

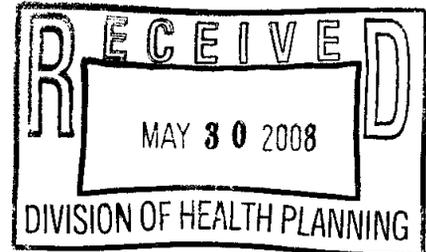


FAXED

VIA FACSIMILE AND U.S. MAIL

May 30, 2008

Clyde Reese, Esq.
Executive Director of Health Planning
Department of Community Health
Office of General Counsel
2 Peachtree St., NW, 5th Floor
Atlanta, GA 30303



RE: Senate Bill 433's CON Exemption for Certain Therapeutic Cardiac Catheterizations and the Department's 2005 Determination Satilla Regional Medical Center, Inc. Met the C-PORT Study Guidelines

Dear Clyde:

I am writing you this letter in response to the Department's recent announcement of "a 30-day free determination period to answer specific written questions about the applicability of Senate Bill 433". As you no doubt are aware, Senate Bill 433 includes an exemption for certain therapeutic cardiac catheterizations in hospitals that meet the criteria to participate in the C-PORT Study. Specifically, the new O.C.G.A § 31-6-47 will continue to establish certain exemptions from CON review, including a new subpart which will exempt:

Therapeutic cardiac catheterization in hospitals selected by the Department prior to July 1, 2008, to participate in the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT) Study and therapeutic cardiac catheterization and hospitals that, as determined by the Department on an annual basis, meet the criteria to participate in the C-PORT Study but have not been selected for participation; provided, however, that if the criteria requires a transfer agreement to another hospital, no hospital shall unreasonably deny a transfer agreement to another hospital;

At the outset I must say that we at Satilla firmly believe that our hospital would, at this very moment, be a worthy participant in the C-PORT Study referred to in the statute above. Indeed, the Site Selection Advisory Committee for the C-PORT study found that we met both the C-PORT and Georgia specific guidelines to participation in the study when the initiative was first inaugurated in this state back in 2005. In a letter addressed to me as President/CEO of Satilla Regional Medical Center dated October 5,

2005, we were named as one of four alternate participants in the study who would step in as a replacement in the event that either Atlantic C-PORT or the Department found it necessary to replace one or more of the initial participants.

It is our understanding that at this time there are two hospitals: Spalding Regional Medical Center in Griffin and Fairview Park Hospital in Dublin, which were chosen as initial participants but are no longer actively participating in the C-PORT study. If this is correct, it is our position that Satilla as the alternate participant found to have the highest number of diagnostic catheterizations in 2003 of any hospital without open heart surgery capabilities which was not chosen to participate in the study (see Exhibit 9.4 attached hereto), we should be the first in line to step into the place of those who are no longer actively participating in the study. While we understand that the number of diagnostic catheterizations may fluctuate from year to year, we also believe it is significant to point out that on this same exhibit we were found to have had the most diagnostic catheters done at a *rural* hospital, which was not chosen as an initial participant, by a very wide margin. Further, the ability to do this procedure is of particular value to patients living in rural areas because they face "a barrier to access". Additionally this appears to have been of at least some concern to Site Selection Advisory Committee as eight of the ten participants chosen were from areas classified by the Department as "Rural" and many urban hospitals which according to the attached exhibit were busier than the rural hospitals chosen were passed over. Finally, it should be noted that none of the aforementioned urban hospitals which were passed over by their rural counterparts were busier in terms of diagnostic catheterization procedures done than Satilla, at least in 2003.

We at Satilla also firmly believe that even if we are not chosen to begin actively participating in the C-PORT study that we should be allowed to proceed with conducting therapeutic cardiac catheterizations under Senate Bill 433, considering we have already, as evidenced by our being chosen as an alternate in the C-PORT study initiative, been found by the Department to meet the criteria to participate in that study.

Allowing Satilla to proceed with conducting therapeutic cardiac catheterizations under this new exemption from CON review would allow it to offer percutaneous cardiac interventions (PCI) and improve access to quality health care for its patients. Performing elective PCI at hospitals without on-site cardiac surgery benefits patient care and improves the delivery of health care in many ways, including "reduced bleeding (avoiding transfer of patients with intravascular sheaths in place), patient and family preference and satisfaction, physician convenience and reduced cost (by avoiding transfers to other facilities and, potentially, additional hospital days if PCI is delayed)." (The Atlantic C-PORT Trial Elective Angioplasty Study Manual of Operations, p.4) Satilla seeks to offer PCI in order to offer a more complete continuum of care to its cardiac patients. Again, the positive impact on our rural patients will be all the more compelling because of their barrier to access. Also it should be noted that Satilla at this very moment enjoys the support of board-certified cardiologists, who would qualify to participate in the C-PORT study specifically and are generally competent to perform the sought after procedures.

In consideration of the foregoing, Satilla respectfully asks that it receive renewed consideration to actively participate in the Atlantic C-PORT study in this state and if this is not possible, Satilla requests a determination by the Department that it may offer percutaneous coronary intervention (PCI) pursuant to O.C.G.A. 31-6-47(22) because 1) the Department already found Satilla qualified to participate in the C-PORT Study, and 2) it will improve patient care in Satilla's rural service area.

Please do not hesitate to contact me if you have any questions or concerns or require additional information regarding this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. Trimm". The signature is written in a cursive style with a large initial "R".

Robert M. Trimm
President & Chief Executive Officer

Exhibit 9.4

**2003 Diagnostic Cardiac Catheterization Procedures for
Georgia Hospitals without Open Heart Surgery Capabilities**

Facility	County	Area Type	Diagnostic Catheterizations
Wellstar Cobb Hospital	Cobb	Urban	1,874
Southern Reg. Med. Ctr.	Clayton	Urban	1,560
Satilla Regional Med. Ctr.	Ware	Rural	1,361
Henry Medical Center	Henry	Urban	1,253
S.E. Georgia Reg. Med. Ctr.	Glynn	Rural	1,137
DeKalb Medical Center	DeKalb	Urban	946
Gwinnett Medical Center	Gwinnett	Urban	905
Hamilton Medical Center	Whitfield	Rural	902
Tanner Med. Ctr.-Carrollton	Carroll	Rural	825
Northside Hospital	Fulton	Urban	817
West Georgia Med. Ctr.	Troup	Rural	782
Spalding Regional Hospital	Spalding	Rural	706
South Fulton Med. Ctr.	Fulton	Urban	654
Tift Regional Med. Ctr.	Tift	Rural	513
Doctors Hospital-Augusta	Richmond	Urban	504
Candler Hospital	Chatham	Urban	501
St. Mary's Hospital	Clarke	Urban	489
Hutcheson Medical Center	Catoosa	Urban	434
The Medical Center	Muscogee	Urban	434
Floyd Medical Center	Floyd	Urban	400
J. D. Archbold Mem. Hosp.	Thomas	Rural	385
Cartersville Medical Center	Bartow	Rural	285
Newton General Hospital	Newton	Rural	282
St. Joseph Hospital-Augusta	Richmond	Urban	281
Meadows Reg. Med. Ctr.	Toombs	Rural	273
East Georgia Reg. Med. Ctr.	Bulloch	Rural	268
Emory Eastside Med. Ctr.	Gwinnett	Urban	257
Rockdale Hospital	Rockdale	Urban	245
Fairview Park Hospital	Laurens	Rural	238
North Fulton Reg. Hospital	Fulton	Urban	189
Emory Dunwoody Med. Ctr.	DeKalb	Urban	169
Colquitt Regional Med. Ctr.	Colquitt	Rural	Not Operational
Fayette Community Hospital	Fayette	Urban	Not Operational
Newnan Hospital-West	Coweta	Urban	Not Operational
Sumter Regional Hospital	Sumter	Rural	Not Operational
Northside Hosp.-Cherokee	Cherokee	Urban	Not Operational

Source: Georgia Department of Community Health, Division of Health Planning, 2003 Cardiac Catheterization Surveys.



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Tim Burgess, Commissioner

Sonny Perdue, Governor

2 Peachtree Street, NW
Atlanta, GA 30303-3159
www.dch.georgia.gov

EXHIBIT B 10/5/05 LETTER REFERENCE IN REQUEST

October 5, 2005

Mr. Robert M. Trimm
President/CEO
Satilla Regional Medical Center
Post Office Box 139
Waycross, Georgia 31502

Dear Mr. Trimm:

The Department wishes to inform you that the following ten institutions have been selected by both the Atlantic Cardiovascular Patient Outcomes Research Team (Atlantic C-PORT "Trial"), led by Thomas Aversano, M.D., and by the Georgia Department of Community Health ("Department") to participate in the Trial:

- Fairview Park Hospital, Dublin, Georgia
- Hamilton Medical Center, Dalton, Georgia
- John D. Archbold Memorial Hospital, Thomasville, Georgia
- Southeast Georgia Regional Medical Center, Brunswick, Georgia
- Southern Regional Medical Center, Riverdale, Georgia
- Spalding Regional Medical Center, Griffin, Georgia
- Tanner Medical Center, Carrollton, Georgia
- Tift Regional Medical Center, Tifton, Georgia
- WellStar Cobb Hospital, Austell, Georgia
- West Georgia Medical Center, LaGrange, Georgia

The Site Selection Advisory Committee has indicated that the facilities listed below also meet the C-PORT and Georgia specific participation guidelines. In the event that Atlantic C-PORT or the Department finds it necessary to replace one of the initial participants, the Department may select a replacement facility from the following:

- Emory Eastside Medical Center, Snellville, Georgia
- Gwinnett Medical Center, Lawrenceville, Georgia
- Henry Medical Center, McDonough, Georgia
- Satilla Regional Medical Center, Waycross, Georgia

Mr. Robert M. Trimm

Page 2

October 5, 2005

Due to the lack of meeting one or more of the required standards and criteria, the following facilities have not been selected as participants or potential replacements:

Cartersville Medical Center, Cartersville, Georgia

DeKalb Medical Center, Decatur, Georgia

Doctors Hospital, Augusta, Georgia

Floyd Medical Center, Rome, Georgia

Meadows Regional Medical Center, Vidalia, Georgia

Newnan Hospital, Newnan, Georgia



FAX COVER SHEET

DATE: 5-30-08

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 5

TO: CLYDE REESE, ESQ.

FIRM NAME: GEORGIA DEPT. OF COMMUNITY HEALTH

FAX TELEPHONE NUMBER: 404-656-0654

FROM: ROBERT TRIMM, SATILLA REGIONAL MEDICAL CENTER

DEPARTMENT: PRESIDENT/CEO

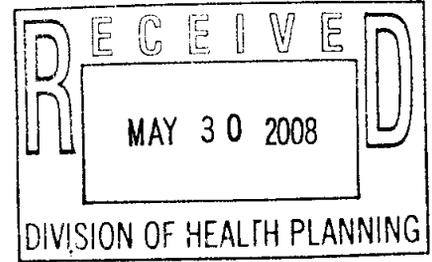
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May 29, 2008

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

RE: SB433 Administrative Rules – Letter of Determination – Single Specialty ASC

Dear Mr. Reese:

Thank you for the opportunity to request clarification regarding applicability of SB433 to specific situations as the July 1, 2008 implementation date nears. The following questions relate to a project in which the physician group will build a new practice location incorporating services that are appropriate to the practice specialty including a single specialty ambulatory surgery center.

- Will the LNR process be required including application and defined timeline?
- Will leased equipment (operating lease or cost per case) be attributable to the capital threshold?
- Does simultaneous development apply when there is new office space with ancillaries and the ambulatory surgery center?

Thank you for your review of the questions. If you need additional information, please don't hesitate to call me.

Sincerely,

A handwritten signature in cursive script that reads "Gayle R. Evans".

Gayle R. Evans
President

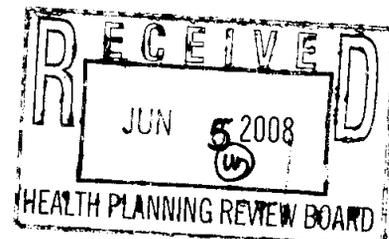


ORIGINAL

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**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH***Tim Burgess, Commissioner**Sonny Perdue, Governor*2 Peachtree Street, NW
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www.dch.georgia.gov**EXHIBIT B 10/5/05 LETTER REFERENCED
IN REQUEST**

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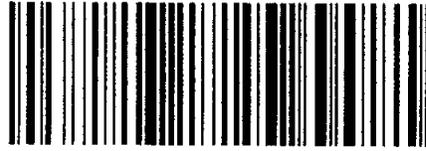
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Newnan Hospital, Newnan, Georgia

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SATILLA REGIONAL MEDICAL CENTER
410 Darling Avenue
Waycross, Georgia 31501

TO
Clyde Reese, Esq.
Exec. Director of Health Planning
Dept. of Community Health
2 Peachtree Street, NW, 5th Floor
Atlanta, GA 30303

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