Tennessee Department of Health Public Hearing

COPA Public Meeting

June 12, 2023

TAKEN AT: Northeast State Community College
The Center for the Arts Auditorium
2425 Highway 75
Blountville, Tennessee

TAKEN ON: Monday, June 12, 2023

REPORTED BY: Traci K. McClanahan, LCR
Present:

Ralph Alvarado, Commissioner, Tennessee Department of Health

Jim Mathis, Director, Certificate of Public Advantage

Judi Knecht, Assistant Director, Certificate of Public Advantage
<table>
<thead>
<tr>
<th>Page</th>
<th>Statement by</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Rebecca Dillow</td>
</tr>
<tr>
<td>12</td>
<td>Miles Burdine</td>
</tr>
<tr>
<td>15</td>
<td>Jennifer Carver</td>
</tr>
<tr>
<td>18</td>
<td>Lynn Tully</td>
</tr>
<tr>
<td>18</td>
<td>Kimberly Bittle</td>
</tr>
<tr>
<td>20</td>
<td>Donald Davis</td>
</tr>
<tr>
<td>21</td>
<td>Dani Cook</td>
</tr>
<tr>
<td>25</td>
<td>Angie Odom</td>
</tr>
<tr>
<td>28</td>
<td>Danny Deal</td>
</tr>
<tr>
<td>30</td>
<td>Ginger Holdren</td>
</tr>
<tr>
<td>32</td>
<td>Lisa Childress</td>
</tr>
<tr>
<td>35</td>
<td>Donnie Cable</td>
</tr>
<tr>
<td>37</td>
<td>Ashley Barnes</td>
</tr>
<tr>
<td>41</td>
<td>Todd Smith</td>
</tr>
<tr>
<td>44</td>
<td>John King</td>
</tr>
<tr>
<td>48</td>
<td>Blake Denton</td>
</tr>
<tr>
<td>49</td>
<td>Maggie Wood</td>
</tr>
<tr>
<td>51</td>
<td>Ginger Carter</td>
</tr>
<tr>
<td>54</td>
<td>Leann Horsley</td>
</tr>
<tr>
<td>56</td>
<td>Lisa Haddad</td>
</tr>
<tr>
<td>57</td>
<td>Lottie Ryans</td>
</tr>
</tbody>
</table>

Traci McClanahan, LCR
courtreporter72@gmail.com
| Statement by Melissa Roberts | 61 |
| Statement by Julie Brown | 63 |
| Statement by Katherine Redwine | 65 |
| Statement by Michael Wayland | 69 |
| Statement by Jennifer Ellison | 71 |
| Statement by Lafe Cook | 72 |
| Statement by Lea Anne Spradlen | 75 |
| Statement by Travis Staton | 76 |
| Statement by Betty Ann Polaha | 78 |
DR. ALVARADO: Well, we'll go ahead and get started. Please kind of quiet it down because we're right at 5:30.

I'm Dr. Ralph Alvarado, the Commissioner of Health here for the State of Tennessee. It's good to be with you tonight, and I do appreciate you taking the time to attend this evening.

I'm already six months into serving as the Commissioner of the Department of Health, and while the Department is responsible for a number of different things across the State, we take our responsibility to Northeast Tennessee for the Certificate of Public Advantage, better known as COPA, very seriously. And so we understand how important Ballad Health's success is to this community and to the region. And as many of you know, the State of Tennessee approved a merger of Wellmont and Mountain States nearly five years ago to create Ballad Health, and as a result, Terms of Certification were created to guide the Tennessee Department of Health in coordination with and support from the Attorney General's Office in providing oversight of the COPA. Our role continues to be to provide active supervision to ensure the merger continues to provide a public advantage to
you, the citizens of this region. And it's important to note that it is not our role to manage the business decisions or the day-to-day operations of Ballad Health. Our goals are to see improvement in health and wellbeing of the region and to maintain access to high quality health care. These goals have served and will continue to serve as a guide to our data-centered approach to evaluate any plans, strategies, and tactics proposed by Ballad Health. It is important that we get this unprecedented process right. We're a model not only to Tennessee and Virginia, but the entire nation is watching to see how this process plays out.

You're either here today because you have something to say or because you want to listen. Please know we're here to listen and we value your input very much. And I know there's quite a few people that have signed up, and it may be difficult to get to you all.

Joining me here today are Jim Mathis and Judi Knecht, director and assistant director of the department who manage the COPA process.

At this time, I'd like to turn it over to Jim, who's going to walk us through how the public hearing will work. And for those who have been here
in the past, the format will be very familiar.

Again, thank you all very much for being here and letting us know what is on your mind related to the COPA.

MR. MATHIS: Very good.

Thank you for attending. We can tell by the turnout that there's lots of interest. So let's get after it.

This hearing will be devoted to public comments related to the COPA issued by the State of Tennessee in January 2018. The scope and purpose of this hearing is to discuss both the benefits and disadvantages of the COPA.

We're particularly interested in any ideas or comments you have for future revisions to the COPA. This is not a forum to bring hospital or physician complaints. However, if you've got such items, the Tennessee Department of Health does want to hear them.

We also note that we've had such an interest tonight that the slots for signing up have filled. It's unlikely that we're going to get to everybody. But we're still very interested in your comments. So we have multiple venues for you to submit comments. If you have written comments with you,
say you've wrote out what you wanted to say and there is not time, we can accept those to be put into the record.

And, Judi, do you want to explain how they can submit through the portal their comments?

UNKNOWN FEMALE: We can't hear you back here.

UNKNOWN FEMALE: Yeah, we can't hear you.

MR. MATHIS: Does it help if I move the mic up?

UNKNOWN FEMALE: Yes.

MR. MATHIS: That's my fault. I apologize. Judi?

MS. KNECHT: Yes.

On the Tennessee Department of Health's website, we have a page titled COPA or Certificate of Public Advantage, and you'll see tiles for different aspects of the COPA that are available there. One tile is on public input and complaints. So if you click on that tile, there's a form to fill out and it will go directly to our team for review.

MR. MATHIS: Okay.

So on to the actual public comments, those who wish to make public comment have signed up on the sheet at the door, as we indicated. Please know
that we're limited to an hour and a half, and the
speakers will be called in order of the sign-up.
We've got the sheets here.

It would be helpful if you keep the noise
down, the noise level down, so we can hear their
names before being called.

If the speaker declines to comment or is not
prepared and wants to skip and just submit their
comments, we can absolutely do that, do that in
writing. And then we'll go -- we're not going to be
able to go back for any missed speakers.

We want to hear from as many people as
possible, so each individual will be allocated three
minutes, but no more than that, and this is out of
fairness to everyone.

Speakers will not -- or will be allowed to
make comments only once at the public hearing. And
should anyone have additional comments, we can do
the written comments that we spoke about.

Speakers will be given notice by cards that
Judi has when they have one minute and thirty
seconds left. And three minutes will go by very
quickly, so I encourage you to be prepared. When
time expires, we will notify the speaker, and call
the name of the next speaker. Then, the following
speaker, you should be coming to the microphone, preparing to speak. Out of respect for all, please don't be offended when time is up and we must move to the next speaker. We would only cut off the microphone if we absolutely must.

So, with that, let's start with the first speaker is Rebecca Dillow, and then Miles Burdine.

MS. KNECHT: And for the court reporter, would you like each speaker to repeat their name and spell their name?

THE COURT REPORTER: Yes, please.

MS. KNECHT: Okay.

REBECCA DILLOW: Hello. My name is Rebecca Dillow. It's R-E-B-E-C-C-A. Dillow is D-I-L-L-O-W. Thank you so much for having this public hearing. We appreciate it. Again, my name is Rebecca.

I work at Clinch-Powell RC&D, and we are members of Fahe, and Fahe is a group of nonprofit housing builders that serves all of Appalachia. We build and repair homes, and we also create opportunities for hardworking families to become homeowners right here in Appalachia.

I'm here today to share our experience with working with Ballad Health.
So back in 2019, pre-COVID, we had several Fahe members that work in Southwest Virginia as well as here in East Tennessee. We were invited to be part of the STRONG Accountable Care Community conversations, and we realized that housing was not part of the conversation, and it was not determined as the social -- excuse me -- determinant of health or a factor of health.

So we approached Ballad Health and were met with open arms. Ballad Health was very receptive to us as nonprofit builders to collaborate with them. And we began a partnership that -- with Ballad that's helped us continue to be able to build housing for families, for working families here in Appalachia. We understand that we all see a shortage of safe and healthy housing, but Ballad stepped up and has been partnering with us to give us funding to help families.

Fahe has been working hard these last few years to advocate for more funding for workforce housing. We see parents who are struggling daily with housing, and we're just thrilled that Ballad was part of the solution. And if we want to keep realizing the benefits of this approach with the alignment between health and housing, it's important
that we need to invest in smart housing solutions. We also want to encourage any other health care systems that may be here tonight to partner with their local nonprofit housing builders so that they too can have great solutions in this housing market.

And thank you for your time in allowing me to speak. Thanks.

MR. MATHIS: Thank you.

Miles Burdine, and then after that, Jennifer Carver.

MILES BURDINE: Thank you, sir.
My names is Miles Burdine. M-I-L-E-S, B-U-R-D-I-N-E.

Welcome to Appalachian Region, Appalachian Highlands Region.

I work for the Kingsport Chamber of Commerce, but I also consider myself working for the region. So all things we talk about, at least in the Chamber world, has to do with advancing this region.

I wanted to say thank you very much for your opening comments about hearing all voices. You're obviously going to hear differences of opinion. But I will say this about all the people in this room:
We all want what's best for our region, for our citizens, and for our communities, although we may differ on how to get there.

About five years ago, our Chamber embarked on a study of research on whether or not the merge of Wellmont and Mountain States made sense. We determined in a study that keeping them separate would produce a risk of closing hospitals, a risk of being sold, and if that happened then we would have more duplication of services and -- if we kept it the way it was -- more duplication of services, and we'd also risk losing jobs and losing the local control, which we consider most important. If the merge -- if we supported the merge, then quality of health care would improve, cost of health care would go down, and we would keep local control. So the Chamber Foundation Board took a vote and unanimously voted to support the merge of those two institutions to form Ballad Health.

Consolidation of services have been difficult. We understand that we cannot support nor continue to try to support all things that are duplicated, and so we've had a little bit of pain as we've lost some services in a particular community. We've also added services in other communities. But
it simply didn't make sense for us to continue to pay for something we couldn't ultimately afford. You're going to hear a lot about emergency room problems today, and I personally have experienced those, but I don't think that's a matter of — that's nothing that's not being faced across this country. I certainly --

(Interruption; timer.)

MS. KNECHT: Sorry. That's one minute.

MILES BURDINE: Okay. Thank you. I'll keep on.

I serve on the boards of the Tennessee Board of Regents and Tennesseans for Quality Early Education, and recognize that the problems with finding nurses is not just a local, it's a state-wide. It's also a national issue. And finding nurses and quality childcare is a problem, and it's one that Ballad has taken the lead on trying to resolve.

Ballad is the second largest employer in the region. They provide significant community support for nonprofits: United Way, Chamber, schools, the Miracle Field, our newfound dental clinic that's going to be formed pretty soon.

And we thrive in this region for many
reasons: quality of life, low cost of living; we're safe; we're outdoors -- thank you -- affordable quality; affordable housing; no income tax. But at the top of the list, coming from a Chamber guy, is schools, quality schools, and quality health care.

Thank you very much.

MR. MATHIS: Thank you.

Jennifer Carver, and then Kimberly Bittle after that.

JENNIFER CARVER: Hi. I'm Jennifer Carver, C-A-R-V-E-R.

I'm going to share a little bit about my NICU experience with you all. My NICU experience is twofold. I'm a former NICU nurse who also became a NICU mom.

After a sudden and unexpected diagnosis of preeclampsia, I gave birth to a tiny baby boy named Campbell. He was born in March of 2021 at just 28 weeks, weighing only one pound and eleven ounces.

After he was born, he was taken to the NICU at Niswonger Children's Hospital, and being born three months early, we knew his NICU journey would likely be a long one.

I'm often asked what the hardest part of our
NICU journey was, and while there are many incredibly hard parts, one of the first things that I say is how devastatingly hard it was to leave my tiny baby behind in the NICU at the end of the day. How could I give my newborn baby the two things that he needed most in this world: his critical medical care and his mom.

Campbell received exceptional care through his entire NICU stay. The nurses and staff were wonderful with him and our family, but in the first sixty-plus days of his NICU experience, we experienced what a lot of other NICU parents do.

If you walk into the NICU, one of the first things that you notice are open bays with multiple babies. These open bays house all these babies in the same room. You will see these babies in their incubators and radiant warmers with all their respiratory equipment, monitors, IV poles, and their medical staff. As you can imagine, this leaves very little room for moms and dads to comfortably visit and bond with their baby.

Campbell was finally able to move to a private room around two months after he was born. This allowed us to spend time with him, have longer skin-to-skin contact and even be able to spend the
night with him. These private rooms gave us a chance to bond with our baby in a way that was not possible in the open bay areas. We were able to read him stories and sing him songs without worrying about disrupting other families who were there to visit with their babies. And there, we were finally able to give him what he needed: critical medical care and his mom.

That's why we are so excited about the new NICU design with more private rooms to house these babies with their families.

Campbell spent just shy of ninety days in the NICU. Over that time, the nurses and doctors and staff became like family to us. We are so thankful for each of them and for Niswonger Children's Hospital for the exceptional care that they provided. We know we're not the first NICU parents, certainly not the last, so we want to continue to advocate for those babies yet to be born, moms and dads yet to be thrown into their world with their lives turned upside down, and for the medical staff providing care for these babies.

Thank you for allowing me to share a very small part in our miracle baby story.

MR. MATHIS: Thank you.
Next up, Don Davis, and Dani Cook after that.

The next is Kimberly Bittle and Lynn Tully.

I'm out of order.

LYNN TULLY: Good evening. Thank you for letting us speak today. My name is Lynn Tully, and that's L-Y-N-N, T-U-L-L-Y. And I'm here in my volunteer capacity this evening as the Chairman of the Kingsport YMCA.

We are a -- we are a program, a program of over, I want to say, about eleven thousand members from all walks of life in this community, and we have a myriad of different offerings at our YMCA that Ballad has been a partner with us for. So they have been a continued and valued partner with us for several years now.

And I'm going to ask Casey Bittle to speak to those programs.

KIMBERLY BITTLE: Kimberly Bittle. Last name, B-I-T-T-L-E.

And thank you, Lynn.

One of the reasons I asked Lynn to join us is because she represents volunteer service in our community meeting needs, and we have numerous Ballad Health care employees, patients, who do the same
with our organization.

Our mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all. We strive to meet community needs, identify what they are, and work with others to do that. And one of our top partners, since my arrival in this community nearly five years ago, has been Ballad Health care.

The facility that houses our offices has a physical therapy clinic inside our facility. And because of that clinic, the therapist there is able to take clients on a continuum of health care. So when they're finished with their physical therapy and their rehab services, he transitions them into other services to improve quality of life and partners with us in the delivery of chronic disease programming, such as diabetes prevention, Parkinson's, and cancer survivorship.

Ballad has also been very instrumental in helping us fund our case for support that meet community needs, one of which is feeding 800 children supper every single day. If not for the sponsorship and support of Ballad Health care, those children would leave school and not eat again until breakfast the next morning.
The backbone of the STRONG ACC is one of two organizations, Ballad being one of which, and they've been very instrumental in helping train our staff and provide tools and resources to unite people in the community through their Unite Us Platform.

And lastly, I just want to thank Ballad and their resources for allowing our YMCA to be part of the Community Health Improvement Initiative. That funds special resources and projects and supplies for our teams to be able to reduce adverse childhood experiences.

Thank you.

MR. MATHIS: Thank you.

Don Davis, and Dani Cook after that.

DONALD DAVIS: Donald Davis, D-A-V-I-S.

I'm here as a patient. I went in Franklin Woods. I was -- as my doctor told me later on, I wasn't sick; I was very, very sick. Went into the emergency room. They immediately took care of me. Checked me in. And I'm sitting there for my second or third day there. You know, you're getting prodded every few minutes. And while I'm sitting there, Betty walks in. Betty is from the Storytelling Guild. And she said can I tell you a
story.

So she just sat down, and we talked for a little while. My name is Donald Davis. Those that know Jonesborough, Donald Davis is the storyteller. At Storytelling, they know me as "Donald not-the-storytelling Davis."

But anyhow, so we hit it off. She told me a story. I'm on morphine. What she did for me was as good as the morphine was. It just made me feel good all over. And so I appreciate that Ballad does these extra little things to help out the patients and make us feel more comfortable because the hospital is not normally a place that we feel very comfortable.

I thank you very much.

MR. MATHIS: Dani Cook, and Angie Odom following that.

DANI COOK: My name is Dani Cook. D-A-N-I, C-O-O-K.

I am going to -- you mentioned that we were going to talk about data-driven information. So I want to start there.

The first thing that I want to talk about is the fact that we have three tertiary hospitals in this region. They are Johnson City Medical Center,
Bristol Regional Medical Center, and Holston Valley Medical Center.

Pre-COPA, Johnson City Medical Center was a three-star rating by the CMS rating system, hospital rating system. Bristol Regional was a four-star. Holston Valley was a three-star. Johnson City Medical Center is now a one-star hospital, according to CMS. Bristol Regional is a two-star. Holston Valley is also a two-star.

According to Leapfrog, that does patient surveys in just regard to patient safety, Johnson City Medical Center is now a D in terms of patient safety.

In the COPA, you all specify Exhibit I talks about Exhibit D, the priority population health measures that have to be achieved. They have a total percentage weight of a hundred percent in the ratings.

In the second section of that under -- it says "Other Sub-Index," there's a "Commitment/Outcome," and that refers to Exhibit K. That also has a percentage weight of a hundred percent, and that's broken down into "target quality measures achieved" and "quality monitoring measures achieved."
What I'd like to talk about is Exhibit D. Exhibit D has twenty-five that are total population that are priority health measures. What I will tell you is that Washington County, Tennessee, and Sullivan County, Tennessee, which are the largest counties in this region, both have approximately twelve out of twenty-five that are worse today. According to Ballad Health, their community needs assessment that is on their website, they are worse today than they were in their stats that they provided to you in 2018. Again, that is post-COPA. I have them for you if you haven't seen them.

Exhibit K also refers to the "target quality measures." There were seventeen in there originally. They were reduced to sixteen. Those have to be reported every quarter and they are put up on a website, although they're kind of hard to find if you don't know exactly what you're looking for.

But according to the COPA, it says, "For the first year of the affiliation, the new health system will be required to maintain performance on the Target Quality Measures." And basically what it says is there's a baseline. You are required to either meet that baseline or do better. And if you
don't meet it that year, then you have to -- you
have to meet it the next year or meet the next year,
whichever one is better quality.

What I will tell you is that, according to
Ballad Health statistics, Johnson City Medical
Center passed fifty-three percent. They failed
forty-three -- forty-seven percent, and so forth and
so on. You get what I'm talking about. I've got
them if you would like copies.

I do want to talk about changes to service
lines, briefly. Other people are going to talk
about that as well.

As you know, Sycamore Shoals is going to be
losing their ICU. That is a key component to a
service line. The Department of Health is supposed
to go through a ninety-day process in order to
approve that. What you all did was post an approval
on May the 5th referencing a letter from December
that the public never saw. So it appears to be
retroactive.

(Interruption; timer.)

DANI COOK: Was that thirty seconds?

Got it.

MS. KNECHT: That's time.

DANI COOK: Sorry. Well --
MR. MATHIS: Thank you. If you have some materials, if you'd give them to the court reporter, we'd love to see them.

DANI COOK: Yes, I will do that.

MR. MATHIS: Thank you.

UNKNOWN FEMALE: Yes.

MR. MATHIS: The next one is Angie Odom, and Danny Deal after that, please. Thank you.

ANGIE ODOM: Yes. Good evening. My name is Angie Odom.

I'm a Carter County Commissioner for District Three. And I'm also the founder and director of the TLC Community Center. That is also known as a crisis pregnancy center for twenty-three years in Carter County.

As you know, Sycamore Shoals is the only hospital serving two counties, including Johnson County. Even I, as a small director of a crisis pregnancy center, knew enough that Johnson County is too far for clients to drive all the way to Elizabethton for their needs. So we also started a crisis pregnancy center that I ran up there for three years until giving that center over to Johnson County. If you do not drive that route, you cannot go the speed limit down the interstate around the
lake or you would definitely need a hospital. And right now, that would be a scary place to be in.

Right now, I can tell you that we're very disturbed -- I am here with eight other commissioners that are here tonight from Carter County -- after Alan Levine visited our Carter County commission meeting in April and did not mention a word of any change until we watched WJHL two days later and learned about the possible changing or changes in our ICU. From that point on, God took control.

I ended up in the ICU with my -- or I ended up in the ER with my mother, where all of the staff was telling me then how the ER now will be divided into different components. One will be the four rooms being held for mental health, one for heart monitoring, the other -- we will end up with only six rooms for our ER now.

We already knew from staff after another family member was in for surgery a few days later, after I was made aware of this, that the eight beds in ICU were not being used for eight beds in ICU since December. Since December, the PCU in the Sycamore Shoals Hospital was already shut down.

That's when I walked upstairs myself and seen the
tape on the doors.

So PCU has already been shut down through December. ICU was divided into three beds of the ICU and five beds for the PICU. The nurses were overwhelmed because of the fact that they had already put a freeze on the hiring last December and decided to pay traveling nurses three times the amount that they were making, not counting the fact that Alan Levine announced that our nurses weren't as staffed or qualified as the Johnson City nurses and that they got paid more, even though I, as a person that goes to that hospital, gets paid -- I have to get -- pay the same for the services even though Johnson City nurses get paid more than those nurses giving -- and doctors giving up their time.

Our birthing center was already taken away in 2012, and being that I was a crisis pregnancy center, you would have thought we could have heard something about that. But Rusty Crowe and Kent Williams sent in letters of recommendation prior to our town ever even knowing about it, which with Rusty Crowe's involvement with Ballad is not an okay situation.

UNKNOWN FEMALE: That's right.

ANGIE ODOM: I was told there were no --
ANGIE ODOM: I was told that there was not one complaint. But if you go back, the certificate of need, there was a complaint, and the lady sent it in, and it was in June prior to the recommendation that was sent in.

So we were lied to in our town. We were never given a voice.

And you say Ballad's helping? We have no pediatric care. We have no birthing center. And I was a candy striper back in the day at the hospital.

ANGIE ODOM: We got to serve the people. Ballad Health is not serving the people.

Mr. Danny Deal, and then after that, Ginger Holdren.


I'm a Fourth District Commissioner for Carter County, and I too am concerned about the closing of the ICU, PCU at Sycamore Shoals Hospital.

We have a county of 348 square miles and 56,500 residents. In talking with our director of EMS, we have anywhere from three to five trucks over
that whole area. The increased travel time and
in-transit time is concerning because, as a
commissioner, we have to fund that. I think that'll
increase the funding. It will increase the need for
staffing trucks, and talking to the director,
Director Arnold told me that his normal wait time
right now at Johnson City Medical Center is two
hours. So if we take trucks off the road for two
hours, and we only have three on the road for that
shift -- one going to Johnson City and one to
Bristol -- that leaves us one, for 56,500 residents.
That's concerning.

Not only concerning as a commissioner in the
county being -- supporting and financing the EMS,
also, it's about -- the most important thing is
about our residents. They are going to be
in-transit longer, ten more miles. And everything I
read from the American Heart Association and the
American Stroke Association is seconds matter. If
seconds matter, then we shouldn't be extending that
travel time.

I hope that this has enlightened a lot of
people, and thank you for giving me the opportunity
to speak.

MR. MATHIS: Thank you.
Ginger Holdren, and then Lisa Childress.

GINGER HOLDREN: Good evening. My name is Ginger Holdren, and the last name is spelled H-O-L-D-R-E-N.

Thank you for the opportunity to speak this evening. I'm a Carter County Commissioner for five years and a Realtor for seventeen years.

When I get a bite or lead, I'm usually asked in that initial conversation if I buy 123 Blevins Branch Road, how far is it to the closest hospital. Someone in their family has a health care issue or the buyers are up in years. Every mile and every minute matters to them when they're asking this question.

Carter County is considered a retirement community. Approximately one-fourth of our population is aged sixty-five and older, and these facts are coming from Census.gov. The median age of our citizens is 46.8 years. That means fifty percent of Carter Countians are forty-seven and older.

Our Chamber of Commerce's Tourism Department advertises to attract older people and outdoor enthusiasts. Both need frequent health care.

On TennesseeVacation.com, there's a section
called "Retire Tennessee." It states that Sycamore Shoals has complete inpatient and outpatient surgical services. I'm sure that's an attractor to some of the clients I meet. But when they learn that services are diminished and that fact is no longer truthful, they're going to choose another spot to call home. This is going to affect the economy in Carter County. Decisions made by Ballad are far-reaching.

Decreasing services at Sycamore Shoals may affect our tax base through fewer homes being built and people moving somewhere else besides Carter County. When our tax rate has to increase because we have a smaller base, it's going to hurt our employee pay. We're going to have to decrease County services.

Commissioners have been told many times recently about the recognition award status of Ballad. Local citizens tell a different story. I have personal experience to draw from to illustrate that that is not true. I will put that in writing.

Our EMS director tells us that he has been rerouted to hospitals outside of Carter County for years. This is not a recent change.

In the course of my family's use of these
hospitals -- we're grateful for them -- we have experienced amazing staff. They've been fantastic. I believe the problems we're experiencing are at the management level.

Thank you.

MR. MATHIS: Thank you.

Lisa Childress, and then Donnie Cable.

LISA CHILDRESS: Hello. My name is Lisa Childress, C-H-I-L-D-R-E-S-S.

Good evening and thank you for being here. As I stated, my name is Lisa Childress, and I'm a Carter County Commissioner. I reside in the Fifth District.

Tonight, my topic for this meeting is the geographical size and the increasing population of Carter County. And I also will share the distance of some of our local schools that if they would have to travel for medical purposes.

Carter County is approximately 348 square miles, which comprises of both urban and rural areas, and contains approximately 700 miles of roadways. According to the United States Census Bureau, as of July 1, 2022, the estimated population for Carter County is 56,500.

For anyone who is paying attention will
attest that the population of Carter County is increasing rapidly as people from other areas of the country are relocating to our area for various reasons.

According to the Carter County Planning and Zoning Office, from July 2019 until April of 2023, 307 new construction residential housing permits were issued, and 224 new permits issued for single- and double-wide mobile homes. That does not include what we have in the City of Elizabethton.

A common sense approach will tell you that the increase in population will result in an increase for the need of a hospital in our county that can provide the necessary medical services for both life threatening and non-life threatening emergencies. Here are just a few of some of the mileages.

Cloudland High School is 20.8 miles to Sycamore Shoals versus 28.1 miles to the Johnson City Medical Center. Little Milligan is 19 miles to Sycamore Shoals versus 29.8.

The reason that I share that is considering the recent tragic events that have occurred throughout the United States in schools, we need to remain vigilant and be prepared to provide the
closest and fastest medical care for our students, whatever situation may arise. It is imperative that Sycamore Shoals be more than just a band-aid station for the citizens of Carter County.

Please note that Carter County, as previously said, has an aging population, and older residents typically suffer from medical conditions that require frequent trips to the emergency room and have transportation issues. With Ballad Health making the decision to remove the ICU and the PCU from Sycamore Shoals, they are putting the citizens of Carter County at risk. They are limiting their access to medical care, forcing them to go to surrounding counties who are already past full capacity in their hospitals.

With increasing population, how can Ballad Health justify having only one hospital for Trauma I cases, the Johnson City Medical Center, whose ER department is already significantly overworked and consistently at full capacity? What about Ballad Health's promise to expand rural health? Is Ballad Health just about the corporate medicine and financial gain?

Ballad Health has a responsibility to provide the best care at the most convenient
location for the citizens of Carter County.
Thank you for your time.
MR. MATHIS: Thank you.
Donnie Cable, and then Ashley Barnes after that.
DONNY CABLE: My name is Donny Cable,
C-A-B-L-E.
I'm a County Commissioner for Carter County in the Sixth District. I live in the upper east part of Carter County, which takes me about forty minutes to get to Sycamore Shoals Hospital.
That's why I carry flight insurance. That's the quickest way for me to get to a hospital.
The closing of the ICU is a concerning factor for all the residents of Carter County and Johnson County. I live right on the county line of Carter and Johnson County.
Johnson County is 51 miles. They've got a band-aid station in Johnson County. They have -- most every day, when I am out and about, I see a Johnson County Rescue Squad heading to a hospital somewhere. Mostly it's in Sycamore Shoals. That's where they stop first.
The highest ranking hospital in the United States is not Ballad Health. It's Mass General
Brigham in Massachusetts. It's not the first rated in the United States anywhere. I looked at the top-rated hospitals in the United States, and I looked through two hundred. I didn't find a Ballad Health Hospital listed.

Holston Valley Hospital is ranked nine in the State of Tennessee. Ballad manages twenty-one hospitals. On one report, they're ranked twentieth in critical care access.

They are supposed to be a nonprofit organization, 501(3)(c). They pay no federal income tax.

If they're nonprofit, they pay their CEO $2.3 million a year. They pay fourteen executives a total of $14 million a year, seventeen employees. Mayo Clinic is the number one hospital in the United States. Carter County deserves quality medical care.

I have experienced the emergency room in Johnson City Medical Center. I took my wife there. We stayed five hours. She had a heart condition. They couldn't see her. They told her she would have to be there until the next morning. That's not quality care. We went home. And I told her, I said, we'll go home, and if you get worse, we'll
have the flight come get you. Thank the Lord she didn't get any worse.

According to the Center for Medicare and Medicaid Services as part of the Federal Health and Human Services Department, they ranked Johnson City Medical Center with one star.

Thank you.

MR. MATHIS: Thank you.

Next is Todd Smith.

ASHLEY BARNES: Ashley Barnes, B-A-R-N-E-S.

I am a former registered nurse for Ballad Health. I am here today because it is important that I share with you what working for Ballad is like. It is so important to me that I am here on my thirteenth anniversary and daughter's seventh birthday.

I worked from 2007 to '21, minus one year, for Mountain States and Ballad Health. I spent ten of those years working at Franklin Woods. When I first started Franklin Woods, it was known as the best hospital around. I worked for the best management and ER team a nurse could ask for. I was proud to work there.

By 2021, I was filled with anxiety and dread going in to work every day. Once Ballad took over,
our hospitals went from being well staffed to understaffed. I know they will blame the pandemic for that, but the pandemic only opened our eyes to how we were really being treated.

Our patient ratios are higher than ever. When it is fully staffed, our ER ratios were one to five. The national average is one to four, and one to one with critical care patients. I have spent many shifts with eight or more patients.

We were told daily that they didn't want anyone in the waiting room. That sounds great, but not when our ER beds were full with hospital admissions. We were told to start IVs, draw labs, give meds, et cetera, in the waiting room. Then move those patients on our tracking board to a fast track area so it took our wait times down. But those patients didn't leave the waiting room.

If patient care was started in the waiting room and patients decided to leave before being placed in a room, they would tell us to mark it "leaving against medical advice" instead of "left without being seen," even though the patients were not educated about the risk of leaving nor signing AMA forms. It was all about the numbers looking good, even though in reality they weren't.
Meds like morphine were also encouraged to be given in the waiting room to keep patient satisfaction up, but they will tell you it was to reduce pain. Any educated nurse would know better than to give morphine in the waiting room when there isn't a way to safely monitor those patients.

We had no housekeeping scheduled after midnight. Nurses were expected to clean all the rooms. We rarely got lunch breaks because we didn't have the staff to provide them and we were encouraged to work through our breaks. We weren't encouraged to write down no break so that they wouldn't have to pay us for that time.

In 2021, Ballad offered recruitment bonuses to staff who recruited new hires. Ballad found ways not to pay those bonuses.

I, along with other employees, have been sued by Ballad for clerical errors on my medical bills. Ask any employer community member and I guarantee you they've had a billing issue. I was there with forty other community members being sued and that was a normal Monday, according to the courts.

If I or any other employees brought up patient safety or staffing concerns, we were asked
about our mental health and if we needed therapy.

When I left to become a travel nurse, I was
told I was abandoning my community and gas-lighted
multiple times about my decision to leave by my
manager and upper administration. I applied to come
back in March and was offered the same rate of pay
as new grads applying even though I have twelve
years of ER experience. I was offered less than I
made when I left. They don't offer or value -- or
they don't value experience in their senior nurses
in their hospitals at all.

With the exception of one year, our
Christmas bonuses were $15 Food City gift cards that
were taxed.

(Interruption; crowd comments.)

ASHLEY BARNES: After two years of
traveling, I have seen better hospitals and now know
they exist. I would rather drive two to three hours
away for health care than go to a Ballad facility.

Ballad employees are fearful to speak up due
to the monopoly they have created, fearing there is
nowhere else to work. I know every shift I work,
many nurses search daily for ways out. There is no
nursing shortage. There is only a shortage of
nurses willing to be treated poorly.
MR. MATHIS: Next is Todd Smith, and then John King after that.

TODD SMITH: My name is Todd Smith, S-M-I-T-H.

I'm a Commissioner in Carter County in the Sixth District, which is right along there with Commissioner Cable. As he was telling you, it is quite remote and takes quite a bit of time to get to medical care.

What I'd like to spend my time doing tonight is sharing an email that I received on May the 14th from two doctors that were from Southwest Virginia and chose to retire in Carter County in our district.

It has been brought to my attention that Ballad Health is slowly but surely removing services at Sycamore Shoals until it is either closed down or turned into a patch-and-send station. They've already stopped obstetrical services and now are apparently considering closing the ICU.

We know how that went.

If they close the ICU, that will result in a complete obliteration of a large number of operations because they require the availability of an ICU. Mountain City lost their hospital, and
therefore Sycamore Shoals is the only hospital serving both Carter County and Johnson City as well as Mountain City and Roan Mountain.

The worst part of this process is they tend to try to sneak it by everyone without proper notifications. This is not the transparency that we've come to expect.

Some background and history. In the past, hospitals were built and run for and by the community and the physicians. The primary objective was good patient care. Whereas hospitals needed to be solvent, profit was not the objective. Then entered corporate management.

Now, health care seems to be primarily all corporate profit; and patient care is secondary, if that. It is no wonder that health care is drastically suffering with higher costs and decreased benefit. As a result, we have a physician and nursing shortage with more and more providers leaving these professions, and it is becoming increasingly difficult to attract good, qualified people in the health care professions.

Next, let me deal with Ballad Health.

Not so many years ago, Ballad went through a laborious process to obtain their monopoly on the
regional health care. There was a lot of skepticism about whether or not they would abuse this position they were granted. They promised to improve health care, build up rural health care, and to offer a wide array of services. Well, the results speak for themselves. Johnson City Medical Center is rated 2.2 out of five. And it is not even ranked anywhere to be found on U.S. News and World Report rankings. This is why individuals with medical care will tend to go to other hospitals when possible, such as Vanderbilt, Duke, Bowman Gray, Cleveland Clinic, Johns Hopkins, et cetera. The problem with corporate mentality is that it's all profit, and, again, health care comes second. That is signed by Dr. Steven Vest and his wife Dr. Gayle Vest.

(Interruption; clapping.)

TODD SMITH: I want to make one more comment before my time is up. We have talked a lot about the hospitals that Ballad has taken in, but I want to bring up something that we have not discussed. Not only have they taken over all of our major health care
outlets, they're taking up the ones that we depend on daily: The offices, the practices. They're being eaten up. If we wanted to go to someone that was outside of Ballad Health, we couldn't find anyone.

(Interruption; clapping.)

TODD SMITH: It would be impossible.

Thank you for your time.

MR. MATHIS: Thank you.

Next is John King, and then Blake Denton.

JOHN KING: The name is John King, K-I-N-G.

If it weren't for Ballad Health, I literally would not be here today. In addition to two anaphylactic —

UNKNOWN FEMALE: We can't hear you.

JOHN KING: If it weren't for Ballad Health, I literally would not be here today. In addition to two anaphylactic —

(Interruption; crowd comments.)

DR. ALVARADO: You might want to move the microphone closer, if you can.

JOHN KING: If it weren't for Ballad Health, I literally would not be here today. In addition to two anaphylactic reactions from medications that led me to Franklin Woods ER, I also suffered a stroke in
May 2021. Holston Valley ER determined it was caused by a hole in my heart and subsequently I had a PFO closure by Holston Valley's nationally recognized cardiovascular surgery team.

In each of my ER cases, I was immediately evaluated and emergency services received. What struck me most about these visits and the heart procedure was the level of compassion and care I experienced that I wish time would allow me to expand upon.

From a professional prospective, again, if it weren't for Ballad Health, our business would not exist.

In 2019, my wife and I approached the newly formed Ballad Health about the unmet need for comprehensive cancer rehabilitation and lymphedema therapy in our region. With their support, we created Ribbons Physical Therapy, which is unique in that we only treat patients with cancer diagnoses. We provide care with uniquely qualified therapists who have obtained certifications generally unknown in our area prior to our opening in May of '20.

Thanks to Ballad support, we created well-paying jobs with benefits and provided healing through over 8,000 patient visits. We rely on a
supplier network of over forty vendors whom most of all are local. Two have added staff in part because of us. Even though Ribbons is a small woman-owned business, it has given back to the community over $40,000 in cancer-related causes in support of our patients.

Through my interactions with Ballad, in particular its oncology providers and their support staff, there is an obvious common theme in their heart that comes across from every person. That is the passion they have about ensuring they offer the absolute best care they can provide to the special patient population who is experiencing something that no one would wish on their worst enemy, and they've embraced us as part of their care team.

In response -- the response we often get from providers is relief from a burden they have been carrying that they finally have a local resource to send patients to our -- who need our unique care.

I want to acknowledge the tremendous accomplishments Ballad has achieved in unprecedented times in a relatively short period to merge two multi-billion dollar organizations with heightened regulatory oversight as the State's first COPA
entity in a global pandemic during a presidential stay-at-home order and a highly volatile social media and election year followed by the collapse of a global supply chain; unprecedented unemployment followed by historic high employment levels and the pressures added to wages as a result; historic inflation and interest rates; a war; and most importantly, in a market that due to patient demographics, Medicare is the primary source of revenue for health care, and CMS is reducing reimbursements, which forces Ballad to make difficult decisions daily in managing services for the entire region.

I can't imagine what the leadership of this organization has had to endure these past years, but I can tell you that they share the same passion for patient care that I've personally and professionally experienced, and it's obvious by the accomplishments they have made in a uniquely difficult period in history. Ballad's leadership is without question is committed to the mission for providing the best health care for our community.

Ballad Health is not an entity or company. It is a very large group of human beings who love what they do and are tirelessly trying to do their
best in extraordinary circumstances.

Thank you for providing this venue for me to show my support for the people who are Ballad Health and what it means for our community. Thank you.

MR. MATHIS: Thank you.

Blake Denton, and then Maggie Wood.

BLAKE DENTON: Good evening. My name is Blake Denton. That's B-L-A-K-E, D-E-N-T-O-N. And I'm here today to speak on your program called Strong Futures.

I am in recovery from the disease of addiction and alcoholism. And for the majority of my life, I spent neglecting my life. And I was given the opportunity to participate in a program called Strong Futures of Greeneville, Tennessee. And with that, the drug addiction and the alcoholism that I had or was going through, I lost my children. And with the program Strong Futures, I was able to reunite with my children. I was able to live in a facility that was safe and clean and loving to get to know my children all over again.

I spent two years without my kids. And the program allowed me to find myself. It allowed me to broaden my network of people in the community who I can reach out to for multiple tools and resources.
I was provided with a doctor and a therapist and a case manager and even a peer to help me, to help guide me through how to better my life and how to recover alone and then also with my kids. My kids are here today with me, actually. I've had them since July 21st, 2022. I've been able to get my own apartment and really start a life for myself and my children, and I could not have done that without Strong Futures Ballad Health. So I'm here to just say how grateful I am and say thank you to all the opportunities that I was given, and that's all I've got.

Thank you.

MR. MATHIS: Thank you.

Next is Maggie Wood, and then Ginger Carter.

MAGGIE WOOD: Hi. My name is Maggie Wood. It's M-A-G-G-I-E, W-O-O-D. I'm the executive director of A Step Ahead Foundation Tri-Cities. We are one of Ballad Health's community partner improvement partners. We are a local nonprofit. We were founded in 2019, and our mission is to help prevent unintended pregnancy through access to free birth control and free comprehensive reproductive health education. We do this by providing free birth
control, free rides to and from all appointments, and education within the community so people can make their own choices about growing their families. We partner with clinics and community organizations to offer these resources seamlessly. We target the folks in our community who report higher-than-average rates of unintended pregnancy. Primarily here right now that's anyone at risk of having a teen pregnancy or anyone at risk of having a neonatal abstinence syndrome birth outcome.

We have been one of Ballad Health's community health improvement partners since 2019. They invested in us in our very first year of operation. Ballad has been instrumental in our success, both as a grantor and as a community partner. They have helped us find and grow partnerships furthering our reach and our impact. And beginning next month, we will be partnering with Ballad to offer free birth control to anyone who is uninsured via their new women's mobile health unit. So we'll be taking that mobile health unit out into the community, providing reproductive health to anyone in our region.

With their support, we have provided free birth control to over 750 members of our community,
and we've educated over 5,000 individuals in our community on comprehensive reproductive health education, including pregnancy prevention, STI prevention, consent, healthy relationships, and boundaries.

The vast majority of our clients have no insurance, so we act as payer for all costs. This significant impact would not have been possible without the support of Ballad and their community health improvement partnership.

I just want to say thank you for the opportunity to speak and for your time. That's all I have.

MR. MATHIS: Thank you.

Ginger Carter, and then Leann Horsley after that.

GINGER CARTER: Good evening. My name is Ginger Carter.

I'm an OB-GYN physician who's practiced in Johnson City since 2008. I feel very loyal to this community, having graduated from the Quillen College of Medicine in 2000.

I'm here tonight because I love this community and I love my patients. I want our area to have a robust hospital system, and I want us all
to have access to the best health care possible.

Please hear the voice of this community tonight. It has concerns about our current health care monopoly.

I'm privileged to have been both educated and worked alongside some of the best physicians and nurses in the nation. I began my work in Johnson City very proud of the area's ability to meet the health care needs of my patients, having to rarely refer people outside of the region. Now, it is on a daily basis that I am sadly met with this comment from my patients: Please send me anywhere except a Ballad facility. There are several reasons for this request. And quickly I summarize.

Number one: cost. Just one example is the cost of imaging. Ballad currently has the highest cost to patients on imagings such as mammograms while having some of the oldest mammography equipment at one of their busiest locations in the Tri-State area.

(Interuption; clapping.)

GINGER CARTER: I have reached out to both radiologists as well as Ballad administration about this very subject on numerous occasions. I very much like the radiologists that work at Ballad's facilities. I've grown to trust them over the
years. But I cannot justify sending patients there when their costs are up to three times greater than other freestanding imaging centers.

UNKNOWN FEMALE: That's right.

GINGER CARTER: Now we find the radiologists that work at Ballad also working at these other freestanding imaging centers as well. Physicians know. Patients know.

Number two, three, and four: wait times, quality care, and safety. I think I have an example that will highlight all three of these for the sake of time.

One data point that Ballad will publish is the ER wait times. Data can be manipulated in various ways to show an improvement in ER wait times when in fact the situation has not really changed. In reality, the quality of care has digressed to conditions that just are not deemed safe.

One example that has occurred is initiating medical care in the ER lobby. This care initiated in the lobby is documented to reflect a decreased wait in the ER time. I've sent emails of concerns to administration about the safety issues regarding instances of IV morphine being given in our lobbies on patients who are not being monitored properly,
which goes against national safety standards.

Instead of improving the quality of the situation, a new policy was formed that allows this unsafe practice to continue in the lobby, which is now termed an extension of the ER. It's still a lobby. Physicians know. Patients know.

Instead of solely relying on data submitted by Ballad Health and blindly trusting that data that may have been manipulated to share their narrative, please have a conversation with us. Physicians know. Patients know. This community knows and deserves more options in health care.

Thank you.

MR. MATHIS: Thank you.

Leann Horsley, and then Lisa Haddad after that.


I am the dean of the College of Nursing at ETSU. Our college has had a longstanding history of partnership with Ballad. During my tenure as dean, in fact their collaboration has been increased.

Our college has over 1,300 students, undergrad and graduate. The vast majority of our students have many, if not all, of their clinical
experiences, at Ballad. We share a common goal with Ballad to provide the highest quality evidence-based care to the population in this region. Ballad has invested in nursing and in the nursing workforce development by establishing the Appalachian Highlands Center for Nursing Advancement. We work together to place students in an optimal environment that is safe for our patients. Our students are treated well, and they are given what they need to excel and to develop into professional nurses.

With the national nursing shortage, this impacts also nursing faculty as well. There have been numerous times that nursing leadership at Ballad has assisted the College of Nursing in identifying nurses to serve as clinical instructors, and I know that it's occurring at other schools, for other schools as well.

At ETSU, we really do value the academic clinical partnership that we have with Ballad and look forward to ongoing partnership.

Thank you.

MR. MATHIS: Thank you.

Lisa Haddad, and then Lottie Ryans after that.

I'm the associate dean in the College of Nursing over the graduate programs. I am here tonight to represent the Center for Nursing Advancement. While it operates as one center, it is made up of the Appalachian Highlands Center for Nursing Advancement, which is funded through our clinical partners, Ballad Health. It's also made up of the Tennessee Center for Nursing Advancement, funded through the State of Tennessee. The executive director is Dr. John Nelson, who couldn't be with us this evening.

The mission of the Center for Nursing Advancement is to create an experience and associated data of wellbeing for nurses that promotes recruitment, retention, and ovation along the entire continuum of a career of nursing. To achieve this mission, we have developed four foci which are wellbeing, data, innovation, and the pipeline.

Wellbeing influences all four foci and is currently being assessed in the staff nurses wellbeing in the practice setting. By fall, we'll be starting a study that will look at wellbeing in
faculty, and future studies will include nursing student wellbeing. The studies will all use a thirty-five-item assessment to measure data points, and this data will tell us the story of the nurse. Once we understand wellbeing, we're able to use the data to recruit, retain nurses, students, faculty, and we will use it to improve outcomes and develop curriculum.

The Center for Nursing Advancement is providing support for these studies. It's housed in ETSU College of Nursing, and Dr. Nelson is available and willing to collaborate with our outside partners.

The Centers and the ETSU College of Nursing want to thank Ballad Health for their contributions to the Center and to nursing wellbeing.

Thank you.

MR. MATHIS: Thank you.

Lottie Ryans, and then Melissa Roberts, following.

LOTTIE RYANS: Thank you for allowing public --

I'm Lottie Ryans. L-O-T-T-I-E, R-Y-A-N-S.

Thank you for allowing public input on the results of the COPA, agreed to as part of the Ballad
merger. I am Lottie Ryans, Director of Workforce and Literacy Initiatives for the First Tennessee Development District.

In this role, I create partnerships across the eight counties in Northeast Tennessee that are our service area. The programs and initiatives I focus on are really from birth to retirement. My work is very collaborative, and we work with business and industry, K to twelve, post secondary, government, and the community at large.

While we were lucky to have partnerships with Wellmont and Mountain States pre-merger and specifically around early literacy work and career expiration for eighth through twelfth graders, the work we've been able to facilitate post-merger has increased exponentially in an impact of such countless lives across the region, we are pleased to continue to have the partnerships that have brought career expiration experience to literally tens of thousands of students from middle and high school students from every single county. With a broad base look at recruitment and retention issues, the Ballad HR team has been able to be a key player in two award-winning programs serving students. Rather than the recruitment of medical professionals be a
competition between two health systems, the merged organization can look at issues for the region and look for creative solutions that recognize competition for talent and services isn't within the borders of Northeast Tennessee.

Because of the merger, Ballad was able to create a department of population health to specifically focus on social determinants of health. While there was some focus pre-merger, standing up the department has brought its expertise in focus on critical issues that impact all of us in Northeast Tennessee and Southwest Virginia.

The development district was awarded a $1.3 million Federal Department of Labor grant, and we worked with Ballad's PEERhelp group to serve people ninety days previously released from jail and those in recovery to facilitate Caring Workplaces Rural Opportunities Initiative. More than 220 men and women are now employed through this grant. The FTD team has recruited nearly seventy employers from around the region who have become certified and are willing to hire this non-traditional pipeline.

With the focus the PEERhelp CPRSs are able to give the program participants and the partnership with the FTDD staff to ensure best practices for
employers and participants, this program has received state and national attention as a best practice and the result of lives impacted are tremendous. Seeing lives saved and families restored is an incredibly rewarding aspect of our work.

In 2021, Ballad was a key partner in the $500,000 BCBST foundation grant to bring COVID shots to people around the eight county region. Take a Shot was a regional collaboration with Region AHEAD, and Ballad was the institute that hired the staff who took the green vans on the road to churches, festivals, schools, businesses, and parks, anywhere people were wanting the convenience of immunizations in their community.

Additionally, we have worked with them on a grant for ETSU for a nursing simulator, and they were part of an effort to bring LPN training into high schools.

And finally, another opportunity was a $25 million Tennessee Department of Human Services Award for the TOPI project. The physical agent is the Department of -- is FTD, and Ballad STRONG ACC is the programmatic partner for this grant, only one of seven in the State of Tennessee. And we are
pleased to have been able to have these partnerships
and I believe these are part of the merger.

MR. MATHIS: Thank you.

Melissa Roberts, and Julie Brown is next.

MELISSA ROBERTS: Good evening. My name is
Melissa Roberts. M-E-L-I-S-S-A, R-O-B-E-R-T-S.

I serve as the executor director for
Appalachian Promise Alliance, and I want to thank
you all for your time tonight. I know that there
are a lot of comments that you're hearing, but
opening this floor to these diverse backgrounds and
comments is important.

So I wanted to talk specifically, I know
that we have a lot of health care issues across the
country, and Ballad Health is no -- no different
than other health care across the country. But I
wanted to focus specifically tonight talking about
population health, which is my personal experience
with Ballad.

Since the COPA was enacted, Ballad Health
was tasked with some very complex social problems.
They were tasked with smoking cessation especially
for mothers who smoked during pregnancy; nutritional
health, including increases in breastfeeding;
substance use disorder, which we know that our
region is particularly hard-hit by; maternal child
health, which includes vaccines and increase in
birth weights; and then mental health and access to
mental health.

These are not easy to solve issues. These
are really complex. And so when they started in
2018, Ballad Health decided to take a collective
impact model approach to this. And collective
impact is a model that's used to -- I liken it to
herding cats. We have all of these organizations
that you're hearing from tonight who are doing great
work in our region, who are doing lots of important
things to move the needle on social drivers of
health or social determinants of health. But Ballad
Health came along, their population health
department, and said how do we herd these cats. How
do we align these people along the lines of a common
agenda and common metrics that we can measure
whether or not we're moving the needle on these.

And so just a few of the things that they
have done -- you've heard from Maggie Wood with a
collective health improvement -- or community health
improvement sites, of which Appalachian Promise
Alliance is one, for full disclosure.

Since the inception, they have invested
nearly $6 million, as of 2022, on these CHIs. In year one, they served about 15,000 people in our region. By year three, there were 110,000 people served in our region through these community health improvement sites. There are lots of other places. You've heard about the Peer Recovery. You heard about the community health needs assessment, the Appalachian Highlands Care Network, and then the STRONG ACC, Accountable Care Community, which is required by the COPA. And the Strong Accountable Care Community has brought together 370 partner organizations in the Ballad footprint through the Unite Us network, which allows us to connect our services, but also through data collection. What that data collection does, feeding it back to our CHI sites, it allows us to apply for different grants that haven't been used in this area before to support the work that's going on, new grants, and new funding in Northeast Tennessee and Southwest Virginia.

So thank you all for your time.

MR. MATHIS: Thank you.

Julie Brown, and then Katherine Redwine following.

JULIE BROWN: Hi. I'm Julie Brown.
J-U-L-I-E, B-R-O-W-N, like the color.

I've never done anything like this before.

I've never spoken publicly about anything. Except I'm a teacher, so I do know something about speaking publicly to children. And I'm -- I never expected to do this.

Last Thursday, five days ago, my mother went to Holston Valley Hospital and was subsequently found to have a brain bleed. The doctor immediately began contacting Johnson City. The nurses. They moved to her to ICU. They provided the best care.

There is not a neurosurgeon available in Kingsport. They began to move her, to try to move her to Johnson City so that she could be seen by a neurosurgeon. Tonight, she's still in Holston Valley. And ninety hours later, she has not seen a neurosurgeon. She has been accepted by a neurosurgeon, but there is nowhere for her to go.

Luckily, by an act of God, the bleed has stopped. But you see, my mom and I -- my dad died from a brain bleed in 2016. He had a neurosurgeon beside him forty-five minutes after his arrival to the emergency room.

There is no common sense in moving my critical mother forty-five minutes. That is not a
mere inconvenience. Ninety hours. That is not an
inconvenience. That is gross negligence.
(Interruption; clapping.)
JULIE BROWN: We did not know that Holston Valley did not and does not have a neurosurgeon available. Holston Valley used to have every service, one of the top hospitals here. And anybody you would speak to would say take them to Holston Valley. Right? I'm on that side of the county.
Unfortunately, because she has not seen anyone, she -- the doctors there and the staff there have been amazing. I have no complaints. No complaints about the staff there. It's the system that is broken.
(Interruption; clapping.)
JULIE BROWN: The system is broken, and it's failing our communities. It's failing our doctors. It's failing our nurses. And right now, at this moment, it is failing my mother.
Thank you.
MR. MATHIS: Thank you.
KATHERINE REDWINE: Hello. I'm Katherine Redwine, R-E-D-W-I-N-E.
I have grown up in this area. Most of my life I have lived within twenty-five miles of Kingsport, and I have always been proud of being in this area, and I've always felt I was getting good medical care.

When I decided we -- I married into Scott County, Virginia, and we lived on a farm and we raised a family there while we were working as professionals in Kingsport.

Recently, I decided to move back to Kingsport in 2013. One of the reasons that I bought my condo was because of the proximity to Holston Valley Medical Center. I was getting older and I knew I needed quicker access to health care and I knew that I would get it at Kingsport's two hospitals, in addition to strong community of health professionals at established practices in Kingsport because affiliation with Holston Valley and Indian Path Hospitals was desirable.

But things began to change shortly after Ballad Health took control from Wellmont Health and Mountain States Health Alliance in 2018; thereby forming a monopoly on hospital care in the whole surrounding area. I don't know all the physical details about the hospitals in the consortium, but I
do know that all of the three Tri-Cities had strong hospitals that earned professional accolades and recognition.

In a recent Kingsport Times News Editorial, someone wrote that after decades of expensive one-upmanship competing against each other, Ballad had chosen to have only one Level I trauma center in the region instead of multiple venues and that the complaints against that decision bordered on ridiculous.

Since when in America do we see competition to provide the best services to the customers as illogical, unnecessary, or undesirable?

(Interruption; clapping.)

KATHERINE REDWINE: If it is you or your family who is the customer, you want quality medical service as quickly and as close by as possible. Kingsport's medical services need to provide care to a wide range of citizens from manufacturing to the elder care to the rural communities that depend on Bristol and Kingsport.

Kingsport houses two huge industries -- Eastman and BAE -- both of which deal with volatile materials. A major disaster at either plant would result in a huge number of injuries. If the
patients could survive the trip to Johnson City, the numbers alone could overwhelm any one hospital, whereas if all three Tri-Cities have strong hospitals with Level I trauma centers, the injured could be served in a timely manner by sharing the patient load.

MS. KNECHT: Out of time.

KATHERINE REDWINE: Many accidents that happen in rural areas involve large equipment -- like tractors or trains, mining equipment, trucks -- and time is of the essence, especially when travel to Kingsport alone would take at least thirty minutes, and more than an hour is not unusual. Traveling in addition to -- and traveling to Johnson City would add a minimum of thirty more minutes to travel time.

MR. MATHIS: Ms. Redwine, we appreciate it, but you're out of time. I see you've got your comments. If you would be comfortable submitting those, we will include those comments in the record.

KATHERINE REDWINE: I do feel comfortable. May I give them to you or should I give them to the lady over there?

MR. MATHIS: You can give them to that lady.

Thank you.
KATHERINE REDWINE: Thank you.

MR. MATHIS: Michael Wayland, and Jennifer Ellison following.

MICHAEL WAYLAND: I'm Michael Wayland, W-A-Y-L-A-N-D.

First of all, I want to make it plain that none of my comments are directed to the frontline medical providers. I respect them no matter what hospital, which doctor, whether it's a lab technician, so forth and so on. My comments are directed to what I've seen.

I'm not an expert in anything. I'm a seventy-seven-year-old man. But I've lived in Kingsport for fifty years. I know where we were and I know where we've gone, and it's sad.

When I saw the makeup of the merger of the management, I said Kingsport is in trouble. And I feel like that today. I think a Wellmont person was on the board and he resigned. I have no reason to know why he resigned. But I feel like that Kingsport -- I'm here kind of as an advocate of Kingsport. I don't regret or I don't -- I feel bad that Johnson City has no functions or so forth. But we have gone backwards.

I've had two episodes of medical care. The
1 doctor looked me straight in the eye and said let's
2 face it, you're not going to be diagnosed here. You
3 need to go to a medical center. And they sent me to
4 Wake Forest Baptist. I've never seen such a
5 culture -- from the janitor to the CEO, a wonderful
6 culture. They know you're the patient. And I've
7 not always experienced that.
8
9 I've surveyed some doctors and a couple of
10 EMS drivers about the state of Holston Valley, and
11 it's sad.
12
13 And I want to just leave you a hypothetical
14 question to the Ballad management team, and it's
15 hypothetical: If all your management team had a
16 three generation family -- a wife, children, and
17 grandchildren -- would you use -- if you lived in
18 Kingsport, would you use Holston Valley Medical
19 Center? I think I know the answer to that, and it's
20 sad.
21
22 It's just -- the doctors give me their -- I
23 asked them about what is the status of Holston
24 Valley. I said if I'm putting you in a untenable
25 position not to answer, don't answer. But they
26 answered me: It's not good.
27
28 And the EMS driver, he said I've gone to
29 Holston Valley with patients and I've got two
hours -- I waited two hours and nobody even came out
to check them in. And I just finally took them to
Johnson City.

MS. KNECHT: That's time. Thank you.

MR. MATHIS: Thank you.

Next is Jennifer Ellison, and then Lafe Cook
is after.

JENNIFER ELLISON: Hello. I'm Jennifer
Ellison, E-L-L-I-S-O-N.

Hi. I am here today as the collective
impact director for a nonprofit, the Cocke County
Cradle to Career Coalition. And we exist to support
children in Cocke County on their academic journeys.
We believe that we should do so with a holistic
approach, and part of that includes health outcomes.

Recently, we started a youth anti-vaping
program in our schools, focused mostly at the high
school, and we are grateful to Ballad for their
technical support, their support to different
resources, regional data they are able to use as
comparison.

We are also grateful to Safe Kids of
Northeast Tennessee. They give us resources that we
can share with our families through social media and
through our other programs that helps bring an
awareness to these preventable childhood traumas and other resources that are available in our areas. I'm really nervous. Mostly, though, we are grateful because of the community health improvement programs. It's allowed us to intertwine what we know impacts academics in Cocke County, which is extremely distressed, and so we are grateful for Ballad's support through that. Thank you.

MR. MATHIS: Thank you.

Mr. Cook, and then Lea Anne Spradlen is next.

LAFE COOK: Good evening. My name is Lafe Cook. That's L-A-F-E, C-O-O-K. I'm the band director at Dobyns-Bennett High School in Kingsport. Certainly talking about Ballad's impact on my students' experiences isn't as heavy a topic as most of the other conversations we've had this evening, but I am pleased to share a little bit about my thoughts of the importance the corporate citizens sponsorships have on programs like mine and many other programs in our region.

Some time ago, at really the very beginning of Ballad, the Dobyns-Bennett band got on Ballad's
radar and they became very interested in the communications we have with students about excellence. And one of our missions is to teach kids in our program that anything is possible, it doesn't matter what region you're growing up in, and that benchmarking success based on a national definition of excellence leads to incredible opportunities in growth for students.

These Ballad leaders, many of whom have no background in marching band, also became extraordinarily interested in the health benefits of participation in band. And we've got a strong tradition in high school bands across our entire region, not just in Kingsport and Dobyns-Bennett, but lots of very strong band programs across the whole area. And the Ballad folks recognized that there were both physical and mental health benefits for participation in music for young people.

That recognition eventually led to financial support. And through that support, we've been able to do some pretty meaningful things related to student access. Schools in Northeast Tennessee are economically very diverse, students that come from lots of backgrounds. Band is an expensive activity. Instruments and travel, and some of the
opportunities we're able to provide our kids require meaningful sponsorship.

An example of that was our invitation to perform in the 2020 Tournament of Roses Parade, where Ballad's donation really was the only thing that allowed us to make sure every one of our students participated in the trip, an expensive trip, as you might imagine. And those trips, those experiences for kids are exactly what transforms them, especially those kids who come from economically disadvantaged or low income families where maybe they're not being taught -- this is a generalization -- but often those kids aren't getting the message about what they can achieve and what they can experience. Ballad's donations made those kids' opportunity to travel with us possible.

Ballad's footprint in the region's music education community extends to not just Kingsport, but also school systems around the region. Elizabethton and Johnson City, Sullivan County, Washington County, and Southwest Virginia schools have all benefited from Ballad's sponsorship.

Our region has very few corporate citizens who are either willing to or in the place to make meaningful contributions to arts education in our
region, and I have been thankful that Ballad has been willing to do that, and I am appreciative of the experiences they allowed us to give to students regardless of their background.

Thank you.

MR. MATHIS: Thank you.

Next is Lea Anne Spradlen, and then Travis Staton after that.

LEA ANNE SPRADLEN: Hello. My name is Lea Anne Spradlen, S-P-R-A-D-L-E-N.

I stand here today as a wife, a mother, and an employee of Ballad Health that is in long-term recovery. I've very proud to stand up here today and tell you that Ballad Health hired me without prejudice. Not only with a background but with challenges that I have had previous in my life, they helped out without prejudice and gave me a chance.

I work with the Ballad Health Strong Futures program in Greeneville, Tennessee. I have the privilege and honor of serving mothers and fathers with substance abuse issues and/or mental health. I've had the opportunity, because Ballad gave me the opportunity, to help hundreds of individuals that have substance use disorder find recovery. We've been able to place mothers within our program to
live with their children. We've been able to advocate for them in court to have diverted jail sentences; to be reunified with their children; get supervised visitation, unsupervised visitation; and more importantly, we've been able to help save their lives.

I'm forever grateful that Ballad Health believes in not only taking care of patients and clients, but they believe in taking care of their own, their employees.

I stand up here today to tell you that I am Ballad proud. I am Strong Futures proud. And most of all, I'm proud of myself.

Thank you.

MR. MATHIS: Thank you.

Travis Staton.

TRAVIS STATON: Good evening. Travis Staton, S-T-A-T-O-N, President and CEO of United Way of Southwest Virginia.

I also am not only just a neighbor but I have also had the pleasure of working directly with Ballad Health as one of the two backbones, including Ballad Health, for the Accountable Care Community over the last several years.

The work that is being done by these
organizations that are partnering communities with the support of Ballad Health is so impactful in our community. You're continuing to hear about organizations tonight that come forward and say improvements that we are making to not just look within the hospital walls but outside of the hospital walls in our communities and in our schools and in our other public places and areas that we can bring those partners together.

Over those last few years, we have convened hundreds of organizations to now being member organizations of that Accountable Care Community. And I would say the most unique thing about the organization and the work that we are doing as the STRONG ACC is, again, not just about working to invest and make philanthropic donations to charitable and nonprofit organizations, but Ballad has been investing in the capacity and resources to not only make those investments but bring the leadership and organizations from the private sector, the business sector, the nonprofit sector, the health and human service sector, the school systems, to really listen and know what needs are out there in our community among those population health measures, but how do we bring the right
people together to have that common agenda and move this work forward. And over the last several years, I think that stands for the accomplishments that we have been making, and, again, all the organizations that are involved.

So I'm sure you'll continue to hear that good news and that work that is being accomplished through the support of Ballad Health through the STRONG ACC. But lots of good things there.

Thank you.

MR. MATHIS: Thank you.

It's getting close to time, but we want to get in as many comments as we can.

Betty Ann Polaha.

BETTY ANN POLAHA: Good evening. And thank you for letting me tell you about my humble part in the Ballad Health system.

I consider myself a professional storyteller. Ballad Health invited me and volunteers from the Jonesborough Storytelling Guild to visit hospital rooms offering to tell stories to patients.

When a patient is in the hospital, there is that time after the doctor leaves and before your visitors arrive and you are alone. You can watch
daytime TV, read a book, or play with your phone. They all get old. But then your door opens and there is someone who offers to spend a little time with you and entertain you by telling you a story. It's totally optional. You can say no. But if you choose to listen and find yourself going into the story, you become distracted from thinking about your prognosis, your procedures, and your pain.

I have seen tense-filled faces relaxed. I have experienced patient mood changes. I have watched as patients begin to smile or wonder how the story is going to turn out. I have literally seen pain fade. My observations are not subjective. We storytellers collect data. We record patient pain levels before and after a story. A clinical study was done verifying that eighty percent of patients with pain felt a drop in their pain level after listening to a story. This research received local and international awards. Ballad Health is being innovative in using bedside storytelling as a form of therapy to help their patients.

Storytelling has been used in the Appalachian culture for as long as people have inhabited our mountains and way before pain medications to soothe both emotional and physical
pain. By bringing storytelling, now a science-based tool and something the patient is familiar with, to the bedside, Ballad has instigated a unique way of improving the patient's hospital experience.

Sometimes the story I tell inspires the patient to tell one of his own, and suddenly the two of us are sitting in rockers on the porch and having a good 'ole time. My time with the patient stretches from ten to twenty or even longer.

(Interruption; timer.)

BETTY ANN POLAHA: Their pain and anxiety are forgotten. Sometimes the patient is too sick to listen, and a caregiver is in the room. Family members sitting in the patient's room appreciate a visit. I have even told to patients in hospice.

Storytelling isn't a medical cure, but it can surely make you feel better. As one patient said to me after hearing a story, the pain is still in my head but not in my heart.

Thank you.

MR. MATHIS: Thank you.

So that's 7:00. As stated, we're going to stop there. Thank you all for your comments, your patience, and your consideration for each other.

UNKNOWN FEMALE: Can I ask one question?
The speakers, I think the pro-Ballad speakers were all signed in by one person --

(Interruption; clapping.)

UNKNOWN FEMALE: -- because we got here when Miles Burdine got here, and (inaudible) was waiting for him. So a lot of us did not get to speak because the pro-Ballad speakers, somebody signed them in on the list.

UNKNOWN FEMALE: It's called a filibuster.

UNKNOWN FEMALE: That's exactly correct.

MR. MATHIS: We hear you. We appreciate that. Actually --

UNKNOWN FEMALE: Do you really appreciate it? Because if you did, you'd listen to us.

MR. MATHIS: Yes. Yes, ma'am.

UNKNOWN FEMALE: Because you set it up.

UNKNOWN FEMALE: Yeah, you set it up and then at the last minute put it on Facebook --

UNKNOWN FEMALE: They should not have been allowed to sign up someone else to speak.

UNKNOWN FEMALE: We got here thirty minutes early.

UNKNOWN FEMALE: We got here when Miles Burdine got here. He spoke second. He was not here to sign himself in.
UNKNOWN FEMALE: Yes.

(Interruption; clapping.)

MR. MATHIS: These individuals signed up --

UNKNOWN FEMALE: So I smell a rat.

MR. MATHIS: -- but that's information that we have. But --

UNKNOWN FEMALE: This is your time that we're taking up.

(Interruption; cross-talking in audience.)

MR. MATHIS: Let's remember this: There are lots of people that signed up that are not going to be able to speak, and we know --

UNKNOWN FEMALE: I got here when Miles did. I should have been third.

MR. MATHIS: Please submit your comments in the written manner. Judi told you how on the website.

UNKNOWN FEMALE: But that's not as powerful as it is right here.

MR. MATHIS: But that's the next step.

UNKNOWN FEMALE: Yeah. You can see our faces, and that makes a difference.

MR. MATHIS: That does make a difference, and we appreciate it.
The next step is for the court reporter to transcribe the record. That will eventually be posted. It will probably take a couple of weeks. ( Interruption; cross-talking in audience.)

MR. MATHIS: We're going to take all the written comments, the ones that have been submitted tonight plus any more that you submit through the website, we're going to set the date of Friday, June 23, which is a week from this coming Friday -- now, you can always comment to the Tennessee Department of Health --

UNKNOWN FEMALE: It doesn't include the emotional impact --

UNKNOWN FEMALE: I've done it.

UNKNOWN FEMALE: -- that it's made on our lives.

UNKNOWN FEMALE: I've went to the state --

UNKNOWN FEMALE: Is not portrayed on the paper.

UNKNOWN FEMALE: -- a doctor, a cardiologist that was working on my dad told me to go that route --

MR. MATHIS: We're going to --

UNKNOWN FEMALE: -- because y'all are a
monopoly, and there are --

(Interruption; cross-talking in audience.)

MR. MATHIS: We’re going to close --

(Interruption; cross-talking in audience.)

MR. MATHIS: We’re going to close the comments for this public hearing, and we recognize your interest --

(Interruption; cross-talking in audience.)

MR. MATHIS: -- conduct other public hearings.

(Interruption; cross-talking in audience.)

MR. MATHIS: Thank you much.

(Interruption; cross-talking in audience.)

DR. ALVARADO: I just wanted to thank you all for showing up and --

(Interruption; cross-talking in audience.)

DR. ALVARADO: -- and providing comments.

Thank you so much.

(Interruption; cross-talking in audience.)
DR. ALVARADO: -- moving forward with our oversight. Thank you so much. Have a great evening.

MR. MATHIS: Thank you.

(All written comments retained by Ms. Knecht.)

END OF MEETING.
CERTIFICATE

STATE OF TENNESSEE   )
COUNTY OF KNOX      )

I, Traci K. McClanahan, LCR #072, Licensed Court Reporter, in and for the State of Tennessee, do hereby certify that I reported by stenographic means the foregoing pages, numbered 1 to 85, from a recording, and that the transcript is a true and accurate record to the best of my knowledge, skill, and ability.

I further certify that I am licensed by the Tennessee Board of Court Reporting as a Licensed Court Reporter, and have at all times, up to and including the present, remained in good standing.

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

Witness my hand this date, July 9, 2023.

Traci K. McClanahan, LCR #072
Licensed Court Reporter and Notary Public.
Notary Commission Ex.: 03/07/2026
LCR License Expires: 06/30/2024
$1.3 59:13
$14 36:15
$15 40:13
$2.3 36:14
$25 60:21
$40,000 46:5
$500,000 60:8
$6 63:1

1 32:23
1,300 54:23
110,000 63:3
123 30:9
14th 41:11
15,000 63:2
19 33:20

2 43:7
20 45:22
20.8 33:18
2000 51:22
2007 37:17
2008 51:20
2012 27:17
2013 66:11
2016 64:21
2018 7:11 23:11
62:7 66:22
2019 11:1 33:6
45:14 49:22 50:12
2020 74:4
2021 15:19 37:24
39:14 45:1 60:7
2022 32:23 49:6
63:1
2023 33:6
21 37:17
21st 49:6
220 59:18
224 33:8
28 15:20
28.1 33:19
29.8 33:21

3 33:7
348 28:23 32:19
370 63:11

4 64:17
46.8 30:19

5 51:1
501(3)(C) 36:11
51 35:18
5,6500 28:24
29:11 32:24
5:30 5:3
5th 24:18

7 32:21
750 50:25
7:00 80:22

8 45:25
800 19:22

A
abandoning 40:3
ability 52:7
absolute 46:12
absolutely 9:9
abstinence 50:10
abuse 43:2 75:21
academic 55:19
71:13
academics 72:7
ACC 20:1 60:23
63:9 77:15 78:9
accept 8:2
accepted 64:17
access 6:6 34:13
36:9 49:23 52:1
62:3 66:14 73:22
accidents 68:8
accolades 67:2
accomplished 78:7
accomplishment 46:22 47:18 78:3
Accountable 11:4 63:9,10
76:23 77:12
achieve 56:19
74:14
achieved 22:16,
24:25 46:22
acknowledge 46:21
act 51:7 64:19
active 5:24
activity 73:24
actual 8:23
add 68:15
added 13:25 46:2
47:6
addiction 48:12,
16
addition 44:13,
17,23 66:16 68:14
additional 9:18
Additionally 60:16
administration 40:5 52:22 53:23
admissions 38:13
Advancement 55:7 56:6,8,10,15
57:9
advancing 12:20
advantage 5:13,
25 8:17
adverse 20:11
advertises 30:23
advice 38:21
advocate 11:20
17:19 69:21 76:2
affect 31:7,11
affiliation 23:21
66:18
afford 14:2
affordable 15:3
age 30:18
aged 30:17
agenda 62:18
78:1
agent 60:22
aging 34:6
agreed 57:25
ahead 5:1 49:18
60:10
Alan 26:6 27:9
alcoholism 48:12,16
align 62:17
alignment 11:25
Alliance 61:8
62:24 66:22
allocated 9:13
allowed 9:16
16:24 48:23 72:6
74:6 75:3 81:20
allowing 12:7
17:23 20:8 57:21,
24
alongside 52:5
Alvarado 5:1,4
44:20
AMA 38:24
amazing 32:2
65:12
America 67:11
American 29:18,
19
amount 27:8
anaphylactic 44:14,18,24
and/or 75:21
Angie 21:16 25:7,
9,10 27:25 28:2,
13
Ann 78:14,15
80:11
Anne 72:12 75:7,
9,10
anniversary 37:15
announced 27:9
anti-vaping 71:16
anxiety 37:24
80:11
apartment 49:7
apologize 8:12
Appalachia 10:20,23 11:15

Traci McClanahan, LCR
courtreporter72@gmail.com

Index: $1.3–Appalachia
data-centered 6:8
data-driven 21:21
daughter's 37:15
Davis 18:1 20:15, 16 21:3,4,6
day-to-day 6:3
days 16:11 17:12 26:9,20 59:16 64:7
daylight 79:1
dean 54:19,21 56:3
decades 67:5
December 24:18 26:23 27:3,6
decided 27:7 38:19 62:7 66:6, 10
decision 34:10 40:4 67:9
decisions 6:3 31:8 47:12
decline 9:7
decrease 31:15
decreased 42:18 53:21
Decreasing 31:10
deemed 53:18
definition 73:7
delivery 19:16
demographics 47:9
dental 14:23
denton 44:10
depend 44:1 67:20
deserves 36:17 54:12
design 17:10
desirable 66:19
details 66:25
determinant 11:7
determinants 59:8 62:14
determined 11:6 13:7 45:1
devastatingly 16:3
develop 55:10 57:7
developed 56:19
development 55:5 58:3 59:13
devoted 7:9
diabetes 19:17
diagnosed 70:2
diagnoses 45:19
diagnosis 15:17
died 64:20
differ 13:3
differences 12:24
difficult 6:18 13:21 42:21 47:12,19
digressed 53:17
Dillow 10:7,13,14
diminished 31:5
directed 69:7,11
directly 8:21 76:21
disadvantaged 74:11
disadvantages 7:13
disaster 67:24
disclosure 62:24
discuss 7:12
discussed 43:24
disease 19:16 48:11
disorder 61:25 75:24
disrupting 17:5
distance 32:16

distracted 79:7
distressed 72:8
disturbed 26:4
diverse 61:11 73:23
diverted 76:2
divided 26:14 27:3
Dobyns-bennett 72:16,25 73:14
doctor 20:18 49:1 64:9 69:9 70:1 78:24
doctors 17:13 27:15 41:12 65:11,17 70:8,19
documented 53:21
dollar 46:24
Don 18:1 20:15
Donald 20:16 21:3,4,5
donation 74:5
donations 74:15 77:16
Donnie 32:7 35:4
Donny 35:6
door 8:25 79:2
doors 27:1
double-wide 33:9
dragged 37:24
draw 31:20 38:13
dernge 11:17

E

E L L I S O N 71:9
early 14:13 15:23 58:13 81:22
earned 67:2
east 11:3 35:9
Eastman 67:23
easy 62:5
eat 19:24
eaten 44:3

economically 73:23 74:11
economy 31:8

Editorial 67:4
educated 38:23 39:4 51:1 52:4

education 14:14 49:25 50:2 51:3 74:18,25
effort 60:18
eighth 58:14
eighty 79:16
elder 67:20
election 47:3
eleven 15:20 18:11

Elizabethton 25:21 33:10 74:20

Ellison 69:3 71:6, 8,9
email 41:11
emails 53:22
embarked 13:4
embraced 46:15

emergencies 33:16
emergency 14:3 20:20 34:8 36:19 45:6 64:23

emotional 79:25
employed 59:19
employee 31:15 75:12

employees 18:25 36:15 39:17,24 40:20 76:10

employer 14:20 39:19

employers 59:20

Traci McClanahan, LCR
courtreporter72@gmail.com

Index: data-centered–employers
| partnerships | 50:17 58:4,11,18 61:1 |
| parts | 16:2 |
| passed | 24:6 |
| passion | 46:11 47:16 |
| past | 7:1 34:14 42:8 47:15 |
| patch-and-send | 41:18 |
| Path | 66:19 |
| patience | 80:24 |
| patient's | 80:4,14 |
| pay | 14:2,27,7,13 31:15 36:11,13,14 39:13,16 40:6 |
| payer | 51:7 |
| paying | 32:25 |
| PCU | 26:23 27:2 28:22 34:10 |
| pediatric | 28:10 |
| peer | 49:2 63:6 |
| PEERHELP | 59:15,23 |
| plant | 67:24 |
| Platform | 20:6 |
| play | 79:1 |
| player | 58:23 |
| plays | 6:13 |
| pleased | 58:17 61:1 72:20 |
| pleasure | 76:21 |
| point | 26:10 53:13 |
| points | 57:3 |
| Polaha | 78:14,15 80:11 |
| poles | 16:18 |
| policy | 54:3 |
| poorly | 40:25 |
| porch | 80:7 |
| portal | 8:5 |
| position | 43:2 70:22 |
| post | 24:17 58:9 |
| post-copa | 23:11 |
| post-merger | 58:15 |
| pound | 15:20 |
| practice | 19:3 54:4 56:24 60:3 |
| practiced | 51:19 |
| practises | 44:2 59:25 66:17 |
| Pre-copa | 22:3 |
| pre-covid | 11:1 |
| pre-merger | 58:12 59:9 |
| pre eclampsia | 15:18 |
| prejudice | 75:15,17 |
| prepared | 9:8,23 33:25 |
| preparing | 10:2 |
| President | 76:18 |
| presidential | 47:1 |
| pressures | 47:6 |
| pretty | 14:24 73:21 |
| prevent | 49:22 |
| preventable | 72:1 |
| prevention | 19:17 51:3,4 |
| previous | 75:16 |
| previously | 34:6 59:16 |
| primarily | 42:14 50:8 |
| primary | 42:10 47:9 |
| principles | 19:2 |
| prior | 27:20 28:5 45:22 |
| priority | 22:15 23:3 |
| private | 16:23 17:1,10 77:20 |
| privilege | 75:20 |
| privileged | 52:4 |
| pro-ballad | 81:1,7 |
| problem | 14:17 43:14 |
| problems | 14:4,14 32:3 61:21 |
| procedure | 45:8 |
| procedures | 79:8 |
| process | 6:11,13,22 24:16 42:4,25 |
| prodded | 20:23 |
| produce | 13:8 |
| professional | 45:11 55:11 67:2 78:18 |
| professionally | 47:17 |
| professionals | 58:25 66:9,17 |
| professions | 42:20,22 |
| profit | 42:12,15 43:15 |
| prognosis | 79:8 |
| program | 18:10 48:9,14,18,23 59:24 60:1 71:17 73:4 75:19,25 |
| programmatic | 60:24 |
| programming | 19:17 |
| project | 60:22 |
| projects | 20:10 |
| promise | 34:21 61:8 62:23 |
| promised | 43:4 |
| promotes | 56:17 |
| proper | 42:5 |
| properly | 53:25 |
| proposed | 6:9 |
| prospective | 45:11 |
| proud | 37:23 52:7 66:3 75:13 76:12,13 |
| provide | 5:24,25 14:21 20:4 33:14,25 34:25 39:10 |