asset deployment. Healthcare delivery systems with multiple licensed medical facilities, under common ownership, require flexibility to improve ‘point-of-service’ care based on changing demographics and demand. The existing CoN Standards for Replacement and Relocation are somewhat restrictive and may not adequately meet the specific needs of the applicant.”
  - “To redefine pediatric patients as 0-20 (younger than 21 years of age), state guidelines would be modernized to reflect the current practice of pediatric medicine at Michigan Medicine and likely for other providers. This proposed change would ensure that pediatric patients can obtain imaging with MRI proximate within their health care environment, facilitating timely, efficient and high quality health care in patients 18-20 years old. This proposed redefinition aligns with the American Academy of Pediatrics, the leading professional society in pediatric medicine, as this respected organization also defines the upper limit of age for pediatrics through 20 years of age (up to a patient’s 21st birthday).”
  - “Under current standards, a dedicated research MRI unit is to be used primarily (70% or more of the procedures) for research purposes only. This means that a dedicated research unit could be used clinically, up

to 30%. More flexibility is needed as research in MRI technology development, translation and utilization relies on magnets with different capabilities, and which are useful in different ways depending on application.”

**Background:**

The MRI Services standards were reviewed by the Department in 2016. The current effective date of the MRI Services standards is October 21, 2016. The Commission approved a review of the minimum volume requirements for fixed and mobile MRI by a workgroup at its January 30, 2020 CON Special Commission meeting.

**MRI Utilization Data:**

The current MRI Utilization List for November 1, 2020 is the latest available and can be found here [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_5106-116465--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106-116465--,00.html).

The current Available MRI Adjusted Procedures for November 1, 2020 is the latest available and can be found here [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_5106\\_37086\\_38860-116567--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106_37086_38860-116567--,00.html).

## MDHHS Recommendations for CON Standards Scheduled for 2021 Review

<b>Psychiatric Beds and Services Standards</b>			
<b>Department Recommendations:</b> Psychiatric beds and services should continue to be regulated by CON. The Commission should form a workgroup to make a recommendation regarding the issues outlined below.			
<b>Identified Issues</b>	<b>Issue Recommended for Substantive Review?</b>	<b>Recommended Course of Action to Review Issues</b>	<b>Other/Comments</b>
Review whether the current project delivery requirement of 60% occupancy is adequate.	No.		The bed need methodology was changed in 2019. Further data is needed before analyzing if the occupancy rate is adequate.
Review including special provisions for facilities to care for bariatric patients.	Yes.	Workgroup	The Department also recommends looking at this. There is similar language in the Nursing Homes standards.
Evaluate whether the current special populations bed inventories are appropriately sized.	No.		The Commission took proposed action to increase the percentage for special pool beds at its 12/10/20 meeting.
Consider language for a Public Health Epidemic.	Yes.	Workgroup	Recommended by the Department. The Commission is currently considering language for MRI services.
Review allowing telehealth treatment for child/adolescent programs in the project delivery requirements.	Yes.	Workgroup	Recommended by the Department.
Review adding restrictions for high occupancy beds, similar to hospital beds, not allowing relocation of beds for a period of years.	Yes.	Workgroup	Recommended by the Department. This would be consistent with the other bed standards.
Other technical edits by the Department if needed.		Department will draft language if any.	

Pursuant to MCL 333.22215 (1) (m), the Certificate of Need (CON) Commission is to "...review, and if necessary, revise each set of CON standards at least every 3 years." In

accordance with the established review schedule on the Commission Work Plan, the Psychiatric Beds and Services Standards are scheduled for review in calendar year 2021.

### **Public Comment Period Testimony**

The Department held a Public Comment Period to receive testimony regarding the Standards on October 2 - 16, 2020. Testimony was received from five organizations and is summarized as follows:

1. *Diana Prichard, Americans for Prosperity-Michigan*
  - Supports deregulation of psychiatric beds and services as “CON laws negatively impact not just medical systems as a whole, but the individual patients who rely on them for care.”
2. *Alisha Cottrell, Ascension Michigan*
  - Supports continued regulation of psychiatric beds and services and recommends no changes at this time.
3. *Patrick O'Donovan, Beaumont Health*
  - Supports continued regulation of psychiatric beds and services and recommends no changes at this time.
4. *Rob Casalou, Saint Joseph Mercy Health System and Mercy Health*
  - Supports continued regulation of psychiatric beds and services and recommends a review of the following:
    - “Consider whether the current project delivery requirement of 60% occupancy is adequate, particularly for projects that are adding beds through initiation or by adding beds from the inventory to an existing facility. Existing facilities that add beds from the bed inventory are required to be at 70% occupancy before they may apply. Upon adding those new beds, however, the project delivery requirements allow that facility to remain at just 60% occupancy. To ensure beds are maximally utilized, we would encourage a conversation regarding whether the current requirements are adequate, particularly for facilities that add beds.”
    - “Consider including special provisions for facilities to care for bariatric patients. It has been our experience that psychiatric hospitals are denying admission based on a patient’s weight, stating they do not have beds to accommodate these individuals.”
    - “Evaluate whether the current special populations bed inventories are appropriately sized given the willingness of providers to support these unique populations’ needs.”
5. *T. Anthony Denton, JD, MHA and Gregory W. Dalack, MD, University of Michigan Health System (UMHS)*
  - Supports continued regulation of psychiatric beds and services and

recommends no changes at this time.

•  
**Background:**

The Psychiatric Beds and Services standards were reviewed by a workgroup in 2018. The current effective date of the Psychiatric Beds and Services standards is November 12, 2019. The Commission took proposed action at its December 10, 2020 meeting to increase the number of special population beds.

**Psychiatric Beds and Services Survey Data for 2019:**

Annual survey data for 2019 is the latest available and can be found here:

Psychiatric Beds and Services Utilization

[https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_5106-312854--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106-312854--,00.html)