

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

JOSH GREEN, MD GOVERNOR OF HAWAI'I KE KIA'ÂINA O KA MOKU'ÂINA 'O HAWAI'I

KENNETH S. FINK, MD, MGA, MPH DIRECTOR OF HEALTH KALUNA HO'OKELE

JOHN C. (JACK) LEWIN, MD

Phone: 587-0788Fax: 587-0783 www.shpda.org

1177 Alakea Street, #402, Honolulu, HI 96813

Minutes
Oahuwide Certificate of Need Review Committee
Zoom Meeting
September 4, 2025

Present: Wes Sumida, Beverly Inocencio, Creighton Liu, Carol Marx, Hayley Kane, Eric

Barsatan

SHPDA: Jack Lewin, Darryl Shutter, Terry Visperas

1. The meeting was called to order by Acting Chair Sumida at 10:01 a.m.

Staff reviewed the certificate of need criteria for participants.

III. Certificate of Need Review:

Application #25-10 for standard review from Pacific Pearl Medical, LLC for the establishment of Positron Emission Tomography/Computed Tomography (PET/CT) scanner services at 800 Kamaaha Avenue, Unit #6 and #7, Kapolei, HI, at a capital cost of \$2,175,000.

There were no conflicts of interest declared.

Bruce Guier and Leinelle Goo presented an oral summary of the application. Public testimony was provided by Bruce Guier, Leinelle Goo, Jeff Galen, Dr. Bridget Bongaard, Lillian Matsumoto, Dan Jordan, Tex Swain, Dr. Tracy Yarbrough, and Eric Hannum. The Committee members asked questions of the applicant and persons who gave testimony regarding the Certificate of Need criteria. Questions included but were not limited to: the demand for the proposed services in the service area, the time it takes to obtain a PET/CT scan on Oahu, and the availability of staffing for the proposal.

After the question and answer period, it was moved/seconded to recommend conditional approval of the application. The conditions were: The applicant shall provide clarification regarding their target group population <u>and</u> additional information regarding the time it takes to obtain PET/CT scanning services on Oahu. The motion to recommend conditional 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 availability of the required isotopes to perform PET/CT scans and the availability of medical personnel to read the scans.

Members voted YES -5, NO -0, Abstain - Beverly Inocencio, to recommend conditional approval of the application.

IV. The meeting was adjourned by Acting Chair Sumida at 11:28 a.m.





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

GOVERNOR OF HAWA!'I KE KIA'ÁINA O KA MOKU'ÁINA 'O HAWA!'I

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

JOHN C. (JACK) LEWIN, MD ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

Phone 587-0788Fax: 587-0783 www.shpda.org

September 11, 2025

To:

Certificate of Need Review Panel

Statewide Health Coordinating Council

Administrator, State Health Planning and Development Agency

From:

Wesley Sumida, Acting Chair

Oahuwide Certificate of Need Review Committee

SUBJECT:

Certificate of need application #25-10 for standard review from Pacific Pearl Medical, LLC for the establishment of Positron Emission Tomography/Computed Tomography (PET/CT) scanner services at 800 Kamaaha Avenue, Unit #6 and #7, Kapolei, HI, at a

capital cost of \$2,175,000

The Oahuwide Certificate of Need Review Committee met on September 4, 2025 to review the above-noted application.

The Committee recommends <u>conditional approval</u> of this application by a vote of 5 to 0 with one abstention. The conditions are: The applicant shall provide clarification regarding their target group population <u>and</u> additional information regarding the time it takes to obtain PET/CT scanning services on Oahu.

The Committee offers these comments regarding the certificate of need criteria:

1. Relation to the State Health Services and Facilities Plan:

The proposal will improve access to services per the Plan.

2. Need and Accessibility:

The applicant needs to provide clarification regarding their target group population per the condition.

3. Quality of Service/Care:

The applicant has a wide network and the experience necessary to provide quality care.

4. Cost and Finances:

The application demonstrates that sufficient financing is available for the proposal.

5. Relation to the Existing Health Care System:

The applicant needs to provide additional information regarding the time it takes to obtain PET/CT scanning services on Oahu per the condition.

6. Availability of Resources:

The funds for the project are available and the applicant has the network in place to obtain the necessary human resources for the proposal.