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January 13, 2026

VIA E-MAIL AND U.S. MAIL
(Logan.Grant@tn.gov)

Mr. Logan Grant
Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deadrick Street
Nashville, Tennessee 37243

Re: Bradley Medical Center Opposition to Parkridge Medical Center FSED – CN2511-040

Dear Mr. Grant:

This letter is submitted on behalf of our client, Bradley Medical Center ("BMC") in opposition to the Certificate of Need ("CON") application filed by Parkridge Medical Center ("Parkridge") seeking approval to establish a new freestanding emergency department in Cleveland, Bradley County, Tennessee.

Parkridge's proposed project is not a response to unmet emergency care need in Bradley County. Instead, it is a classic market-capture and feeder strategy designed to expand Parkridge's system footprint, redirect emergency department traffic, and channel inpatient admissions away from Bradley County's existing hospital and toward Parkridge's Chattanooga-area facilities. The application relies on selective data, inflated claims of geographic isolation, and outdated quality assertions while failing to show that the project is necessary to provide needed health care or that it would deliver benefits for consumers.

Specifically, the application should be denied for the following reasons:

- **Parkridge has not demonstrated a need for its proposed duplicative FSED in Bradley County.** Parkridge provides no evidence of the operational stress markers that typically demonstrate need for a duplicative FSED, such as sustained diversion or ambulance off-load delays.

- **The "capacity" and "quality" narrative rests on outdated CMS measures.** Parkridge leans on limited 2024 publicly reported metrics that reflect Tennova's management and do not reflect Vitruvian Health's post-acquisition performance, while BMC's internal data show sustained improvement under Vitruvian's ownership.

- **The FSED does not materially improve access.** The FSED is in Bradley County, only four miles from BMC. It is not materially closer than BMC to Polk County residents.

- **Out-migration to Hamilton County hospitals does not establish a need for the FSED.** Out-migration largely reflects clinically appropriate movement to tertiary/specialty providers; mainly Erlanger. Parkridge receives little of that out-migration, and the FSED will increase unnecessary outmigration for inpatient care available at BMC.

- **The project functions as a feeder to Hamilton County HCA facilities and increases fragmentation**. Parkridge's own assumptions (3.8% admissions; 69% transferred to HCA hospitals) yield hundreds of annual transfers by Year 3, increasing costs and travel burdens while reducing continuity of care.

- **The FSED has no consumer advantage.** The proposed FSED does not add services not already available at BMC, and Parkridge's "access" analysis ends at the FSED door even though they will refer and transfer patients who need inpatient care 28 miles to Chattanooga. Parkridge has higher costs than BMC for patients and health plans.

- **Net harm to consumers and the local healthcare system.** The HCA FSED will divert patients to higher-cost care and harms the county's only hospital, undermining recruitment, service-line stability, and continued capital investment that benefits Bradley County residents.

For these reasons, as detailed further below, and pursuant to Tenn. Code Ann. § 68-11-1609(b) and applicable State Health Plan criteria, the Health Facilities Commission should deny Parkridge's application.

I. BRADLEY MEDICAL CENTER

BMC is a 351-bed regional acute-care hospital and the only hospital and emergency department in Bradley County. BMC has 41 emergency department bays. For over seven decades, BMC has been a cornerstone of the county's healthcare infrastructure, providing comprehensive emergency and inpatient services to residents of Bradley County and surrounding communities.

BMC offers a broad range of acute and specialty services, including an accredited Chest Pain Center and an Orthopedic Joint Center, and serves as a critical access point for emergency, inpatient, and diagnostic care in the region. As the county's only acute-care hospital, BMC has the responsibility to serve all patients regardless of payor status, acuity level, or ability to pay, and functions as an essential anchor for emergency medical services and continuity of care within Bradley County.

The hospital opened in 1952 as Bradley County Memorial Hospital and has continuously operated as the county's only acute-care hospital. In 2005, Community Health Systems, Inc. ("CHS") acquired the facility. On August 1, 2024, ownership of BMC transitioned to Vitruvian Health ("Vitruvian"), a not-for-profit, fully integrated health system serving northwest Georgia and southeast Tennessee. Since acquiring BMC, Vitruvian has made a clear and substantial commitment to strengthening local healthcare delivery. In its first 18 months, Vitruvian has invested more than $133 million in facility modernization, equipment upgrades, and infrastructure improvements at BMC. These investments have supported measurable improvements in clinical capabilities, staffing stability, and the patient care environment.

In addition to its main campus, BMC operates a satellite hospital on its Westside campus in Cleveland, Tennessee. Since purchasing BMC, Vitruvian has planned to expand services on the Westside campus, including resumption of emergency services at that campus with 10 ED treatment rooms. The planning for this project began in or around January 2025. Although BMC does not require a CON to reopen this ED, it does require review and approval by the Division of Licensure and Regulation of the Health Facilities Commission ("HFC"). BMC has started that process. Unlike Parkridge's FSED, BMC's plans provide a convenient local access point for appropriate patients that BMC already serves, while keeping inpatient care local when needed rather than routing patients to Hamilton County.[1]

Under Vitruvian Health, BMC's internal data show improvement across multiple emergency department and inpatient quality indicators. These metrics include reductions in emergency department door-to-provider median turnaround time, admission turnaround time, and improvements in clinical quality measures such as Sepsis three-hour bundle compliance and CT imaging for suspected stroke within 45 minutes. Inpatient quality measures have also improved, including stroke survival rates and acute myocardial infarction survival rates, along with consistent improvement in patient satisfaction metrics. On many of these metrics, BMC is now superior to Parkridge.

[1] In June 2025, BMC and its joint venture partner, Siskin Hospital for Physical Rehabilitation, received HFC approval to open an inpatient rehabilitation hospital at the Westside campus.

II. THE APPLICATION DOES NOT MEET THE NEED CRITERIA.

A. Parkridge's Application Fails to Demonstrate Need for a Duplicative FSED.

Parkridge's application does not demonstrate that the service area requires an additional, duplicative Parkridge FSED to meet emergency care needs.

First, Parkridge does not show the existence of the operational stress indicators typically associated with need for more emergency department capacity. The application has no evidence of sustained ED diversion and no showing that Bradley County patients lack timely access to emergency department services. These omissions are significant. Where there is a true need for more capacity, such indicators are readily identifiable and routinely documented. Their absence weakens Parkridge's claim that current conditions warrant a duplicative FSED based on capacity constraints.

Second, Parkridge's application incorrectly states that Bradley County has "0.88 emergency *rooms* per 100,000 population." (CON App. p. 6 of 32, emphasis added.) However, Parkridge counted only the number of emergency *departments*, not the number of emergency treatment rooms (or "bays") per 100,000 population. Treatment rooms reflect throughput capacity and operational scale. As the table below shows, Tennessee counties of similar population size have a range of emergency treatment-room capacity per 100,000 population, with some higher and some lower, and Bradley County comfortably in the middle:

County	Population	ED Treatment Rooms	Rooms per 1,000 Population	Rooms per 100,000 population
Madison	99,089	75	0.76	75.7
Washington	140,553	61	0.43	43.4
Sevier	101,026	38	0.38	37.6
Bradley	**113,913**	**41**	**0.36**	**36.0**
Maury	116,119	38	0.33	32.7
Blount	144,400	27	0.19	18.7

(Source: University of Tennessee Boyd Center for Business and Economic Research County Population Projections 2025; 2024 Joint Annual Reports.)

Third, Parkridge's critique of BMC's quality is based on CHS's performance and not on Vitruvian's performance. Parkridge based its critique on only three publicly reported CMS metrics for 2024: median wait time, left without treatment, and CT turnaround time for suspected stroke. However, it omitted context that materially affects those measures and their relevance to a need determination. The measures do not account for case-mix differences and can be materially influenced by factors such as inpatient boarding, behavioral health holds, staffing vacancies, and operational transitions. They also ignore the change in ownership in 2024 and the improvements Vitruvian made since.

The publicly reported 2024 data on which Parkridge relies covers months under CHS ownership and the initial months of Vitruvian management before Vitruvian made staffing, capital, and management improvements. Data for 2025 have not been published by CMS. BMC internal data show sustained improvement in metrics for emergency department throughput, clinical quality, inpatient outcomes, and patient satisfaction following the transition to Vitruvian Health. The Commission should not base its decision on data that do not represent the performance of the current BMC owners and managers.

Finally, BMC's planned reopening of emergency department capacity on its Westside campus further underscores why Parkridge has not demonstrated need for a duplicative HCA FSED. Vitruvian's Westside initiative does not seek to "create" demand or recapture market share. It expands convenient access for patients BMC already serves and has served for years, and it does so within an existing, licensed local hospital infrastructure. Because the space and core clinical support functions already exist, the Westside reopening can be implemented at a substantially lower cost than Parkridge's proposed $17 million FSED. It also strengthens local emergency capacity in a manner that is operationally integrated with BMC. Critically, the planned Westside ED reopening supports the public interest in keeping care close to home. Patients who require inpatient admission, specialty evaluation, or follow-on services can remain within Bradley County and within BMC's established continuum of care, rather than entering a model that necessarily increases interfacility transfers and routes admitted patients to Hamilton County.

The Westside ED reopening also complements and supports the clinical development already underway on that campus, including the new inpatient rehabilitation facility, by ensuring timely local emergency assessment and appropriate local disposition. Accordingly, BMC's Westside plans represent a targeted, cost-effective enhancement of emergency access for existing community patients that reinforces the county's established care continuum, whereas Parkridge's proposal adds duplicative capacity through a stand-alone intake site that does not expand local service capabilities and predictably increases out-of-county transfers.

B. Bradley County is not Geographically Isolated from ED Services.

Parkridge also fails to establish need based on geographic access. Parkridge defined a service area consisting of multiple ZIP codes in Bradley County (37311, 37323, 37353, and 37362) and Polk County (37307, 37361, and 37316). Despite invoking Polk County repeatedly, Parkridge does not propose locating the FSED in Polk County. Instead, the project would be in Bradley County, a few minutes' drive time from BMC and its emergency department. The Parkridge project does not increase access to emergency department services for Polk County.

Parkridge asserts that Bradley County is "geographically isolated" because it has only one hospital-based emergency department and the proposed FSED would improve travel times. These assertions are unsupported by the State Health Plan and inconsistent with the actual travel-time data the Parkridge application. As shown by the travel-time analysis summarized below, the proposed FSED would reduce travel time to emergency care by only 4 to 5 minutes for the Bradley County ZIP codes and about 2 minutes for the Polk County ZIP codes. These small differences do not constitute geographic isolation under applicable CON standards.

Service Area	Bradley Medical Center	Proposed FSED	Minutes Closer to FSED
Bradley Portion			
SE Cleveland - 37323	13	8	5
Cleveland - 37311	9	5	4
McDonald - 37353	14	9	5
Old Fort - 37362	22	17	5
Polk Portion			
Benton - 37307	25	23	2
Conasauga - 37316	N/A	N/A	
Ocoee - 37361	18	16	2

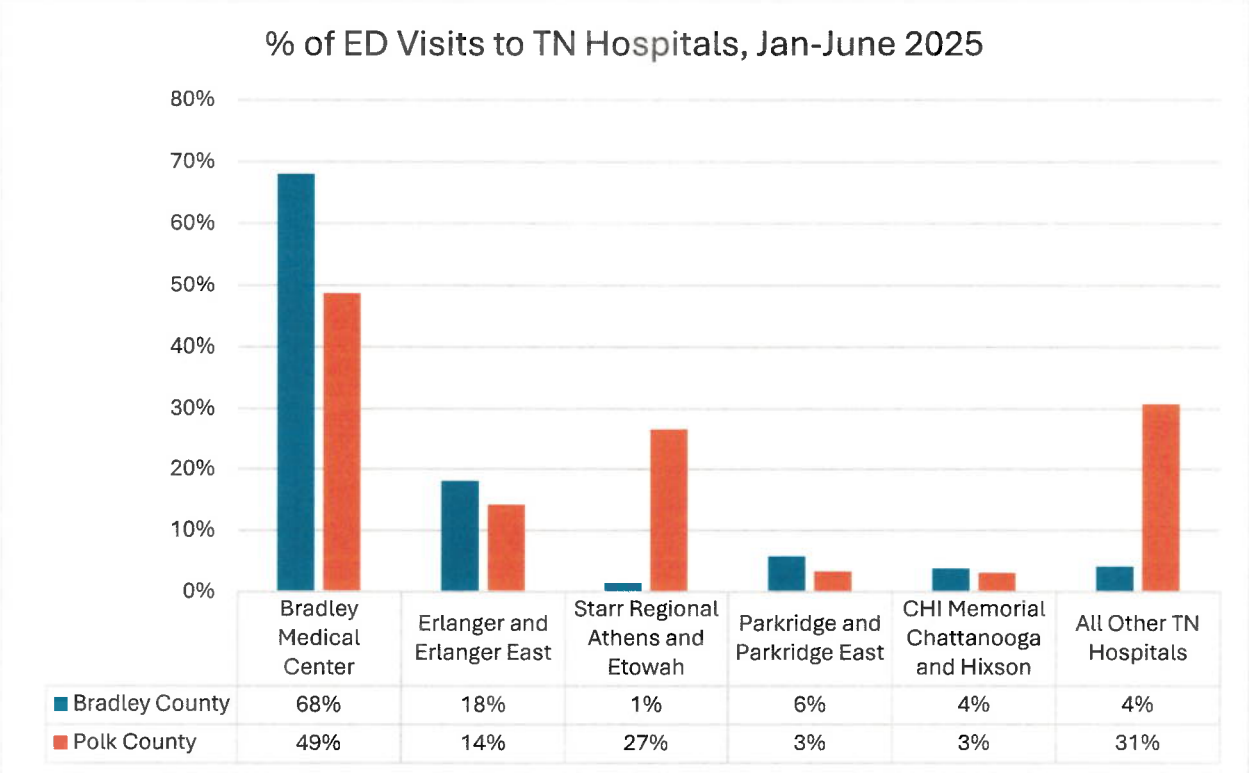
(Sources: U.S. Department of Housing and Urban Development, Zip Code Population Centroids. Google Maps)

Geographic isolation contemplates substantial barriers to access, not incremental convenience. Improvements measured in a few minutes do not show isolation where all affected areas already have reasonable access to an existing emergency department. As the travel-time data confirm, Parkridge's proposal would not meaningfully change access to emergency services for the service area and therefore it does not satisfy the geographic isolation criterion.

C. Parkridge Mischaracterizes Emergency Department Out-Migration and Fails to Show that the Proposed FSED Will Reduce It.

Parkridge relies heavily on emergency department out-migration statistics to support its claim of need, but its application mischaracterizes both the drivers of out-migration and Parkridge's role in receiving those patients. Emergency department out-migration from Bradley and surrounding counties is largely driven by the need for higher-level and specialized inpatient services. Most Bradley County residents who show up in Hamilton County emergency departments do so because they require a level of care BMC does not now provide or they were closer to a Hamilton County hospital than to BMC. Patients requiring tertiary-level care or specialized inpatient services appropriately seek treatment at regional referral centers, including Erlanger Health System, a Level I Trauma Center. This pattern reflects clinically appropriate referral behavior, not a deficiency in local emergency department availability. An FSED cannot provide any services not now provided by BMC and cannot reduce use of Hamilton County emergency departments.

Parkridge's application also states that the proposed FSED is intended to reduce use of its Hamilton County emergency departments by Bradley and Polk County residents. (CON App. p. 7 of 32.) Parkridge claims the proposed FSED will "reduce the capacity challenges experienced by Parkridge EDs." (*Id.*) Nevertheless, the data demonstrates that Parkridge does not receive the majority of out-migrating patients from the service area. Based on patient-origin data reflected in the attached chart:



	Bradley Medical Center	Erlanger and Erlanger East	Starr Regional Athens and Etowah	Parkridge and Parkridge East	CHI Memorial Chattanooga and Hixson	All Other TN Hospitals
Bradley County	68%	18%	1%	6%	4%	4%
Polk County	49%	14%	27%	3%	3%	31%

(Source: Tennessee Hospital Association)

Parkridge implies it is a principal destination for out-migrating emergency department patients from Bradley and Polk Counties and that the proposed FSED would meaningfully "recapture" that volume. First, the table above shows Parkridge captures only a minor share of Bradley and Polk County patients. Second, any patient now transferred to a Hamilton County hospital for a higher level of care will still be transferred. BMC expects the FSED will increase outmigration as HCA transfers patients who need inpatient care to Parkridge who could have been served at BMC.

To summarize, Parkridge's out-migration argument fails to justify a need for the project for two independent reasons: (1) out-migration is driven by demand for higher-level services not offered by an FSED or BMC, and (2) Parkridge is not a primary recipient of out-migrating patients from Bradley and Polk Counties. The proposed FSED would not reduce out-migration and would instead increase inpatient out-migration, further undermining any claim of need under Tennessee CON standards.

III. THE PROPOSED FSED DOES NOT PROVIDE CONSUMER ADVANTAGE.

The Parkridge FSED is not proposing to offer any services that are not already available at BMC. The proposed FSED would not expand the range of acute-care services available within Bradley County; it would simply duplicate emergency department capacity already present.

A central premise of Parkridge's claimed consumer advantage is improved access. But Parkridge's "access" analysis ends at the FSED door and does not measure the travel time and clinical pathway for patients who require definitive acute-care services.

A freestanding emergency department does not provide inpatient care or a full range of hospital outpatient services. It does not have the range of medical specialists available through a hospital emergency department. FSED patients requiring inpatient care or outpatient treatment by a specialist must be transferred to a full-service hospital. Parkridge's main campus is located about 28 miles away in Chattanooga, meaning that for admitted patients, the proposed FSED adds an intermediate stop that increases total travel time to definitive inpatient care.

Parkridge's application projects that 3% to 4% of patients seen at the proposed FSED will require inpatient admission. Specifically, Parkridge represents that 3.8% of HCA FSED visits require inpatient admission and further represents that about 69% of those needing inpatient care are transferred to HCA-owned hospitals. (CON App. p. 1N-51 of 69.) Applying Parkridge's own projections, by year three the project will result in about 282 service-area residents annually being transferred for inpatient care to Parkridge hospitals, rather than receiving inpatient care locally. For these patients, the project likely increases cost to the patient and health plan, increases travel burdens, reduces continuity of care, and separates patients from local support systems. That is not a consumer advantage.

For patients transferred from the FSED to Parkridge's Hamilton County facilities, Parkridge will not provide a higher level of definitive care than is already available at BMC. Parkridge is not a Level I trauma center, and it lacks key specialty service lines and coverage that are routinely implicated in higher-acuity emergency presentations, including ENT, urology, ophthalmology, Gastroenterology, and ED pediatrics—all services which BMC provides.[2] Accordingly, even for the subset of patients sick enough to require admission or transfer, Parkridge is not offering additional capabilities that would justify redirecting Bradley County residents out of the county.

The proposed freestanding emergency department will also function as a limited intake site. Parkridge will likely staff each shift with one emergency physician, and the FSED will not have specialty physicians on site or on call, such as orthopedic surgeons. When a patient presents to BMC with an acute orthopedic injury that requires surgical evaluation, that patient can obtain orthopedic consult and treatment locally. The Parkridge model instead requires the patient to undergo evaluation at the FSED and then travel approximately 28 miles to Parkridge for admission or specialty evaluation.

Finally, any referrals short of a formal transfer will still likely flow to Parkridge-affiliated providers outside Bradley County. So even when care begins locally, follow-up testing, consultations, and ongoing treatment will often pull patients farther from home, which undercuts convenience and continuity of care rather than improving it.

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[2] For pediatric patients requiring inpatient admission, BMC transfers such patients to Erlanger.

The project will divert patients to a higher-cost hospital than BMC, Memorial, or Erlanger. Consumers will not benefit from an FSED that (i) does not add new services, (ii) does not materially improve geographic access to emergency services, and (iii) increases the likelihood that service-area residents will be transferred to a higher-cost, out-of-county facility for inpatient care. The proposed project is simply an attempt to increase Parkridge's market share in the area.

Tennessee CON law requires the Commission to determine whether the effects attributed to competition or duplication would be *positive for consumers*. That analysis necessarily includes system-wide consequences, particularly in a county served by a single acute-care hospital. Emergency departments do not operate in isolation; ED volume helps support hospital fixed costs and the 24/7 staffing infrastructure required to maintain essential services. A duplicative FSED that siphons emergency traffic can adversely affect the financial and operational stability of the community's only hospital, impairing its ability to recruit and retain clinical staff, sustain service lines, and continue capital investment in quality improvements. Consumers do not benefit from a project that places the county's sole acute-care provider at risk and threatens the long-term availability of local inpatient and emergency services. This is particularly important in Bradley County, where Vitruvian Health has made substantial, ongoing investments in BMC's facilities, equipment, staffing, and quality improvement initiatives

Accordingly, the project is not reasonably characterized as an "access" or "capability" expansion. It is a duplication project that, by design, moves patients away from local care without adding corresponding clinical benefit.

IV. CONCLUSION

For the reasons set forth above, Parkridge has not met its burden under Tenn. Code Ann. § 68-11-1609(b). The application does not show unmet need in Bradley County and does not show that the effects attributed to competition or duplication would be positive for consumers. The proposed FSED duplicates services already available through Bradley Medical Center, does not materially improve access to definitive acute-care services, and would increase transfers and travel burdens for patients requiring inpatient admission.

Vitruvian Health has invested substantially in improving and strengthening Bradley Medical Center so that Bradley County residents can receive high-quality emergency and inpatient care close to home. Parkridge's project moves in the opposite direction, creating an additional front door that increases fragmentation and predictably routes admitted patients out of the county to Chattanooga-area facilities.

Accordingly, Bradley Medical Center respectfully requests that Parkridge's application for a Certificate of Need (CN2511-040) be denied. Representatives of Bradley Medical Center will attend the Commission's meeting on January 28, 2026, to oppose the project.

Sincerely,

Warren L. Gooch

WLG:dt

cc: Chris Cosby, President & CEO of Parkridge Medical Center (*via* e-mail chris.cosby@hcahealthcare.com)
M. Clark Spoden, Esq. (*via* e-mail cspoden@gsrm.com)
Jim Christoffersen, Esq. (*via* e-mail jim.christoffersen@tn.gov)

BRADLEY COUNTY COMMISSION
BILL WINTERS, 7TH DISTRICT
Post Office Box 1167
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Fax (423) 728-7161

January 7, 2026

Director Phillip Earhart
Tennessee Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor
Nashville, TN 37243

Examiner Thomas Pitt
Tennessee Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor
Nashville, TN 37243

Re: Opposition to Parkridge Hospital's Certificate of Need Application

Dear Director Earhart and Examiner Pitt:

I am writing to respectfully oppose Parkridge Hospital's application for a Certificate of Need to establish a free-standing emergency room in Bradley County.

In 2024, Bradley Medical Center LLC acquired Tennova Hospital in Bradley County and has since demonstrated a clear and sustained commitment to our community. Bradley Medical Center has proven itself to be a vested and reliable healthcare partner through substantial capital investment, expanded and reinforced clinical capabilities, and a strong focus on physician recruitment and staff retention. Since the acquisition, Bradley Medical Center has added approximately 200 new staff positions and 18 new physicians, strengthening access to care and continuity of services to local residents.

In addition, Bradley Medical Center entered into a collaborative venture with Siskin to provide inpatient rehab beds in Bradley County, an important enhancement that allows patients to receive specialized care closer to home. The hospital has also upgraded equipment and facilities and introduced new services that reflect a thoughtful, long-term investment in the health and wellbeing of our community.

Equally important is Bradley Medical Center's demonstrated performance and quality of care. The hospital has consistently achieved minimal low level clinical findings in its Biennial Lab Joint Commission survey, Triennial Joint Commission survey, and Joint Commission Disease Recertification surveys, including Acute Stroke Ready ED/Hospital Certification. Patient satisfaction has increased by more than twenty percent, and emergency department turnaround times have been significantly reduced. These are tangible outcomes that benefit patients and families in Bradley County.

Given this progress, I firmly believe Bradley Medical Center is on the verge of something truly transformative for healthcare in our community. Introducing a competing free-standing emergency room at this critical juncture risks disrupting the positive momentum that has been built through deliberate investment, collaboration, and demonstrated results. Rather than enhancing access, such an addition could undermine the stability and growth of a provider that has clearly earned the trust and confidence of the community it serves.

For these reasons, I respectfully urge you to deny Parkridge Hospital's application for a Certificate of Need. Bradley County is well served by a hospital that has shown itself to be conscientious, professional, and deeply committed to providing high-quality care closer to home.

Thank you for your time and thoughtful consideration of this matter.

Sincerely,

Bill Winters

Bill Winters

BRADLEY COUNTY COMMISSION
MILAN BLAKE, 3RD DISTRICT
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January 22, 2026

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

Re: Parkridge Hospital Certificate of Need Application

Dear Mr. Grant:

I am writing to express my strong support for Bradley Medical Center and its continued role as the primary provider of hospital and emergency services in Bradley County.

Recently, I submitted a letter supporting Parkridge Hospital's application for a Certificate of Need for a freestanding emergency department based on my long-held belief that competition can be healthy and beneficial. Since that time, I have taken a closer look at the measurable impact Bradley Medical Center has made in our community during its first year of operation, and I believe it is important to clarify my position.

Bradley Medical Center, as a nonprofit hospital, has demonstrated an exceptional commitment to Bradley County. In a relatively short period of time, the hospital has expanded services, strengthened physician networks, and opened an affiliated emergency department nearby, improving access to care for local residents. The hospital now handles 45,000 emergency visits annually, underscoring both its capacity and its importance to the community.

Equally important, Bradley Medical Center has earned recognition from The Joint Commission for quality and safety, reflecting a strong focus on patient outcomes, clinical excellence, and responsible stewardship of healthcare resources. These achievements speak to the hospital's dedication not only to growth, but to high standards of care and long-term sustainability.

While competition can play a role in healthcare, I have come to the conclusion that Bradley Medical Center's proven performance, nonprofit mission, and significant

investments in our community merit continued support. I fully support Bradley Medical Center and its efforts to provide high-quality, accessible healthcare to the citizens of Bradley County.

Thank you for your time and consideration.

Sincerely,

Milan Blake
Chairman, Finance/Budget Committee

Vitruvian Health

1200 Memorial Drive
Dalton, GA 30720
706.272.6000
lamar@lyleind.com

G. Lamar Lyle
Chairman of the Board

January 20, 2026

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

RE: Opposition to Parkridge Freestanding Emergency Department Certificate of Need

Dear Members of the Tennessee Health Facilities Commission:

I write in my capacity as Chairman of the Hamilton Health Care System, d/b/a Vitruvian Health Board of Trustees, in support of Bradley Medical Center and the exceptional progress this not-for-profit hospital has achieved in its first year under Vitruvian ownership. Bradley Medical Center has demonstrated a strong commitment to keeping care local, accessible, and well-coordinated for the citizens of Bradley County.

In a short period of time, the hospital has meaningfully expanded clinical services, strengthened its physician network, and opened an affiliated emergency department nearby—while maintaining continuity of care and stability within the local healthcare delivery system. The emergency department now serves more than 45,000 patient visits annually and has received The Joint Commission's recognition for quality and safety. Importantly, the organization's growth has been guided by community need rather than profit motive. Bradley Medical Center's strategic plan includes reopening ten emergency department beds at the Westside Campus, with renovation plans currently under state review.

Given this substantial momentum and the hospital's active investments in expanding access and capacity, Bradley Medical Center should be afforded the opportunity to continue its development before the introduction of an additional freestanding emergency department in the market. Approval of a new FSED at this time would fragment care delivery, weaken established relationships between patients and local physicians, and increase the likelihood of unnecessary transfers outside Bradley County—even when appropriate care is available locally. Such fragmentation would introduce avoidable costs, delays, and clinical risk, particularly for rural residents, while also undermining recruitment and retention efforts for critical specialists within the community.

Bradley Medical Center remains firmly committed to delivering coordinated, community-based care that prioritizes quality, access, and long-term sustainability. Parkridge's proposal does not align with these objectives. Our communities benefit most from integrated care models—not fragmented services.

Thank you for your thoughtful consideration and for your continued commitment to protecting the health and well-being of Tennessee communities.

Sincerely,

G. Lamar Lyle
Vitruvian Health
Chairman of the Board

Vitruvian Health

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1200 Memorial Drive
Dalton, GA 30720
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VitruvianHealth.com

January 15, 2026

Mr. Logan Grant, Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick St.
Nashville, TN 37243
Email: hsda.staff@tn.gov

Subject: Opposition to Parkridge Freestanding Emergency Department Certificate of Need

Mr. Grant:

As chairman of Vitruvian Health's Finance and Audit Committee, and a member of the Bradley Medical Center Board in Cleveland, Tennessee and Vitruvian Health Board, I am compelled to write to you to request your support in protecting the health in the Bradley County community.

Bradley Medical Center was acquired by Vitruvian Health Care System, a non-profit healthcare system, in August 2024. Since the acquisition, Vitruvian has demonstrated its commitment to keeping patient care accessible and local for the Bradley County community. Bradley Medical Center's emergency department handles more than 45,000 visits annually and has earned recognition from The Joint Commission for quality and safety. Over the past year, the hospital has expanded services, strengthened physician networks, and is in the process of reopening an affiliated emergency department nearby without compromising continuity of care or destabilizing the local healthcare system. Its focus has remained on meeting population needs rather than profit.

The proposed Parkridge freestanding emergency department would fragment services, disrupt relationships between patients and local physicians, and force transfers outside Bradley County, even when care is available locally. This would add unnecessary cost, time, and risk, especially for rural residents, and threaten local practices by making it harder to recruit and retain needed specialists. Parkridge's proposal jeopardizes access to the physicians Vitruvian has worked with Bradley Medical Center to recruit and retain. We believe connection to the community where its patients live and work is the best and most cost-efficient care.

Thank you for your consideration to reject Parkridge's application, so that Bradley Medical Center, a not-for-profit organization, can continue its care to the local community. On behalf of our committee, we sincerely appreciate your attention to this most important matter.

Respectfully,

Rob Estes

Robert K. Estes
Chairman, Vitruvian Health Care System Finance and Audit Committee and
Member of Board of Managers of Bradley Medical Center and
Member of Board of Trustee, Vitruvian Health Care System

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January 5, 2026

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

RE: **Opposition to Parkridge Certificate of Need in Bradley County**

Dear Mr. Grant,

I am writing as a long-time resident of Bradley County who fully supports Bradley Medical Center (BMC). In just a little over a year, BMC has revolutionized healthcare in our city and county. They have not gotten everything perfect yet, but the commitment to the local community is evident in every decision that they make.

With 150,000 or so people in the service area, BMC is well-suited to provide quality care to the residents of Cleveland, Bradley County, and Polk County. I am deeply concerned that the proposed Parkridge freestanding emergency department, if approved, would fragment services, disrupt relationships between patients and local physicians, and force transfers outside Bradley County, even when care is available locally.

While competition is normally a good thing, healthcare is not a competitive arena. By allowing Parkridge to create a freestanding emergency department, it will actually hamper competition and threaten local medical practices by making it harder to recruit and retain needed specialists.

I urge you to reject Parkridge's application and continue supporting the strong, sustainable care offered by Bradley Medical Center. Blessings,

Sincerely,
CHURCH OF GOD BENEFITS BOARD, INC.

Arthur D. Rhodes
President and Chief Executive Officer

OCOEE REGIONAL HEALTH CORPORATION

P.O. Box 308; Benton, TN 37307

January 6, 2026

Executive Director
Tennessee Health Services and Development Agency
502 Deaderick Street, 9th Floor
Nashville, TN 37243

To Whom it May Concern:

As a long-time resident and community leader in Polk County, I am writing to express my strong opposition to the proposed Parkridge Free-Standing Emergency Department (FSED) in our nearby Cleveland and Bradley community. I have lived and served in both these communities through my position as CEO of Ocoee Regional Health Corporation for the past thirty-five years and I want to ensure that our patients and residents have access to high-quality healthcare close to home. While we all value expanded access to care, this proposal does not strengthen local healthcare delivery. Instead, it would fragment services and negatively impact the stability of our physician network and the continuity of care for our residents. Ocoee Regional Health Corporation is a not for profit Community Health Center organization with Federally Qualified sites in both Polk and Bradley Counties. Our mission is to serve the medically underserved. My opposition to HCA's Parkridge Free-Standing ED is with intense concern that our patients will be negatively impacted and not adequately served at this proposed facility.

Receiving care within one's home community is vital for patient outcomes and family support. Transporting patients to Chattanooga for services already available in Cleveland adds logistical and emotional burdens without improving quality or access. Bradley Medical Center currently operates a busy, efficient emergency department serving approximately 45,000 visits annually. With ongoing improvements and potential expansion through a Bradley Medical Center-affiliated FSED, our community's emergency care needs can be met without introducing unnecessary competition that destabilizes local continuity of care and coordination.

Patients treated at a Parkridge FSED who require admission or advanced procedures would be transferred to Parkridge facilities outside Bradley County. Patients would no longer be cared for by local physicians who know their medical history and can provide ongoing follow-up. Instead, they would be referred to Parkridge-affiliated physicians in Chattanooga, creating unnecessary fragmentation and weaken the trusted relationships between patients and physicians.

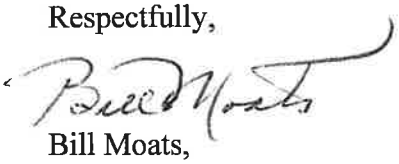
This shift would also harm local physician practices. Specialists in general surgery, cardiology, orthopedics, and other key areas would lose referrals, threatening the viability of services in the market, making it harder to recruit and retain high-quality physicians in Bradley County. A strong local physician

network is essential for sustainable, quality healthcare delivery. This proposal undermines that foundation.

Parkridge's proposed FSED does not enhance access or quality for Bradley County and Polk County residents. Instead, it redistributes care away from local providers, undermining continuity and weakening our physician network. For these reasons, I respectfully urge the Tennessee Health Services and Development Agency to deny Parkridge's application for a Free-Standing Emergency Department in Bradley County.

Thank you for your consideration and for your commitment to protecting the health and well-being of our community.

Respectfully,



Bill Moats,
CEO
Ocoee Regional Health Corporation
6784 Highway 411; POB 308
Benton, TN 37307
423-338-8995 ext. 1212
bmoats@ocoeerhc.com

From: Consuelo Baker
To: Alecia L. Craighead; Lowavia Eden-Hoback; Phillip M. Earhart; Thomas P. Pitt
Subject: FW: [EXTERNAL] FEB 25 CON HEARING
Date: Tuesday, February 17, 2026 9:06:14 AM
Attachments: image001.png

Good morning,

Please see emails below.

Consuelo Baker | Executive Admin Assistant and Human Resources Liasion
Health Facilities Commission
Andrew Jackson Building, 9th Floor
Nashville, TN 37243
p. 615-741-2364
consuelo.l.baker@tn.gov
tn.gov/hsda

From: Carrie Stone <carrieastonern@me.com>
Sent: Tuesday, February 17, 2026 8:47 AM
To: HSDA Staff <HSDA.Staff@tn.gov>
Subject: [EXTERNAL] FEB 25 CON HEARING

Carrie Stone
130 River Crest Ct.
Benton, TN 37307
carrieastonern@me.com

February 16, 2026

Mr. Logan Grant, Health Facilities Commission Executive Director
Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor

502 Deaderick Street
Nashville, TN 37243
Email: hsda.staff@tn.gov

Dear Health Care Facilities Commission,

I strongly oppose the proposed Parkridge freestanding emergency department (FSED) in Bradley County. For almost 13 years, I have served this community as a CRNA, prioritizing access to high-quality, connected care close to home.

While expanding access is important, this profit-driven proposal would fragment services, weaken our physician network, threaten specialty care, and disrupt continuity for residents.

Patients treated at Parkridge's FSED who need admission would be transferred outside Bradley County—even when those services exist locally—adding cost, time, and risk, especially for rural residents. It also severs ties with local physicians who know patients personally. This isn't about profit, this is about population needs and fragmenting what physicians could continue to see patients in Bradley and Polk Counties.

This unnecessary service jeopardizes local practices and critical specialties, making recruitment and retention harder. A strong physician network is essential for sustainable care; this proposal undermines it. Bradley Medical Center, as a not-for-profit, is committed to keeping care local.

Our ER handles 45,000 visits annually, earned Joint Commission praise, and is expanding with an affiliated ED nearby. We are meeting emergency needs without destabilizing the system.

Parkridge's for-profit plan threatens community healthcare and ignores residents' priorities. I urge the Tennessee Health Services and Development Agency to reject this application.

In the one year that Bradley Medical Center has owned the local hospital, it has made great

strides to improve the services, facilities, and resources available to patients in the community.
Bradley Medical Center has a ten year plan that includes many other services. I support
providing Bradley Medical Center's opportunity to continue the excellent improvements
achieved over the last year.
Thank you for protecting the health of our community.
Sincerely,
Carrie Stone, CRNA
Sent from my iPhone

From: Logan Grant
To: Alecia L. Craighead; Phillip M. Earhart
Subject: Fw: [EXTERNAL] Opposition to Parkridge Freestanding Emergency Department in Bradley County
Date: Wednesday, January 7, 2026 11:52:28 AM

Logan Grant
Executive Director
Health Facilities Commission

From: Diana K. Arnold <dlkarnold51@aol.com>
Sent: Wednesday, January 7, 2026 9:40 AM
To: Logan Grant <Logan.Grant@tn.gov>
Subject: [EXTERNAL] Opposition to Parkridge Freestanding Emergency Department in Bradley County

Diana Arnold
3824 Red Cardinal Dr NE
Cleveland, TN. 37312
Dlkarnold51@aol.com
423-284-9711

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

Subject: Opposition to Parkridge Freestanding Emergency Department Certificate of Need

Dear Tennessee Health Facilities Commission:

I am writing as a Bradley County resident who supports Bradley Medical Center and the work this not-for-profit hospital has accomplished in just one year. I have seen firsthand its commitment to keeping care local, accessible, and connected for our community.
In addition, I strongly oppose Parkridge's Free-Standing Emergency Department (FSED) proposal as it would fragment and risk local care.

Bradley Medical Center's emergency department handles more than 45,000 visits annually and has earned recognition from The Joint Commission for quality and safety. Over the past

year, the hospital has expanded services, strengthened physician networks, and opened an affiliated emergency department nearby without compromising continuity of care or destabilizing the local healthcare system. Its focus has remained on meeting population needs rather than profit. In addition, Bradley Medical Center's 10-year plan includes reopening ten (10) emergency room beds at the Westside Campus. The proposed renovation is currently being reviewed by the State. In only a year, Bradley Medical Center, under new ownership of Vitruvian, has accomplished so much with many more services and improvements planned.

The proposed Parkridge freestanding emergency department would fragment services, disrupt relationships between patients and local physicians, and force transfers outside Bradley County, even when care is available locally. This would add unnecessary cost, time, and risk, especially for rural residents, and threaten local practices by making it harder to recruit and retain needed specialists.
Bradley Medical Center is a not-for-profit organization dedicated to the health of this community. Parkridge's proposal does not reflect these priorities and jeopardizes access to the physicians we trust. We want connected care.

I urge you to reject this application and continue supporting the strong, sustainable care Bradley Medical Center provides.

Thank you for protecting the health of our community.

Sincerely,
Diana Arnold
Community Member, Bradley County

From:	HSDA Staff
To:	Consuelo Baker; Lowavia Eden-Hoback; Alecia L. Craighead; Phillip M. Earhart
Subject:	FW: Letter of concern: Parkridge Freestanding Emergency Dept - Bradley County
Date:	Thursday, February 12, 2026 8:58:41 AM
Attachments:	image.png Provider Letter - FSER Bradley County.pdf

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From: Holly Gadd <hgadd@southern.edu>
Sent: Tuesday, February 10, 2026 9:05 PM
To: HSDA Staff <HSDA.Staff@tn.gov>
Subject: [EXTERNAL] Letter of concern: Parkridge Freestanding Emergency Dept - Bradley County

Please see attached letter. Also copied to this email.

Dear Health Care Facilities Commission:

I am writing to express my strong opposition to the proposed Parkridge Freestanding Emergency Department (FSED) in Bradley County. I am a resident of Bradley County and a Nurse Practitioner who works in the Emergency Department (ED) at what is currently Bradley Medical Center (BMC), Vitruvian Health, located in Cleveland, TN – Bradley County. I have served this community at this facility for 23 years, through four hospital name changes, and have been part of the strategic expansions and growth that prioritize access to high-quality, patient-centered care close to home.

Emergency services provided at BMC adequately serve the community and are appropriately supplemented by urgent care, walk-in clinics, primary, and specialty care services. BMC is a full-service acute care hospital facility, so patients seen in the ED can be admitted internally and receive care without being transferred to another facility. Transfers occur only for a minority of patients who have critical needs. All patients treated at the proposed Parkridge FSED who require admission would be transferred outside Bradley County—even when those services exist locally—adding expense, time, risk, and inconvenience especially for rural, elderly, residents and families. Those transfers would result in greater fragmentation of care as patients have trouble with follow-up and unwillingness to return to more distant Parkridge facilities and providers. Referrals back to their own community and providers is unlikely. Patients will lose their important ties to local physicians who are able to provide more accessible home-town healthcare services. This isn't about profit; this is about population needs in the Bradley

and Polk county areas.

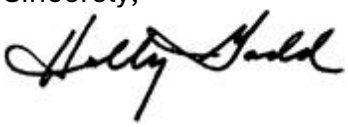
A Parkridge FSED is an unnecessary service that jeopardizes local practices and critical specialties, making recruitment and retention of quality providers harder. A strong physician and provider network is essential for sustainable care; this proposal undermines it.

BMC, as a not-for-profit, is committed to keeping care local. The BMC ED handles 45,000 visits annually and earned Joint Commission praise. In the one year that Vitruvian Health has owned BMC, it has made remarkable strides to improve services, facilities, and resources available to patients in the community. A ten-year strategic plan involves ongoing improvements, expansions that include an affiliated ER nearby, and additional need-based services.

Parkridge's for-profit plan threatens community healthcare and ignores residents' priorities. I urge the Tennessee Health Services and Development Agency to reject this application.

Thank you for protecting the health of our community.

Sincerely,



Holly Gadd, PhD, APRN, FNP-BC
Emergency Department Provider, Bradley Medical Center
Office phone: 423-236-2942
Office fax: 423-236-1940

From: Consuelo Baker
To: Alecia L. Craighead; Lowavia Eden-Hoback; Phillip M. Earhart; Thomas P. Pitt
Subject: FW: [EXTERNAL] FSED application in Cleveland, TN
Date: Tuesday, January 6, 2026 11:01:24 AM

Please see opposition email below.

Consuelo Baker | Executive Admin Assistant and Human Resources Liasion
Health Facilities Commission
Andrew Jackson Building, 9th Floor
Nashville, TN 37243
p. 615-741-2364
consuelo.l.baker@tn.gov
tn.gov/hfc

-----Original Message-----
From: Jack Byrd <jpbyrd1@wingnet.net>
Sent: Tuesday, January 6, 2026 10:24 AM
To: HSDA Staff <HSDA.Staff@tn.gov>
Subject: [EXTERNAL] FSED application in Cleveland, TN

To whom it may concern:

I am a retired physician with 40 years of practice in Cleveland. I have seen much change in the medical climate in that time, and not all for the better. The acquisition of Bradley Hospital by Vitruvian Health from Dalton has, however, been a huge plus for the community. The quality of the hospital has improved and is improving more each day. They are a nonprofit organization and have capital resources that Bradley has not had in the past. They have been very free to invest in our community, and our community care standard has been raised as a result.

The proposed FESD has nothing to recommend it in my opinion. Average wait time in the Bradley Medical ED is less than 15 minutes on average. Integration between in-house physicians and prompt admission (>20% of ED visits require admission) will not be possible at the proposed facility. The only possible reason Parkridge is interested in this project is to move patients from Bradley County to their facility in Chattanooga. To think otherwise is naive. There will necessarily be a delay in any advanced care necessitating some type of ground or air trip to Chattanooga. In cardiac care in particular I only see negatives for the patients of the community. The Bradley STEMI program has been exemplary and very effective. That window of will be shortened and perhaps eliminated if patients have to make an unnecessary stop and journey.

Bradley Medical Center has an opportunity to grow into a tertiary care facility to the betterment of the community if allowed to do so. Cutting us off at the knees by siphoning revenue to Chattanooga will delay and possibly eliminate that opportunity. I am certain Parkridge has no interest in moving charity care to their hospital.

I strongly oppose the establishment of the proposed FESD. I believe it will be another case of patient care sacrificed in the pursuit of corporate profits. We all have seen enough of that.

Thank you.

Sincerely,

Jack Byrd, MD
760 Golfview Drive NW

Cleveland, TN 37312

Janet Griffith
3435 Dogwood Trail NW
Cleveland, Tennessee 37312
miablade@outlook.com

1/19/2026

Mr. Logan Grant, Health Facilities Commission Executive Director

Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
Email: hsda.staff@tn.gov

Dear Health Care Facilities Commission,

I strongly oppose the proposed Parkridge freestanding emergency department (FSED) in Bradley County. For 44 years , I have served this community as a Emergency Department, Critiacal Care and outpatient Cardiology RN, prioritizing access to high-quality, connected care close to home.

While expanding access is important, this profit-driven proposal would fragment services, weaken our physician network, threaten specialty care, and disrupt continuity for residents. Patients treated at Parkridge's FSED who need admission would be transferred outside Bradley County—even when those services exist locally—adding cost, time, and risk, especially for rural residents. It also severs ties with local physicians who know patients personally. This isn't about profit, this is about population needs and fragmenting what physicians could continue to see patients in Bradley and Polk Counties.

This unnecessary service jeopardizes local practices and critical specialties, making recruitment and retention harder. A strong physician network is essential for sustainable care; this proposal undermines it. Bradley Medical Center, as a not-for-profit, is committed to keeping care local. Our ER handles 45,000 visits annually, earned Joint Commission praise, and is expanding with an affiliated ED nearby. We are meeting emergency needs without destabilizing the system.

Parkridge's for-profit plan threatens community healthcare and ignores residents' priorities. I urge the Tennessee Health Services and Development Agency to reject this application.

In the one year that Bradley Medical Center has owned the local hospital, it has made great strides to improve the services, facilities, and resources available to patients in the community. Bradley Medical Center has a ten year plan that includes many other services. I support providing Bradley Medical Center's opportunity to continue the excellent improvements achieved over the last year.

Thank you for protecting the health of our community.

Sincerely,

Janet Griffith, RN

Outlook

[EXTERNAL] Bradley Medical Center

From Jeni Turner <jeniturner5@gmail.com>
Date Tue 12/23/2025 11:41 AM
To HSDA Staff <HSDA.Staff@tn.gov>

On behalf of my hometown and the strong healthcare being provided, please require UHC to return to the negotiation table to come to an agreement. Our community has struggled to have good healthcare because of cost allowances for years- the size and efficiency of this hospital warrants compromise. Our community demands good care for the same price as Parkridge. It's only fair. We shouldn't be required to drive far distances for good healthcare, as we've been made to do for years.

We reject standalone Emergency room because it would incur more costs for transport to follow up care- it would be more cost effective to negotiate with BMC.

Please do what's right and cause no harm to our Cleveland community.

Jeni Turner
Cleveland resident since 1973

From: Logan Grant
To: Alecia L. Craighead; Phillip M. Earhart
Subject: Fw: [EXTERNAL] Opposition to Parkridge Freestanding Emergency Department Certificate of Need
Date: Wednesday, January 7, 2026 11:50:32 AM

Logan Grant
Executive Director
Health Facilities Commission

From: Lindsey Smith Bell <bchsdramaqueen@gmail.com>
Sent: Tuesday, January 6, 2026 9:57 PM
To: Logan Grant <Logan.Grant@tn.gov>
Subject: [EXTERNAL] Opposition to Parkridge Freestanding Emergency Department Certificate of Need

Lindsey Bell
310 Rose Circle
Old Fort, TN
bchsdramaqueen@gmail.com
1/6/2026

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

Dear Tennessee Health Facilities Commission:

I am writing as a Polk County resident who supports Bradley Medical Center and the work this not-for-profit hospital has accomplished in just one year. I have seen firsthand its commitment to keeping care local, accessible, and connected for our community.
In addition, I strongly oppose Parkridge's Free-Standing Emergency Department (FSED) proposal as it would fragment and risk local care.

Bradley Medical Center's emergency department handles more than 45,000 visits annually and has earned recognition from The Joint Commission for quality and safety. Over the past year, the hospital has expanded services, strengthened physician networks, and opened an affiliated emergency department nearby without compromising continuity of care or

destabilizing the local healthcare system. Its focus has remained on meeting population needs rather than profit. In addition, Bradley Medical Center's 10-year plan includes reopening ten (10) emergency room beds at the Westside Campus. The proposed renovation is currently being reviewed by the State. In only a year, Bradley Medical Center, under new ownership of Vitruvian, has accomplished so much with many more services and improvements planned.

The proposed Parkridge freestanding emergency department would fragment services, disrupt relationships between patients and local physicians, and force transfers outside Bradley County, even when care is available locally. This would add unnecessary cost, time, and risk, especially for rural residents, and threaten local practices by making it harder to recruit and retain needed specialists.
Bradley Medical Center is a not-for-profit organization dedicated to the health of this community. Parkridge's proposal does not reflect these priorities and jeopardizes access to the physicians we trust. We want connected care.

I urge you to reject this application and continue supporting the strong, sustainable care Bradley Medical Center provides.

Thank you for protecting the health of our community.

Sincerely,
Lindsey Bell
Community Member, Polk County

Executive Director
Tennessee Health Services & Development Agency
502 Deaderick St. 9th floor
Nashville, TN 37243

1/6/2026

To whom it may concern,

I am writing to express my sincere appreciation for the outstanding care I received during my recent visit on December 4th and 5th to the Emergency Room at Vitruvian' s Bradley Medical Center. From the moment I arrived, every member of the staff demonstrated professionalism, compassion, and a genuine commitment to patient well-being.

The check-in process was efficient and reassuring, and the nurses and medical team made sure I understood each step of my care. They listened carefully to my concerns, explained my treatment clearly, and treated me with respect and kindness throughout my visit. Their calm and attentive approach made what could have been a stressful experience feel manageable and safe.

I was especially impressed by the teamwork and communication among the staff. It was clear that everyone—from the front desk to the medical providers—was dedicated to delivering high-quality care. I left the ER feeling confident in the treatment I received and grateful for the exceptional service provided. I was admitted overnight. I hadn't eaten anything in the last 24 hours, and the nurse brought me a sandwich even though it wasn't mealtime because she overhead me telling my wife I was hungry.

Because of my recent experience at Vitruvian' s Bradley Medical Center I don't see a need for Parkridge to build a free-standing ER for Bradley County.

Sincerely,

Pearson DeVaul

Pearson N DeVaul
110 Greystone Lane SE
Cleveland TN 37323

From:	Consuelo Baker
To:	Alecia L. Craighead; Lowavia Eden-Hoback; Phillip M. Earhart; Thomas P. Pitt
Subject:	FW: [EXTERNAL] Parkridge FSER
Date:	Monday, February 9, 2026 2:59:41 PM
Attachments:	Parkridge FSER.pdf image001.png

Please see email below.

Consuelo Baker | Executive Admin Assistant and Human Resources Liasion
Health Facilities Commission
Andrew Jackson Building, 9th Floor
Nashville, TN 37243
p. 615-741-2364
consuelo.l.baker@tn.gov
tn.gov/hfc

From: Steve Perlaky <steveperlaky@gmail.com>
Sent: Friday, February 6, 2026 7:11 PM
To: HSDA Staff <HSDA.Staff@tn.gov>; Torey Killom <toreykillom@gmail.com>; Fetter, Jeanette <jfetter@vhcs.org>
Subject: [EXTERNAL] Parkridge FSER

February 6, 2026

Steven Perlaky, M.D.

283 West Hills Drive

Chattanooga, TN 37419

Tennessee Health Facilities Commission

Andrew Jackson Building, 9th floor

592 Deaderick Street

Nashville, TN 37243

Hsda.staff@tn.gov

To Whom it May Concern,

I am very opposed to the Parkridge freestanding ER (FSER) proposed for Bradley County. I feel this would be detrimental for several reasons. To begin with, I witnessed a relative who suffered from care at Parkridge, and her children filed a lawsuit and had a judgement for her. At issue was her not being transferred to a facility with a higher level of care, which we feel she could have survived had that happened. As an ER physician, I had heard the saying "once you enter the Parkridge system you never leave". This is relevant to Bradley County, as we have many services and specialists that Bradley Medical Center in Cleveland has recruited to help the community. Imagine you present to the freestanding ER for a heart attack. The patient will likely be transported to Parkridge's main campus and then receive needed intervention. But then they become established with Parkridge's Cardiology, and Cleveland loses them for life. The patient will have an additional drive to and from Chattanooga for their visits. Transporting the patient to Chattanooga will tie up an ambulance for hours, a trip that would not be needed had they come to Bradley Medical Center. This transport is not likely to be free either.

It takes a lot of money to recruit a single physician, and this is a large expense to the hospital system. To continue to support the specialist, a certain patient volume is needed. If these patients are being syphoned off to Chattanooga, the volumes will fall and the specialists will move on. This is where I see the greatest risk to the community. Imagine that if a STEMI was taken to the Parkridge freestanding ER, they will need care elsewhere. This stopover is a delay in care that can cost a life. If they were transported to Bradley Medical Center, they could be in the Cath lab in the time it takes to arrange a transfer and call the ambulance. Another consideration is that if the patient gets transferred to Parkridge in Chattanooga, it is likely that all their future care for years to come will be handled through Parkridge in Chattanooga, not Bradley Medical Center. Bradley Medical Center has made a significant investment in bringing STEMI intervention to the Cleveland Community, something a freestanding ER cannot offer. Many other services, such as orthopedic care, general surgery OB care and other services are immediately available at Bradley Medical Center.

I have heard about issues with United Health Care and Bradley Medical Center. I find it interesting this occurs at the same time the Parkridge issue has come up, with Parkridge making it clear that United Health Care is accepted by them. As one can see with Blue Cross not working things out with Memorial in Chattanooga, Insurance Companies can have a large effect on the market and drive people to certain hospitals. The proposed location at APD 40 and Balckburn road is just a few miles from Bradley Medical Center. Being so close suggests competition, as opposed to altruistically bringing health care to areas further out, such as the Polk County North Carolina line.

Over 20% of the patients we see in the ER are admitted to the hospital. If you are already at the hospital, that is convenient. Patients at a freestanding ER will require transfer, an inconvenience and possible critical delay in definitive care they need.

I personally live in Chattanooga yet come to Bradley Medical Center for medical care due to my confidence in the providers they have. I want to see Bradley Medical Center succeed in their mission which focuses on delivering patient-centered services, including emergency, cardiac, and orthopedic care, while acting as a trusted, local healthcare partner.

There are issues with free standing ER's, including that they bill at the same rate as the hospital-based ER, which is significantly more expensive than an urgent care.

Patients often confuse FSER's with lower cost urgent care and can get bill shock when they receive their bills. Many insurance companies consider FSER's out of network and thus the patient pays even more.

Another point on transfers is imagine having abdominal pain and you find out you have appendicitis. Now you must be transferred by ambulance (another bill), and how fast that can happen is anyone's guess right now. FSER's have no inpatient admissions or immediate access to specialists such as surgeons or cardiologists.

Many FSER visits are for low to moderate intensity issues such as colds, flu, sprains and minor symptoms that could be managed in less urgently in a less expensive setting. Parkridge heavily advertises their low wait times, which may amount to the physician or provider saying hello to meet door to patient times, and be gone until they can actually provide thorough care. the perception of getting in quickly and treated may encourage patients to seek care for more minor issues that could wait. Yet this encouragement to use the facility for convenience is met with a higher cost than urgent or primary care medicine.

By having a FSER so close to the established, hospital-based ER, less severe patients are syphoned off and that can negatively impact the financial stability of Bradley Medical Center, which is required and does provide care for all patients, regardless of their ability to pay.

In conclusion, I do not feel this FSER will benefit the community overall, will add costs to the community, and syphon patients away from the established care that Bradley Medical Center provides, such as emergency heart cauterizations.

Sincerely,

Steven Perlaky, M.D.

423-364-0761

steveperlaky@gmail.com

From: Logan Grant
To: Phillip M. Earhart; Alecia L. Craighead
Subject: Fw: [EXTERNAL] Support Bradley Medical
Date: Wednesday, January 7, 2026 11:55:08 AM

Logan Grant
Executive Director
Health Facilities Commission

From: Susan Shelton (via Google Docs) <drive-shares-noreply@google.com>
Sent: Wednesday, January 7, 2026 10:44 AM
To: Logan Grant <Logan.Grant@tn.gov>
Subject: [EXTERNAL] Support Bradley Medical

Susan Shelton attached a document

Susan Shelton (sshelton@clevelandschools.org) has attached the following document:

Dear Mr. Grant. Please consider this request as representation of my family of five. We have seen first-hand the care provided by these local physicians, nurses and support staff.

Untitled document

Snapshot of the item below:

Susan H. Shelton

1211 Greenwood Trail NW
Cleveland, TN 37312
susanhshelton@gmail.com

January 7, 2026

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

Subject: Opposition to Parkridge Freestanding Emergency Department Certificate of Need

Dear Tennessee Health Facilities Commission:

I am writing as a Bradley County resident who supports Bradley Medical Center and the work this not-for-profit hospital has accomplished in just one year. I have seen firsthand its commitment to keeping care local, accessible, and connected for our community.

In addition, I strongly oppose Parkridge's Free-Standing Emergency Department (FSED) proposal as it would fragment and risk local care.

Bradley Medical Center's emergency department handles more than 45,000 visits annually and has earned recognition from The Joint Commission for quality and safety. Over the past year, the hospital has expanded services, strengthened physician networks, and opened an affiliated emergency department nearby without compromising continuity of care or destabilizing the local healthcare system. Its focus has remained on meeting population needs rather than profit. In addition, Bradley Medical Center's 10-year plan includes reopening ten (10) emergency room beds at the Westside Campus. The proposed renovation is currently being reviewed by the State. In only a year, Bradley Medical Center, under new ownership of Vitruvian, has accomplished so much with many more services and improvements planned.

The proposed Parkridge freestanding emergency department would fragment services, disrupt relationships between patients and local physicians, and force transfers outside Bradley County, even when care is available locally. This would add unnecessary cost, time, and risk, especially for rural residents, and threaten local practices by making it harder to recruit and retain needed specialists.

Bradley Medical Center is a not-for-profit organization dedicated to the health of this community. Parkridge's proposal does not reflect these priorities and jeopardizes access to the physicians we trust. We want connected care.

I urge you to reject this application and continue supporting the strong, sustainable care Bradley Medical Center provides.

Thank you for protecting the health of our community.

Sincerely,

Susan H. Shelton

Community Member, Bradley County/Cleveland

GASTROINTESTINAL ASSOCIATES OF CLEVELAND, P.C.

William F. Buchner, Jr., M.D.
Paul A. Brundage, D.O.
Shelia A. Trew, C-FNP
Kari A. Williams, FNP-C
B. Nick Nakdimen, FNP-BC

January 8, 2026

Mr. Logan Grant, Health Facilities Commission Executive Director

Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
Email: hsda.staff@tn.gov

Dear Health Care Facilities Commission,

I strongly oppose the proposed Parkridge freestanding emergency department (FSED) in Bradley County. For 36 years I have served this community as a gastroenterologist, prioritizing access to high-quality, connected care close to home.

While expanding access is important, this profit-driven proposal would fragment services, weaken our physician network, threaten specialty care, and disrupt continuity for residents. Patients treated at Parkridge's FSED who need admission would be transferred outside Bradley County—even when those services exist locally—adding cost, time, and risk, especially for rural residents. It also severs ties with local physicians who know patients personally. This isn't about profit, this is about population needs and fragmenting what physicians could continue to see patients in Bradley and Polk Counties.

This unnecessary service jeopardizes local practices and critical specialties, making recruitment and retention harder. A strong physician network is essential for sustainable care; this proposal undermines it. Bradley Medical Center, as a not-for-profit, is committed to keeping care local. Our ER handles 45,000 visits annually, earned Joint Commission praise, and is expanding with an affiliated ED nearby. We are meeting emergency needs without destabilizing the system.

2415 Chambliss Avenue NW • Cleveland, TN 37311
(423) 559-2800 • FAX (423) 559-0532

Parkridge's for-profit plan threatens community healthcare and ignores residents' priorities. I urge the Tennessee Health Services and Development Agency to reject this application.

In the one year that Bradley Medical Center has owned the local hospital, it has made great strides to improve the services, facilities, and resources available to patients in the community. Bradley Medical Center has a ten-year plan that includes many other services. I support providing Bradley Medical Center's opportunity to continue the excellent improvements achieved over the last year.

Thank you for protecting the health of our community.

Sincerely,

William F Buchner Jr, MD

William F. Buchner Jr. M.D

gacwfb@bellsouth.net

Zandra Welch
2388 Villa Drive, #5110
Cleveland, TN 37312 **email: zwelch@wbcci.com**

January 6, 2026

Mr. Logan Grant, Health Facilities Commission Executive Director

Tennessee Health Facilities Commission
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
Email: hsda.staff@tn.gov

Dear Health Care Facilities Commission,

I strongly oppose the proposed Parkridge freestanding emergency department (FSED) in Bradley County. For more than 30 years I have served this community in the medical field and appreciate prioritizing access to high-quality, connected care close to home.

While expanding access is important, this profit-driven proposal would fragment services, weaken our physician network, threaten specialty care, and disrupt continuity for residents. Patients treated at Parkridge's FSED who need admission would be transferred outside Bradley County—even when those services exist locally—adding cost, time, and risk, especially for rural residents. It also severs ties with local physicians who know patients personally. This isn't about profit, this is about population needs and fragmenting what physicians could continue to see patients in Bradley and Polk Counties.

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Sincerely,

Zandra L. Welch