



# Sullivan County Attorney

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February 6, 2019

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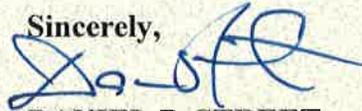
Larry Fitzgerald  
COPA Monitor  
6689 Hastings Lane  
Franklin, TN 37069

Office of the Attorney General  
P.O. Box 20207  
Nashville, TN 37202-0207

Dear Mr. Lavine, Dr. Piercey, Mr. Miller, Ms. Edwards, Mr. Varney, members of the COPA Local Advisory Council, Mr. Fitzgerald:

I write on behalf of Sullivan County, Tennessee to oppose the downgrade of the Holston Valley Level One Trauma Center to Level Three, the downgrade of the Trauma Center at Bristol Regional Medical Center from Level Two to Level Three and the closure of the Neonatal Intensive Care Unit at Holston Valley Medical Center. I am including herewith an attached memorandum in support of such position containing information, letters, local government resolutions, newspaper articles, etc., supporting Sullivan County's opposition, and thereafter I set forth a summary review of the law and regulations requiring active regulation and supervision of Ballad Health and rejection of the above referred to actions under the standard of review established by law.

Sincerely,



**DANIEL P. STREET**

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Pc:

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**MEMORANDUM IN OPPOSITION TO  
DOWNGRADE OF HOLSTON VALLEY LEVEL ONE TRAUMA CENTER,  
DOWNGRADE OF BRISTOL REGIONAL LEVEL TWO TRAUMA CENTER,  
AND  
CLOSING OF HOLSTON VALLEY NICU**

Submitted by Sullivan County, Tennessee  
February 6, 2019

“Pursuant to the [Hospital Cooperation Act of 1993], the Department (of Health) is responsible for active state supervision to protect the public interest and to assure that the reduction in competition of health care and related services [caused by the merger of Wellmont Health System and Mountain States Health Alliance] continues to be outweighed by clear and convincing evidence of the likely benefits of [such merger], including but not limited to improvements to population health, **access to services** and economic advantages to the public.” Rule 1200-38-01-.01. [Emphasis added]. “This COPA is subject to the active and continuing supervision and oversight by the Department [of Health] and the Tennessee Attorney General.” “Certificate of Public Advantage”, page 2.

Attached herewith are three resolutions passed by the legislative body of Sullivan County on November 15, 2018. These resolutions state as follows:

Resolution #11[marked as “Exhibit A”]: “[T]he Board of County Commissioners of Sullivan County, Tennessee, assembled in Regular Session hereby authorizes the County Mayor to notify Ballad Health and any and all oversight committees and boards of Ballad Health for the State of Tennessee and the State of Virginia that Sullivan County opposes the downgrade of Holston Valley Trauma Center from Level One to Level Three and Bristol Regional from Level Two to Level Three, furthermore that Sullivan County opposes the closure of any Trauma Center in Sullivan County.”

Resolution #12 [marked as “Exhibit B”]: “[T]he Board of County Commissioners of Sullivan County, Tennessee, assembled in Regular Session hereby authorizes the County Mayor to notify Ballad Health and any and all oversight committees and boards of Ballad Health for the State of Tennessee and the State of Virginia that Sullivan County is very concerned about the closure of the Holston Valley NICU.”

Resolution #13 [marked as “Exhibit C”]: “[T]he Board of County Commissioners of Sullivan County, Tennessee, assembled in Regular Session hereby authorizes the County Mayor to notify Ballad Health and any and all oversight committees and boards of Ballad Health for the State of Tennessee and the State of Virginia that Sullivan County is very concerned about the closure and downgrading of medical facilities in Sullivan County and hereby requests that Sullivan County be involved in these decisions henceforth.”

Also, please find attached letter dated December 19, 2018 from Sullivan County Mayor Richard Venable addressed to Mr. Alan Levine, Commissioner John Dreyzehner, MD, Mr. Gary

Miller, Ms. Linda Edwards, Mr. Doug Varney, and Mr. Larry Fitzgerald previously advising of these three Sullivan County Resolutions. [Marked as Exhibit “D”].

Also attached herewith are the following which have been presented to Sullivan County regarding the above referred to actions by Ballad Health:

1. Resolution #2018-17 dated September 5, 2018 by Scott County, Virginia, Board of Supervisors, stating that the Board of Supervisors of Scott County, Virginia, “adamantly and vehemently opposes the closing of the Level 1 trauma center at Holston Valley Medical Center”. [Marked as Exhibit “E”].
2. Resolution #18-022 dated September 18, 2018 by Lee County, Virginia, Board of Supervisors strongly opposing the closing of the Level 1 Trauma Center at Holston Valley Medical Center. [Marked as Exhibit “F”].
3. Resolution #2018-20 dated November 26, 2018 by Scott County, Virginia, Board of Supervisors, expressing strong opposition to the closing of the neonatal intensive care unit and Level 1 trauma center at Holston Valley Medical Center and stating that both should remain as is. [Marked as Exhibit “G”].
4. Resolution #2018-21 dated November 26, 2018 by Scott County, Virginia, Board of Supervisors, expressing strong opposition to the closing of the neonatal intensive care unit and Level 1 trauma center at Holston Valley Medical Center and stating that the neonatal intensive care unit should remain as it, and the Level 1 trauma center should remain as is or in the alternative be downgraded no lower than a Level II trauma center. [Marked as Exhibit “H”].
5. Resolution #2018-12-07 as amended dated December 17, 2018 by the Hawkins County, Tennessee Board of Commission opposing the downgrade of the Holston Valley Trauma Center and Bristol Regional Trauma Center to Level III Trauma Centers “as it would be a severe Public Disadvantage to the people of our community negatively impacting overall Population Health.” In the premises of this Resolution, the Hawkins County Board of Commission states: “Hawkins County has an Industrial Park with many manufacturing facilities located in it and Holston Defense, an explosive manufacturing plant located in the eastern portion of Hawkins County and within the city limits of Kingsport. If a catastrophic event should occur at any of the manufacturing facilities, many lives would be in jeopardy due to the additional transport time to get the severely injured to a Level 1 Trauma Center.” [Marked as Exhibit “I”]. [See following *Kingsport Times News* article about explosion at Holston Defense on January 3, 2019.]
6. Copy of January 4, 2019 article in *Kingsport Times News* about explosion at Holston Army Ammunition Plant in Kingsport, Tennessee. [Marked as Exhibit “J”].
7. Resolution #2018-12-08 dated December 17, 2018 by the Hawkins County, Tennessee Board of Commission stating that “Hawkins County opposes the closing of the Holston Valley NICU or downgrading of its services to a Level 1 facility as it would be a severe Public Disadvantage to the babies and mothers of our community negatively impacting overall Population Health.” [Marked as Exhibit “K”].
8. Resolution #556 dated December 18, 2018 by the Board of Mayor and Alderman of the City of Church Hill, Tennessee publicly declaring its opposition to the downgrade of the

- Level 1 Trauma Center at Holston Valley Medical Center and the closure of the Neonatal Intensive Care Unit at Holston Valley Medical Center and encouraging Ballad Health to reverse those decisions. [Marked as Exhibit “L”].
9. Resolution #1-8-19-1 dated January 8, 2019 by the town of Rogersville, Tennessee declaring the Town of Rogersville’s opposition to the downgrading of the Level 1 Trauma Center at Holston Valley Medical Center and the closure of the Neonatal Intensive Care Unit at Holston Valley Medical Center and encouraging Ballad Health to reverse these decisions. [Marked as Exhibit “M”].
  10. Letter to the Editor, “Kingsport needs a NICU to help most vulnerable patients”, *Kingsport Times News*, November 20, 2018, by Sarah Smiddy Youssef, MD, FAAP, Pediatrician, Holston Medical Group, opposing strongly the closing of the Holston Valley NICU. [Marked as Exhibit “N”].
  11. Editorial, *Bristol Herald Courier*, November 25, 2018, “Our View: Ballad Health should stick to its motto”, opposing the downgrade of the Holston Valley and Bristol Regional Trauma Centers, the location of the Ballad Health Level One Trauma Center at Johnson City Medical Center, and the closing of Holston Valley NICU. [Marked as Exhibit “O”].
  12. Letter (with attachment) dated November 26, 2018 to Mr. Dan Street, Sullivan County Attorney, from a local OB/GYN doctor, who requested to remain anonymous due to concern about retaliation, regarding the closing of Holston Valley NICU and other proposed changes to Holston Valley Medical Center services. [Marked as Exhibit “P”].
  13. Letter dated December 1, 2018 from Laurie Kaudewitz RNC-OB, MSN regarding opposition to Ballad Health’s changes in Trauma and NICU. [Marked as Exhibit “Q”].
  14. Letter to the Editor, “Holston Valley best place for region’s Level 1 trauma center”, *Kingsport Times News*, December 2, 2018, by John R. Hall, MD, FACS, FCCM, Former Director, Holston Valley Level One Trauma Center. [Marked as Exhibit “R”].
  15. Letter dated December 4, 2018 from Susan W. Jeansonne, MD addressed to Larry Fitzgerald, Compliance Monitor Ballad COPA, opposing the downgrade of the NICU at Holston Valley and expressing other concerns about the merger. [Marked as Exhibit “S”].
  16. Letter dated December 5, 2018 from HMG Pediatrics, Kingsport, TN signed by eight doctors, opposing the closure of the NICU at Holston Valley Medical Center. [Marked as Exhibit “T”].
  17. Email dated December 7, 2018 from Sullivan County Commissioner Angie Stanley regarding “huge concern from OB/GYN physicians if Holston Valley loses the NICU.” [Marked as Exhibit “U”].
  18. Email dated December 11, 2018 from Commissioner Angie Stanley to County Attorney forwarding November 29, 2018 email from Jane Harris, Kingsport, TN opposing the closure of the Holston Valley Level One Trauma Center and the NICU. [Marked as Exhibit “V”].
  19. Remarks made December 20, 2018 to the Sullivan County legislative body by Ken W. Smith, MD, Blue Ridge Neuroscience Center, PC, Kingsport, TN (Board certified in Neurological Surgery) opposing the closure of the Holston Valley Level One Trauma Center and location of Level One Trauma Center at Johnson City Medical Center. [Marked as Exhibit “W”].

20. Letter dated December 20, 2018 from HMG Pediatrics, Kingsport, TN signed by eight doctors, opposing the closure of the Holston Valley NICU. [Marked as Exhibit “X”].
21. “Rally for the Valley”. Article in *Kingsport Times News* about rally held in Kingsport on December 29, 2018 to express opposition to Ballad Health’s plan to downgrade Level One Trauma Center and close NICU at Holston Valley Medical Center and downgrade Trauma Center at Bristol Regional Medical Center. [Marked as Exhibit “Y”].
22. Paid Full-Page Ad in *Kingsport Times News*, January 6, 2019, in opposition to downgrade of Holston Valley and Bristol Regional Trauma Centers signed by Mickey Spivey, MD, Emergency Physician; Mark Bowery, President, Bloomingdale Volunteer Fire Department; Gary Mayes, Regional Director, Sullivan County Regional Health Department; Drew Deakins, Chief, Sullivan West Volunteer Fire Department; Kingsport Life Saving Crew, Incorporated; Ben Wexler, Chief, Warriors Path Volunteer Fire Department. [Marked as Exhibit “Z”].

### **ACTIVE SUPERVISION of BALLAD HEALTH and MAINTENANCE of PUBLIC BENEFIT**

The merger of Wellmont Health System and Mountain States Health Alliance into Ballad Health was and is controlled by the Hospital Cooperation Act of 1993, *T.C.A.* §§ 68-11-1301 through 68-11-1309, and the Rules of the Tennessee Department of Health Division of Health Planning, Chapter 1200-38-01.<sup>1</sup> The approval of such merger required a finding by clear and convincing evidence that the benefits created by such merger outweighed any disadvantages caused by the monopoly created by such merger;<sup>2</sup> however, such approval and the displacement of competition was conditioned upon **regulation and active supervision to the fullest extent permitted by law.**<sup>3</sup> “This COPA is subject to the active and continuing supervision and oversight

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<sup>1</sup> “The rules in this chapter implement the law relative to Cooperative Agreements and the granting of Certificates of Public Advantage pursuant to the Hospital Cooperation Act of 1993, *T.C.A.* §§68-11-1301 through 68-11-1309.” Rule 1200-38-01-.01, Rules of the Tennessee Department of Health Division of Health Planning. “All COPA’s shall be governed by terms of certification. The terms of certification shall include: ... (2) Evaluation by the Department (of Health) that demonstrates Public Advantage in accordance with the standards set forth in these rules.” Rule 1200-38-01-.03. [“Public Advantage” is defined in Rule 1200-38-01-.01 as: “the likely benefits accruing from the Cooperative Agreement which outweigh, by clear and convincing evidence, the likely disadvantages attributable to a reduction in competition likely to result from the Cooperative Agreement.”]

<sup>2</sup> “A hospital may negotiate and enter into cooperative agreements with other hospitals in the state, if the likely benefits resulting from the agreements outweigh any disadvantages attributable to a reduction in competition that may result from the agreements.” *T.C.A.* §68-11-1303(b). “After consultation with and agreement from the attorney general and reporter, the department (Tennessee Department of Health) shall issue a certificate of public advantage for a cooperative agreement, if it determines that the applicants have demonstrated by clear and convincing evidence that the likely benefits resulting from the agreement outweigh any disadvantages attributable to a reduction in competition that may result from the agreement.” *T.C.A.* §68-11-1303(e)(1); Certificate of Public Advantage issued to Ballad Health January 31, 2018; Rule 1200-38-01-.05(1).

<sup>3</sup> “It is the policy of this state, in certain instances, to displace competition among hospitals with regulation to the extent set forth in this part and to actively supervise that regulation to the fullest extent required by law.” *T.C.A.* §68-11-1303(a); Certificate of Public Advantage issued to Ballad Health January 31, 2018. “The Department (of Health) shall maintain active supervision in accordance with the terms of certification described in 1200-38-01-.03.” Rule 1200-38-01-.06(1).

by the Department and the Tennessee Attorney General.” “Certificate of Public Advantage”, page 2.

“Our job as the state was to determine whether a merger of the two systems could create a clear public benefit to the people of this wonderful and vibrant region, a responsibility we took and will continue to take very seriously.” Tennessee Department of Health Commissioner John Dreyzehner, MD, MPH, January 31, 2018 press release from Tennessee Department of Health. “For the state to consider and act on the application for Mountain States and Wellmont to merge, **the systems had to meet a statutory clear and convincing standard that a merger would create a public benefit** to the residents of Northeast Tennessee that would outweigh any downsides of the creation of a monopoly of services. ... **The statute also requires TDH to actively supervise Ballard Health to ensure the continuation of the public benefit. A Terms of Certification document was also created as part of the COPA process and outlines the procedure for active supervision by the state of the new, merged entity.**” January 31, 2018 press release from Tennessee Department of Health (emphasis added).

Under the “Terms of Certification”<sup>4</sup>, “‘Active Supervision’ means the ongoing process (as described herein and in the COPA Act (Hospital Cooperation Act of 1993, as amended, T.C.A. §§68-11-1302 *et seq.*)) of the Department, the Attorney General, and their respective appointed agents and independent contractors, after the Issue Date<sup>5</sup> and throughout the COPA Term<sup>6</sup>, of (a) evaluating and determining whether [Ballad Health’s] operations continue to result in Public Advantage<sup>7</sup>, and (b) enforcing the COPA, these Terms of Certification and all other Terms and Conditions.”<sup>8</sup> The standard of evaluation is quite clear: “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

“The Department’s Active Supervision is a fundamental requirement of the COPA Act in order to assure continuing Public Advantage<sup>9</sup> of the operation of the Affiliation<sup>10</sup> through [Ballad Health], as governed by the Cooperative Agreement, the COPA and these Terms of Certification, and includes without limitation the Department’s enforcement of all Terms and Conditions during the COPA Term, through Corrective Actions, COPA Modifications, or otherwise. [Ballad Health]

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<sup>4</sup> “Terms of Certification Governing the Certificate of Public Advantage Issued to Ballard Health Pursuant to the Master Affiliation Agreement and Plan of Integration by and between Wellmont Health System and Mountain States Health Alliance.”

<sup>5</sup> January 31, 2018, the date of issuance of the COPA (Certificate of Public Advantage).

<sup>6</sup> Period beginning on January 31, 2018, the date of issuance of the COPA (Certificate of Public Advantage), until termination of the COPA. Definitions, page 3, “Terms of Certification”.

<sup>7</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>8</sup> Definitions, page 2, “Terms of Certification” (footnotes added).

<sup>9</sup> *Supra*, note 7.

<sup>10</sup> “[T]he adoption by [Wellmont Health System and Mountain States Health Alliance] of [Ballad Health] as their common sole member to oversee all of their and their affiliates’ assets and operations, pursuant to the Cooperative Agreement.” Definitions, page 2, “Terms of Certification”.

shall be subject to, and fully cooperate with, the Department's Active Supervision, in accordance with the provisions in these Terms of Certification." Section 6.01, "Terms of Certification".

"The attorney general and reporter and the department (Tennessee Department of Health) are entrusted with the active and continuing oversight of all cooperative agreements." *T.C.A.* §68-11-1303(c).

"The Department shall utilize all [Ballad Health required] reports as well as other information available to it, **or provided by third parties** [such as Sullivan County and residents], in performing the Active Supervision." Section 6.04(a), "Terms of Certification". [Emphasis added].

The Tennessee Department of Health granted Ballad Health's Application for a COPA "with conditions"; those conditions were that Ballad Health would be subject to "the active supervision regulatory structure outlined in the Terms of Certification".<sup>11</sup> "These Terms of Certification (as may be amended from time to time ...) govern the Certificate of Public Advantage being issued as of the 31<sup>st</sup> day of January, 2018, by the Tennessee Department of Health to Ballad Health." Page 1, "Terms of Certification." "These Terms of Certification shall be incorporated by reference into and form a part of the COPA." Section 9.09, "Terms of Certification".

Wellmont Health System and Mountain States Health Alliance both agreed to be regulated and overseen by the Department of Health and to be bound by the Terms of Certification.<sup>12</sup> "By agreement of the parties (Wellmont and Mountain States), the Department's issuance of the COPA and its effectiveness as of the Issue Date<sup>13</sup> are expressly conditioned on (i) the COPA Parties' execution of these Terms of Certification evidencing their joint and several agreement and commitment to abide by, and to be subject to, all of the Terms of Certification." "Terms of Certification", page 1.

State law requires active supervision of the merger.<sup>14</sup> "Pursuant to the Act (Hospital Cooperation Act of 1993), the Department (of Health) is responsible for active state supervision

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<sup>11</sup> Certificate of Public Advantage issued to Ballad Health January 31, 2018; September 19, 2017 letter from John J. Dreyzehner, MD, MPH, FACOEM, Commissioner, Tennessee Department of Health, to Alan Levine, President and CEO Mountain States Health Alliance, and Bart Hove, President and CEO Wellmont Health System.

<sup>12</sup> Wellmont Health System approved the Terms of Certification and evidenced its "agreement and commitment to abide by, and be subject to, all of the Terms of Certification" pursuant to "Approval Certificate of Wellmont Health System" dated September 18, 2017 and signed by Bart Hove, President/Chief Executive Officer of Wellmont Health System. [See Certificate of Public Advantage issued to Ballad Health January 31, 2018.] Mountain States Health Alliance approved the Terms of Certification and evidenced its "agreement and commitment to abide by, and be subject to, all of the Terms of Certification" pursuant to "Approval Certificate of Mountain States Health Alliance" dated September 18, 2017 and signed by Alan Levine, President/Chief Executive Officer of Mountain States Health Alliance. [See Certificate of Public Advantage issued to Ballad Health January 31, 2018.]

<sup>13</sup> January 31, 2018. Certificate of Public Advantage.

<sup>14</sup> "Pursuant to the Act (Hospital Cooperation Act of 1993), the Department (of Health) is responsible for active state supervision to protect the public interest and to assure that the reduction in competition of health care and related services continues to be outweighed by clear and convincing evidence of the likely benefits of the Cooperative Agreement, including but not limited to improvements to population health, access to services and economic advantages to the public. The COPA will be denied or terminated if the likely benefits of the Cooperative Agreement fail to outweigh any disadvantages attributable to a potential reduction in competition resulting from the Cooperative Agreement by clear and convincing evidence." Rule 1200-38-01-.01, Rules of the Tennessee Department of Health Division of Health Planning.

**to protect the public interest and to assure that the reduction in competition of health care and related services continues to be outweighed by clear and convincing evidence of the likely benefits of the Cooperative Agreement**, including but not limited to improvements to population health, **access to services** and economic advantages to the public.” Rule 1200-38-01-.01. [Emphasis added]. “The potential adverse impacts on patients in the quality and **availability of healthcare services**, and the potential adverse impacts on patients and payers in the price of healthcare services, **will be clearly mitigated by the Department’s enforcement of the Terms of Certification.**” September 19, 2017 letter from John J. Dreyzehner, MD, MPH, FACOEM, Commissioner, Tennessee Department of Health, granting the Application for COPA, Page 15.

The Tennessee Department of Health shall review at least annually<sup>15</sup> the merger of Wellmont Health System and Mountain States Health Alliance (Ballad Health).<sup>16</sup> “Pursuant to Tenn. Code Ann. §68-11-1303(g), the Department shall review, on at least an annual basis, the COPA to determine Public Advantage<sup>17</sup> (the “Annual Review”). The Department shall review whether Public Advantage<sup>18</sup> is demonstrated or not for each Fiscal Year during the COPA Term, in accordance with the procedures and requirements of the COPA Act and these Terms of Certification. This Annual Review shall include, without limitation, the following: ... (ii) the COPA Parties’ degree of compliance with the Terms and Conditions ..., and (iii) trends of [Ballad Health’s] performance hereunder since the Issue Date and other factors ... relevant to the Department’s determination of the **likely benefits and disadvantages** of the [merger] which, as of the time of such determination, can reasonably be expected if the [merger] is continued.” Section 7.02, “Terms of Certification”, page 44. [Emphasis added].

The Department may take action to correct any negative change. “If the department (of health) determines that the likely benefits resulting from a certified agreement no longer outweigh any disadvantages attributable to any potential reduction in competition resulting from the agreement, the department may first seek modification of the agreement with the consent of the parties. If such modification is not obtained, the department may terminate the certificate of public advantage.” *T.C.A.* §68-11-1303(g).<sup>19</sup> Also, “[f]ailure to meet any of the terms of the COPA shall result in termination or modification of the COPA.” Rule 1200-38-01-.06(9).

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<sup>15</sup> “The department (Tennessee Department of Health) shall review, on at least an annual basis, each certificate of public advantage it has granted pursuant to this part.” *T.C.A.* §68-11-1303(g). “At least annually, the Department (of Health) shall review such documents necessary to determine compliance with the terms of the COPA.” Rule 1200-38-01-.06(6).

<sup>16</sup> *T.C.A.* § 68-11-1303(g).

<sup>17</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>18</sup> *Id.*

<sup>19</sup> “The COPA will be denied or terminated if the likely benefits of the Cooperative Agreement fail to outweigh any disadvantages attributable to a potential reduction in competition resulting from the Cooperative Agreement by clear and convincing evidence.” Rule 1200-38-01-.01. “(1) If the Department (of Health) determines that the benefits no longer outweigh the disadvantages by clear and convincing evidence, the Department may first seek modification of the Cooperative Agreement with the consent of the parties. (2) If modification is not obtained, the Department (of Health) may terminate the COPA by written notice to the Certificate Holder and the Certificate Holder may appeal in the same manner as if the COPA were denied.” Rule 1200-38-01-.07.

According to the Certificate of Public Advantage issued to Ballad Health on January 31, 2018, the Tennessee Department of Health issued the Certificate of Public Advantage (COPA) to Ballad Health subject to the following conditions: the COPA is subject to the active and continuing supervision and oversight by the Department and the Tennessee Attorney General; the COPA is governed by the applicable statute and regulations, and the TOC (Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Cooperative Agreement) which was specifically incorporated into the Certificate of Public Advantage; the COPA is subject to at least an annual review by the Tennessee Department of Health pursuant to *T.C.A. §68-11-1303(g)*; pursuant to *T.C.A. §68-11-1303(g)* the COPA is subject to modification at any time the Tennessee Department of Health determines that the likely benefits resulting from the Cooperative Agreement between Mountain States Health Alliance and Wellmont Health System no longer outweigh any disadvantages attributable to any potential reduction in competition that may result from the Cooperative Agreement; and the COPA is subject to termination if the Tennessee Department of Health determines that the benefits resulting from the Cooperative Agreement between Mountain States Health Alliance and Wellmont Health System no longer outweigh any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, and modification of the COPA is not obtained.

**“Active Supervision Structure”  
[Exhibit F to Terms of Certification]**

The Terms of Certification establish an Active Supervision Structure<sup>20</sup>. Below are the entities established to conduct such active supervision and relevant duties assigned to each.

**COPA Compliance Office. Section 2.**

“The COPA Compliance Officer and his/her representatives (collectively, the ‘COPA Compliance Office’) will provide an initial step for resolution of complaints that are believed to relate to the requirements of the COPA and the Terms of Certification. The COPA Compliance Office will ... seek to resolve any compliance issue based on the facts of any investigation or review.”<sup>21</sup>

The duties and responsibilities of the COPA Compliance Office include, but are not limited to, the following:

- Review any complaint, and, when appropriate, investigate and ascertain the facts. Recommend corrective action if a violation of the COPA has occurred.  
...
- Complaints related to the COPA or the Terms of Certification that the COPA Compliance Officer cannot resolve shall be referred to the Audit and Compliance Committee of the Board for direction as to resolution.  
...

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<sup>20</sup> Exhibit F, “Terms of Certification”.

<sup>21</sup> Exhibit F, “Terms of Certification”, pages 1-2.

- Identify potential systemic problems, particularly those related to compliance with the COPA and the Terms of Certification.<sup>22</sup>

**Local Advisory Council.** Section 3.

“[T]he Commissioner will appoint a Local Advisory Council to facilitate input from residents of the [Ballad service area].”<sup>23</sup> “The duties and responsibilities of the Local Advisory Council include, but are not limited to, the following: ... In coordination with the Department, host an annual public hearing to allow a formal process for the public to comment on [Ballad Health’s] Annual Report and the ongoing performance of [Ballad Health].”<sup>24</sup>

**COPA Monitor.** Section 4.

“The State of Tennessee will retain a COPA Monitor that will be responsible for evaluating the continued Public Advantage<sup>25</sup> of the COPA by monitoring [Ballad Health’s] compliance with the COPA and the Terms of Certification, and by collaborating with the Department to evaluate performance against the Index<sup>26</sup>.”<sup>27</sup>

The duties and responsibilities of the COPA Monitor include, but are not limited to, the following:

...

- Review the semi-annual reports of the COPA Compliance Officer concerning complaints related to the COPA or the Terms of Certification.
- Conduct audits on a regular basis as needed to verify information provided in the Required Reports<sup>28</sup> and/or to determine compliance with the COPA and the Terms of Certification.

...

- Based on review of the Required Reports<sup>29</sup> and audits, report on a regular basis as needed to the Commissioner [Department of Health] and the Department [of Health] any findings of Noncompliance<sup>30</sup> or any areas where [Ballad Health] did not achieve target outcomes and/or failed to meet

<sup>22</sup> Exhibit F, “Terms of Certification”, page 2.

<sup>23</sup> Exhibit F, “Terms of Certification”, page 3; Definitions, page 5, “Terms of Certification”.

<sup>24</sup> Exhibit F, “Terms of Certification”, page 3.

<sup>25</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>26</sup> Definitions, page 5, “Terms of Certification”; Article VII, “Terms of Certification”.

<sup>27</sup> Exhibit F, “Terms of Certification”, page 3. [Footnotes added].

<sup>28</sup> “[A]ll [quarterly and annual reports] and all other reports required to be submitted by [Ballad Health] in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>29</sup> *Id.*

<sup>30</sup> Definitions, page 7, “Terms of Certification”.

the Index<sup>31</sup> scores needed to demonstrate continued Public Advantage<sup>32</sup>, along with any recommendations of Enforcement Mechanisms.

- Within thirty (30) days after the publication of the Local Advisory Council Report, provide the COPA Monitor Annual Report to the Commissioner and the Department, which shall include without limitation the following: the Index scores, updates on compliance with the COPA and the Terms of Certification, the status of existing Corrective Actions<sup>33</sup>, any recommended Enforcement Mechanisms, if necessary, any additional findings of the COPA Monitor, and any other information requested by the Department.<sup>34</sup>

#### **The Commissioner. Section 5.**

“Pursuant to Tennessee law, the Department is tasked with reviewing, seeking modification of, or terminating a COPA. (Tenn. Code Ann. §68-11-1303(g)).”<sup>35</sup>

The duties and responsibilities of the Commissioner, include, but are not limited to, the following:

- Review findings and recommendations from the COPA Monitor.
- The determination or finding of the continued existence of Public Advantage<sup>36</sup> (or lack thereof).
- In coordination and consultation with the Attorney General, determine necessary Enforcement Mechanisms based on findings identified by the COPA Monitor.<sup>37</sup>

#### **Division of Health Planning. Section 6.**

“The Department’s Division of Health Planning will coordinate ongoing monitoring of [Ballad Health] through the COPA Monitor, staff support to the Local Advisory Council, and advice to the Commissioner.”<sup>38</sup> “The duties and responsibilities of the Division of Health Planning include, but are not limited to, the following: ... Oversee the work product of the COPA Monitor and confirm such work product fulfills required obligations. ... Assist the COPA Monitor in obtaining relevant data from the Department and other sources.”<sup>39</sup>

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<sup>31</sup> Definitions, page 5, “Terms of Certification”; Article VII, “Terms of Certification”.

<sup>32</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>33</sup> Definitions, page 4, “Terms of Certification”.

<sup>34</sup> Exhibit F, “Terms of Certification”, pages 3-4. [Footnotes added].

<sup>35</sup> Exhibit F, “Terms of Certification”, page 4.

<sup>36</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>37</sup> Exhibit F, “Terms of Certification”, page 4.

<sup>38</sup> Exhibit F, “Terms of Certification”, page 4.

<sup>39</sup> Exhibit F, “Terms of Certification”, page 4.

**ACCESS to SERVICES, PRESERVATION of HOSPITAL FACILITIES, MAINTAINING SERVICE, and ADVERSE IMPACT on QUALITY, AVAILABILITY and PRICE of HEALTHCARE SERVICES**

Access to services<sup>40</sup>, preservation of hospital facilities close to the communities traditionally served by those facilities, and maintaining service to underserved populations are specifically listed as considerations to be evaluated when reviewing the benefits vs. disadvantages of such merger.<sup>41</sup> John J. Dreyzehner, MD, MPH, FACOEM, Commissioner, Tennessee Department of Health, stated in his September 19, 2017 letter granting Wellmont and Mountain States' Application for COPA (emphasis added):

“The Parties’<sup>42</sup> goals in pursuing the Cooperative Agreement and the Certificate of Public Advantage are to reduce cost growth, improve the quality of health care services and **access to care**, including the patient experience of care and enhance overall community health in the region.” [Page 8.]

“Thus, a key goal of the Cooperative Agreement is to better enable the Parties to sustain and enhance services and improve the quality and **access of health care** and health outcomes in the region. To that end, specific initiatives are set forth in the Cooperative Agreement, including, but not limited to: ... Optimal location of services and staff to improve productivity **and ensure access.**” [Page 8.]

“Pursuant to COPA Rule 1200-38-01-.03, as part of its exercise of Active Supervision<sup>43</sup>, the Department shall annually use an Index<sup>44</sup> to track demonstration of ongoing Public

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<sup>40</sup> “Pursuant to the Act (Hospital Cooperation Act of 1993), the Department (of Health) is responsible for active state supervision to protect the public interest and to assure that the reduction in competition of health care and related services continues to be outweighed by clear and convincing evidence of the likely benefits of the Cooperative Agreement, including but not limited to improvements to population health, **access to services** and economic advantages to the public. The COPA will be denied or terminated if the likely benefits of the Cooperative Agreement fail to outweigh any disadvantages attributable to a potential reduction in competition resulting from the Cooperative Agreement by clear and convincing evidence.” Rule 1200-38-01-.01, Rules of the Tennessee Department of Health Division of Health Planning. [Emphasis added].

<sup>41</sup> “In evaluating the potential benefits of a cooperative agreement, the department (Tennessee Department of Health) shall consider whether the following benefits may result from the cooperative agreement: ... (B) Preservation of hospital facilities in geographical proximity to the communities traditionally served by these facilities; ... (G) The extent to which medically underserved populations have access to and are projected to utilize the proposed services.” T.C.A. §68-11-1303(e)(2). “All COPA’s shall be governed by terms of certification. The terms of certification shall include: ... (2) Evaluation by the Department (of Health) that demonstrates Public Advantage<sup>41</sup> in accordance with the standards set forth in these rules: (a) Benefits to include: 1. Preservation of hospital facilities in geographical proximity to the communities traditionally served by those facilities; ... 7. The extent to which medically underserved populations have access to and are projected to utilize the proposed services.” Rule 1200-38-01-.03.

<sup>42</sup> Wellmont Health System and Mountain States Health Alliance.

<sup>43</sup> “[T]he ongoing process (as described herein and in the COPA Act (Hospital Cooperation Act of 1993, as amended, T.C.A. §§68-11-1302 *et seq.*) of the Department, the Attorney General, and their respective appointed agents and independent contractors, after the Issue Date [January 31, 2018, the date of issuance of the COPA] and throughout the COPA Term [January 31, 2018, the date of issuance of the COPA until termination of the COPA, Definitions, page 3, “Terms of Certification”], of (a) evaluating and determining whether [Ballad Health’s] operations continue to result in Public Advantage [*Supra*, footnote 36], and (b) enforcing the COPA, these Terms of Certification and all other Terms and Conditions.”

<sup>44</sup> Definitions, page 5, “Terms of Certification”; Article VII, “Terms of Certification”.

Advantage<sup>45</sup>. The Index<sup>46</sup> shall consist of the following four (4) sub-Indices, corresponding to the potential benefits and potential disadvantages of the [merger] for which the COPA has been issued ... (ii) **increased access to healthcare and prevention services.**<sup>47</sup>

Any adverse impact on quality, availability and price of healthcare services are also to be considered.<sup>48</sup> In that same September 19, 2017 letter granting the Application for COPA, Commissioner John J. Dreyzehner, MD, stated:

“While the region does have examples of seeming duplication, the Department (of Health) believes that **the goal of avoiding duplication perhaps may in the long run conflict with improving the availability of care and with improving quality of care.**” [Page 12, Emphasis added].

“The potential adverse impacts on patients in the **quality and availability of healthcare services**, and the potential adverse impacts on patients and payers in the price of healthcare services, **will be clearly mitigated by the Department’s enforcement of the Terms of Certification.**” [Page 15, Emphasis added].

As stated in the July 18, 2017 Federal Trade Commission Staff’s Third Submission to the Tennessee Department of Health Regarding the Certificate of Public Advantage Application of Mountain States Health Alliance and Wellmont Health System at page 1 [Emphasis added]: “The loss of competition that would result from the merger **is likely to have significant negative effects** on hospital prices, quality of care, and **the availability of services.**” The Federal Trade Commission Staff’s submission also stated the following conclusion at pages 9-10 [Emphasis added]: “FTC staff’s previous public comment submissions to the Department (of Health) contain substantial information and evidence demonstrating that the proposed merger will eliminate competition and likely lead to higher prices, lower quality, **and reduced availability of healthcare services in Northeast Tennessee and Southwest Virginia. ... Therefore, FTC staff remains deeply concerned that this proposed merger will cause significant and irreversible harm to competition and consumers in the region.**”

#### **SPECIFIC REQUIREMENTS as to MAINTENANCE of SERVICES PRIOR APPROVAL REQUIRED FOR CHANGES**

“During the COPA Term<sup>49</sup>, [Ballad Health] shall maintain in operation as full-service tertiary referral hospitals Johnson City Medical Center, Holston Valley Medical Center and Bristol

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<sup>45</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>46</sup> Definitions, page 5, “Terms of Certification”; Article VII, “Terms of Certification”.

<sup>47</sup> Section 7.01(a), “Terms of Certification”, page 43.

<sup>48</sup> “The department’s (Tennessee Department of Health) evaluation of any disadvantages attributable to any reduction in competition likely to result from the agreement shall include, but need not be limited to, the following factors: ... (C) The extent of any likely adverse impact on patients in the quality, availability, and price of healthcare services.” T.C.A. §68-11-1303(e)(3).

<sup>49</sup> Period beginning on January 31, 2018, the date of issuance of the COPA (Certificate of Public Advantage), until termination of the COPA. Definitions, page 3, “Terms of Certification”.

Regional Medical Center.” “Terms of Certification”, Section 4.03(a)(i), page 27. The “Terms of Certification” also require maintenance of existing services at Holston Valley Medical Center for the first five (5) full fiscal years. “It is the intent of the Department (of Health) to ensure that access to needed services is maintained or improved in the [Ballad Health service area]. ... [F]or the first five (5) full Fiscal Years, [Ballad Health] shall maintain in operation as Hospitals<sup>50</sup> all (Mountain States and Wellmont Hospitals) in operation at the Approval Date (September 19, 2017), **each of which shall maintain the services existing at such (Mountain States and Wellmont Hospitals) as of the Approval Date (September 19, 2017).**” “Terms of Certification”, Section 4.03(a)(ii), page 27. (Footnotes added, emphasis added).

Subsequent to said first five (5) full Fiscal Years, Section 4.03(c)(i) of the “Terms of Certification” requires prior approval by the Department of Health for any changes to medical services at Holston Valley Medical Center. “With respect to any existing or future Service Line<sup>51</sup>, **including any material component or procedure of a Service Line**, ... [Ballad Health] shall provide the Department with **ninety (90) days prior notice of any proposed deletion or repurposing<sup>52</sup>** of the entirety of any such Service Line<sup>53</sup>, **any key component or procedure thereof ... including by means of divesting an interest in, or terminating, materially modifying or creating a joint venture with respect to such Service Line, key component or procedure thereof ... which action [Ballad Health] shall not take if the Department withholds its consent**, which the Department shall not unreasonably withhold or delay. In determining its approval or disapproval, the Department **may consider any negative impact of any such proposed action on Public Advantage<sup>54</sup>, including, among other factors, any negative impact on (i) access to healthcare services, (ii) quality of care or (iii) the employees of [Ballad Health].**” “Terms of Certification”, Section 4.03(c)(i), pages 28-29 (footnotes added) (emphasis added).

The following authority, responsibility and standard of review imposed on the Department of Health when reviewing such proposed changes is very important and very relevant: “In determining its approval or disapproval, the Department **may consider any negative impact of any such proposed action on Public Advantage<sup>55</sup>, including, among other factors, any**

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<sup>50</sup> “Any institution required to be licensed as a hospital under [T.C.A.] §68-11-201, or defined as a psychiatric hospital in [T.C.A.] §68-11-102 [repealed]; or [a]ny parent of a hospital, hospital subsidiary or hospital affiliate that provides medical or medically-related diagnostic and laboratory services or engages in ancillary activities supporting those services.” T.C.A. § 68-11-1302(4); Definitions, Page 5, “Terms of Certification”.

<sup>51</sup> The following medical services at a Mountain States or Wellmont Hospital: Orthopedics, Pediatrics, Surgery, Obstetrics/Gynecology, Cardiovascular/Heart, Cancer, Emergency Medicine, Neurology/Neurosurgical, Psychiatric/Behavioral Health, Neonatal, and Trauma. Definitions, page 8, “Terms of Certification”.

<sup>52</sup> “Following are examples of material deletions or repurposings that would require notice to and approval of the Department (of Health): termination of a Cancer Service Line at any [Mountain States or Wellmont Hospital], termination of the Cardiovascular Service Line at any [Mountain States or Wellmont Hospital], or any other **change to the nature of a Service Line** or facility that would be of a type that the resulting Service Line or facility would, in the ordinary course, require a certificate of need or other regulatory approval before providing services.” “Terms of Certification”, Section 4.03(c)(ii), page 29 (emphasis added).

<sup>53</sup> *Supra* at footnote 51.

<sup>54</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>55</sup> “[T]he likely benefits accruing from the Cooperative Agreement outweigh, by clear and convincing evidence, any disadvantages attributable to a reduction in competition that may result from the Cooperative Agreement, as

**negative impact on (i) access to healthcare services, (ii) quality of care or (iii) the employees of [Ballad Health].**” “Terms of Certification”, Section 4.03(c)(i), page 29 (footnotes added) (emphasis added). Clearly, the actions by Ballad Health to downgrade the Holston Valley Level One Trauma Center to a Level Three, to downgrade Bristol Regional Medical Center Trauma Center to Level Three, and the closing of the Holston Valley NICU will have a negative impact on access to healthcare services, quality of care and/or the employees of Ballad Health.

Section 4.03(c)(ii) of the “Terms of Certification”, page 29, states as follows: “the following anticipated deletions and repurposings shall be considered pre-approved by the Department [of Health] ...: (1) consolidation of Level 1 Trauma Centers.” However, the downgrade of the Holston Valley Level One Trauma Center to a Level Three is not supported by the facts or the law, such action will have a negative impact on access to healthcare services, availability of healthcare services, quality of care and/or the employees of Ballad Health,<sup>56</sup> will have adverse impact on patients, and such action is against public interest and weighs against clear and convincing evidence that the likely benefits of the merger outweigh the reduction in competition and the negative impact on healthcare in the region created by the merger<sup>57</sup>. In such situations, the law provides that the COPA, and thus the “Terms of Certification”, can be, and should be in this matter, modified.<sup>58</sup>

The following Trauma Center actions by Ballad are also not supported or covered by the above quoted statement of pre-approval: 1) The location of this regions Level One Trauma Center to Johnson City Medical Center instead of Holston Valley Medical Center or Bristol Regional Medical Center, 2) the downgrade of Holston Valley Level One Trauma Center to Level Three instead of Level Two, and 3) the downgrade of Bristol Regional Level Two Trauma Center to Level Three. Such actions are also against public interest, will have negative impact on access to healthcare services, availability of healthcare services, quality of care and/or employees of Ballad Health<sup>59</sup>, will have adverse impact on patients, and weigh against clear and convincing evidence that the likely benefits of the merger outweigh the reduction in competition created by the merger<sup>60</sup>.

## CONCLUSION

Sullivan County respectfully submits that that the downgrade of the Holston Valley Level One Trauma Center to a Level Three, the downgrade of the Trauma Center at Bristol Regional Medical Center to a Level Three, and the closure of the Neonatal Intensive Care Unit at Holston Valley Medical Center are not supported by the facts or the law, that such actions will have a negative impact on access to healthcare services, availability of healthcare services, quality of care and/or the employees of Ballad Health,<sup>61</sup> that such actions are against public interest and will have adverse impact on patients, and weigh against clear and convincing evidence that the likely

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determined by the Department from time to time in accordance with the COPA, these Terms of Certification and the COPA Act.” Definitions, page 8, “Terms of Certification”.

<sup>56</sup> “Terms of Certification”, Section 4.03(c)(i), page 29.

<sup>57</sup> Rule 1200-38-01-.01.

<sup>58</sup> T.C.A. 68-11-1303(g), “Certificate of Public Advantage”, Rule 1200-38-01-.07.

<sup>59</sup> “Terms of Certification”, Section 4.03(c)(i), page 29.

<sup>60</sup> Rule 1200-38-01-.01.

<sup>61</sup> “Terms of Certification”, Section 4.03(c)(i), page 29.

benefits of the merger outweigh the reduction in competition and the negative impact on healthcare in the region created by the merger<sup>62</sup>.

Sincerely,



**DANIEL P. STREET**

County Attorney, Sullivan County, TN  
Sullivan County Courthouse  
3411 Highway 126, Suite 209  
Blountville, TN 37617  
(423) 323-6481 [scattorney@scattorney.us](mailto:scattorney@scattorney.us)

Copies sent to:

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Chairman, CEO and President  
Ballad Health  
400 N. State of Franklin Road  
Johnson City, TN 37604

Commissioner Lisa Piercey, MD  
Tennessee Department of Health  
Andrew Johnson Tower, 5<sup>th</sup> Floor  
710 James Robertson Parkway  
Nashville, Tennessee 37243

Gary Miller  
COPA Compliance Officer  
1021 West Oakland Avenue  
Suite 207  
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Director, COPA Compliance Office  
1021 West Oakland Avenue  
Suite 207  
Johnson City, TN 37604

Doug Varney  
Chair, COPA Local Advisory Council  
212 Park Ridge Court  
Kingsport, TN 37664

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<sup>62</sup> Rule 1200-38-01-.01.

COPA Local Advisory Council  
c/o Judy Knecht  
Division of Health Planning  
Andrew Johnson Tower, 5<sup>th</sup> Floor  
710 James Robertson Parkway  
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Mark Herring, Virginia Attorney General  
202 North Ninth Street  
Richmond, VA 23219



000488

*Sullivan County*

*Board of County Commissioners  
238<sup>th</sup> Annual Session*

Item 11  
No. 2018-

To the Honorable Richard S. Venable, Sullivan County Mayor and the Board of Sullivan County Commissioners meeting in Regular Session this --- day of --- 2018.

**RESOLUTION To Express Opposition to Downgrade of Holston Valley and Bristol Regional Hospital to Level Three Trauma Centers,**

WHEREAS, Ballad Health announced that the Trauma Center at Holston Valley will be downgraded from Level One to Level Three Trauma Center; and

WHEREAS, Ballad Health announced that the Trauma Center at Bristol Regional will be downgraded from Level Two to Level Three Trauma Center.

**NOW, THEREFORE BE IT RESOLVED** that the Board of County Commissioners of Sullivan County, Tennessee, assembled in Regular Session hereby authorizes the County Mayor to notify Ballad Health and any and all oversight committees and boards of Ballad Health for the State of Tennessee and the State of Virginia that Sullivan County opposes the downgrade of Holston Valley Trauma Center from Level one to Level Three and Bristol Regional from Level Two to Level Three, furthermore that Sullivan County opposes the closure of any Trauma Center in Sullivan County.

This resolution shall take effect from and after its passage. All resolutions in conflict herewith shall be and the same are hereby rescinded insofar as such conflict exists.

Approved this 15TH day of NOVEMBER 2018.

Attest: *Teresa L. Jacobs*  
Teresa L. Jacobs, County Clerk

Approve: *Richard S. Venable*  
Richard S. Venable, County Mayor

Sponsored By: Commissioners Mark Vance and Hunter Locke

Co-Sponsor(s): Commissioners Gary Stidham

ACTIONS: WAIVER OF RULES REQUESTED APPROVED 11-15-18 20 YEA 3 NAY 1 ABSENT



000489

*Sullivan County*

*Board of County Commissioners  
238<sup>th</sup> Annual Session*

Item  
No. 2018-12

To the Honorable Richard S. Venable, Sullivan County Mayor and the Board of Sullivan County Commissioners meeting in Regular Session this --- day of --- 2018.

**RESOLUTION To Express Concern about Closure of NICU at Holston Valley.**

WHEREAS, Ballad Health announced that the NICU at Holston Valley will be closed.

**NOW, THEREFORE BE IT RESOLVED** that the Board of County Commissioners of Sullivan County, Tennessee, assembled in Regular Session hereby authorizes the County Mayor to notify Ballad Health and any and all oversight committees and boards of Ballad Health for the State of Tennessee and the State of Virginia that Sullivan County is very concerned about the closure of the Holston Valley NICU.

This resolution shall take effect from and after its passage. All resolutions in conflict herewith shall be and the same are hereby rescinded insofar as such conflict exists.

Approved this 15TH day of NOVEMBER 2018.

Attest: *Teresa L. Jacobs*  
Teresa L. Jacobs, County Clerk

Approve: *Richard S. Venable*  
Richard S. Venable, County Mayor

**Sponsored By: Commissioners Mark Vance and Hunter Locke  
Co-Sponsor(s): Commissioners Gary Stidham**

**ACTIONS: 1ST READING WAIVER OF RULES REQUESTED APPROVED 21 YEA 2 NAY 1 ABSENT**



090430

**Sullivan County****Board of County Commissioners  
238<sup>th</sup> Annual Session**Item  
No. 2018-13

To the Honorable Richard S. Venable, Sullivan County Mayor and the Board of Sullivan County Commissioners meeting in Regular Session this --- day of --- 2018.

**RESOLUTION To Express Concern About Decisions Downgrading Care at Medical Facilities in Sullivan County.**

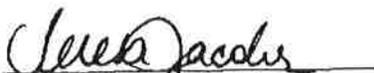
WHEREAS, Ballad Health announced that the NICU at Holston Valley will be closed and that the Level One Trauma Center at Holston Valley will be downgraded to Level Three and the Level Two Trauma Center at Bristol Regional will be downgraded to Level Three.

**NOW, THEREFORE BE IT RESOLVED** that the Board of County Commissioners of Sullivan County, Tennessee, assembled in Regular Session hereby authorizes the County Mayor to notify Ballad Health and any and all oversight committees and boards of Ballad Health for the State of Tennessee and the State of Virginia that Sullivan County is very concerned about the closure and downgrading of medical facilities in Sullivan County and hereby request that Sullivan County be involved in these decisions henceforth.

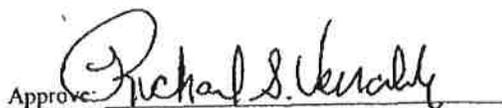
This resolution shall take effect from and after its passage. All resolutions in conflict herewith shall be and the same are hereby rescinded insofar as such conflict exists.

Approved this 15TH day of NOVEMBER 2018.

Attest:

  
Teresa L. Jacobs, County Clerk

Approve:

  
Richard S. Venable, County Mayor

**Sponsored By: Commissioners Larry Crawford and Todd Broughton**  
**Co-Sponsor(s): Commissioners**

**ACTIONS:**

# Sullivan County

Office of the County Mayor



**Richard S. Venable**  
County Mayor

December 19, 2018

Mr. Alan Levine  
Chairman, CEO and President  
Ballad Health  
400 N. State of Franklin Road  
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Tennessee Department of Health  
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COPA Compliance Officer  
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Johnson City, TN 37604

Doug Varney  
Chair, COPA Local Advisory Council  
212 Park Ridge Court  
Kingsport, TN 37664

Larry Fitzgerald  
COPA Monitor  
6689 Hastings Lane  
Franklin, TN 37069

**Re: Resolutions passed November 15, 2018 by the legislative body of Sullivan County, Tennessee concerning recent actions by Ballad Health affecting Sullivan County**

Chairman Levine, Commissioner Dreyzehner, Mr. Miller, Ms. Edwards, Chairman Varney and Mr. Fitzgerald:

On November 15, 2018 the legislative body for Sullivan County passed three resolutions concerning recent actions by Ballad Health affecting medical care in Sullivan County. As County Mayor, I was directed to advise you of these resolutions.

The first of the three, enclosed herewith and identified as item No. 2018-11, directed the Sullivan County Mayor to notify Ballad Health and all oversight committees and boards that Sullivan County opposes the downgrade of Holston Valley Trauma Center from Level One to Level Three and the downgrade of Bristol Regional Trauma Center from Level Two to Level Three, and further stated that Sullivan County opposes the closure of any Trauma Center in Sullivan County. This resolution passed with 20 yes votes, 3 no votes and 1 absent.

The second of the three, enclosed herewith and identified as item No. 2018-12, directed the Sullivan County Mayor to notify Ballad Health and all oversight committees and boards that

Sullivan County is very concerned about the closure of the Holston Valley NICU. This resolution passed with 21 yes votes, 2 no votes and 1 absent.

The third of the three, enclosed herewith and identified as item No. 2018-13, directed the Sullivan County Mayor to notify Ballad Health and all oversight committees and boards that Sullivan County is very concerned about any and all closure and/or downgrading of medical facilities in Sullivan County and hereby requests that Sullivan County be involved in these decisions henceforth. This resolution passed with 23 yes votes and 1 absent.

As directed by the legislative body of Sullivan County, by this communication I am advising you of these resolutions passed by the duly elected representatives of the people of Sullivan County.

Sincerely,

A handwritten signature in black ink that reads "Richard A. Venable". The signature is written in a cursive style with a large initial "R".

Richard Venable  
Sullivan County Mayor

Enclosures  
Cc: Dan Street

**BOARD OF SUPERVISORS**

DARREL W. JETER  
MARSHALL D. TIPTON  
GARLAND "JACK" COMPTON  
JOE W. HERRON  
DANNY P. MANN  
CHAD E. HOOD  
DAVID S. REDWINE, DVM



**SCOTT COUNTY  
BOARD OF SUPERVISORS**

COUNTY ADMINISTRATOR  
Freda R. Stames

190 Beech Street, Suite 201  
GATE CITY, VIRGINIA 24251  
PHONE: (276) 386-8521  
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EMAIL: [fstames@scottcountyva.com](mailto:fstames@scottcountyva.com)  
[www.scottcountyva.com](http://www.scottcountyva.com)

SCOTT

VIRGINIA

At a meeting of the Scott County Board of Supervisors begun and held in the Supervisors' meeting room located at the Community Services Building in Gate City, Virginia on Wednesday the 5th day of September, 2018 at 8:30 a.m.

PRESENT: Darrel W. Jeter  
Marshall D. Tipton  
Garland "Jack" Compton – Vice-Chairman  
Joe W. Herron  
Chad E. Hood  
David S. Redwine - Chairman

ABSENT: Danny P. Mann

On a motion by Darrel W. Jeter, duly seconded by Marshall D. Tipton, this Board hereby authorizes the staff to prepare the approved resolution with amendments to oppose closing a level one Trauma Center at Holston Valley Medical Center in Kingsport Tennessee for the purpose of preserving the level of health care for the citizens of Scott County and directs that the challenges that go along with closing the center be added to the resolution and further directs that the resolution be forwarded on behalf of the Board of Supervisors.

Date: September 5, 2018

Resolution #: 2018-17

**BALLAD HEALTH LEVEL 1 TRAUMA CENTER CONSOLIDATION**

WHEREAS, Scott County, Virginia has no hospital facility located within the county, and;

WHEREAS, residents and emergency medical providers of Scott County, Virginia rely on neighboring states and counties for advanced medical care, and;

WHEREAS, the rural and mountainous nature of Scott County, Virginia prolongs necessary treatments in trauma emergencies, and;

WHEREAS, severely injured patients admitted to Level I trauma centers have a 15% lower risk (Glance, et. al.) of mortality compared with patients admitted to Level II centers, and;

WHEREAS, an additional thirty-minute transport time by ambulance may potentially compromise adequate and appropriate patient care, increasing patient mortality, and;

WHEREAS, there will be an increased transport cost to patients, as well as Emergency Medical Service providers, and;

WHEREAS, Johnson City Medical Center is currently a Level 1 Trauma Center houses pediatric specialties, and;

WHEREAS, Holston Valley Medical Center is currently a Level 1 Trauma Center,

NOW, THEREFORE, BE IT PROCLAIMED the Board of Supervisors of Scott County, Virginia adamantly and vehemently opposes the closing of the Level 1 trauma center at Holston Valley Medical Center.

*Glance, Laurent G. et al., Impact of Trauma Center Designation on Outcomes: Is There a Difference Between Level I and Level II Trauma Centers? Journal of the American College of Surgeons , Volume 215 , Issue 3 , 372 - 378  
<https://doi.org/10.1016/j.jamcollsurg.2012.03.018> Date Accessed August 23, 2018*

Voting aye: Darrel W. Jeter, Marshall D. Tipton, Garland "Jack" Compton, Joe W. Herron, Chad E. Hood, and David S. Redwine.

Voting nay: None.

Attest:

  
CLERK

C: Roger Carter  
Ballad Health

**RESOLUTION**  
**BALLAD HEALTH LEVEL 1 TRAUMA CENTER CONSOLIDATION**  
**18-022**

**WHEREAS**, Lee County, Virginia has no hospital facility located within the county, and;

**WHEREAS**, the residents and emergency medical providers of Lee County, Virginia rely on neighboring states and counties for advanced medical care, and;

**WHEREAS**, severely injured patients admitted to Level 1 Trauma Centers have a 15% lower risk of mortality compared with patients admitted to Level II centers, and;

**WHEREAS**, an additional thirty-minute transport time by ambulance may potentially compromise adequate and appropriate patient care, increasing patient mortality, and;

**WHEREAS**, there will be an increased transport cost to patients, as well as Emergency Medical Service providers, and;

**WHEREAS**, Johnson City Medical Center is currently a Level 1 Trauma Center providing pediatric specialties, and;

**WHEREAS**, Holston Valley Medical Center is currently a Level 1 Trauma Center,

**NOW, THEREFORE, BE IT PROCLAIMED**, the Lee County Board of Supervisors strongly oppose the closing of the Level 1 Trauma Center at Holston Valley Medical Center.

Adopted this the 18<sup>th</sup> day of September, 2018.



  
\_\_\_\_\_  
CLERK OF THE BOARD

**BOARD OF SUPERVISORS**

DARREL W. JETER  
MARSHALL D. TIPTON  
GARLAND "JACK" COMPTON  
JOE W. HERRON  
DANNY P. MANN  
CHAD E. HOOD  
DAVID S. REDWINE, DVM



**SCOTT COUNTY  
BOARD OF SUPERVISORS**

COUNTY ADMINISTRATOR  
Freda R. Starnes

180 Beech Street, Suite 201  
GATE CITY, VIRGINIA 24251  
PHONE: (276) 386-6521  
FAX: (276) 386-9198

EMAIL: [fstarnes@scottcountyva.com](mailto:fstarnes@scottcountyva.com)  
[www.scottcountyva.com](http://www.scottcountyva.com)

SCOTT

VIRGINIA

At a special called meeting of the Scott County Board of Supervisors begun and held in the Supervisors' meeting room located at the Community Services Building in Gate City, Virginia on Wednesday the 26<sup>th</sup> day of November, 2018 at 2:00 p.m.

PRESENT: Darrel W. Jeter  
Marshall D. Tipton  
Garland "Jack" Compton – Vice-Chairman  
Joe W. Herron  
Danny P. Mann  
Chad E. Hood  
David S. Redwine - Chairman

ABSENT: None.

On a motion by Danny P. Mann, duly seconded by Garland "Jack" Compton, this Board hereby adopts the following:

Date: November 26, 2018

Resolution #: 2018 - 20

**BALLAD HEALTH**

WHEREAS, Scott County, Virginia, has no hospital facility located within the county; and

WHEREAS, residents of Scott County, Virginia, rely on Holston Valley Medical Center and Indian Path Medical Center for advanced medical care and labor and delivery care; and

WHEREAS, the Scott County Board of Supervisors is acutely concerned about the closure and downgrading of medical facilities in Kingsport, Tennessee; and

WHEREAS, the rural and mountainous nature of Scott County, Virginia, prolongs necessary treatments in trauma emergencies; and

WHEREAS, an additional thirty-minute transport time by ambulance to Johnson City, Tennessee, may potentially compromise adequate and appropriate patient care, increasing patient mortality; and

WHEREAS, there will be an increased transport/travel cost to patients, families, as well as Emergency Medical Service providers; and

WHEREAS, Holston Valley Medical Center neonatal intensive care unit (NICU) had a total of 268 infants admitted from July 2017 to June 2018. NICU services are vital to Southwest Virginia and need to remain at Holston Valley Medical Center; and

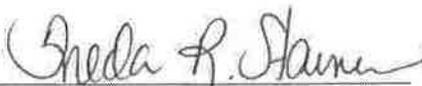
WHEREAS, Holston Valley Medical Center is currently a Level I trauma center and located in the heart of the Ballad Health service area and should remain a Level I trauma center;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Scott County, Virginia, strongly opposes the closing of the neonatal intensive care unit and the Level I trauma center at Holston Valley Medical Center.

Voting aye: Darrel W. Jeter, Marshall D. Tipton, Garland "Jack" Compton, Joe W. Herron, Danny P. Mann, Chad E. Hood, and David S. Redwine.

Voting nay: None.

Attest:



CLERK

C: Alan Levine

**BOARD OF SUPERVISORS**

DARREL W. JETER  
MARSHALL D. TIPTON  
GARLAND "JACK" COMPTON  
JOE W. HERRON  
DANNY P. MANN  
CHAD E. HOOD  
DAVID S. REDWINE, DVM



**SCOTT COUNTY  
BOARD OF SUPERVISORS**

COUNTY ADMINISTRATOR  
Freda R. Stames

190 Beech Street, Suite 201  
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PHONE: (276) 386-6521  
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EMAIL: fstames@scottcountyva.com  
www.scottcountyva.com

SCOTT

VIRGINIA

At a special called meeting of the Scott County Board of Supervisors begun and held in the Supervisors' meeting room located at the Community Services Building in Gate City, Virginia on Wednesday the 26th day of November, 2018 at 2:00 p.m.

PRESENT: Darrel W. Jeter  
Marshall D. Tipton  
Garland "Jack" Compton – Vice-Chairman  
Joe W. Herron  
Danny P. Mann  
Chad E. Hood  
David S. Redwine - Chairman

ABSENT: None.

On a motion by David S. Redwine, duly seconded by Marshall D. Tipton, this Board hereby adopts the following:

Date: November 26, 2018

Resolution #: 2018 - 21

**BALLAD HEALTH**

WHEREAS, Scott County, Virginia, has no hospital facility located within the county; and

WHEREAS, residents of Scott County, Virginia, rely on Holston Valley Medical Center and Indian Path Medical Center for advanced medical care and labor and delivery care; and

WHEREAS, the Scott County Board of Supervisors is acutely concerned about the closure and downgrading of medical facilities in Kingsport, Tennessee; and

WHEREAS, the rural and mountainous nature of Scott County, Virginia, prolongs necessary treatments in trauma emergencies; and

WHEREAS, an additional thirty-minute transport time by ambulance to Johnson City, Tennessee, may potentially compromise adequate and appropriate patient care, increasing patient mortality; and

WHEREAS, there will be an increased transport/travel cost to patients, families, as well as Emergency Medical Service providers; and

WHEREAS, Holston Valley Medical Center neonatal intensive care unit (NICU) had a total of 268 infants admitted from July 2017 to June 2018. NICU services are vital to Southwest Virginia and need to remain at Holston Valley Medical Center; and

WHEREAS, Holston Valley Medical Center is currently a Level I trauma center and located in the heart of the Ballad Health service area and should remain a Level I trauma center; and

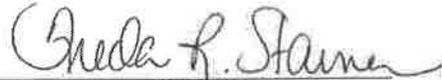
WHEREAS, the Scott County Board of Supervisors request that if consideration will not be given for Holston Valley Medical Center to remain a Level I trauma center that it be downgraded to no lower than a Level II trauma center;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Scott County, Virginia, strongly opposes the closing of the neonatal intensive care unit and the Level I trauma center at Holston Valley Medical Center.

Voting aye: Darrel W. Jeter, Marshall D. Tipton, Garland "Jack" Compton, Joe W. Herron, Danny P. Mann, Chad E. Hood, and David S. Redwine.

Voting nay: None.

Attest:



CLERK

C: Alan Levine

RESOLUTION

No. 2018 / 12 / 07  
AS AMENDED

To the HONORABLE MICHAEL HERRELL, Chairman, and Members of the Hawkins County Board of Commission in Regular Session, met this 17<sup>th</sup> day of December, 2018.

RESOLUTION IN REF: EXPRESS OPPOSITION OF DOWNGRADING THE TRAUMA CENTERS OF HOLSTON VALLEY AND BRISTOL REGIONAL HOSPITAL

WHEREAS, Ballad Health announced that the Trauma Center at Holston Valley Hospital will be downgraded from Level One to Level Three Trauma Center; and

WHEREAS, Ballad Health announced that the Trauma Center at Bristol Regional Hospital will be downgraded from Level Two to Level Three Trauma Center.

WHEREAS, Hawkins County has an Industrial Park with many manufacturing facilities located in it and Holston Defense, an explosive manufacturing plant located in the eastern portion of Hawkins County and within the city limits of Kingsport. If a catastrophic event should occur at any of the manufacturing facilities, many lives would be in jeopardy due to the additional transport time to get the severely injured to a Level 1 Trauma Center.

NOW, THEREFORE BE IT RESOLVED that Hawkins County opposes the downgrade of the Holston Valley Trauma Center and Bristol Regional to Level III Trauma Centers as it would be a severe Public Disadvantage to the people of our community negatively impacting overall Population Health. We further request that Ballad Health stop all planning and implementation of changes to its healthcare system until the Department holds a Public Hearing where the details of these plans are made available to the public and the public concerns are heard and addressed.

This resolution shall take effect from and after its passage. All resolutions in conflict herewith shall be and the same are hereby rescinded insofar as such conflict exists.

Introduced By Esq. Keith Gibson and Jeff Barrett

Seconded By Esq. \_\_\_\_\_

Date Submitted 12-17-18

County Clerk

By: \_\_\_\_\_

Chairman

Mayor

Jim Leg, County Mayor

ACTION: AYE NAY PASSED

Roll Call 21 0

Voice Vote \_\_\_\_\_

Absent \_\_\_\_\_

COMMITTEE ACTION

Passed

Mayor's Action: Approved  Veto \_\_\_\_\_

As Amended

# RATTLED



RAIN SMITH — RSMITH@TIMESNEWS.NET

Smoke rises from the Holston Army Ammunition Plant after a powerful explosion at the site shortly before noon on Thursday. The blast reportedly was heard or felt as far north as Nickelsville, Virginia.

## HAAP explosion shakes houses, frays nerves across region

By MATTHEW LANE  
mlane@timesnews.net

KINGSPORT — Fire destroyed a building at the Holston Army Ammunition Plant Thursday morning, with a subsequent controlled burn of the structure triggering an explosion about four hours later.

According to Justine Barati, the director of Public and Congressional Affairs for Joint Munitions Command, no workers were in the building at the time of either incident.

One employee who was in the proximity of the initial fire was transported to Holston Valley Medical Center for observation, Barati said, and out of an overabundance of caution.

An alarm sounded near one of the plant's buildings at about 8 a.m., indicating a fire. Due to the nature of the work that takes



*'Arcadia side of Bloomingdale!!  
My whole house shook!!'*

By RAIN SMITH  
rsmith@timesnews.net

KINGSPORT — The powerful explosion in the wake of Thursday's fire at Holston Army Ammunition Plant could apparently be felt several miles away and brought some people out for a closer look at all the commotion.

In business parking lots near HAAP on West Stone Drive, motorists pulled over to take photos of smoke rising

"We hear small ones all the time, but that one was huge. It was definitely not normal. ... It rattled the house."

— EUGENE MITCHELL

ting in his vehicle at University Square. "It was definitely not normal. They don't shoot them off like that. It

Thursday morning, with a subsequent controlled burn of the structure triggering an explosion about four hours later.

According to Justine Barati, the director of Public and Congressional Affairs for Joint Munitions Command, no workers were in the building at the time of either incident.

One employee who was in the proximity of the initial fire was transported to Holston Valley Medical Center for observation, Barati said, and out of an overabundance of caution.

An alarm sounded near one of the plant's buildings at about 8 a.m., indicating a fire.

Due to the nature of the work that takes place at HAAP, Barati told the Times News she was not able to identify the building where the fire took place, but she noted the 2,400-square-foot structure was near the rear of the installation.

See HAAP PLANT, Page 2A



This photo submitted by Stan Pace was taken at The Club In Ridgefields and shows a cloud of smoke rising from the Holston Army Ammunition Plant immediately after Thursday morning's explosion.

By RAIN SMITH  
rsmith@timesnews.net

**KINGSPORT** — The powerful explosion in the wake of Thursday's fire at Holston Army Ammunition Plant could apparently be felt several miles away and brought some people out for a closer look at all the commotion.

In business parking lots near HAAP on West Stone Drive, motorists pulled over to take photos of smoke rising from the facility. The big boom even got the attention of Eugene Mitchell, who lives fairly close by on Rocky Hill Lane and is accustomed to explosions at the plant.

"We hear small ones all the time, but that one was huge," said Mitchell, sit-

"We hear small ones all the time, but that one was huge. It was definitely not normal. ... It rattled the house."

— EUGENE MITCHELL

ting in his vehicle at University Square. "It was definitely not normal. They don't shoot them off like that. It rattled the house, shook the house a lot. It sounded like an airplane hit the ground or something."

Shaking ground and rattling windows were a common theme of

See RATTLED, Page 2A

## Kingsport's McCord to join Bill Lee's Cabinet as labor commissioner

By HANK HAYES  
hhayes@timesnews.net

**NASHVILLE** — Tennessee Gov.-elect Bill Lee on Thursday announced Dr. Jeff McCord of Kingsport will be the next commissioner of the state Department of Labor and Workforce Development.

McCord currently serves as vice president for Economic and Workforce Development at Northeast State Community College. McCord leads Workforce



McCord

Solutions, a workforce development program that includes the development of registered apprenticeship programs and the Regional Center for Advanced Manufacturing (RCAM), a technical career academy in Kingsport's downtown Academic Village.

In addition to organizational leadership for the Adult Education programming for the First Tennessee Development District, he also serves as the lead administrator for the nationally recognized Academic Village.

McCord has more than 20 years of business and industry experience, including a number of leadership positions and specific experience related to organizational effectiveness and corporate education.

McCord's appointment was

among six Cabinet-level positions announced by Lee.

"The six individuals joining our Cabinet represent each of our Grand Divisions and bring vast experience in their respective areas," said Lee. "I am excited to work with this group and look forward to building solutions for our state."

On Nov. 7, the Lee transition team unveiled a new website: transition.billlee.com.

The site includes detailed information about the governor-elect's policy priorities, a

section where Tennesseans can submit their resumes to potentially join his team and, most important, a section where Tennesseans can share their ideas with Lee and his team.

Since launching the site, the Lee transition team has received information from more than 1,400 applicants interested in serving in the administration and more than 2,400 ideas for bettering state government, according to a release.

Lee will be sworn in to office on Jan. 19.

- INSIDE**
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  - Comics 12A
  - Crossword 11A
  - Dear Abby 11A
  - Deaths 8A-9A
  - Editorial 4A

- FYI. 5A**
- Jumble 11A
  - Metro 6A
  - Religion 9B-11B
  - Scoreboard 2B
  - Sudoku 11A
  - Television 2A

**WEATHER**

High Low  
**59 40**

Cloudy today with a 95% chance of rain



### Hawkins man arrested in laundry jug attack

A Hawkins County man who allegedly struck his girlfriend in the head with a laundry detergent jug when she refused to hand over her food stamps was arrested Wednesday on felony assault and aggravated burglary charges after a week on the run. **7A**



# Help save lives. Donate blood.

## Marsh

### Regional Blood Center

GIVE HERE. HELP HERE.

facebook.com/MarshBlood

PAGE DESIGN / FRANK CANNON

...ing them daily, ... said in a statement on Wednesday. "It's the authentic conversations and connection with the audience and the ladies that really drew

last month that the longtime TV exec would not receive a \$120 million severance package after an outside investigation determined he was fired for cause.

Drawing contributed by Ryan Moncla, Catholic School.

# HAAP PLANT: No injuries reported as result of explosion

Continued from Page 1A

Emergency personnel on site immediately responded to the scene and the building was secured. Barry Brickey, public information officer for the Kingsport Fire Department, said KFD personnel were called in to be on standby and were positioned at the fire station inside the plant shortly before 9 a.m. However, the KFD was not requested to assist with the response.

Meanwhile, Barati reported the fire was under control and there was no danger of it spreading off the installation.

"As a precautionary measure and per our safety standards, the emergency siren was sounded," Barati said. "As always, the health and safety of our employees and the communities where we live and work are always our top priority."

At about 11:45 a.m., a loud explosion occurred inside the plant. The blast could be heard — and felt — in much of the surrounding area.

Barati said the explosion was associated with the controlled burning of the building that had caught fire.

"There were no additional injuries, there is no danger to the community and we all allowing the building to burn to the ground," she said. "Explosions may occur as part of the controlled burn."

KFD officials were still on scene at the time of the explosion and, according to Brickey, no injuries were reported to them.

# RATTLED: Blast felt across region

Continued from Page 1A

onlookers and comments to the Times News Facebook page. But there were few civilians or non-HAAP employees closer than Debbie Carter. Her business, At Ease Therapeutic Massage, is located across from the Army facility's entrance.

"I thought someone drove through my glass doors," said Carter, who was working with a customer at the time of the incident. "It rattled the windows. It was hard enough that I left him, and I never leave a client on the table. I left him and looked and you could see yellow smoke coming up."

"I just about came off the table," recalls Neal Stone with a laugh. "She started working on me, but then the building started moving on us."

According to Justine Barati, the director of Public and Congressional Affairs for Joint Munitions Command, the explosion was associated with the controlled burning of the building that had caught fire.

No one was injured and more

"Yes I did on Wilcox Drive. My cat fell out of my window."

— BECKY RAIHA

explosions were possible as the burn continued, Barati said.

Hundreds of readers posted comments about the explosion to the Times News Facebook page. They indicate the concussion was heard or felt in Gray, Blountville and as far north as Nickelsville, Virginia.

"Heard it in Fall Branch, thought it was thunder." — Andrea Roberts

"On Old Stage Road off Memorial Blvd. It sounded like an explosion and shook the house." — Andrea Kiss

"Felt it in Sullivan Gardens. Rattled the windows." — Amanda Lynne

"Arcadia side of Bloomingdale!! My whole house shook!!" — Marcy Taylor-Vance

"Yes I did on Wilcox Drive. My cat fell out of my window." — Becky Raiha

## TENNESSEE LOTTERY

### THURSDAY

#### Day Drawing

Cash 3: 2-5-8

Cash 4: 1-7-1-8

#### Midday Drawing

Cash 3: 1-7-8

Cash 4: 7-6-3-7

#### Night Drawing

Cash 3: 2-7-1

Cash 4: 6-1-9-9

#### Cash 4 Life

5-9-25-33-55; Cash Ball: 2

## VIRGINIA LOTTERY

### THURSDAY

#### Day Drawing

Pick 3: 6-6-5

Pick 4: 6-6-8-3

Cash 5: 5-14-15-21-34

# Saudi Arabia says five will face death penalty in Khashoggi killing

ASSOCIATED PRESS

DUBAI, United Arab Emirates — Saudi Arabia announced on Thursday it will seek the death penalty against five suspects in the slaying of Washington Post columnist Jamal Khashoggi, a killing that has seen members of Crown Prince Mohammed bin Salman's entourage implicated in the writer's assassination.

Prosecutors announced

The killing of Khashoggi, who wrote columns critical of Prince Mohammed, has strained the decades-long ties the kingdom enjoys with the United States.

The state-run Saudi Press Agency and state television gave few details about the hearing.

"The Public Prosecutor demanded imposing proper punishments against the defendants and is seeking capital punish-

formal requests made for evidence in the case.

"To date, the Saudi Public Prosecutor has not received any response, and the Public Prosecution is still awaiting their response," the statement said.

Officials in Ankara could not be immediately reached for comment.



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RESOLUTION

No. 2018 / 12 / 08  
AS AMENDED

To the HONORABLE MICHAEL HERRELL, Chairman, and Members of the Hawkins County Board of Commission in Regular Session, met this 17<sup>th</sup> day of December, 2018.

RESOLUTION IN REF: TO EXPRESS CONCERN ABOUT CLOSURE OF NICU AT HOLSTON VALLEY.

WHEREAS, Ballad Health announced that they will be closing the NICU at Holston Valley hospital; and

WHEREAS, there are several OB/GYN physicians in Kingsport and Sullivan County that Hawkins County female residents are patients of. Their babies are born in the hospitals owned by Ballad Health in Sullivan County. Closing the NICU at Holston Valley Hospital and having to transport a newborn could mean life or death.

NOW, THEREFORE BE IT RESOLVED that the Board of County Commissioners of Hawkins County, Tennessee, assembled in Regular Session hereby authorizes the County Clerk to notify Ballad Health and any and all oversight committees and boards of Ballad Health, the State of Tennessee and the Commonwealth of Virginia, that Hawkins County opposes the closing of the Holston Valley NICU or downgrading of its services to a Level I facility as it would be a severe Public Disadvantage to the babies and mothers of our community negatively impacting overall Population Health. We further request that Ballad Health stop all planning and implementation of changes to its healthcare system until the Department holds a Public Hearing where the details of these plans are made available to the public and the public concerns are heard and addressed.

This resolution shall take effect from and after its passage. All resolutions in conflict herewith shall be and the same are hereby rescinded insofar as such conflict exists.

As Amended

Introduced By Esq. Keith Gibson and Jeff Barrett  
Seconded By Esq. Mark DeWitte  
Date Submitted 12-17-18  
County Clerk Nancy J. Coates  
By: \_\_\_\_\_  
Chairman Mark J. Hummel  
Mayor Jim Lee, County Mayor

ACTION: AYE NAY PASSED  
Roll Call 21 \_\_\_\_\_  
Voice Vote \_\_\_\_\_  
Absent \_\_\_\_\_  
COMMITTEE ACTION  
Passed  
Mayor's Action: Approved  Veto

**RESOLUTION NO. 556**

**RESOLUTION**

WHEREAS, Ballard Health has declared its intention to downgrade its Level 1 Emergency Trauma services currently available at Holston Valley Medical Center in Kingsport, Tennessee, to Level 3, thereby reducing emergency staff, and available trauma surgeons, and

WHEREAS, Ballard Health has declared its intention to consolidate Level 1 Emergency Trauma services at Johnson City Medical Center, which is substantially further from the City of Church Hill, and

WHEREAS, Ballard Health has declared its intention to transfer all Neonatal Intensive Care Unit services from Holston Valley Medical Center in Kingsport, Tennessee to the Johnson City Medical Center, which is substantially further from the City of Church Hill, and

WHEREAS, Ballard Health has declared its intention to move Kingsport Hematology Oncology outpatient cancer care center from its current location in Hawkins County to a facility outside of the county and further from the City of Church Hill, thereby increasing the cost and travel time to the citizens of Church Hill who require said services, and

WHEREAS, the citizens and residents of the City of Church Hill have used the Level 1 Emergency Trauma services at Holston Valley Medical Center, and will require said services in the future, and

WHEREAS, the citizens and residents of the City of Church Hill have used the Neonatal Intensive Care Unit services located at Holston Valley Medical Center, and will require said services in the future, and

WHEREAS, it is well settled that time is of the essence in emergency medical situations, and

WHEREAS, the removal of Level 1 Emergency Trauma services, and Neonatal Intensive Care Unit services from Holston Valley Medical Center to the Johnson City Medical Center will place the lives and health of the citizens and residents, and their newborn children, at greater risk.

NOW, THEREFORE, BE IT RESOLVED that the City of Church Hill publicly declares its opposition to the downgrade of Level 1 Trauma services at Holston Valley Medical Center to Level 3; that the City of Church Hill publicly declares its opposition to the closure of the Neonatal Intensive Care Unit at Holston Valley Medical Center; that the City of Church Hill publicly declares its opposition to the moving of the Kingsport Hematology Oncology outpatient cancer center; that the City of Church Hill encourages Ballard Health to reconsider and reverse these decisions; and that the City of Church Hill authorizes the City Recorder to forward this Resolution to Ballard Health, to the State of Tennessee, and all relevant committees and departments, and to all legislators who represent the citizens of Church Hill.

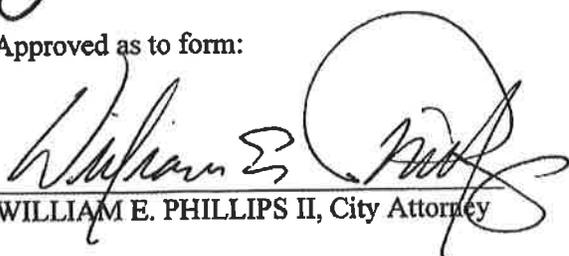
APPROVED BY THE BOARD OF MAYOR AND ALDERMAN OF THE CITY OF  
CHURCH HILL ON THIS THE 18 DAY OF December, 2018.

AYES: 7  
NAYS: 0  
ABSENT: 0

  
\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
City Recorder

Approved as to form:

  
\_\_\_\_\_  
WILLIAM E. PHILLIPS II, City Attorney

CERTIFICATE OF AUTHENTICITY

I, Joshua Russell, DULY APPOINTED RECORDER FOR THE CITY OF  
CHURCH HILL, TENNESSEE, CERTIFY THAT THE FOREGOING RESOLUTION NO.  
556 WAS ADOPTED BY THE BOARD OF MAYOR AND ALDERMEN ON  
December 18, 2018.

  
\_\_\_\_\_  
City Recorder

**TOWN OF ROGERSVILLE**

**RESOLUTION NO. 1-8-19-1**

**WHEREAS**, Ballard Health has declared its intention to downgrade its Level 1 Emergency Trauma services currently available at Holston Valley Medical Center in Kingsport, Tennessee, to Level 3, thereby reducing emergency staff, and available trauma surgeons; and,

**WHEREAS**, Ballard Health has declared its intention to consolidate Level 1 Emergency Trauma services at Johnson City Medical Center, which is substantially further from the Town of Rogersville; and,

**WHEREAS**, Ballard Health has declared its intention to transfer all Neonatal Intensive Care Unit services from Holston Valley Medical Center in Kingsport, Tennessee to the Johnson City Medical Center, which is substantially further from the Town of Rogersville; and,

**WHEREAS**, the citizens and residents of the Town of Rogersville have used the Level 1 Emergency Trauma services at Holston Valley Medical Center, and will require said services in the future; and,

**WHEREAS**, the citizens and residents of the Town of Rogersville have used the Neonatal Intensive Care Unit services at Holston Valley Medical Center, and will require said services in the future; and,

**WHEREAS**, it is well settled that time is of the essence in emergency medical situations; and,

**WHEREAS**, the removal of Level 1 Emergency Trauma services, and Neonatal Intensive Care Unit services from Holston Valley Medical Center to the Johnson City Medical Center will place the lives and health of the citizens and residents of the Town of Rogersville, and their newborn children, at greater risk ; and,

**WHEREAS**, Ballard Health has declared its intention to move Kingsport Hemetologu Oncology outpatient cancer care center from its current location in Hawkins County to a facility outside of the county and further from the Town of Rogersville, thereby increasing the cost and travel time to the citizens of the Town of Rogersville who require said services;

**NOW, THEREFORE, BE IT HEREBY RESOLVED WITH THE BOARD OF MAYOR AND ALDERMEN OF THE TOWN OF ROGERSVILLE**

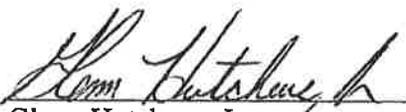
That the Town of Rogersville publicly declares its opposition to the downgrade of Level 1 Trauma services at Holston Valley Medical Center to Level 3; that the Town of Rogersville publicly declares its opposition to the closure of the Neonatal Intensive Care Unit at Holston Valley Medical Center; that the Town of Rogersville publicly declares its opposition to the moving of the Kingsport Hematology Oncology outpatient cancer center; that the Town of Rogersville encourages ballad Health to reconsider and reverse these decisions; and that the

Town of Rogersville authorizes the City recorder to forward this Resolution to Ballad Health, to the State of Tennessee, and all relevant committees and departments, and to all legislators who represent the citizens of the Town of Rogersville.

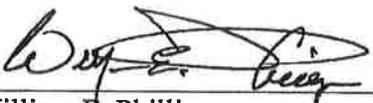
This the 8th day of January, 2019.

  
\_\_\_\_\_  
Jim Sells, Mayor

Attested by:

  
\_\_\_\_\_  
Glenn Hutchens, Jr.

Approved to as legal form:

  
\_\_\_\_\_  
William E. Phillips  
City Attorney

#### Certificate of Authenticity

I, Glenn D. Hutchens, Jr., duly appointed City Recorder for the Town of Rogersville, Tennessee, certify that the foregoing Resolution No. 1-8-19-1 was adopted by the Board of Mayor and Aldermen on January 8, 2019.

  
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Glenn D. Hutchens, Jr.  
City Recorder

11/20/18

LETTERS TO THE EDITOR

# Kingsport needs a NICU to help most vulnerable patients

I want to give a pediatrician perspective on losing the NICU (neonatal intensive care unit) at Holston Valley. I work for Holston Medical Group, Indian Path Hospital and Holston Valley Hospital.

The NICU at Holston Valley provides life-saving care to many newborns in our region. The NICU had been functioning for 30 years (my little sister was a patient there in the late 1980s) and recently underwent a \$2.5 million renovation.

As a pediatrician, if I have a sick newborn in need of emergent care, having close access to a NICU is of vital importance. If an infant is born in distress and requires IVs, medications or a ventilator, those must be provided by an ICU. Currently, patients born at Indian Path who need NICU level care are transferred to Niswonger and sometimes must wait hours to actually reach Johnson City. At Holston Valley, care arrives in minutes.

Not having access to neonatology services on site for newborns is a harrowing prospect. With the number of drug-exposed infants alone, I need access to ICU services multiple times each week to care for my patients.

Additionally, I have read that the average census at Holston Valley is eight infants. While I'm not sure of the accuracy of this number, you must remember that presently the Niswonger NICU numbers reflect transfers from Indian Path. Those numbers would significantly increase if we kept all of the infants who need the ICU in Kingsport. This would also prevent separating mothers and babies in the first few days of life, which is a critical time for infant bonding and feeding.

The Ballard plan for NICU consolation is self-serving and will not contribute to the well-being of our area's most vulnerable patients. I oppose it strongly.

**Sarah Smiddy Youssef M.D., FAAP**  
*Pediatrician, Holston Medical Group*

### Thanks for supporting Alzheimer's bill

This past year, my family lost both our mother and stepmother to Alzheimer's disease. It was incredibly difficult to watch these loved ones slowly disappear. I cannot even describe the heartbreak of experiencing your mother looking at you and saying, "You look just like my daughter." They were there physically, but not mentally. My baby-sister gave up her life to care for our mother. Our stepmother did not live near us, so I went to see her every three to four months for the last four years. Physically, emotionally

and financially this disease was brutal for my family.

As the only leading cause of death without a cure or effective treatment, Alzheimer's robs individuals and families of all hope. But I have found a glimmer of hope in a bill in Congress that treats Alzheimer's like the public health crisis that it is.

The Building Our Largest Dementia (BOLD) Infrastructure Act would create an Alzheimer's public health infrastructure across the country to implement effective Alzheimer's interventions focused on public health issues such as increasing early detection and diagnosis, reducing risk, and preventing avoidable hospitalizations. The BOLD Act would also increase implementation of the Healthy Brain Initiative's Public Health Road Map nationwide by establishing Alzheimer's centers of excellence, providing cooperative agreements to public health departments, and increasing data collection, analysis and timely reporting.

I am grateful to U.S. Rep. Phil Roe for taking the time to hear my story and signing on to co-sponsor the BOLD Act.

**Barbara Sapp**  
*Kingsport*

### Candidates should have helped at clinic

In reading about the RAM clinic that was held the weekend of Nov. 4 at the Gray fairgrounds, I was impressed with the professionals that volunteered their time and talents to help those in need.

I do not recall any of the candidates coming by to help with the RAM clinic. The Republicans want to repeal Obamacare and not extend Medicaid coverage.

But maybe if they had stood in line all night with those needing care and listened to what they had to say, it would have given them a new perspective on what regular folks have to say about health care.

It's true any government-run health care has flaws, but where would seniors and the disabled be without Medicare and the people that depend on state-run Medicaid? Many people fall in between these groups. If the Republicans want to repeal Obamacare then they need to have a better plan to put in its place.

It's disgusting to think campaigns spend millions of dollars to trash each other when that money could be put to better use.

**Linda Smith**  
*Kingsport*

Exhibit N

# anks in difficult circumstances

## Our View: Ballad Health should stick to its motto

- BRISTOL HERALD COURIER      Nov 25, 2018    [Editorial]

When Wellmont Health Systems and Mountain States Health Alliance began the merger to Ballad Health System, they surveyed people on what they want most from their health care interactions.

The top response? Someone who really listens to them.

The answer became the inspiration behind their motto, “It’s your story, we’re listening.”

The announcement of a regional trauma system and neonatal care changes for Ballad Health has been met with fervent opposition — so much so that the Sullivan County Commission passed a resolution against the decision.

Turning Johnson City Medical Center into the region’s anchor hospital makes sense for all of the reasons outlined on the company’s website. We especially appreciate the coordinated efforts with Niswonger Children’s Hospital for perinatal care.

But access to a NICU is still greatly needed in Sullivan County.

Pediatric emergency rooms are a wonderful addition to our health system, but they do nothing to help babies affected by neonatal abstinence syndrome.

Luckily, the changes to neonatal care must be approved by the state, according to Certificate of Public Advantage and Cooperative Agreement (COPA) rules — and we hope they read our Addicted at Birth series before they vote.

Johnson City Medical Center is in the southwestern third of Ballad’s coverage area. Making JCMC the region’s only Level I trauma care hospital would increase response time for people in need of Level I care in Southwest Virginia anytime between 15 minutes to two hours depending on their location and travel conditions.

And even though the southern half of their coverage area is more densely populated, why not effort to make the “safety net” hospital more centralized to serve everyone equally?

Why would the focus of these changes not center around Bristol Regional Medical Center or even Holston Valley, which already boasts a Level I trauma center and NICU unit? Both hospitals are far more centrally located than Johnson City and would provide better critical-care access for the region.

Even if you look outside of the Ballad Health System, people living in Southwest Virginia don't have many options when it comes to critical care. Pikeville Medical Center in Pikeville, Kentucky, has a NICU, but is only a Level II trauma center. Bluefield Medical Center in Bluefield, West Virginia, is a Level IV trauma center. Neither make up for the loss of Kingsport's Level I designation, but it may cause patients to be diverted from the coalfield region to Pikeville instead of Bristol or Kingsport.

Sullivan County officials have also expressed concerns about the strain that the changes will bring to their emergency medical services. What would this strain mean for the future of the county? Spending more taxpayer dollars to make up for the extra travel time? If this will affect Sullivan County, then what about EMS services that are located even farther from JCMC?

Ballad Health has claimed that Sullivan County is concerned based on incorrect information but has yet to specify what information was incorrect.

We understand part of this effort is being done to reduce costs on the company and eliminate duplicate services, but patients should come before the bottom line.

Ballad should rethink their plans and adjust to fit the needs of their coverage area.

We are talking about a health care system after all.

Ballad, your patients are telling their story, are you listening?

26 November 2018

TO: Mr. Dan Street, Sullivan Co. Attorney

FROM: [REDACTED] M.D.

RE: Proposed changes to Holston Valley Medical Center services

After seeing on the news recently that you have been asked by the Sullivan County mayor to look into concerns about the recently announced changes to Holston Valley's trauma and NICU services, I felt compelled to contact you. God knows I'm not a lawyer, but if I can help and lend some (possibly) different perspective, I must do so. My reasons: I am a practicing physician at Holston Valley Medical Center (HVMC), have been in Kingsport for almost [REDACTED] years, have some inside insight into what was and was not done regarding some of these decisions, and have some (surprising to me) information regarding how the COPA Compliance Office is handling questions, [REDACTED]. Elaboration and further comment on this is in the attached document.

I apologize in advance for the length of this missive, and also request that, if any of my information is worthy of public comment or reference, that my name not be used (many of us are afraid to speak out, [REDACTED], as some have already been fired (or essentially fired) for making any negative comments about Ballad or the merge).

Regarding me and my credentials: I am an OB/GYN physician who has practiced in Kingsport since [REDACTED] initially at Indian Path Hospital (now [REDACTED]), then both IPH and HVMC, [REDACTED]. I am currently [REDACTED] (non-conservative) [REDACTED] Chairman of the Department of OB/GYN at HVMC and [REDACTED] committees [REDACTED] as well, [REDACTED] and have been active on the [REDACTED] Board of Directors for at least 10 years and am currently on the Ballad Health Physician Clinical Council and its Medical Staff Services Subcommittee. Additionally, I have been on the State of Tennessee Health Department's Perinatal Advisory Committee as the only large generalist OB/GYN for the state (a position which requires the governor's approval for initial appointment and all re-appointments). So I'm not just someone sitting on the sidelines complaining – I have a lot of first-hand knowledge of how things do and should work, as well as some involvement in the run-up prior to the recent announcement. And, probably obviously (!), I will be concentrating on the recently proposed NICU changes and changes being considered to OB/GYN services in Kingsport.

Now, as background, not long after the merge was first announced, a group of Ballad Administrators met with the OB/GYN physicians who practice here in Kingsport. We were informed then that the plan was to consolidate OB/GYN services in Kingsport to one hospital, and the decision would be announced later. We were invited to comment and ask questions, but then were basically told that we would have no further input into the decision which would be announced within about a month. The

Rec'd 11/26/18

announcement date then kept being pushed back, and we were told it would be made when the decision on the trauma services was made. Subsequently, many rumors began to surface, primarily that the plan was going to be to move OB/GYN, NICU, and Pediatrics to IPH, which makes no sense to many of us, as I will discuss later. We [REDACTED] pushed for another meeting to discuss the issues, which was done, this time with local Pediatricians and Neonatologists in attendance as well. There was overwhelming (I would say unanimous) support among these physicians for maintaining neonatology presence in Kingsport, and actually initially for expanding that coverage to include both IPH in addition to HVMC until the services were merged. We also requested then to meet individually (as groups) with the group or committee that was going to make the final recommendations to the Ballad Health Board. NB: there are no OB/GYN, Pediatric, or Neonatology physicians on this committee, and only a couple of physician-administrators. Near the end of October [REDACTED]

[REDACTED] met with this committee and were told then that the recommendation was going to be made to consolidate OB/GYN services at IPH, and downgrade the NICU. We voiced strenuous objections to this, pointing out the folly of carving out three complete services (OB/GYN, Peds, Neonatology) from a full service hospital, and especially how OB and GYN need support from all other specialties, and vice versa. We also emphasized the impact such a decision would have on patient care, patient safety, patient accessibility to care, and the impact on our practice. Fortunately, our concerns were acknowledged and we were informed a week later (about a week before the recent announcement) that the decision on consolidation of OB/GYN services was being put on hold (the original plan was that at the announcement concerning trauma and NICU services, there would also be the announcement of moving OB/GYN services to IPH, and I suspect (speculation on my part) that they were also going to announce that the new Peds Emergency Room would be built at IPH as well).

As I am sure you can see, one of our big frustrations is and has been, that the physicians involved in the actual specialties affected were not involved early on in the decision-making process (in fact at that very first meeting, we were told that, well, the vote would just be split anyway between the 8 physicians who work at HVMC and the 8 at IPH, not even giving us a chance to try to work together). Though a day late and a dollar short, the main facilitator of the meetings (Eric Deaton) did acknowledge at our last meeting (when we were told the OB/GYN decision was more complicated than they thought and hence was being put on hold) that they should have involved us much earlier (DUH!!).

If any of this is helpful and you need further information or clarification, please feel free to contact me, though again, I ask that my name not be used (unfortunately, the current culture is not conducive to criticism, and I want to keep working as long as the Good Lord will let me!)

Parenthetically, I have to say that I think the merger could be a very good thing for health care in this region, and am not advocating dissolution of the merge. But frankly, this seems to be more of a take-over by (legacy) Mountain States Health Alliance rather than a merge (look at the major players in the corporate structure and where they used to work; the immediate resignation of Wellmont's Bart Hove (with an alleged very large monetary pay-out) the day the merger was announced; and that lots of decision and recommendations seem to be based on how things/policies/procedures/etc. were done at MSHA). I think it is well known that Johnson City Medical Center has long wanted to be the only major

player and wants to get rid of HVMC ... all these proposals and weakening of HVMC seem to be steps in that direction, unfortunately.

Thank you for your time and attention, and if none of this is helpful, I apologize for wasting your time. Nevertheless, thanks for taking on this task. I can only hope and pray that the patients of our community are not harmed by probably well-intentioned but misguided recommendations made by some without full facts or input. I am aware that the doctor/administrator relationship is often at odds and each has its own special interests and concerns, but whatever is done should be done for the good of our patients and our community (and I use the term community loosely, meaning the Ballad Health service community).

[REDACTED]

[REDACTED], MD, FACOG

[REDACTED]

[REDACTED]

[REDACTED]

## TALKING POINTS PRESENTED TO COPA COMPLIANCE OFFICE:

I am presenting the following questions and concerns about some proposed changes that appear to be not in compliance to COPA Article IV, section 4.03 a) i), which states that “During the COPA Term, the New Health System shall maintain in operation as full-service tertiary referral hospitals Johnson City Medical Center, Holston Valley Medical Center and Bristol Regional Medical Center.” I am specifically addressing two proposals which many of us feel could seriously jeopardize the quality of care and patient safety as well as the integrity of Holston Valley Medical Center (HVMC), and I am speaking for other physicians, not just myself. One is a change in the NICU services at HVMC and the other is a proposal to consolidate and move OB/GYN services to Indian Path Hospital (IPH).

HVMC currently has a level 3 NICU and has had this for over 30 years (and in fact it pre-dates the level 3 NICU at JCMC). The NICU at HVMC is successful and much needed, and provides quality and excellent care to a large service/draw area, including SW Virginia and Kentucky as well as Northeast Tennessee. The proposal to take this down to a level 1 NICU, which is basically just a well-baby nursery, would be a huge reduction in service and potentially significant negative impact on many women and their babies in this area. There is nothing in the COPA that specifies a need to eliminate one of the level 3 NICU's, and downgrading one to level 1 status is such a drastic reduction that it would also significantly affect the level of OB care that HVMC and Kingsport could provide. It would not be good medicine, ethical, or in the mother and baby's best interests to try to take care of high-risk complicated OB patients without the safety net of a higher level NICU with neonatologists. Even low-risk, apparently “normal” pregnancies (and newborns) can turn seriously wrong very quickly and there may not be time to transport. Mere minutes can be the difference between life and death of an infant and/or a mother. There is also concern about transportation costs and ability (for example, bad weather could seriously jeopardize even a “stabilized” patient as transport time and even ability to provide transportation can be affected), and also significant concerns about possibly separating mothers and infants (e.g., mom may be recovering from surgery at one hospital and her baby is at another).

We understand the need to be able to recruit pediatric subspecialists but eliminating an entire level 3 NICU is not necessary to do that, and growth of Niswonger should not be at HVMC's expense. Besides, HVMC already sends babies to Niswonger (or elsewhere) if need be and can and will continue to do that for subspecialty needs. Also, why couldn't there be an arrangement still to send maybe some of the (much smaller proportion) sicker babies to JCMC, similar to the small proportion of trauma that would go to JCMC instead of HVMC with the trauma service merge? Why has there apparently not been an exploration of a compromise – for example, going to a level 2 NICU at HVMC if a level 3 can't be maintained? That at least would have less impact (though still some) on patient care and access.

The other area of concern involves OB/GYN services in Kingsport. We were recently told that there would be a recommendation made to the Ballad Board to consolidate the OB/GYN, Peds, and NICU services and service lines and relocate all to IPH. Now we have just recently been told that his

recommendation has been put on hold. However, even the consideration of this is astonishing. How could HVMC remain a “full-service tertiary referral” hospital if three entire service lines (OB/GYN, Neonatology, Pediatrics) are removed and located at a community hospital just down the road? That would be basically gutting HVMC, and if done in conjunction with decimating the NICU, then HVMC would be in essence just a rural hospital. This certainly seems to be in conflict with the COPA proviso of HVMC maintaining its “full-service tertiary referral” status.

OB/GYN is not a stand-alone service line. OB patients need the support of all other services (ICU, surgery, cardiology, orthopedics, internal medicine, etc.) and so does GYN. Plus there are many times where the other services need GYN or even OB support to take care of their patients. This could not be safely done if OB/GYN isn’t even in-house but at another hospital a few miles away. GYN is also a surgical specialty, and the COPA already okays consolidating surgical services in Kingsport (this is already occurring at HVMC), so GYN services should not be removed from HVMC. So even though, as mentioned, moving OB/GYN from HVMC to IPH has been put on hold, we are concerned, and frankly incredulous that this is even being considered – and terrified that it will be a reality. This would also appear to be a COPA violation.

Losing the level 3 NICU and the possibility of relocating OB/GYN will/would significantly affect safety, quality of care, and access to care for many patients. It is often hard enough for patients, particularly in SW Virginia and Kentucky, to get to Kingsport, much less to Johnson City, despite the fact that the distance doesn’t seem that great “as the crow flies.” Winter can be particularly hard and can affect access to even routine care (like pre-natal visits), much less emergencies.

Additionally, these changes would affect our practices [REDACTED] as we could not take care of a lot of our OB patients who are high-risk without NICU and perinatology support. Perinatology (high-risk OB consultants) could not and would not continue support in Kingsport without the high-risk OB population and a higher level NICU than just a level 1.

Article IV, Section 4.03 c) i) of the COPA indicates that approval of COPA changes can be denied if there is “any negative impact on i) access to healthcare services, ii) quality of care or iii) the employees of the New Health System.” All of these would/will be affected by the proposed, and considered, changes.

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When I filed these COPA compliance questions/concerns (anonymously), I was contacted (via an unlisted phone number that I had provided) by Linda Edwards at the Ballad Health COPA Compliance Office. She stated she understood my (our) concerns, but that basically all was fine since Ballad can just request an exemption from the state, especially when the exemption is based on “best practices” or other considerations (which of course may not be based on comparable situations, geographic considerations, or “massaged” data (and in fact some of the statistics and numbers presented in support of downgrading HVMC’s NICU do not appear to be correct and don’t represent the entire picture)). So basically I was told that Ballad Health can propose anything they want and then the State can approve or not (and I hate to think of the politics that likely is involved there!). Hardly seems fair, right, or good, especially for our patients or us.

December 1, 2018

Re: opposition to Ballad Health's planned changes in Trauma and NICU care

As a resident of Kingsport for over 35 years, an RN for 44 years, a college graduate with a Master's degree, a board member of the Southern Appalachian Ronald McDonald House Charities, a former administrative employee of Johnson City Medical Center, a former assistant professor at East Tennessee State University, and most recently, the former Holston Valley Medical Center Director of Women's and Children's Services for 5 years and interim Director of the Emergency Room for 17 months (now retired since Dec 2016), I consider myself well-seasoned to make an informed and personal statement on the Ballad Health planned changes in Trauma and NICU care in this region and my concern for the oversight of the COPA and equivalent in Tennessee and Virginia.

First, it is inconceivable that the legislative representative, specific employees, and the people having oversight for the COPA in Tennessee and the equivalent in Virginia have personal and financial ties to Ballad Health. Specifically, Rusty Crowe, a senator from the region, proposed and got passed SB 2048 which allows Ballad Health privacy of information that is critical to the health of the public and was enacted immediately after the announced merger. Rusty Crowe is a contracted employee and receives a paycheck from Ballad Health. The COPA compliance oversight leader, Gary Miller, is paid by Ballad Health. Dr. Jana Dreyzehner, a practicing psychiatrist in Tennessee and SW Virginia and owner of Starfish Health, a telemedicine company, is a contracted employee of Ballad Health AND the wife of the Tennessee Commissioner of Health who has final oversight of the COPA in Tennessee. Larry Fitzgerald, a part-time COPA compliance leader, admittedly cannot provide quality oversight for every detail of compliance due to this part-time status. Although, to my knowledge, is not directly paid by Ballad Health, Mr. Fitzgerald reports to Gary Miller who is paid by Ballad Health; and Gary Miller reports to John Dreyzehner whose wife is a contracted employee of Ballad Health. It is also my understanding that the money Tennessee spends on compliance for this COPA is being reimbursed by Ballad Health. If this is as accurate as I am to believe, an intelligent individual can see that Tennessee has no stake in overseeing this COPA. My intuition tells me, given these connections, that Ballad Health can do whatever Ballad Health wishes without concern for reprimand. I firmly believe you can also see that this is inconceivable and needs to be challenged and corrected immediately. Repealing SB2048 and removing any person(s) associated with Ballad Health from oversight of this COPA and that Ballad Health cannot reimburse the state for oversight compliance costs are the first steps.

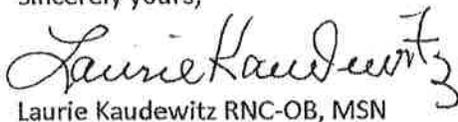
The decision to consolidate the level 1 Trauma services was approved as part of the COPA as well as the state of Tennessee agreeing to stay out of the details of this consolidation. There is no logical reason for the Level 1 services to be located in Johnson City which is in the southern most section of the TWENTY-NINE counties of this large service area, when there is a more centrally located, Level 1 Trauma Center already in Kingsport. Note clearly, the southern-most section of TWENTY-NINE counties! A logical mind cannot wrap one's head around this given the information I have received that the Johnson City facility also requires expansion and renovation whereas the Kingsport facility is much newer and larger. The number of helicopters Johnson City can accommodate at once time is 1 and Kingsport can accommodate 3. It is my understanding that some services desired/required in Kingsport are fully available in other

Ballad Health facilities which makes it feasible that Ballad Health can provide all the required elements at the Kingsport Level I Trauma Center. A reliable, Level 1 ready Trauma Center, located in Kingsport, that is larger, centrally located, and can accommodate more air transport without dollars being spent in expansion and renovation makes the best sense. The Kingsport location can provide a more readily available resource for the health and safety of the entire region. Make Johnson City the Level 1 facility and relegating the Bristol and Kingsport facilities to no more than a glorified emergency room with Level 3 status is simply unacceptable. Kingsport, as the Level 1 facility, and both Bristol and Johnson City as Level 2 facilities, will serve the greater good for the entire region.

The numbers Ballad has provided for the admissions to the HVMC NICU are highly inaccurate. Recently, diversions to Johnson City have occurred that could have been served by the HVMC NICU which skews the current numbers and has not been reported to the public. The HVMC NICU is still a Level III and diversion to Johnson City when the Kingsport facility is the closer one to the infant being transferred is not acceptable and poses risks to the newborn. It is my understanding that 2 deaths have occurred with recent transfers. While one cannot state the transfers caused the deaths, one can say that common sense indicates transferring to the closest facility provides quicker access to quality care which increases survival. Some consolidation of services is unnecessary. Leaving BOTH the Kingsport and Johnson City NICU's at Level III status provides quicker access to quality care within 1 hour of all delivering facilities in the region rather than within 2 to 2-1/2 hours, if only Johnson City remains a Level III, when literally SECONDS, not minutes, count. Maintaining Bristol Regional Medical Center as a Level II facility provides reasonable access for many Virginia communities within about 30 minutes of that facility. The Kingsport Level III is a state-of-the-art 2-year old facility with 15 beds that can remain full if diversion of newborns would cease. The Johnson City NICU is older and reportedly requires renovation. The lives of newborns cannot wait for transport. The lives of newborns are critically fragile. SECONDS count, not minutes.

I would like to make it clear that I am NOT opposed to all consolidation, but the situations already in place or announced, such as the move of the cancer center in west Kingsport to the Indian Path facility, which increased the charges to the patient making them more than twice what they were before, the planned changes to the trauma centers, and the proposed change to NICU status' are not acceptable. These are not only unacceptable, they are against the premise that Ballad would "provide the best possible care" to "improve the health of the people in these regions." I quote these segments from the Ballad Health office site at [www.balladhealth.org](http://www.balladhealth.org). Therefore, several things need to be noted and changed. The repeal of SB 2048 is essential. Ballad Health does NOT qualify for state action immunity. ANY individual/group that has financial ties to Ballad Health have NO BUSINESS overseeing the COPA. The location of the Level I Trauma Center must be reconsidered and located centrally. The Level III NICU at HVMC must remain with Bristol continuing at a Level II status to serve the region more fully in SECONDS for the lives of the most fragile, that being our newborns.

Sincerely yours,



Laurie Kaudewitz RNC-OB, MSN

1721 Cooks Valley Rd

Kingsport, TN 37664

12/2/18

# Holston Valley best place for region's Level 1 trauma center

I doubt many residents of Kingsport realize that they were sold out in the recent merger of Wellmont to Ballad. Holston Valley Hospital got rid of the money-losing level one trauma center to keep the highly profitable cardiology, heart surgery and orthopedics services. This ignores the fact that death rate from trauma is higher than all others combined.

It is true that the Tri-Cities does not need two level one trauma centers. As in all specialties, studies have shown the outcome is better with higher patient volume. To be honest, most of those injured in Kingsport will make it to a level one trauma center within the golden hour. But some won't. And what if there is an explosion at Eastman?

They did not look at death or complication rates of the three hospitals, with Holston Valley having one of the best outcomes in the country in all areas. They ignored the fact that Holston Valley is the only trauma center in the area that meets the verification requirements of the American College of Surgeons for a trauma center vs. the more lenient ones of the state of Tennessee. They ignored the fact the trauma surgeons at Holston Valley are fellowship trained in trauma and critical care unlike the others. They ignored the higher volume at Johnson City was due to padding its numbers with simple falls with fractures that the trauma team does not manage.

But the bottom line of Holston Valley will definitely improve, and the physicians will no longer have to be on 30-minute call. Only time will tell whether this change will come at the expense of you and your children.

**John R. Hall, MD, FACS, FCCM**  
*Former Director, Holston Valley  
Level One Trauma Center*

## What about the first responders?

It's imperative that we're good stewards of our community's resources. Our dedicated, hard-working first responders are a crucial resource in Kingsport. These men and women put their lives in danger each day to ensure my safety and yours. I say this as someone who has a family member who works in law enforcement.

What concerns me is that Ballad Health is not serving and protecting our first responders well by removing crucial trauma services from Kingsport.

That means if a police officer has a life-threatening injury from a car crash or run-in with a criminal, he or she will lose precious minutes riding in the back of an ambulance to another town. There are some injuries in which

minutes make the difference between life and death. Indeed, the most critical injuries are the ones that need the most immediate attention.

The Ballad Health board members will tell you these severe trauma cases are a small percentage of ER visits, meaning Kingsport ER doctors don't have as much experience providing this level of care. I don't spend all my time at work tackling the most complicated cases, but I'm well prepared as a trained professional in my field to take them on when the time comes. That's what makes me good at my job. Are ER doctors any less trained or capable because they don't treat severe traumas 24/7? I doubt it.

I ask the board members to consider what it means to provide the best care to Kingsport's first responders whose jobs make them more likely than the rest of us to require trauma care. Yes, the most severe trauma cases are a small percentage. But percentages are people, and those people are sometimes the men and women in uniform who keep our community safe.

**Missy Belote**  
*Kingsport*

## Don't shop, adopt

I often peruse the classified ads in the Times News to see what is available and at what price. I am almost always distressed by the "400" section. Most days there are multiple puppies for sale. Some are purebred, others are designer blends such as Labradoodles, Goldendoodles, Mal-Tzu, Pomachon, Shih-Poo, Morkee, Shi-Chons, Malti-Poos, Aussie-doodles and Poochons.

Certainly all these animals are adorable and irresistible. Why, however, are they being bred? The females do not need to have one litter before being spayed. Neutering will not have an adverse effect on a male dog. Children do not need to see the miracle of birth at the expense of breeding dogs and cats. They can read excellent books or watch videos if a parent wishes them to see animal births firsthand.

It appears to me that the foremost reason has to be money. According to Best Friends Animal Society, 4,100 dogs and cats are killed in shelters every day just in this country alone. In Kingsport and all the surrounding counties there are thousands of dogs and cats begging for a home where they can love and be loved.

I appeal to everyone looking to add a dog or cat to their home to stop the killing. Don't shop, adopt. There is a special dog or cat just waiting for you at a local shelter or rescue to take it home.

**Virginia Thompson**  
*Kingsport*

December 4, 2018

Larry Fitzgerald, Compliance Monitor Ballad COPA  
710 James Robertson Parkway  
Nashville, TN 37243

Pediatricians in the Kingsport area understand the importance of regionalized care and the development of a robust Level III nursery for the Tri-cities region. Presently, both Holston Valley Hospital and Niswonger have a Level III nursery. Niswonger nursery has a higher volume of patients and there are Pediatric residents in the hospital 24 hours per day who may be called to deliveries. Neonatologists take call by phone and attend to ill patients in person while on call for Niswonger and Franklin Woods. The same ETSU neonatologists cover call for the Kingsport hospital, Indian Path Community Hospital.

As you know, the Niswonger NICU has 39 beds (ETSU website lists 36) and annual admission of 626 neonates.

Holston Valley has neonatologists who cover the Level III nursery from the hospital or at home (night time, or a call/sleep room) just as is done in Johnson City. Pediatric residents do not currently rotate to Holston Valley Hospital. They may have 8 to 10 neonatal beds and maintain lower acuity patients on the pediatric floor. They had 268 admissions last year.

It is understandable that from a cost standpoint, consolidation of services particularly for very low birth weight infants and those with complex medical needs is the plan. However, simply consolidating and downgrading the Level III NICU at HVH to a Level I disregards several important issues which may need further consideration for a Level II NICU in Kingsport.

The discussion should begin first with a definition of the different levels of neonatal care. Neonatal nurseries as described by both the March of Dimes and the American Academy of Pediatrics.<sup>1 2</sup>

Level I nurseries, which have been proposed for the Kingsport area, would provide "basic care to neonates who are low risk." This is currently what exists at Indian Path Hospital. "They have the capability to perform neonatal resuscitation at every delivery and to evaluate and provide routine post-natal care for healthy newborns. In addition, they can care for preterm infants 35-37 weeks who are physiologically stable and can stabilize newborn infants who are less than 35 weeks of gestation or who are ill until they can be transferred to a facility at which specialty neonatal care is provided. Because late preterm infants (34-36 weeks gestation) are at

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<sup>1</sup> [www.marchofdimes.org-toward-improving-the-outcome-of-pregnancy-iii.pdf](http://www.marchofdimes.org-toward-improving-the-outcome-of-pregnancy-iii.pdf)

<sup>2</sup> Levels of Neonatal Care Committee on Fetus and Newborn *Pediatrics* 2012;130:587

risk for increased neonatal morbidity and mortality, more evidence is needed to determine their outcomes by level of care.”

Level II nurseries “should be reserved for stable or moderately ill newborn infants who are born at >32 weeks gestation who weigh >1500 grams at birth with problems that are expected to resolve rapidly and who would not be anticipated to need sub-specialty-level services on an urgent basis....Level II facilities should take into consideration geographic constraints and population size when assessing the staffing resources needed to care appropriately for moderately ill newborn infants. Level II nurseries may provide assisted ventilation on an interim basis until the infant’s condition either soon improves or the infant can be transferred to a higher-level facility. “

Level III nurseries, “Evidence suggests that infants who are born at <32 weeks gestation, weight <1500 grams (VERY LOW BIRTH WEIGHT or VLBW) at birth, or have medical or surgical conditions, regardless of gestational age should be cared for at a level III facility.....Level III facilities should be able to provide ongoing assisted ventilation for more than 24 hours...” Holston Valley hospital and Niswonger currently have a Level III nursery.

“Level IV nurseries take care of the most complex and critically infants with the ability to provide Extra-corporeal membrane oxygenation and care for the surgically complex needing pediatric medical and surgical specialty consultants continuously available 24 hours per day.”  
An example in our state would be Monroe-Carrell Pediatric Hospital at Vanderbilt in Nashville.

It is important to understand that the *number* which has incredible support in the TN Guidelines for Regionalization for Perinatal Care and the 2012 Levels of Neonatal Care American Academy of Pediatrics Committee on Fetus and Newborn are guidelines, not regulations or laws, as has been quoted in the media and advertisements in recent Tri-cities newspapers. Further, the number which has been quoted for annual admission is 100 annual admissions. This number is potentially being mishandled in the discussion regarding allocation of neonatal services This number actually refers to the number of Very Low Birth Weight babies admitted, NOT the overall admission rate to an NICU. Very Low Birth Weight babies would be infants weighing less than 1500 grams and in general less than 32 weeks gestation age. Per data from the March of Dimes this represents about 12 percent of the neonatal population. Pediatricians *are* advocating for these babies to go the appropriate referral center. However, the remainder of the infants not in that 12 percent who may need neonatal services around or near the time of birth and for a short time afterward would benefit in our population from being closer to their homes and within reach of a nursery with a neonatologist as is described by a Level II facility. <sup>3 4</sup>

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<sup>3</sup> *Pediatrics*, Lui, et al,

November 2006, Volume 118/Issue 5

Improved Outcomes of Extremely Premature Outborn Infants:Effects of Strategic Changes in Perinatal and Retrieval Services

In the Ballad Health geographic service region by county in Virginia and Tennessee, approximately 130-150 infants are born with very low birth weight. Assuming *all* of these infants were delivered and remained at a Niswonger facility, (some may not be - they may go to ETCH-Knoxville, Vanderbilt, Roanoke, University of Virginia, Charlottesville or other regional centers for an even higher level of care than Niswonger can provide or some may expire at home or in an ER) then a level III nursery in Johnson City would be best for these infants with transfer as early as possible, even before birth, providing best possible outcomes.<sup>5 6</sup>

The next questions to ask are important ones, particularly in the short term, as many changes are taking place within the system and our community.

What is the census for very low birth weight babies annually at Niswonger Children's Hospital. Was is greater than 100 last year? If the public knew this, they may feel better about the change.

How many of these babies remain at Niswonger, and how many are transferred for a higher level of care to another subdivision of Level III care or even Level IV care away from our geographic area?

Can the current physical plant at Niswonger Children's hospital absorb the potential 894 or more admissions or should a level II staging hub NICU be considered within the already existing and staffed physical domain of the Level III NICU at Holston Valley Hospital. Would this allow some less acutely ill infants to remain close to their families- giving expansion capacity to the system rather than going on diversion to another hospital out of the geographic area when higher census in the Niswonger NICU does not allow transfer through its doors?

Lastly, what percentage of the Niswonger Level III NICU population include later preterm infants or infants with NAS who could be treated by a Level II nursery closer to home, closer to assistance with transportation, closer to their employment, and the support of their own community?

There is little data regarding the late preterm infant and what is best for them although this research is on-going.

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<sup>4</sup> *Pediatrics*, Warner, et al

January 2004, Volume 113, Number 1

The Effect of Birth Hospital Type on the Outcome of Very Low Birth Weight Infants

<sup>5</sup> Tennessee Department of Health, Division of Policy, Planning, and Assessment Office of Health Statistics

<sup>6</sup> Resident Low Weight Live Births and Very Low Weight Births by Race With Percents of Resident Total Live Births by Planning District and City or County Virginia 2016

Models in the State of Tennessee for a Level III Regional nursery with Level II nurseries, not far in distance, but with the physical and manpower resources exist for when capacity is stretched or not available. These should be reviewed and considered.

In general, the majority of NICU admissions are NOT for the very low birth weight infant, yet this is number that continues to be quoted for closure justification of the Holston Valley Neonatology Service. Another number of 15 patient daily census, crops up in our news media and advertisements from Ballad, but I have been unable to find the scientific evidence which supports Level III NICU's based on an average daily census.

Having a Regional Perinatal Center designation is mainly an educational one for health care providers in the region. It does not otherwise specify some greater standard of care for infants born >1500 grams(VLBW) or with neonatal abstinence syndrome. "These centers provide perinatal care for high risk pregnant women and newborns if no other appropriate facility is available to manage significant high risk conditions."

I am unsure of the details and numbers regarding admissions for NAS, term, very low birth weight , low birth weight and late preterm infants for Johnson City Medical Center deliveries and NICU admissions.

This is an important question for someone to ask and clear up for the public.

I do know there are between 900 and 1000 deliveries per year in the last few years at Holston Valley Hospital and between 700 and 800 at Indian Path hospital.

There are 1,243 at Johnson City Medical Center reported on the ETSU website. I am unaware of numbers for the remainder of the Ballad Health facilities.

The trends for NICU admissions at Holston Valley Hospital from recent years are as follows:

2103	240 transferred out 15
2014	260 transferred out 15
2015	294 transferred out 11
2016	264 transferred out 4
2017	268 transferred out 9

2018	263 transferred out 7
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From July 2017 to June 2018, 66 of the admissions at Holston Valley Hospital NICU were for Neonatal Abstinence Syndrome. Only 14 very low birth weight infants were in the Holston Valley Hospital NICU this calendar year. Much of what they see are briefly ill infants with hypoglycemia or respiratory distress or neonatal abstinence syndrome.

Once again it is easy to see how those 14 very low birth weight infants would be appropriate for transfer to a Tertiary center at Niswonger or a higher level of care if there needs were greater, despite the distance for travel.

It is not as easy to understand why the remainder of families would be put through disruptions of skin to skin, disruption of the care and comfort of an infant by its mother, disruption of breast-feeding and additional travel stress for the family.

I would imagine if asked JCMC/ Niswonger has a similar number for NAS.

(The reason for transfer to other facilities is often because they needed a service even beyond what Johnson City offered or some had to do with contractual agreements for Wellmont that no longer exist. By the way, Indian Path has over the years bypassed Holston Valley NICU for transfer to Niswonger even though a parent could have been closer to home and received equivalent services. If parents asked for a transfer to HVH then we did it, if some other specialized pediatric service was not needed. This choice was not offered at the outset).

Sullivan county has very high rates of NAS and neonatal drug exposure- some treated with environmental measures and some needing medication.

25% percent of the infants born at Indian Path Hospital are born with some type of drug exposure. HVH has lower rates but takes many transfers from outlying facilities into their NICU bringing all drug exposure numbers of both their Well Baby nursery and NICU to about 30%. These include THC, opioids and opiates - both prescribed and properly used and those used illicitly, cocaine, and methamphetamine. These numbers for Indian Path Hospital are, in fact, higher than numbers seen at Niswonger Children's hospital (18%) and Franklin Woods Community Hospital(6.8%).<sup>7</sup>

Neonatal Abstinence Syndrome is a rural problem. The best practice for how to care for these infants is still evolving. Many do not need pharmacologic therapy and can be managed by lower level neonatal care rooming in with their mothers. Pediatricians in the area feel that this might best be done with a Level II NICU and continued support for high risk, unexpected deliveries

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<sup>7</sup> Data from Mountain States Health Alliance- attached.

with the coverage of a neonatologist *and* well-trained neonatal nurse practitioners and the skill that the neonatologist brings to a resuscitation and management of these infants. Level II NICU's are well described in the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities, April 24, 2014.

Dr. Michael DeVoe, M.D, Lenita Thibault, M.D, Karen Schetzina, M.D. Johnson City and Selman Welt, M.D. were all local members of this organization. It would be interesting to get their independent input on maintaining a Level II nursery in our area.<sup>8</sup>

Keep in mind, the maternal, neonatal dyad together appears to be very important to the recovery of infants with NAS and maternal drug exposure in achieving the avoidance or minimizing of pharmacologic treatment. Level III NICU's provide a high acuity of care, but may not be necessary for a majority of NAS patients. It is encouraged that these infants have full rooming in and parental presence along with a supportive staff. Doing so has been associated with shorter length of opiate treatment for the infant and a shorter length of stay.<sup>9</sup> In a research study done by University of Tennessee, Knoxville the following is extremely important in our area:

“A second distinction of the rural communities in eastern Tennessee relates to geography, and the transportation challenges this imposes in accessing care, even if care is available. A confounding element of the effect of geography is poverty, particularly for the rural White population: 11 of the 15 counties of the East Tennessee Region have poverty rates higher than Tennessee overall(17.6%), with poverty rates approaching or exceeding 25% in four counties.”

Southwest Virginia likely shares similar numbers. It may be even more challenging geographically and with regard to transportation and financial resources for the residents of this area compared to Kingsport. These residents also depend on Kingsport for access to care.

The idea of poverty and limited family resources is a big part of why pediatricians in Kingsport advocate Ballard should maintain a level 2 nursery at Holston Valley Hospital. Poverty and limited family resources are not only a problem for parents of drug-exposed infants, but also for those with minimum wage-paying and middle income employment, particularly when it comes to medical expenses and the associated travel to and from a medical facility. Many of our mothers lack consistent transportation and have difficulty, even if they do not share a car with other family members, getting gas money for trips to and from the hospital to be with their baby. Many have other children they are trying to care for at the same time. This may translate to missed time from work for other family members who are trying to assist the mother

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<sup>8</sup> Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities(Seventh Edition)

<sup>9</sup> Neonatal Abstinence Syndrome: An Update  
Current Opin Pediatr, 2018 Apr;30(2);182-186

traveling to the hospital and caring for her other children. To these families, Johnson City can be a very long distance.

Pediatricians in the Kingsport area have been for several years, particularly in the last year, asking administration within Mountain States Health Alliance, now Ballad Health, for improved neonatology coverage and support at the Indian Path location. In fact, we were told that once the merger occurred, the situation would be improved because services could be consolidated and there would be neonatal coverage in our area. After the merger, Monty McLaurin continued telling us that he was negotiating for neonatology coverage by Holston Valley Hospital at department meetings while Ballad Health administration were planning on eliminating the NICU altogether. Currently, for Indian Path, if a delivery is known high risk and they can transfer the mother to JCMC, they will. This disrupts the OB-patient relationship, but it is best for the infant. If there is not enough time then they try to have neonatology come and attend the delivery. On the other hand, there ARE deliveries that are not initially considered high risk, or drop ins - no prenatal care, drug use or preterm surprises where area pediatricians are the first to respond. This only happens at Indian path Hospital where closely attached neonatal services do not exist.

We are not the most qualified resuscitator compared to a neonatologist and have felt for some time that infants have a better chance if born at HVH as compared to Indian Path. I don't have data to compare. I do know all of the pediatricians in my group, have had neonatal deaths either near the time of delivery or within a few days after birth. Infants remaining alive after resuscitation were transferred. Not all were very low birth weight infants.

We have not had any deaths as pediatricians at Holston Valley. We are uncertain if this is because the infant was resuscitated successfully by neonatology and we never get called or if they have similar rates of morbidity and mortality for the late preterm or term infant as a pediatrician who attends the delivery at Indian Path.

What we have been offered is an improvement in nursing and respiratory services via occasional rotation through the NICU at Niswonger or ETSU simulation lab and operating room experience with intubations since an anesthesiologist or pediatrician may not be present at every delivery which presents respiratory challenges to the infant. Simulation experiences are helpful for building confidence and preparedness in the team. It would be very unusual that you would practice intubation in the Operating Room and intubate a term or preterm infant during this experience. As a person who has intubated older infants and children, the neonate is very different and repetition and number are important in ability and success.

Pediatricians have tried to thoughtfully engage with Ballad Health administration on these concerns. We were told when asked about a Level II nursery, "That is not going to happen", yet there is a 90 day review process with the TN Department of Health. The conversation was not a mutual problem solving one although physicians had hoped it would be. Our input was not

sought in this overall decision, however pediatricians have very clearly given their opinions on this matter.

Other areas of concern not directly related to the NICU in Kingsport have been circulating within the surrounding communities and they should result in tough questions for the Ballad administration are as follows:

The Federal Trade Commission recommends that no more than 35 % of physicians should be employed by a monopoly employer within a region. However, Ballad Health requested a waiver of this precedent and it was received.

Why this should be of concern to the population and the state, other than for competitive reasons, is with regard to the ability of physicians to advocate for their patient population. With such a significant number of physicians employed by the health care system, many risk losing their occupation and way of life if they speak out in public, even casually, if they disagree with patient care, organizational plans, or patient care plans.<sup>10</sup>

I am sure you are familiar with the idea of Hospital Immunity in their relationship with physicians and the peer review process and how it should and can be used.<sup>11</sup>

This is very real for many of us right now in the Kingsport community. It makes for a very uncomfortable atmosphere in which to practice. The trickle down effect is that if you lose your job and have a non-compete clause, which many physicians have in their contracts, then you and your family must leave the area altogether or travel to Bristol, Johnson City or beyond to practice.

In this current environment, it is challenging to attract an Obstetrician and Pediatrician to the area. For many pediatricians and obstetricians having a neonatology staffed nursery which you cover is very important to your practice. The time around the delivery is one of riskiest from a liability standpoint. One poor outcome in a newborn who ends up with cerebral palsy, even if all was done properly can end our careers and put everything that we have worked for at peril, not to mention we NEVER want an infant and family placed in this situation. We love these families and share life's most precious and stressful moments. Many of us see more parents being counseled to have their babies in Johnson City or making the decision on their own since neonatology services would not be available.

This concern has been expressed to Ballad administration.

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[www.milbank.org/wp-content/uploads/2018/09/MMF-Hospital-Mergers-and-Public-Accountability\\_Report-Final-2.pdf](http://www.milbank.org/wp-content/uploads/2018/09/MMF-Hospital-Mergers-and-Public-Accountability_Report-Final-2.pdf)

<sup>11</sup> [www.ncbi.nlm.nih.gov/pmc/articles/PMC4047321/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4047321/)

Other areas of concern include both the cost of ambulance transportation and flight transportation.<sup>12 13</sup>

Emergency Rooms bills of your constituents should be of concern. Currently, Schumacher Clinical Partners supplies Emergency Medicine Physicians for Ballad Health. With high deductible insurance plans many are getting physician bills from emergency rooms making their eyebrows rise. Often their physician ER bill may be as high as the ER charge itself. On the EOB it will say the amount you owe. One night in the ER even for small concerns can be thousands of dollars.<sup>14</sup>

This inherently leads to, why a Pediatric Emergency Room in Kingsport and Bristol rather than an Pediatric Urgent Care with appropriately trained pediatricians and physician assistants? Pediatric Urgent care would be more cost effective and better meet the needs of the community for most pediatric visits. Most Pediatric ER visits are low level acuity visits which would cost less to the consumer and could easily be handled with properly trained pediatricians and support staff in an urgent care. Pediatricians in the area realize current urgent cares lag in proper care for children in this area. This can be a strong focus for improvement. Further Emergency Room physicians can properly care for infrequent true emergencies in children who are then stabilized and transferred to the Children's Hospital. There would be incredible cost savings in our area to focus efforts on pediatric urgent care rather than emergency rooms with their hefty bills.

Lastly, I want to draw your attention to Federal Trade Commission documents opposing the merger due to anti-competitive effects, the timeline of having the COPA amendment passed, and the Rusty Crowe Senate Bill 2048 and its wording including that complaints and changes in services would not be made public. Considering Rusty Crowe is Vice President of a business with significant business links to Mountain States Health Alliance previously, and now Ballad. He is a contract employee for Ballad Health whose salary and compensation is not transparent to the public. With this reflection and review of the wording of the senate bill, you may better understand, area constituents' concerns.

Jana Dreyzehner, an excellent physician from my understanding, but also the wife of Tennessee Department of Health's John Dreyzehner. As you know, John Dreyzehner oversaw the COPA. Dr. Jana Dreyzehner established a new PLLC in 2014. She is also listed as a contracted employee offering tele-health services with Ballad Health. These facts all raise significant transparency questions which have been circulating through social media amongst citizens of Southwest Virginia, the Greater Kingsport and Bristol areas.

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<sup>12</sup> [www.cnn.com/2018/11/26/health/air-ambulance-high-price/index.html](http://www.cnn.com/2018/11/26/health/air-ambulance-high-price/index.html)

<sup>13</sup> [www.verywellhealth.com/why-an-ambulance-costs-so-much-4093846](http://www.verywellhealth.com/why-an-ambulance-costs-so-much-4093846)

<sup>14</sup> [www.nola.com/health/index.ssf/2017/05/balance\\_billing\\_new\\_orleans.html](http://www.nola.com/health/index.ssf/2017/05/balance_billing_new_orleans.html)

Ballad Health needs to address these transparency concerns in order to give the public confidence in decisions they are making which very much involve the health and well-being of everyone in Kingsport and outlying communities.

Lastly, letters of support for the level III nursery were recently sent from Children's Hospital Alliance of Tennessee (CHAT). This is not a medical policy organization as much as a lobbying organization for Children's Hospitals and their CEO's. The CEO of East Tennessee Children's Hospital, Keith Goodwin, also a board member of CHAT and peer of Alan Levine's, wrote a letter of support. I implore you to reach out to the previously mentioned members of the TN Perinatal Regionalization guideline team familiar with our area.

It would seem more appropriate to hear from people providing the medical care in our community or on the committees that write the Perinatal Guidelines or the Tennessee American Academy of Pediatrics. I have seen no letters submitted from them.

I appreciate your reflection on all that I have presented. I want you to understand that sending this letter was not done lightly and without concern for my position as an employed physician. The risk is real and other physicians expressing concerns are not communicating due to fear of compensation loss, employment loss, patient-physician relationship disruption, and potential family upheaval.

I consider myself a citizen acting as an advocate for young infants and struggling families who are unable to advocate for themselves. I am making these statements as a citizen of the state of Tennessee and not as a representative of Ballad Health.

Thank you for your time and efforts in this matter.



Susan W. Jeansonne, M.D.

December 5, 2018

To Whom It May Concern:

We submit this letter in strong opposition to the closing of the Holston Valley Hospital Neonatal Intensive Care Unit in Kingsport, TN. The justification provided by Ballad for NICU closure in Kingsport is fundamentally flawed and against the best interest of our patient population as outlined below.

Ballad has repeatedly presented incomplete data to support their proposal. Ballad alleges that the American Academy of Pediatrics recommends that a NICU have a volume of 15 patients to maintain good outcomes. Some studies have shown an association between patient volume and NICU outcomes.<sup>iii</sup> However, the American Academy of Pediatrics Policy Statement on Levels of Neonatal Care to which Ballad is referring states that this association between volume and outcome “tends to be true on average, considerable variability exists among hospitals and physicians.”<sup>iii</sup> The report goes on to say that relocation of neonatal care “distant from the homes of some patients must be weighed against developing other approaches to improve outcomes.” It is important to note that the American Academy of Pediatrics revised their policy statement on Neonatal Care in 2012 and this study is not cited in the newest version.<sup>iv</sup> Phibbs et al looked at neonatal outcomes in urban California and found infants in a NICU with an average daily census of 15 had better outcomes,<sup>v</sup> but this study used data from before the routine use of surfactant (one of the most effective NICU interventions) and was studying an urban area. The author himself has acknowledged these limitations in subsequent papers.<sup>vi</sup> Additionally, other studies have shown that differences in mortality were not explained by differences in patient volume.<sup>vii viii</sup> Studies that support consolidation of NICUs were often done in urban areas with multiple NICUs in close proximity.<sup>ix x</sup> This data would be difficult to extrapolate to a rural area with a large catchment area where transportation times may be significant.

There is strong data that infants born at less than 1500g (very low birth weight- VLBW) have better outcomes when born at a tertiary center.<sup>xi xii</sup> VLBW infants represent only 5% of Holston Valley NICU admissions.<sup>xiii</sup> There is not strong evidence that older gestational ages also benefit.

There is, however, evidence that infants who are transported after birth have higher morbidity and mortality.<sup>xiv xv</sup> Studies in which premature infants were transferred due to overcrowding had significantly greater mortality as compared to those who remained at the birth hospital.<sup>xvi</sup> Very low birth weight infants risk of death was lowered when being delivered in a hospital with level II NICU with neonatology coverage or Level III NICU.<sup>xvixviii</sup> These studies suggest that the transport process itself may have negative effects and should be limited whenever possible.

An important argument for keeping some level of NICU care in Kingsport is mother and infant separation. Skin to skin care and kangaroo care with infants of all gestational ages have been shown to be an effective intervention for reducing postpartum depression and infant stress.<sup>xix</sup> The benefits have been shown to persist for months after birth and contribute to emotional, physiological, and cognitive regulatory capacities. Transferring infants to a place that is distant from a family home will inevitably disrupt this intervention.

A final consideration is neonatal abstinence syndrome. East Tennessee’s rates of neonatal abstinence syndrome are ten times the national average. Mothers of NAS babies in the Appalachian region of Tennessee are likely to abuse medications obtained illegally and more likely to have hepatitis C as compared to the rest of the U.S., which

make them inherently more high risk.<sup>xx</sup> Up to 11% of infants withdrawing from opioids have seizures.<sup>xxi</sup> These challenges make taking care of these infants intrinsically more challenging and also increase the likelihood of needing NICU services. Separating mothers and infants with NAS make staying with the infant in the hospital and breastfeeding more difficult. Studies show that there are decreased opioid replacement days and length of stay for infants with NAS who experienced parental presence at the bedside and breastfeeding.<sup>xxii</sup> Minimizing the separation of the mother and infant are a non-pharmacological treatment for NAS. Priority should be placed on keeping mothers and infants together.<sup>xxiii</sup>

Overall, having access to a NICU only in Johnson City is an unnecessary and dangerous burden for the families and future children of our region. There is a dearth of evidence to support Ballard's proposed NICU closure. We oppose the total closure of NICU services in Kingsport.

Sincerely,

HMG Pediatrics at Medical Plaza

Danielle Street, D.O.

Joseph Ley, M.D.

Kimberley Hunt, MD

Sarah Smiddy Youssef, MD, FAAP

Josh Shook, MD

Alicia Wright, M.D.

Richard M. Gendron, MD

Donald Lewis, MD

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Joseph Ley, MD

Kimberley Hunt, MD

Sarah Smiddy Youssef, MD, FAAP

Josh Shook, MD

Donald Lewis, MD

Richard Gendron, MD

<sup>i</sup> Phibbs CS, et al. The effects of patient volume and level of care at the hospital of birth on neonatal mortality. JAMA. 1996; 276: 1054-1059.

<sup>ii</sup> Phibbs C et al. Level and Volume of Neonatal Intensive Care and Mortality in Very-Low-Birth-Weight Infants. N Engl J Med. 356;21.2007

<sup>iii</sup> Levels of Neonatal Care. Pediatrics 2004; 114;1341.

<sup>iv</sup> Levels of Neonatal Care. Pediatrics. 2012. 130;587

<sup>v</sup> Phibbs CS, et al. The effects of patient volume and level of care at the hospital of birth on neonatal mortality. JAMA. 1996; 276: 1054-1059

<sup>vi</sup> Phibbs C et al. Level and Volume of Neonatal Intensive Care and Mortality in Very-Low-Birth-Weight Infants. N Engl J Med. 356;21.2007

<sup>vii</sup> Horbar JD et al. Hospital and patient characteristics associated with variation in 28-day mortality rates for very low birth weight infants. Pediatrics. 1997;99: 149-156

<sup>viii</sup> Tucker J et al. UK neonatal staffing study Group. Patient volume, staffing and workload in relation to risk-adjusted outcomes in a random stratified samples of UK neonatal intensive care units: a prospective evaluation. Lancet. 2002; 359:99-107

<sup>ix</sup> Chung J, et al. The Effect of Neonatal Intensive Care Level and Hospital Volume on Mortality of Very Low Birth Weight Infants. Medical Care. Volume 48, Number 7, July 2010

<sup>x</sup> Phibbs C et al. Level and Volume of Neonatal Intensive Care and Mortality in Very-Low-Birth-Weight Infants. N Engl J Med. 356;21.2007

<sup>xi</sup> Warner B. The Effect of Birth Hospital Type on the Outcome of Very Low Birth Weight Infants. Pediatrics 2004; 113

<sup>xii</sup> Bartels et al. Hospital Volume and Neonatal Mortality Among Very Low Birth Weight Infants. Pediatrics 2006; 117;2206

<sup>xiii</sup> Holston Valley Hospital Department of Neonatology

<sup>xiv</sup> Chien LY, Whyte R, Aziz K. et al. Improved outcome of preterm infants when delivered in tertiary care centers. Obstet Gynecol. 2001; 98:247-252

<sup>xv</sup> Bowman E, Doyl et al. Increased mortality of preterm infants transferred between tertiary perinatal centers. BMJ. 1988; 297: 1098-1100.

<sup>xvi</sup> Bowman E, Doyl et al. Increased mortality of preterm infants transferred between tertiary perinatal centers. BMJ. 1988; 297: 1098-1100.

<sup>xvii</sup> Sanderson et al. Association between level of delivery hospital and neonatal outcomes among South Carolina Medicaid recipients. Am J Obstet Gynecol. 2000; 183:1504.

<sup>xviii</sup> Menard et al. Neonatal mortality for very low birth weight deliveries in South Carolina by level of hospital perinatal service. Am J Obstet Gynecol. 1998; 179; 374-381

<sup>xix</sup> Feldman et al. Skin-to-skin contact (kangaroo care) promotes self-regulation in premature infants: sleep-wake cyclicality, arousal modulation, and sustained exploration. Developmental psychology 38(2): 194-207. April 2002.

<sup>xx</sup> Erwin P et al. Neonatal Abstinence Syndrome in East Tennessee: Characteristics and Risk Factors among Mothers and Infants in one area of Appalachia. J Health Care Poor Underserved. 2017. 28 (4): 1393.

<sup>xxi</sup> Herzlinger RA. Neonatal seizures associated with narcotic withdrawal. J Pediatrics 1971; 91: 638

<sup>xxii</sup> Howard MB et al. Impact of Parental Presence at Infants' Bedside on Neonatal Abstinence-Syndome. Hosp Pediatr. 2017; 7(2): 63-9

<sup>xxiii</sup> Sanlorenzo L et al. Neonatal Abstinence Syndrome: An Update. Curr Opin Pediatr. 2018 april;30(2): 182.

## Sullivan County Attorney

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**From:** angie stanley <4ustanley@gmail.com>  
**Sent:** Friday, December 7, 2018 11:18 AM  
**To:** Dan Street  
**Subject:** Re: FW: Please provide me with your information as to Ballad Health

Dan

There is a huge concern from OB/GYN Physicians if Holston Valley loses the NICU to JCMC, it will have a huge negative impact on their practice. They will have declining deliveries at Holston Valley because majority of mother's want to be near a NICU in case of complications after birth. So then with declining birth numbers (if NICU moves) they would not provide birthing services at Holston Valley or Indian Path anymore. Then that would also hurt Pediatrics. I hope the TN and VA Commissioner of Health will take a long look at this before they make the decision to move NICU to JCMC. Every second counts in these babies lives.

Thank You

Angie Stanley  
Sullivan County Commissioner  
District 7

On Fri, Dec 7, 2018, 10:50 AM Sullivan County Attorney <[scattorney@scattorney.us](mailto:scattorney@scattorney.us)> wrote:

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**From:** Sullivan County Attorney <[scattorney@scattorney.us](mailto:scattorney@scattorney.us)>  
**Sent:** Thursday, December 6, 2018 5:06 PM  
**To:** Alicia Starnes <[Mets5fan2010@hotmail.com](mailto:Mets5fan2010@hotmail.com)>; Andrew Cross <[Akcross88@yahoo.com](mailto:Akcross88@yahoo.com)>; Angie Stanley <4ustanley@gmail.com>; Colette George <[colette@brphomes.com](mailto:colette@brphomes.com)>; Darlene Calton ([darlenecaltonsc@gmail.com](mailto:darlenecaltonsc@gmail.com)) <[darlenecaltonsc@gmail.com](mailto:darlenecaltonsc@gmail.com)>; David Akard <[Dwakard3@gmail.com](mailto:Dwakard3@gmail.com)>; Doug Woods <[Doug.woods6226@yahoo.com](mailto:Doug.woods6226@yahoo.com)>; Dwight King <[Dking10105@aol.com](mailto:Dking10105@aol.com)>; Gary Stidham <[Gary.stidham@hck12.net](mailto:Gary.stidham@hck12.net)>; Hershel Glover <[pumpcaddy@yahoo.com](mailto:pumpcaddy@yahoo.com)>; Hunter Locke <[hlockeinvestments@gmail.com](mailto:hlockeinvestments@gmail.com)>; John Gardner <[Gardnerjt74@yahoo.com](mailto:Gardnerjt74@yahoo.com)>; Joyce Neal Crosswhite <[kcrosswhite@btes.tv](mailto:kcrosswhite@btes.tv)>; Judy Blalock <[jjblalock@charter.net](mailto:jjblalock@charter.net)>; Larry Crawford ([lcrawford@ableprinters.net](mailto:lcrawford@ableprinters.net)) <[lcrawford@ableprinters.net](mailto:lcrawford@ableprinters.net)>; Mark Hutton <[Mark.hutton@mac.com](mailto:Mark.hutton@mac.com)>; [mavance@woodmen.org](mailto:mavance@woodmen.org); Michael Cole <[michaelbrandoncole@gmail.com](mailto:michaelbrandoncole@gmail.com)>; Patrick Shull <[Patshull75@aol.com](mailto:Patshull75@aol.com)>; Randy Morrell <[Rmorrell04@gmail.com](mailto:Rmorrell04@gmail.com)>; Sam Jones <[Sam.jones4898@gmail.com](mailto:Sam.jones4898@gmail.com)>; Terry Harkleroad <[tharkleroad@charter.net](mailto:tharkleroad@charter.net)>; Todd Broughton <[broughtonhomes@gmail.com](mailto:broughtonhomes@gmail.com)>; Tony Leonard <[Tony3838@charter.net](mailto:Tony3838@charter.net)>  
**Cc:** Richard Venable ([rvenable@sullivancountyttn.gov](mailto:rvenable@sullivancountyttn.gov)) <[rvenable@sullivancountyttn.gov](mailto:rvenable@sullivancountyttn.gov)>  
**Subject:** Please provide me with your information as to Ballad Health

Commissioners,

Pursuant to resolutions passed by you back on November 15, Mayor Venable has asked that I communicate to the Tennessee Commissioner of Health on behalf of Sullivan County your concern about the closing of the Holston Valley NICU. As you probably know, Ballad Health had to give the Commissioner of Health 90 days' notice of its intent to close such NICU, which notice was given by Ballad Health on November 12, 2018, and the Commissioner of Health much approve such closure.

I write to ask that you prepare and submit to me as soon as possible your thoughts, statements, opinions and any evidence you have regarding such closure for my use in preparing filings that may be made by Sullivan County with the Commission of Health:

Also, if you know of any other individual(s) with expertise in these matters, be it finance, administration, nursing, physician, etc., that are willing to submit similar statements, please help me in obtaining those statements.

Please put in your statements only those things that I may file with the Commissioner of Health. I am willing to hear what you have to say in private; but obviously, such things won't help me with my filings.

I may also have to convert portions of your statements to affidavit form (sworn to); however, you will be given the opportunity to review the affidavits before you sign them.

If you have any questions, please feel free to call.

Dan Street

## Sullivan County Attorney

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**From:** angie stanley <angie.stanley@sullivancountytn.gov>  
**Sent:** Tuesday, December 11, 2018 12:31 PM  
**To:** scattorney@scattorney.us  
**Subject:** Fwd: Ballard Health

Thank You

Angie Stanley  
Sullivan County Commissioner  
District 7

----- Forwarded message -----

**From:** jane harris <jharris@chartertn.net>  
**Date:** Nov 29, 2018 4:44 PM  
**Subject:** Ballard Health  
**To:** angie.stanley@sullivancountytn.gov  
**Cc:**

Angie

I am very concerned about the changes proposed for the health care in Sullivan County. I have lived in the Kingsport and Sullivan County area for 70 of my 75 years on this earth. First as a youth candy stripe volunteer and then as an RN I have seen first hand the support the community has given to build up a high level of care by supporting Holston Valley Hospital. I then worked at the Red Cross and served on the Emergency Preparedness Council for Sullivan County. I know what excellent pre hospital care and emergency care means in saving lives, I know what the risks are for major disasters in our area. Holston Valley always played a huge part in drills because they knew what could happen when a large disaster strikes. Holston Valley already has the facility for landing helicopters and an ER built to Level 1 status....so we dismantle it all and rebuild at JCMC? Is this good use of resources.

I hope you can get to the bottom of numbers that seem very skewed in favor of JCMC to me. I have no personal knowledge of the NICU situation but it does not make any sense at all to close fully successful units to simply add money and patients to another hospital. I can see some consolidation necessary but does it all go FROM HV and TO JCMC? I also hear rumors of changes to obstetrics and cancer care at Holston Valley.

The Kingsport community has been very involved and has the giving spirit instilled by many community leaders over the last 100 years – beginning with J. Fred Johnson – I truly believe that spirit could be inclusive of Northeast TN and Southwest VA - IF and that is a big IF - the community believes something will benefit us all. Right now the way Ballard Health is presenting things – the only beneficiary of the change is the Ballard Health people and buildings in JC.

Please represent us in delving into this for the residents of our county and all of NE TN and SW VA. Thanks.

Jane B. Harris

600 Rambling Road

Kingsport, TN 37663

423-239-9477

Sent from Mail for Windows 10

**Transcription of commentary of Dr. Ken Smith during Public Comment section of the December 20, 2019 County Commission Meeting.**

*Dr. Smith:*

Hello Ladies and Gentlemen. I am Dr. Ken Smith, 411 Cooks Landing, Sullivan County in Kingsport and I was asked by Commissioner Locke to come and give a little bit of background about some of the issues we've been hearing about, especially the Board of Mayor and Alderman meeting that was held here recently and there were some somewhat negative comments made about Holston Valley Hospital and these were being used as punitive reasons to perhaps drive Trauma 1 care over into Johnson City. Basically, at the meeting there were several implications. One was concerning the use of Locum Tenens Physicians. Locum Tenens Physicians are brought in when there is an open position because a task needs to be filled or someone needs a vacation. When the Johnson City physician ceased to work at Holston Valley, I came on, back on into a trauma position to take call along with Dr. Pryputniewicz and I feel very strongly, as you do that we need very high quality Level 1 Trauma here and I was not willing to give that up through the State who was breathing down our neck because of some people trying to take call at both places or whatever reason. I wanted to come to the full fruition through public review in deciding if there needed to be one Level 1 Center and where it was going to be. So, for the past two years I've been taking call along with Dr. Pryputniewicz. This necessitated another physician, and that physician primarily was Dr. Carson, who is actually an instructor of Dr. Pryputniewicz and had worked at Holston Valley before. So, a high-quality hand off was done in an excellent manner and we were able to continue our Level 1 Trauma service. The question was asked, the implication was "What are you doing over here?", you know, "why do you need this?" I saw in the eighteen-month period that the representative from Ballad had intimated that Locum Tenens was taking call between 33-50% of the time. We looked back and I was taking it about 28, Dr. Pryputniewicz 30 and Dr. Tabo about 14-16% and of the remainder of that, the majority of it was taken by a well qualified Locum Tenens and Dr. Carson. So, the work that is done by the one physician on a trauma call basis is approximately 1000 in an eighteen-month time frame, (since that was chosen) is approximately 1000 visits in to the hospital. About 300 and something initial consults and 600 follow up visits. Of those, between 36 and 50% are trauma related, and that is one physician over that time period. There are three Neurosurgeons in Kingsport now, there are three Neurosurgeons in Johnson City now. We have the only two Neurovascular practicing Neurosurgeons, myself and Dr. Pryputniewicz. I feel very strongly, as you do that the region needs to continue to have that level of support. The issue is when you begin to withdraw levels, when you tend to lower the levels, the resources go away. So, even as we speak, they are being pulled away from facilities in Bristol and specifically in Kingsport. A lot of those won't come back. We work in groups and loose networks that take years to accumulate. We have four boarded Trauma Surgeons who are excellent and have worked well with people for years. Dr. Laskey heads it and she has been here for 10 years and the remainder, all of whom I would let operate on my family. So, we in the community who are not Ballad employees, can speak out and appreciate everyone coming out and speaking out early and strongly about this particular issue. We still have the excellent quality, we still are able to now provide full coverage without using Locum Tenens and the work is there to be done. There is equipoise here right now between the demand and the number of people to fill it and anything that changes that was going to have some pretty dramatic consequences.

*Mayor Venable:*

Thank you, Dr. Smith. Anyone have any questions for Dr. Smith?

*Commissioner Todd Broughton:*

Can you forward us that presentation to our emails?

*Dr. Smith:*

I can, it's extremely boring but I'll be glad too. Basically, it gives you those breakdowns and the breakdown is about 5 months of me going back and seeing what percentage of consults are trauma and what percentages are non-trauma. But the trauma network brings things with it, and if you don't have "it", the backbone will leave unless you take very careful attention to not letting those leave. So that's an additional piece that numbers don't count.

*County Atty. Dan Street:*

I just want to say again, and I appreciate Dr. Smith coming up here and giving his thoughts. I'm not really sure what the county is going to do. I don't feel comfortable with people like Dr. Smith and some other doctors and nurses and medical personnel and interested parties thinking that Sullivan County is going to do something. We passed a resolution objecting to the closing of the Trauma Center. Beyond that, I'm not really sure what we are going to do and I've sent out two or three emails to all these commissioners trying to make that point. I don't know how to say it other than just to say it, I'm not really sure what Sullivan County is going to do about all of this and I don't want people like Dr. Smith that come all the way up here to leave with the impression that we are going to do something unless we are. We did pass a resolution objecting to it but I'm not really sure, and I guess I'm speaking about myself too, I don't know if the commission is expecting me to do something or what, but anyway, I just want to bring that out. The COPA or the allowance of this monopoly to exist by the State of Tennessee was conditioned on a lot of oversight and people can get involved in this individually, as a group, through their county government, through their hospital, through their...however they so choose. I think just for clarity we need to make sure that these people are not expecting Sullivan County to do something that they are not. Let me end with that. I don't want to just blabber on but I'll be glad to do whatever anybody wants me to do but I'm no expert in this field. Obviously, I need experts to assist me if anybody wants me to file something.

*Mayor Venable:*

Thank you, Dan. Just for the record Dr. Smith's statement was under 5 minutes and anytime we have commissioner questions we allow that. Commissioner Vance.

*Commissioner Mark Vance:*

Dr. Smith, I've known you for a long time taking a lot of patients in to Holston Valley before and I think the position that I have is that the county commission has to ensure the public health and welfare of our citizens and that is the concern for us and we have listened to the professional staff, the physicians, the staff that work every single day in the medical field at the hospital. It's kind of like what Dan says, I don't know what we can do except take a position that we do not support what is taking place. But one of the things that I wanted to ask you since you are involved in that on a day to day basis, that I have actually reached out and asked some questions that I can't get the answers for and maybe you can answer those questions for me. Based on the presentation that's been presented, there's somewhere in the neighborhood of about 700 trauma patients each year that's transported to Johnson City Med Center, to Bristol and to Holston Valley. The data that they are using, the ISS data that's referring to those patients that have actually been admitted into the hospital and they actually only qualified for the Level 1 which is a small percentage. But being a paramedic for nearly 40 years of my life, the emergency services we don't determine the individual to take to your facility based on them following the ISS data guidelines. But one of the things that I wanted to ask you, and you being involved in it and basically dropping the level of services at Holston Valley and at Bristol to Johnson City, has anybody communicated it to you that they have a plan in place of what they are going to do at Johnson City Med Center to handle 700 influx of patients coming in to Johnson City Med Center and that answer has never been answered to me. They've told me that that is work in progress. Have they told you what they are going to do to ramp up the capacity and ability to handle 700 patients?

*Dr. Smith:*

No Sir, they haven't and just looking at the amount of work that's done, they don't have enough staff on hand there or even picking up some of the staff from here in order to do that in the year time frame in my opinion, in the neurosurgical realm, so how they are going to do it has not been communicated to me but your point about the severity scores is accurate. You compute those afterwards, you don't know when you get picked up and you definitely don't want to get dropped off at the wrong place and have to be transported again, so there are issues having to do with quality, which Holston Valley is the highest, the best per dollar value and the lowest mortality of the 3 in the trauma programs by CMS data center for Medicare and Medicaid services, so it is a very open question and in my mind as a physician treating people whether a proper vetting of this was done and how it can be explained as you eluded, I have no explanation.

*Commissioner Mark Vance:*

Well, I've talked to Dr. Gwaltney and Dr. Scharfstein and they are the trauma people at Bristol Hospital and they haven't got that answer either so I think that in my opinion, if they could present a plan of what the cost savings is and I understand reduction of size and reduction of cost, but I feel like that what they are doing is they are putting us in a very vulnerable situation and they are not stepping up to the plate to be able to handle those type patients, or the volume of patients that are currently being seen and so when you have a catastrophe or a disaster or a bus wreck on the interstate or something

like that, they are not going to even be geared up to even take the normal 700 patients a year, and even in to a bad situation, you are doing away with your resources at Holston Valley and Bristol to even handle anything above or beyond that. I just wanted to know if you've gotten an answer, like I said, I've met with some of the other trauma physicians and they say they've not told us what they are doing. We don't have any idea what they're going to ramp up the capacity so, I just wanted to ask you if you did because I hadn't heard anything. Thank you, Sir.

*Dr. Smith:*

No Sir I don't.

*Mayor Venable:*

Thank you, Commissioner Vance. Commissioner Locke, you are recognized.

*Commissioner Hunter Locke:*

The reason I had Dr. Smith come up and speak to us tonight is there is a lot of miscommunication, a lot of false statements and references made at the BMA meeting that I wanted some clarification from a neurosurgeon to come up and better give us information. Thank you for taking your time out to come speak to us, I appreciate it.

December 20, 2018

To Whom it May Concern:

We are writing in regards to the letter from Ballad Health dated 12/6/2018 to the Tennessee Department of Health on their proposed plan for neonatal services; specifically the proposed use of telemedicine services at Level I nurseries in Kingsport, Bristol, Johnson City, Wise, Greenville, and Abingdon. We would like to propose keeping, at minimum, a Level II NICU in Kingsport.

First, transportation times between hospitals must be considered. In analyzing the transportation differences between these sites, transportation times are significant. The difference between transporting an infant between Bristol Regional Medical Center and Niswonger Children's Hospital (33 miles) and Bristol Regional Medical Center and Holston Valley Medical Center (19 miles) is a difference of 40% closer in favor of Holston Valley. The same comparison for Wise County (Norton Community Hospital) is 53 vs 75 miles, a 30% longer trip to Johnson City. Abingdon is a 25% increase in distance to get to Johnson City. In fact, the only referral hospital that is closer to Johnson City than Kingsport is Greenville, TN which is a 25-mile drive to Johnson City and 35 to Holston Valley (25% closer to Niswonger). (All mileages were compiled using google maps using the fastest route.)

While we agree that the literature supports VLBW infants being born at a centralized location within the region based on published studies<sup>i</sup>, outcome data on other gestational ages and diagnoses is not in support of volume-based outcomes.<sup>ii</sup> In these infants, separation from families and distance of transport must factor in more heavily to the decision-making process.

Next, we would like to address the specific data being cited as support for this proposal in the letter mentioned above.<sup>iii</sup> In his letter to the state, Mr. Alan Levine, CEO of Ballad Health, cited a news article regarding telemedicine use to reduce neonatal transports.<sup>iv</sup> This news article is referring to several studies done at the Mayo Clinic who have been piloting telemedicine use at deliveries as a way to decrease unnecessary NICU transfers from outlying hospitals.<sup>v</sup> Of note, the Mayo Clinic system has many outlying hospitals, some up to 120 miles from their primary Level IV NICU. The letter from Mr. Levine says, "the use of telemedicine links to NICU specialists reduced transports from small hospitals by thirty percent." There is, however, very important data not being stated here. This study looked at level I and II nurseries transferring to a level IV nursery. The data also shows that 30% of the time the child did not need to be transported to the level IV NICU, which means in some of those cases the patients were remaining in *some* level of NICU.<sup>vi</sup> Trying to apply this data to an all Level I nursery referral base is a gross misrepresentation of this data. Infants born at a Level II nursery have more resources and more experienced staff on site who are more capable to deal with high risk neonates, therefore, it is logical that they might be able to reduce transfers using this technology.

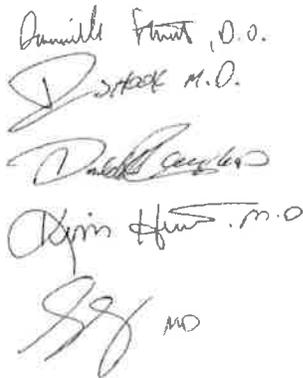
It should also be noted that within these studies from the Mayo Clinic, 9.5% of the time, technical difficulties did not allow for any video capabilities, which means the telemedicine was essentially a phone call. Also, while one of these studies did show a statistically significant difference in

the time to "effective ventilation", the difference was only 90 seconds, which is likely not long enough to have significant outcome differences.<sup>vii</sup> This study was also done with pediatric residents and respiratory therapists, not board-certified pediatricians, and was a simulation resuscitation, not an actual patient.

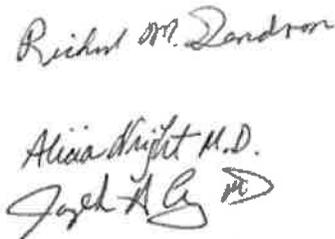
Lastly, the rate of neonatal abstinence syndrome in Minnesota is 60 per 10,000 births.<sup>viii</sup> In Sullivan county this number is 570 per 10,000 births.<sup>ix</sup> This order of magnitude difference cannot be overstated and speaks to our inherently high-risk population. Studies show that there are decreased opioid replacement days and length of stay for infants with NAS who experienced parental presence at the bedside and breastfeeding.<sup>x</sup> These infants require more intervention, acuity of care, and social support. Up to 11% have seizure.<sup>xi</sup> Accomplishing this through telemedicine is untenable. Telemedicine is NOT a substitute for parental presence at the bedside.

While the use of telemedicine for neonatology may have some promising merits in the future, the Ballard plan of substituting telemedicine for actual hands-on NICU expertise is both misguided and disturbing. Telemedicine's purpose is to provide sub-specialty access to those who do not have it, but Ballard's plan is removing and/or distancing patients from that access and replacing it with telemedicine. This is an unacceptable cost saving measure. The evidence does not support this drastic reduction in neonatology coverage. We urge you to block the reduction of the Holston Valley NICU from level III to a level I nursery.

Sincerely,



Danielle Street, D.O.  
Joseph Ley, M.D.  
Kimberley Hunt, MD  
Sarah Smiddy Youssef, MD  
Josh Shook, MD



Richard Gendron, MD  
Alicia Wright, MD  
Donald Lewis, MD

Alicia Wright, MD  
Danielle Street, DO  
Joseph Ley, MD  
Kimberley Hunt, MD  
Sarah Smiddy Youssef, MD, FAAP  
Josh Shook, MD  
Donald Lewis, MD  
Richard Gendron, MD

<sup>i</sup> Phibbs C et al. Level and Volume of Neonatal Intensive Care and Mortality in Very-Low-Birth-Weight Infants. N Engl J Med. 356;21.2007

<sup>ii</sup> Levels of Neonatal Care. Pediatrics. 2012. 130;587

<sup>iii</sup> Scheans, P (2014). Telemedicine for Neonatal resuscitation: an innovative use for technology. Neonatal Network. 33(5); 283-287.

<sup>iv</sup> Wicklund (2016). Telemedicine helps small hospitals reduce NICU transports. <https://mhealthintelligence.com/news/study-telemedicine-helps-small-hospitals-reduce-nicu-transports>

<sup>v</sup> Fang JL, et al. Emergency Video Telemedicine Consultation for newborn Resuscitations. The Mayo Clinic Experience. The Mayo Clinic Proc 2016 Dec; 91 (12): 1735-1743. Pub 2016 Nov 22 PMID: 27887680.

<sup>vi</sup> [www.aap.org/en-us/documents/fang-hot-topic-2017.pdf](http://www.aap.org/en-us/documents/fang-hot-topic-2017.pdf)

<sup>vii</sup> Fang JL, et al. Real time video communication improves provider performance in a simulated neonatal resuscitation. Resuscitation. 2014. Nov; 85(11): 1518-22. ePub 2014 aug 15. PMID: 2513247.

<sup>viii</sup> <http://www.health.state.mn.us/divs/healthimprovement/content/documents-opioid/NASmndatabrief.pdf>

<sup>ix</sup> Erwin P et al. Neonatal Abstinence Syndrome in East Tennessee: Characteristics and Risk Factors among Mothers and Infants in one area of Appalachia. J Health Care Poor Underserved. 2017. 28 (4): 1393.

<sup>x</sup> Howard MB et al. Impact of Parental Presence at Infants' Bedside on Neonatal Abstinence Syndrome. Hosp Pediatr. 2017; 7(2): 63-9

<sup>xi</sup> Herzlinger RA. Neonatal seizures associated with narcotic Withdrawl. J Pediatrics 1971; 91: 638



## Rally for the Valley

MATTHEW LANE • UPDATED DEC 29, 2018 AT 10:18 PM

[mlane@timesnews.net](mailto:mlane@timesnews.net)

KINGSPORT — At least 200 people filled the Kingsport Farmers Market Saturday afternoon to attend the Rally for the Valley, an event meant to express opposition to Ballad Health's plan to reorganize services at Holston Valley Medical Center and Bristol Regional Medical Center.

Speakers included Dr. Mickey Spivey, Dani Cook, Tim Bradshaw and Joe Cerone.

In November, Ballad announced changes to its trauma and neonatal intensive care services. The trauma center at HVMC would move from Level 1 to Level 3, while NICU services would be consolidated in Johnson City.

Elected officials in Sullivan, Hawkins and Scott counties have approved resolutions opposing Ballad's plan, and the Tennessee Department of Health is seeking additional information from Ballad before approving changes to the NICU services.

PAID ADVERTISING

## The Ballard Trauma plan to downgrade Holston Valley and Bristol Regional to Level 3 Trauma Centers should not happen.

Trauma Centers save lives and improve outcomes, provided definitive care can be obtained within 60 minutes of injury. This is called the "golden hour."

Rural trauma accounts for 60 percent of all trauma deaths because of the time and distance from the accident scene to care. Timely access to care is crucial but difficult to achieve in our area. Our mountainous region makes air and even ground transport less efficient. Eighty percent of trauma patients arrive at Tennessee trauma centers by ground transport. To maintain our current high-quality level of care, it is important that the capabilities of all our trauma centers be maintained.

If choosing which Level 1 Trauma Center to keep, most would agree it should be the one best located and most capable of providing the best services to the most people in the region. Holston Valley Medical Center (HVMC) is the logical choice. HVMC is better located in Ballard's Service Area. Its ER is the largest in the region, superbly equipped, and able to handle multiple severely injured patients simultaneously. Additionally, there are four trauma surgeons, two fellowship trained orthopedic traumatologists, an orthopedic residency program, a large ICU capacity and the ability to land multiple aircraft simultaneously.

Obviously other factors played a role.

One reason, the Level 1 Trauma Center at Johnson City Medical Center (JCMC), in combination with the regional perinatal center, qualifies JCMC as a safety net hospital. This designation means millions of dollars in state/federal funds for Ballard. This is important, but so are lives.

A large part of the Ballard service area is closer to HVMC and Bristol Regional Medical Center (BRMC) than Johnson City. As such, these hospitals should remain strong capable trauma and medical centers to best serve the people.

### There are 3 Trauma Center levels in Tennessee.

**LEVEL 1** – This delivers the highest level of care requiring 28 specialists to be available 24/7. Eleven of these specialties are medical. Currently, both HVMC and JCMC are Level 1 Trauma Centers.

**LEVEL 2** – The requirements of a Level 2

capacity or near capacity daily. This may mean a delay in answering other emergency calls, which places everyone at risk.

In Kingsport and Sullivan County this may also result in longer transports with less care. Kingsport and Sullivan County is fortunate to have an excellent EMS, fire, first responder and rescue system. Depending on the location of the call, the emergency response does vary.

In Kingsport, whenever an accident with injury occurs, fire, rescue and EMS are dispatched. A single critically injured patient requires multiple trained personnel to provide necessary advanced trauma care at the scene and en route to the trauma center. In Kingsport every firefighter is medically trained with each firetruck having a paramedic on-board. Often the medical trained firefighters are needed to assist EMS to provide necessary care en route to a trauma center, with one person driving the ambulance and up to

### Rural trauma accounts for 60 percent of all trauma deaths because of the time and distance from the accident scene to care.

three in the back working on the patient. This temporarily takes both the ambulance and the firetruck out of service, but typically not for a long period of time. With the Ballard downgrade these patients may be required to be transported to Johnson City. In this scenario, the city will likely be unable to take a firetruck out of service for an extended amount of time. This will leave EMS with a driver and only one care provider, and a long transport time for the patient. Dangerous!

The scenario in Sullivan County is similar. Sullivan County emergency services are provided by multiple excellent volunteer fire departments and rescue squads. First responders from the fire departments and/or rescue squads assist EMS in providing trauma care on the scene and en route to a trauma center. As a result of the Ballard downgrade, the increased transport time will likely prevent county first responders from accompanying EMS en route to Johnson City.

Virginia also has a similar trauma destination system. These Virginia patients are to be directed to the closest Level 1 or 2 facility. Historically this has been HVMC or BRMC. When downgraded to

seeks to replace this with a system consisting of a single Level 1 Trauma Center, that's not centrally located, and two Level 3 Trauma Centers, the lowest designation in the state, and a call center. How is this better?

Redundancy is very important when dealing with life-saving services. For example; a major accident occurs at the 81 and 26 interchange. Seven or eight people are critically injured. This would overwhelm any single trauma center, but since we have 3 strong capable trauma centers, these patients can be dispersed to all three and receive high-quality trauma care. With HVMC and BRMC reduced to Level 3 centers, this may not be possible.

### The Call Center

Ballad has suggested this call center could divert some patients meeting Level 1 criteria to a Level 3 Trauma Center. This would require a physician in the call center to divert patients against the state's destination guidelines, knowing that if the patient has a bad outcome, the physician and Ballard Health would be liable. It is far more likely the call center would be used to divert more patients to JCMC as specialty availability elsewhere will be reduced.

All too often we take things for granted. We have been very blessed to have developed superior trauma and life-saving resources over the last 30 years. We have also been blessed to not have a disaster or mass casualty incident for some time, but it can happen. It is critical we maintain our regional emergency resources and preparedness, or when a disaster or mass casualty incident does occur, resources will no longer be available.

### A Potential Compromise

A compromise to this problem is to make HVMC and BRMC Level 2 Trauma Centers. The capabilities of a Level 1 and Level 2 Trauma Center are very similar. Successful trauma programs are difficult to develop but easily destroyed. Downgrading HVMC and BRMC to a level 3 will damage most of the credible trauma services at both. The tremendous life-saving resources and capabilities of both hospitals may be wasted. Additionally, potential adverse economic affects for both Kingsport and Bristol may result.

There has recently been a move in the state

24/7. Eleven of these specialties are medical. Currently, both HVMC and JCMC are Level 1 Trauma Centers.

**LEVEL 2** – The requirements of a Level 2 Trauma Center are close to a Level 1, but with 24 specialties required. Eleven of these specialties are medical. Currently, BRMC is a Level 2 Trauma Center.

**LEVEL 3** – This is the lowest designation for a trauma center in Tennessee and requires only 4 specialists. One specialty is medical. Per state definitions, a Level 3 Trauma Center generally serves communities without the resources for a level 1 or level 2 facility.

Level 1 and 2 Trauma Centers require 11 medical specialties be available 24/7. These include cardiology, pulmonary, gastroenterology, hematology, infectious disease, internal medicine, nephrology, pathology, pediatrics, psychiatry and radiology. This helps guarantee capable medical care, as well as capable trauma care, is available 24/7. This is very important for those in the HVMC and BRMC service area.

### **Why downgrade HVMC and BRMC to Level 3?**

The minimum requirements of a Level 3 Trauma Center, with only 4 specialties required, reduces Ballard's obligation to provide specialty availability by 86%. Since Ballard pays on-call pay to physicians, and at times hires temporary specialists to cover vacancies, this will significantly reduce Ballard's cost. The cost to patients, however, could be great. Specialties, when on call, are available to all services and unattached patients as well.

### **The downgrade will affect emergency services.**

EMS has specific destination guidelines that dictate where a patient is taken in certain situations. These guidelines mandate that trauma patients with certain signs or certain injuries are transported to a Level 1 Trauma Center, if it is within 30 minutes of travel, unless refused by the patient or overridden by trauma control. This means many severely injured people in Kingsport/Sullivan County will now have to be transported to JCMC. This not only increases transport time and endangers patients, but also takes valuable EMS resources out of service for an extended time. Already many of our EMS agencies work at

will likely prevent county first responders from accompanying EMS en route to Johnson City.

Virginia also has a similar trauma destination system. These Virginia patients are to be directed to the closest Level 1 or 2 facility. Historically this has been HVMC or BRMC. When downgraded to Level 3, Kingsport and Bristol will not qualify. For some Virginia patients, the Level 2 Trauma Center in Pikeville, KY will be closer than Johnson City.

The Ballard downgrade will likely increase the need for helicopter transport from the affected cities/counties adding substantial cost to patients. Helicopter transport cost in the tens of thousand dollars.

Those living or working outside of the 30-minute travel to the Level 1 in Johnson City will not be required to be transported to JCMC. They however also deserve strong capable trauma care close to them. A Level 3 does not guarantee this.

### **How do you rate trauma?**

Ballad has repeatedly stated only the top 10 percent of trauma cases will be required to go to JCMC. This 10 percent represents the number of patients admitted to Ballard trauma centers with an ISS (Injury Severity Score) of 15 or greater. An ISS is a score calculated in a hospital when all the diagnostic tests have been completed, sometimes even surgery. This is far different from the field determinations our EMS providers must follow. Patients that should be transported to a Level 1 Trauma Center by destination guidelines may eventually score out with an ISS of less than 15, meaning there likely will be more than 10 percent of patients needing transport to JCMC.

Ballad states 90 percent of trauma care will remain local. How does one provide the same high-quality trauma care to the remaining 90 percent, if specialty availability is reduced by 86 percent?

Patients treated in ERs who need specialty follow-up after an ER visit will find themselves going to Johnson City more frequently as specialty availability in Kingsport and Bristol decrease.

There is also the question of medical specialty availability. Will it remain? What guarantee is there? The Level 1 and 2 Trauma Center requirements are one of the few things that obligate Ballard. As such, they help insure strong medical and trauma capabilities remain.

Our region currently has an excellent trauma system, two Level 1 Centers and a Level 2. These centers are appropriately located and staffed to provide the best chance of timely access to high-quality trauma care for all of the region. Ballard

both. The tremendous life-saving resources and capabilities of both hospitals may be wasted. Additionally, potential adverse economic affects for both Kingsport and Bristol may result.

There has recently been a move in the state to permit "Level 1 patients" to be transported to the closest Level 1 or 2 Trauma Center, but this has not been approved yet. If Ballard would maintain HVMC and BRMC as Level 2 Trauma Centers, it may be possible to work with the state to permit this to occur in Northeast Tennessee, particularly since all trauma centers are owned by the same hospital system. After aggressive intervention, treatment, and stabilization by the Level 2 Trauma Team, if Level 1 services are required, the patient could then be transferred to Johnson City. Even if unsuccessful with the state, insuring Level 2 capabilities would allow the "call center" to more safely divert these patients to HVMC and BRMC and provide safe high-quality trauma care availability to everyone in the Ballard service area.

This would help prevent overload of JCMC resources with patients that could otherwise be treated at a Level 2 Trauma Center, and may reduce some of JCMC's need to make immediate capital improvements.

This solution preserves valuable regional resources, prevents economic fallout in the affected cities, maintains the Safety Net Hospital status in Johnson City, meets COPA requirements, prevents dangerous unnecessary patient travel, and most importantly prevents unnecessary loss of lives.

Should this solution not provide satisfactory results, it could be revisited. It would be easier to downgrade the Trauma Centers to a Level 3 at that time than to try Ballard's plan now and attempt to upgrade HVMC and BRMC back to a Level 2. Many of the current resources would likely not be available.

The Times News reported the strong financial success of Ballard for their first quarter. It appears it is possible to operate two Level 1 Trauma Centers and a Level 2 and still be profitable. It should be even more so with a single Level 1 and two Level 2 Centers.

Downgrading HVMC and BRMC to Level 3 Trauma Centers is wrong and dangerous. Its bad for the patients, the families, EMS providers, the people, the cities, the counties and the region.

Our people deserve the best chance of survival possible if faced with a major injury or medical emergency. Thanks to many, for the last 30 years they have had that best chance! They deserve no less tomorrow.

Sincerely,  
Mickey Spivey M.D.  
Emergency Physician

Mark Bowery, President  
Bloomingdale Volunteer Fire Department

Gary Mayes, Regional Director  
Sullivan County Regional Health Department

Drew Deakins, Chief  
Sullivan West Volunteer Fire Department

Kingsport Lifesaving Crew  
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Ben Wexler, Chief  
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