

May 22, 2008

Clyde L. Reese III
General Counsel
Department of Community Health
2 Peachtree Street, 5th Floor
Atlanta, GA 30303

RE: GA State Senate Bill 433 and Therapeutic Cardiac Catheterization

Dear Mr. Reese:

We are writing to you on behalf of The Medical Center (TMC), Inc, part of the Columbus Regional Healthcare System, a 413-bed acute care referral center serving Southwestern Georgia and Southeastern Alabama. TMC, located in Columbus, Georgia, is the largest healthcare provider in the region and by mission is committed to providing the highest quality, most advanced services to all patients in its service area. To this end, TMC provides more indigent care than any other provider in Muscogee County and offers the only advanced Trauma, Obstetric and Neonatal services in the community. We believe that offering Adult Therapeutic Cardiac Catheterization (PCI) services would further demonstrate our commitment and mission to serve our community and offer the choice of provider that is currently not available.

TMC began its diagnostic cardiac catheterization program in 1983 and since that time has grown in volume to the limit of what can be performed in a non-therapeutic laboratory. During the last year, we have had to transfer 64 patients from inpatient care units to another facility for advanced cardiac care. This number, coupled with our diagnostic cardiac procedure volumes and TMC's market share for other service lines, clearly demonstrates the need and demand for another advanced cardiac care provider in the region.

TMC applied to participate in the C-PORT Elective Study in 2005 in order to offer PCI with offsite surgical support. At that time, the nearest Open Heart Surgery provider to TMC refused to provide tertiary support for our program. As such, we were not able to meet the strict acute transfer threshold and subsequently were not selected to participate in the study.

Since that time, C-PORT guidelines have been amended to allow hospitals that are in rural areas or faced with other logistical difficulties a transfer window beyond 60 minutes. This, coupled with language in Georgia Senate Bill 433 that prohibits Open Heart Surgery programs from unreasonably refusing to offer tertiary support to PCI-only programs, will allow TMC to meet or exceed all of the Department of Community Health guidelines for providing PCI with off-site surgical support.

As evidence of TMC's readiness to implement the highest quality PCI program possible, and our compliance with all DCH guidelines, we offer the following:



- TMC will comply with all recommendations and guidelines of the American College of Cardiology (ACC) and the American Heart Association (AHA) to ensure appropriate decisions regarding the care and quality outcomes of the Acute Myocardial Infarction (AMI) patient as well as those patients with Unstable Angina/Non-ST elevated Myocardial Infarction (STEMI) cardiac diagnosis.
- The Medical Center, Inc. certifies that it will meet and continuously maintain requirements adopted by the Georgia Department of Community Health for the provision of these services. We understand these requirements to be consistent with the guidelines published by the American College of Cardiology and the American Heart Association for the provision of Percutaneous Coronary Interventions (PCI).
- All of the Cardiologists performing PCI procedures at TMC will be experienced interventionalists who have completed a minimum of 75 interventions within the previous 12 months. Furthermore, all Cardiologists practicing PCI at TMC will participate in a dedicated peer review and quality oversight program
- A complete market analysis demonstrates that TMC will be able to achieve the volume threshold set forth by the DCH of 200 PCI cases per year with a minimum of 36 emergency or Primary PCI procedures being performed.
- The Medical Center, Inc. will take all actions necessary to guarantee sufficient physician, nursing, and laboratory staff to provide the services 24 hours a day, 7 days a week.
- TMC will ensure nursing and technical staff have demonstrated experience in handling acutely ill patients requiring PCI, as evidenced by previous experience in dedicated interventional laboratories or surgical centers.
- TMC will also ensure cardiac care nursing staff will be adept in hemodynamic monitoring and Intra-aortic Balloon Pump (IABP) management.
- Formalized written transfer agreements will be implemented by The Medical Center, Inc. and an adult open-heart-surgery program, including written transport protocols, to ensure the safe and efficient transfer of a patient that requires emergent Open Heart Surgery within C-PORT and
- DCH timeframes. Transfer and transport agreements will be reviewed and tested, with appropriate documentation of compliance, at a minimum of every 3 months.
- Prior to implementing PCI services, TMC will undertake a training program of a minimum 6-9 months' duration, which includes establishing standards, testing logistics, implementing quality assessment and error management practices, and formalizing patient-selection criteria.
- The Medical Center, Inc. further certifies it will use at all times the patient-selection criteria for the performance of primary angioplasty at hospitals without adult open-heart-

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surgery programs issued by the American College of Cardiology and the American Heart Association including transfer of patients who have a critical history of coronary disease and clinical presentation of hemodynamic instability.

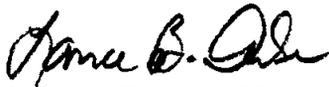
- TMC will commit the resources needed to submit to the ACC National Registry detailing patient characteristics, treatment, and outcomes for all patients receiving emergent and non-emergent PCI.
- The Medical Center, Inc. further commits its resources to ensure a high quality and excellence program is implemented; and that all selection criteria are adhered to as well as implement quality forums that allow for formal case review involving our tertiary partner.

Based on this information, The Medical Center, Inc. is seeking DCH approval to begin performing Adult Therapeutic Cardiac Catheterization services as soon as possible and to offer the constituents in our region a choice for PCI.

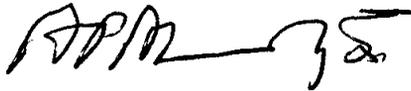
Sincerely,



David Flowers, M.D.
Chief of Staff



Lance B. Duke, FACHE
President and Chief Executive Officer



Andrew P. Morley, Jr., M.D.
Senior Vice President and Chief Medical Officer