Public Hearing for the COPA Index Advisory Group

Appointed By the Tennessee Department of Health

Pursuant to Tenn. Comp. & R. Reg. 1200-38-01-.03

Listening Session #1 - General Public

Chair: Gary Mayes, Director, Sullivan County Health Department

Commissioner: John Dreyzehner, MD, MPH, FACOEM

Director: Jeff Ockerman, Division of Health Planning

TAKEN AT: CARTER COUNTY HEALTH DEPARTMENT
          403 EAST G STREET
          ELIZABETHTON, TENNESSEE

TAKEN ON: TUESDAY, MARCH 22ND, 2016

REPORTED BY: TERRY L. KOZAKEVICH, RPR, LCR
ADVISORY GROUP

Rep. David Hawk, State Representative, Greene County
Rep. Matthew Hill, State Representative, Washington County
Mayor Johnny Lynch, Unicoi
Ms. Susan Reid, Executive Director, First Tennessee Development District
Mr. George Brewer, Administrator, Hancock Manor Nursing Home
Mr. Brant Kelch, Executive Director of Highland Physicians, Inc.
Dr. Teresa Kidd, President & CEO, Frontier Health
Dr. David Kirschke, Medical Director, Northeast Tennessee Regional Health Department
Ms. Minnie Miller, Former Director of Johnson County Schools
Ms. Erika Phillips, Coordinated School Health Director for Hawkins County
Ms. Chantelle Roberson, Associate General Counsel, Blue Cross Blue Shield of Tennessee
Mr. Perry Stuckey, Senior Vice President and Chief Human Resources Officer, Eastman Chemical Company
Ms. Jan Tillman, Nurse Practitioner, Roan Mountain, Rural Health Consortia
Mr. Thomas J. Wennogle, President, Jarden Zinc
Dr. Brenda White Wright, Former CEO, Girls Inc. of Kingsport
INDEX

Opening Statement by Chair Gary Mayes ............ 4
Opening Statement by Director Jeff Ockerman .... 6

----------------------------------------

Public Speakers

----------------------------------------

Statement by Mr. Glenn Tilson .................. 19
Statement by Mr. Fielding Rolston ............... 22
Statement by Mr. Steve Hopland ................ 27
Statement by Mr. Stan Johnson .................. 33
Statement by Mr. Gary Poe ...................... 35
Statement by Mr. Larry Calhoun ................. 39
Statement by Mr. Michael Hance ................. 44
Statement by Ms. Candy Craig ................... 50
Statement by Ms. Chandrea Shell ................ 54
Statement by Mr. Cal Wilson .................... 56
Statement by Mr. Bob Feagins ................... 60
Statement by Ms. Lottie Ryans .................. 65
PROCEDINGS

GARY MAYES: I really want to give everyone here a very warm welcome, and thank you very much for taking an interest in health care in northeast Tennessee and especially in what the Advisory Group is doing for northeast Tennessee and the Tennessee Department of Health.

Before we get started, I want to make sure that all the audience and the participants know that this evening is being recorded and transcribed by a court reporter.

Obviously we have our local media here. We're very thankful for that, and so I just want to give you a heads up and make sure that everyone understood.

The Advisory Committee, appointed by the Commissioner of Health, Dr. John Dreyzehner, is seated in this unique area here with their tents. And so as the audience speaks...

Can you all hear me well? Okay, good. As the audience speaks, please address the Advisory Group as much as possible. The microphone is being provided there, and so you're welcome to approach the microphone and share your
comments.

For those that want to speak, please sign the list. There's a list at the door. Print your name so we can make sure to get a record and make sure that we recognize everyone that wants to have an opportunity to speak.

And so again, thank you so much for being here. We want to give a special recognition to the Director of Carter County Health Department, Carolyn Hurt, for hosting this meeting.

And we also have with us the Regional Director of Northeast Regional Health Office for the Tennessee Department of Health, Rebecca English, and so they are true leaders in public health, and so we have a great space here.

This is a wonderful facility, so thank you all very much for sharing this so...

All right. Without further ado, we'll begin. I'm looking for Jeff Ockerman with the Tennessee Department of Health, Public Policy Planning.

JEFF OCKERMAN: Health planning.

GARY MAYES: Health planning. Thank you, sir. And so Jeff is going to go over a
powerpoint kind of display and tell us just a little bit about the Certificate Of Public Advantage, as we call it COPA, and what the Advisory Group's role is in this process, and so I think it would be good background for the audience.

So, Jeff?

JEFF OCKERMAN: Thank you very much, Gary. Lights, please. Thank you. My name is Jeff Ockerman. I'm the Director of Health Planning for the State Department of Health.

And under the statute and regulations, should a Certificate of Public Advantage end up being granted, it will fall to the Division of Health Planning to do a lot of the work.

At this point, we are a support group for the Advisory Group and working with them to help them fulfill their charge. So I'm going to tell you a little bit about what is a Certificate of Public Advantage.

I'm going to talk to you about the Advisory Group. I'm going to talk to you about what the Advisory Group is looking to hear from you, the public, this evening and in the rest of the meetings that are scheduled.
So a Certificate of Public Advantage is written approval by the Tennessee Department of Health. It governs what's called a cooperative agreement between two or more hospitals or hospital systems, and the whole purpose of the Certificate of Public Advantage is to protect the interests of the public in the specific region and also in the state.

And while this statute has been in existence since 1993, it has never before been used for the purpose of a hospital merger, and, in fact, we're not even sure it's ever before been used in the state of Tennessee.

So what that means is that this is all new ground. And we're working very hard to make sure we're doing what is correct under the statute, under the rules, to protect the interest of the public. Okay. Thank you, Allison.

So to apply for a COPA, a Certificate of Public Advantage, a hospital is required to submit an application with some really specific detailed information and some data about the proposed merger.

And examples of the information that's required to be submitted include the actual
agreement to merge, any plans to integrate services, financial details, a plan of separation. I'll tell you a little bit more about that later. A proposed index of measures, and that sounds very complicated, but I'm going to go through that, and then some other information as well.

So under the current application for Mountain States and Wellmont, the letter of intent was received on September 16th of last year. The required pre-submission report, which they put on-line as well, was received by the Tennessee Department of Health on January 7th of this year.

The actual application was received February 16th. And just so you know, the application takes up a full banker's box, so it's a lot of documents. It's over 2,000 pages.

And we asked them to deliver 10 copies to us, which they did. It was really very gracious of them to do that. Addendum No. 1 was received March 16th of this year, so that was just recently received.

In this submission of information and letters on the application, we responded to that pre-submission report, and we requested clarification on several of the issues, and that's
why the applicants submitted Addendum No. 1 on March 16th. We are continuing to review the application.

We're waiting to receive some additional information from the applicants that we knew was not going to be submitted initially, and that material includes some financial and other information that's considered competitively sensitive or even confidential, but we do expect to receive that in the near future.

Once the Department of Health has determined that an application, the application is actually complete so that we can conduct a review, a 100-day -- 120-day period begins during which we have to conduct the review and then issue a decision on whether the Certificate of Public Advantage should be issued.

And under the law, the Certificate of Public Advantage is to be issued if the Department of Health determines that the applicants have demonstrated by clear and convincing evidence that the benefits resulting from the cooperative agreement outweigh any disadvantage that's attributable to a reduction in competition. It's a pretty high standard.
So what does this really mean? Well, if the COPA -- Certificate of Public Advantage -- is issued, the department will assess the impact of the merger based on terms included in the Certificate of Public Advantage that we issue.

One way to look at that is, and part of this is there will be an index that will look at different measures that will enable the department to determine on an ongoing basis whether or not the public advantage continues over the disadvantage of loss of competition.

The index is one way that we would plan to grade this proposed new health system. The COPA Index Advisory Group, the people sitting right up here, are going to suggest different subjects that will be included on this index.

The index is kind of like a report card. The Advisory Group is going to suggest the different subjects, and the index score eventually that the department comes up with is going to be like a grade point average, and the grades in different subjects will be compiled together on that.

So what subjects should be on this report card? And the rules require that the
subjects should be in these following categories: Population, health, access to health services, economics, and then any other factors that come up from these public meetings and from any information that's submitted to the department.

And as an example, if the category was math, you know, the subjects could be geometry or algebra. So the COPA Index -- this kind of report card -- is going to be created and used for and by the Department of Health to evaluate the proposed continuing public advantage of the COPA, if the COPA is issued.

The department will set a baseline score and ranges for that score to determine whether the advantage is clear and convincing, and that score will be reported to the public on a regular basis.

If the advantage is not evident, it's not clear and convincing under that standard, then the Department of Health may terminate the COPA, and then the merge system will then complete its plan of separation, which it has had to file with its application.

And in the event a COPA is granted, they have to update that annually. So that if the merger has to be unwound, if the public advantage
no longer continues, it can be done, and we will know how it's to be done, and you will know how it's to be done.

So here we have the COPA Index Advisory Group sitting right up here. It's a group of citizens. They represent the region, northeast Tennessee. They were appointed by the Commissioner of Health, Dr. John Dreyzehner. They're conducting listening sessions to hear from you.

Following these public listening sessions, the Advisory Group will recommend measures with the subjects to be included on that index report card for the Department of Health to use to track the impact, including the advantages and disadvantages should a COPA be granted.

The Advisory Group's job is over once it recommends these measures for the COPA Index. The Advisory Group does not make a recommendation on whether to approve the COPA or not. It is not the Advisory Group's job to determine if there are more advantages than there are disadvantages or vice-versa.

The Advisory Group's job is to recommend the measures to be included on the index that the
department uses in the event a COPA is granted for the department to assess advantages and disadvantages.

Here are the names. They're on our website. They're on the name cards right in front of them, and a lot of you know a lot of these people.

Guidance for the Advisory Group from the Department of Health. We are looking for guidance on big-picture concepts. What worries you, the public, the most. We're concerned with outcomes, not what we call process measures.

So an outcome would be how did the new health system do on their test? How did they do on that measure over time? Not -- or a process would be how often did the new health system study for that test?

We're not interested in that. You can study as much as you want. What the result is is what is important to the Department of Health, and that's what we're looking for in guidance from you all and the Advisory Group.

The health systems have had their chance and are continuing to have their chance through their application and any additions and amendments...
to that application. Now is the opportunity for the community to have its say, to tell us what they are really worried and concerned about for these measures.

The Advisory Group represents community concerns, and the goal is to have a clear and well-defined index that can be easily understood by the hospital systems who will be impacted by how they are measured, by industry stakeholders, and by you, the general public, so you're going to know whether or not there's a continuing advantage under that certificate.

At these listening sessions, the rules require that our Advisory Group friends hear from these groups, external stakeholders, people, groups who work in health or health care and compete with the hospital systems.

This includes health insurance companies, including self-insured employers. Includes governmental agencies, nongovernmental agencies, nonprofits, anyone who really is not getting paid by Mountain States or Wellmont.

Another listening session will be held particularly for internal stakeholders, people who receive their income from Mountain States Health
Alliance or Wellmont Health System. It could be an employee. It could be a contractor, a vendor. It could be a clinician.

And then members of the community at large, maybe current potential patients, family members, people who are not affiliated with or competing with Mountain States Health Alliance or Wellmont Health System. Those are people we want to hear from as well.

So the goal for the Advisory Group listening sessions: We want you to tell the Advisory Group what measures you think should be included in this index, in this report card, what outcomes would matter to you in those areas of population, health, access to health care, of economic impact of the merger, and anything else that you come up with.

Let's go back, and here are the dates of those meetings. We've got March 22nd, obviously here today, the community meeting. The external stakeholders meeting March 29th at Northeast State.

April 5th, community again, Holston Electric Cooperative. April 19th, for internal stakeholders back at Northeast State. And then on
May 17th, the measures as drafted as proposed will be presented, and we'll get comments from the public on those at that time.

And then finally at the very end there will be a public hearing, and the goal of that meeting is should the Certificate of Public Advantage be issued? In looking at the measures for the index, looking at everything else that's been monitored.

If so, what should the Department of Health consider during its ongoing active supervision of a potential Certificate of Public Advantage? That meeting is set for June 7th at Northeast State Community College.

We've also got a way for you to submit comments on-line via email. We have a box in the back with index cards. If you don't want to put your name on something, we don't care. That's perfectly fine. We just want to know what you're thinking.

So here today, the Advisory Group is here to listen. We're going to call the speakers. Gary will call them from the sign-up sheets. If you're not already signed up, please go back to that table and do so.
We're estimating each speaker gets three to five minutes. Questions about the process itself should be submitted in that box at the back of the room.

Be careful, it's next to a trash can. Don't put it in the wrong one. And if you prefer, written comments can also be submitted in the box.

A reminder, this session is being videod, and it's being transcribed by our friend the court reporter up here, and so just know it's a very public process. We are being as transparent as we possibly can and as we know how to be, and we want you all to know that as well.

One last housekeeping measure. The restrooms are right outside to the left and through that door at the back, if for any reason to need to know that.

Again, today's goal: The COPA Index measures. If a COPA is issued, what measures are going to be included, should be included in the index, in that report card, which the Department of Health will use to judge the impact of the merger?

How should this impact of the merger be measured or tested? What of these outcomes matter
most to you? Health, health care access, economics? And what matters to you when it comes to the health of people in this region? Your access to health services.

Again, the economic impact of the merger. What else should be included on that list? And I think we are at the end, great.

So, lights up. Thank you very much. Thank you all for listening to me. Gary?

GARY MAYES: Nice job, Jeff. And also I'd like to thank Jeff and Allison Thigpen, who's seated in the front row. They work very diligent to make sure this meeting flows very smoothly and we have a good process for the Advisory Group.

Because if you have a good process, hopefully we'll have a good outcome and a good relationship. So, and, again, thank you, the Advisory Group, for being here tonight. I know you're volunteering your time for a very large responsibility, so I'm very, very thankful for your attendance.

Dr. David Kirschke, with the Northeast Regional Health Office, will be joining us. He's a member of the Advisory Group. He's running just a little bit late.
So without further ado, again for those that want to speak, please approach the microphone. And this list is in random order. We will leave the slide on the screen to keep everyone mindful and keep us on pace for the three to five minutes.

So first is Glenn Tilson. Thank you, Mr. Tilson.

GLENN TILSON: Thank you very much. I am Glenn Tilson from Erwin. I may have to revise and extend my comments for you later on some of the things here to be submitted.

But, Chairman Mayes, members of the committee, I strongly support the merger. I think that there will be, there has been a lot of changes in medical care in the past several years and continuing to be changes.

I remember years ago, people would be in the hospital for days and weeks, and today maybe overnight. Maybe can be treated in a doctor's office and sent home today.

But some changes I think that will result from this merger, if it's approved, and I do strongly support it. I think that there should be an emphasis on wellness and continuing this
emphasis on wellness.

    I think that we're seeing that today. There will be reduced length in hospital stays in the future. We've seen that, as I mentioned just a moment ago.

    I think that also that in the future, we will see increased cost in treating patients, so cost should be definitely considered. I know that many of the insurance companies and the government are pushing wellness and trying to keep the costs lower, so I think cost should be considered.

    Insurance companies play a major role in health care today, as we're familiar with. Expectations for hospitals to be more cost-effective and support to the value-based purchasing ideas.

    I think now Medicare and some of these others may be giving increased payment if you're able to reduce cost. And if you're not able to reduce cost, they're even penalizing keeping some of the money back, so that might even be considered.

    The merger should improve medical care, in my opinion. There should be less duplication of services, and maybe that might be one of the
points that we want to look at, may allow for more specialization at the hospitals.

One hospital may specialize in something. Another hospital may specialize in something else. But with the current situation with as many hospitals that we have, all these hospitals are trying to be competitive in doing these services.

So I'm sure that this is going to be involved. I haven't read that 2500 page COPA. That's a lot of words. I hope to one day, but I haven't so far. But some of these are my thoughts that I think probably should be considered in it.

I would also think that the merger will probably not reduce the number of doctors and nurses, but the merger I'm sure will reduce the number of employees, especially at corporate levels. Because with the merger, they're going to have one corporate headquarters, I believe, and the supporting staff for that instead of two.

Without this merger, the larger corporation could take over one or both, MSHA and Wellmont and/or Wellmont. Therefore, one of the or both of the corporate headquarters could be lost, and several small hospitals could close.
Thank you very much for your support and listening to me here this evening. And again, I do rise in support of the merger. I know that a lot of work has gone into it by both boards. They've studied it long and hard, I'm sure.

And I'm familiar with hospitals to a degree. I've served on the board in Erwin for approximately 20 years, and we just went through the Unicoi County sort of merger about three years ago.

And there's a lot of work that goes into it. A lot of things that have to be considered, and I believe that these boards have done their study, and hopefully we will improve health care in east Tennessee and southwest Virginia.

Thank you very much.

GARY MAYES: Thank you, Mr. Tilson, very much. Next we have Fielding Rolston.

FIELDING ROLSTON: Thank you, Gary. As Gary said, I'm Fielding Rolston. I've lived in Kingsport for about 50 years.

First of all, I want to express my appreciation to you folks who serve on this panel. I know it's a voluntary effort and certainly appreciate your willingness to do that.
I retired from Eastman Chemical Company in 2003. At the time of my retirement, I had responsibility for HR and communications job, almost identical to the job that Perry is now in.

Perry, you have my condolences. I can report that retirement is very good.

At the time of the merger of Holston Valley and Bristol Regional Health Care, Bristol Regional Hospital, I was serving as Chairman of the Board at Holston Valley, and then as we merged became the first chairman of the Wellmont Health System.

We certainly at that time faced a number of the questions and challenges and so forth that we're facing with this proposed merger here.

In addition to the work that I've done with the hospital, I'm currently serving as Chairman of the Board of Eastman Credit Union. A plug for Eastman Credit Union. It's the largest and best financial institution in this part of the world, so that's a job in my retirement.

I also have been involved in a lot of community organizations. Perry, you think your job is difficult at Eastman. But one of the toughest jobs I had was managing Brenda White
Wright when she was Executor Director of the Girls, Incorporated in Kingsport.

BRENDA WHITE WRIGHT: Thank you so much.

FIELDING ROLSTON: It was a real challenge to keep Brenda under control and to tampen down some of the enthusiasm some. And Minnie, I got to know Minnie real well.

I'm serving as chairman of the State Board of Education. And with Minnie's interest in education, enjoyed working with you.

With all the work that I've done in Kingsport in the time I've been there, I've been able to, I think, develop a pretty good picture of the health care needs that we have in this region. And because of this, I strongly support the proposed merger that you're considering.

There are really four reasons, fairly simple reasons for supporting this merger, and I think the measures that we're talking about can follow these reasons.

First of all, I think we have a good opportunity to reduce or eliminate some of the duplication that has come about. When we put together Holston Valley and Bristol Regional, I thought at the time that the best health care
system for this region was to have two strong health care systems that competed.

As I watched this develop over the years, I've learned that the duplication of effort is not productive, as far as health care. It's certainly not productive, as far as the cost of health care in this region, and I believe that this merger will enable us to reduce or eliminate some of the duplication that has developed.

The second reason is that I believe a consolidated system, a larger system, can bring health care services to this region that neither of the two systems can afford at the present time, afford or justify at the present time, so new services for the region.

The third is that a merger will keep or permit us to maintain our roots in northeast Tennessee/southwest Virginia. I think we have all seen situations where mergers in some ways siphoned away the resources to another region or to a home office, and I think it is very, very important to maintain the roots that we have here in northeast Tennessee.

And fourth, and probably the most important reason, is that I think a consolidated
system will help us to place resources in the key issues that are in this area, and this is the cardiovascular disease that we have in this area, diabetes, pulmonary disease that we have in this area.

I think it is all extremely important that we have a health care system that's going to focus our resources on the needs of this particular region and do so in an effective manner.

Now if the proposed merger is approved, the new health care system can achieve long-term financial stability, sustainability through major cost efficiencies.

The proposed system will also make more of an impact on the significant health issues that we have in this region and be uniquely able to provide the people of our region with an even higher quality of health care and certainly a more affordable cost for health care.

As part of the application of the COPA, the systems have suggested a wide array of measures that I think you all will be looking at. I think that they can be very effective in monitoring the control.
And I am confident that these measures will ensure the new health system remains accountable to the community and while at the same time providing a reasonable baseline in which state- and public-at-large entities can see what is happening and how well we're doing on meeting those measures.

So having served on the Wellmont board and having seen our high caliber administrators and doctors that we've attracted to the region and also knowing that the same is true for Mountain States, I believe that we are in a position to deliver on the objectives that are set forth in the COPA.

I appreciate the opportunity to speak to you, and I certainly support the COPA. Thank you.

GARY MAYES: Thank you, Fielding, for your thoughtful comments. Next is Steve Hopland. Thank you, Steve.

STEVE HOPLAND: Hi. My name is Steve Hopland. I'm the CEO of Medical Care. We're a primary care physician group here in Elizabethton, Johnson City, and Hampton. And I'm not here to either support or oppose the COPA itself but have a lot of concerns about a large monopoly in our
area for health care.

And I am in favor of a strong health care system. I think the economics may force a merger, but it may be a reality, but I am concerned about putting too much power in the hands of one hospital system without some kind of checks and balances, which I hope that this panel will help put into place.

First one is a reduction of services in the area. And here in Carter County, we've had OB services for 50 years up until the last couple years when Mountain States decided it wasn't economically feasible to offer those services anymore, although the births hadn't changed significantly.

So I've seen personally in our community a loss of services due to economic reasons, which were the downfall of a patient. So I'm really concerned, particularly in those more rural and vulnerable areas, that we may lose some critical services, and to me OB is one of those critical services that we should deliver to everybody.

And I know that some of the more fancy brain surgeries and heart surgeries are cooler, fancier, more expensive, but OB is a pretty basic
right we should have in our local communities as much as possible, and I hate to see some of those things centralized.

The other one is data exchange. We are lucky enough to have an HIE in our area, one partner. We're one of the regions that does share data between our primary care physicians.

But interestingly, it's been three years of trying to get the hospitals to share their data. And until just recently, at the end of last year, Mountain States started sharing data.

Wellmont is still opposing and not sharing data actively, and that really troubles me that we are now holding patients' data hostage from their primary care so that it's affecting patient care, and I think that's a problem.

I think that the data of individual patients should be shared open and freely among the health care community. I believe in the rights and privacy of the patient, but I think once you get beyond that, holding data for strategic reasons is wrong.

So I'm totally opposed to the opposing, or they need to share the data openly, so I hope that you'll require that.
The other one is the direct employment or unfair competition of primary care physicians. By the time we get this merger done, between Wellmont's physicians and Mountain States' physicians, they will be the largest physician group in the Tri-Cities area, which will put them very dominant in this market.

I think that we need to have some checks and balances. A lot of their physicians are employed at a loss to the hospital system because they can get extra referrals and extra business through that. I think that the hospitals need a check and balance between those self-referrals of those physicians.

Nothing -- the hospital should not get in the way of the patient/physician relationship. That's a sacred relationship that should be between the patient and the physician, not between the hospital and the patient, so I think that's a strong concern.

The other one goes to insurance contracting. Is it because they will have the largest physician group, also all the inpatient beds in the area, they can do all kinds of exclusive deals to exclude all the independent
physicians out there, like ourselves and other
groups, which are to the detriment of the public.

We need to again protect that
patient/physician relationship as much as we
possibly can. That professional relationship
should be sacred, and we don't want to get in the
way.

We've seen several things. We used to
partner in a surgery center in the area, and they
didn't oppose us directly, somewhat indirectly.
But they did an exclusive deal with the
anesthesiologist that we could not use anesthesia
in our surgery center, so we could not be
successful.

We could not recruit the specialist
because they recruited all the specialists and
required exclusive contracts to practice only in
the hospital.

Those type of arrangements, and not
specifically anesthesia, but any of those
specialists should be able to practice anywhere,
wherever they want to, without exclusivity to a
hospital or to a system.

I think the same goes for all the
specialists, making sure we have open access to
all the hospital privileging, to all the
physicians to admit to use who they need to. All
of these exclusive arrangements or indirect
exclusive arrangements actually harm that
patient/physician relationship.

And the other one is competing
outpatient services. Excuse me. It took us four
years to work with the state for the CON process
to try and get MRIs to end up with a partnership
with the hospital a couple days a week, is that
the hospital should not be competing with the
physicians and outpatient setting for diagnostic
services for surgery centers.

For things that could be done outside of
a hospital, they should allow competition in those
areas. And I do agree the hospitals may come to
an economic time where they need to merge the
health care systems.

We're using less hospitals, and we're
trying to reduce costs, and there's a lot of
financial pressures on them, and I do understand
that. But I think that trying to create a
monopoly with too much power is not in the
patients' or the community's best interest.

So those are my basic concerns. Thank
you.

GARY MAYES: Thank you, Steve. Next is Stan Johnson.

STAN JOHNSON: Hi there. I'm Stan Johnson. I own GBC Wellness Center. I'm also the Medfit Centers. We're a medical fitness center. Very integrated into Kingsport right now.

And I think the biggest points that I want to bring, the fact is we're dealing with a health care system that deals with sick people. And we have an opportunity with this merger, I think, possibly to go to the other end, which is going to be a very viable setup, which is moving in more of a preventative setup.

We have a dedicated, I think it's 75 million dollars in the population health. I sit on the population health board that brought some of this together. I think that's an area that we have a chance to stand out, if we're going to do this.

I think if a merger comes together, learning how to do this with a partnership of the private industry and not try to bring it all under one hat of this merger but actually bring it to and look for the areas that we have in this area
that can actually help and partner with them, especially if you have funds to help partner with that.

I think that's going to be an incredibly viable setup, but it also matches very well with going into ETSU's School of Medicine, and I think that's the opportunity that we have with this merger.

We are dealing with, you know, obesity rates of 30 percent in this area, smoking rates, cardiovascular disease problems, and we have an opportunity to take this not only to -- but we actually have an opportunity to take it and to define populations, like in the work force and doing preventative stuff in the work force.

We have a chance to take it into the school systems and define our population, because population management, it sounds really good. But quite honestly, like I was at a national meeting a couple months ago. It's a lot like herding cats, unless you can find a very defined population.

And that defined population really comes in three areas: It comes in our schools, our faith community, and it comes in our work force development.
And then so finding a way to work into some preventive medical wellness, finding a way to educate our kids, finding a way to get into the faith system and start teaching them how to do things a little bit better.

That, I believe, is going to be an economic impact that this merger can do if it's willing to actually take that step and not take some of that money and decide that they're going to build another clinic that's going to be under them, but actually go out there into the community and say, how can we help what's already going on out there and help us with this?

So I'm in favor of the merger, as long as it goes that way. I believe that we can do this. You know, we have to help, you know, those three areas dramatically, and I think then we can do something differently.

And I know that's dealing with a medical institute that deals with sick people might be a little bit different, but I believe there's economic development that can happen with that, and that can make a really strong system because of that. Thank you.

GARY MAYES: Thank you, Stan. Gary Poe.
GARY POE: Thank you for allowing me to comment today. I'm Gary Poe of Kingsport. Professionally, I'm an accountant.

I retired from Eastman Chemical Company 12 years ago. I was with Eastman for almost 35 years in various financial capacities, my last 19 years having been spent as the company's chief tax officer.

I remain active in East Tennessee State University's community, being on the foundation the Distinguished President's Trust and having served on the national alumni board for many years, including the terms as its president.

My wife, Sandra, is also an ETSU graduate. We both value highly our opportunities that we had there and are thankful for the careers our educations there afforded us.

Throughout my professional career, I served on a variety of professional community boards. Shortly after my retirement from Eastman, I was asked to serve as a board member and treasurer for Friends In Need Health Care Center, a nonprofit clinic which provides low-cost medical and dental care to working poor families in our region.
A few years later, while still on the board of Friends In Need, I was asked to join the Wellmont Foundation Board of Governors, where I continue to serve as treasurer and a member of the investment committee, and both of these are volunteer capacities.

My years of volunteer involvement with Friends In Need and Wellmont Foundation have given me a broad perspective regarding health care needs in our region and how those needs are and in some cases are not being met.

It is for this reason that I'm glad to have a chance to speak with you today about how our community would benefit from the proposed merger between Wellmont Health System and Mountain States Health Alliance.

I believe the proposed new health system would enhance health care services across our region. It would help to address population health challenges. It would expand access to care, and I believe it would contain cost growth.

As a side note, I'm delighted that my alma mater, ETSU, would play a role in ensuring that our local health care needs are met by being part of the team developing a strategic community
health plan.

If approved, there will be additional benefits from the proposed merger. Three full service tertiary hospitals will be maintained: one in Johnson City, one in Kingsport, and one in Bristol, and other area facilities may be repurposed as needed to meet the needs of our community through enhanced access to needed services.

Physicians will be able to practice where they choose, and patients will be able to seek care where it's most convenient.

Furthermore, tens of millions of dollars will be invested locally in medical research to support postgraduate health care training and to increase the training of nurses and other health care professionals. This kind of investment is a great opportunity for our region.

In the midst of an increasingly difficult health care landscape, this will enable us to face the challenges head on with a smart, focused plan. I encourage you to adopt the comprehensive community planning process outlined in Wellmont and Mountain States' application, which will allow the Tennessee Department of
Health to partner with ETSU, with our existing community resources, and with the new health system to implement a plan tailored to our needs and thus increase the likelihood of improving the overall health of people in our region.

I believe this approach demonstrates that both Wellmont and Mountain States are committed to ensuring affordable, accessible care of the highest quality and will bring together the expertise and the resources of two excellent health systems for the benefit of our region.

I thank you again for allowing me to express my support for the proposed merger and the collaborative community planning process. I also thank you for providing opportunities to hear from the community as part of this process. Thank you.

GARY MAYES: Thank you, Gary. Next is Larry Calhoun.

LARRY CALHOUN: First, let me add my thanks to the committee for the time that you're spending listening to the community in this very important matter that affects all of us.

My name is Larry Calhoun, and I'm the founding dean of the Bill Gatton College of Pharmacy, East Tennessee State University. And
before helping to found the college in 2005, I served as president and CEO of Wilson Pharmacy, Unicoi County Memorial Hospital, and was also a vice president at Mountain States at one point in time.

Additionally, I was recently Chairman of the Board of Directors for the Jonesborough Washington County Chamber of Commerce.

I really appreciate the opportunity to give my thoughts regarding the importance of health education and research in this area, and I represent the Bill Gatton College of Pharmacy.

The potential merger of Wellmont and Mountain States Health System has a tremendous upside for the Bill Gatton College of Pharmacy. While currently both are valued partners, a single united health system offers opportunities for collaboration that are not feasible working with two systems independently.

While the college is only 11 years old, we have quickly realized a deep relationship with both systems is critical to our future. And let me give you one very important and very personal example of that opportunity.

I think all of us would agree that our
community suffers from a prescription drug abuse epidemic. The colleges connected in the Health Science Center at ETSU have collectively committed to focusing research efforts on combating this crisis in the southern Appalachian region. The problem has received local, state, and regional and national attention.

ETSU is fortunate to have a number of faculty currently focusing their research efforts on prescription drug abuse. They're getting the attention of leaders and academia.

They're getting the attention of the practice environment, and they're getting the attention of the political arena. A partnership in this effort with a single health care system that touches all areas would provide renewed energy and a source of funding to take these efforts to the next level.

Access to data is critical. With Mountain States and Wellmont providing a single entryway in the information, the work of the academic health science colleges would be significantly more effective.

The impact of the proposed new health system's commitment to invest dollars, lots of
dollars to build and sustain research initiatives cannot be understated.

Paramount among the specific advantages for the College of Pharmacy, should a merger occur, is the opportunity to enhance an already existing partnership related to ambulatory care.

The role of the pharmacist has evolved to serving as an information specialist and an active member of the health care team. Working off examples of a productive partnership with the College of Pharmacy faculty and the Department of Family Medicine in the Quillen College of Medicine, a co-funding model that their health care system has been implemented.

A unified health care system would only serve to enhance this model, and this model is drawing some national attention. And finally, a regional system affords our College of Pharmacy the opportunity to standardize a significant portion of the experiential education aspects of the pharm decree.

Over a third of the students' experiences take place in the last year, year and a half of their education related to experiential education.
Operating in a partnership with a health care system will afford better experiences for our students, simpler coordination on behalf of both acute care and ambulatory care facilities, and offers the opportunity to continue to raise the level of pharmaceutical care in our community.

Additionally, post-graduate programs currently operated by the college in both systems could take advantage of better coordination and communication. ETSU and the College of Pharmacy has the opportunity to serve as a valued partner with Mountain States and Wellmont.

The systems continuing to operate independently serves to only fragment our efforts to develop and enhance initiatives that would benefit the citizens of our region. I'm hopeful that the barriers can be overcome in order to take advantage of this once-in-a-lifetime opportunity for us.

And to close, I'm confident that the active state supervision, which you all talk about, will help to ensure our region's success to achieve the goals set forth as part of this proposal.

Again, I want to thank the committee for
your time and your commitment on behalf of the
people of our region and the opportunity to share
my thoughts with you in support of this merger.
Thank you.

GARY MAYES: Thank you, Larry. Next we
have Michael Hance.

MICHAEL HANCE: Hello, and thank you for
giving me the opportunity to comment this evening.
I'm Michael Hance. I'm the senior vice president
and general counsel at Forward Air Corporation.
Forward Air is a transportation and logistics
company based in Greeneville, Tennessee.

I'm here not only as a resident of our
community, but most importantly because of a very
personal interest in access to children's health
services. My son, Henry, was diagnosed with a
type of kidney cancer called Wilms tumor when he
was six months old.

From age six months until he was four
years of age, Henry was in therapy which included
surgeries, chemotherapy, and radiation. And I'm
thrilled to report to you today that Henry is 10
years old, cancer-free, and for the most part
lives without any sort of negative side-effects
from that.
It's an incredible understatement to say that we, his mother and I, are grateful for this outcome. We were fortunate.

During his sickness, much of Henry's treatment was administered locally through Saint Jude and Niswonger Children's Hospital. We know how important it is to have excellent resources for children locally. It made a huge difference in our lives.

However, during Henry's four years of on-again off-again therapy, we became aware of other families who had to leave our region to get access to health care their children needed.

In rural communities across our country, and unfortunately right here in our region, many families have experienced challenges in accessing quality health care services for children.

This issue is so important to our family that my wife and son have actually been involved in an effort to lobby Congress to pass legislation that provides funding for children's hospitals.

We know the importance of children having access to quality health care, and this is a tremendous factor in my following closely the proposed merger of Wellmont and Mountain States.
As you consider measurements to include as part of the Health Index, I want to emphasize the importance of expanded health care services designed to meet the needs of our region's children.

The proposed new health system's plan includes enforceable commitments to recruit and retain new pediatric subspecialists through the Niswonger Children's Hospital as well as a plan to develop pediatric specialty centers in emergency rooms in Kingsport and Bristol.

Any metrics adopted to evaluate the system's progress should determine whether these commitments have been satisfied. I'm convinced that the proposed merger, along with the ongoing oversight by the state, will provide a local solution for health care that will make lives better.

An integrated system will generate significant financial investment into the region, expanding numerous community-based resources specifically focused on children's health and ensure that families have access to affordable local care. This is essential for parents and families in our community.
In summary, I believe the proposed merger provides a responsible solution to ensure that access to the very best health care is expanded for families and particularly for children in the northeast Tennessee region.

I thank you for your service and thank you for an opportunity to comment this evening.

GARY MAYES: Thank you, Michael. Thank you for sharing that story with the community very much. Mayor Eldridge?

DANNY ELDRIDGE: My name is Danny Eldridge. I'm the Washington County Mayor, and I appreciate the opportunity to be in front of you tonight. It's almost ironic, I was in a meeting with Randy Boyd, the Commissioner of Economic and Community Development in the State of Tennessee earlier today.

And in that meeting, he made a specific comment regarding population health and the challenge that that has become, not only in Tennessee but specifically in our region, the challenge has become to attracting investment and creating jobs.

This was not news to me, unfortunately. More than two years ago, the mayors of the eight
counties of northeast Tennessee, in a meeting with our development district, we identified specific population health challenges as being significant detriments, impediments, if you will, to accomplishing some of the economic objectives that we have in our area.

And quite frankly, out of that meeting came a series of actions to begin to meaningfully address some of these challenges. And I'm happy to report today that our College of Applied Health at the university, or East Tennessee State University, has actively engaged with us to help along these lines as has Mountain States Health Alliance.

What's interesting is all of this is very consistent with concerns expressed by the Washington County Commission several months ago when they chose to weigh in on the discussion regarding this proposed merger.

They specifically addressed, you know, the concern that our population health issues be addressed in a very meaningful way and the concern that the potential for control of these health systems to leave the area could impact the effectiveness of that.
So I'm very pleased, looking at the merger plan, to see the 75 million dollars that's been proposed to be spent on population health measures. I think that specifically addresses a matter of impacting our effectiveness in economic development across the region.

Another issue that we specifically have addressed again through Washington County Commission was the concern about access. I think that we're all very aware of the access, the various services, specialties, subspecialties that we have access to in this region.

We did express concern in the resolution to the two health systems that, you know, the potential again for control to leave the market left us vulnerable to losing access to some of these specialized services.

And quite frankly for me personally, I would feel the impact of that because of the condition that I have to have attention to as recently as this past week. And I'm fortunate, I'm very fortunate that I have access to a specialist in Johnson City.

Unfortunately, as he told me this week, when it is time for treatment, I will be able to
have the procedure in Johnson City that quite frankly otherwise I would be going to a much larger market to be treated for. So, you know, having the access to not just the quality but the extent of the services that is today enjoyed by a population is very meaningful.

I know that again, as it relates to recruiting business to this community, having the quality of health care, the access to health care is very meaningful to those businesses. You know, they're looking at the opportunity to provide for their employees, their employees' families, and I think that we can't -- we certainly can't overstate the importance of this.

So I believe that what has been proposed with this merger is going to accomplish a lot for our region, not only from the standpoint of the health care but from the perspective of allowing us to further our economic investment efforts.

And I fully, fully support what has been proposed here, and I appreciate the opportunity to speak with you this evening. Thank you.

GARY MAYES: Thank you, Mayor Eldridge. Next we have Candy Craig.

CANDY CRAIG: Good evening. Thank you
all so much for the time that you all are
investing in this process. I'm here tonight.

I have provided community development
over the last 20 years in various communities
throughout east Tennessee, and I am blessed that
in my position now I still get to do community
development.

I do take a different approach. I think
everything that has been said here tonight, from
physicians to different community leaders, are
right on point. I'm very much for the blending of
these two health care organizations.

I don't think it's a merger. I really
think it's a blending of families. I think it's a
blending of our communities, the jobs that are
going to be saved. We're not sending our health
care out to someone that lives in a different
state to make decisions for us right here at home.

I get the opportunity to travel and meet
with people that are financially in distress. And
in doing that, health care is always a big
component because health care is one of those
things if they have a health emergency.

Most of us sitting in this room have
wonderful health insurance. We have access to
quality health care.

I really do believe that the blending of these two health care organizations will strengthen our community. It's going to give better health care to rural areas of southwest Virginia and to east Tennessee and to those communities that deserve to have the same health care as we would receive in Johnson City or in Kingsport, that they can do that.

I do live here in Carter County. I do serve on the board of Sycamore Shoals Foundation Board and believe that if you're part of that community, you should work very hard to give back because those foundations and those dollars going back into those communities help those individuals that can't help themselves.

So in saying that, I think it is a wonderful opportunity. And I've looked at the board all night, and the one thing that sticks out on that board is people, people in this region, and how this is really truly going to impact the people that serve and live and work and worship in this region.

And I really do believe that we can provide better education. As you know, we have
diabetes, heart disease. I think that that starts at a very young age. You change the habits.

And I think in doing that, by blending these two organizations, we can better educate our communities, our individuals, our young adults. We can better education those families to have better health practices, so it does lower health care costs for all of us.

I do look again back at people, and I look at those children. I look at those things that when you work with an individual, worked with one today. She had $1200 in her bank account each month from Social Security.

She worked every day of her life at a local place, grew up here, lived here her entire life. She was born in 1954, and all she has to live on is $1200.

She has no health care. She pays $100 a month on her health care bills and her out-of-pocket expenses, and she pays $120 for her prescriptions. But she says every time I step into that hospital, they treat me like I'm a queen.

And as I've been thinking about what to say and how to address, as a community leader and...
someone that works here, someone that's lived here their entire life, she actually made everything come true to me. She's treated like a queen when she walks into that facility.

So looking at the people in this region, that's what we need to be thinking about. Thank you.

GARY MAYES: Okay. Thank you very much. I'm sorry, I can't make out the writing on this one. My old eyes are failing me. It looks like Michelle or Shell from Milligan? I apologize. Forgive me. State your name, if you could. Thank you.

CHANDREA SHELL: Hello. I'm Chandrea Shell, and I serve as Director of Public Relations and Marketing at Milligan College. I'm a lifelong resident of Carter County and a past president for the Elizabethton/Carter County Chamber of Commerce.

I truly believe that we live in one of the most blessed areas of this county or of this country. And with that said, we also have a lot of health concerns in this area, a lot of growing health concerns.

Milligan has enjoyed a long relationship
with Wellmont and Mountain States. We appreciate the many learning opportunities that have been afforded to our students, especially to our well-respected programs in nursing, occupational therapy, clinical counseling, and in fall of 2017 we will launch a physician's assistant program to help meet the growing health care demands in our country.

We support a health care system designed for our region and controlled by our region that is adequately prepared to meet our needs and that of an aging population, a system that will develop and grow academic and research opportunities, support post-graduate health care training and strengthen the preparation of health care professionals in our region.

In addition, Milligan's faculty, staff, and 1200-plus students utilize these local health care resources, and around 30 percent of our alumni choose to live and work in this area, many of whom come from outside the area to college here and choose to stay here.

We deserve a sustainable health care system that is efficient, accessible, and cutting edge. We also are in desperate need of a system
that's proactive in addressing regional health
care concerns, and most importantly, to promote
wellness.

We believe that we are truly better
together, and we support the merger of Mountain
States and Wellmont. We also thank you for the
time that you invest in this process.

Because, like Candy had said, it is
about the people of our region. It's about those
who live here, who work here, who are educated
here, who choose to raise their families here, and
we deserve access to the most, you know, to the
best health care imaginable.

And I really truly believe that we are
blessed by what we have available here, and I
think it is important to look to the future and to
the viability, the sustainability of our health
care resource.

Thank you.

GARY MAYES: Thank you, Ms. Shell. Next
we have Cal Wilson.

CAL WILSON: Thank you, folks, for
allowing me to come and speak, and I'm one of
those students that came here a long time ago. 50
years ago, I moved here to become a college
student at Milligan College.  

   Ended up getting a degree, staying in the area, and serving in the financial services industry for the last 39 years. So I've enjoyed east Tennessee, and I just love this area, and I continue to see the opportunities around it.  

   As a long-term resident in east Tennessee, I'm keenly aware of many challenges that are facing our region, both now and in the next few years.  

   Our area is blessed with many committed, hard-working families that hope to see their children and their grandchildren receive great education and find a good job right here in our region. I smile because I've got 10 grandkids.  

   Access to high-quality health care is an important part of ensuring this possibility. When companies consider whether to locate or expand existing facilities and operations in our community, they want to know their employees will have convenient access to high-quality care.  

   Access to that high-quality care is an important factor in many companies' decision whether to invest in our area. And it's my opinion that the proposed Wellmont and Mountain
States development proposal we have, that the COPA will make our area more attractive for business for several reasons.

The first of those is that Wellmont and Mountain States enforce full commitments. These items that they have detailed, if they are able to merge, will only help companies from outside to consider our area more likely.

It's unlikely these outside companies will make commitments to protect our smaller communities and our hospitals, which often do not create the profit needed to justify keeping smaller hospitals open and need a health care service available.

Only the proposed merger will generate the savings needed to invest in keeping these services in our area.

Secondly, the commitments Wellmont and Mountain States have made as part of the proposed merger, it represents nearly a half-million dollars in economic stimulus for our region.

These investments will impact many aspects of our community, including expanded access to health-related education at ETSU, which has been mentioned, and Milligan, growing research...
opportunities, the ability to bring specialty services to our area that our residents currently must drive hours to receive, and the ability to strengthen the network of community services and nonprofits that serve our area.

And thirdly, the proposed merger is the only option that offers the level of protection and oversight that will be provided through the Certificate of Public Advantage.

As a part of the process to obtain the COPA, these systems have demonstrated their commitment to transparency, their commitment to preserving jobs and needed services, and their commitment to ongoing oversight, which will ensure promises made as a part of their applications are kept.

Throughout the process, both Wellmont and Mountain States have gone out of their way to engage the region in this process, and I applaud their efforts to bring every community into this discussion through the community health work group's initiative.

And in closing, thank you for the work that you're doing to recommend the framework to assess the public advantage under the merger. And
this work will help us to ensure our region has access to the health care services we need for generations to come.

And please accept my thanks for all of your efforts. Thank you for your time.

GARY MAYES: Thank you, Cal. Next we have Bob Feagins.

BOB FEAGINS: Good evening. Thank you for the opportunity to address this community listening session. I'm Bob Feagins. I'm a native of Kingsport, was born in Holston Valley a few years ago.

And just a year half ago, my wife Laurel and I were fortunate to have our son Higgs, who was born at Holston Valley. And due to some labor issues, Higgs was -- spent some time in the NICU, the neonatal intensive care unit.

Also due to some delivery complications, my wife spent a week in the intensive care unit, the ICU, and I can tell you both are doing well now. We're so blessed with that.

But their care was beyond exceptional. And this merger, the great thing about this merger is that the care, that care will be even greater.

I serve as the Executive Director of
Communications and Development for your Kingsport Chamber of Commerce, and I'm here tonight to relay your Kingsport Chamber support of the proposed merger between Wellmont Health System and Mountain States Health Alliance.

We believe a fully integrated, and more importantly, a locally governed health system that unites the immense medical talents and expertise of these outstanding health care systems will provide even greater medical care that is more affordable, of even high quality, and more patient-focused.

We are very optimistic this merger will be enormously beneficial to the business community and residents of our community region. It is very reassuring to know that the new system will be locally managed by committed and caring leaders who live and work here in our region, are friends and neighbors who have a sincere and committed interest in the welfare and well-being of their home community.

From a community and business perspective, having a locally managed unified health system, where all decisions are made here, is a very critical point. These leaders of this
new entity live here. They work here. Their families are here, and indeed, their futures are here.

From someone who deals directly with businesses on a daily basis, I can assure you that those companies whose leaders have their careers, their homes, and their very livelihoods here, those businesses have a more substantial and substantive impact on this community as compared to those whose decisions must be made on an anonymous corporate level from headquarters in another part of the country.

Most critically though, this merger will be extremely beneficial to the health of the people of northeast Tennessee and southwest Virginia by increasing access to health care, enhancing quality of services, and controlling the pace of cost growth.

Last year, the City of Kingsport, along with both health care systems and many community and corporate partners, including Eastman and your Kingsport Chamber, launched Healthy Kingsport, one of the largest and most important community endeavors we have ever undertaken.

Perry Stuckey and Eastman, thank you for
your leadership. You all were huge supporters in launching that effort.

This bold initiative seeks to improve our community's health, and having a unified health care system will make these necessary efforts even stronger as we, indeed, must work together to tackle a number of health care challenges in the region and to navigate an increasingly difficult health care landscape.

The future of health care in our area is essential not only for the lives of our residents but for the economic growth of our region. We want to attract the top doctors and nurses and other health care personnel.

We want businesses to be attracted to our communities and to invest in our economy, and the strength of our health care services will be part of their evaluation where they're deciding to move and relocate.

When we at the Kingsport Chamber are working to recruit businesses and families here, the two questions without failure that we are often always asked about are about our schools and about our health care. Having this combined health care system means jobs, and it enhances our
region's economic prosperity.

Your Kingsport Chamber's Move to
Kingsport Program has helped both systems recruit
physician here. We are competing with other
communities across the U.S. for the very best.

We want that first-class medical talent
here in our region, and having a merged system
would help us attract the best and brightest.

The plan these systems have put forth in
their state application includes clear and
forceful commitments, as well as practical
suggestions as to how the state and community can
assess the future of new systems progress.

The issuance of a Certificate of Public
Advantage would allow these two trusted
organizations to come together through ongoing
oversite by the State of Tennessee for the
public's advantage, and so we must, indeed, have a
strong, successful system partnership, and your
Kingsport Chamber has confidence in the
organizations pursuing this proposed merger.

Finally, as someone who has spent nearly
25 years in communications, I have been most
impressed with these health care systems'
commitment to the region and to the open methods
of communications they utilize when connecting with our community members. There has been a transparent, sustained effort to educate the public and to answer questions.

We greatly appreciate the tremendous amount of time, attention, and analysis that went into making this very critical decision, and we applaud Wellmont and Mountain States for their commitment to a transparent process.

We look forward to the next steps as we move forward in the process of bringing together these two important organizations. Thank you very much for your time.

GARY MAYES: Thank you, Bob. Thank you for sharing that story with a happy ending with the community. Next we have Lottie Ryans.

LOTTIE RYANS: Well, thank you for allowing input into this process. And it's very exciting to see the community benefits that will be derived by the merger of Mountain States and Wellmont, which I wholeheartedly support.

For those of you I don't know, and I do know most of the folks involved in this process, which is very reassuring to see these community leaders from around the region involved in this.
But for those that I don't know, my name is Lottie Ryans. I'm from Johnson City. I'm a recent retiree of CenturyLink Corporation, having served as Regional Market Vice President in this area for six years.

I understand the role that health care plays in the businesses' success and bottom line. The areas that will be invested in through this merger process, improving community health, expanding choice, and enhancing health care services, are critical areas of focus that first and foremost can provide the basis for a healthier region.

Additionally, this can mean cost containment, which is important to any business, especially those that are able to provide health care benefits as an option to employees.

Having served on the Washington County Economic Development Council and as chair of the Johnson City Chamber, I'm aware of the factors companies consider as they look where they're going to do business.

One consideration is the cost of health care. To provide competitive benefits, the cost of health care in the area is part of their
analysis. In addition to the cost, the availability is critically important.

I believe the combined system, with regional control, will allow for continued availability and expansion of service offerings. Achieving the goals of Better Together can be a tremendous catalyst to support businesses and economic development in the region.

I've also served on the Johnson City Board of Education for 12 years. I know firsthand the importance of health issues on our students and families and our education system as a whole.

As an example, and as you've heard tonight, partners in the region are trying to deal with our region's prescription drug abuse epidemic. Families in crisis because of drug abuse have a direct impact on our students, those immediately in crisis, but also other students in the classroom.

Our region's children need an equal opportunity to be successful. Work that can be done with the focus on improved community health can be life changing.

In Johnson City schools, we have a very successful partnership with Frontier Health, with
the police department, and the judicial system. We're able to have Frontier Health counselors on site at each of our schools.

My hope is that with the goal of enhanced health care services, all school systems in our region can have a similar model deployed, and Johnson City's model can be sustained with funding and partnership with the new hospital system.

Another exciting area of focus is expanding health research and graduate medical education. Anyone in my generation who is a native of our region knows the impact having a medical school and a pharmacy school has had in attracting top specialists to the area who like the opportunity to combine teaching future doctors with practicing medicine.

Additionally, the economic impact of having those schools has been tremendous. Imagine the possibilities of having the hospital system, ETSU, Quillen, and Gatton Pharmacy School aligned, joining forces in solving the region's and nation's health care issues in a concerted way via offering more research opportunities.

We want to be the destination of choice
for the brightest minds entering the fields of education and medicine. If you think about what a regional focus has meant to Nashville with Vanderbilt and with Duke in the research triangle area of North Carolina, we have the opportunity to do the same for this region.

I'm equally excited about the goal of attracting and retaining a strong work force. The alignment of research and the graduate medical education is a strong recruitment position for hospitals to be in.

If we are able to see alignment of salary and benefits for the good of the system and no longer be competing within the region, then we are in a stronger position.

Additionally, seeing capital investments focused on buying the best equipment available for one system versus two, then the opportunity to be leading edge is enhanced. I believe medical professionals and researchers want the opportunity to work with the latest equipment and alongside the best and brightest of colleagues.

This is a rare opportunity to be able to combine two incredibly strong, viable regional organizations into one. More often you see
someone outside the region coming to take over a
local organization.

I am thrilled that this merger process
is moving forward and appreciate the work and time
each of you are investing to ensure the public is
heard. I believe the commitments and investments
made by Mountain States and Wellmont to be
thoughtful and tremendously impactful. Thank you.

GARY MAYES: All right. Thank you, Ms. Ryans. Jeff, is there another list? I want to
make sure that we've got everything.

JEFF OCKERMAN: That is all. No more.

GARY MAYES: All right. Thank you. That concludes the list of folks who have signed
up, and I want to thank you for your gracious and
professional and thoughtful comments to the
committee. More importantly, it's good feedback.

It is important for the commissioner, as
the people saw last week, that we have a
transparent process. And so, indeed, that is I
believe what the committee's wishes are as well.

So again, tonight's minutes
transcription will be posted on-line, and so we
are very thankful for your willingness to speak.

Also there is an opportunity for folks
to leave feedback in the box if you want to leave written comments, and you can also submit comments on-line through the Tennessee Department of Health website under Certificate of Public Advantage. I believe you can find it there.

So our next meeting is next week, Tuesday night, at 5:30, at Northeast State Tech in the Fine Arts Auditorium, I believe is the name that eludes me. I apologize.

And so we've had a great night. I especially want to thank the Advisory Group for being here and making the drive over, and your attention was to be admirable, so thank you very much.

I also want to recognize Rebekah English for hosting this nice facility. Thanks for the technology and very, very nice. Jeff and Allison, great job for making this flow very smooth. Good job. Thank you very much.

So that concludes this public meeting. And again, thank you, and I hope you have a safe travel home. Good night.

THEREUPON, the meeting was concluded at 6:54 p.m.
REPORTER'S CERTIFICATION

STATE OF TENNESSEE       )
COUNTY OF SULLIVAN        )

I, Terry L. Kozakevich, LCR #394, Licensed Court Reporter, Registered Professional Reporter, (and notary public), in and for the State of Tennessee, do hereby certify that the above meeting was reported by me and that the foregoing 72 pages of the transcript is a true and accurate record to the best of my knowledge, skills, and ability.

I further certify that I am not related to nor an employee of counsel or any of the parties to the action, nor am I in any way financially interested in the outcome of this case.

I further certify that I am duly licensed by the Tennessee Board of Court Reporting as a Licensed Court Reporter as evidenced by the LCR number and expiration date following my name below.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 22nd day of March, 2016.

Terry L. Kozakevich, LCR #394
Registered Professional Reporter
Expiration Date 9/30/2017
Notary Public Commission Expires 7/24/18

TK Reporting
(423) 968-7545