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November 25, 2025

VIA EMAIL

Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Ascension Saint Thomas Rutherford Hospital FSED – CN2509-036

Dear Mr. Grant:

This letter provides Vanderbilt University Medical Center's ("VUMC") formal opposition to the Certificate of Need (CON) application submitted by Ascension Saint Thomas Rutherford Hospital ("Saint Thomas Rutherford") seeking approval to establish a free-standing emergency department ("FSED") in Murfreesboro, Tennessee. The proposed project fails to demonstrate need under the State Health Plan, does not materially enhance access to emergency services, and would result in duplicative, higher-cost care inconsistent with consumer benefit.

VUMC is an academic quaternary medical center located in Nashville. In addition to its downtown campus on 21st Avenue, VUMC operates three community hospitals in Lebanon, Shelbyville, and Tullahoma. VUMC also runs outpatient clinics at over 180 locations across the Mid-South and employs over 4,900 clinicians across its footprint. Last year, VUMC provided more than $1 billion in total community benefit and investment to the region. Over the last ten years, VUMC has opened a variety of outpatient clinics and services in Rutherford County including retail health clinics, children's urgent care facilities, children's subspecialty clinics, a pediatric outpatient surgery center, comprehensive cardiology care, behavioral health, and imaging.

The credibility of the Saint Thomas Rutherford FSED's health planning rationales for this project are called into question given Saint Thomas Rutherford's repeated insistence that Murfreesboro is currently well-served and that there is no need for additional healthcare resources in the community. As previously summarized during the hearing on the StoneCrest FSED project at the Commission's September meeting, since August 2020, VUMC has sought CON approval to construct the Vanderbilt Rutherford Hospital ("Vanderbilt Rutherford") in Murfreesboro. Vanderbilt Rutherford will be a located near the intersection of Veterans Parkway and S.R. 840, approximately 9.3 miles and 14 minutes away from the project's primary service area. Vanderbilt

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Rutherford will offer the full spectrum of services generally found in community hospitals including 14 emergency room bays.

Saint Thomas Rutherford has vigorously opposed the Vanderbilt Rutherford CON application since its inception. Saint Thomas Rutherford twice opposed the application before the Commission. In December 2022, Saint Thomas Rutherford appealed the Commission's approval of the Vanderbilt Rutherford CON. After the Commission again approved the Vanderbilt Rutherford CON in February 2024, Saint Thomas Rutherford appealed that decision to the Davidson County Chancery Court, where it continues to contest the need for additional healthcare resources and emergency room services in Murfreesboro. Throughout its opposition, Saint Thomas Rutherford has argued that its hospital-based emergency department has the capacity and capabilities to treat the citizens of Murfreesboro, that residents of Murfreesboro have convenient access to healthcare services, and that population growth in Murfreesboro does not justify expanding healthcare resources. Saint Thomas Rutherford has also continued to argue that there is a severe nursing shortage in Rutherford County and that adding unnecessary services would exacerbate that shortage.

After almost five years attempting to prevent the addition of more emergency room and hospital services in Murfreesboro, Saint Thomas Rutherford now has filed this application, suggesting that portions of Murfreesboro lack geographic access to emergency care. The Commission should be highly skeptical of any such argument given Saint Thomas Rutherford's long-standing position to the contrary.

Moreover, the FSED proposed by Saint Thomas Rutherford is unnecessary, will not enhance the quality or accessibility of healthcare within the community, nor will it provide meaningful benefit to consumers. The application should be denied for the following reasons:

- The Saint Thomas Rutherford FSED does not meet the quality criterion as Saint Thomas Rutherford's existing emergency department is below the 75th percentile on CMS hospital compare quality metrics.

- Saint Thomas Rutherford concedes that its project is not justified based on ED capacity constraints at its main campus. Similarly, Saint Thomas Rutherford does not argue that patients are experiencing excessive wait times when attempting to access emergency services, or that patients are not receiving high quality emergency care today.

  Saint Thomas Rutherford attempts to argue that the proposed service area is "geographically isolated", but this assertion also lacks merit. Saint Thomas Rutherford proposes a service area of three zip codes – East Murfreesboro (37130), Middle Tennessee State University (37132), and Lascassas (37085). However, 89% percent of the service area population and 95% of the service area's emergency room utilization originates from the 37130 zip code. Essentially, this FSED project is designed to serve East Murfreesboro.

But according to the U.S. Department of Housing and Urban Development, the population centroid of 37130 sits only 3.9 miles and 8 minutes from Saint Thomas Rutherford's main campus. By no reasonable definition does a drive time of 8 minutes to access emergency services constitute "geographic isolation" from health care services.

By contrast, the Annals of Emergency Medicine consistently references 30 minutes as a widely accepted benchmark for timely access to emergency care, particularly for ground ambulance driving times. A recent analysis in 2022 further evaluated common patient travel times to emergency departments and concluded that mean travel time to access emergency services is 16.4 minutes in urban areas and 25.9 minutes in rural areas. The current 8-minute drive time for East Murfreesboro patients is clearly well below that mean.

- Even assuming that the Commission was to conclude that the service area has difficulty accessing emergency services, the FSED does little to solve that access gap. The FSED is located only 6.2 miles and 12 minutes away from Saint Thomas Rutherford's main emergency department. As a result, the proposed FSED only improves travel time from the population centroid of East Murfreesboro by 4 minutes. And for the portion of the population that lives on the west side of 37130, those residents will be closer to Saint Thomas Rutherford than the new FSED.

  Moreover, because FSEDs lack inpatient beds and specialty services, the most time-sensitive cases (stroke, STEMI, trauma, sepsis) that present to the FSED will require a secondary transfer to a hospital for definitive life-saving treatment. While FSEDs may be able to stabilize these patients, every transfer step introduces handoffs, transport delays, and additional cost. This becomes particularly problematic when there is already a full-service ED only 8 minutes away at Saint Thomas Rutherford which the applicant contends has low wait times and ample ED capacity.

  When situated so close to a trauma center like Saint Thomas Rutherford, patients are better off traveling directly to the hospital-based ED and not stopping off at an FSED. Not only does this unnecessary delay potentially result in negative patient outcomes, but it also adds additional burden to EMS services which will be required to make multiple transports of severely ill patients, first to the FSED and then to the hospital.

- National analyses show FSEDs located near existing hospitals typically increase ED visits of lower-acuity patients with less serious medical issues – causing residents to use FSEDs in ways that are more like physician offices or urgent care centers. These trends are further confirmed by the typical hospital admission rates for FSEDs which are usually much lower than hospital-based EDs. In essence, the FSED is a duplication of lower acuity care instead of a meaningful expansion of high-acuity emergency capabilities.

> As a result, where FSEDs open, total spending on emergency care typically rises. Treatment costs are generally much higher in FSEDs than in urgent care centers. National multi-state studies have demonstrated that the introduction of FSEDs in most locations cause both an increase in provider costs as well as an increase in patients' out-of-pocket payments. Paying hospital-level facility fees for largely low-acuity visits generally increases the cost of care for consumers.

VUMC appreciates the Commission's attention to this letter, and VUMC respectfully requests that the Saint Thomas Rutherford FSED application be denied.

Sincerely,

BUTLER SNOW LLP

Travis Swearingen

cc: Robert Suggs (via email)