MINUTES OF MEETING OF
HEALTH STRATEGIES COUNCIL
Department of Community Health, Division of Health Planning
Children' Medical Center
1446 Harper Street, Augusta, GA 30912
Friday, May 20, 2005

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11:00 am – 1:00 pm
Daniel W. Rahn, M.D., Chair, Presiding

MEMBERS PRESENT

William G. "Buck" Baker Jr., M.D
Honorable Glenda M. Battle, RN, BSN
Harve R. Bauguess (via conference call)
Edward J. Bonn, CHE
Elizabeth Brock
Tary Brown (via conference call)
W. Clay Campbell (via conference call)
Nelson B. Conger, DMD (via conference call)
Katie B. Foster
Charlene M. Hanson, Ed.D.,FNP (via conference call)
Reverend Ike E. Mack
Felix Maher, DMD
Julia L. Mikell, MD
James G. Peak (via conference call)
Raymer Martin Sale, Jr.
Toby D. Sidman
Catherine Slade
Tracy M. Strickland
Kurt M. Stuenkel, FACHE (via conference call)

MEMBERS ABSENT

Oscar S. Spivey, MD
Katherine L. Wetherbee, RN
David M. Williams, MD

GUESTS PRESENT

Brian Crevasse, Parker Hudson Rainer & Dobbs
David Henderson, University Hospital, Augusta
Mark Mullin, Gwinnett Health System
Helen Sloat, Nelson Mullins

STAFF PRESENT

Karesha Berkeley,
Neal Childers, JD
Richard Greene, JD
Bruce Henderson
Yuvonica Ransom
Robert Rozier, JD
Rhathelia Stroud, JD
Stephanie Taylor

WELCOME AND CALL TO ORDER

Dr. Rahn welcomed Council members and guests and called the meeting to order at 11:10 am. He acknowledged the following members, who joined the meeting via conference call: Harve Bauguess, Tary Brown, Clay Campbell, Nelson Conger, DMD, Charlene Hanson, James Peak, and Kurt Stuenkel. He also introduced Don Snell, President and CEO of MCG Health, Inc. Mr. Snell welcomed Council members to Augusta and to the campus of the Medical College of Georgia.

Dr. Rahn then called for a Moment of Silence to recognize the untimely passing of David M. Bedell, DVM. He said that the Department has secured a Resolution to honor Dr. Bedell. Following the reading of the Resolution, members voted unanimously to officially adopt the Resolution. He requested that a copy of the Resolution be transmitted to Honorable Charlotte Bedell, Dr. Bedell's widow. He further noted that the Department is preparing a plaque to present to Mrs. Bedell.

Dr. Rahn reminded members that there is an opportunity for interested members to make a contribution to one of Dr. Bedell's favorite charities. Stephanie Taylor has agreed to coordinate this effort on behalf of the Council. Ms. Taylor has prepared information about the Agrirama Foundation and will circulate an envelope during today's meeting to receive donations. Additional contributions could be mailed directly to the Department to Ms. Taylor's attention.

REVIEW AND APPROVAL OF MINUTES OF FEBRUARY 28TH MEETING

Dr. Rahn indicated that the minutes were mailed to members in advance of the meeting. A few errors were noted, including the following:

- Pg. 3; first sentence, second paragraph should be revised to read: Dr. Williams *indicated*....
- Page 5; statement attributed to Dr. Conger, should read: Dr. Conger expressed concern about *Care* Management Organization (CMO)...
- Page 7; under heading of House Bill 390-State Commission on the Efficacy of the Certificate of Need Program, third sentence should read: The Chairperson of the *DCH* Board, and the Health Strategies Council *as well as the Commissioner of the Department of Community Health will be ex-officio members.*
- Page 9; third paragraph, second sentence should read: Mr. Greene indicated that, at the present time, there are two separate state health plans and rules for Inpatient Physical Rehabilitation Services *and* Traumatic Brain Injury Services
- Page 9;under Other Updates, second paragraph, fourth sentence should read: He also cited ongoing audits *requested by* Grady Health System, Memorial Hospital of Savannah and Medical Center of Central Georgia.

Mr. Bonn asked for clarification of the following statement on page 8 of the draft minutes of February 28th meeting: "The Special & Other Services Standing Committee recommended and the Department concurs that there is a need to review the PET Rules at this time. (The state health plan for PET services recommended that that the PET TAC be reconvened in two years to ensure that the plan and rules are still adequate)."

Dr. Rahn clarified that the current PET Plan includes a recommendation that the PET TAC be reconvened in 2 years. The PET Plan and Rules were developed in 2002. Also, because there are additional concerns that the Department has identified in the administration of the PET Rules, the Department concurs that they need to be reviewed.

Dr. Rahn presented the draft minutes for approval, pending the inclusion of the recommended changes. A motion to accept the minutes, as amended, was made by Elizabeth Brock, seconded by Ed Bonn. The Council unanimously accepted the motion.

CHAIRMAN'S REPORT

Dr. Rahn indicated that the Commission on the Efficacy of the Certificate of Need Program (Commission) was established through HB390 during the last legislative session. He said that Governor Perdue appointed four members while House Speaker, Glenn Richardson and Senate President Pro Tem, Eric Johnson each made two appointments to the Commission. The Commissioner of the Department of Community Health, Chair, Board, Community Health and Chair, Health Strategies Council are additional ex-officio members. Governor Perdue has designated Dr. Rahn as the Chair of the Commission.

Dr. Rahn said that the Commission is very broadly represented and has among its membership lawyers, physicians, hospital representatives, and legislators. He said that the Commission's work is expected to take approximately two years. He reviewed the duties of the Commission as it is detailed in the legislation. (See Appendix A)

Dr. Rahn indicated that the work of the Commission has major implications for the Division of Health Planning and how Georgia will approach the issue of how to assure access to the highest quality and most cost-effective healthcare for all citizens. He said that the outcome of the Commission's work could present a wide range of possibilities from increasing the amount of regulation to abolishing any state-managed regulatory process. He said that all of the Commission's meetings would be open to the public.

Katie Foster said that the Commission should be concerned about the issue of accountability if there is no state oversight. Also, she inquired as to whether the Commission would only consider keeping the current regulatory system or abolishing it or whether there should be some middle ground where there can be an adjustment to the existing process.

Dr. Rahn noted that the work of the Commission is not to determine whether there should or should not be a CON process but rather the Commission would consider whether the current process continues to meet the state's policy objectives since the current approach was developed in a different healthcare environment.

Mr. Bonn asked about the budget for the Commission. Dr. Rahn indicated that there has been no new funding appropriated. The Department of Community Health will staff the Commission.

Mr. Bonn asked whether the Commission would focus exclusively on whether CON is working in the State of Georgia or whether it will go beyond that focus to suggest a regulatory model that would work better.

Dr. Rahn indicated that the Commission's charge is wide open. He said that part of the process would include an examination of some nationwide models. Dr. Rahn acknowledged his excitement about the challenge of chairing this committee.

UPDATE OF WORK OF INPATIENT PHYSICAL REHABILITATION SERVICES TECHNICAL ADVISORY COMMITTEE (TAC)

Dr. Rahn informed the Council that in addition to reviewing the current Comprehensive Inpatient Physical Rehabilitation Services Plan and Rules, the Comprehensive Inpatient Rehab TAC (TA) has also been charged with reviewing the Rules for Traumatic Brain Injury Programs (TBI). The TAC has agreed to incorporate TBI in the Comprehensive Inpatient Physical Rehabilitation Services Plan and Rules. He then called on Harve Bauguess, TAC Chair to provide an update of the TAC's work. Mr. Bauguess said that the TAC has met three times, to date. He noted that there has been excellent participation from all TAC members throughout the planning process. He said that the committee's work is progressing well and he expects to complete a draft set of Rules shortly.

Dr. Rahn indicated that he would expect a report of the work of the TAC, along with a set of draft proposed Rules at the Council's November meeting.

DEPARTMENT AND DIVISION REPORTS

- **Atlantic CPORT Research Project** – Neal Childers reported that at a special called meeting of the Council during February 2005, the Council voted to allow the Department to develop a set of Proposed Draft Rules to permit eligible hospitals to participate in the Atlantic CPORT Research Project. Mr. Childers reviewed the Rules development and implementation process noting that the Council's recommendation was presented to the Board of Community Health (Board). The Board issued the Rules for public comment. Following a public comment period, the Board at its April 2005 meeting adopted the Rules. Mr. Childers stated that the effective date of the Rules, as established by the Secretary of State's office, was May 8, 2005. The Rule is now in force and effect.

Mr. Childers said that Department Staff has proceeded with the necessary administrative work to implement this process. He said that each eligible hospital has been contacted and made aware of their eligibility status. He further noted that the Department has collaborated with Dr. Aversano to create a joint Request Form that would be used by the Department and the Trial to evaluate all Requests for Participation. The form is available on the Department's website. Responses are due to the Department by the close of business on June 30, 2005. He clarified that Trial personnel would review all requests to determine which hospitals would be accepted and that the Department, along with an advisory group, would make the final selection regarding which hospitals would be approved for participation. Mr. Childers said that he expects that the review process would be completed by late summer. A list of thirty-six (36) hospitals in Georgia that are eligible to participate in the Trial was provided to Council members. (See Appendix B) Mr. Childers indicated that by the next Council meeting the Department would be able to provide a list of all providers who submitted requests to participate in the study.

Dr. Rahn clarified that the Department and the Council have created an opportunity for hospitals that meet study criteria to participate in a randomized, controlled, multi-center, multi-state clinical Trial. He said that those hospitals that are approved to participate would only be able to provide services in the context of the clinical Trial. Approved hospitals would not have permission to expand scope of services

currently offered except to individuals who are enrolled in the Trial. He emphasized that when the Trial is over (when enrollment targets are reached or 3-year time frame has ended) hospital permission to offer services under the study protocol would be terminated. He emphasized that it is an opportunity to participate in a clinical Trial that may affect policy decisions in the future, based on information that is collected in the study for the State of Georgia.

- **Ambulatory Surgical Services Technical Advisory Committee -** Neal Childers reported that the Department has received a draft opinion from the Office of the Attorney General (OAG) regarding the 2003 Draft Ambulatory Surgical Services Rules that were prepared by the Ambulatory Surgical Services TAC. The OAG has asked the Department to review its opinion and to provide a response. He said that the OAG would provide formal guidance to the Department after they have considered input from the Department. Mr. Childers indicated that the Department would provide a summary of the OAG's report at the next meeting.

- **Indigent & Charity Care Ad Hoc Committee-** Neal Childers indicated that this committee worked very diligently but last fall, at the request of the Commissioner, it was put on-hold pending debate and discussion of the allocation of the Disproportionate Share Hospital (DSH) funds. He indicated that those issues have not been resolved however DCH Commissioner, Tim Burgess has asked Mr. Greene to reconvene this committee because the home health industry has raised a concern about the appropriate level of indigent care that should be provided by its providers. He reported that Dr. Williams has agreed to reconvene the committee to examine this specific issue.

- **HB206- Assisted Living Facilities-** Richard Greene reported that this bill did not pass during the 2005 Legislative Session however there is an expectation that a similar bill would be introduced during the next legislative session.

OTHER BUSINESS

Dr. Rahn asked the Council to examine page 8 of the February minutes where the Council prioritized the TAC formation as follows:

1. Inpatient Physical Rehabilitation Services, chaired by Harve Bauguess
2. **Assisted Living TAC—this TAC would be convened, pending passage of HB206 during the legislative session.
3. Psychiatric & Substance Abuse Inpatient Services
4. Traumatic Brain Injury
5. PET TAC
6. Gamma Knives
7. Long Term Acute Care Services

He summarized the following changes:

1. Inpatient Physical Rehabilitation Services- work is ongoing
2. Psychiatric & Substance Abuse Inpatient Services (expected to start before end of year)
3. PET TAC
4. Gamma Knives
5. Long Term Acute Care Services

Note the following changes:
Assisted Living – did not pass during the Legislative Session. It has been removed from the list.
Traumatic Brain Injury- has been combined with the Comprehensive Inpatient Physical Rehabilitation Services Plan and Rules.

Elizabeth Brock asked for an update on any discussions that Dr. Rahn and the Department may have had regarding the examination of the statewide manpower issues as was referenced at the February meeting. Dr. Rahn indicated that there has been no further discussion on this area. He noted however that he has been asked to chair a healthcare workforce taskforce under the auspices of the Association of Academic Health Centers, a national body.

Rhathelia Stroud, Director of Certificate of Need Program introduced the staff of the Office of General Counsel/Certificate of Need Section, namely Karesha Berkeley, Bruce Henderson, and Yuvonica Ransom.

ADJOURNMENT

Dr. Rahn reminded members that the next meeting is scheduled **for Friday, August 19th at 11:00 am.** There being no further business, the meeting adjourned at noon.

Minutes taken on behalf of chair by Stephanie Taylor.

Respectfully Submitted,

Daniel W. Rahn, MD
Chair

Appendix A

House Bill 390
Georgia General Assembly

05 HB 390/CSFA/AP
House Bill 390 (AS PASSED HOUSE AND SENATE)
By: Representatives Scott of the 153rd and Brown of the 69th

A BILL TO BE ENTITLED
AN ACT

To amend Chapter 6 of Title 31of the Official Code of Georgia Annotated, relating to state health planning and development, so as to create a State Commission on the Efficacy of the Certificate of Need Program; to provide for legislative intent; to provide for composition of the commission and the commission's powers and duties; to provide for compensation of the members of the commission; to provide for officers of the commission; to provide for a quorum for the transaction of business; to provide for a final report; to provide for related matters; to provide an effective date; to provide for automatic repeal on a certain date; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 6 of Title 31 of the Official Code of Georgia Annotated, relating to state health planning and development, is amended by adding a new Article 5 to read as follows:

ARTICLE 5

31-6-90.

The General Assembly finds and declares that it is important to periodically assess various existing state programs to determine whether such programs continue to be viable and effective or whether they have become obsolete and have failed to or ceased to accomplish their original policy objectives. The General Assembly further finds that access to quality health care and the rising cost of such care are vitally important to the citizens of Georgia. Therefore, the General Assembly has determined that it is in the best interests of the state and its citizenry to undertake an evaluation of the certificate of need program.

31-6-91.

There is created a State Commission on the Efficacy of the Certificate of Need Program for the purpose of studying and collecting information and data relating to the effectiveness of the certificate of need program in Georgia. The commission shall be responsible for conducting a comprehensive review of the certificate of need program which shall include, but not be limited to, the effectiveness of the program in accomplishing its original policy objectives, the costs associated with the program, and the impact on health care and costs of continuing or discontinuing the program. Further, the commission

shall undertake to determine if changes to the program are needed in order to achieve its policy objectives. These changes include, but are not limited to, a determination as to whether services currently not subject to regulation should be regulated; whether services currently subject to regulation should no longer be regulated; and whether the current statutory appeals procedure properly balances the competing goals of good decision making and timeliness, as well as whether or not it is subject to abuse.

31-6-92.

(a) The State Commission on the Efficacy of the Certificate of Need Program shall be composed of 11 members. The Governor shall appoint four members. The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall each appoint two members, as each deems advisable. The chairpersons of the Board of Community Health and the Health Strategies Council, and the Commissioner of the Department of Community Health shall be ex officio members of the commission.

(b) The Governor shall designate the chairperson of the Board of Community Health or the chairperson of the Health Strategies Council to serve as the chairperson of the commission. The commission may elect other officers as deemed necessary. The chairperson of the commission may designate and appoint committees from among the membership of the commission as well as appoint other persons to perform such functions as he or she may determine to be necessary as relevant to and consistent with this article. The chairperson shall only vote to break a tie.

31-6-93.

(a) The commission shall hold meetings at the call of the chairperson.

(b) A quorum for transacting business shall be a majority of the members of the commission.

(c) Any legislative members of the commission shall receive the allowances provided for in Code Section 28-1-8. Citizen members shall receive a daily expense allowance in the amount specified in subsection (b) of Code Section 45-7-21 as well as the mileage or transportation allowance authorized for state employees. Any members of the commission who are state officials, other than legislative members, and state employees shall receive no compensation for their services on the commission, but they shall be reimbursed for expenses incurred by them in the performance of their duties as members of the commission in the same manner as they are reimbursed for expenses in their capacities as state officials or employees. The funds necessary for the reimbursement of the expenses of state officials, other than legislative members, and state employees shall come from funds appropriated to or otherwise available to their respective departments. All other funds necessary to carry out the provisions of this article shall come from funds appropriated to the House of Representatives and the Senate.

31-6-94.

(a) The commission shall have the following duties:

(1) To study and evaluate the effectiveness and efficiency of Georgia's certificate of need program and any other program or matter related to the cost and quality of health care in Georgia, as determined by the commission;

(2) To undertake a comprehensive review of the certificate of need program which shall include, but not be limited to, the effectiveness of the program in accomplishing its original policy objectives, the

costs associated with the program, the benefits of continuing or discontinuing the program, the financial impact of continuing or discontinuing the program, and the impact on the quality, availability, and cost of health care if the program is continued or discontinued;

(3) To evaluate and consider the experiences and results in other states which utilize and which have abolished certificate of need programs;

(4) To identify findings and conclusions, including but not limited to recommendations as to whether the certificate of need program should be continued, discontinued, or modified;

(5) To evaluate the impact of continuing or discontinuing the certificate of need on providing patient care in trauma care hospitals, critical access hospitals, and public hospitals;

(6) To evaluate the impact of continuing or discontinuing the certificate of need program on providing service to Medicaid and indigent patients; and

(7) To make recommendations for proposed legislation.

(b) The commission shall have the following powers:

(1) To evaluate the certificate of need program in Georgia and any other program or matter relative to the cost and quality of health care in Georgia;

(2) To conduct a statewide audit of the certificate of need program in Georgia;

(3) To request and receive data from and review the records of appropriate agencies and health care facilities to the greatest extent allowed by state and federal law;

(4) To accept public or private grants, devises, and bequests;

(5) To enter into all contracts or agreements necessary or incidental to the performance of its duties; and

(6) To conduct studies, collect data, or take any other action the commission deems necessary to fulfill its responsibilities.

(c) The commission shall be authorized to retain the services of auditors, attorneys, financial consultants, health care experts, economists, and other individuals or firms as determined appropriate by the commission.

(d) Staff support for the commission shall be provided by the Department of Community Health. The Department of Community Health may use any funds specifically appropriated to the department to support the work of the commission for such purpose.

(e) The commission shall issue a final report which shall include proposed legislation, if any, to the Governor and the General Assembly on or before June 30, 2007.

31-6-95.

The commission shall stand abolished and this article shall be repealed on June 30, 2007.

SECTION 2.

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval.

SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.

Appendix B

LIST OF HOSPITALS ELIGIBLE TO PARTICIPATE IN THE ATLANTIC CPORT TRIAL

Authorized Adult Diagnostic Cardiac Catheterization Programs that are Eligible to Apply to Participate in the Atlantic C-PORT Trial

	Facility Name	County	Principal Administrator or Chief Executive Officer	Mailing Address
1	Cartersville Medical Center	Bartow	Mr. Keith Sandlin, Executive Director	P.O. Box 200008; Cartersville, GA 30120-9001
2	East Georgia Regional Medical Center	Bulloch	Mr. Brad Nurkin, Chief Executive Officer	P.O. Box 1048; Statesboro, GA 30459-1048
3	Tanner Medical Center, Carrollton	Carroll	Mr. Loy M. Howard, President and Chief Executive Officer	705 Dixie Street; Carrollton, GA 30117-3818
4	Hutcheson Medical Center	Catoosa	Dr. Ralph E. Nipp, President and Chief Executive Officer	100 Gross Crescent Circle; Fort Oglethorpe, GA 30742
5	Candler Hospital	Chatham	Mr. Paul P. Hinchey, President and Chief Executive Officer	5353 Reynolds Street, 4 South; Savannah, GA 31405
6	Northside Hospital - Cherokee	Cherokee	Mr. Douglas M. Parker, Chief Executive Officer	P.O. Box 906; Canton, GA 30114-0906
7	St. Mary's Hospital	Clarke	Mr. Thomas E. Fitz, President and Chief Executive Officer	1230 Baxter Street; Athens, GA 30606-3791
8	Southern Regional Medical Center	Clayton	Mr. Edward J. Bonn, President and Chief Executive Officer	11 Upper Riverdale Road SW; Riverdale, GA 30274-2600
9	WellStar Cobb Hospital	Cobb	Dr. Robert Lipson, Chief Executive Officer	3950 Austell Road; Austell, GA 30106-1174
10	Colquitt Regional Medical Center	Colquitt	Mr. James R. Lowry, Chief Executive Officer	P.O. Box 40; Moultrie, GA 31776-0040
11	Newnan Hospital West	Coweta	Mr. Richard Hubbard, Chief Executive Officer	P.O. Box 997; Newnan, GA 30264-0997
12	DeKalb Medical Center	DeKalb	Mr. Eric Norwood, Chief Executive Officer	2701 North Decatur Road; Decatur, GA 30033-5995
13	Emory Dunwoody Medical Center	DeKalb	Mr. Thomas D. Gilbert, President and Chief Executive Officer	4575 North Shallowford Road; Atlanta, GA 30338-6499
14	Fayette Community Hospital	Fayette	Mr. Darrell Cutts, President and Chief Executive Officer	1255 Highway 54 West; Fayetteville, GA 30214-4521
15	Floyd Medical Center	Floyd	Mr. Kurt Stuenkel, President and Chief Executive Officer	P.O. Box 233; Rome, GA 30162-0233
16	North Fulton Regional Hospital	Fulton	Mr. John Holland, President and Chief Executive Officer	3000 Hospital Boulevard; Roswell, GA 30076-9930
17	Northside Hospital - Fulton	Fulton	Mr. Bob Quattrocchi, President and Chief Executive Officer	1000 Johnson Ferry Road NE; Atlanta, GA 30342-1611
18	South Fulton Medical Center	Fulton	Mr. Christopher Hummer, President and Chief Executive Officer	1170 Cleveland Avenue; East Point, GA 30344-3600
19	Southeast Georgia Regional Medical Center	Glynn	Mr. Michael P. Browning, Chief Executive Officer	P.O. Box 1518; Brunswick, GA 31521-1518
20	Emory Eastside Medical Center	Gwinnett	Mr. Les Beard, Chief Executive Officer	P.O. Box 587; Snellville, GA 30078-0587
21	Gwinnett Medical Center	Gwinnett	Mr. Frank M. Rinker, President and Chief Executive Officer	P.O. Box 348; Lawrenceville, GA 30046-0348
22	Henry Medical Center	Henry	Mr. Sam Ahern, President and Chief Executive Officer	1133 Eagle's Landing Parkway; Stockbridge, GA 30281-5099
23	Fairview Park Hospital	Laurens	Mr. James E. Raynor, President and Chief Executive Officer	P.O. Box 1408; Dublin, GA 31040-1408
24	The Medical Center	Muscogee	Mr. Lance B. Duke, President and Chief Executive Officer	P.O. Box 951; Columbus, GA 31902-0951
25	Newton Medical Center	Newton	Mr. James F. Woodick, Administrator	5126 Hospital Drive NE; Covington, GA 30014
26	Doctor's Hospital of Augusta	Richmond	Mr. Shayne George, Chief Executive Officer	3651 Wheeler Road; Augusta, GA 30909-6426
27	Saint Joseph Hospital of Augusta	Richmond	Dr. Andrew A. Lasser, President and Chief Executive Officer	2260 Wrightsboro Road; Augusta, GA 30904-4726
28	Rockdale Hospital & Health Systems	Rockdale	Mr. Nelson E. Toebbe, Chief Executive Officer	1412 Milstead Avenue NE; Conyers, GA 30012-3899
29	Spalding Regional Medical Center	Spalding	Mr. John Quinn, President and Chief Executive Officer	P.O. Box V; Griffin, GA 30224-0047
30	Sumter Regional Hospital, Inc.	Sumter	Mr. David H. Seagraves, President and Chief Executive Officer	100 Wheatley Drive; Americus, GA 31709-3799
31	John D. Archbold Memorial Hospital	Thomas	Dr. James L. Story, Chief Executive Officer	P.O. Box 1018; Thomasville, GA 31799-1018
32	Tift Regional Medical Center	Tift	Mr. William T. Richardson, President and Chief Executive Officer	P.O. Box 747; Tifton, GA 31793-0747
33	Meadows Regional Medical Center	Toombs	Mr. Alan Kent, Chief Executive Officer	P.O. Box 1046; Vidalia, GA 30475-1046
34	West Georgia Medical Center	Troup	Mr. Gerald N. Fulks, President and Chief Executive Officer	P.O. Box 1567; LaGrange, GA 30241-1567
35	Satilla Regional Medical Center	Ware	Mr. Robert M. Trimm, President and Chief Executive Officer	P.O. Box 139; Waycross, GA 31502-0139
36	Hamilton Medical Center	Whitfield	Mr. John S. Bowling, President and Chief Executive Officer	P.O. Box 1168; Dalton, GA 30722-1168

Prepared by: Data Resources and Analysis Section, Division of Health Planning -- May 19, 2005