

HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Tri-Isle Subarea Health Planning Council

-DRAFT-
Meeting Minutes
September 20, 2024

1:00 p.m.

University of Hawaii Maui College
 310 W. Kaahumanu Ave., Noii Building, Room 201, Kahului, Hawaii

MEMBERS: Bob Shroder, Kathleen Hagan, Francine Johansen, Rhanja Boyer, Donna Butterfield (present at 1:13 p.m.)
MEMBERS ABSENT: None
SHPDA: John Lewin, Wendy Nihoa, Terry Visperas, Darryl Shutter

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	2/4/22	5/13/22	8/12/22	12/2/22	2/17/23	6/23/23	11/17/23	3/15/24	6/21/24	8/09/24
Donna Butterfield	X	X	X	X	O	O	X	O	X	X
Kathleen Hagan	X	X	X	X	X	X	O	X	X	X
Rahnja Boyer									X	X
Francine Johansen	-	-	X	X	X	X	X	X	X	X
Robert "Bob" Shroder*	-	-	X	X	X	X	X	X	X	X

Legend: X=Present; O=Absent; /=No Meeting; *=Chair, **=Vice Chair

TOPIC	DISCUSSION
Call to Order	The meeting was called to order at 1:03 p.m. with Bob Shroder, Chair, TISAC presiding.
Review of Certificate of Need Criteria	Staff reviewed the certificate of need criteria for participants.
Certificate of Need Review	<p>Application #24-07 for standard review from Pacific Pearl Medical, LLC for the establishment of Positron Emission Tomography/Computed Tomography (PET/CT) scanner services at 53 S Puunene Avenue, Kahului, HI, at a capital cost of \$2,175,000.</p> <p>There were no conflicts of interest declared.</p> <p>Bruce Guier and Leinelle Goo presented an oral summary of the application. Public testimony was provided by Dan Jordan and Lillian Matsumoto. The Council members asked questions of the applicant regarding the Certificate of Need criteria. Questions included but were not limited to: the patient referral process for the proposed project, the proposed relationship with area hospitals, the availability isotopes for the procedures proposed, the scanning time per procedure, the proposed staffing levels and the availability staff for the project, and the availability of financing for the proposal.</p> <p>After the question and answer period, it was moved/seconded to recommend approval of the application. The motion to recommend approval included the attached review of the application's relationship to Certificate of Need criteria, attached to these minutes as Attachment A. Discussion on the motion included, but was not limited to: the importance of early detection and diagnosis in cancer cases and the benefits of partnering with the University of Missouri for staffing and human resources.</p> <p>Members voted YES – 5, NO – 0, to recommend approval of the application.</p>
Adjournment	The meeting was adjourned by Chair Shroder.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀNA O KA MOKUPĀINA O HAWAII


KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

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October 14, 2024

TO: Certificate of Need Review Panel
Statewide Health Coordinating Council
Administrator, State Health Planning and Development Agency

From: Robert Shroder, Chair 
Trilsle Subarea Health Planning Council

SUBJECT: Recommendation on Certificate Application #24-07 from Pacific Pearl Medical, LLC for the establishment of Positron Emission Tomography/Computed Tomography (PET/CT) scanner services at 53 S. Puunene Avenue, Kahului, HI, at a capital cost of \$2,175,000

The Trilsle Subarea Health Planning Council met on September 20, 2024 to review the above-noted application. The Council recommends approval of this application by a vote of 5 to 0.

The Council offers the following comments regarding the application's relationship to the Certificate criteria:

- 1. Relation to the State Health Services and Facilities Plan**
Met. The proposal will increase access to PET/CT services. The residents of the area are currently underserved.
- 2. Need and Accessibility**
Met. The proposal will reduce or eliminate the necessity for elderly and sick patients to travel out of Maui County to receive PET/CT services.
- 3. Quality of Service/Care**
Met. The applicant will meet the regulatory requirements for providing services. The proposal will improve overall care and allow for earlier detection and diagnosis.
- 4. Cost and Finances**
Met. The proposed services will reduce the overall cost of care to patients.
- 5. Relationship to the Existing Health Care System**
Met. The applicant's proposal will be the least costly method of providing PET/CT services to area patients.
- 6. Availability of Resources**
Met. The applicant will provide the necessary human resources for the proposal.