CON commission has broad powers | Who's who on the CON commission

The Michigan Certificate of Need program was estab-lished in 1972 to "balance cost, quality and access issues" so that only needed health care services and facilities are developed in the state.

A commission was estab-lished in 1988 and became part of the new Department of Community Health in 1996. The current commission has 11 members appointed by the

Il members appointed by the governor.

The CON program covers the increasing or relocating of bospital beds from one site to another, acquisition of an existing health facility, operations of a new health facility and the implementation, replacement or expansion of

clinical services.

In addition, capital expenditures also require a CON.
The CON Commission has approved certificates of need and reviewed standards for air ambulances, computed tomography scanners, magnetic resonance imaging, radiation therapy, open heart surgery. PET scanners and transplantation services as well as hospital beds.

A health facility is defined

A health facility is defined as a hospital, psychiatric hos-pital or unit, a nursing home, a freestanding surgical outpa-tient facility or an HMO (for

tient facility or an limited projects). In late 2002, the state Legislature approved a law exempting the Detroit Medical Center, Henry Ford Health System and St. John Health from CON compli-

The law was approved after the two health systems had falled on several attempts to win CON commission support for moving heds out to subur-

win CON commission support for moving beds out to subur-ban sites in West Bloomfield and Novi.

The law provided that the exemption would be with-drawn if a seven-member majority of the 11-member commission decides that the exemption will harm access to health care.

PAUL HURSCHALDEN | STAFF PHOTOGRAPHET

dent of Trinity. "We advocate for changes in policy....
However, building new beds
will not ... provide a return on
the investment to compensate
for uncompensated care.

senior vice president for planning and strategic development for Health System, says the company can't repoyate its 75-year-old vin Samey, seem vice presument to parming the account of the seem of the Hearth System, says the company can't renovate its 75-year-old Detroit facility and therefore would rather build new beds in the suburbs than

The commission is next scheduled to meet June 10 to discuss and possibly vote on

Following is a list of mem-ers of the Certificate of Need

B Rence Turner Balley (CON Commission Chair), executive director, Health Care Quality Consortium Ford Motor Co. World Headquarten, Borborn. Responted by Gov. Jennifer Granitolm March 2003.
B Jack Simant (CON Commission Vice Chair), continuing member, retired business association executive, Grand Hasen.
B Feter Allumi, D.O. (representing osteopathic physicians). In private practice of orthopedie surgery, Mt. Clemens. Appointed by Gov. @ Rence Turner Bailey

Granholm April 2003.

Bichard Breon (representing hospitals), president and CEO, Spectrum Health, Grand Rapids. Appointed by Gov. Granholm April 2003

James K. Delaney, continuing member, vice president and director of administration. Fleshon Com. in Treation Fleshon Com. in Two

tration, Flexben Corp. in Troy.

Edward B. Goldman, J.D.,

■ Edward B. Goldman, J.D., continuing member, general counsel, University of Michigan Medical Center, Ann Arbor.
■ Norma Hagenow, R.N. and MBA (representing hospitals), CEO and president, Genesya Health System, Grand Blanc. Appointed by Gov. Granbolm April 2003
■ James E. Maitland of

Maitland Farms, Inc.
Williamston. Re-appointed by
Gov. Granholm March 2003

8 Michael Sandier, M.S.
(representing allopathic
physicians), senior staff radiologist at Henry Ford
Hospital, Devoti. Appointed
by Gov. Granholm April 2003.
Ellint (representing action of
medicine statistics action of
medicine statistics and professor of laboratory medicine at Michigan State
University School of
Osteopathic Medicine and
family practice physician,
Fliot. Appointed by Gov.
Granholm April 2003.

Source Michigan Department of

Source: Michigan Department of Community Health

BATTLE

FROM PAGE AT

The same situation exists in

The same situation exists in Novi, where Providence Hospital, which is owned by St. John, has a freestanding clinic. But for in-patient admissions, the closest hospital in the system is in Southfield, in an aging facility in need of costly renovation.

Both hospital groups say they would like to move unused beds from their existing hospitals to these facilities in western Oxkland County. Not only would patient access be enhanced, they argue, but the increase in paying clients would allow them to stay in Detroit and better serve the Detroit and better serve the region's needlest residents.

SLIM OPERATING MARGINS

According to testimony at a hearing Wednesday before the state Certificate of Need Commission in Lansing, hospitals can, at best, hope to operate on about a 2.5-percent margin. It's not uncommon for income from one facility to be used to offset losses at another. In Detroit, half of all patients are underinsured or uninsured, In the suburbs, most patients have private health insurance. "We've paid a birth price for

In the suburbs, moss passens, have private health insurance. "We've paid a high price for our commitment to stay in the

city of Detroit," said Bob Riney, Henry Ford senior vice presi dent. While others have left, dent. While others have left, eiting staggering losses, a few have remained to continue to care for those in need, racking up losses in the range of \$100 million per year per hospital group in uncompensated care. One company, Trinity Health, closed Detroit Mercy Hospital for just that reason. "We are sympathetic to the plight of health-care providers in Detroit," said Michael Slubowski, executive vice presi-

CON Commissioner Norma Hagenow, however, found that argument to be about profits, not patient care. 'You're now back into the black by being in suburbla,' she told Slubowski. 'As other hos-pitals try to level the playing field, they will do the same thing.

pitals try to level the playing field, they will do the same thing.

"So there is competition for suburbia, but nobody's competing for downtown.

No one argued that moving hospital beds will solve all the problems, or even close. Rather, said Paul Long of the Michigan Catholic Conference its one pital strategy... a very important component of that strategy... one other component of that strategy... one other component of that strategy... and the problems of the solve its pital strategy... and the problems of the solve its pital strategy at them yellow the problems of the solve its pital strategy at them yellow the problems of the solve its pital strategy at them yellow the problems of the solve its pital strategy at them yellow the problems of the solve its five don't have access to paying customers, we will lose our ability to raise funds, he said, adding that donations often come from econe from ec

come from people whose fami-lies have used a hospital.

SUPPLY AND DEMAND

for uncompensated care. Hospitals opposed to moving beds to western Oakland County angue there is a cost that is passed on to all consumers, whether it's the price of construction or a loss of services at existing hospitals. The war is over a limited number of patients, Slubowsid said. In today's health-care mar-ket, pricing and access to serv-

ices are controlled by insurance ices are controlled by insurance companies and government — those who pay the bills. There's little compensation for the cost of capital improvements. Still, during a full day of testimony there was considerable dis-agreement as to whether more hospital be's translates auto-matically to increased demand and, therefore, higher health-care costs.

and, therefore, higher health-care costs.

There's an old argument that supply begres demand," said Elliott Joseph, speaking for St. John. That argument was made when a lot of us were admitted to hospituls because we didn't feel good. ... The world has dramatically changed since that argument was made."

Representatives of business

changed since that argument was made.

Representatives of business and labor disagreed.

"Someone is going to have to pay for the expansion of hospital capacity," said Tom Smith, director of health care for Troy-based Delphi Corp., the world's largest automotive supplier. Just like in the auto industry, he said, "excess capacity is very, very costly."

Smith argued that no new beds are needed in Oakland County because too many beds are leaded young unused.

"Unless you need more beds somewhere, will would you

somewhere, why would you add new beds?" he asked. "Whether you add them or you

move them, there's really no need."

DEADLINE APPROACHES

Whichever way the CON Commission votes June 10 (and due to constitutional questions regarding the revised law, the commission may decide not to vote at all), legal challenges are expected, both by those who want to see the original CON process preserved.

original CON process preserved.

"Beaumont strongly supports
the CON program that applies
to all hospitals," said Patrick
O'Donovan, director of planning for Beaumont Hospitals.
Allowing hospitals to sidestep
the process even once set a
bad precedent and severely
weakens the CON process.
"CON planning for beds can
work and has worked."
"There may be people who
will file lawsuits," said Assistant
Attorney General Ran Styles,
legal advisor to the CON
Commission, who has rendered
an informal opinion that some
of the revisions are, in fact, unconstitutional. "Ultimately
the Mitchigan courts and it." the Michigan courts and Supreme Court will decide

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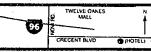


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