HEALTH FACILITIES COMMISSION
JUNE 24, 2026
APPLICATION REVIEW

NAME OF PROJECT:	Sumner Regional Medical Center, LLC
PROJECT NUMBER:	CN2604-010
ADDRESS:	225 Big Station Camp Blvd Gallatin (Sumner County), TN 37066
LEGAL OWNER:	Sumner Regional Medical Center, LLC 555 Hartsville Pike Gallatin (Sumner County), TN 37066
OPERATING ENTITY:	N/A
CONTACT PERSON:	Darcy Schaeffer Research and Planning Consultants (512) 371-8011
DATE FILED:	May 4, 2026
PROJECT COST:	$59,335,000
PURPOSE FOR FILING:	Establishment of an acute care hospital, the initiation of diagnostic and therapeutic cardiac catheterization services and construction/renovation of existing healthcare facilities.

Note to Commission members: This staff review is an analysis of the statutory criteria of Need, Consumer Advantage Attributed to Competition, and Quality Standards, including data verification of the original application and, if applicable, supplemental responses submitted by the applicant. Any Health Facilities Commission Staff comments will be presented as a "Note to Commission members" in bold italic.

PROJECT DESCRIPTION:

This application is for the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center at 225 Big Station Camp Boulevard in Gallatin (Sumner County), Tennessee. The satellite hospital will incorporate the existing free-standing emergency department (which received CON approval and is operational) and will have 28 licensed inpatient acute care beds (twenty-four private medical beds and four

intensive care unit beds), an endoscopy suite, a cardiac catheterization laboratory, two operating rooms and ancillary spaces. The cardiac catheterization laboratory will provide both diagnostic and therapeutic procedures. This project involves the renovation of approximately 41,845 square feet and the construction of 2,705 square feet.

Executive Summary

- If approved, the applicant projects the proposed project will open for service in June 2029.
- The applicant, Sumner Regional Medical Center, known as Highpoint Health – Sumner with Ascension Saint Thomas operates a 167-bed hospital (license #116) located 6.9 miles east of the proposed hospital. The hospital has been in operation in Gallatin (Sumner County) since 1959.
- The project will be developed on the site, Sumner Station, an existing freestanding emergency department which also hosts outpatient imaging, the Capenter Cancer Center, as well as provider clinic offices, which will all remain open after completion of the project.
- Onsite clinic offices include primary care, obstetrics, general surgery, cardiology, gastroenterology, orthopedics, wound care, and endocrinology.
- The proposed facility will include 24 medical/surgical/telemetry beds, and 4 intensive care unit beds serving both adult and pediatric patients.
- The project will include the addition of one cardiac catheterization laboratory, an endoscopy suite, and two operating rooms. The operating rooms will be designed and equipped to provide the same level of care as provided at the host hospital and be accessible to all members of the SRMC medical staff.
- The applicant expects that diagnostic and therapeutic cardiac catheterizations as well as peripheral vascular procedures will be performed in the cardiac catheterization laboratory initially, while electrophysiological studies are not expected to be performed at Sumner Station in the initial years of the proposed project.
- A Certificate of Need application to establish acute care beds at the same location was denied in June 2025 (Sumner Regional Medical Center, CN2504-012D). The applicant states that this application will address the Commission's concerns with the previous application, which included the operation of ICU beds without surgical or cardiac catheterization capacity onsite.
- The project will also establish a licensed 8-bed pediatric care unit, which will be the first of its kind in the proposed service area allowing moderate to low acuity pediatric patients to receive inpatient care closer to home, while the highest acuity pediatric patient will continue to receive inpatient care in tertiary settings in Davidson County.

- Please see Pages 7 & 8 which also includes the project description, ownership, service area, existing similar service providers, project cost, and staffing. Please see Attachment 1N for a more detailed project description as described above

Consent Calendar: □ Yes √ No

- Executive Director's Consent Memo Attached: □ Yes √ Not applicable

Facility Information

- The project site is currently leased by the applicant through an agreement between the landlord, 225 Big Station Camp Boulevard MOB, LLC and the tenant, Sumner Regional Medical Center, LLC.
- The two-story hospital facility and medical office building currently consists of approximately 112,700 square feet. The renovation will involve renovation of approximately 41,845 square feet and construction of an additional 2,705 square feet of new space. See Attachment 10A.
- The project site is approximately 24.57 acres and is bounded by Vietnam Veterans Boulevard (State Highway 386) and Big Station Camp Boulevard in the city limits of Gallatin in Sumner County. See Attachment 12A.
- The facility will have a helipad.

Ownership

- The applicant is owned by Highpoint Healthcare, LLC, a joint venture with 20 percent ownership held by Baptist Health Care Affiliates Inc. (a subsidiary of Saint Thomas Health), and 80 percent ownership held by Highpoint Partner, LLC, an indirect subsidiary of Lifepoint Health Inc.

Project Cost Chart

- The total project cost is $59,335,000. Of this amount, the highest line-item costs of the project are Construction Costs ($35,100,000), Moveable Equipment ($8,843,400); Architectural and Engineering Fees ($4,205,000); Capital Interest ($3,650,000) and Telecommunications ($3,604,000).
- For additional information, please refer to the Project Cost Chart on Page 11 of the original application.

NEED

The applicant provided the following supporting the need for the proposed project**:**

- Population growth in the proposed service area is increasing demand for inpatient care. The proposed project will improve access to care in Sumner County and reduce the need for inpatient transfers out of county.
- The project will establish inpatient pediatric care in a six-county service area that currently lacks any dedicated pediatric units.

- The project will meet the demand for operating room capacity, cardiac catheterizations, endoscopy services, and ICU beds.

SPECIFIC CRITERIA AND STANDARD REVIEW

Acute Care Bed Need:
All applicable criteria and standards were met except for the following:

- Did not meet the standard of **#1. Determination of Need: "the need for hospital beds should be projected four years into the future from the current year. Using the latest utilization and patient origin data from the Joint Annual Report of Hospitals and the most current population projection series from the Department of Health, both by county."** *The bed need formula applied to the service area (Sumner County) results in a surplus of (54) licensed acute care beds and a need for an additional (9) staffed acute care beds. Existing service area acute care hospitals did not exceed 80% staffed occupancy for the past two consecutive years.* ***See Attachment 1NR Acute Care Bed Need Standards and Criteria, Supplemental Attachment "Acute Care Bed Need Projections and Bed Complement Data" Pages 214-217 of the application packet.***

Note to Commission members: Hospital facilities are no longer required to obtain a CON to add beds within existing bed type categories due to statutory changes resulting from the passage of Public Chapter 557 effective October 1, 2021.

Cardiac Catheterization Services:
All applicable criteria and standards were met except for the following:

- Did not meet the standard of **#8. Definition of Need for New Services: "A need likely exists for new or additional cardiac catheterization services in a proposed service area if the average current utilization for all existing and approved providers is equal to or greater than 70% of capacity (i.e., 70% of 2,000 cases) for the proposed service area."** *Based upon three-year weighted average cardiac catheterization data at the service area facilities operating a cardiac catheterization laboratory, Sumner Regional Medical Center and TriStar Hendersonville Medical Center, for 2022-2024, DR#35552634, the facilities did not operate at 70% of capacity. These reports were developed by the Tennessee Department of Health based on hospital claims data utilizing * Cardiac Cath ICD-9, ICD-10, CPT codes and service categories provided by the Bureau of TennCare and the Tennessee Hospital Association. Based on this data, the average three-year utilization of service area catheterization labs of (26.86%) of the optimum utilization standard of 1,400 weighted cases per lab across the five combined cardiac catheterization labs at the facilities.*

Note to Commission members: The applicant has responded to Criterion 8 with HDDS data as required. However, there is a significant discrepancy between the HDDS data and the number of weighted cardiac catheterizations by each facility in the Joint Annual Reports for 2022 – 2024. The data included in the Joint Annual Reports for 2022-2024 Schedule D.D. results in the following average weighted diagnostic and therapeutic cardiac catheterization utilization for the period of 2022-2024. This data was processed by HFC staff for additional context in this summary report. Please note that the data provided by the Tennessee Department of Health, Division of Population Health Assessment is based upon claims data extracted from the Hospital Discharge Data System (HDDS), while the Joint Annual Report Data is self-reported by the reporting entities. HDDS data has typically been regarded as the more reliable of the two data sources for use in the analysis of cardiac catheterization lab utilization.

Weighted Cardiac Catheterization Utilization Sumner County Hospitals
2022-2024 Average *(Joint Annual Report Data)*

Hospitals	# Cath Labs	2022-2024 Avg. Weighted Diagnostic Catheterizations	2022-2024 Avg. Weighted Therapeutic Catheterizations	2022-2024 Avg. Weighted Diagnostic and Therapeutic Catheterizations	Total Diagnostic and Therapeutic Catheterizations per Lab	Utilization per 2,000 Cases (Full Capacity)	Utilization per 1,400 Cases (70% Capacity)
Sumner Regional Medical Center	2	902.2	636.3	1,538.5	769.3	38.4%	54.9%
TriStar Hendersonville Medical Center	2.333	1,247.7	1,905.7	3,153.3	1,351.4	67.5%	96.5%
TOTAL	4.333	2,149.8	2,542.0	4,691.8	1,082.7	54.1%	77.3%

Source: HFC Staff Analysis of Joint Annual Report for Hospitals 2022-2024

If Joint Annual Report data is utilized for the analysis of this criterion, then the average three-year utilization of service area catheterization labs is (77.3%) of the optimum utilization standard of 1,400 weighted cases per lab at Sumner Regional Medical Center and TriStar Hendersonville Medical Center which is a higher utilization rate than reflected in the HDDS data for the same period (28.8%).

See Attachment 1N, Cardiac Catheterization Services Need Standards and Criteria, Pages 11-12, Standard #8.

Construction, Renovation, Expansion, and Replacement of Health Care Institutions:
All applicable criteria and standards were met.

Please see Attachment 1N-Revised for a full listing of the criteria and standards and the applicant's responses.

Service Area Demographics

- The service area for Sumner Station differs by patient population. For adult patients, the service area consists of the home ZIP code for the project site (37066) and four contiguous ZIP codes within a ten-mile radius: 37075 (Hendersonville),

37048 (Cottontown), 37148 (Portland), and 37188 (White House), from which 90% of adult inpatients are projected to originate. The pediatric service area includes Sumner, Macon, Robertson, Trousdale, Smith, and Wilson counties. (*see Attachment 2N for a ZIP Code level map*).

- The target population is the total population of the service area. (*See Attachment 3N).*

Service Area Population 2026-2030 Adults 18+

Service Area County	2026 Population	2030 Population	% Change	2026 Population 18+	2030 Population 18+	% Change 18+	Median Household Income	% Living Below Poverty Level	TennCare %
Sumner County	219,021	232,956	6.4%	170,137	181,341	6.6%	$90,301	8.3%	13.7%
37066 Gallatin	72,205	79,997	10.8%	56,315	63,002	11.9%	$81,614	12.1%	NA
37075 Hendersonville	75,336	77,360	2.7%	58,750	61,108	4.0%	$101,850	6.2%	NA
37148 Portland	26,091	26,665	2.2%	19,975	20,621	3.2%	$81,633	10.8%	NA
37188 White House	21,836	23,582	8.0%	16,845	18,453	9.5%	$90,856	7.6%	NA
37048 Cottontown	7,085	7,307	3.1%	5,593	5,815	4.0%	$100,446	5.2%	NA
ZIP Code Service Area Subtotal	**202,553**	**214,911**	**6.1%**	**157,478**	**168,999**	**7.3%**	**$91,280**	**8.4%**	NA
Tennessee Total	**7,300,003**	**7,513,757**	**2.9%**	**5,722,447**	**5,891,161**	**2.9%**	**$69,595**	**13.5%**	**19.0%**

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by then Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Service Area Population 2026-2030 Pediatrics (0-17)

Service Area County	2026 Population	2030 Population	% Change	2026 Population 0-17	2030 Population 0-17	% Change 0-17	Median Household Income	% Living Below Poverty Level	TennCare %
Sumner County	219,021	232,956	6.4%	48,884	51,615	5.6%	$90,301	8.3%	13.7%
Macon County	27,738	29,126	5.0%	6,739	7,080	5.1%	$59,177	16.0%	25.0%
Robertson County	78,381	81,003	3.3%	18,096	18,720	3.4%	$83,047	9.2%	17.0%
Smith County	20,772	20,956	0.9%	4,517	4,519	0.0%	$66,293	11.6%	19.3%
Trousdale County	12,620	13,025	3.2%	2,521	2,617	3.8%	$72,747	14.5%	17.4%
Wilson County	175,794	191,267	8.8%	40,046	43,596	8.9%	$95,839	7.3%	13.0%
ZIP Code Service Area Subtotal	**534,326**	**568,333**	**6.4%**	**120,804**	**128,146**	**6.1%**	**$77,901**	**8.8%**	**14.9%**
Tennessee Total	**7,300,003**	**7,513,757**	**2.9%**	**1,577,556**	**1,622,596**	**2.9%**	**$69,595**	**13.5%**	**19.0%**

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by then Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

Service Area - Historical Utilization

- The applicant provides the following utilization data demonstrating the ED utilization at its Sumner Station FSED.

Sumner Station ED Visits

Measure	2019	2020	2021	2022	2023	2024	Growth 2019-2024	CAGR 2019-2024
ED Visits	9,285	7,921	10,649	12,712	13,161	13,481	45%	8%
ED Treatment Rooms	8	8	8	8	8	8	0%	0%
Visits per Treatment Room	1,161	990	1,331	1,589	1,645	1,685	45%	8%

Source: CN2604-010, Attachment 1N, Construction & Renovation Standards, Page 11

Sumner Station Inpatient Transfers

Measure	2019	2020	2021	2022	2023	2024	Growth 2019-2024	CAGR 2019-2024
IP Transfers to SRMC	330	252	321	439	559	731	122%	17%
IP Transfers to Other Acute Care Hospitals	232	247	363	408	372	381	64%	10%
IP Acute Care Transfers Total	562	499	684	847	931	1,112	98%	15%

Source: CN2604-010, Attachment 1N, Construction & Renovation Standards, Page 11, CAGR = Compound Annual Growth Rat

Pediatric Inpatient Unit Admissions CY 2025 Service Area Counties

Facility	Macon	Robertson	Smith	Sumner	Trousdale	Wilson	Total
Vanderbilt University Medical Center	58	226	46	429	32	405	1,196
TriStar Centennial Medical Center	4	27	18	50	1	32	132
TriStar Skyline Medical Center	0	2	0	5	0	1	8
All Other	4	1	4	7	0	11	27
Total	**66**	**256**	**68**	**491**	**33**	**449**	**1,363**

Source: CN2604-010, Supplemental 1, Question 14, Page 7, Tennessee Hospital Association Data CY2025. Excludes patients with psychiatric or substance use disorder conditions, as well as all babies (normal newborns and NICU) and labor and delivery

Sumner County Resident Patient Destination for Cardiac Catheterization Procedures CY 2025

Cath Lab Facility	Inpatient	Outpatient	Total	% of Total
TriStar Hendersonville Medical Center	504	108	612	30%
Sumner Regional Medical Center	337	95	432	21%
Facilities Outside of Sumner County	512	465	977	48%
Total	**1,353**	**668**	**2,021**	**100%**

Source: CN2604-010, Supplemental 1, Question 19, Page 10, Tennessee Hospital Association Data CY2025

Historical Licensed Occupancy of Sumner County Acute Care Hospitals 2022-2024

Facility	County	2024 Licensed Beds	Patient Days			Licensed Bed Occupancy			% Change in Patient Days 2022-2024
			2022	2023	2024	2022	2023	2024	
SRMC	Sumner	167	29,545	31,001	39,126	48%	51%	64%	32%
TriStar Hendersonville Medical Center	Sumner	134	33,435	32,551	34,838	68%	67%	71%	4%
Total		**301**	**62,980**	**63,552**	**73,964**	**57%**	**58%**	**67%**	**17%**

Source: CN2604-010, Attachment 1N, Page 15

Historical Staffed Occupancy of Sumner County Acute Care Hospitals 2022-2024

Facility	County	2024 Staffed Beds	Patient Days			Staffed Bed Occupancy			% Change in Patient Days 2022-2024
			2022	2023	2024	2022	2023	2024	
SRMC	Sumner	130	29,545	31,001	39,126	72%	53%	82%	32%
TriStar Hendersonville Medical Center	Sumner	133	33,435	32,551	34,838	74%	73%	72%	4%
Total		**263**	**62,980**	**63,552**	**73,964**	**73%**	**62%**	**77%**	**17%**

Source: CN2604-010, Attachment 1N, Page 15

- 130 of 167 licensed beds were staffed by the applicant, Sumner Regional Medical Center in 2024 reaching (82%) staffed occupancy, increasing substantially (32%) from 2022-2024

Note to Commission members: The applicant provides the following explanation for the significant increase in utilization reported in the JAR in 2024, "SRMC was not accurately recording some observation patients who were actually receiving inpatient care, based on the two-midnight rule in its billing practices or its JARs before 2024. This change moves to an accurate recording of these patients in both SRMC's billing practices and its JARs." See Supplemental #1, Question 21, Page 20.

Applicant's Historical and Projected Utilization

Sumner Regional Medical Center Acute Care Utilization 2022-2024

Utilization	2022	2023	2024	% Growth 2022-2024
Inpatient Admissions	6,744	7,461	9,414	39.6%
Inpatient Days	29,545	31,001	39,126	32.4%
ALOS	4.4	4.2	4.2	-4.5%
Endoscopy Cases	2,461	3,437	1,649	-33.0%
Licensed Beds	167	167	167	0.0%
Bed Days Available	60,955	60,955	61,122	0.3%
Occupancy on Licensed Beds	48.5%	50.9%	64.0%	32.0%

Source: CN2604-010, Application, Page 16

Sumner Station Projected Utilization Acute Care – Year 1 (2029) and Year 2 (2030)

	Year 1 (2029)		Year 2 (2030)	
Sumner Regional Medical Center	**Patients**	**Days**	**Patients**	**Days**
Adult	943	3,974	1,452	6,117
Pediatric	418	1,170	420	1,176
TOTAL	**1,361**	**5,144**	**1,872**	**7,293**

Source: CN2604-010, Attachment 6N-revised

- The applicant details its projection methodology in the following tables and projects its utilization for the first two years (2029-2030) of the project. See (Attachment 6N) for a detailed explanation of the applicants methodology as summarized below:
    1. The applicant applies the calculated compound annual growth rate (CAGR) of admissions and patient days at Sumner Regional Medical Center, based in 2021-2023. The CAGR is applied at (50%) for projection purposes through 2030.
    2. A limited range of Diagnosis Related Group (DRG) Codes are applied to these historical admissions in order to reflect the higher acuity cases that are projected to remain at the main SRMC campus in the first years of the new facilities operation.
    3. A gradual shift from the SRMC main campus is applied (10%) shift in admissions in Year 1 and a (15%) in Year 2.
    4. An (18%) in-migration percentage from area is applied to the total.
    5. See Attachment 6N-2 for a list of diagnosis-related groups (DRGs) appropriate to be served at Sumner Station.

6. Pediatric projections are based on Tennessee Hospital Association (THA) data on pediatric inpatient discharges from residents of the proposed service area counties.
7. A limited DRG set was applied to this historical pediatric population and shifts to Sumner Station of 75% and 50% were assumed for the groups of (Sumner, Macon, and Trousdale counties) and (Robertson, Smith, and Wilson counties) respectively.

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The applicant identifies the following consumer benefits of the project:

- Reduced travel time for patients in need of acute care services.
- Reduced EMS transfers to area acute care hospitals due to the availability on acute care services onsite.
- Higher quality of care resulting from faster placement into inpatient beds where comprehensive care is initiated.
- Reduced costs due to a reduction in inter-facility patient transfers from Sumner Station.
- Improved access for patients covered under some commercial plans such as Blue-Cross S Plans.
- Improved patient experiences resulting from shorter lengths of stay.

Charges

In Year One and Two of the proposed project, the average patient charges per adjusted patient day for the proposed hospital are as follows:

	Historical Data Chart		Projected Data Chart	
	Previous to Most Recent Year (2023)	Most Recent Year (2024)	Year 1 (2029)	Year 2 (2030)
Gross Charges	$12,433	$14,947	$19,108	$20,493
Deduction from Revenue	$10,423	$12,530	$16,729	$18,116
Average Net Charges	$2,010	$2,417	$2,379	$2,377

Source: CN2604-010, Application, Page 24

MS-DRG Case Mix Average Charge Comparison – Sumner Regional Medical Center & TriStar Hendersonville Medical Center

		Sumner Regional Medical Center		TriStar Hendersonville		SRMC as a % of TriStar Hendersonville	
Base MS-DRG	Base MS_DRG Description	Average Charges	Case Mix Index	Average Charges	Case Mix Index	Average Charges	Case Mix Index
872-871	Septicemia or severe sepsis w/o MV 96+ hours	$88,414	1.8353	$99,530	1.8525	88.8%	99.1%
293-292-291	Heart failure & shock	$65,712	1.2722	$76,401	1.2743	86.0%	99.8%
690-689	Kidney & urinary tract infections	$43,996	1.0003	$74,785	0.9990	58.8%	100.1%
282-281-280	Acute myocardial infarction, discharged alive	$68,949	1.3523	$104,100	1.2883	66.2%	105.0%
641-640	Misc. disorders of nutrition, metabolism, fluids/electrolytes	$44,347	1.0139	$71,392	1.0764	62.1%	94.2%
392-391	Esophagitis, gastroent, & misc. digest, disorders	$41,907	0.9104	$70,840	0.9054	59.2%	100.6%
948-947	Signs and symptoms	$71,092	1.0476	NA	NA	NA	NA
312	Syncope & collapse	$43,104	0.8635	NA	NA	NA	NA
192-191-190	Chronic obstructive pulmonary disease	$69,406	1.0369	NA	NA	NA	NA
195-194-193	Simple pneumonia & pleurisy	$63,313	1.1766	$86,041	1.2386	73.6%	95.0%
379-378-377	G.I. hemorrhage	$62,267	1.3176	$72,649	1.4132	85.7%	93.2%
310-309-308	Cardiac arrhythmia & conduction disorders	$34,711	0.7772	$51,673	0.7739	67.2%	100.4%
313	Chest pain	$32,366	0.7236	NA	NA	NA	NA
700-699-698	Other kidney & urinary track diagnoses	$63,030	1.5377	$89,273	1.5699	70.6%	97.9%
179-178-177	Respiratory infections & inflammations	$60,190	1.5166	$85,949	1.6153	70.0%	93.9%

Source: CN2604-010, Application, Attachment 9C, American Hospital Directory (ahd.com) based on Medicare IPPS claims data are for federal fiscal year ending 04/30/2024 for SRMC and 8/31/2024 for TriStar Hendersonville. HFC Staff could not verify the data above due to AHD being a subscription service.

- The applicant compares average charges and cases mixes for base MS DRG groups. Based on the groups selected by the applicant through this data source SRMCs average charges are generally lower (between 58% - 89%) of those listed for TriStar Hendersonville Medical Center.

Project Payor Mix

The applicant's projected payor mix for Year 1 (FY2029) for total gross operating revenue in the amount of $266,030,000 is as follows:

	Percentage of Gross Operating Revenue						
	Medicare	Medicaid	Commercial	Self-Pay	Other		Charity Care
Year 1	55.8%	6.0%	15.4%	5.4%	17.4%		0.7%

Source: CN2604-010, Application, Page 26

- Please refer to Item 10C. in the Consumer Advantage section on Page 26 of the application for additional Payor Mix information.
- The applicant plans to contract with all TennCare Managed Care Organizations including TennCare Select.
- A list of projected contracted commercial and managed care organizations is included in Attachment 2.C.

Agreements

- The applicant has attached a list of its transfer agreements as Attachment 1C.

Staffing

The applicant's Year One proposed direct patient care staffing includes the following:

- 614.2 FTE total positions
- 499.5 FTE direct care positions,
- 106.3 FTE non-patient care positions, and
- 8.4 FTE contractual staff.
- The proposed facility will be part of the medical staff for Sumner Regional Medical Center, and the emergency department will continue to be staffed with board certified and board eligible emergency care physicians.
- Staff specialties available at SRMC include internal medicine, emergency medicine, family medicine, cardiology, gastroenterology, oncology, pediatrics, pulmonology, radiology, orthopedics, obstetrics, neonatology, gynecology, anesthesiology, surgery, neurology, infectious disease, endocrinology, nephrology, wound care, ophthalmology, pain management, plastic surgery, and dermatology.
- The applicant states that pediatric staff will be recruited for the pediatric inpatient unit. Please refer to Item 8Q. on 30-32 of the application for additional details regarding project staffing.

QUALITY STANDARDS

The applicant commits to obtaining and/or maintaining the following:

Licensure	Certification	Accreditation
Health Facilities Commission	Medicare/TennCare	The Joint Commission

Source: CN2604-010, Application, Page 28.

- The proposed hospital will provide inpatient and outpatient services as a satellite of Sumner Regional Medical Center (SRMC).
- The applicant states that it has nearly eliminated diversions from its emergency department at Sumner Station, while exceeding industry goal for staffing and service efficiency.
- Sumner Regional Medical Center is certified as a Level III Trauma Center, maintains American College of Cardiology's (ACC) Chest Pain Center accreditation and the highest designation from the American Heart Association's "Get With the Guidelines".
- The applicant's affiliates at Saint Thomas maintain disease specific certifications through The Joint Commission for stroke and perinatal care.
- The applicant's affiliates with Ascension Saint Thomas Health operates two tertiary hospitals in adjacent Davidson County. The applicant highlights these hospitals' national recognition in cardiac care, stroke care, neonatal care, hip surgery, and cancer care.

Application Comments
Application Comments may be filed by the Department of Health, Department of Mental Health, and Substance Abuse Services, and the Department of Disability and Aging. The following department(s) filed comments with the Commission and are attached:

☐ Department of Health
☐ Department of Mental Health and Substance Abuse Services
☐ Department of Disability and Aging
☒ **No comments were filed**

Should the Commission vote to approve this project, the CON would expire in **three** years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:
Saint Thomas Health and/or Lifepoint Health have ownership interest in this proposed project and also in the following denied, pending or outstanding applications or projects. There are no other Letters of Intent for this applicant.

Denied Applications

Project Name	**Sumner Regional Medical Center, CN2504-012D**
Project Cost	$19,697,000
Denied Date	6/25/2025
Description	The establishment of a 16-bed satellite hospital, under the single license of Sumner Regional Medical Center, at 225 Big Station Camp Boulevard in Gallatin (Sumner County), Tennessee. The proposed satellite hospital will incorporate the existing free-standing emergency department and will operate under one license. The proposed satellite hospital will include twelve private medical beds and four intensive care unit beds, an endoscopy suite, and ancillary spaces. The project will be bed neutral as the sixteen beds are included in Sumner Regional Medical Center d/b/a Highpoint Health – Sumner with Ascension Saint Thomas' current and approved bed distribution. The sixteen beds will be relocated from the main campus (555 Hartsville Pike, Gallatin, Tennessee 37066) to the satellite hospital campus at Sumner Regional Medical Center d/b/a Highpoint Health - Sumner Station with Ascension Saint Thomas (225 Big Station Camp Boulevard, Gallatin, Tennessee 37066). The service area consists of the home ZIP code for the project site (37066) and four contiguous ZIP codes within a ten-mile radius of the site: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House). The applicant will be owned by Highpoint Healthcare, LLC, a joint venture with 20 percent ownership held by Baptist Health Care Affiliates, Inc. (a subsidiary of Saint Thomas Health), and 80 percent ownership held by Highpoint Partner, LLC, an indirect subsidiary of Lifepoint Health, Inc.
Reasons for Denial	This project was denied for failing to satisfy the need criteria.

Pending Applications

Project Name	**Saint Thomas West Hospital d/b/a Saint Thomas Midtown Hospital, CN2605-014**
Project Cost	$23,000,000
Meeting Date	July 22, 2026
Description	The establishment of a freestanding emergency department (FSED) in Mt. Juliet, Wilson County. The FSED will consist of approximately 11,250 square feet with 10 exam rooms, including 1 trauma room, imaging services, lab and associated support space. The address of the project will be an approximately 5.07-acre parcel located at the Southern portion of the Legacy Pointe development, commonly known as Lot 12, near the intersection of Bear Crossing and Legacy Pointe Boulevard, Mt. Juliet (Wilson County), Tennessee 37122. The service area for the project includes three ZIP Codes in Wilson County, TN - 37122 (Mt Juliet), 37090 (Lebanon) and 37080 (Lebanon). The project is owned by Saint Thomas Health.

Outstanding Applications

Project Name	**Ascension Saint Thomas Clarksville Rehabilitation Hospital, CN2508-030A**
Project Cost	$89,496,217
Meeting Date	October 22, 2025
Description	The establishment of a 40-bed inpatient rehabilitation facility (IRF) at an unaddressed site located at Hwy 76, at the NE Quadrant Intersection of Hwy 76 & I-24, Clarksville (Montgomery County), Tennessee 37043. The primary service area for the project consists of Montgomery, Stewart and Houston Counties in Tennessee and Christian, Logan, Todd, and Trigg Counties in Kentucky. The applicant is owned by Clarksville Rehabilitation Hospital, LLC.
Project Status	Project Status Update May 2026: Site planning and facility design under way.
Expiration	December 1, 2028

Project Name	**Sumner Regional Medical Center, CN2506-020A**
Project Cost	**$21,583,185**
Meeting Date	September 24, 2025
Description	The establishment of a freestanding emergency at 3320 Highway 109 N, Lebanon (Wilson County), Tennessee 37087. The service area for the project consists of Wilson County ZIP Codes including (37087 – Lebanon) and two contiguous ZIP Codes: 37090 (Southern Lebanon) and 37122 (Mt. Juliet). The applicant will be owned and operated by Sumner Regional Medical Center, LLC.
Project Status	Project Status Update May 2026: Project continues to move forward. A groundbreaking ceremony is being planned for July 2026. Design team meetings began in June 2026. Construction expected to begin December 2026.
Expiration	November 1, 2028

Project Name	Ascension Saint Thomas Clarksville Hospital, CN2505-015A
Project Cost	$148,500,000
Meeting Date	July 23, 2025
Description	The establishment of a 44-bed acute care hospital located at an unaddressed site on Highway 76 in the northeastern quadrant of the intersection of Highway 76 and Interstate 24 across Highway 76 from Tennessee Orthopedic Alliance's office building, Clarksville (Montgomery County), Tennessee 37043. The project also seeks to initiate diagnostic and therapeutic cardiac catheterization services and a Level II neonatal intensive care unit (NICU). The service area consists of Montgomery County. The applicant will be owned and operated by Saint Thomas Clarksville Hospital, LLC. This entity is wholly owned by Saint Thomas Health ("STH"), which is a regional health ministry of Ascension Health.
Project Status	Project Status Update May 2026: Site planning and facility design under way. Estimated opening dates of December 2028.
Expiration	September 1, 2028

Project Name	Ascension Saint Thomas Rutherford Hospital, CN2509-036A
Project Cost	$19,080,334
Meeting Date	March 25, 2026
Description	The establishment of a freestanding emergency department (FSED) in Murfreesboro, Rutherford County, Tennessee on 2.05 acres. The FSED will consist of approximately 11,250 square feet with 10 exam rooms, including 1 trauma room, imaging services, lab, and associated support space. There will be two canopied entrances, one for the general public and one for emergency vehicles. The address of the project will be an unaddressed site on Highway 96 in the northeast quadrant of the intersection of Highway 96 and East Pitts Lane behind Bethlehem Church of Christ, Murfreesboro, Rutherford County, Tennessee, 37130. The service area for the proposed FSED has been defined as the zip codes 37130 (Murfreesboro), 37132 (Middle Tennessee State University), and 37085 (Lascassas), located within Rutherford County, Tennessee. The applicant is owned by Saint Thomas Health ("STH") which is a member of Ascension Health ("AH").
Project Status	Project Status Update May 2026: In final design period. Zoning approval expected June 2026. Groundbreaking expected later in 2026. Estimated opening dates of August 2027.
Expiration	May 1, 2029

Project Name	Saint Thomas Rutherford Rehabilitation Hospital, CN2502-004A
Project Cost	$91,313,797
Meeting Date	April 23, 2025
Description	The establishment of a 40-bed inpatient rehabilitation facility (IRF) at an unaddressed site at the intersection of Kennedy Drive and Williams Drive, Murfreesboro (Rutherford County), Tennessee 37129. The primary service area for the project is Rutherford County. The secondary service area consists of Bedford, Cannon, Coffee, and DeKalb Counties. The applicant Saint Thomas Rutherford Rehabilitation Hospital, LLC, will be owned and operated as part of a Joint Venture by Saint Thomas Health (a Tennessee non-profit corporation that owns 51% of the LLC) and LPNT IRF Development 82, LLC (Lifepoint Health's wholly owned subsidiary established solely to own 49% of the applicant LLC).
Project Status	Project Status Update May 2026: Finalizing plans and preparing to break ground Summer 2026.
Expiration	June 1, 2028

Project Name	**CSH/LP Behavioral Health and Rehabilitation, CN2409-027A**
Project Cost	$79,986,079
Meeting Date	December 11, 2024
Description	The establishment of a 40-bed rehabilitation facility in Ooltewah. The address of the project will be an unaddressed site on Mountain View Road, Ooltewah (Hamilton County), Tennessee 37363. The service area for the project consists of seven counties from the state of Tennessee: Bradley, Hamilton, McMinn, Meigs, Monroe, Polk and Rhea as well as four additional Georgia counties: Catoosa, Murray, Walker and Whitfield. The applicant is owned by owned by CSH/LP Rehabilitation Holdings, LLC and LPNT IRF Development 76, LLC with an ownership type of Joint Venture and to be managed by CHC Management Services, LLC.
Project Status	Project Status January 2026–The project is currently in the design development phase. Construction Documents were completed and submitted for permitting on 11/30/2025. The permitting and procurement phase will run through 02/28/2026 with construction breaking ground in March 2026.
Expiration	February 1, 2028

Project Name	**Sumner Regional Medical Center, CN2407-019A**
Project Cost	$16,704,501
Meeting Date	October 23, 2024
Description	The establishment of a freestanding emergency department (FSED) located at an unaddressed site at the intersection of North Sage Road and Maiden Road, north of Maiden Road and west of North Sage Road, White House (Robertson County), Tennessee 37188. The service area for the project includes the following nine ZIP Codes: 37075 - Hendersonville (Sumner County); 37048 - Cottontown (Sumner County); 37049 - Cross Plains (Robertson County); 37072 - Goodlettsville (Sumner and Davidson Counties); 37073 - Greenbrier (Robertson County); 37141 - Orlinda (Robertson County); 37148 - Portland (Sumner County); 37172 Springfield (Robertson County); and 37188 - White House (Robertson County). The applicant is owned by Sumner Regional Medical Center, LLC.
Project Status	Project Status Update May 2026: The property has been purchased. The applicant is currently assessing planning efforts.
Expiration	December 1, 2027

Project Name	**Premier Radiology Clarksville, CN2401-001A**
Project Cost	$15,400,407
Meeting Date	March 27, 2024
Description	The establishment of a licensed Outpatient Diagnostic Center ("ODC") and the initiation of fixed MRI services with the acquisition of a fixed MRI. The address of the project will be Unaddressed Lot 2 at the intersection of Chesapeake Lane and Dunlop Lane, across Chesapeake Lane from Premier Medical Group's office building, and across Dunlop Lane 0.6 miles from the entrance drive to the Tennova Healthcare Clarksville hospital, Clarksville (Montgomery County), Tennessee 37040. The service area for the project includes Montgomery County, Tennessee and Christian County, Kentucky. The applicant is owned by Middle Tennessee Imaging, LLC, dba Premier Radiology which is a joint venture between Saint Thomas Health (70%), NOL, LLC (26.1%), and Murfreesboro Imaging (3.9%). NOL, LLC is owned (72.7%) by Radiology Partners, LLC and (27.2%) by unidentified physicians, none of whom owns a 5% or greater interest.
Project Status	Project Status Update May 2026: Finalizing plans and preparing to break ground Summer 2026.
Expiration	May 1, 2026

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent, pending applications, outstanding applications, or denied applications for other health care organizations proposing a related type of service.

TPP (6/15/2026)

CRITERIA AND STANDARDS

Revised
Attachment 1N

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT
OF
HEALTH CARE INSTITUTIONS

1. **Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.**

The Project

This Certificate of Need (CON) application proposes to develop 28 inpatient acute care beds (4 of which are an intensive care unit), 2 operating rooms, an endoscopy room and a cardiac catheterization laboratory ("cardiac cath lab") to create a satellite inpatient hospital at Sumner Station, operating under the Sumner Regional Medical Center (SRMC) license. The CON standards for acute care beds and cardiac catheterization services are discussed in separate sections of this CON application. There are no CON standards applicable to endoscopy services. The project involves renovation of Sumner Station, an existing freestanding emergency department (FSED) and outpatient care site that operates under the SRMC license. Sumner Station is at 225 Big Station Camp Boulevard in Gallatin, Tennessee.

The proposed project will improve access to inpatient and cardiac catheterization services for patients from the Station Camp area who are now receiving services at SRMC. The proposed project includes pediatric services which will enhance geographic access to care for area residents. It will also improve access to emergency medical services (EMS) by reducing the volume of emergency department transfers from Sumner Station to SRMC and other acute care hospitals.

Addition of Services

The proposed project adds 28 acute care inpatient beds at Sumner Station, under the SRMC license. Of these, 24 will be medical/surgical beds and 4 will be intensive care unit (ICU) beds, all located in private rooms. The project adds two operating rooms, one cardiac cath lab, and endoscopy services with associated equipment. These services will enhance the capabilities of the proposed satellite hospital, will allow a broader range of patients to receive definitive care onsite without delay, and the proposed project complements the diagnostic imaging services already available onsite, which include x-ray, bone density, mammography, diagnostic CT, PET CT, MRI, nuclear medicine, ultrasound, and radiation therapy. Support services such as IT, medical staff support, human resources, supply chain/purchasing, public affairs, medical records, staff education, and legal will be provided by SRMC.

The project would introduce pediatric acute care services to the county, improving geographic access to these services. Because pediatric beds are not a separate license type, Sumner Station will have the flexibility to increase or decrease the number of beds available to pediatric patients based on pediatric demand and fluctuating needs due

to seasonal illnesses, including periods of increased utilization associated with respiratory syncytial virus (RSV) and influenza. The availability of local pediatric inpatient services will improve continuity of care by allowing patients to receive evaluation, admission, inpatient treatment, and follow-up outpatient care, thereby reducing the need for interfacility transfers and supporting more coordinated care management.

Additional Medical Equipment

The proposed project adds medical equipment necessary to convert Sumner Station from an FSED to a satellite hospital operating under the SRMC license. The equipment additions are directly tied to the new clinical service lines and inpatient capacity being added to the facility and are essential to the safe and effective operation of the proposed satellite hospital. The equipment additions have been reviewed and approved through SRMC's internal planning process and are consistent with the scope and scale of the proposed satellite hospital. The total budgeted cost for medical equipment is about $9,191,000, which includes all fixed and moveable equipment necessary for the new inpatient units, surgical services, cardiac catheterization laboratory, endoscopy suite, and supporting ancillary departments. Attachment 1N-1 is a detailed equipment list. The equipment budget reflects current market prices and includes applicable freight, inflation, and sales tax adjustments.

Equipment for Inpatient Units

The 24-bed medical/surgical/telemetry unit and 4-bed ICU will have bedside monitoring equipment, critical care beds, and infusion pumps, and will be connected to a central monitoring station. Telemetry monitoring will be done remotely from SRMC's main campus, leveraging existing monitoring infrastructure and allowing for efficient 24/7 oversight of patients at both facilities. The ICU will have physiologic bedside monitors, critical care beds, and a central nursing station monitor to support the management of critically ill patients.

Equipment for Surgical Services

The two proposed operating rooms will have surgical tables, surgical lighting systems, anesthesia machines with integrated monitoring, electrosurgical units, equipment and anesthesia booms, video towers with rigid endoscopes, and a mobile C-arm for intraoperative imaging. The sterile processing department (SPD) adjacent to the operating rooms will have steam sterilizers, a low-temperature sterilizer, an ultrasonic cleaner, and a washer/disinfector to support instrument reprocessing. The equipment budget has a full instrument allowance for handheld and power instruments.

Equipment for the Endoscopy Suite

The endoscopy suite will have six flexible endoscopes, a video tower, an electrosurgical unit, an anesthesia machine, a washer disinfector, and a leak tester, among other supporting equipment. A dedicated decontamination area with a reprocessing sink and cabinet storage for flexible endoscopes will ensure instrument reprocessing in accordance with all applicable infection control standards. The suite will also have a pre/post recovery area equipped with bedside monitors, stretchers, medication dispensing units, and a crash cart.

Cardiac Catheterization Laboratory

The cardiac catheterization laboratory will have a fixed imaging system, an aortic balloon pump, a thrombectomy system, a diagnostic ultrasound unit, an angiographic injector, a whole blood oximeter, lead aprons and radiation shielding, a mobile lead shield, and all supporting equipment necessary to perform diagnostic catheterizations and interventional radiology procedures. The laboratory will also have a medication dispensing unit, defibrillator, external pacer, pacer/programmer, and an activated clotting time unit.

Laboratory

The existing laboratory at Sumner Station will be expanded and upgraded to support the inpatient and outpatient testing needs of the proposed satellite hospital. The current laboratory was sized and equipped for the FSED and other outpatient population and will require equipment additions to meet the demands of the proposed inpatient service lines. Additional equipment will include a chemistry analyzer, immunoassay analyzer, hematology analyzer, blood culture analyzer, blood bank analyzer, nucleic acid analyzer, microbiology analyzer, blood gas point-of-care analyzer, and cryostat microtome, along with all associated centrifuges, refrigerators, and support equipment. A reagent-grade water treatment system will be installed as fixed equipment. The expanded laboratory will have dedicated sections for blood bank, chemistry, hematology, microbiology, and urinalysis, and will support the testing requirements of the medical/surgical/telemetry unit, pediatric unit, ICU, operating rooms, cardiac cath lab, and endoscopy suite.

Pharmacy

The expanded pharmacy will have a narcotic medication dispensing system, unit dose packaging system, isolation chamber for non-hazardous drug compounding, ultra-low freezers, pharmaceutical refrigerators, and a pharmacy shelving system. Each clinical care area will have a medication dispensing unit to support safe and efficient medication administration.

Background

In 1957 the need for better healthcare for Sumner County residents and the surrounding areas caused the General Assembly to create the Sumner County Hospital Commission. The commission developed Sumner Regional Memorial Hospital, built with Hill-Burton funds and a county bond issue. Sumner Regional opened in December 1959 with 54 beds and 12 bassinets. As it grew and expanded its scope of service, the hospital was renamed Sumner Regional Medical Center (SRMC). On December 1, 1994, Sumner County transferred the operation of the medical center to Sumner Regional Health Systems, Inc. (SRHS), a Tennessee private, not-for-profit corporation.

As the community grew, SRMC continuously improved its services and programs to meet the changing needs of Gallatin, Hendersonville, and the surrounding areas. In 1995, the Sumner Medical Plaza was added to the SRMC campus. The plaza houses Highpoint Health Wound Care, physician practices, and the first cancer treatment center in Sumner County. It also has a state-of-the-art renal dialysis center. In 2019, SRMC received Level III trauma

center status from the Tennessee Department of Health. Today, SRMC (formally known as Highpoint Health – Sumner with Ascension Saint Thomas) is a 167-bed hospital that provides quality care including cancer treatment, cardiac care, same-day surgery, orthopedics, diagnostics, women's health, and rehabilitation services.

SRMC opened a freestanding emergency department (FSED) at Sumner Station in 2017 with eight treatment rooms. The FSED provides emergency and outpatient services, including laboratory services and medical imaging onsite. Before the FSED opened in 2017, the Sumner Station campus was already home to Highpoint Health Imaging for Women and the Highpoint Health Diagnostic Center. Sumner Station is also home to Carpenter Cancer Center, which has a linear accelerator, a PET CT scanner, a nurse navigation program, and support groups for patients undergoing cancer treatment and their families. These services, along with the FSED, will remain at Sumner Station after completion of the project. Highpoint employs over 50 providers at its clinics and medical office buildings (MOBs) including the clinic and MOB at Sumner Station. These providers specialize in cardiology, gastroenterology, general surgery, primary care, podiatry, wound care, orthopedics, endocrinology, and obstetrics.

SRMC and Sumner Station are part of Highpoint Health System (Highpoint). Highpoint also includes Trousdale Medical Center in Hartsville, Riverview Regional Medical Center in Carthage, and more than 15 affiliated clinics and sites of care. Until recently, Highpoint Health System was owned by Lifepoint Health. In 2023, Lifepoint Health and Ascension Saint Thomas formed a joint venture to jointly own Highpoint Health System. This partnership brings together the clinical excellence, best practices, and talented caregivers of both organizations to collaborate in new ways that improve access to clinical programs and specialty care for patients and communities.

With the joint venture formed, Highpoint Health became formally known as Highpoint Health with Ascension Saint Thomas (referred to as "Highpoint Health" in this application for brevity), SRMC became formally known as Highpoint Health – Sumner with Ascension Saint Thomas ("SRMC" for brevity), and Sumner Station became formally known as Highpoint Health – Sumner Station with Ascension Saint Thomas ("Sumner Station" for brevity).

Revised Project Scope to Support Care Closer to Home

SRMC previously filed a Certificate of Need (CON) application (CN2504-012) to establish a satellite hospital at Sumner Station, which was heard by the Health Facilities Commission (HFC) on June 25, 2025, and denied primarily on the basis of need. SRMC maintains that patients are best served when they receive care closer to their homes. The area close to Sumner Station (Station Camp) has a rapidly growing population, and making inpatient services available at Sumner Station remains the most effective and appropriate option to give patients clinically appropriate care closer to their homes and to reduce patient transfers.

Prior to its 2025 CON filing, SRMC expected to expand services at Sumner Station in phases, with the beds proposed in CN2504-012 being the first phase. This application proposes a more comprehensive strategy for expanding services at Sumner Station and includes some features that were originally envisioned for later phases of the project. In addition, SRMC carefully considered the feedback received from the Commission during the prior

proceeding and has adjusted the scope of this application to address the concerns raised during the 2025 meeting.

Our 2025 application proposed 16 acute care beds—12 medical/surgical and 4 ICU—without surgical or interventional cardiac capability onsite. Commission members and the opposition raised several concerns about that scope, each of which SRMC has addressed in this revised application. The most significant clinical concern was that operating an ICU without an onsite operating room or cardiac catheterization laboratory created unacceptable risk for patients who might deteriorate and require urgent surgical or cardiac intervention. Commission members noted that a meaningful percentage of ICU-level patients develop conditions—including surgical emergencies and acute coronary syndromes—that require immediate operative or interventional response, and transporting those patients to another facility in a compromised state introduces delays that are not optimal.

The present application addresses that concern by including two operating rooms and one cardiac catheterization laboratory as core components of the project, as opposed to filing for them in a subsequent phase of Sumner Station's development. General and subspecialist surgeons will staff the operating rooms who have committed to practicing at Sumner Station, ensuring that surgical capability is available on a consistent and reliable basis. The cardiac cath lab will initially be staffed by two board-certified interventional cardiologists, Dr. Gary Yawn and Dr. Nadia Sutton. These physicians will enable Sumner Station's cardiac cath lab to provide diagnostic and therapeutic procedures, including emergent intervention for ST-segment elevation myocardial infarction (STEMI) and other acute coronary syndromes. The cardiac cath lab and operating rooms (ORs) will allow more patients who present at Sumner Station to receive definitive care onsite, without the need for transfer.

The addition of the ORs and cath lab addresses another concern that was raised in the 2025 hearing, namely that patient volume was included because some patients would require surgical or cath lab services. The addition of surgical and interventional cardiac capability in this revised application meaningfully expands the range of patients who can receive definitive care at Sumner Station.

This project also introduces pediatric acute care services to Sumner County, addressing the absence of geographically accessible inpatient pediatric care in the area. There are currently no licensed pediatric beds in Sumner County, according to the data available from the 2024 Joint Annual Reports. Although SRMC and Tristar Hendersonville reported 495 and 1,027 non-newborn pediatric patient days in the 2024 Joint Annual Report (JAR), respectively, the majority of pediatric patients from Sumner County currently seek care in Davidson County. The current lack of focused pediatric services limits the ability to treat pediatric patients in their communities, instead requiring travel or transfer to Davidson County for pediatric care.

The proposed addition of pediatric services at Sumner Station will allow low- to moderate-acuity pediatric patients to receive inpatient care within their community in a pediatric-focused environment while reducing the need for transfers and improving care continuity for families. These pediatric beds will reduce travel times to pediatric care not only for Station Camp residents, but also for residents in Sumner, Macon, Robertson, and Trousdale counties. For residents of Wilson County, Sumner Station will offer pediatric care within the same travel time as the existing care at Saint Thomas Rutherford. For residents of Smith County, Sumner Regional is only five minutes further than

the pediatric program at Saint Thomas Rutherford. For residents of these two counties, the pediatric acute care beds at Sumner Station will present a new choice of patient provider within a similar driving distance. Because these counties do not have existing pediatric beds and are either closer to Sumner Station or nearly the same distance as any other pediatric acute care provider, they represent a reasonable service area from which Sumner Station will draw clinically appropriate pediatric patients.

Drive Times from Area Hospitals with Pediatric Beds[1] to Pediatric Service Area Counties (based on population centroids)

	Sumner	Macon	Robertson	Smith	Trousdale	Wilson
Vanderbilt University	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1 hr 10 mins	40 mins
TriStar Centennial	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1 hr 5 mins	40 mins
Saint Thomas Rutherford	1 hr 5 mins	1 hr 20 mins	1 hr 20 mins	1 hr	1 hr	35 mins
Williamson Med Center	1 hr 5 mins	1 hr 40 mins	1 hr 10 mins	1 hr 20 mins	1 hr 20 mins	50 mins
Sumner Station	10 mins	53 mins	40 mins	1 hr 5 mins	40 mins	36 mins

Travel times were calculated using Google Maps with a Wednesday, 9:00 AM departure. Population center coordinates are derived from the US Census Bureau's Centers of Population (2020 Census). All times reflected are rounded to the nearest minute.

The proposed pediatric services will also allow tertiary pediatric programs in Davidson County to focus on higher-acuity pediatric cases requiring specialized services. Local availability of pediatric inpatient services will allow greater involvement of primary care physicians and families in care and discharge planning. All pediatric patients will be in private rooms, consistent with best practices for pediatric inpatient and family-centered care.

Together, these revisions reflect SRMC's commitment to offering a clinically complete, fully capable, and community-responsive hospital at Sumner Station—one that directly addresses each of the concerns that informed the Commission's prior decision—and demonstrate that the establishment of inpatient services at Sumner Station is not merely convenient but necessary to meet the growing and evolving healthcare needs of the Station Camp community and surrounding areas.

2. For relocation or replacement of an existing licensed health care institution:

a. The applicant should provide plans which include costs for both renovation and

[1] Please note, Although Cookeville Regional Medical Center in Putnam County reported 5 pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list pediatrics as one of the specialties available at the hospital. Therefore, it was not included in the table below. The only county for which it has a shorter drive time than Sumner Station is Smith, which is 50 minutes from Cookeville Regional.

relocation, demonstrating the strengths and weaknesses of each alternative.

Not applicable. The proposed project does not entail relocation or replacement of an existing licensed health care institution.

b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

Not applicable. The proposed project does not entail relocation or replacement of an existing licensed health care institution.

3. For renovation or expansions of an existing licensed health care institution:

a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

SERVICE AREA

Commercial and residential development has exploded near Station Camp along State Highway 386 between Gallatin, Tennessee, and Hendersonville, Tennessee. New residential developments continue to fuel population growth north of Vietnam Veterans Boulevard. Station Camp has emerged as a prime area for current and future health care development in Sumner County, and the project site is an accessible location in the heart of this high-growth area. The map below shows the location of Sumner Station and other area hospitals. The map also indicates the ZIP codes from which Sumner Station expects to draw most of its adult patients.

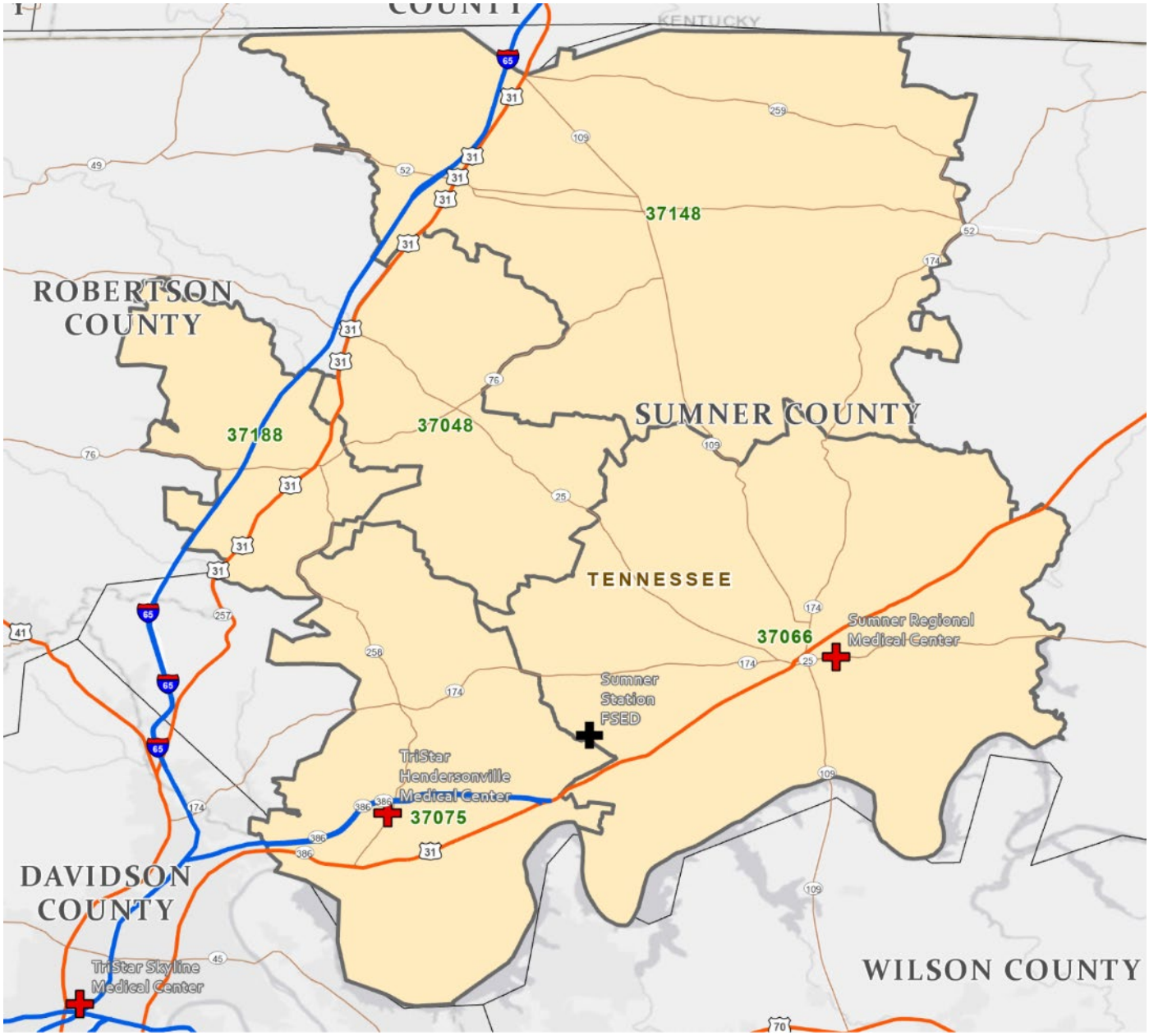
To determine the service area, the applicant evaluated the area road network, the locations of existing acute care hospitals, the patient origin data for the Sumner Station emergency department (ED), and patient origin data for SRMC. The table below shows residents of these ZIP codes accounted for over 82 percent of the 12,857 ED visits to Sumner Station in 2025.

Sumner Station CY 2025 ED Visits from Service Area Patients

ZIP Code	Sumner Station ED Visits	% of Total
37066 (Gallatin)	7,134	55.5%
37075 (Henderson)	2,431	18.9%
37148 (Portland)	433	3.4%
37188 (White House)	318	2.5%
37048 (Cottontown)	258	2.0%
Subtotal Service Area	*10,574*	82.2%
Outside of Service Area	2,283	17.8%
Total	**12,857**	**100.0%**

Source: SRMC Internal Data, CY 2025.

Sumner Station, Expected Adult Service Area and Nearby Hospitals



As discussed beginning on page 27, Sumner Station expects to draw pediatric patients from a larger geographic area, as there are currently no pediatric inpatient beds in Sumner, Trousdale, Robertson, Macon, Smith, or Wilson counties.

DEMAND FOR THE PROJECT

There is demand for all elements of the proposed project. As discussed above, SRMC has developed the scope of this project to meet the needs of area residents. The project includes acute care beds (both medical/surgical and

ICU), operating rooms, an endoscopy suite, a cardiac catheterization unit, and the required equipment and ancillary spaces to provide a community hospital at Sumner Station. Sumner Station will operate some of its acute care beds as a pediatric unit. Because pediatric beds are medical/surgical beds, Sumner Station will have the ability to increase the number of beds made available to pediatric patients during demand fluctuations and seasonal illness spikes. The next sections discuss the demand for the various elements of the project. While the demand for pediatric and adult inpatient services are discussed separately, some factors, such as area population growth and Highpoint Health's history of providing quality care, drive demand for all services included in this application.

Demand for Adult Inpatient Acute Care Services

- Growth in Sumner Station ED Visits and Acute Care Inpatient Transfers
- Improved Geographic Access To Acute Care Services in Sumner County
- EMS Runs in the Area
- Primary and Specialty Physician Presence Near Sumner Station
- Growth and Development in the Area Will Increase Demand
    - The Growing Population of Station Camp
    - The Growing Population of the City of Gallatin
    - The Growing Population of the Service Area
- The Growing Population of Sumner
- Highpoint Health's Provision of High-Quality Care
- Local Community Support

Demand for Pediatric Inpatient Acute Care Services

- Pediatric Patients Currently Seek Care at Sumner Station
- There Are No Pediatric Beds in the Area
- The Pediatric Population is Growing, Increasing the Demand for Inpatient Services

Demand for Operating Rooms, Endoscopy Suite and Cardiac Catheterization Laboratory

Demand for Adult Inpatient Acute Care Services

Growth in Sumner Station ED Visits and Acute Care Inpatient Transfers

In its eight years in operation, Sumner Station emergency department (ED) visits have greatly increased. In 2024, annual visits surpassed 13,400: a growth of 45 percent since 2019 and a compound annual growth rate (CAGR) of 8 percent. The growing number of ED visits shows area residents choose to seek care at Sumner Station rather than other area EDs.

Sumner Station ED Visits

	2019	2020	2021	2022	2023	2024	Growth 2019–2024	CAGR 2019–2024
ED Visits	9,285	7,921	10,649	12,712	13,161	13,481	45%	8%
ED Treatment Rooms	8	8	8	8	8	8	0%	0%
Visits per Treatment Room	1,161	990	1,331	1,589	1,645	1,685	45%	8%

Source: Tennessee Department of Health, "Joint Annual Reports (JAR)," 2019–2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html.

From 2019 to 2024, acute care transfers from Sumner Station to SRMC grew 122 percent, a CAGR of 17 percent. Over 1,000 patients who presented at Sumner Station in 2024 were transferred for inpatient care, leading to delays in care. The growing number of patients who first seek care at Sumner Station and are then transferred to another hospital shows the increasing number of patients who would receive care more quickly if they could receive inpatient (IP) care at Sumner Station.

Sumner Station Inpatient Transfers

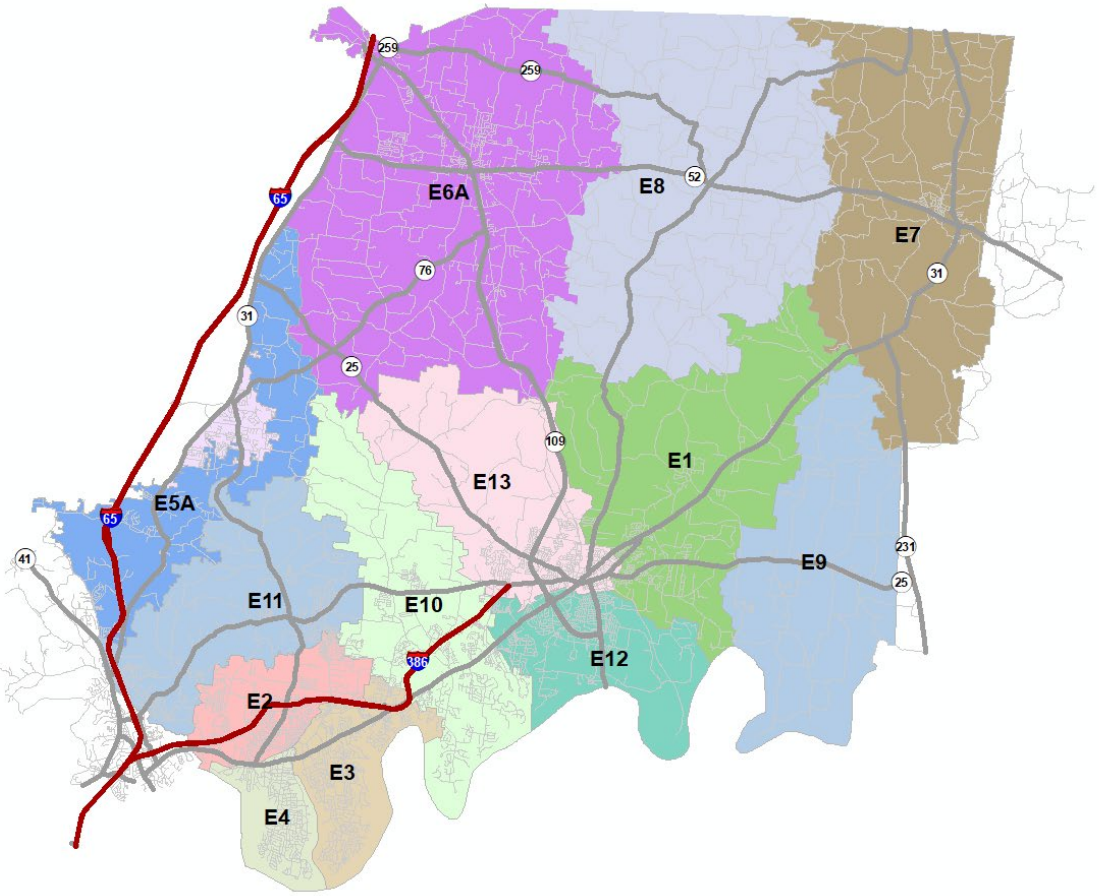
	2019	2020	2021	2022	2023	2024	Growth 2019–2024	CAGR 2019–2024
IP Transfers to SRMC	330	252	321	439	559	731	122%	17%
IP Transfers to Other Acute Care Hospitals	232	247	363	408	372	381	64%	10%
IP Acute Care Transfers Subtotal	562	499	684	847	931	1,112	98%	15%

Source: Source: Tennessee Department of Health, "Joint Annual Reports (JAR)," 2019-2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html.

EMS Runs in the Area

The map below shows the zones for the Sumner County EMS. Sumner Station is in Zone E10, shown in the light-mint green area. Zone E10 is closer to Sumner Station than any other hospital in Tennessee. From April 2025 to March 2026, there were 2,522 patients picked up by EMS from Zone 10 and transported to a healthcare facility. Any patient who requires inpatient care must be transferred to another facility in the area. For clinically appropriate patients, Sumner Station will be the closest hospital offering emergency medical care and inpatient services. If approved, Sumner Station will reduce the travel time for patients and EMS units for emergency services and follow-on inpatient services.

Sumner County EMS Zones



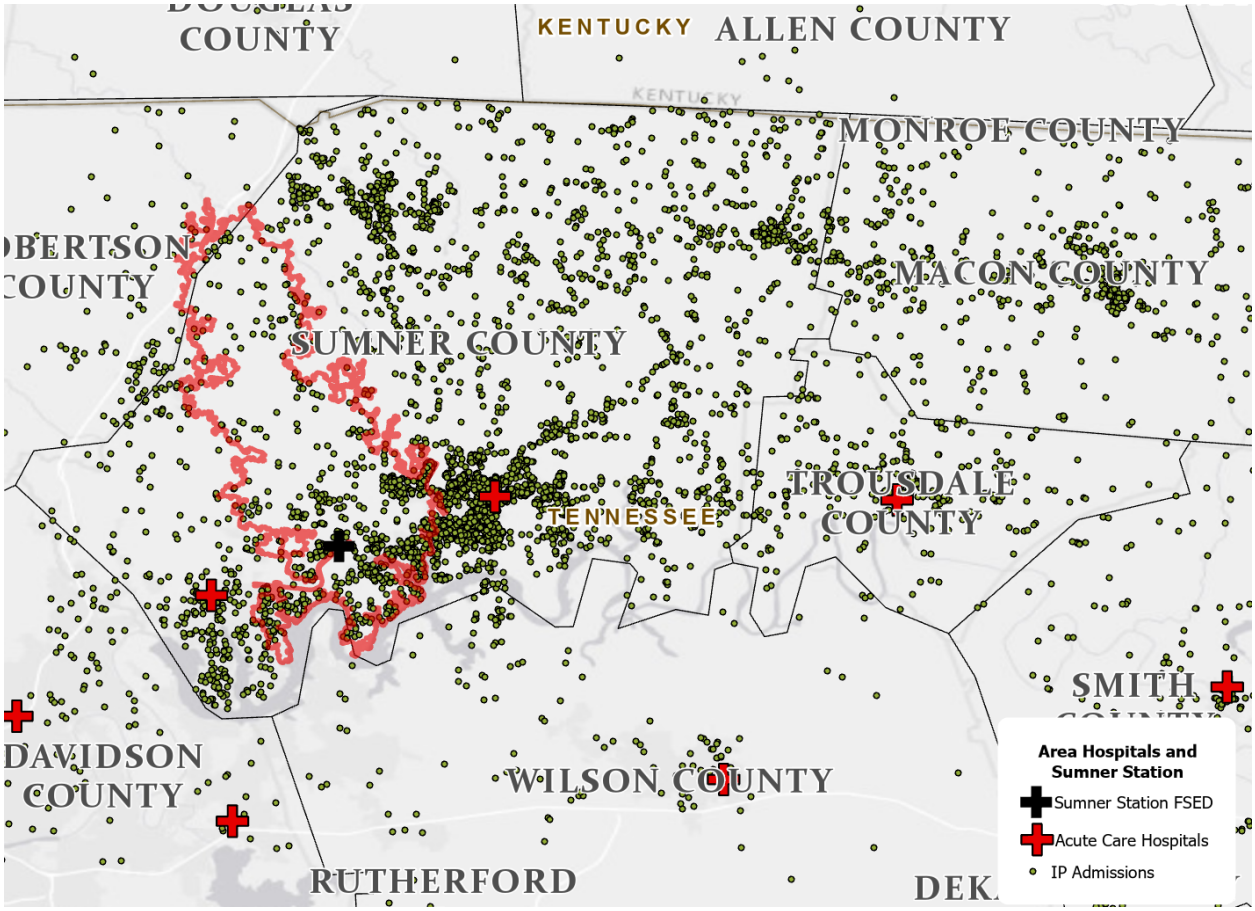
Need for Improved Geographic Access to Acute Care Services in Sumner County

To meet the demand for inpatient services, SRMC must not only continue updating and modernizing its primary campus but must also plan for the expansion of healthcare services beyond the main campus. The proposed project brings inpatient care services closer to home for area residents and allows more patients to remain at Sumner Station throughout their inpatient stay. The proposed operating rooms, endoscopy suite, and cath lab will also improve geographic access for area residents in need of scheduled outpatient care

SRMC is the only Highpoint Health acute care hospital in Sumner County. The proposed project would give area residents who use SRMC now a second, smaller hospital where they can access care from their trusted network of providers. SRMC provides inpatient care to Tennesseans living throughout Sumner County and adjacent counties. The map below shows the patient origin data for SRMC's adult admissions in calendar year (CY) 2025. The red outline shows the area closer to Sumner Station than any other acute care hospital in Tennessee, based on drive time. Of the 9,358 adult inpatients[OBJ] admitted to SRMC in 2025, 1,397 lived closer to Sumner Station than any

other hospital in the state. These patients accounted for about 15 percent of all admissions from SRMC in the year. Of these 1,397 patients, 84 percent (1,171 patients) were in the diagnosis-related groups (DRG) appropriate for Sumner Station.

SRMC Inpatient Admissions, CY 2025, with Indication of Area Closest to Sumner Station



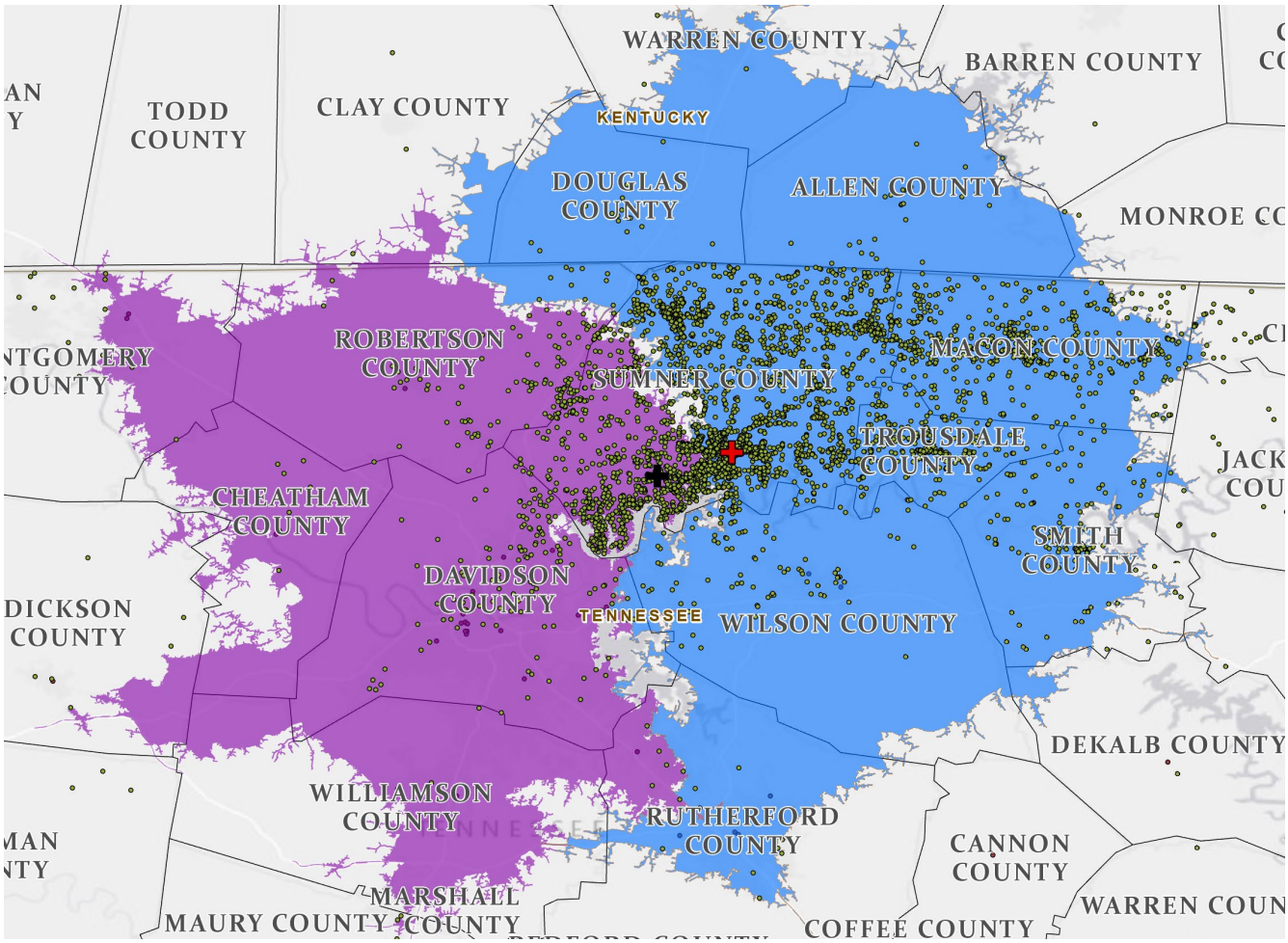
Source: SRMC Internal Data, CY 2025.

The map and analysis above are a conservative approach to estimate the number of Highpoint Health patients who would have improved access if the proposed project is approved. All patients shown in the map above chose to receive care at SRMC. As the map shows, some patients who received care at SRMC lived closer to not only Sumner Station but also TriStar Hendersonville Medical Center or hospitals in Davidson or Robertson counties. Because these patients chose SRMC, it is logical to assume that most would choose to receive care at either SRMC or its satellite hospital.

Following this logic, the applicant calculated how many of SRMC's 2025 inpatient admissions lived closer to Sumner Station than SRMC (not just closer to Sumner Station than any other hospital in the state). The map below shows the area, in purple, closer by drive time to Sumner Station than SRMC, limited to a 60-minute maximum

drive time. In 2025, SRMC served 1,966 patients that lived closer to Sumner Station than SRMC. The proposed hospital will improve access for patients who account for 21 percent of the SRMC's 2025 admissions. One in five patients currently receiving care at SRMC could receive care closer to home if treated at Sumner Station. Of patients residing closer to Sumner Station than SRMC, 1,614 or 83 percent were also in the DRGs appropriate for Sumner Station.

SRMC Inpatient Admissions, CY 2025, with Areas Closer to Sumner Station (limited to 60-minute driving time)



Source: SRMC Internal Data, CY 2025.

Sumner Station currently receives patients through its ED who must be transferred to an inpatient facility. According to 2024 Joint Annual Report data, there were 731 inpatients discharged from SRMC who were first seen at the Sumner Station ED.

Without this proposed project, many patients will need an ambulance transfer to a hospital. The status quo delays patient care and reduces patient satisfaction. Approving this project will allow patients to remain at Sumner Station

for inpatient care and will let SRMC focus on treating higher-acuity patients.

Today, EMS bypasses Sumner Station with most patients because it does not provide ORs, a cath lab, or inpatient acute care. Offering inpatient services at Highpoint Health – Sumner Station will reduce the number of EMS patients automatically routed past Sumner Station to EDs farther away.

The new large residential developments in Sumner County will increase traffic time for EMS units and for patients and physicians who live in the Station Camp area to drive to SRMC or other hospitals.[2] Adding inpatient beds to Sumner Station will improve choice and access to health services in southeastern Sumner County.

Highpoint Health with Ascension Saint Thomas Delivers High-Quality Healthcare

Highpoint Health and Ascension Saint Thomas deliver high-quality healthcare services in Middle Tennessee. Sumner Station will benefit from their long history of providing high-quality services.

SRMC is a Joint Commission-accredited hospital with a Level III trauma center. It has the American College of Cardiology's Chest Pain Center accreditation and the highest designation from the American Heart Association's Get with the Guidelines. It also has advanced specialty certifications in stroke and perinatal care from The Joint Commission.

Ascension Saint Thomas is a joint-venture owner of Sumner Station and will have quality and clinical oversight of this facility. Ascension Saint Thomas operates two tertiary hospitals in Nashville that are recognized as leaders in quality and safety. Ascension Saint Thomas Hospital has been named one of the top 100 hospitals in the United States, a US News & World Report's 2023–2024 Best Regional Hospital, and a Becker's Top 100 Cardiac Hospital. It is an Advanced Primary and Comprehensive Stroke Center, a Blue Distinction Center for Total Hip Surgery, and is in the Commission on Cancer's Integrated Network Cancer Program. It has a Safe Sleep Gold designation and a Baby-Friendly designation. Its tertiary facilities in Nashville will be a main option for residents needing a higher level of inpatient care. A full list of recent Ascension Saint Thomas awards and designations are found at the end of this attachment.

The FSED at Sumner Station in Gallatin meets or exceeds industry standards for responsive service, high-quality round-the-clock staffing, virtual elimination of diversions to other emergency rooms, and coordination with hospitals for transfers to higher levels of care. Sumner Station ED visits have grown 45 percent from 9,285 visits in 2019 to 13,481 visits in 2024, per the Tennessee Joint Annual Reports. Sumner Station FSED's utilization and performance metrics are meaningful in that they demonstrate the applicant's ability to provide efficient and high-quality emergency care. Sumner Station's exceptionally high-quality care is shown by:

---

[2] Gallatin News, "Gallatin Looks to Developers to Fund Big Station Camp Traffic Improvements," September 19, 2019, https://mainstreetmediatn.com/articles/gallatinnews/gallatin-looks-to-developers-to-fund-big-station-camp-traffic-improvements/.

- Patient satisfaction ratings are among the highest in the area
- Only 0.4 percent Left Without Treatment (LWOT) in 2025
- SRMC and Sumner Station are the only EDs in the region to staff around the clock with board-certified emergency-trained physicians
- Onsite imaging at site of FSED, which is accredited by the American College of Radiology (ACR)
    - CT accredited
    - MRI accredited
- Highpoint Health Sumner Station – ER is certified by the American College of Cardiology for Freestanding ED Cardiac Care

Sumner Station's inpatient services will be integrated into the structural framework of SRMC's Continuous Quality Improvement Plan. The goals include providing a safe environment for patients, visitors, and associates, developing a culture for continual improvement for all, engaging all caregivers, and ensuring optimal outcomes for our patients. The plan uses the Plan, Do, Check, Act (PDCA) cycle for continuous quality improvement. The reporting on progress to goals and plan oversight is done through committee meetings and data reviews, including but not limited to Medical Staff Quality Committee, Patient Safety Clinical Quality Committee, Chest Pain Committee, Emergency Department Committee, et al. Sumner Station quality reviews will use several methods to obtain outcome and process metrics, such as medical record reporting and review, core measure abstraction analysis, chart reviews, regulatory compliance, and outcome measures to ensure safe, high-quality care is given to all patients using services.

The applicant develops its programs, policies, procedures, and facilities so that all patients, families, communities, and team members receive high-quality care and services when and where needed. Adding inpatient services will build on the reputation of high-quality health care at SRMC and Sumner Station.

Primary and Specialty Physicians Near Sumner Station

SRMC has this network of physician and medical practices located in the home ZIP code for Sumner Station:

- HighPoint Family Wellness (onsite at Sumner Station)
- HighPoint Inpatient Neurology
- HighPoint Endocrinology Associates
- HighPoint Family Wellness Hunt Club
- HighPoint Wound Care
- HighPoint Surgical Associates Gallatin
- HighPoint Gastroenterology and Liver
- HighPoint Inpatient Geropsychiatry
- HighPoint Neurology Associates
- HighPoint Orthopedic Associates
- HighPoint Foot and Ankle
- HighPoint Family Wellness Gallatin

Physicians at these locations can admit and treat patients at both SRMC and Sumner Station.[3] SRMC and Sumner Station will have a unified medical staff that includes physicians, physician assistants, nurse anesthetists, and nurse practitioners. SRMC employs over 60 physicians and advanced practice providers (APPs) in 14 specialties. The Sumner Station medical staff, through onsite physicians and telemedicine, will have access to SRMC specialists offering a specialized level of care. Physicians who practice today at SRMC, both employed and community physicians, specialize in a full range of clinical specialties, including:

- Internal medicine
- Emergency medicine
- Cardiology
- Gastroenterology
- Hematology
- Oncology
- Radiation oncology
- Pediatrics
- Pulmonology
- Radiology
- Orthopedics
- Obstetrics
- Gynecology
- Anesthesiology
- Surgery
- Neurology
- Infectious disease
- Physical medicine and rehabilitation
- Palliative care
- Wound care
- Ophthalmology
- Nephrology
- Neurosurgery
- ICU intensivist
- Bariatric surgery
- Urology

Growth and Development in the Area Will Increase Demand

Both the immediate area surrounding Sumner Station and the larger Sumner County community have been growing rapidly and are expected to continue growing over the next several years. As the population increases, the demand for inpatient acute care will increase, as will the number of residents for whom this project would improve geographic accessibility to inpatient adult acute care services. This section discusses development and population growth, starting with the areas closest to Sumner Station and moving outward to the larger Sumner County community.

Growth and Development of Station Camp

Areas of Sumner County like Station Camp that were once rural have become urbanized as Nashville commuters move into Sumner County for relatively short commutes on State Highway 386 (Vietnam Veterans Boulevard) and I-65. The development and population growth are concentrated in those corridors.

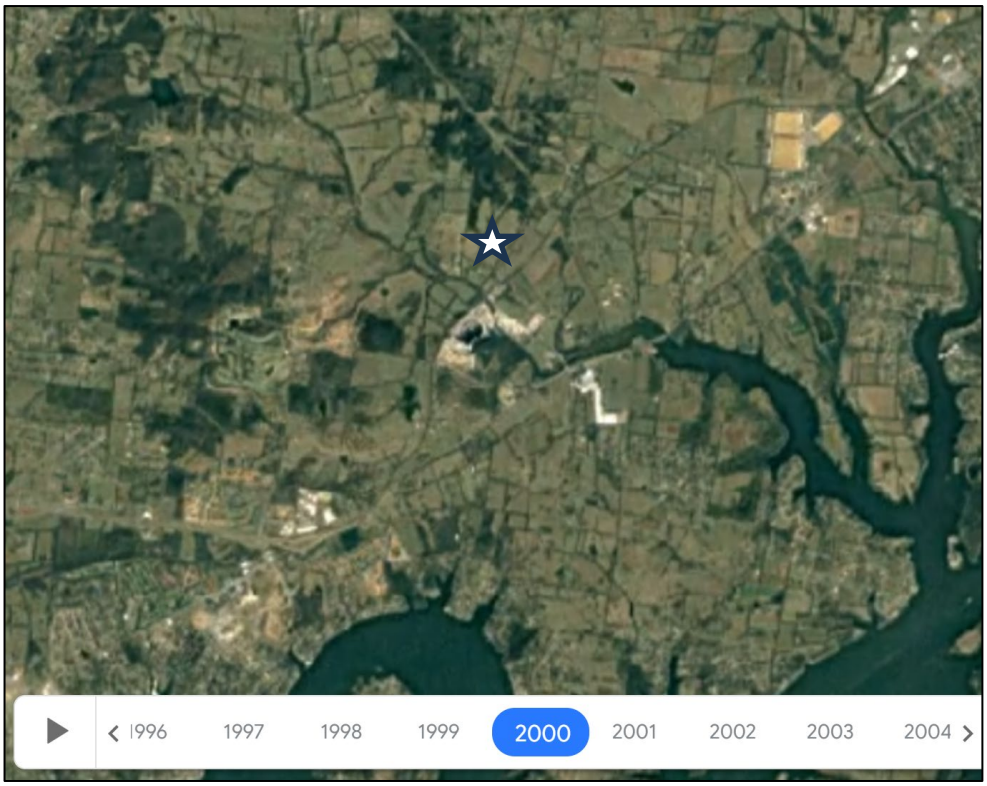
Current expansion of State Highway 386 will improve the connectivity between Gallatin with Nashville and surrounding areas, reinforcing the city's role as a regional hub. The project design phase is complete and

[3] Additionally, HighPoint has physician practices in Carthage, Gordonsville, Hartsville, Nashville, and Sumner, Tennessee.

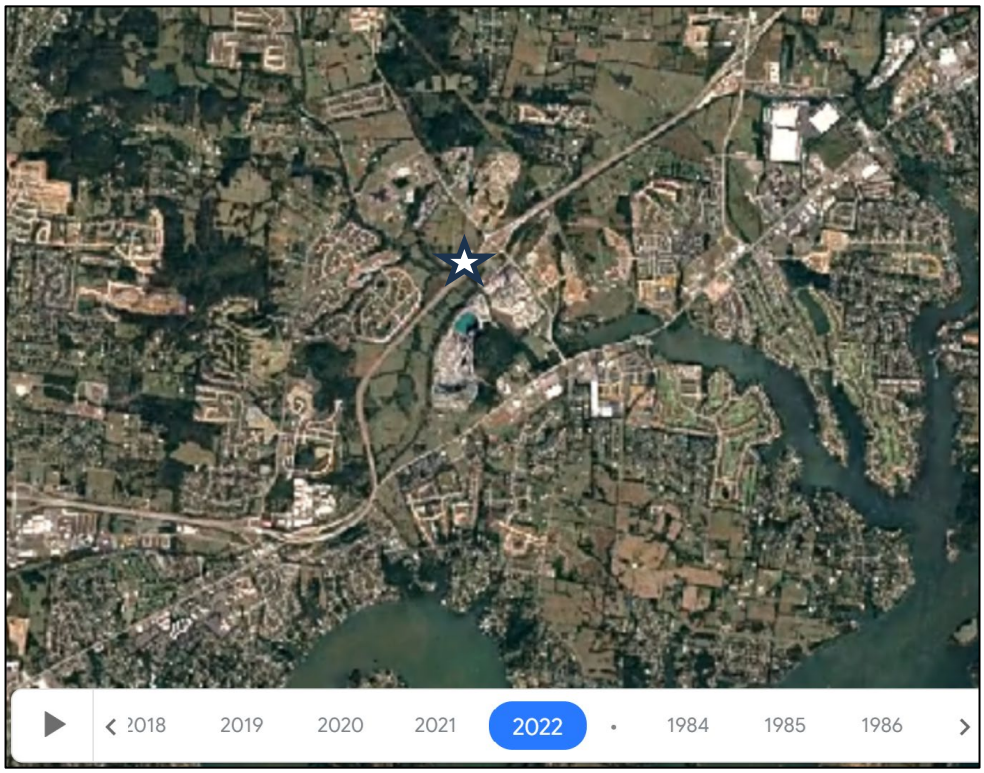
construction is expected to begin in Spring 2031.[4] The proposed project is expected to relieve traffic congestion at the interchange of Highway 386 and Highway 109, close to Sumner Station.[5]

The maps below show development in Station Camp from 2000 to 2022 from the Gallatin Municipal Planning Commission and Google Maps.[6] The white star is the location of Sumner Station.

Development Over Time: Station Camp Area 2000–2022



[4] Tennessee Department of Transportation, State Route 386 Sumner County, https://www.tn.gov/tdot/projects/region-3/state-route-386.html.
[5] "TDOT presents State Route 386 project status to Gallatin Council," Scott, Janet, Gallatin News, April 2, 2026, https://mainstreetmediatn.com/articles/gallatinnews/tdot-presents-state-route-386-project-status-to-gallatin-council/.
[6] "PlanGallatin," Gallatin Tennessee, https://www.plangallatin.org/issuesandtrends.



The recent development in the area and future growth opportunities strongly support the need for the proposed Sumner Station project. Station Camp now draws people from the county and surrounding areas for shopping, employment, schools, and housing. The area where the city limits of Hendersonville and Gallatin meet is considered a regional employment center because of its proximity to a major transportation corridor.[7]

Next to the Sumner Station site, north of Highway 386 and west of Big Station Camp Boulevard, a developer has received zoning approval and is moving forward with a large multi-use plan called The Crossings at Hidden Creek. The developers are proposing 235 single-family detached residential lots, 83 multi-family townhome lots, and two commercial outparcels.[8]

Nearby, at 190 Big Station Camp Boulevard, at the corner of Highway 386, Station Commons—a commercial development on 32 acres—has preliminary approval.[9] An indoor sports complex is the

[7] Typically located near major transportation corridors and may include office parks, manufacturing centers, corporate campuses, or major universities. "Sumner County Comprehensive Plan," Sumner County Construction & Development Department, July 27, 2010, https://sumnercountytn.gov/wp-content/uploads/2021/06/Sumner-County-Comprehensive-Plan.pdf.
[8] "City Moves Forward with Rezone for Crossings at Hidden Creek," Gallatin News, January 16, 2024, https://mainstreetmediatn.com/articles/gallatinnews/city-moves-forward-with-rezone-for-crossings-at-hidden-creek/.
[9] "Developments in Gallatin," City of Gallatin, https://www.gallatintn.gov/1722/Developments-in-Gallatin.

centerpiece of the development plan that also proposes commercial lots and two hotels.[10]

McCain's Station, also north of Highway 386 and east of Big Station Camp Boulevard, is under construction. McCain's Station is a mixed-use development on 130 acres with 112 single-family detached residential lots, 195 multi-family (townhome) units, 377 townhomes/flat units, and six commercial lots/outparcels. Already selling completed homes, Paddock at Kennesaw Farms is a mixed-use development on 205 acres for 632 single-family detached residential lots, 56 single-family attached residential lots, 682 multi-family units, and four commercial lots. It is located east of Big Station Camp Boulevard, north of Nashville Pike, and south of the CSX Railroad. Fox Creek (formerly Station Camp Creek) has received final approval for a 140 single-family lot development on 58 acres, off Big Station Camp Boulevard. The recent and expected residential and commercial developments in the area will increase the need for healthcare services.

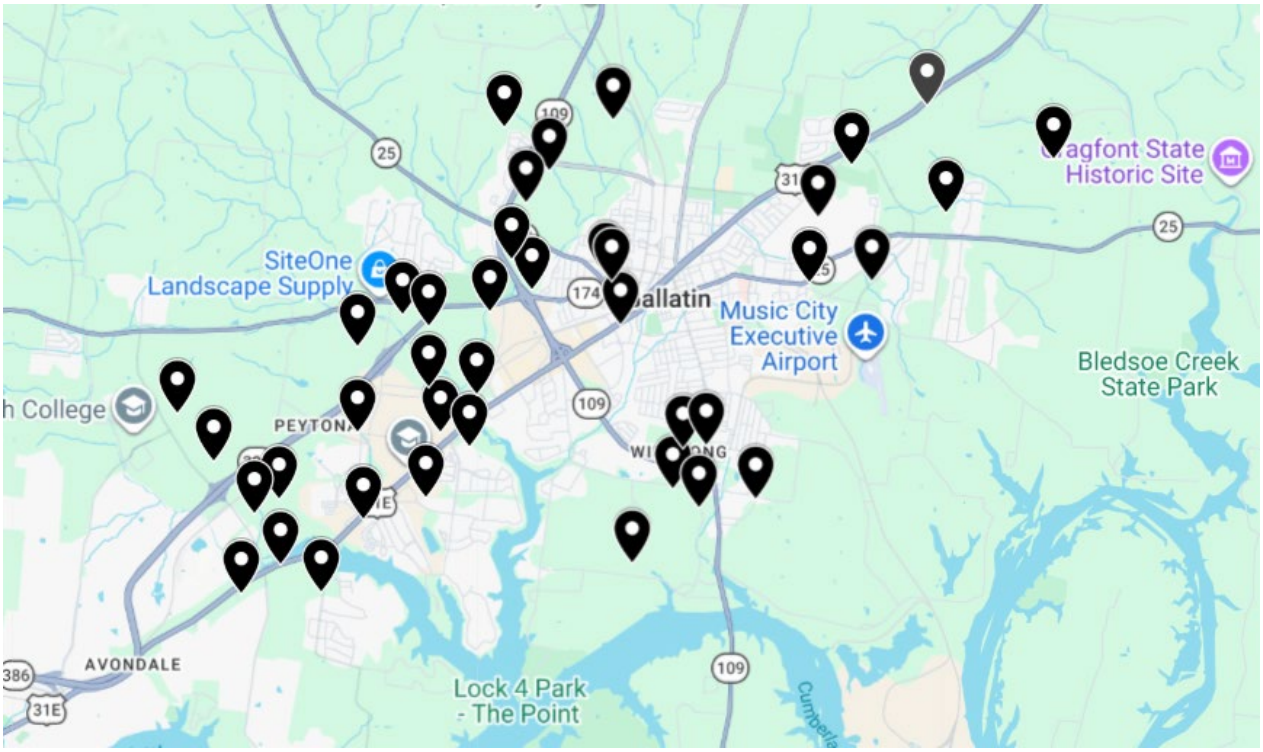
The Growing Population of the City of Gallatin

Gallatin, Tennessee, has experienced substantial population growth. The city's population increased from 37,460 in 2014 to 52,151 in 2024, a 39.2 percent rise over the past decade. In addition to residents, the US Census Bureau reports that over 14,000 individuals living outside Gallatin commute to the city for their jobs.[11]

Gallatin is undergoing extensive real estate development to support this increasing population. Over 50 projects are in progress across 1,500 acres, including new residential communities, retail centers, industrial facilities, and mixed-use developments. The map below, created by the Gallatin Planning Department, shows the location of these projects. The city's planning commission continues to approve projects that will further increase demand for healthcare.[12]

[10] "Gallatin Considers Sports Complex as Centerpiece to Hotels, Restaurant Development," Nashville Tennessean, December 7, 2022, https://www.yahoo.com/news/gallatin-considers-sports-complex-centerpiece-191809145.html.
[11] "ONTheMap Application Destination Analysis, Workers Employed in Gallatin City, TN," US Census Bureau, https://onthemap.ces.census.gov, accessed April 8, 2026.
[12] "Developments in Gallatin," City of Gallatin, https://www.gallatintn.gov/1722/Developments-in-Gallatin, accessed April 22, 2026.

New Developments in Gallatin, Currently Under Construction



Source: "Developments in Gallatin!," Gallatin Planning Department, https://www.gallatintn.gov/1722/Developments-in-Gallatin, accessed April 22, 2026.

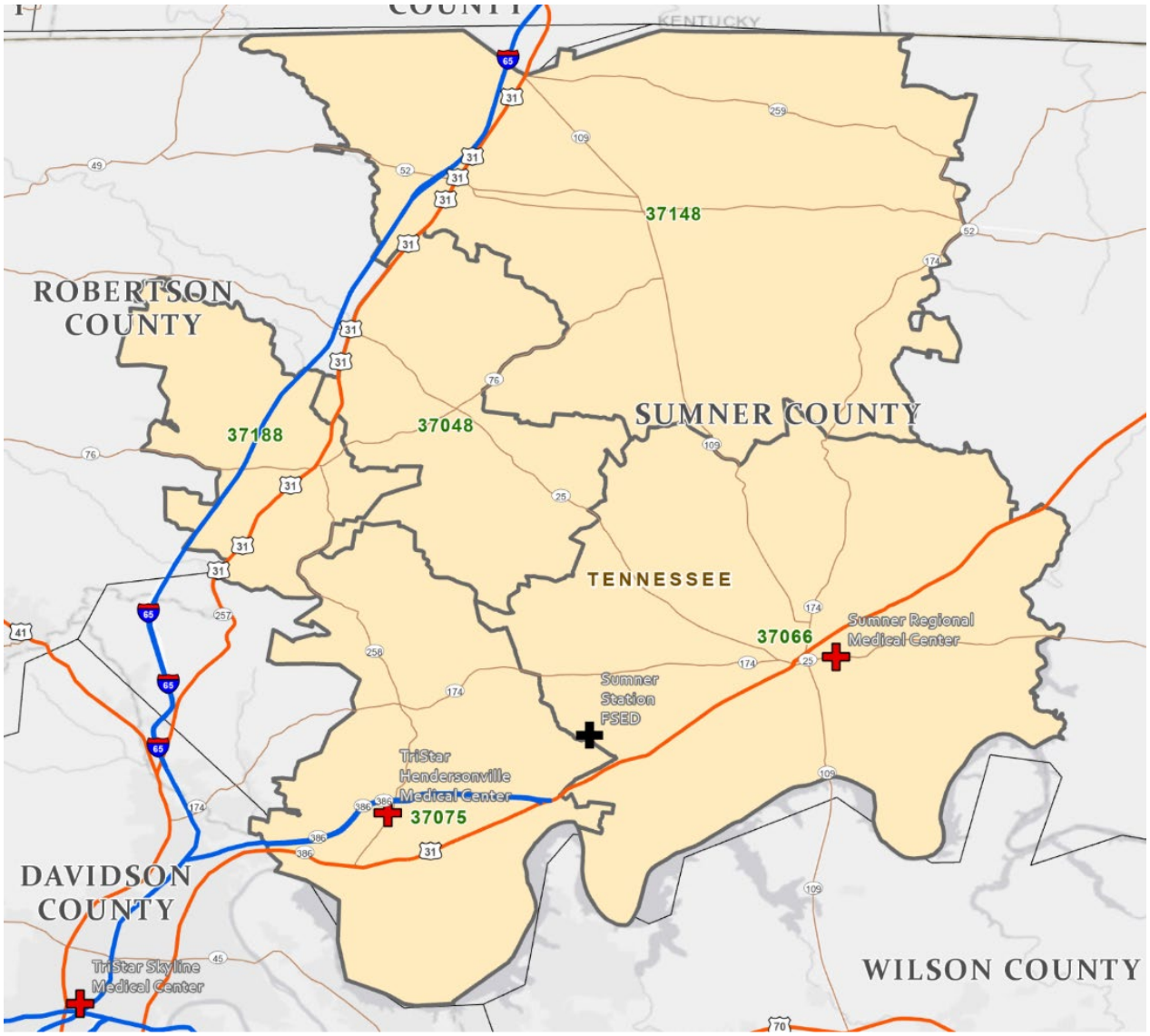
To accommodate population growth, Gallatin is currently revising its Urban Growth Boundary to guide expansion and ensure adequate infrastructure planning.[13] City officials have been rezoning different portions of land around Gallatin to accommodate housing and commercial development.[14] Gallatin is adopting policies to encourage higher-density development. Updates to the city's zoning ordinance align with PlanGallatin, the city's comprehensive growth strategy designed to promote higher-density, mixed-use developments to increase the city's residential and commercial capacity.[15] Gallatin is developing mixed-use activity centers like the GreenLea Activity Center and the North 109 Nexus Project, which will add substantial new housing alongside new commercial and office spaces.[16] These efforts, combined with Gallatin's ongoing annexation and infrastructure expansion, are rapidly increasing the city's population and increasing the need for healthcare services.

[13] "PlanGallatin," City of Gallatin, 2022, https://www.plangallatin.org/plan.
[14] Sam Chimenti, "No Perfect Formula: Gallatin Mayor Discusses City's Growth," Nexstar Media, Inc., December 27, 2024, https://www.yahoo.com/news/no-perfect-formula-gallatin-mayor-224507496.html.
[15] "PlanGallatin," City of Gallatin, 2022, https://www.plangallatin.org/plan.
[16] "PlanGallatin," City of Gallatin, 2022, https://www.plangallatin.org/plan.

The Growing Population of the Sumner Station Service Area

The Sumner Station service area for adults is the five ZIP codes in the map below.

Highpoint Health – Sumner Station with Ascension Saint Thomas,
Adult Acute Care Service Area



The service area population has experienced substantial growth over the past 15 years. ZIP code 37066 (Gallatin) grew by 34.2 percent between 2010 and 2019 and an additional 22.2 percent from 2019 to 2025. During the same periods, the service area total population grew 21.2 percent and 14.3 percent, respectively, as shown in the table below.

Sumner Station Service Area Total Population, 2019–2025

ZIP Code	2010	2019	2025	Growth 2010–2019	Growth 2019–2025
37066 (Gallatin)	42,842	57,494	70,257	34.2%	22.2%
37075 (Hendersonville)	59,338	69,556	74,830	17.2%	7.6%
37048 (Cottontown)	6,161	7,043	7,029	14.3%	-0.2%
37148 (Portland)	22,149	24,688	25,947	11.5%	5.1%
37188 (White House)	13,479	15,657	21,400	16.2%	36.7%
Service Area Total	**143,969**	**174,438**	**199,463**	**21.2%**	**14.3%**

Source: Esri, "Demographic Estimates," updated June 2025, accessed March 28, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

Based on Esri projections, the service area's population is projected to grow by an additional 8 percent from 2025 to 2030[17] Esri projects that the 65+ population will be the fastest-growing population, increasing by nearly 19 percent over the next five years. Seniors accounted for over 17 percent of the service area's population in 2024 and are expected to increase to over 19 percent of the service area's population by 2030.

Sumner Station Service Area Total Population, 2025–2030

ZIP Code	2025	2030	Growth
37066 (Gallatin)	70,257	79,997	13.9%
37048 (Cottontown)	7,029	7,307	4.0%
37075 (Hendersonville)	74,830	77,360	3.4%
37148 (Portland)	25,947	26,665	2.8%
37188 (White House)	21,400	23,582	10.2%
Service Area Total	**199,463**	**214,911**	**7.7%**

Source: Esri, "Demographic Estimates," updated June 2025, accessed March 28, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

[17] Esri is the global market leader in geographic information system (GIS) software, location intelligence, and mapping. Esri provides an advanced demographics dataset for the United States sourced from data provided by the US Census Bureau, the US Census Bureau's American Community Survey, public and private data sources, and Esri's demographic data development team. More information available at https://www.esri.com/en-us/about/about-esri/overview.

Sumner Station Service Area Population Age 65 and Over, 2025–2030

ZIP Code	2025	2030	Growth
37066 (Gallatin)	13,480	16,416	21.8%
37048 (Cottontown)	1,371	1,692	23.4%
37075 (Hendersonville)	12,948	14,789	14.2%
37148 (Portland)	4,243	4,835	14.0%
37188 (White House)	3,259	4,103	25.9%
Service Area Total	**35,301**	**41,835**	**18.5%**

Source: Esri, "Demographic Estimates," updated June 2025, accessed March 28, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

The elderly population uses healthcare services at a higher rate than those under 65 years of age. The population growth in the service area, including the growth of the 65 and over demographic, supports the future demand for the proposed project. Elderly residents may benefit from Sumner Station's smaller campus, which does not require patients and their families to navigate a parking deck and multiple buildings to receive care.

The Growing Population of Sumner County

Sumner County is one of the fastest-growing counties in Tennessee. It grew from 172,714 residents in 2014 to 214,320 in 2025, a 24.1 percent increase. The county ranked seventh in population growth statewide between April 2020 and July 2023.[18] As shown in the table below, Sumner County's population is projected to continue growing at a faster rate than the state overall. Between 2025 and 2030, the county's total population is expected to increase by 6.8 percent, compared to 4.0 percent statewide. Growth among older adults is particularly notable, with the county's senior population projected to increase by 17.6 percent over the same period, outpacing the growth of the state's senior population.

[18] US Census Bureau, "Annual and Cumulative Estimates of the Components of Resident Population Change for Counties in Tennessee: April 1, 2020 to July 1, 2023 (CO-EST2023-COMP-47)," March 2024, https://www.census.gov/data/tables/timeseries/ demo/popest/2020s-counties-total.html.

Projected Sumner County Total and 65+ Population Growth, 2025–2030

	Total Population Estimate 2025	Total Population Estimate 2030	Senior Population (65+) Estimate 2025	Senior Population (65+) Estimate 2030	Growth Rate Total Population	Growth Rate Senior Population
Sumner County	214,320	228,924	38,554	45,349	6.8%	17.6%
Tennessee	7,245,884	7,538,006	1,363,244	1,545,536	4.0%	13.4%

Source: Esri, "Demographic Estimates," updated June 2025, accessed March 28, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

The Nashville Area Metropolitan Planning Organization projects the county's population will continue to grow, reaching 233,998 residents by 2035, with long-term forecasts expecting nearly 280,000 residents by 2045—a 50% increase over current levels.[19]

Population growth in the immediate area, the service area, and the larger Sumner County community will generate increased demand for hospital services.

Local Community Support

SRMC has received support for this project from local community members and medical providers.

Demand for Pediatric Inpatient Acute Care

Pediatric Patients Are Currently Seeking Care at Sumner Station

Sumner Station serves pediatric patients in its emergency department. The table below shows Sumner Station provided ED care to over 2,500 pediatric patients in 2025, the majority of whom reside in areas close to the FSED. In addition to these patients, over 3,200 additional pediatric patients present at SRMC's ED for care.[20]

[19] "2035 Comprehensive Plan: Sumner County's Blueprint to the Future," Sumner County Construction & Development Department, July 27, 2010.
[20] According to THA data, SRMC provided ED visits to 3,210 pediatric patients in the year ending September 2025.

Sumner Station CY 2025 ED Visits from Service Area Pediatric Patients (Age 0–17)

ZIP Code	Sumner Station ED Visits	% of Total
37066 (Gallatin)	1,550	59.8%
37075 (Henderson)	481	18.6%
37148 (Portland)	64	2.5%
37188 (White House)	84	3.2%
37048 (Cottontown)	35	1.4%
Subtotal Service Area	*2,214*	85.4%
Outside of Zip Code Service Area	378	14.6%
Total	**2,592**	**100.0%**

Source: SRMC Internal Data, CY 2025.

In addition to ED services, two clinics at Sumner Station provide outpatient care to pediatric patients:

- **Highpoint Family Wellness – Sumner Station with Ascension Saint Thomas**: Care teams provide quick and convenient primary care for children and adults. The Highpoint Family Wellness care team provides a wide range of personalized services, such as health physicals, screening tests, urgent care, and treatments for existing health conditions. The services this location provides include:
    - Allergies
    - Annual, school, and sports physicals
    - Child wellness checks
    - Diabetes care
    - Healthcare for teenagers

- **VIP Children's Clinic—Station Camp:** As part of the Pediatric Primary Care program at Monroe Carell Children's Hospital, physicians and advanced practitioners provide primary care for pediatric patients within the Sumner Station building. The services provided include:
    - Asthma, allergy, and eczema management
    - Chronic disease management
    - Developmental and behavioral screenings
    - Obesity screenings
    - Referrals for developmental and behavioral evaluations and care
    - Referrals for other pediatric specialty care
    - Routine checkups and exams
    - School and sports physicals
    - Sick visits

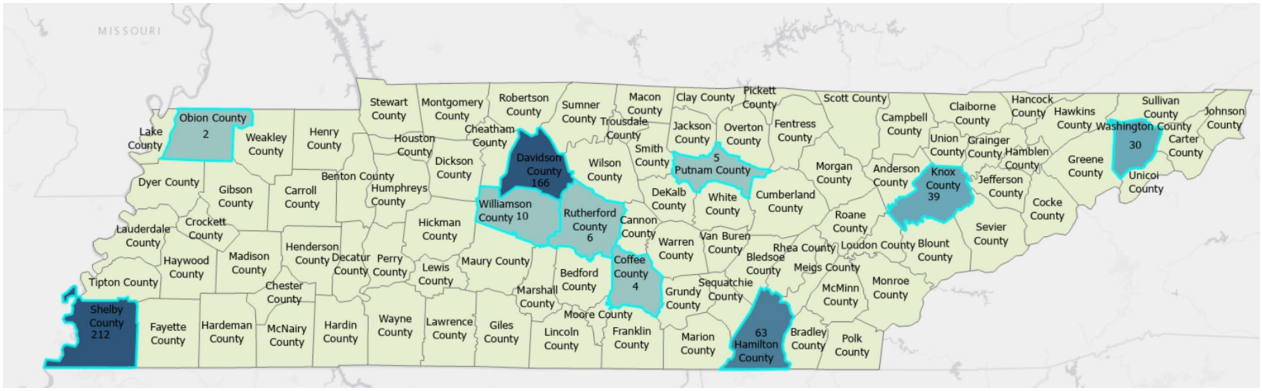
- Sports physicals
- Vaccinations
- Well child visits

The growing pediatric population will increase the number of pediatric patients who need inpatient care. Currently, pediatric patients who require hospitalization after presenting to the emergency department or their primary care provider must leave Sumner County to access dedicated pediatric care, with the majority traveling to Davidson County.

Lack of Pediatric Beds in the Area

According to the 2024 JAR data, there are no pediatric beds in Sumner County, nor in neighboring Robertson, Wilson, Trousdale, Smith, or Macon counties. These six counties comprise the pediatric service area for this application. The map below shows the counties in Tennessee with hospitals that reported pediatric beds in their 2024 JAR, along with the number of pediatric beds in the county. Although Cookeville Regional Medical Center in Putnam County reported five pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list pediatrics as one of the specialties available at the hospital.[21] With no robust pediatric program at Cookeville Regional Medical Center, there is a total lack of pediatric beds east of Davidson and Rutherford counties.

Number of Pediatric Beds Reported at Hospitals in Each County (2024 JAR)



SRMC used Tennessee Hospital Association (THA) data to determine the number of pediatric patients who live east of Davidson and Rutherford counties who received acute inpatient care in 2025. SRMC expects that higher-acuity pediatric patients and those who require specialized inpatient care will continue to receive care at other area hospitals, primarily Vanderbilt University Medical Center in Davidson County. Therefore,

[21] Homepage, Cookeville Regional Medical Center, https://crmchealth.org/, accessed April 22, 2026.

SRMC limited its analysis to DRGs and service lines[22] that Sumner Station can appropriately serve. See Attachment 6N-2 for the list of DRGs. The set of DRGs does not include higher-acuity DRGs and DRGs with an average length of stay of over six days. Sumner Station does not propose to offer labor and delivery services or a neonatal intensive care unit (NICU), so this analysis does not include neonates. The table below shows the number of pediatric discharges and patient days, by patient county, in this limited set of DRGs and service lines. The subset below is a small portion of the total 4,872 pediatric discharges and 31,059 pediatric patient days among residents of these six counties in 2025.

Pediatric Discharges and Patient Days Appropriate for Care at Sumner Station, by Patient County

	Sumner	Macon	Trousdale	Robertson	Smith	Wilson	Total
Discharges	231	40	21	144	29	207	672
Days	649	115	61	391	92	577	1,885

Source: Tennessee Hospital Association.

There were 672 pediatric patients who accounted for 1,885 patient days that could appropriately be served at Sumner Station during its initial years of operations. These patients would not have to travel to a large tertiary hospital in Nashville to receive care. Receiving low-acuity care closer to home will reduce the travel burden for pediatric patients and their families.

The table below shows the proposed pediatric beds will reduce travel times for pediatric care for residents in Sumner, Macon, Robertson, and Trousdale counties. For residents of Wilson County, Sumner Station will offer pediatric care within the same travel time as the existing care at Saint Thomas Rutherford. For residents of Smith County, Sumner Regional is only five minutes further than the pediatric program at Saint Thomas Rutherford.[23] For residents of these two counties, the pediatric acute care beds at Sumner Station will present a new choice of patient provider within a similar driving distance.

[22] In addition to the DRG limitations, SRMC assumed that no pediatric volume in the following service lines would be appropriate to shift to Sumner Station in its initial years of operations: hematology, psychiatry, substance abuse, seizures/epilepsy, medical cardiology, surgical spine, acute rehabilitation, post-partum, antepartum care/high-risk pregnancies, fusion, medical oncology. SRMC further assumed that half or fewer of patients in the following service lines would be appropriate for care at Sumner Station: endocrinology, surgical trauma (orthopedics), nephrology, colorectal/lower GI, oral and maxillofacial surgery.

[23] Please note, Although Cookeville Regional Medical Center in Putnam County reported 5 pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list pediatrics as one of the specialties available at the hospital. Therefore, it was not included in the table below. The only county for which it has a shorter drive time than Sumner Station is Smith, which is 50 minutes from Cookeville Regional.

Drive Times from Area Hospitals with Pediatric Beds to Pediatric Service Area Counties (based on population centroids)

	Sumner	Macon	Robertson	Smith	Trousdale	Wilson
Vanderbilt University	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1hr 10 mins	40 mins
TriStar Centennial	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1hr 5 mins	40 mins
Saint Thomas Rutherford	1 hr 5 mins	1hr 20 mins	1hr 20 mins	1 hr	1 hr	35 mins
Williamson Med Center	1hr 5 mins	1hr 40 mins	1hr 10 mins	1hr 20 mins	1 hr 20 mins	50 mins
Sumner Station	10 mins	53 mins	40 mins	1 hr 5 mins	40 mins	36 mins

Travel times were calculated using Google Maps with a Wednesday, 9:00 AM departure. Population center coordinates are derived from the US Census Bureau's Centers of Population (2020 Census). All times reflected are rounded to the nearest minute.

Pediatric patients and their families will benefit from pediatric inpatient services at Sumner Station. Sumner Station will staff and equip the hospital to ensure it provides high-quality, patient-centered care to pediatric patients. Sumner Station's plan to meet the specific needs of pediatric patients includes:

- Employing a Certified Child Life Specialist
- Employing a Certified Pediatric Nurse
- Having specialized, smaller hospital beds for pediatric patients
- Having sleeper couches available in all rooms so parents and caregivers can spend the night with pediatric patients
- Having smaller/specialized equipment for pediatric patients including:
    - Airway intervention kits
    - Blood pressure cuffs
    - Suctioning equipment
    - Respiratory masks
    - Pacifiers to soothe infants and young children
    - Topical anesthetics for blood sampling
    - Nebulizers and meter-dose inhalers
    - Oximeter monitoring supplies
    - High chairs for infant and toddler meal times
- 24/7 availability of a Board-Certified Pediatrician
- Daily rounds by a Board-Certified Pediatrician whenever a pediatric patient is onsite
- Telemedicine availability for pediatric specialists

Sumner Station's pediatric unit will have active involvement by families and primary care physicians in decision making and will provide education on medication safety and discharge planning to family members. For any patients or family members who do not speak English, Sumner Station will have 24/7 translation services.

The specialized equipment and staffing will give pediatric patients and their families a better hospital experience and higher quality of care than they would receive at a general medical/surgical unit geared towards adults. Sumner Station will have the flexibility to increase the number of beds available to pediatric patients during peaks of seasonal illness. For any patients that present at Sumner Station who require higher-acuity or tertiary care, Sumner Station will transfer those patients to a more appropriate facility. SRMC maintains active transfer agreements with area hospitals, including Vanderbilt University Medical Center which treats higher-acuity pediatric patients.

Growth in Pediatric Population

The growth in the pediatric population in the area immediately surrounding Sumner Station is shown by the rapid development of schools. Station Camp High School was built 1 mile from Sumner Station in 2002 to accommodate rapid student population growth. The high school was eventually paired with an elementary and middle school on the same site. All the schools filled to capacity much faster than expected. In response, Sumner County developed a new campus in 2022 (Liberty Creek) at 475 Upper Station Camp Creek Road. That campus is now home to a new elementary, middle, and high school, similar to the Station Camp campus.[24]

[24] "Information Regarding New Schools and Station Camp Area Zoning Changes," Sumner County Schools, https://sumnerschools.org/index.php/projects?highlight=WzEwLDExLDEyLDEzLDE0LDE1LDE2LDE3LDE4LDE5XQ==.

As shown in the table below, the pediatric population—residents aged 0 to 17—in the five ZIP codes near Sumner Station is expected to grow. In 2025, there were about 44,865 residents under the age of 18 across the five-ZIP-code immediate service area, with that figure projected to grow to 45,912 by 2030. The Gallatin ZIP code (37066) alone has over 15,600 pediatric residents and that population is projected to grow nearly 9 percent over the next five years.

Sumner Station Immediate Service Area Population Aged 0 to 17, 2025–2030

ZIP Code	2025	2030	Growth
37066 (Gallatin)	15,614	16,995	8.8%
37048 (Cottontown)	1,491	1,492	0.1%
37075 (Hendersonville)	16,670	16,252	-2.5%
37148 (Portland)	6,133	6,044	-1.5%
37188 (White House)	4,957	5,129	3.5%
Service Area Total	**44,865**	**45,912**	**2.3%**

Source: Esri, "Demographic Estimates," updated June 2025, accessed March 28, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

The table below shows that Sumner County's population under age 18 has grown substantially since 2010, increasing from 40,630 to 47,940 in 2025, an 18.0 percent increase. Growth is projected to continue, reaching 48,591 by 2030, though at a more moderate rate of 1.4 percent between 2025 and 2030. While statewide pediatric population growth has remained relatively modest over this period, Sumner County's sustained growth reflects its position as one of the faster-growing counties in Tennessee. Despite this large and growing population of children and adolescents, Sumner County has no dedicated inpatient pediatric unit.

Pediatric Population (0-17) by County, 2010-2030

County	2010		2025	2030	Change 2010-2025	Change 2025-2030
Sumner County	40,630	47,940	48,591	18.0%	1.4%	
Macon County	5,567	6,386	6,554	14.7%	2.6%	
Robertson County	17,042	17,513	17,607	2.8%	0.5%	
Smith	4,643	4,494	4,412	-3.2%	-1.8%	

County					
Trousdale County	1,935	2,377	2,484	22.8%	4.5%
Wilson County	28,568	38,052	40,421	33.2%	6.2%
Service Area Total	98,385	116,762	120,069	18.7%	2.8%
Tennessee	1,496,001	1,521,101	1,514,700	1.7%	-0.4%

Source: Esri, "Demographic Estimates," updated June 2025, accessed April 22, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

The counties surrounding Sumner County have a growing pediatric population and no pediatric beds. Wilson County has experienced particularly strong growth, increasing 33.2 percent between 2010 and 2025 and projected to grow an additional 6.2 percent through 2030. Trousdale County has also grown rapidly, with a 22.8 percent increase since 2010 and continued projected growth of 4.5 percent. Across the full pediatric service area, the population under age 18 has grown nearly 19 percent since 2010 and is projected to be over 120,000 by 2030. The proposed pediatric unit at Sumner Station would be the only dedicated inpatient unit for children and adolescents serving this population, providing families across Sumner County and the surrounding region with access to age-appropriate inpatient care closer to home.

Need for the Operating Rooms, Endoscopy Suite, and Cardiac Catheterization Laboratory

Need for Two Operating Rooms

The proposed project includes renovation of space for two operating rooms, along with the necessary ancillary spaces to provide surgical care. Having two operating rooms at Sumner Station will improve quality of care by reducing transfers while letting a wider array of patients be treated closer to their homes. Clinical research suggests that the transfer process itself acts as an independent stressor. For example, a study published in the *International Surgery Journal*[25] notes that transferred surgical patients experience significantly higher hospital costs and increased mortality—with some data showing up to a threefold increase in in-hospital mortality compared to directly admitted patients. These complications often stem from restarting the diagnostic process and systemic delays in handover. Research in the *Journal of the American College of Surgeons*[26] further supports this, indicating that even when mortality is stabilized,

[25] Zalums, A. Z, "Patient outcomes, system challenges and solutions in inter-hospital transfer for acute surgical care – a literature review," *International Surgery Journal*, 13(1), 177–180 (2025), https://doi.org/10.18203/2349-2902.isj20254351.

[26] "Rural Cancer Patients Do Just as Well When Having Surgery Close to Home," American College of Surgeons,https://www.facs.org/media-center/press-releases/2026/rural-cancer-patients-do-just-as-well-when-having-surgery-close-to-home/#:~:text=The%20analysis%2C%20focused%20on%20adults,to%20more%20distant%20urban%20facilities.

transferred patients suffer from 25% higher complication rates and significantly longer lengths of stay. By maintaining two onsite operating rooms (ORs), Sumner Station makes sure patient care is not unnecessarily delayed. Two ORs will allow more flexible scheduling. This flexibility allows emergent cases to be treated with minimal rescheduling delays for lower-acuity patients.

The strategic value of having operating rooms at Sumner Station also extends to professional recruitment and regional resource management. As the service area population grows, so will the demand for surgical services and the need for more surgeons who will practice in the area. The ability to offer onsite operating privileges is a primary factor in attracting top-tier surgical talent. According to the American Medical Association,[27] modern health systems are increasingly successful in physician retention when they provide the onsite resources and infrastructure that allow surgeons to "hit the ground running" and grow their practices without waiting for OR availability. Two ORs ensure that a single long procedure does not lock out other specialists, allowing for the concurrent scheduling that physicians require for a productive practice.

Finally, the inclusion of two ORs serves as a critical safety valve for the community's emergency infrastructure. Any patient who arrives at Sumner Station's emergency department who needs surgical care must be transferred to another facility, which requires the use of municipal EMS resources. By providing the capacity to treat surgical patients onsite, Sumner Station effectively returns these units to the streets of Sumner County, preventing the need for a transfer and making sure life-saving emergency resources remain available for the next 911 call in the service area.

Need for the Endoscopy Suite and Cardiac Catheterization Laboratory (Cath Lab)

The renovation of the existing space to allow for an endoscopy suite and cardiac catheterization laboratory will have a similar effect as the operating rooms—they will both let more patients receive care at Sumner Station without requiring transfer to another facility. Patients presenting at the hospital with urgent gastrointestinal issues such as bleeding, severe abdominal pain, or obstruction benefit from rapid diagnosis and treatment. Having an onsite endoscopy suite will allow better diagnostic capabilities for both inpatients and outpatients who arrive with emergent issues. The endoscopy suite will also be available for scheduled, outpatient endoscopy diagnostics, providing care closer to home and within a trusted healthcare system.

For a full discussion of the need for the cardiac catheterization laboratory, please see the rules and criteria for that service. The proposed cath lab will provide diagnostic and interventional procedures for both inpatient and outpatient adults. The establishment of an onsite cath lab at Sumner Station is supported by the principle of continuity of care. Without an onsite cath lab, some patients who present at Sumner Station would have to be transferred to another facility which disrupts clinical oversight. Preparing patients for transport (including disconnecting monitors, transitioning to EMS equipment, and navigating traffic)

---

[27] "8 Health Systems Finding Success in Physician Recruitment, Retention," American Medical Association,https://www.ama-assn.org/practice-management/physician-health/8-health-systems-finding-success-physician-recruitment.

introduces a window of vulnerability for catheterization patients. A recent study published in the *American Heart Journal* found that even non-acute transfers cause significantly higher resource utilization, higher total hospital costs, increased lengths of stay and higher mortality.[28] A major contributing factor for the longer stays and higher costs is that the receiving facility must often restart the diagnostic care and administrative procedures for patients, often repeating baseline assessments already performed at the originating site.

Beyond the clinical issues, transfers reduce patient satisfaction and increase the burden on family members. A cardiac event is inherently traumatic and adding the logistical burden of a secondary location compounds this stress. For families, a transfer often means navigating new parking and security systems, different visiting hours, and a new set of providers during a period of elevated anxiety. An onsite cath lab at Sumner Station will allow patients to remain within a single, familiar environment where the larger care team and the interventional team share a unified electronic health record and a consistent care philosophy, ensuring that no detail is lost in a handoff between facilities.

The liability and safety risks associated with a transfer are not trivial. Interfacility transport is a complex clinical event[29] that exposes the patient to environmental stressors, noise, and vibration, which can exacerbate cardiac instability. Utilizing local EMS for routine inter-hospital transfers creates a resource drain on the community. When a municipal ambulance is diverted to transport a stable patient for a procedure, that unit is unavailable for 911 emergency calls in the service area. An onsite catheterization lab effectively returns these emergency resources to the community while eliminating the inherent risks of road-based medical transport, such as weather delays or traffic accidents.

The ability to treat patients onsite prevents dangerous delays in care. By reducing the order-to-procedure interval, Sumner Station can make sure its patients receive definitive care without being subject to the availability of external transport teams or the bed capacity of other facilities in the region. The cardiac catheterization lab requested in this proposal is not merely about adding a service line; it is about improving access to care for the local population and making sure the golden hour[30] of cardiac care is spent on treatment, not in transit.

b. The applicant should demonstrate that the existing physical plant's condition

---

[28] "Impact of Transfer From Non-Acute Care Centers on Clinical Outcomes in Patients With Congestive Heart Failure," American Heart Journal Plus: Cardiology Research and Practice, https://pmc.ncbi.nlm.nih.gov/articles/PMC10945999/.

[29] "Patient Care During Interfacility Transport: A Narrative Review of Managing Diverse Disease States." World Journal of Emergency Medicine, https://pmc.ncbi.nlm.nih.gov/articles/PMC9842466/.

[30] "Golden Hour in Heart Attack." 360 Heart Care, https://heart360care.com/golden-hour-in-heart-attack/#:~:text=Also%2C%20it%20is%20important%20to,eventually%20save%20a%20patient's%20life.

warrants major renovation or expansion.

Sumner Station does not currently have rooms or nursing units designed and equipped for inpatients. The proposed renovation is necessary to provide these units as well as the operating rooms, cath lab, endoscopy suite, and ancillary services for inpatients. The proposed project adds inpatient services in the existing footprint of the building, with minimal new construction. This makes the project as cost effective as possible while creating a hospital that is right-sized for the community it serves in its complement of services. An ED and many ancillary services (imaging) are already available onsite. The project requires the addition of nursing units, operating rooms, endoscopy services, and a cardiac cath lab. The project will expand the cafeteria, patient intake, pharmacy, laboratory, and elevators for provision of inpatient services.

Because the 28 acute care beds and associated clinical spaces will be created through renovation of and targeted expansion of an existing facility rather than new construction, the project's capital cost is less than building a new hospital. The total estimated project cost of about $59,335,000 reflects this efficiency, and the existing building's infrastructure would be much more costly to replicate through the construction of a new facility.

STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

Acute Care Beds

The Health Services Development Agency (HSDA) may consider the following standards and criteria for applicants seeking to establish Acute Care Beds. Rationale statements are provided for standards to explain the Division of Health Planning's underlying reasoning. Additionally, these rationale statements may assist stakeholders in responding to these Standards and may assist the HSDA in its assessment of applications. Existing Acute Care Bed programs are not affected by these standards and criteria unless they take action that requires a new certificate of need (CON) for such services. These proposed standards and criteria will become effective immediately upon approval and adoption by the governor.

The Certificate of Need Standards and Criteria serve to uphold the Five Principles for Achieving Better Health set forth by the State Health Plan. These Principles were first developed for the 2010 edition and have been utilized as the overarching framework of the Plan in each annual update that has followed. Utilizing the Five Principles for Achieving Better Health during the development of the CON Standards and Criteria ensures the protection and promotion of the health of the people of Tennessee. The State Health Plan's Five Principles for Achieving Better Health are as follows:

1. **Healthy Lives:** The purpose of the State Health Plan is to improve the health of Tennesseans.
2. **Access:** Every citizen should have reasonable access to health care.
3. **Economic Efficiencies:** The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the state's health

care system.

4. **Quality of Care:** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

5. **Workforce:** The state should support the development, recruitment and retention of a sufficient and quality health care workforce.

Definitions

Licensed Beds: The number of beds licensed by the agency having licensing jurisdiction over the facility.

Staffed Beds: Beds that are licensed and physically available for which staff is on hand to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.

Rural Area: A proposed service area shall be designated as rural in accordance with the U.S. Department of Health and Human Services (HRSA) Federal Office of Rural Health Policy's *List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties*. This document, along with the two methods used to determine eligibility, can be found at the following link:

http://www.hrsa.gov/ruralhealth/resources/forhpeligibleareas.pdf

For more information on the Federal Office of Rural Health Policy visit: http://www.hrsa.gov/ruralhealth/

Service Area: The county or counties represented in an application as the reasonable area in which a facility intends to provide services and/or in which the majority of its patients reside.

Standards and Criteria

1. **Determination of Need:** The following methodology should be used and the need for hospital beds should be projected four years into the future from the current year.

   Using the latest utilization and patient origin data from the Joint Annual Report of Hospitals and the most current populations projection series from the Department of Health, both by county, calculate need based on the following:

   Step 1

   Determine the current Average Daily Census (ADC) in each county,

   $$ADC = \frac{\text{Patient Days}}{365 \text{ (366 in leap year)}}$$

   Step 2

To determine the service area population (SAP) in both the current and projected year(s):

a. Begin with a list of all the hospital discharges in the state, separated by county, and showing the discharges both by county where the patient actually lives (resident discharges), and the county in which the patient received medical treatment.

b. For the county in which the hospital is (or would be) located (service county), determine which other counties have patients who are treated in your county (resident counties). Treat all of the discharges from another state as if that whole state were a single resident county. The total discharges of residents from another state should be calculated from state populations estimates and the latest National Center for Health Statistics southeastern discharge rates.

c. For each resident county, determine what percent of their total resident discharges are discharged from a hospital in the proposed/existing service county (if less than one percent, disregard).

d. For each resident county, apply the percentage determined above to the county's population (both projected and current). Add together the resulting numbers for all the resident counties and add that sum to the projected and current population of your service county. This will give you the service area population (SAP).

Step 3

Determine projected Average Daily Census as:

$$\text{Projected ADC} = \text{Current ADC} \times \frac{\text{Projected SAP}}{\text{Current SAP}}$$

Step 4

Calculate Projected Bed Need for each county as:

$$\text{Projected Need} = \text{Projected ADC} + 2.33 \times (\text{Square Root of Projected ADC})$$

However, if projected occupancy:

$$\text{Projected Occupancy: } \frac{\text{Projected ADC}}{\text{Projected Need}} \times 100$$

If greater than 80 percent, then calculate projected need:

$$\text{Projected Need} = \frac{\text{Projected ADC}}{.8}$$

The need formula as outlined above results in a licensed bed surplus of 54 and a staffed bed shortage of 9 beds in Sumner County in 2030. See Attachment Acute Care Beds-1 for the Excel workbook received from the Health Facilities Commission staff that calculates this surplus and shortage.

a. New hospital beds can be approved in excess of the "need standard for a county" if the following criteria are met:

   i. All existing hospitals in the proposed service area have an occupancy level greater than or equal to 80 percent for the most recent Joint Annual Report. Occupancy should be based on the number of staffed beds for two consecutive years.

Staffed bed occupancy was calculated using JAR methodology as total inpatient days divided by the product of staffed beds and 365 days. This measure reflects utilization of beds that are actually available for patient care.

As shown in the table below (also included in response to Question 4N), staffed beds in the service area operated at 62 and 77 percent occupancy, in 2023 and 2024, respectively. Utilization has increased over this period, with total patient days rising by 17 percent between 2022 and 2024. Notably, SRMC's staffed bed occupancy reached 82 percent in 2024, indicating that available operational capacity at that facility is already at a high level. These trends demonstrate increasing utilization of staffed capacity within the service area.

While service area occupancy does not exceed 80 percent in both years, the upward trend in utilization and the fact that SRMC has already reached 82 percent occupancy demonstrate that available staffed capacity is becoming increasingly constrained. These trends support the need for additional inpatient capacity to accommodate continued growth in demand.

Facility	2024 Staffed Beds	Patient Days[1]			Staffed Bed Occupancy			% Change in Patient Days 2022-2024
		2022	2023	2024	2022	2023	2024	
SRMC	130	29,545	31,001	39,126	72%	53%	82%	32%
TriStar Hendersonville Medical Center	133	33,435	32,551	34,838	74%	73%	72%	4%
TOTAL	263	62,980	63,552	73,964	73%	62%	77%	17%

Source: 2022-2024 Joint Annual Reports

1. In order to provide adequate information for a comprehensive review, the applicant should utilize data from the Joint Annual report to provide information on the total number of licensed and staffed beds in the proposed service area. Applicants should provide an explanation to justify any differences in staffed and licensed beds in the applicant's facility or facilities. The agency board should take into consideration the ability of the applicant to staff existing unstaffed licensed beds prior to approving the application for additional beds.

   The following table should be utilized to demonstrate bed capacity for the most recent year.

[1] Excluding normal newborns.

	Total Beds			
	Total Licensed Beds	**Staffed beds set up and in use on a typical day**	**Licensed beds not staffed**	**Licensed beds that could not be used within 24-48 hours**
SRMC	167	130	37	0
TriStar Hendersonville Medical Center	134	133	1	1
Sumner County Total	**301**	**263**	**38**	**1**

Source: 2024 Joint Annual Reports, Schedule F

The table above shows the staffed and licensed beds according to the 2024 Joint Annual Reports. As of April 2026, there are 152 beds that are set up and staffed on a typical day.

ii. All outstanding CON projects for new acute care beds in the proposed service area are licensed.

There are no outstanding CON projects for new acute care beds in the proposed service area.

iii. The Health Services and Development Agency may give special consideration to applications for additional acute care beds by an existing hospital that demonstrates (1) annual inpatient occupancy for the twelve (12) months preceding the application of 80 percent or greater of licensed beds and (2) that the addition of beds without a certificate of need as authorized by statute will be inadequate to reduce the projected occupancy of the hospital's acute care beds to less than 80 percent of licensed bed capacity.

Annual inpatient occupancy for the twelve (12) months preceding the application was not 80 percent or greater of licensed beds. The last 12 months of publicly reported data from the 2024 JAR data demonstrate SRMC acute care beds were at 67 percent occupancy on 167 licensed beds and 82 percent occupancy on 130 staffed beds. Please note, as of April 2026 there are 152 beds that are set up and staffed on a typical day. As shown in the projected patient days for Sumner Regional Medical Center in response to Question 6N of the application, the applicant does not expect that SRMC's main campus would operate above 80 percent occupancy in 2029 (project year two).

Sumner Station currently has no inpatient beds, and the operational ramp-up required to safely open new inpatient adult, pediatric, ICU, and psychiatric services prevents those incremental additions from adequately addressing projected demand over the project horizon. Given the sequencing necessary to open these clinical programs, a piecemeal bed expansion would not keep pace with utilization growth. Accordingly, completing the construction and licensure of the proposed beds as a single, comprehensive project is the most efficient and appropriate path to meeting community need. Moreover, as discussed elsewhere in this application, the proposed project will improve geographic access and introduce pediatric services to Sumner County.

Request for Special Consideration

According to the Standards and Criteria for Acute Care Beds, additional hospital beds may be approved in excess of the county need standard when the provisions outlined in Sections 1.a.(i) through 1.a.(iii) are satisfied. Although the applicant does not meet all of these criteria, the applicant respectfully requests approval of the proposed additional beds based on the

clear evidence of existing and projected future demand for the proposed services within the service area. More detail on the need for this project, overall, is presented in response to the Construction, Renovation, and Expansion criteria.

As detailed throughout this application, the proposed project at Sumner Station will improve geographic access to care, support appropriate distribution of services across the system, and enhance access to pediatric acute care in the area. The applicant has provided comprehensive responses under the section titled Construction, Renovation, Expansion, and Replacement of Healthcare Institutions, which further substantiate the need for the proposed project. Please refer to that section for detailed background information, a full description of the entire project, demonstration of existing and projected future demand for the project, the costs of renovation, and alternatives considered.

b. Applicants applying for acute care beds in service area counties where there is no hospital, and thus no bed occupancy rate numbers to provide for the need formula, should provide any relevant data that supports its claim that there is a need for acute care beds in the county or counties. Data may include, for example, the number of residents of the county or counties who over the previous 24 months have accessed acute care bed services in other counties.

Not applicable. There are existing acute care hospitals in Sumner County.

Data: Applicants should utilize population data from the University of Tennessee, Tennessee State Data Center, Boyd Center for Business & Economic Research (UTCEBER) for determination of need calculations. These data are made publicly available at the following link:

http://tndata.utk.edu/sdcpopulationprojections.htm

Department of Health Acute Care Bed Need Projections are available upon request at the following link under "Submit a Request":

https://tn.gov/health/section/statistics

Note: A Critical Access Hospital (CAH) that has Centers for Medicare and Medicaid Services (CMS) approval to furnish swing bed services may use any acute care bed within the CAH for the provision of swing bed services, with the following exceptions: within their IPPS-excluded rehabilitation or psychiatric distinct part unit, in an intensive care-type unit, and for newborns.

See: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SwingBedFactsheet.pdf

In preparing the responses for the acute care bed need standards and criteria, the applicant has used the sources provided.

2. **Quality Considerations:** Applicants should utilize Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) measures. Applicants must provide data from the most recent four quarters utilizing the baseline established by the NHSN within the dataset.

Data Source: Hospital Compare https://www.medicare.gov/hospitalcompare/search.html?

Applicants should utilize the following table to demonstrate the quality of care provided at the existing facility.

Applicants should provide the above metrics and any improvement plans that are in place to improve the hospital's performance on these metrics.

In addition to the above metrics, the applicant should list, or briefly summarize, any significant quality accreditations, certifications, or recognitions that might be appropriate for Agency consideration (i.e. Joint Commission, TDH/BLHCF survey results, CMS standing, and/or clinical quality awards).

The above metrics should serve as a guide for the Agency to better understand the quality of care that is provided by the applicant at the existing facility. National and state averages serve as an indicator by which the board may evaluate the applicant.

Note: In the event quality data is unavailable for an applicant's existing facility, the applicant should provide data from a comparable, existing facility owned by the applicant. If no comparable data is available, the absence of such information should not disadvantage the applicant over another with available quality data.

Please see the table below, which was completed using the Hospital Compare data, accessed March 4, 2026.

Centers for Disease Control & Prevention's (CDC) National Healthcare Safety Network (NHSN) Measures				
Measure	**Source**	**National Benchmark**	**Hospital Standardized Infection Ratio (SIR)**	**Hospital Evaluation (above, at, or below national benchmark)**
Catheter associated urinary tract infection (CAUTI)	Hospital Compare: Complications & Deaths – Healthcare-associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.000	Better than national benchmark (1.000)
Central line associated blood stream infection (CLABSI)	Hospital Compare: Complications & Deaths – Healthcare-associated Infections	Standardized infection ratio (SIR) national benchmark = 1.	0.000	Better than national benchmark (1.000)
Methicillin resistant staphylococcus aureus (MRSA)	Hospital Compare: Complications & Deaths – Healthcare-associated infections	Standardized infection ratio (SIR) national benchmark = 1.	1.274	No different than national benchmark (1.000)
Clostridium difficile (*C. diff.*)	Hospital Compare: Complications & Deaths – Healthcare-associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.156	Better than national benchmark (1.000)
Surgical Site Infections (SSIs)				
SSI: Colon	Hospital Compare: Complications & Deaths – Healthcare- associated infections	Standardized infection ratio (SIR) national benchmark = 1.	0.527	No different than national benchmark (1.000)
SSI: Hysterectomy	Hospital Compare: Complications & Deaths – Healthcare-associated infections	Standardized infection ratio (SIR) national benchmark = 1.	Not available.	
		National Average	**Tennessee Average**	**Hospital Percentage**
% of patients who received appropriate care for severe sepsis and/or septic shock	Hospital Compare: Timely & Effective Care	64%	58%	71%

% of patients who left the ED before being seen	Hospital Compare: Timely & Effective Care	2%	3%	1%
% of patients who came to the ED with stroke symptoms who received brain scan results within 45 minutes of arrival	Hospital Compare: Timely & Effective Care	69%	69%	74%
Average (median) time all patients spent in the ED before leaving from the visit, including psychiatric/mental health patients and patients who were transferred to another facility	Hospital Compare: Timely & Effective Care	208 minutes	200 minutes	152 minutes
Average (median) time patients spent in the ED before leaving from the visit, excluding patients transferred to another facility or psychiatric care/mental health patients	Hospital Compare: Timely & Effective Care	203 minutes	194 minutes	148 minutes
Average (median) time patients spent in the ED before being transferred to another facility, not including psychiatric/mental health patients	Hospital Compare: Timely & Effective Care	342 minutes	378 minutes	256 minutes

Sumner Station will operate under the SRMC license. SRMC is accredited by The Joint Commission. SRMC is also a Level III trauma center and has earned the American College of Cardiology's Chest Pain Center accreditation and the highest designation from the American Heart Association's Get with the Guidelines, while maintaining advanced specialty certifications in stroke and perinatal care from The Joint Commission.

SRMC's existing FSED at Sumner Station in Gallatin meets or exceeds industry goals for quickly responsive service, high quality of round-the-clock staffing, virtual elimination of diversions to other emergency rooms, and coordination with

hospitals for transfers to higher levels of care. SRMC was recently approved for a new FSED in White House, Tennessee.

Please see Attachment 1N submitted with the original application for more information on the applicant and Ascension Health's history of providing quality care.

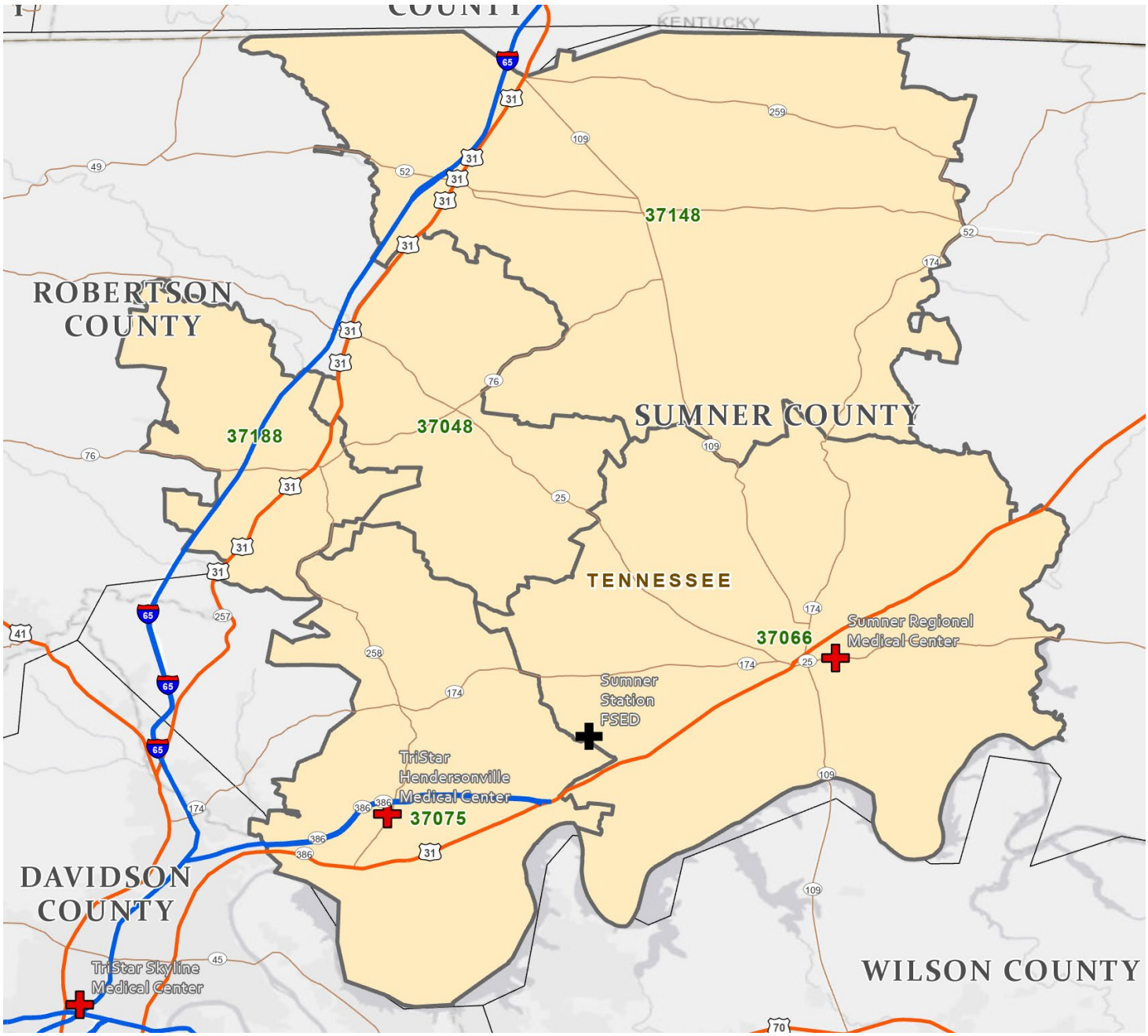
3. **Establishment of Service Area:** The geographic service area shall be reasonable and based on an optimal balance between population density and service proximity of the applicant.

Sumner Station has established two service areas: one for adult acute care services and the other for pediatric services.

Adult Acute Care Service Area

The adult acute care service area for Sumner Station consists of the home zip code for the project site (37066) and four contiguous zip codes: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House). The applicant projects 90 percent of adult inpatients at Sumner Station will be residents of the service area. This is reasonable, based on the patient origin patterns at the FSED. Based on internal data, in 2025, 82 percent of Sumner Station ED visits came from the five service area zip codes (18 percent in-migration). The map below shows the service area zip codes.

Sumner Station Proposed Zip-Code Level Service Area



The proposed site will also reduce travel time for inpatient care for residents of these zip codes. The table below shows the drive times from the population centroid of each service area zip code to Sumner Station and the two existing hospitals in the service area. The proposed hospital will be as close or closer to residents of each zip code (based on population centroid), except 37148, whose residents are located one minute closer to SRMC than Sumner Station. The proposed service area considers the benefits to area residents and patients in terms of access to timely care.

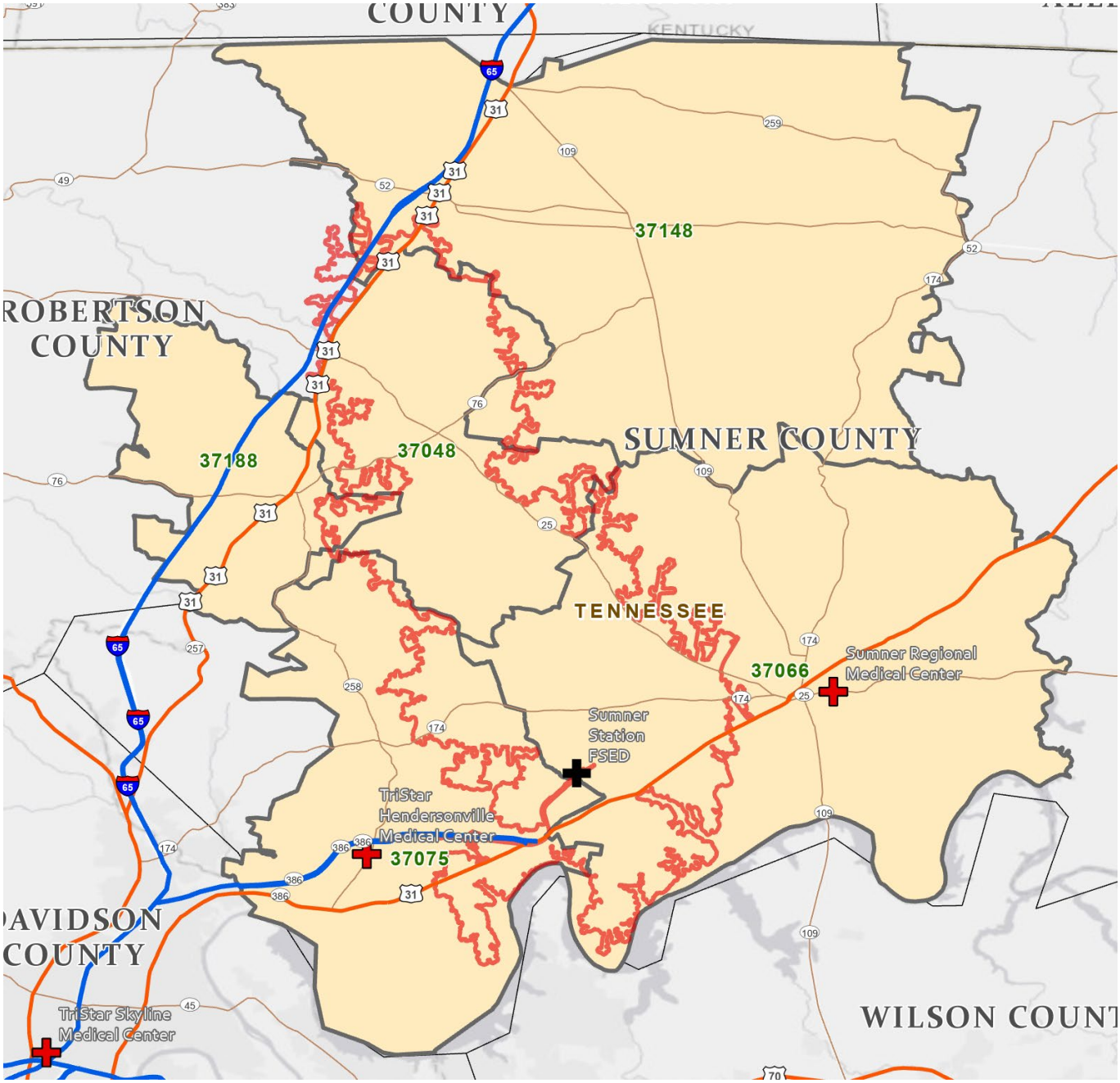
Sumner Station Service Area Zip Codes, with Drive Times from Population Centroids to Sumner County Hospitals

Service Area Zip Code	Population Centroid		Drive Time in Minutes to Sumner Station	Drive time in Minutes to SRMC	Drive Time in Minutes to TriStar Hendersonville
	LAT	LON			
37048	36.497	-86.607	22	25	30.5
37066	36.377	-86.472	10.5	11	19
37075	36.317	-86.606	11.5	23	12
37148	36.574	-86.506	29.5	25	35
37188	36.466	-86.668	24	35	25

Source: Zip Code Population Weighted Centroids, U.S. Department of Housing and Urban Development, available from https://hudgis-hud.opendata.arcgis.com/datasets/d032efff520b4bf0aa620a54a477c70e_0/about. Google Maps drive time, assumed departure on Thursday, March 5, 2026, at 9am.

In determining the service area, the applicant considered not only the historical patient origin of the FSED at Sumner Station, but also the major area roadways and the area of the county that is closer to Sumner Station, based on drive time, than any other hospital in Tennessee. The map below shows the service area zip codes shaded in green, and the area closer to Sumner Station than any other hospital in the state, outlined in red. As the map illustrates, portions of each of the five primary zip codes are closer to Sumner Station than any other hospital in the state.

Sumner Station Primary Service Area Zip Codes, with Area Closest to Sumner Station, by Drive Time

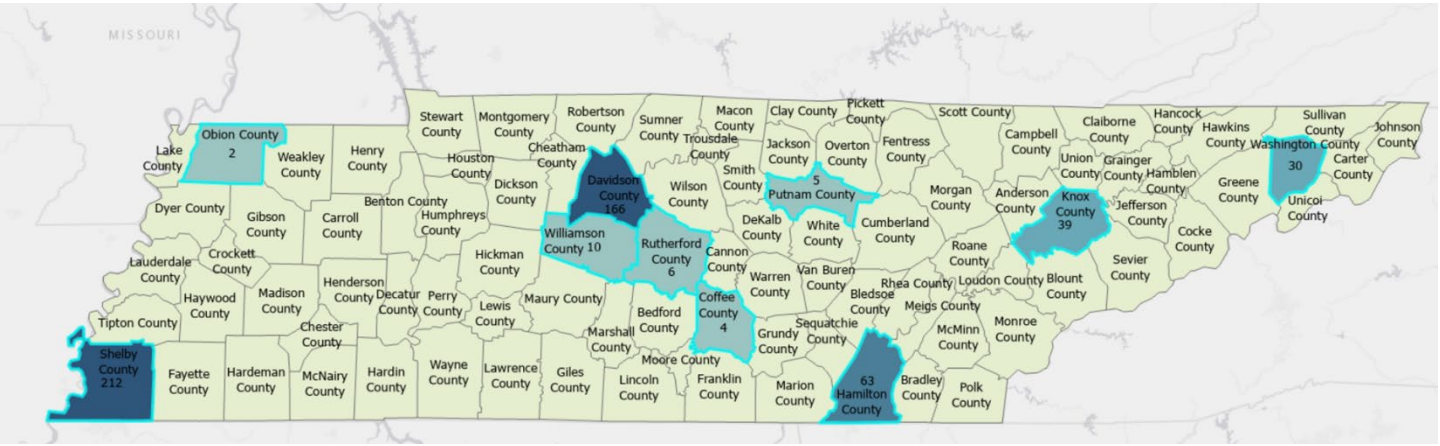


Pediatric Service Area

According to the 2024 JAR data, there are no pediatric beds in Sumner County, nor in neighboring Robertson, Wilson, Trousdale, Smith, or Macon counties. The map below shows the counties in Tennessee with hospitals that reported pediatric beds in their 2024 JAR, along with the number of pediatric beds in the county. Although Cookeville Regional Medical Center in Putnam County reported 5 pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list

pediatrics as one of the specialties available at the hospital.[2] With no robust pediatric program at Cookeville Regional Medical Center, there is a total lack of pediatric beds east of Davidson and Rutherford counties.

Number of Pediatric Beds Reported at Hospitals in Each County (2024 JAR)



The table below shows the proposed pediatric beds will reduce travel times for pediatric care for residents in Sumner, Macon, Robertson, and Trousdale counties. For residents of Wilson County, Sumner Station will offer pediatric care within the same travel time as the existing care at Saint Thomas Rutherford. For residents of Smith County, Sumner Regional is only five minutes further than the pediatric program at Saint Thomas Rutherford.[3] For residents of these two counties, the pediatric acute care beds at Sumner Station will present a new choice of patient provider within a similar driving distance. Because residents of these six counties will have geographic access improved or very similar to their existing options for pediatric patients, this is a reasonable service area.

[2] https://crmchealth.org/, accessed April 22, 2026.

[3] Please note, Although Cookeville Regional Medical Center in Putnam County reported 5 pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list pediatrics as one of the specialties available at the hospital. Therefore, it was not included in the table below. The only county for which it has a shorter drive time than Sumner Station is Smith, which is 50 minutes from Cookeville Regional.

Drive Times from Area Hospitals with Pediatric Beds to Pediatric Service Area Counties (based on population centroids)

	Sumner	Macon	Robertson	Smith	Trousdale	Wilson
Vanderbilt University	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1hr 10 mins	40 mins
TriStar Centennial	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1hr 5 mins	40 mins
Saint Thomas Rutherford	1 hr 5 mins	1hr 20 mins	1hr 20 mins	1 hr	1 hr	35 mins
Williamson Med Center	1 hr 5 mins	1hr 40 mins	1hr 10 mins	1hr 20 mins	1 hr 20 mins	50 mins
Sumner Station	10 mins	53 mins	40 mins	1 hr 5 mins	40 mins	36 mins

Travel times were calculated using Google Maps with a Wednesday, 9:00 AM departure. Population center coordinates are derived from the US Census Bureau's Centers of Population (2020 Census). All times reflected are rounded to the nearest minute.

4. **Relationship to Existing Similar Services in the Area:** The proposal shall discuss what similar services are available in the service area and the trends in occupancy and utilization of those services. This discussion shall include the likely impact of the proposed increase in acute care beds on existing providers in the proposed service area and shall include how the applicant's services may differ from these existing services. The agency should consider if the approval of additional beds in the service area will result in unnecessary, costly duplication of services. This is applicable to all service areas, rural, and others.

The following tables should be utilized to demonstrate existing services in the proposed service area.

Adult Acute Care

Sumner County currently has only two acute care hospitals: SRMC and TriStar Hendersonville Medical Center. The following tables summarize recent trends in inpatient utilization and occupancy at these facilities based on data reported in the Tennessee Joint Annual Reports. Please note, as of April 2026, there are 152 staffed beds at SRMC.

Facility	County	2024 Licensed Beds	Patient Days			Licensed Occupancy			% Change in Patient Days 2022-2024
			2022	2023	2024	2022	2023	2024	
SRMC	Sumner	167	29,545	31,001	39,126	48%	51%	64%	32%
TriStar Hendersonville Medical Center	Sumner	134	33,435	32,551	34,838	68%	67%	71%	4%
TOTAL		301	62,980	63,552	73,964	57%	58%	67%	17%

Facility	County	2024 Staffed Beds	Patient Days			Staffed Occupancy			% Change in Patient Days 2022-2024
			2022	2023	2024	2022	2023	2024	
SRMC	Sumner	130	29,545	31,001	39,126	72%	53%	82%	32%
TriStar Hendersonville Medical Center	Sumner	133	33,435	32,551	34,838	74%	73%	72%	4%
TOTAL		263	62,980	63,552	73,964	73%	62%	77%	17%

Source: Tennessee Joint Annual Reports 2022-2024

Inpatient days at both SRMC and TriStar Hendersonville Medical Center have increased almost 20 percent since 2022, demonstrating sustained growth in utilization across the service area and even more rapid growth in the last year of data. Sumner Station and SRMC will share an overlapping medical and surgical staff, supporting coordinated care delivery and appropriate distribution of patient volume between campuses. As discussed earlier in this application and within the *Construction, Renovation, Expansion, and Replacement* section, population growth in the Station Camp area is significant and shows no indication of slowing. These demographic and economic trends directly contribute to rising demand for inpatient services. A more detailed discussion of community need and the ways in which this project will improve access and quality for Tennesseans is included in that section and incorporated here by reference.

Although existing providers in Sumner County are not yet operating above 80 percent occupancy of licensed beds, both SRMC and TriStar Hendersonville are trending upward in occupancy and are expected to experience further increases by 2030, the second year of the proposed project. Utilization growth in the county and broader service area has been rapid, and without the proposed expansion at Sumner Station, upward pressure on occupancy levels is expected to continue.

The proposed acute care beds at Sumner Station are intended to complement existing services within the SRMC system rather than create unnecessary duplication. Sumner Station already serves as an established point of access for emergency and outpatient care within the county. Currently, patients presenting to the Sumner Station Emergency Department who require inpatient admission must be transferred to SRMC's main campus or another hospital because inpatient beds are not available onsite. The addition of inpatient capacity will allow many of these patients to receive care locally, improving continuity of care while reducing the need for interfacility transfers.

The proposed beds are expected to primarily serve patients who would otherwise receive care at SRMC's main campus. Sumner Station and SRMC will share an overlapping medical and surgical staff, allowing the health system to appropriately distribute patient volume between campuses while maintaining coordinated care delivery. Providing inpatient capacity at the Station Camp campus will improve geographic access to care for residents in southern Sumner County while also enhancing operational efficiency within the SRMC system.

The addition of inpatient beds will also improve patient flow and reduce emergency department boarding. Currently, when patients presenting to Sumner Station require admission, they must be transferred to another hospital for inpatient care. Allowing appropriate patients to be admitted onsite will improve emergency department throughput and allow physicians to provide more timely inpatient care.

The project also includes four intensive care unit beds. At present, patients presenting to Sumner Station who require higher-acuity care must be transferred to another facility because ICU beds are not available onsite. The addition of ICU capability will allow SRMC to manage critically ill patients more efficiently and provide a higher level of care within the SRMC system.

Pediatric Acute Care

The project will introduce pediatric acute care capability at the Sumner Station campus. Pediatric services are not licensed as a separate bed category in Tennessee, but the JAR has a category for reporting pediatric beds. There are currently no pediatric beds in Sumner County or in the six-county pediatric service area (Sumner, Trousdale, Macon, Robertson, Smith, and Wilson counties).

The proposed project does not include labor and delivery or a neonatal ICU (NICU). As such, those services are not relevant to the array of similar services in the area. The table below shows inpatient pediatric admissions and patient days, exclusive of NICU and normal newborn volume at hospitals in the six-county pediatric service area. SRMC expects pediatric patients who require specialty or tertiary care will continue to seek care primarily at Vanderbilt University Medical Center, which provided 73,438 pediatric days of care (excluding NICU), according to the 2024 JAR. For lower acuity pediatric patients, Sumner Station's proposed pediatric unit will not only improve geographic access, it will also improve quality of care and patient and family experience by providing services in a pediatric unit equipped and staffed for pediatric patients. Instead of receiving care in a general medical/surgical unit designed for adult care, many of the pediatric patients shown in the table below would benefit from receiving care at Sumner Station, which will have a pediatric physician on call 24/7 as well as a pediatric child life specialist on staff.

Pediatric Inpatient Days at Service Area Acute Care Hospitals

Facility	County	Pediatric Patients*	Pediatric Patient Days*
Macon Community Hospital	Macon	6	16
TriStar NorthCrest Medical Center	Robertson	215	400
Highpoint Health Riverview Ascension	Smith	43	89
Sumner Regional Medical Center	Sumner	226	495
TriStar Hendersonville Medical Center	Sumner	463	1,027
Highpoint Health Trousdale Ascension St Thomas	Trousdale	0	0
Vanderbilt Wilson County Hospital	Wilson	431	1,172

Source: 2024 Joint Annual Report Masterfile.

**Pediatric patient days and admissions exclude normal newborns and neonatal days at levels II-IV*

In addition to treating inpatients, SRMC provided care to 2,976 pediatric patients through its ED in 2024 and over 6,000 pediatric outpatient visits according to the 2024 Joint Annual Report. As discussed in the Construction, Expansion, and Renovation criteria, SRMC already serves a meaningful number of pediatric patients through its emergency department and outpatient services. However, when pediatric patients presenting to SRMC facilities require inpatient admission or higher-acuity care, they may require transfer to another hospital for definitive treatment. The proposed pediatric acute care beds and ICU beds at Sumner Station will allow SRMC to provide a broader range of inpatient services locally and improve continuity of care for pediatric patients who already seek care within the SRMC system and will also improve geographic access to care for residents of Sumner, Macon, Robertson, and Trousdale counties. For all six service area counties, the proposed project will offer a new choice of provider for pediatric inpatient care in a unit equipped and staffed to provide pediatric services. Please see the Construction, Expansion, and Renovation criteria for more detail.

Rural: Additional acute care beds should only be approved in a rural service area if the applicant can adequately demonstrate the proposed facility will not have a significant negative impact on existing rural facilities that draw patients from the proposed service area.

Not applicable. Sumner County is not a rural service area.

5. **Services to High-Need and Underserved Populations:** Special consideration shall be given to applicants providing services fulfilling the unique needs and requirements of certain high-need populations, including uninsured, low-income, and underserved geographic regions, as well as other underserved population groups.

Low-Income and Uninsured Patients

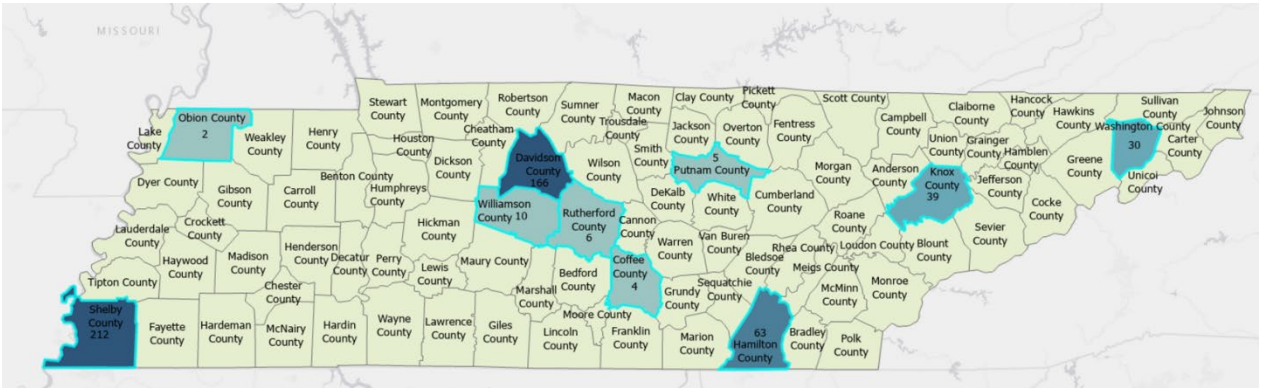
The proposed project will provide another point of care for area uninsured and low-income residents. Like all Highpoint Health providers, Sumner Station will provide inpatient care in accordance with Highpoint Health with Ascension Saint Thomas' Financial Assistance policy. Financial assistance eligibility is based solely on need. The discount guidelines provide a graduated discount based on the patient's family income. The discounts range from 100% for patients at less than or equal to 200% of the Federal Poverty Guidelines to a 60% discount for families whose income is between 276% and 300% of the Federal Poverty Guidelines. The financial assistance policy is available at:

https://www.highpointhealthsystem.com/sites/highpoint/assets/uploads/Highpoint%20Health-Financial%20Assistance%20Policy.pdf

Pediatric Patients Are an Underserved Population in This Area

According to the 2024 JAR data, there are no pediatric beds in Sumner County, nor in neighboring Robertson, Wilson, Trousdale, Smith, or Macon counties. The map below shows the counties in Tennessee with hospitals that reported pediatric beds in their 2024 JAR, along with the number of pediatric beds in the county. Although Cookeville Regional Medical Center in Putnam County reported five pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list pediatrics as one of the specialties available at the hospital.[4] With no robust pediatric program at Cookeville Regional Medical Center, there is a total lack of pediatric beds east of Davidson and Rutherford counties.

Number of Pediatric Beds Reported at Hospitals in Each County (2024 JAR)



SRMC used Tennessee Hospital Association (THA) data to determine the number of pediatric patients who live east of Davidson and Rutherford counties who received acute inpatient care in 2025. SRMC expects that higher-acuity pediatric patients and those who require specialized inpatient care will continue to receive care at other area hospitals, primarily

[4] Homepage, Cookeville Regional Medical Center, https://crmchealth.org/, accessed April 22, 2026.

Vanderbilt University Medical Center in Davidson County. Therefore, SRMC limited its analysis to DRGs and service lines[5] that Sumner Station can appropriately serve. See Attachment 6N-2 for the list of DRGs. The set of DRGs does not include higher-acuity DRGs and DRGs with an average length of stay of over six days. Sumner Station does not propose to offer labor and delivery services or a neonatal intensive care unit (NICU), so this analysis does not include neonates. The table below shows the number of pediatric discharges and patient days, by patient county, in this limited set of DRGs and service lines. The subset below is a small portion of the total 4,872 pediatric discharges and 31,059 pediatric patient days among residents of these six counties in 2025.

Pediatric Discharges and Patient Days Appropriate for Care at Sumner Station, by Patient County

	Sumner	Macon	Trousdale	Robertson	Smith	Wilson	Total
Discharges	231	40	21	144	29	207	672
Days	649	115	61	391	92	577	1,885

Source: Tennessee Hospital Association.

There were 672 pediatric patients who accounted for 1,885 patient days that could be appropriately served at Sumner Station during its initial years of operations. These patients would not have to travel to a large tertiary hospital in Nashville to receive care. Receiving low-acuity care closer to home will reduce the travel burden for pediatric patients and their families.

The table below shows the proposed pediatric beds will reduce travel times for pediatric care for residents in Sumner, Macon, Robertson, and Trousdale counties. For residents of Wilson County, Sumner Station will offer pediatric care within the same travel time as the existing care at Saint Thomas Rutherford. For residents of Smith County, Sumner Regional is only five minutes further than the pediatric program at Saint Thomas Rutherford.[6] For residents of these two counties, the pediatric acute care beds at Sumner Station will present a new choice of patient provider within a similar driving distance.

[5] In addition to the DRG limitations, SRMC assumed that no pediatric volume in the following service lines would be appropriate to shift to Sumner Station in its initial years of operations: hematology, psychiatry, substance abuse, seizures/epilepsy, medical cardiology, surgical spine, acute rehabilitation, post-partum, antepartum care/high-risk pregnancies, fusion, and medical oncology. SRMC further assumed that half or fewer of patients in the following service lines would be appropriate for care at Sumner Station: endocrinology, surgical trauma (orthopedics), nephrology, colorectal/lower GI, and oral and maxillofacial surgery.

[6] Please note, Although Cookeville Regional Medical Center in Putnam County reported 5 pediatric beds, it reported only 139 pediatric patient days (excluding normal newborns) on its 2024 JAR (or an average daily census of only 0.38 pediatric patients), and its website does not list pediatrics as one of the specialties available at the hospital. Therefore, it was not included in the table below. The only county for which it has a shorter drive time than Sumner Station is Smith, which is 50 minutes from Cookeville Regional.

Drive Times from Area Hospitals with Pediatric Beds to Pediatric Service Area Counties (based on population centroids)

	Sumner	Macon	Robertson	Smith	Trousdale	Wilson
Vanderbilt University	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1 hr 10 mins	40 mins
TriStar Centennial	40 mins	1 hr 20 mins	50 mins	1 hr 10 mins	1hr 5 mins	40 mins
Saint Thomas Rutherford	1 hr 5 mins	1hr 20 mins	1 hr 20 mins	1 hr	1 hr	35 mins
Williamson Med Center	1 hr 5 mins	1 hr 40 mins	1 hr 10 mins	1 hr 20 mins	1 hr 20 mins	50 mins
Sumner Station	10 mins	53 mins	40 mins	1 hr 5 mins	40 mins	36 mins

Travel times were calculated using Google Maps with a Wednesday, 9:00 AM departure. Population center coordinates are derived from the U.S. Census Bureau's Centers of Population (2020 Census). All times reflected are rounded to the nearest minute.

Pediatric patients and their families will benefit from pediatric inpatient services at Sumner Station. Sumner Station will staff and equip the hospital to ensure it provides high-quality, patient-centered care to pediatric patients. Sumner Station's plan to meet the specific needs of pediatric patients includes:

- Employing a Certified Child Life Specialist
- Employing a Certified Pediatric Nurse
- Having specialized, smaller hospital beds for pediatric patients
- Having sleeper couches available in all rooms so parents and caregivers can spend the night with pediatric patients
- Having smaller/specialized equipment for pediatric patients, including:
    - Airway intervention kits
    - Blood pressure cuffs
    - Suctioning equipment
    - Respiratory masks
    - Pacifiers to soothe infants and young children
    - Topical anesthetics for blood sampling
    - Nebulizers and meter-dose inhalers
    - Oximeter monitoring supplies
    - High chairs for infant and toddler meal times
- 24/7 availability of a Board-Certified Pediatrician
- Daily rounds by a Board-Certified Pediatrician whenever a pediatric patient is onsite
- Telemedicine availability for pediatric specialists

Sumner Station's pediatric unit will have active involvement by families and primary care physicians in decision making and will provide education on medication safety and discharge planning to family members. For any patients or family members who do not speak English, Sumner Station will have 24/7 translation services.

The specialized equipment and staffing will give pediatric patients and their families a better hospital experience and higher quality of care than they would receive at a general medical/surgical unit geared toward adults. Sumner Station will have the flexibility to increase the number of beds available to pediatric patients during peaks of seasonal illness. For any patients that present at Sumner Station who require higher-acuity or tertiary care, Sumner Station will transfer those patients to a more appropriate facility. SRMC maintains active transfer agreements with area hospitals, including Vanderbilt University Medical Center, which treats higher-acuity pediatric patients.

6. **Relationship to Existing Applicable Plans; Underserved Area and Population:** The proposal's relationship to underserved geographic areas and underserved population groups shall be a significant consideration.

In the *Construction, Renovation, Expansion, and Replacement* section, the applicant provides a detailed discussion of the need for this project. That discussion includes a discussion of geographic access. Also, see the discussion above regarding access for pediatric patients and their families. The proposed project will provide the following benefits:

- Improved consumer access to care: The proposed hospital will reduce the amount of time it takes for area residents and those who are picked up in the area by EMS to reach a high-quality acute care hospital. By reducing the number of interfacility transfers, the proposed hospital will also reduce the amount of time patients who initially present at Sumner Station must wait before they receive inpatient care.

- Improved access to pediatric care: the proposed project will be the only pediatric inpatient unit in Sumner County and will improve geographic access to care for residents of Sumner, Macon, Robertson, and Trousdale counties. The pediatric unit will also improve quality of care by staffing and equipping the unit for pediatric patients and their families. The pediatric unit will also be available for observation care for pediatric patients arriving through the ED who need additional care, but not inpatient stays.

- Improved quality: The primary purpose of an emergency department is to evaluate and stabilize patients. For patients who require an inpatient level of care, comprehensive treatment begins when they are admitted to an inpatient bed.

  Currently, patients presenting at the Sumner Station ED must first be seen in the emergency department, wait for an ambulance to be available to transfer them to an inpatient hospital, undergo the commute to the other hospital, and then be assessed by a team at the other hospital and admitted. This results in delays in care.

- The sooner a patient receives inpatient care, assessment by the hospitalist and any other physicians on the clinical team, and any additional testing, the sooner the underlying cause of their symptoms can be treated. Receiving treatment more quickly improves quality of care and patient outcomes.

- Reduced cost: The proposed project will reduce the number of interfacility transfers via EMS that occur for patients presenting at Sumner Station. This will result in fewer patients who incur the expense of a transfer and will reduce the cost of care for both patients and insurers. The hospital will also provide another site of care that accepts Blue Cross S-plans.

- Improved patient experience: As discussed above, the proposed hospital will reduce interfacility transfers and delays in care, thereby reducing the overall length of stay for an inpatient who presents at Sumner Station. Longer lengths of stay are associated with lower levels of patient satisfaction. The proposed hospital will reduce transfers, reduce costs to patients and lower overall length of stay, which will improve patient experience.

7. **Access:** The applicant must demonstrate an ability and willingness to serve equally all of the service area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is a limited access in the proposed service area.

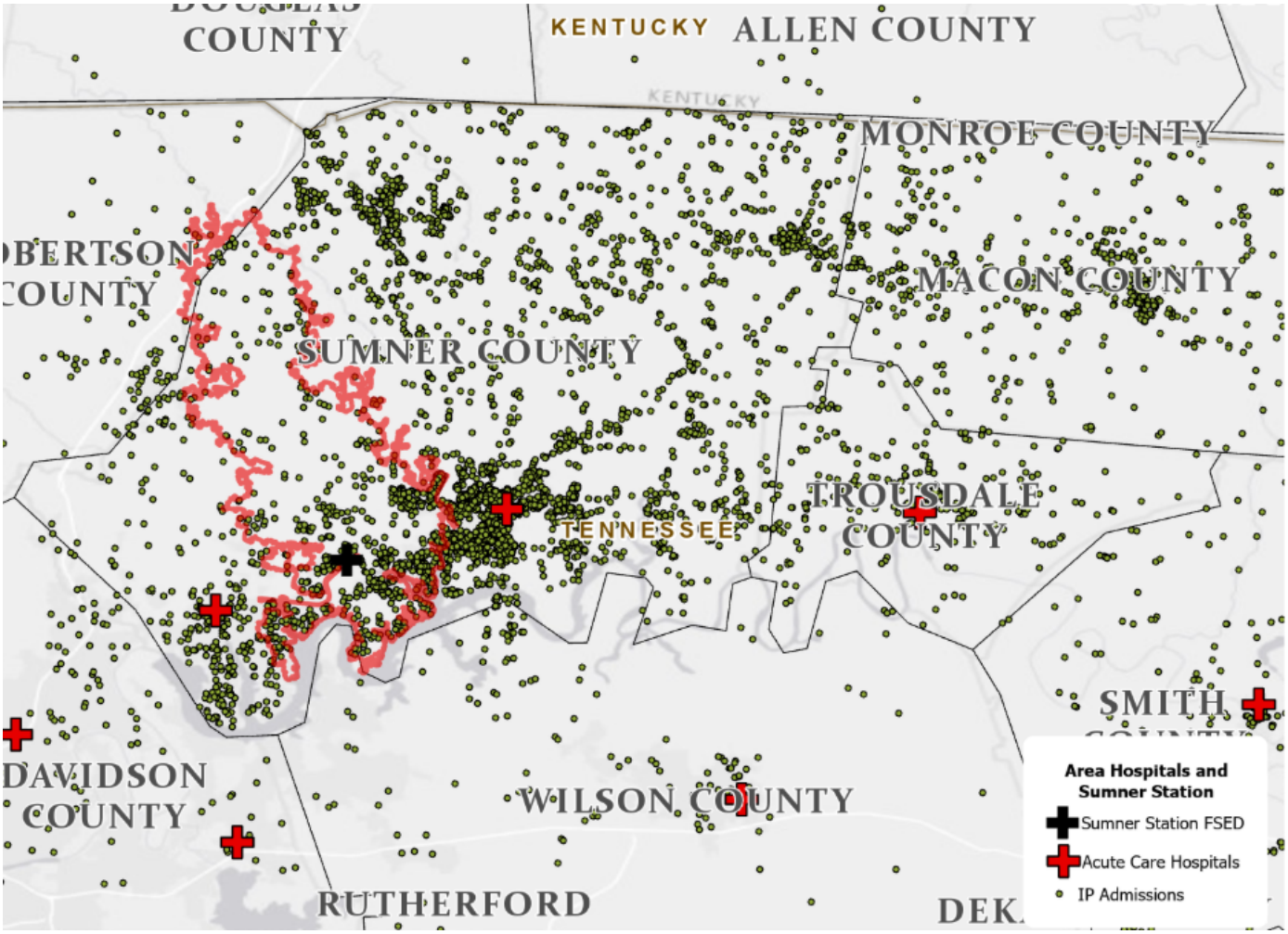
The applicant will serve all clinically appropriate patients on the proposed acute care beds, regardless of the county or zip code in which they live. In addition, Sumner Station will continue to meet all EMTALA requirements and will provide care to anyone coming to an emergency department for care, regardless of their insurance status, ability to pay, geographic origin, or any other factor.

The applicant recognizes that there are two existing hospitals in Sumner County. Highpoint Health designed the proposed project to be the right size to provide care closer to home for area residents as quickly as possible. The proposed project will be a more convenient and accessible inpatient facility for patients from the Station Camp area who are now coming to SRMC, and it will benefit emergency medical system (EMS) providers by allowing a wider range of patients to be treated at Sumner Station, reducing the volume of emergency department (ED) transfers from Sumner Station to SRMC and other acute care hospitals.

The map below shows the patient origin data for SRMC admissions in calendar year (CY) 2025. The red outline shows the area closer to Sumner Station than any other acute care hospital in Tennessee based on drive time. Of the 9,358 adult inpatients[7] admitted from SRMC in 2025, 1,397 lived closer to Sumner Station than any other hospital in the state. These patients accounted for about 15 percent of all admissions from SRMC in the year. Patients residing in this area would benefit from the option to receive care at a Highpoint Health with Ascension Saint Thomas hospital closer to their homes. Of these 1,397 patients, 84 percent (1,171 patients) were in the diagnosis-related group (DRG) set appropriate for Sumner Station.

[7] This excludes normal newborns (DRG 795). This number is based on internal SRMC discharge data for CY 2025.

SRMC Inpatient Admissions, CY 2025, with Indication of Area Closest to Sumner Station



Source: SRMC Internal Data, CY 2025

8. **Adequate Staffing:** An applicant shall document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise, and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed service area.

Because the proposed hospital will be a satellite of SRMC, it will need fewer additional staff than a separate hospital. Most of the administrative functions will be performed by staff at the main hospital. In addition, Sumner Station already has staff for its emergency department and outpatient services, many of whom will be available for those who access care as inpatients. With the relocation of beds, some existing staff at the main hospital will transfer to Sumner Station. There will be a need for 72.6 more FTEs. The applicant has a long and successful experience in recruiting, training, and retaining medical and hospital staff at its hospitals and FSEDs.

9. **Assurance of Resources:** The applicant shall document that it will provide the resources necessary to properly support the applicable level of services. Included in such documentation shall be a letter of support from the applicant's governing board of directors, Chief Executive Officer, or Chief Financial Officer documenting the full commitment of the applicant to develop and maintain the facility resources, equipment, and staffing to provide the

appropriate services. The applicant shall also document the financial costs of maintaining these resources and its ability to sustain them.

The applicant has included a letter of support in Attachment 1N-2 from Elliot Brown, SVP, Chief Accounting Officer for Lifepoint Health, documenting the full commitment to developing the proposed project, as outlined in this application, including the required project costs and staffing costs to provide inpatient services at Sumner station.

10. **Data Requirements**: Applicants shall agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant agrees to this.

11. **Quality Control and Monitoring:** The applicant shall identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

Rationale: This section supports the State Health Plan's Fourth Principle for Achieving Better Health regarding quality of care.

Sumner Station's inpatient services will be integrated into the structural framework of SRMC's Continuous Quality Improvement Plan. The organizational goals include providing a safe environment for patients, visitors, and associates, developing a culture for continual improvement for all, engaging all caregivers, and ensuring optimal outcomes for our patients. The plan uses the Plan, Do, Check, Act (PDCA) cycle for continuous quality improvement. The reporting on progress to goals and plan oversight is accomplished through committee meetings and data reviews, including, but not limited to, Medical Staff Quality Committee, Patient Safety Clinical Quality Committee, Chest Pain Committee, Emergency Department Committee, et al. Sumner Station quality reviews will use a variety of methods to obtain outcome and process monitoring metrics, such as medical record reporting and review, core measure abstraction analysis, chart reviews, regulatory compliance, and outcome measures to ensure safe, high-quality care is given to all patients utilizing services.

12. **Licensure and Quality Considerations:** Any existing applicant for this CON service category shall be in compliance with the appropriate rules of the TDH. The applicant shall also demonstrate its accreditation status with the Joint Commission or other applicable accrediting agency.

SRMC is in compliance with all appropriate rules of the TDH. SRMC is licensed and is accredited by the Joint Commission. Please see Attachment 3Q.

13. **Community Linkage Plan:** The applicant shall describe its participation, if any, in a community linkage plan, including its relationships with appropriate health care system providers/services and working agreements with other related community services assuring continuity of care.

Rationale: The 2014 Update to the State Health Plan moved from a primary emphasis of health care to an emphasis on "health protection and promotion". The development of primary prevention initiatives for the community advances the

mission of the current State Health Plan.

After CON approval, the applicant will implement an organized community education plan that will include the general public, physicians, EMS agencies, large employers, local elected officials, and urgent care centers. It will include education on the inpatient services that will be provided at SRMC, including what types of patients are appropriate for inpatient care at Sumner Station. The applicant will educate referral sources and the general public about the levels of care available at Sumner Station (general medical, pediatric, ICU, surgical, cardiac catheterization laboratory).

To ensure clarity about the services and levels of care offered at Sumner Station as compared to the host hospital, a comprehensive community and stakeholder education plan will be implemented.

For EMS personnel, targeted outreach and training sessions will be conducted by the Chief Medical Officer and Chief Nursing Officer in collaboration with Sumner County EMS. These sessions will include:

- In-person briefings and educational materials outlining the specific service lines available at the satellite hospital and which patients are appropriate for transport there based on acuity and clinical criteria.
- Quarterly “Lunch and Learn” events hosted by the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO), which will reinforce the types of patients that can safely be cared for at the satellite site and provide a forum for discussion and feedback.
- Ongoing updates and communication through EMS leadership and dispatch coordination to maintain alignment on service capabilities and changes over time.

The applicant has been in conversation with the Sumner County EMS Chief who is supportive of this project. Highpoint Health will continue to work collaboratively with Sumner County EMS as the proposed satellite is developed.

For residents of the service area, the applicant will implement a community engagement campaign that includes:

- Public information sessions and open houses before the facility opens for inpatient care.
- Distribution of clear, accessible brochures and online materials explaining the services available at Sumner Station.
- Collaboration with local clinics, primary care providers, and community organizations to help disseminate accurate information about where patients should go based on their needs.

This dual approach ensures that both EMS personnel and community members are well-informed about the scope of services at the satellite hospital, helping guide appropriate utilization and improving access to the right level of care.

CARDIAC CATHETERIZATION SERVICES

APPENDIX B. Revised and Updated Standards and Criteria for Cardiac Catheterization services

STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

CARDIAC CATHETERIZATION SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide cardiac catheterization services. Rationale statements for each standard are provided in an appendix. Existing providers of cardiac catheterization services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for such services.

These standards and criteria are effective immediately as of November 18, 2009, the date of approval and adoption by the governor of the State Health Plan. Applications to provide cardiac catheterization services that were deemed complete by HSDA prior to this date shall be considered under the Guidelines for Growth, 2000 Edition.

Definitions

Cardiac Catheterization: An invasive medical procedure performed within a cardiac catheterization laboratory and used as a diagnostic or therapeutic tool for heart and circulatory conditions. During a catheterization procedure a catheter is inserted into a blood vessel and is manipulated by a physician to travel along the course of the vessel in the chambers or vessels of the heart. Imaging equipment is used as an aid in placing the catheter tip in the desired position. Once in place the physician is able to perform various diagnostic and/or therapeutic procedures. Cardiac catheterization services include diagnostic cardiac catheterizations, therapeutic cardiac catheterizations, and electrophysiological (EP) studies, both diagnostic and therapeutic.

Cardiac Catheterization Laboratory: A room or suite of rooms in a hospital, freestanding facility, or a mobile laboratory that has the equipment, staff, and support services to function as an integrated unit for the purposes of performing cardiac catheterization procedures.

Certificate of Need Standards and Criteria-Cardiac Catheterization Services
Page 2

Diagnostic Cardiac Catheterization: The performance of cardiac catheterization for the purpose of detecting and identifying defects in the great arteries or veins of the heart, or abnormalities in the heart structure, whether congenital or acquired. Diagnostic cardiac catheterization services include, but are not limited to, left heart catheterizations, right heart catheterizations, left ventricular angiography, coronary procedures, and other cardiac catheterization services of a diagnostic nature. Post-operative evaluation of the effectiveness of prostheses also can be accomplished through a diagnostic catheterization procedure.

Therapeutic Cardiac Catheterization: The performance of cardiac catheterization for the purpose of correcting or improving certain conditions that have been determined to exist in the heart or great arteries or veins of the heart. This includes Percutaneous Coronary Interventions (PCI) or any catheter-based treatment procedures for relieving coronary artery narrowing. Included within this definition are procedures such as rotational atherectomy, directional atherectomy, extraction atherectomy, laser angioplasty, implantation of intracoronary stents, brachytherapy, and other catheter treatments for treating coronary atherosclerosis.

Cardiac Catheterization Procedure: A medical diagnostic or therapeutic intervention during which a catheter is manipulated by a physician to travel along the course of a blood vessel into the chambers or vessels of the heart. When the catheter is in place, the physician is able to perform various diagnostic studies and/or therapeutic procedures in the heart. For the purposes of measuring operator/physician volume under Standard 7, each procedure performed during a cardiac catheterization case following the catheterization shall count toward that operator/physician's volume.

Electrophysiological (EP) Study: An invasive procedure that tests the heart's electrical system through a catheter typically from the groin to the heart. Once the catheter is placed in the heart by the physician, electrical signals are sent through the catheter to the heart tissue to evaluate the electrical conduction system contained within the heart muscle tissue. An EP study can be performed solely for diagnostic purposes to pinpoint the exact location of electrical signals (cardiac mapping) or in conjunction with a therapeutic procedure called catheter ablation. The procedures (both diagnostic and therapeutic studies) are performed in a specially equipped laboratory and under controlled clinical circumstances by cardiologists and nurses who sub-specialize in electrophysiology.

Diagnostic Electrophysiological Study: An invasive test performed that allows an electrophysiologist to determine the details of abnormal heartbeats, or arrhythmias. Measurements related to the electrical system within the heart are made at baseline and during stimulation to provide information about the exact location and type of arrhythmia so that specific treatment can be given. During this testing, cardiac mapping through the use of catheter manipulation or 3-dimensional systems may take place. The arrhythmia may start from any area of the heart's electrical conduction system.

Therapeutic Electrophysiological Study: In conjunction with the diagnostic electrophysiological study, a therapeutic procedure called catheter ablation may be performed. Catheter ablation is most commonly done through the delivery of radio-frequency energy or cryo-energy to an area of the heart to selectively destroy cardiac tissue.

Certificate of Need Standards and Criteria-Cardiac Catheterization Services
Page 3

Peripheral Vascular Catheterization: An invasive medical procedure that may be performed within a cardiac catheterization laboratory. The procedure involves the insertion of a catheter into a peripheral artery or vein for diagnostic or therapeutic purposes. This procedure is used to evaluate the presence of plaque build-up (Atherosclerosis) in the peripheral arteries — meaning the arteries to the lower abdomen, kidneys, arms, legs, head, neck and feet.

Diagnostic Peripheral Vascular Catheterization: An invasive diagnostic test in which a catheter is inserted into a peripheral vein or artery to inject dye (contrast medium). X-rays are taken of the dye within the arteries, allowing clear visualization of the blood flow inside the artery where peripheral vascular disease can occur. This test may be performed within a cardiac catheterization laboratory.

Therapeutic Peripheral Vascular Catheterization: A procedure that can be used to dilate (widen) narrowed or blocked peripheral arteries or to remove a clot or plaque from arteries. In conjunction with or subsequent to peripheral vascular catheterization, a therapeutic procedure may be performed by various means that include balloon angioplasty, stenting, and atherectomy or other mechanical intervention to restore blood flow to the effected organ or tissue. These procedures may be performed within a cardiac catheterization laboratory.

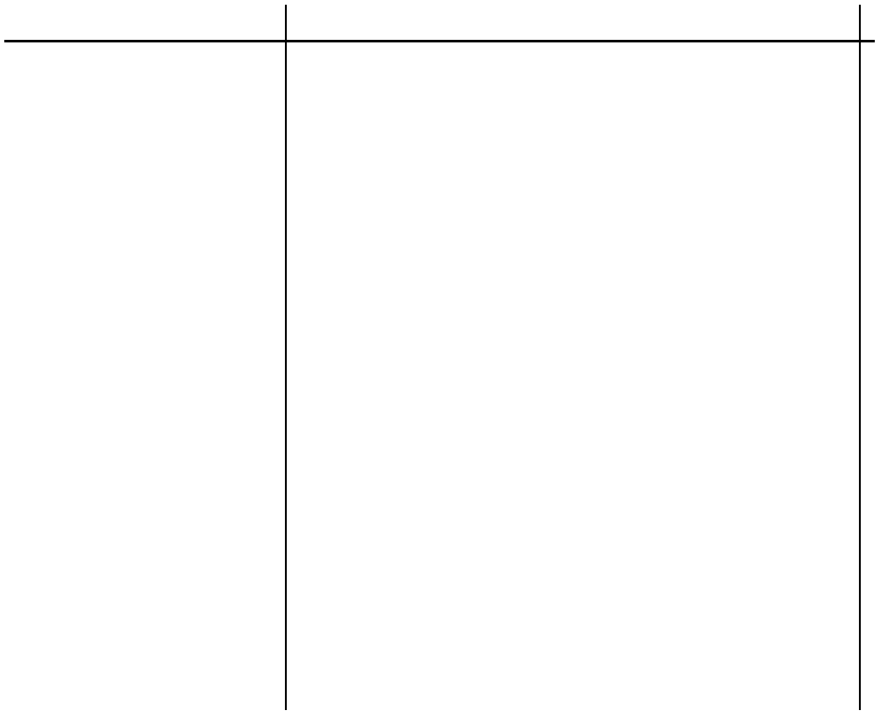
a) Balloon Angioplasty: A thin tube called a catheter with a deflated balloon on its tip is passed into the narrowed artery segment. The balloon is then inflated, compressing the plaque and dilating the narrowed artery so that blood can flow more easily. The balloon is then deflated and the catheter is withdrawn.
b) Peripheral Stenting: A cylindrical, wire mesh tube that expands and locks open -may be placed in the narrowed artery with another catheter to keep the diseased artery open.
c) Catheter-based Atherectomy: A procedure for opening up an artery using a specialized catheter inserted into a blocked artery to remove a buildup of plaque. The catheter may contain a sharp rotating blade ("burr" device), dissectional device (grinding bit), or laser filament to remove the plaque. It may be used as a complement to angioplasty and stenting.

Note: Additional procedures may be added as technology evolves.

Cardiac Catheterization Case: For the purposes of measuring a facility's volume of cardiac catheterization procedures under Standards 11, 14, 19, and 22, a "case" shall mean one visit to a cardiac catheterization laboratory or another procedure room by one patient, regardless of the number of procedures performed during that visit.

Cardiac Catheterization Weighted Case: For the purposes of these standards and criteria and for measuring laboratory capacity, a "weighted case" shall mean one visit to a cardiac catheterization laboratory or another procedure room by one patient. If multiple procedures are performed between admission and discharge to the laboratory or procedure room, the weighted case is equal to the highest weighted diagnostic—equivalent procedure performed during the case.

Diagnostic-Equivalent Procedure and Weights: For the purposes of measuring laboratory capacity, the following weights will be assigned to each of the following procedure categories. All procedures that fall under the following categories shall count towards measuring laboratory capacity, but only diagnostic and therapeutic cardiac catheterization procedures as defined in these Standards and Criteria may count towards Standards 11, 14, 19, and 22 regarding minimum volume.



Category	Procedures Included	Weight
Diagnostic Cardiac Catheterization	Lell heart catheterization, right heart catheterization, left/right heart catheterization, intravascular ultrasound, endomyocardial biopsy	1.0
Diagnostic Peripheral Vascular Catheterization	Abdominal angioplasty with runoff, carotid, renal, bilateral extremity	1.5
Therapeutic Cardiac Catheterization	PCI, atherectomy, ASD/PFO closures, Impella, IABP, valvuloplasty	2.0
Therapeutic Peripheral Vascular Catheterization	All of the procedures in the diagnostic peripheral category with either angioplasty, stent placement, atherectomy, thrombolysis	3.0
Diagnostic Electrophysiological Studies	Atrial and ventricular pacing and recording, device placement	2.0
Therapeutic Electrophysiological Studies	Ablations, lead revision	4.0
Pediatrics	Any cardiac catheterization procedure performed on a person less than 18 years of age	Double the adult weight

Cardiac Catheterization Laboratory Capacity: The capacity of dedicated and multipurpose cardiac catheterization laboratories is equal to 2000 weighted cases per year. This number is based on 50 weeks of 40 hours each, assuming an average case time, including room turnover and setup, of 60 minutes.

Pediatric Cardiac Catheterization Laboratory: A room or suite of rooms in an acute care hospital that has the equipment, staff, and support services to function as an integrated unit for the purposes of performing cardiac catheterization procedures on a person under 15 years of age. Pediatric cardiac catheterization laboratories should only be situated in facilities offering full pediatric cardiac medical and cardiac surgical capabilities, including pediatric open heart surgery.

Mobile Cardiac Catheterization Laboratory: A cardiac catheterization laboratory and transporting equipment that is moved to provide services at two or more host acute care campuses, including facilities located in adjoining or contiguous states of the Continental United States. Mobile cardiac catheterization laboratories shall perform diagnostic procedures only, unless they are permanently fixed at an acute care hospital with on-site open heart surgery capability. However, facilities approved to perform therapeutic cardiac catheterizations without on-site open heart surgery backup may temporarily perform these procedures in a mobile laboratory on the hospital's campus during construction impacting the fixed laboratories.

Mobile Cardiac Catheterization Laboratory Capacity: The capacity measures of a mobile cardiac catheterization laboratory are the same as a regular dedicated or

multipurpose cardiac catheterization laboratory; however, capacity shall be measured on a pro-rated schedule per week day of operation (400 weighted cases per week day of operation).

Freestanding Facility: Any professional or business undertaking, whether for profit or not for profit, which offers or proposes to offer any clinical health service in a setting which is not on the campus of an acute care facility. Freestanding facilities may perform diagnostic procedures only.

Service Area: The geographic area defined in terms of counties represented by the applicant as the reasonable area to which the cardiac catheterization laboratory intends to provide services and in which at least 75% of its recipients reside. At least 75% of the population of a service area for cardiac catheterizations should reside within 60 miles driving distance of the facility.

Age Group-Specific Historical State Utilization Rate: For the purposes of defining need in areas with no existing cardiac catheterization services, applicants should base their projected utilization on age group-specific historical state utilization rates. The age group-specific historical state utilization rates shall be calculated as follows based upon information from the Hospital Discharge Data System and the population estimates maintained by the Department of Health:

- Each age group is defined by the following age intervals: <18, 18-29, 30-39, 5 year intervals for 40-84 (i.e., 40-44, 45-49), and >85.
- For each age group, multiply the number of state residents in that age category by the corresponding number of cardiac catheterization procedures performed on patients in that age category.
- Determine the age group-specific historical state utilization rate based upon the average of single-year rates calculated from the most recent three years of available data.

The age group-specific historical state utilization rate will be calculated separately for diagnostic and therapeutic catheterization cases and will be a running average. The Department of Health shall maintain the ongoing age group-specific historical state utilization rate to avoid breaches of patient confidentiality.

Standards and Criteria Regarding Certificate of Need Applications for All Cardiac Catheterization Services

Applicants proposing to provide any type of cardiac catheterization services must meet the following minimum standards:

1. Compliance with Standards: The Division of Health Planning is working with stakeholders to develop a framework for greater accountability to these Standards and Criteria. Applicants should indicate whether they intend to collaborate with the Division and other stakeholders on this matter.

Response: Sumner Regional Medical Center (SRMC) will collaborate with the Division and other stakeholders to develop a framework for greater accountability to these Standards and Criteria. Please note, SRMC understands that under SB1369,[1] CON approval for cardiac catheterization laboratories will no longer be required beginning July 1, 2028. While CON will be repealed for this service before the entire Sumner Station project (including the inpatient beds) is expected to be operational, SRMC has included these standards for completeness.

2. Facility Accreditation: If the applicant is not required by law to be licensed by the Department of Health, the applicant should provide documentation that the facility is fully accredited or will pursue accreditation by the Joint Commission or another appropriate accrediting authority recognized by the Centers for Medicare and Medicaid Services (CMS).

Response: SRMC is currently accredited by The Joint Commission. As a department of SRMC, Sumner Station is also licensed by the Department of Health and The Joint Commission. If there are any additional licensure or Joint Commission requirements that result from approval of this CON application, Sumner Station will seek the relevant licensure from the Department of Health and accreditation from The Joint Commission, as well as any other accreditations as appropriate.

3. Emergency Transfer Plan: Applicants for cardiac catheterization services located in a facility without open heart surgery capability should provide a formalized written protocol for immediate and efficient transfer of patients to a nearby open heart surgical facility (within 60 minutes) that is reviewed/tested on a regular (quarterly) basis.

Response: Neither Sumner Station nor SRMC have or are proposing open heart surgery capability. The closest facilities with open heart surgery are Vanderbilt University Medical Center (approximately 38 minutes away by standard car travel) and Ascension Saint Thomas (approximately 32 minutes by standard car travel). Both of these hospitals are in Nashville, Tennessee.

Highpoint Health, via its Transfer Center, has formal transfer protocols. SRMC and Sumner Station already participate in these protocols. Both will continue to participate in these protocols

[1] As of April 28, 2026, this bill was still awaiting the Governor's signature.

to ensure patients can be transported within 60 minutes. Interfacility transfers are currently provided by Sumner County Emergency Medical Services (EMS), with the hospital billed for and responsible for payment of these services to the county.

4. Quality Control and Monitoring: Applicants should document a plan to monitor the quality of its cardiac catheterization program, including, but not limited to, program outcomes and efficiency. In addition, the applicant should agree to cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee, which may be developed per Policy Recommendation 2.

Response: Sumner Station will cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee. All quality control, patient safety, and reporting policies and procedures that are in place at SRMC will apply to Sumner Station. Sumner Station, including its cardiac catheterization program, will actively engage in data reporting, quality improvement, and outcome and process monitoring, in alignment with all Highpoint Health facilities. Sumner Station will adopt SRMC's established methodologies to maintain and enhance the quality of care provided. This includes a collaborative, multidisciplinary approach that leverages the specialized knowledge, judgment, and skills of various disciplines to achieve optimal patient outcomes.

This includes the following:

- Performance assessments
- Policies and procedures for ensuring staff competencies are maintained
- Obtaining feedback from patients, staff, and physicians
- Following procedures to ensure patient care and safety

This is a collaborative team approach across multiple disciplines. Sumner Station is committed to providing quality care to patients and to serving the Sumner County community by providing a full range of health care services and providers. Sumner Station has a goal to provide care and services that are of a high quality, are affordable, and are accessible to all of Sumner County.

As a department of SRMC, Sumner Station is accredited by The Joint Commission. The proposed cardiac catheterization program will be fully integrated into Sumner Station's broader quality plan.

5. Data Requirements: Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

Response: SRMC agrees to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the

operation and provision of services and to report that data in the time and format requested. Data will include provision of services at both SRMC and Sumner Station campuses.

6. Clinical and Physical Environment Guidelines: Applicants should agree to document ongoing compliance with the latest clinical guidelines of the American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards (ACC Guidelines). As of the adoption of these Standards and Criteria, the latest version (2001) may be found online at: http://www.acc.org/qualityandscience/clinical/consensus/angiography/dirIndex.htm.
   Where providers are not in compliance, they should maintain appropriate documentation stating the reasons for noncompliance and the steps the provider is taking to ensure quality. These guidelines include, but are not limited to, physical facility requirements, staffing, training, quality assurance, patient safety, screening patients for appropriate settings, and linkages with supporting emergency services.

Response: SRMC is currently in compliance with the latest guidelines of the American College of Cardiology/Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards. Sumner Station will also comply with those guidelines in regard to physical facility requirements, staffing, training, quality assurance, patient safety, screening patients for appropriate settings, and linkages with supporting emergency services.

7. Staffing Recruitment and Retention: The applicant should generally describe how it intends to maintain an adequate staff to operate the proposed service, including, but not limited to, any plans to partner with an existing provider for training and staff sharing.

Response: SRMC currently operates a cardiac catheterization laboratory ("cath lab") at SRMC's main campus. All medical staff who have privileges at SRMC have privileges at Sumner Station, as it is a department of SRMC. Through Saint Thomas Medical Partners, SRMC has both interventional and general cardiologists and advanced practitioners who treat patients regularly at SRMC. Highpoint Health is experienced in recruiting, training, and retaining qualified staff of all levels in this service line. SRMC is currently recruiting three additional cardiologists who will have privileges at SRMC, and therefore Sumner Station. Through current physicians and new recruits (who will be on board before Sumner Station opens its cath lab), these physicians are projected to perform approximately 700 catheterization procedures annually at Sumner Station at stabilization.

Cath lab nursing and technical staff will be recruited using Highpoint Health with Ascension Saint Thomas's system-wide recruiting resources. The proposed cath lab will require two cath lab registered nurses and one cath lab technician, as reflected in the staffing model for the proposed project. Highpoint Health's existing cardiac programs across the region provide an established training infrastructure and a pipeline of qualified clinical staff, and the system's

experience operating catheterization laboratories at multiple facilities will support efficient onboarding and training of Sumner Station's cath lab team.

8. Definition of Need for New Services: A need likely exists for new or additional cardiac catheterization services in a proposed service area if the average current utilization for all existing and approved providers is equal to or greater than 70% of capacity (i.e., 70% of 2000 cases) for the proposed service area.

Response: Pursuant to the Tennessee Health Facilities Commission's criteria for cardiac catheterization services, a need likely exists for new or additional cardiac catheterization services in a proposed service area if the average current utilization for all existing and approved providers equals or exceeds 70% of capacity, defined as 1,400 cases per laboratory annually (based on 2,000 cases representing full capacity).

There are currently two providers of cath lab services in Sumner County—SRMC and TriStar Hendersonville Medical Center. As shown in the table below, during the 2022–2024 period, an average of 1,531 diagnostic catheterizations and 349 therapeutic catheterizations were performed at these two facilities.

	Sumner County Providers
Number of Cath Labs	5
2022–2024 Avg. Weighted Diagnostic Catheterizations	1,531
Diagnostic Catheterizations per Lab	306.2
2022-2024 Avg. Weighted Therapeutic Catheterizations	349
Therapeutic Catheterizations per Lab	69.8
2022-2024 Avg. Weighted Diagnostic and Therapeutic Catheterizations	1,880
Utilization per 2,000 Cases (Full Capacity)	18.80%
Utilization (per 70% of Full Capacity) - 1,400 Cases (Optimum Capacity)	26.86%

Source: Tennessee Department of Health, DR#35552634.

While aggregate utilization per laboratory does not exceed the 70% threshold, the calculation reflected above does not fully capture the actual demand for cardiac catheterization services generated by Sumner County residents, nor does it account for important access, clinical safety, and continuity of care considerations that independently justify the proposed service.

The proposed cath lab will provide diagnostic and interventional procedures for both inpatient and outpatient adults. The establishment of an onsite cath lab at Sumner Station is supported by the principle of continuity of care. Without an onsite cath lab, some patients who present at Sumner Station would have to be transferred to another facility which disrupts clinical oversight. The process of preparing patients for transport (including disconnecting monitors, transitioning to EMS equipment, and navigating traffic) introduces a window of vulnerability for catheterization

patients. A recent study published in the *American Heart Journal* found that even non-acute transfers cause significantly higher resource utilization, higher total hospital costs, increased lengths of stay, and higher mortality.[2] A major contributing factor for the longer stays and higher costs is that the receiving facility must often restart the diagnostic care and administrative procedures for patients, often repeating baseline assessments already performed at the originating site.

Beyond the clinical mechanics, the disruption to the patient and family experience is substantial. A cardiac event is inherently traumatic, and adding the logistical burden of a secondary location compounds this stress. For families, a transfer often means navigating new parking and security systems, different visiting hours, and a new set of providers during a period of elevated anxiety. An onsite cath lab at Sumner Station will allow patients to remain within a single, familiar environment where the larger care team and the interventional team share a unified electronic health record and a consistent care philosophy, ensuring that no detail is lost in a handoff between facilities.

The liability and safety risks associated with the transfer are also non-trivial. Interfacility transport is a complex clinical event[3] that exposes the patient to environmental stressors, noise, and vibration, all of which can exacerbate cardiac instability. Furthermore, utilizing local Emergency Medical Services (EMS) for routine interhospital transfers creates a resource drain on the community. When a municipal ambulance is diverted to transport a stable patient for a procedure, that unit is unavailable for 911 emergency calls in the service area. An onsite catheterization lab effectively returns these emergency resources to the community while eliminating the inherent risks of road-based medical transport, such as weather delays or traffic accidents.

The ability to treat patients onsite prevents dangerous delays in care. By minimizing the order-to-procedure interval, Sumner Station can ensure that its patients receive definitive care without being subject to the availability of external transport teams or the bed capacity of other facilities in the region. The cardiac catheterization lab requested in this proposal is not merely about adding a service line; it is about improving access to care for the local population and ensuring that the golden hour[4] of cardiac care is spent on treatment, not in transit.

9. Proposed Service Areas with No Existing Service: In proposed service areas where no existing cardiac catheterization service exists, the applicant must show the data and methodology used to estimate the need and demand for the service. Projected need and demand will be measured for applicants proposing to provide services to residents of those areas as follows:

[2] "Impact of Transfer from Non-Acute Care Centers on Clinical Outcomes in Patients with Congestive Heart Failure," *American Heart Journal Plus: Cardiology Research and Practice,* https://pmc.ncbi.nlm.nih.gov/articles/PMC10945999/.
[3] "Patient Care During Interfacility Transport: A Narrative Review of Managing Diverse Disease States," *World Journal of Emergency Medicine,* https://pmc.ncbi.nlm.nih.gov/articles/PMC9842466/.
[4] "Golden Hour in Heart Attack," 360 Heart Care, https://heart360care.com/golden-hour-in-heart-attack/.

Need. The projected need for a service will be demonstrated through need-based epidemiological evidence of the incidence and prevalence of conditions for which diagnostic and/or therapeutic catheterization is appropriate within the proposed service area.

Demand. The projected demand for the service shall be determined by the following formula:

A. Multiply the age group-specific historical state utilization rate by the number of residents in each age category for each county included in the proposed service area to produce the projected demand for each age category;
B. Add each age group's projected demand to determine the total projected demand for cardiac catheterization procedures for the entire proposed service area.

Response: Not applicable.

10. Access: In light of Rule 0720-4-.01 (1), which lists the factors concerning need on which an application may be evaluated, the HSDA may decide to give special consideration to an applicant:

a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;

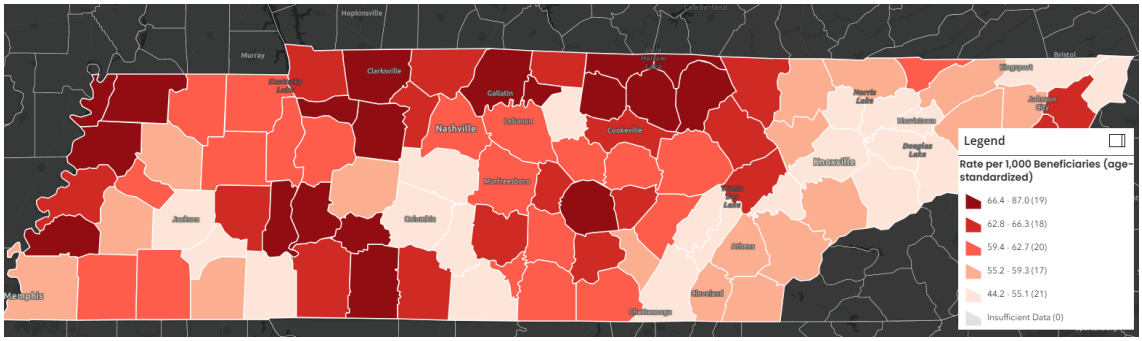
Response: Not applicable. Sumner County is not a medically underserved area as designated by the United States Health Resources and Services Administration.

b. Who documents that the service area population experiences a prevalence, incidence and/or mortality from heart and cardiovascular diseases or other clinical conditions applicable to cardiac catheterization services that is substantially higher than the State of Tennessee average;

Response: As shown in the map below, Sumner County Medicare beneficiaries 65 and over are hospitalized for heart disease at a higher rate than their counterparts in most neighboring counties.[5] This demonstrates that service area residents are high utilizers of acute care services for cardiac disease. For some patients with heart disease, cardiac catheterization services are a crucial element for diagnosing and/or treating their heart disease.

[5] Centers for Disease Control and Prevention, Heart and Stroke Atlas, Major Cardiovascular Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, All Races/Ethnicities, Both Sexes, Ages 65+, 2019–2021, https://heart-stroke-atlas.cdc.gov/.

Heart Disease Hospitalization Rate per 100,000 Medicare Beneficiaries, 2019–2021



Cardiovascular disease remains a leading cause of mortality in Tennessee and is directly relevant to the diagnostic and therapeutic services provided in a cardiac catheterization laboratory. According to Centers for Disease Control data, Sumner County experienced 279 ischemic heart disease deaths in 2024, representing a crude mortality rate of 131.8 deaths per 100,000 population.[6] While comparable to the statewide rate of 142.8 per 100,000, Sumner County's rate exceeds that of several adjacent Middle Tennessee counties, including Davidson County (76.1), Rutherford County (76.1), Wilson County (107.7), and Williamson County (50.2). These data reflect a substantial and sustained local burden of ischemic heart disease within the service area.

b. Who is a "safety net hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

Response: Not Applicable. SRMC is not a safety net hospital.

c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program.

Response: Sumner Station currently serves a meaningful proportion of TennCare and Medicaid beneficiaries, with approximately 9 percent of its inpatient days and 12 percent of its outpatient visits covered by TennCare or other Medicaid programs.[7] The hospital is Medicare certified and participates in the Medicare program. The proposed cardiac catheterization services will be made available to all patients without regard to payor source, and the Applicant intends to contract with at least one TennCare Managed Care Organization and continue participation in the Medicare program.

[6] Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality 2018–2024 on CDC WONDER Online Database, released in 2026. Data are from the Multiple Cause of Death Files, 2018–2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html on March 3, 2026.
[7] According to SRMC's 2024 JARs, 3,504 of 39,126 patient days and 13,466 of SRMC's 115,990 outpatient visits were TennCare/Medicaid or CoverKids.

Specific Standards and Criteria for the Provision of Diagnostic Cardiac Catheterization Services Only

If an applicant does not intend to provide therapeutic cardiac catheterization services, the HSDA should place a condition on the resulting CON limiting the applicant to providing diagnostic cardiac catheterization services only. Applicants proposing to provide only diagnostic cardiac catheterization services should meet the following minimum standards:

11. Minimum Volume Standard: Such applicants should demonstrate that the proposed service utilization will be a minimum of 300 diagnostic cardiac catheterization cases per year by its third year of operation. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. if the applicant is proposing services in a rural area where the HSDA determines that access to diagnostic cardiac catheterization services has been limited, and if the applicant is pursuing a partnership with a tertiary facility to share and train staff, the Agency may determine that a minimum volume of 200 cases per year is acceptable. Only cases including diagnostic cardiac catheterization procedures as defined by these Standards and Criteria may count towards meeting this minimum volume standard.

Not applicable. This application is not for the provision of diagnostic cardiac catheterization services only.

12. High Risk/Unstable Patients: Such applicants should (a) delineate the steps, based on the ACC Guidelines, that will be taken to ensure that high-risk or unstable patients are not catheterized in the facility, and (b) certify that therapeutic cardiac catheterization services will not be performed in the facility unless and until the applicant has received Certificate of Need approval to provide therapeutic cardiac catheterization services.

Not applicable. This application is not for the provision of diagnostic cardiac catheterization services only.

13. Minimum Physician Requirements to Initiate a New Service: The initiation of a new diagnostic cardiac catheterization program should require at least one cardiologist who performed an average of 75 diagnostic cardiac catheterization procedures over the most recent five year period. All participating cardiologists in the proposed program should be board certified or board eligible in cardiology and any relevant cardiac subspecialties.

Not applicable. This application is not for the provision of diagnostic cardiac catheterization services only.

Specific Standards and Criteria for the Provision of Therapeutic Cardiac Catheterization Services

Applicants proposing to provide therapeutic cardiac catheterization services must meet the following minimum standards:

14. Minimum Volume Standard: Such applicants should demonstrate that the proposed service utilization will be a minimum of 400 diagnostic and/or therapeutic cardiac catheterization cases per year by its third year of operation. At least 75 of these cases per year should include a therapeutic cardiac catheterization procedure. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. Only cases including diagnostic and therapeutic cardiac catheterization procedures as defined by these Standards and Criteria shall count towards meeting this minimum volume standard.

Response: See the table below, which demonstrates the proposed project exceeds the minimum volume standard.

Projected Cardiac Catheterization Volume

	Yr. 1	Yr. 2	Yr. 3	Total	Average of Year 2 and Year 3
Diagnostic Cardiac Catheterizations	245	337	355	937	346
Therapeutic Cardiac Catheterizations	239	328	345	912	336.5
TOTAL	484	665	700	1,849	682.5

15. Open Heart Surgery Availability: Acute care facilities proposing to offer adult therapeutic cardiac catheterization services shall not be required to maintain an on-site open heart surgery program. Applicants without on-site open heart surgery should follow the most recent American College of Cardiology/American Heart Association/Society for Cardiac Angiography and Interventions Practice Guideline Update for Percutaneous Coronary Intervention (ACC/AHA/SCAI Guidelines). As of the adoption of these Standards and Criteria, the latest version of this document (2007) may be found online at: http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.107.185159

Therapeutic procedures should not be performed in freestanding cardiac catheterization laboratories, whether fixed or mobile. Mobile units may, however, perform therapeutic procedures provided the mobile unit is located on a hospital campus and the hospital has on-site open heart surgery. In addition, hospitals approved to perform therapeutic cardiac catheterizations without on-site open heart surgery backup may temporarily perform these procedures in a mobile laboratory on the hospital's campus during construction impacting the fixed laboratories.

Response: Neither Sumner Station nor SRMC have or are proposing open heart surgery capability. The closest facilities with open heart surgery are Vanderbilt University Medical Center (approximately 38 minutes away by standard car travel) and Ascension Saint Thomas (approximately 32 minutes by standard car travel). Both of these hospitals are in Nashville, Tennessee.

Highpoint Health, via its Transfer Center, has formal transfer protocols. SRMC and Sumner Station already participate in these protocols. Both will continue to participate in these protocols to ensure patients can be transported within 60 minutes. Interfacility transfers are currently provided by Sumner County EMS, with the hospital billed for and responsible for payment of these services to the county.

16. Minimum Physician Requirements to Initiate a New Service: The initiation of a new therapeutic cardiac catheterization program should require at least two cardiologists with at least one cardiologist having performed an average of 75 therapeutic procedures over the most recent five year period. All participating cardiologists in the proposed program should be board certified or board eligible in cardiology and any relevant cardiac subspecialties.

Response: SRMC currently provides cardiac catheterization services at its main campus. SRMC has both interventional and general cardiologists and advanced practitioners who treat patients regularly at SRMC. Highpoint Health is experienced in recruiting, training, and retaining qualified staff of all levels in this service line. SRMC is currently recruiting three additional cardiologists who will have privileges at SRMC, and therefore Sumner Station. Two of the cardiologists who are expected to practice at Sumner Station are Dr. Gary Yawn and Dr. Nadia Sutton. The tables below show their procedures over the most recent five years. Data are from the Tennessee Hospital Association (THA) and are for the year ending September 30. As shown in the table below, Dr. Yawn performed an average of 156.8 therapeutic procedures over the most recent five-year period, exceeding the requirement of an average of 75 such procedures. Dr. Sutton only has THA data for 2023 to 2025.

Cardiologist #1 (Yawn)	Yr. 1 (2021)	Yr. 2 (2022)	Yr. 3 (2023)	Yr. 4 (2024)	Yr. 5 (2025)	Total	5 Year Average
Diagnostic Cardiac Catheterizations	106	149	188	115	248	806	161.2
Therapeutic Cardiac Catheterizations	177	215	198	89	105	784	156.8
TOTAL	283	364	386	204	353	1,590	318
Cardiologist #2 (Sutton)	**Yr. 1 (2021)**	**Yr. 2 (2022)**	**Yr. 3 (2023)**	**Yr. 4 (2024)**	**Yr. 5 (2025)**	**Total**	**3 Year Average (Years Available)**
Diagnostic Cardiac Catheterizations			37	63	77	177	59
Therapeutic Cardiac Catheterizations			4	14	14	32	10.7
TOTAL	0	0	41	77	91	209	69.7

17. Staff and Service Availability: Ideally, therapeutic services should be available on an emergency basis 24 hours per day, 7 days per week through a staff call schedule (24/7 emergency coverage). In addition, all laboratory staff should be available within 30 minutes of the activation of the laboratory. If the applicant will not be able to immediately provide 24/7 emergency coverage, the applicant should present a plan for reaching 24/7 emergency coverage within three years of initiating the service or present a signed transfer agreement with another facility capable of treating transferred patients in a cardiac catheterization laboratory on a 24/7 basis within 90 minutes of the patient's arrival at the originating emergency department.

Response: Cardiac catheterization services, including therapeutic services, will be available 24/7 for emergency cases at Sumner Station, with an interventional cardiologist on call. In addition, all laboratory staff will be available within 30 minutes of the activation of the laboratory.

Additionally, Highpoint Health, via its Transfer Center, has formal transfer protocols. As a Highpoint Health facility, Sumner Station will participate in these protocols to ensure patients can be transported within 90 minutes if necessary.

18. Expansion of Services to Include Therapeutic Cardiac Catheterization: An applicant proposing the establishment of therapeutic cardiac catheterization services, who is already an existing provider of diagnostic catheterization services, should demonstrate that its diagnostic cardiac catheterization unit has been utilized for an average minimum of 300 cases per year for the two most recent years as reflected in the data supplied to and/or verified by the Department

of Health.

Response: Not applicable.

Specific Standards and Criteria for the Provision of Pediatric Cardiac Catheterization Services

Applicants proposing to provide pediatric cardiac catheterization services should meet the following minimum standards:

19. Minimum Volume Standard: Such applicants should demonstrate that the proposed service utilization will be a minimum of 100 cases per year by its third year of operation. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. Only cases that include diagnostic and therapeutic cardiac catheterization procedures as defined by these Standards and Criteria shall count towards meeting this minimum volume standard.

Not applicable. SRMC does not propose to provide pediatric cardiac catheterization services at Sumner Station.

20. Minimum Physician Requirements to Initiate a New Service: The initiation of a new pediatric cardiac catheterization program should require at least two cardiologists with at least one cardiologist having performed an average of 50 pediatric cardiac catheterization procedures over the most recent five year period. Pediatric cardiac catheterization procedures should be performed only by board certified or board eligible physicians specializing in pediatric cardiac care.

Not applicable. SRMC does not propose to provide pediatric cardiac catheterization services at Sumner Station.

21. **Open Heart Surgery Availability:** Such applicants should offer full pediatric cardiac medical and cardiac surgical capabilities, including pediatric open heart surgery

Not applicable. SRMC does not propose to provide pediatric cardiac catheterization services at Sumner Station.

Specific Standards and Criteria for the Offering of Mobile Cardiac Catheterization Services

The need for mobile cardiac catheterization services should be based upon the following minimum standards:

21. **Minimum Volume Standard:** Such applicants should demonstrate that the proposed service utilization will be a minimum of 60 cardiac catheterization cases per day of operation per year by its third year of operation. Annual volume shall be measured based upon a two-year average which shall begin at the conclusion of the applicant's first year of operation. If the applicant is proposing services in a rural area where the HSDA determines that access to diagnostic cardiac catheterization services has been limited, and if the applicant is pursuing a partnership with a tertiary facility to share and train staff, the Agency may determine that a minimum volume of 40 cases per day of operation per year is acceptable. Only cases that included diagnostic cardiac catheterization procedures may count towards meeting this minimum volume standard.

Not applicable. SRMC does not propose to provide mobile cardiac catheterization services at Sumner Station.

22. **Limitations on Procedure Types in Mobile Facilities:** No therapeutic or pediatric cardiac catheterization procedures should be performed using a mobile laboratory unless the mobile unit is located on a hospital campus with on-site open heart surgery capability and, in the case of a pediatric procedure, offers full pediatric cardiac medical and cardiac surgical capabilities. On a temporary basis, however, the same scope of services offered in a fixed laboratory may be offered in a mobile laboratory only for the duration of construction impacting the fixed laboratory.

Not applicable. SRMC does not propose to provide mobile cardiac catheterization services at Sumner Station.

23. **Non-Cardiologist Physician and Staff Competence:** In cases where attending cardiologists live more than 30 minutes from the mobile laboratory and/or typically leave after performing a procedure, the applicant should document that a sufficient number of physicians and support staff at the facility have an understanding of the potential complications of cardiac catheterization and are an integral part of the program's management process.

Not applicable. SRMC does not propose to provide mobile cardiac catheterization services at Sumner Station.

Attachment 1N-1

Docusign Envelope ID: 90B1D985-79E6-4881-B3E0-608CF3B37517

Sumner Station

Location	Department	Movable or Fixed	Room	Description	Status	Qty	Unit Cost	Ext Total
1st Floor	Admitting	Movable	Admitting	Furniture Allowance	New	1	$9,600.00	$9,600.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Cart, Procedure/Supply	New	4	$1,020.00	$4,080.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Cubicle Curtain	New	4	$640.00	$2,560.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Dispenser, Glove, Triple Box	New	4	$64.00	$256.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Disposal, Sharps, Wall Mount	New	4	$40.00	$160.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Flowmeter, Air	New	4	$40.00	$160.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Flowmeter, O2	New	4	$40.00	$160.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Furniture Allowance	New	4	$400.00	$1,600.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Light, Exam - Ceiling Mt	New	4	$3,600.00	$14,400.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Monitor, Bedside	New	4	$12,000.00	$48,000.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Stool, Exam	New	4	$480.00	$1,920.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Stretcher	New	4	$7,600.00	$30,400.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Suction Regulator	New	4	$600.00	$2,400.00
1st Floor	Emergency Department	Movable	Exam Room x 4	Table, Overbed	New	4	$600.00	$2,400.00
1st Floor	Endoscopy	Movable	Clean Scope	Cabinet, Flexible Endoscope (8) Drying	New	1	$20,000.00	$20,000.00
1st Floor	Endoscopy	Movable	Clean Scope	Cart, Utility	New	1	$400.00	$400.00
1st Floor	Endoscopy	Movable	Clean Scope	Dryer, Scope	New	1	$3,120.00	$3,120.00
1st Floor	Endoscopy	Movable	Clean Scope	Endoscope, Flexible	New	6	$36,000.00	$216,000.00
1st Floor	Endoscopy	Movable	Clean Scope	Shelving, Wire	New	1	$960.00	$960.00
1st Floor	Endoscopy	Movable	Clean Supply	Cart, Supply	New	2	$1,200.00	$2,400.00
1st Floor	Endoscopy	Movable	Decontam	Cabinet, Storage	New	1	$2,000.00	$2,000.00
1st Floor	Endoscopy	Movable	Decontam	Leak Tester	New	1	$14,400.00	$14,400.00
1st Floor	Endoscopy	Movable	Decontam	Shelving, Wire	New	1	$960.00	$960.00
1st Floor	Endoscopy	Movable	Decontam	Sink, Reprocessing	New	1	$14,400.00	$14,400.00
1st Floor	Endoscopy	Movable	Decontam	Table, Stainless	New	1	$1,440.00	$1,440.00
1st Floor	Endoscopy	Movable	Decontam	Washer Disinfector	New	1	$52,000.00	$52,000.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Anesthesia Machine w/monitor	New	1	$80,000.00	$80,000.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Dispenser, Glove, Triple Box	New	1	$64.00	$64.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Disposal, Sharps, Wall Mount	New	1	$40.00	$40.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Electrosurgical Unit/Erbe	New	1	$28,000.00	$28,000.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Flowmeter, Air	New	1	$40.00	$40.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Flowmeter, O2	New	1	$40.00	$40.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Hamper, Linen	New	1	$280.00	$280.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	IV Pole	New	1	$320.00	$320.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Light, Exam - Ceiling Mt	New	1	$3,600.00	$3,600.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Mayo Stand	New	1	$360.00	$360.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Misc Support Equipment	New	1	$4,000.00	$4,000.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Monitor, Bedside	New	1	$20,000.00	$20,000.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Monitor, Display	New	1	$7,200.00	$7,200.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Stool, Procedure	New	1	$320.00	$320.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Stretcher	New	1	$7,600.00	$7,600.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Suction Regulator	New	1	$600.00	$600.00
1st Floor	Endoscopy	Movable	Endo Procedure x 1	Video Tower	New	1	$80,000.00	$80,000.00
1st Floor	Endoscopy	Movable	Endoscopy	Furniture Allowance	New	1	$4,000.00	$4,000.00
1st Floor	Endoscopy	Movable	Jan	Cart, Janitor	New	1	$1,200.00	$1,200.00
1st Floor	Endoscopy	Movable	Nurse Station	Blanket Warmer	New	1	$7,600.00	$7,600.00
1st Floor	Endoscopy	Movable	Nurse Station	Cart, Crash	New	1	$2,800.00	$2,800.00
1st Floor	Endoscopy	Movable	Nurse Station	Defibrillator	New	1	$16,000.00	$16,000.00
1st Floor	Endoscopy	Movable	Nurse Station	Medication Dispensing Unit	New	1	$32,000.00	$32,000.00
1st Floor	Endoscopy	Movable	Nurse Station	Refrigerator, Medication	New	1	$3,600.00	$3,600.00
1st Floor	Endoscopy	Movable	Staff Tlt/Change	Locker, 2 Tier	New	8	$320.00	$2,560.00

Docusign Envelope ID: 90B1D985-79E6-4881-B3E0-608CF3B37517

Sumner Station

1st Floor	Endoscopy	Movable	Storage	Shelving	New	3	$960.00	$2,880.00
1st Floor	EVS	Movable	EVS	Allowance - Floor Care Equipment	New	1	$15,200.00	$15,200.00
1st Floor	EVS	Movable	EVS	Cart, Janitor	New	3	$1,200.00	$3,600.00
1st Floor	EVS	Movable	EVS	Furniture Allowance	New	1	$6,800.00	$6,800.00
1st Floor	EVS	Movable	EVS	Misc Support Equipment	New	1	$4,000.00	$4,000.00
1st Floor	EVS	Movable	EVS	Shelving, Storage	New	4	$640.00	$2,560.00
1st Floor	Hospital Pharmacy	Movable	Compounding Anteroom	Cart, PPE	New	1	$2,000.00	$2,000.00
1st Floor	Hospital Pharmacy	Movable	Compounding Anteroom	Cart, Supply, Bin/ Basket	New	2	$1,600.00	$3,200.00
1st Floor	Hospital Pharmacy	Movable	Compounding Anteroom	Work Bench	New	1	$1,280.00	$1,280.00
1st Floor	Hospital Pharmacy	Movable	Compounding Room, Non-Hazardous Drugs	Hood, Isolation Chamber, Mobile	New	1	$13,200.00	$13,200.00
1st Floor	Hospital Pharmacy	Movable	Main Pharmacy Workroom	Dispenser, Medication, Narcotics, Main	New	1	$40,000.00	$40,000.00
1st Floor	Hospital Pharmacy	Movable	Main Pharmacy Workroom	Freezer, Ultra-low, Upright	New	2	$16,000.00	$32,000.00
1st Floor	Hospital Pharmacy	Movable	Main Pharmacy Workroom	Packaging System, Meds, Unit Dose	New	1	$60,000.00	$60,000.00
1st Floor	Hospital Pharmacy	Movable	Main Pharmacy Workroom	Refrigerator, Pharmaceutical, 2 door	New	2	$12,000.00	$24,000.00
1st Floor	Hospital Pharmacy	Movable	Main Pharmacy Workroom	Shelving, Allowance, Pharmacy System	New	1	$20,000.00	$20,000.00
1st Floor	Hospital Pharmacy	Movable	Office	Furniture Allowance	New	1	$6,000.00	$6,000.00
1st Floor	Hospital Pharmacy	Movable	Pharmacy	Furniture Allowance	New	1	$16,000.00	$16,000.00
1st Floor	Hospital Pharmacy	Movable	Storeroom/Alcove, Bulk Supplies	Shelving, Solid, Steel, 48 inch	New	4	$480.00	$1,920.00
1st Floor	Laboratory	Movable	Blood Bank	Analyzer, Lab, Blood Typing	New	1	$48,000.00	$48,000.00
1st Floor	Laboratory	Movable	Blood Bank	Bath, Thawing, Plasma	New	1	$6,400.00	$6,400.00
1st Floor	Laboratory	Movable	Blood Bank	Bath, Water, Single Chamber	New	1	$1,040.00	$1,040.00
1st Floor	Laboratory	Movable	Blood Bank	Centrifuge, Blood Bank	New	2	$2,400.00	$4,800.00
1st Floor	Laboratory	Movable	Blood Bank	Centrifuge, General Purpose, Countertop	New	1	$960.00	$960.00
1st Floor	Laboratory	Movable	Blood Bank	Dispenser, Glove, Triple Box	New	1	$64.00	$64.00
1st Floor	Laboratory	Movable	Blood Bank	Disposal, Sharps, Floor Bin	New	1	$80.00	$80.00
1st Floor	Laboratory	Movable	Blood Bank	Freezer, Laboratory, Undercounter	New	1	$3,600.00	$3,600.00
1st Floor	Laboratory	Movable	Blood Bank	Incubator, Lab, Platelet, Countertop	New	1	$8,000.00	$8,000.00
1st Floor	Laboratory	Movable	Blood Bank	Refrigerator, Blood Bank, 1 door	New	1	$8,000.00	$8,000.00
1st Floor	Laboratory	Movable	Blood Bank	Washer, Cell	New	1	$7,840.00	$7,840.00
1st Floor	Laboratory	Movable	Central Storage Room, Lab Supplies	Shelving, Pallet / Bulk	New	6	$500.00	$3,000.00
1st Floor	Laboratory	Movable	Chemistry	Analyzer, Lab, Blood Gas, Point-of-Care	New	1	$12,600.00	$12,600.00
1st Floor	Laboratory	Movable	Chemistry	Analyzer, Lab, Chemistry	New	1	$280,000.00	$280,000.00
1st Floor	Laboratory	Movable	Chemistry	Analyzer, Lab, Immunoassay, Floor	New	1	$120,000.00	$120,000.00
1st Floor	Laboratory	Movable	Chemistry	Centrifuge, Coagulation	New	2	$2,400.00	$4,800.00
1st Floor	Laboratory	Movable	Chemistry	Microtome, Cryostat	New	1	$20,000.00	$20,000.00
1st Floor	Laboratory	Movable	Chemistry	Refrigerator, Pharmaceutical, 2 door	New	2	$12,000.00	$24,000.00
1st Floor	Laboratory	Fixed	Chemistry	Water Treatment System, Lab, Reagent Grade (Type 1)	New	1	$12,000.00	$12,000.00
1st Floor	Laboratory	Movable	Hematology	Analyzer, Lab, Blood Culture	New	1	$44,000.00	$44,000.00
1st Floor	Laboratory	Movable	Hematology	Analyzer, Lab, Hematology	New	1	$144,000.00	$144,000.00
1st Floor	Laboratory	Movable	Hematology	Centrifuge, Coagulation	New	1	$2,400.00	$2,400.00
1st Floor	Laboratory	Movable	Hematology	Dispenser, Glove, Triple Box	New	1	$64.00	$64.00
1st Floor	Laboratory	Movable	Hematology	Disposal, Sharps, Countertop	New	1	$16.00	$16.00
1st Floor	Laboratory	Movable	Hematology	Microscope, Binocular	New	1	$4,000.00	$4,000.00
1st Floor	Laboratory	Movable	Hematology	Refrigerator, Pharmaceutical, 2 door	New	1	$12,000.00	$12,000.00
1st Floor	Laboratory	Movable	Hematology	Stainer, Slide, Automatic, Benchtop	New	1	$12,000.00	$12,000.00
1st Floor	Laboratory	Movable	Laboratory	Furniture Allowance	New	1	$32,000.00	$32,000.00
1st Floor	Laboratory	Movable	Microbiology	Analyzer, Lab, Microbiology	New	1	$60,000.00	$60,000.00
1st Floor	Laboratory	Movable	Microbiology	Analyzer, Lab, Nucleic Acid	New	1	$32,000.00	$32,000.00
1st Floor	Laboratory	Fixed	Microbiology	Cabinet, Bio Safety, Class II, Type A2, Floor	New	1	$7,600.00	$7,600.00
1st Floor	Laboratory	Movable	Microbiology	Freezer, Plasma, 2 door	New	1	$12,000.00	$12,000.00
1st Floor	Laboratory	Movable	Microbiology	Microscope, Binocular	New	1	$4,000.00	$4,000.00
1st Floor	Laboratory	Movable	Microbiology	Mixer, Vortex	New	1	$1,200.00	$1,200.00

Docusign Envelope ID: 90B1D985-79E6-4881-B3E0-608CF3B37517

Sumner Station

1st Floor	Laboratory	Movable	Microbiology	Refrigerator, Pharmaceutical, 2 door	New	1	$12,000.00	$12,000.00
1st Floor	Laboratory	Movable	Specimen Receiving/Processing	Centrifuge, General Purpose, Countertop	New	1	$640.00	$640.00
1st Floor	Laboratory	Movable	Staff Locker Alcove	Locker, 2 Tier	New	6	$320.00	$1,920.00
1st Floor	Laboratory	Movable	Staff Lounge	Coffee Maker, Automatic, 1-2 Warmer	New	1	$160.00	$160.00
1st Floor	Laboratory	Movable	Staff Lounge	Oven, Domestic, Microwave	New	1	$240.00	$240.00
1st Floor	Laboratory	Movable	Staff Lounge	Refrigerator, Domestic with Freezer	New	1	$720.00	$720.00
1st Floor	Laboratory	Movable	Urinalysis	Analyzer, Urinalysis	Existing	1	$12,000.00	$12,000.00
1st Floor	Laboratory	Movable	Urinalysis	Centrifuge, General Purpose, Countertop	New	1	$1,600.00	$1,600.00
1st Floor	Laboratory	Movable	Urinalysis	Dispenser, Glove, Triple Box	New	1	$64.00	$64.00
1st Floor	Laboratory	Movable	Urinalysis	Microscope, Binocular	New	1	$4,000.00	$4,000.00
1st Floor	Materials Management	Movable	Distribution Center	Shelving, Allowance	New	1	$39,680.00	$39,680.00
1st Floor	Materials Management	Movable	Materials Management	Furniture Allowance	New	1	$10,000.00	$10,000.00
1st Floor	Morgue	Movable	Body Hold	Lift, Cadaver	New	1	$11,680.00	$11,680.00
1st Floor	Morgue	Movable	Body Hold	Refrigerator, 2 Body	New	1	$20,000.00	$20,000.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Blanket Warmer	New	1	$7,600.00	$7,600.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Cart, Crash	New	1	$2,800.00	$2,800.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Cart, Procedure/Supply	New	2	$2,400.00	$4,800.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Cubicle Curtain	New	2	$800.00	$1,600.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Defibrillator	New	1	$16,000.00	$16,000.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Dispenser, Glove, Triple Box	New	2	$64.00	$128.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Disposal, Sharps, Wall Mount	New	2	$40.00	$80.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Flowmeter, Air	New	2	$40.00	$80.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Flowmeter, O2	New	2	$40.00	$80.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Furniture Allowance	New	1	$4,000.00	$4,000.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Hamper, Linen	New	2	$280.00	$560.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	IV Pole	New	2	$320.00	$640.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Mayo Stand	New	2	$360.00	$720.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Medication Dispensing Unit	New	1	$32,000.00	$32,000.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Monitor, Bedside	New	2	$20,000.00	$40,000.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Refrigerator, Medication	New	1	$3,600.00	$3,600.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Stretcher	New	2	$7,600.00	$15,200.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Suction Regulator	New	2	$600.00	$1,200.00
1st Floor	Pre/Post x 2	Movable	Pre/Post x 2	Table, Overbed	New	2	$600.00	$1,200.00
2nd Floor	Cath Lab	Movable	Cath Lab	ACT Unit	New	1	$12,000.00	$12,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Cart, Crash	New	1	$2,800.00	$2,800.00
2nd Floor	Cath Lab	Movable	Cath Lab	Casework and Carts	New	1	$52,000.00	$52,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Cath Lab	New	1	$800,000.00	$800,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Defibrillator	New	1	$16,000.00	$16,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Dispenser, Glove, Triple Box	New	1	$64.00	$64.00
2nd Floor	Cath Lab	Movable	Cath Lab	Electrosurgical Unit	New	1	$28,000.00	$28,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	External Pacer	New	1	$9,920.00	$9,920.00
2nd Floor	Cath Lab	Movable	Cath Lab	Flowmeter, O2	New	1	$40.00	$40.00
2nd Floor	Cath Lab	Movable	Cath Lab	Hamper, Linen	New	1	$280.00	$280.00
2nd Floor	Cath Lab	Movable	Cath Lab	Hand Held Doppler	New	1	$5,200.00	$5,200.00
2nd Floor	Cath Lab	Movable	Cath Lab	Injector, Angiographic	New	1	$40,000.00	$40,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	IV Pole	New	1	$320.00	$320.00
2nd Floor	Cath Lab	Movable	Cath Lab	Lead Aprons / Radiation Shielding	New	1	$20,000.00	$20,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Lead Shield (Mobile)	New	1	$2,240.00	$2,240.00
2nd Floor	Cath Lab	Movable	Cath Lab	Medication Dispensing Unit	New	1	$32,000.00	$32,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Pacer/Programer	New	1	$11,680.00	$11,680.00
2nd Floor	Cath Lab	Movable	Cath Lab	Patient Transfer Board	New	1	$640.00	$640.00
2nd Floor	Cath Lab	Movable	Cath Lab	Pump, Aortic Balloon	New	1	$67,000.00	$67,000.00

Docusign Envelope ID: 90B1D985-79E6-4881-B3E0-608CF3B37517

Sumner Station

2nd Floor	Cath Lab	Movable	Cath Lab	Pump, Infusion	New	3	$7,600.00	$22,800.00
2nd Floor	Cath Lab	Movable	Cath Lab	Radial Board	New	1	$4,000.00	$4,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	Refrigerator, Medication	New	1	$3,600.00	$3,600.00
2nd Floor	Cath Lab	Movable	Cath Lab	Suction Regulator	New	1	$600.00	$600.00
2nd Floor	Cath Lab	Movable	Cath Lab	Table, Stainless Steel	New	2	$1,520.00	$3,040.00
2nd Floor	Cath Lab	Movable	Cath Lab	Thrombectomy System	New	1	$33,600.00	$33,600.00
2nd Floor	Cath Lab	Movable	Cath Lab	Ultrasound, Diagnostic	New	1	$144,000.00	$144,000.00
2nd Floor	Cath Lab	Movable	Cath Lab	UPS	New	1	$5,520.00	$5,520.00
2nd Floor	Cath Lab	Movable	Cath Lab	Vascular Access Doppler	New	1	$7,360.00	$7,360.00
2nd Floor	Cath Lab	Movable	Cath Lab	Whole Blood Oximeter (Co-oximerter)	New	1	$27,680.00	$27,680.00
2nd Floor	Cath Lab	Movable	Cath Lab	Workstation, Cath Lab	New	1	$28,000.00	$28,000.00
2nd Floor	Cath Lab	Movable	Support	Blanket Warmer	New	1	$7,600.00	$7,600.00
2nd Floor	Cath Lab	Movable	Support	Cart, Crash	New	1	$2,800.00	$2,800.00
2nd Floor	Cath Lab	Movable	Support	Cart, Procedure/Supply	New	2	$2,400.00	$4,800.00
2nd Floor	Cath Lab	Movable	Support	Cubicle Curtain	New	2	$800.00	$1,600.00
2nd Floor	Cath Lab	Movable	Support	Defibrillator	New	1	$16,000.00	$16,000.00
2nd Floor	Cath Lab	Movable	Support	Dispenser, Glove, Triple Box	New	2	$64.00	$128.00
2nd Floor	Cath Lab	Movable	Support	Disposal, Sharps, Wall Mount	New	2	$40.00	$80.00
2nd Floor	Cath Lab	Movable	Support	Disposal, Sharps, Wall Mount	New	1	$40.00	$40.00
2nd Floor	Cath Lab	Movable	Support	Flowmeter, Air	New	2	$40.00	$80.00
2nd Floor	Cath Lab	Movable	Support	Flowmeter, O2	New	2	$40.00	$80.00
2nd Floor	Cath Lab	Movable	Support	Furniture Allowance	New	1	$20,000.00	$20,000.00
2nd Floor	Cath Lab	Movable	Support	Hamper, Linen	New	2	$280.00	$560.00
2nd Floor	Cath Lab	Movable	Support	IV Pole	New	2	$320.00	$640.00
2nd Floor	Cath Lab	Movable	Support	Locker, 2 Tier	New	12	$320.00	$3,840.00
2nd Floor	Cath Lab	Movable	Support	Medication Dispensing Unit	New	1	$32,000.00	$32,000.00
2nd Floor	Cath Lab	Movable	Support	Monitor, Bedside	New	2	$20,000.00	$40,000.00
2nd Floor	Cath Lab	Movable	Support	Refrigerator, Medication	New	1	$3,600.00	$3,600.00
2nd Floor	Cath Lab	Movable	Support	Stretcher	New	2	$7,600.00	$15,200.00
2nd Floor	Cath Lab	Movable	Support	Suction Regulator	New	2	$600.00	$1,200.00
2nd Floor	Cath Lab	Movable	Support	Table, Overbed	New	2	$600.00	$1,200.00
2nd Floor	ICU x 4	Movable	ICU X4	Bed, Critical Care	New	4	$32,000.00	$128,000.00
2nd Floor	ICU x 4	Movable	ICU X4	Compression Unit, Extremity Pump, Intermittent	New	4	$1,800.00	$7,200.00
2nd Floor	ICU x 4	Movable	ICU X4	Cubicle Curtain	New	4	$800.00	$3,200.00
2nd Floor	ICU x 4	Movable	ICU X4	Dispenser, Glove, Triple Box	New	4	$64.00	$256.00
2nd Floor	ICU x 4	Movable	ICU X4	Disposal, Sharps, Wall Mount	New	4	$40.00	$160.00
2nd Floor	ICU x 4	Movable	ICU X4	Flowmeter, Air	New	4	$40.00	$160.00
2nd Floor	ICU x 4	Movable	ICU X4	Flowmeter, O2	New	4	$40.00	$160.00
2nd Floor	ICU x 4	Movable	ICU X4	Furniture Allowance	New	1	$16,000.00	$16,000.00
2nd Floor	ICU x 4	Movable	ICU X4	Hamper, Linen	New	4	$280.00	$1,120.00
2nd Floor	ICU x 4	Movable	ICU X4	IV Pole	New	4	$320.00	$1,280.00
2nd Floor	ICU x 4	Movable	ICU X4	Monitor, BIS	New	4	$4,800.00	$19,200.00
2nd Floor	ICU x 4	Movable	ICU X4	Monitor, Physiologic, Bedside, Critical Care	New	4	$24,000.00	$96,000.00
2nd Floor	ICU x 4	Movable	ICU X4	Pump, Infusion	New	4	$7,600.00	$30,400.00
2nd Floor	ICU x 4	Movable	ICU X4	Suction Regulator	New	4	$600.00	$2,400.00
2nd Floor	ICU x 4	Movable	ICU X4	Table, Overbed	New	4	$600.00	$2,400.00
2nd Floor	ICU x 4	Movable	Nurse	Cart, Crash	New	1	$2,800.00	$2,800.00
2nd Floor	ICU x 4	Movable	Nurse	Defibrillator	New	1	$16,000.00	$16,000.00
2nd Floor	ICU x 4	Movable	Nurse	Monitor, Central Station	New	1	$60,000.00	$60,000.00
2nd Floor	ICU x 4	Movable	Support	Blanket Warmer	New	1	$7,600.00	$7,600.00
2nd Floor	ICU x 4	Movable	Support	Cart, Supply	New	3	$1,200.00	$3,600.00
2nd Floor	ICU x 4	Movable	Support	Cart, Supply	New	4	$1,200.00	$4,800.00

Docusign Envelope ID: 90B1D985-79E6-4881-B3E0-608CF3B37517

Sumner Station

2nd Floor	Med/Surg x 24	Movable	Staff Lounge	Oven, Domestic, Microwave	New	1	$240.00	$240.00
2nd Floor	Med/Surg x 24	Movable	Staff Lounge	Refrigerator, Residential	New	1	$1,200.00	$1,200.00
2nd Floor	Med/Surg x 24	Movable	Support	Furniture Allowance	New	1	$64,000.00	$64,000.00
2nd Floor	Med/Surg x 24	Movable	Waiting Shared	Furniture Allowance	New	1	$20,000.00	$20,000.00
2nd Floor	Med/Surg x 24	Movable	Wheelchair/Stretcher Storage Alcove	Wheelchair	New	3	$400.00	$1,200.00
2nd Floor	OR	Movable	OR Support	Blanket Warmer	New	1	$7,600.00	$7,600.00
2nd Floor	OR	Movable	OR Support	Cart, Crash	New	1	$2,800.00	$2,800.00
2nd Floor	OR	Movable	OR Support	Cart, Procedure/Supply	New	8	$2,400.00	$19,200.00
2nd Floor	OR	Movable	OR Support	Coffee Maker, Automatic, 1-2 Warmer	New	1	$160.00	$160.00
2nd Floor	OR	Movable	OR Support	Cubicle Curtain	New	2	$800.00	$1,600.00
2nd Floor	OR	Movable	OR Support	Defibrillator	New	1	$16,000.00	$16,000.00
2nd Floor	OR	Movable	OR Support	Dispenser, Glove, Triple Box	New	8	$64.00	$512.00
2nd Floor	OR	Movable	OR Support	Disposal, Sharps, Wall Mount	New	2	$40.00	$80.00
2nd Floor	OR	Movable	OR Support	Disposal, Sharps, Wall Mount	New	4	$40.00	$160.00
2nd Floor	OR	Movable	OR Support	Flowmeter, Air	New	4	$40.00	$160.00
2nd Floor	OR	Movable	OR Support	Flowmeter, O2	New	4	$40.00	$160.00
2nd Floor	OR	Movable	OR Support	Furniture Allowance	New	1	$20,000.00	$20,000.00
2nd Floor	OR	Movable	OR Support	Hamper, Linen	New	6	$280.00	$1,680.00
2nd Floor	OR	Movable	OR Support	Ice Machine	New	1	$4,400.00	$4,400.00
2nd Floor	OR	Movable	OR Support	IV Pole	New	4	$320.00	$1,280.00
2nd Floor	OR	Movable	OR Support	Locker, 2 Tier	New	240	$320.00	$76,800.00
2nd Floor	OR	Movable	OR Support	Medication Dispensing Unit	New	1	$32,000.00	$32,000.00
2nd Floor	OR	Movable	OR Support	Microwave	New	1	$240.00	$240.00
2nd Floor	OR	Movable	OR Support	Misc support equipment for specific procedures	New	1	$312,000.00	$312,000.00
2nd Floor	OR	Movable	OR Support	Mobile C-Arm	New	1	$152,000.00	$152,000.00
2nd Floor	OR	Movable	OR Support	Monitor, Bedside	New	4	$20,000.00	$80,000.00
2nd Floor	OR	Movable	OR Support	Refrigerator, Medication	New	1	$3,600.00	$3,600.00
2nd Floor	OR	Movable	OR Support	Refrigerator, Residential	New	1	$1,200.00	$1,200.00
2nd Floor	OR	Movable	OR Support	Stretcher	New	4	$7,600.00	$30,400.00
2nd Floor	OR	Movable	OR Support	Suction Regulator	New	4	$600.00	$2,400.00
2nd Floor	OR	Movable	OR Support	Table, Overbed	New	4	$600.00	$2,400.00
2nd Floor	OR	Fixed	OR x 2	Anesthesia boom	New	2	$20,000.00	$40,000.00
2nd Floor	OR	Movable	OR x 2	Anesthesia Machine	New	2	$64,000.00	$128,000.00
2nd Floor	OR	Movable	OR x 2	Anesthesia Stool	New	2	$640.00	$1,280.00
2nd Floor	OR	Movable	OR x 2	Back Table	New	4	$1,600.00	$6,400.00
2nd Floor	OR	Movable	OR x 2	Electrosurgical Unit	New	2	$28,000.00	$56,000.00
2nd Floor	OR	Fixed	OR x 2	Equipment boom	New	2	$32,000.00	$64,000.00
2nd Floor	OR	Movable	OR x 2	Flowmeter, O2	New	2	$40.00	$80.00
2nd Floor	OR	Movable	OR x 2	Instrument allowance - handheld and power	New	2	$120,000.00	$240,000.00
2nd Floor	OR	Movable	OR x 2	Kick bucket	New	4	$320.00	$1,280.00
2nd Floor	OR	Movable	OR x 2	Light, Surgical	New	2	$52,000.00	$104,000.00
2nd Floor	OR	Movable	OR x 2	Mayo Stand	New	2	$360.00	$720.00
2nd Floor	OR	Movable	OR x 2	Medication Dispensing Unit	New	2	$36,000.00	$72,000.00
2nd Floor	OR	Movable	OR x 2	Monitor, Patient - on anesthesia machine	New	2	$24,000.00	$48,000.00
2nd Floor	OR	Movable	OR x 2	Patient Warmer	New	2	$4,000.00	$8,000.00
2nd Floor	OR	Movable	OR x 2	Prep table	New	4	$480.00	$1,920.00
2nd Floor	OR	Fixed	OR x 2	Steris Integration - Hexavue	New	2	$112,000.00	$224,000.00
2nd Floor	OR	Movable	OR x 2	Stool, Circulator	New	2	$400.00	$800.00
2nd Floor	OR	Movable	OR x 2	Stool, Physician	New	2	$2,400.00	$4,800.00
2nd Floor	OR	Movable	OR x 2	Table, Surgical	New	2	$56,000.00	$112,000.00
2nd Floor	OR	Movable	OR x 2	Utility Hub	New	2	$13,200.00	$26,400.00
2nd Floor	OR	Movable	OR x 2	Video Tower and Rigid Endoscopes	New	2	$152,000.00	$304,000.00

Docusign Envelope ID: 90B1D985-79E6-4881-B3E0-608CF3B37517

Sumner Station

2nd Floor	OR	Movable	OR x 2	Waste Management system	New	2	$16,000.00	$32,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Cart, Supply	New	24	$1,200.00	$28,800.00
2nd Floor	Sterile Processing Department	Movable	SPD	Furniture Allowance	New	1	$4,000.00	$4,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Misc Support Equipment	New	1	$16,000.00	$16,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Processing Sink - 3 Bay	New	1	$23,200.00	$23,200.00
2nd Floor	Sterile Processing Department	Movable	SPD	Sterilizer, Low Temperature	New	1	$96,000.00	$96,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Sterilizer, Steam - Medium	New	1	$76,000.00	$76,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Sterilizer, Steam - Small	New	1	$36,000.00	$36,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Ultrasonic Cleaner	New	1	$52,000.00	$52,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Washer/Disinfector	New	1	$64,000.00	$64,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Work Bench	New	1	$2,000.00	$2,000.00
2nd Floor	Sterile Processing Department	Movable	SPD	Workstation, Prep and Pack	New	2	$5,200.00	$10,400.00
							Sub Total	$7,838,592.00
							Freight - 5%	$391,929.60
							Inflation - 3%	$235,157.76
							Tax - 9.25%	$725,069.76
							Total	**$9,190,749.12**

Attachment 1N-2

Lifepoint Health

April 30, 2026

Mr. Logan Grant, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243

RE: Sources of Funds for Certificate of Need Application Filed by Sumner Regional Medical Center, LLC for a Satellite Hospital in Gallatin, Tennessee

Project Name: Highpoint Health – Sumner, Sumner Station Satellite Hospital

Dear Mr. Grant,

Sumner Regional Medical Center, LLC, doing business as Highpoint Health – Sumner with Ascension Saint Thomas ("Highpoint Health – Sumner"), is a majority-owned subsidiary of Lifepoint Health, Inc. "(Lifepoint"). Highpoint Health – Sumner plans to establish a satellite hospital in Gallatin, Tennessee, a community within Sumner County with an estimated cost of approximately $59.3 million. This project includes the addition of 28 acute care beds, two operating rooms and one cardiac catheterization laboratory. Lifepoint hereby commits to provide the funds necessary to successfully complete this project from its cash reserves and amounts available for borrowing under its asset-based revolving loan credit facility (collectively the "Reserves").

Please accept this letter as confirmation that Lifepoint has $656 million, as of December 31, 2025, in Reserves. The Reserves are unrestricted and available for use for this proposed project.

Sincerely,

Signed by:
Elliott Brown
E8260171AFD44FD...

Elliott Brown
SVP, Chief Accounting Officer

LETTER OF INTENT

State of Tennessee
Health Facilities Commission

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

LETTER OF INTENT

The Publication of Intent is to be published in The Tennessean which is a newspaper of general circulation in Sumner County, Tennessee, on or before 04/15/2026 for one day.

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Sumner Regional Medical Center, LLC, a/an Hospital owned by Sumner Regional Medical Center, LLC with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department (which received CON approval and is operational) and will have 28 licensed inpatient acute care beds (twenty-four private medical beds and four intensive care unit beds), an endoscopy suite, a cardiac catheterization laboratory, two operating rooms and ancillary spaces. This project includes the addition of 28 acute care beds, two operating rooms and one cardiac catheterization laboratory to the Sumner Regional Medical Center license. The cardiac catheterization laboratory will provide both diagnostic and therapeutic procedures. This project involves the renovation of approximately 41,845 square feet and the construction of 2,705 square feet. The address of the project will be 225 Big Station Camp Blvd, Gallatin, Sumner County, Tennessee, 37066. The estimated project cost will be $59,335,000.

The anticipated date of filing the application is 05/01/2026

The contact person for this project is Ms. Darcy Schaeffer who may be reached at Research and Planning Consultants - 6300 La Calma Drive, Suite 170, Austin, Texas, 78752 – Contact No. 512-371-8011.

Darcy Schaeffer	04/15/2026	dschaeffer@rpcconsulting.com
Signature of Contact	**Date**	**Contact's Email Address**

The Letter of Intent must be received between the first and the fifteenth day of the month. If the last day for filing is a Saturday, Sunday, or State Holiday, filing must occur on the next business day. Applicants seeking simultaneous review must publish between the sixteenth day and the last day of the month of publication by the original applicant.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

State of Tennessee
Health Facilities Commission

502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Sumner Regional Medical Center, LLC, a/an Hospital owned by Sumner Regional Medical Center, LLC with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department (which received CON approval and is operational) and will have 28 licensed inpatient acute care beds (twenty-four private medical beds and four intensive care unit beds), an endoscopy suite, a cardiac catheterization laboratory, two operating rooms and ancillary spaces. This project includes the addition of 28 acute care beds, two operating rooms and one cardiac catheterization laboratory to the Sumner Regional Medical Center license. The cardiac catheterization laboratory will provide both diagnostic and therapeutic procedures. This project involves the renovation of approximately 41,845 square feet and the construction of 2,705 square feet. The address of the project will be 225 Big Station Camp Blvd, Gallatin, Sumner County, Tennessee, 37066. The estimated project cost will be $59,335,000.

The anticipated date of filing the application is 05/01/2026

The contact person for this project is Ms. Darcy Schaeffer who may be reached at Research and Planning Consultants - 6300 La Calma Drive, Suite 170, Austin, Texas, 78752 – Contact No. 512-371-8011.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at or

prior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice of opposition may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov .

ORIGINAL APPLICATION

State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 hsda.staff@tn.gov

CERTIFICATE OF NEED APPLICATION

1A. Name of Facility, Agency, or Institution

Sumner Regional Medical Center, LLC

Name

225 Big Station Camp Blvd		Sumner County
Street or Route		**County**
Gallatin	Tennessee	37066
City	**State**	**Zip**

https://www.highpointhealthsystem.com/sumner

Website Address

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2A. Contact Person Available for Responses to Questions

Darcy Schaeffer	Ms.
Name	**Title**
Research and Planning Consultants	dschaeffer@rpcconsulting.com
Company Name	**Email Address**

6300 La Calma Drive, Suite 170

Street or Route

Austin	Texas	78752
City	**State**	**Zip**
Consultant		512-371-8011
Association with Owner		**Phone Number**

3A. Proof of Publication

Attach the full page of newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent. (Attachment 3A)

Date LOI was Submitted: 04/15/26

Date LOI was Published: 04/15/26

RESPONSE: See Attachment 3A for a copy of the notice of intent and a publication affidavit.

4A. Purpose of Review *(Check appropriate box(es) – more than one response may apply)*

- [x] Establish New Health Care Institution
- [ ] Relocation
- [ ] Change in Bed Complement
- [ ] Addition of a Specialty to an Ambulatory Surgical Treatment Center (ASTC)
- [ ] Initiation of MRI Service
- [ ] MRI Unit Increase
- [ ] Satellite Emergency Department
- [ ] Addition of Therapeutic Catheterization
- [ ] Positron Emission Tomography (PET) Service
- [x] Initiation of Health Care Service as Defined in §TCA 68-11-1607(3)

Initiation of HealthCare services

- [ ] Burn Unit
- [ ] Neonatal Intensive Care Unit
- [ ] Open Heart Surgery
- [ ] Organ Transplantation
- [x] Cardiac Catheterization
- [ ] Linear Accelerator
- [ ] Home Health
- [ ] Hospice
- [ ] Opiate Addiction Treatment Provided through a Non-Residential Substitution-Based Treatment Section for Opiate Addiction

Please answer all questions on letter size, white paper, clearly typed and spaced, single sided, in order and sequentially numbered. In answering, please type the question and the response. All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). Attach appropriate documentation as an Appendix at the end of the application and reference the applicable item Number on the attachment, i.e. Attachment 1A, 2A, etc. The last page of the application should be a completed signed and notarized affidavit.

5A. Type of Institution *(Check all appropriate boxes – more than one response may apply)*

- [x] Hospital
- [ ] Ambulatory Surgical Treatment Center (ASTC) – Multi-Specialty
- [ ] Ambulatory Surgical Treatment Center (ASTC) – Single Specialty
- [ ] Home Health
- [ ] Hospice
- [ ] Intellectual Disability Institutional Habilitation Facility (ICF/IID)
- [ ] Nursing Home
- [ ] Outpatient Diagnostic Center
- [ ] Rehabilitation Facility
- [ ] Residential Hospice
- [ ] Nonresidential Substitution Based Treatment Center of Opiate Addiction

☐ Other

Other -

Hospital -
General Medical and Surgical

6A. Name of Owner of the Facility, Agency, or Institution

Sumner Regional Medical Center, LLC

Name

555 Hartsville Pike		615-328-6089
Street or Route		**Phone Number**
Gallatin	Tennessee	37066
City	**State**	**Zip**

7A. Type of Ownership of Control *(Check One)*

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Corporation (For Profit)
- ☐ Corporation (Not-for-Profit)
- ☐ Government (State of TN or Political Subdivision)
- ☐ Joint Venture
- ☑ Limited Liability Company
- ☐ Other (Specify)

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's website at https://tnbear.tn.gov/ECommerce/FilingSearch.aspx If the proposed owner of the facility is government owned must attach the relevant enabling legislation that established the facility. (Attachment 7A)

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest.

RESPONSE: The organization chart and documentation of entity status are in Attachment 7A. The applicant is Sumner Regional Medical Center, LLC, a limited liability company doing business as Highpoint Health – Sumner with Ascension Saint Thomas. The applicant is owned by Highpoint Healthcare, LLC, a joint venture with 20 percent ownership held by Baptist Healthcare Affiliates Inc. (a subsidiary of Saint Thomas Health) and 80 percent ownership held by Highpoint Partner, LLC. Highpoint Partner, LLC, and Highpoint Healthcare, LLC, are indirect subsidiaries of Lifepoint Health Inc. Highpoint Healthcare, LLC, owns four Middle Tennessee acute care facilities: the applicant (a hospital in Gallatin), Highpoint Health – Sumner Station with Ascension Saint Thomas (a freestanding emergency department (FSED) in Gallatin operating under the Sumner Regional Medical Center, LLC, license to which the proposed 28 beds will be added), Highpoint Health – Riverview with Ascension Saint Thomas (a hospital in Carthage), and Highpoint Health – Trousdale with Ascension Saint Thomas (a hospital in Hartsville).

8A. Name of Management/Operating Entity *(If Applicable)*

Name

Street or Route | **County**

City | **State** | **Zip**

Website Address

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. (Attachment 8A)

9A. Legal Interest in the Site

Check the appropriate box and submit the following documentation. (Attachment 9A)

The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.

- ☑ Ownership (Applicant or applicant's parent company/owner) – Attach a copy of the title/deed.
- ☐ Lease (Applicant or applicant's parent company/owner) – Attach a fully executed lease that includes the terms of the lease and the actual lease expense.
- ☐ Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.
- ☐ Option to Lease - Attach a fully executed Option that includes the anticipated terms of the Option and anticipated lease expense.
- ☐ Letter of Intent, or other document showing a commitment to lease the property - attach reference document
- ☐ Other (Specify)

RESPONSE: The applicant owns the land and leases the structure from a related entity. Documentation of ownership is in Attachment 9A.

10A. Floor Plan

If the facility has multiple floors, submit one page per floor. If more than one page is needed, label each page. (Attachment 10A)

- Patient care rooms (Private or Semi-private)
- Ancillary areas
- Other (Specify)

RESPONSE: Sumner Station is a two-story, approximately 112,700 square-foot building housing an FSED, an outpatient imaging center, Carpenter Cancer Center (includes a linear accelerator, a PET-CT scanner, a nurse navigation program), and 60+ provider clinics and medical office buildings specializing in cardiology, gastroenterology, general surgery, primary care, podiatry, wound care, orthopedics, endocrinology, and obstetrics. All existing services will remain after completion. When complete, Sumner Station will be a satellite hospital under the SRMC license, involving renovation of approximately 41,845 square feet and 2,705 square feet of new construction. The satellite hospital will

have 24 medical/surgical/telemetry beds and 4 ICU beds, serving both adult and pediatric patients with flexibility to designate additional beds for pediatric use based on seasonal demand. The facility will also include two operating rooms, one cardiac catheterization laboratory, one endoscopy suite with pre/post area, and all ancillary spaces required for inpatient services including dietary/dining, laboratory, pharmacy, materials management, environmental services, and admitting. The existing ED, outpatient imaging, and physician office space will be maintained. Current and proposed floor plans are in Attachment 10A. All spaces are clearly labeled.

11A. Public Transportation Route

Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients. (Attachment 11A)

RESPONSE: See response in Attachment 11A.

12A. Plot Plan

Unless relating to home care organization, briefly describe the following and attach the requested documentation on a letter size sheet of white paper, legibly labeling all requested information. It **must** include:

- Size of site (in acres);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads, or highways that cross or border the site.

(Attachment 12A)

RESPONSE: See Attachment 12A for the plot plan. It provides all the required information. The proposed hospital site is the existing address at 225 Big Station Camp Boulevard. The site has 24.57 acres and is bounded by Vietnam Veterans Boulevard (State Highway 386) and Big Station Camp Boulevard in the city limits of Gallatin in Sumner County.

13A. Notification Requirements

- TCA §68-11-1607(c)(9)(B) states that "... If an application involves a healthcare facility in which a county or municipality is the lessor of the facility or real property on which it sits, then within ten (10) days of filing the application, the applicant shall notify the chief executive officer of the county or municipality of the filing, by certified mail, return receipt requested." Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.
  - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)
  - ☐ Notification in process, attached at a later date
  - ☐ Notification not in process, contact HFC Staff
  - ☑ Not Applicable

- TCA §68-11-1607(c)(9)(A) states that "... Within ten (10) days of the filing of an application for a nonresidential substitution based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of the municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution based treatment center for opiate addiction has been filed with the agency by the applicant.
  - ☐ Notification Attached (Provide signed USPS green-certified mail receipt card for each official notified.)

- ☐ Notification in process, attached at a later date
- ☐ Notification not in process, contact HFC Staff
- ☐ Not Applicable

EXECUTIVE SUMMARY

1E. Overview

Please provide an overview not to exceed **ONE PAGE** (for 1E only) in total explaining each item point below.

- Description: Address the establishment of a health care institution, initiation of health services, and/or bed complement changes.
  RESPONSE:

  SRMC is seeking approval to add inpatient beds to Sumner Station. This project will consist of 24 medical/surgical inpatient beds, a four-bed ICU, two operating rooms, one cardiac catheterization laboratory, one endoscopy suite, and additional ancillary spaces to support inpatient services.

- Ownership structure
  RESPONSE: The applicant is Sumner Regional Medical Center, LLC, a limited liability company. The applicant is owned by Highpoint Healthcare, LLC, a joint venture with 20 percent ownership held by Baptist Health Care Affiliates Inc. (a subsidiary of Saint Thomas Health), and 80 percent ownership held by Highpoint Partner, LLC, an indirect subsidiary of Lifepoint Health Inc. Sumner Regional Medical Center (the hospital) is a 167-bed acute care facility in Gallatin, and a member of Lifepoint Health. Lifepoint Health joint-ventures specialty projects with dozens of well-known centers of excellence in Tennessee and nationally. Highpoint Health – Sumner with Ascension Saint Thomas (formerly Sumner Regional Medical Center) will be the main hospital, with Highpoint Health – Sumner Station with Ascension Saint Thomas as its satellite hospital under the same license.

- Service Area
  RESPONSE: The service area for Sumner Station differs by patient population. For adult patients, the service area consists of the home zip code for the project site (37066) and four contiguous zip codes within a ten-mile radius: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House), from which 90% of adult inpatients are projected to originate. The pediatric service area is broader, encompassing Sumner, Macon, Robertson, Trousdale, Smith, and Wilson counties, from which all pediatric inpatients are projected to originate in the initial years of operation.

- Existing similar service providers
  RESPONSE: Sumner Station is between SRMC in Gallatin, Tennessee, and HCA's TriStar Hendersonville Medical Center in Hendersonville, Tennessee. There are no other inpatient acute care facilities in the service area and no providers with a pediatric unit, according to the 2024 JARs.

- Project Cost
  RESPONSE: The estimated project cost is $59,335,000

- Staffing
  RESPONSE: The proposed hospital will provide inpatient and outpatient services as a satellite of Sumner Regional Medical Center (SRMC). It will employ all nursing and support staff required to provide these services. The proposed hospital requires 72.6 more full-time equivalents (FTEs) than presently employed. These FTEs will be recruited using Highpoint Health with Ascension Saint Thomas's recruiting resources. The emergency department (ED) will continue to provide all six levels of ED care, including trauma care, and will treat both pediatric and adult patients. The ED will be staffed with board-certified and board-eligible emergency care physicians and will belong to the medical staff of SRMC. The proposed satellite hospital will share medical staff with SRMC, an open-staff hospital. The proposed hospital will allow all properly credentialed physicians and other providers to practice at the hospital. The Highpoint Health with Ascension Saint Thomas medical staff has physicians in the Gallatin area in a

wide range of specialties, including but not limited to: internal medicine, emergency medicine, family medicine, cardiology, gastroenterology, oncology, pediatrics, pulmonology, radiology, orthopedics, obstetrics, neonatology, gynecology, anesthesiology, surgery, neurology, infectious disease, endocrinology, nephrology, wound care, ophthalmology, pain management, plastic surgery, and dermatology. Sumner Station plans to recruit pediatricians to staff the pediatric unit, and area pediatricians have expressed interest in staffing it, if approved.

2E. Rationale for Approval

A Certificate of Need can only be granted when a project is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effects attributed to competition or duplication would be positive for consumers

Provide a brief description not to exceed ONE PAGE (for 2E only) of how the project meets the criteria necessary for granting a CON using the data and information points provided in criteria sections that follow.

- Need

  RESPONSE: There is demand for all elements of the proposed project. As discussed above, SRMC has developed the scope of this project to meet the needs of residents in the rapidly growing service area. The project includes acute care beds (both medical/surgical and ICU), operating rooms, an endoscopy suite, a cardiac catheterization unit, and the required equipment and ancillary spaces to provide a full-service community hospital at Sumner Station. A) Demand for Adult Inpatient Acute Care Services: • Growth in Sumner Station ED visits and acute care inpatient transfers • Improved geographic access to acute care services in Sumner County • EMS runs in the area • Primary and specialty physician presence near Sumner Station • Growth and development in the area will increase demand • The immediate station camp area, the City of Gallatin, the service area zip codes, and Sumner County are all growing areas. • Highpoint Health's provision of high-quality care • Local community support B) Demand for pediatric inpatient acute care services: • Pediatric patients currently seek care at Sumner Station • There are no pediatric beds in the area • The pediatric population is growing, increasing the demand for inpatient services C) Demand for operating rooms, an endoscopy suite, and a cardiac catheterization laboratory is established by the growing population and the need to provide the full array of acute care services appropriate for a community hospital at Sumner Station.

- Quality Standards

  RESPONSE: The applicant is a joint undertaking between Ascension Saint Thomas and Highpoint Health – Sumner Station with Ascension Saint Thomas. The Gallatin and Nashville hospitals associated with this project have a history of delivering high-quality care. The host hospital in Gallatin is a level III trauma center and has earned the American College of Cardiology's Chest Pain Center accreditation and the highest designation from the American Heart Association's Get with the Guidelines, while maintaining advanced specialty certifications in stroke and perinatal care from The Joint Commission. SRMC's existing FSED at Sumner Station in Gallatin meets or exceeds industry goals for quickly responsive service, high quality of round-the-clock staffing, virtual elimination of diversions to other emergency rooms, and coordination with hospitals for transfers to higher levels of care. SRMC was recently approved for a new FSED in White House, Tennessee. Its partner, Ascension Saint Thomas, operates two tertiary hospitals in Nashville that are recognized as leaders in quality and safety. Ascension Saint Thomas Hospital has been named one of the top 100 hospitals in the United States and named as a Top 100 Cardiac Hospital. It has also achieved distinction as an Advanced Primary and Comprehensive Stroke Center, a Safe Sleep Gold designation, a Baby-Friendly designation, and a Blue Distinction Center for Total Hip Surgery; it is in the Commission on Cancer's Integrated Network Cancer Program. Ascension Saint Thomas is a joint-venture owner of the Sumner Station FSED and will have quality and clinical oversight of this facility. Additionally, its tertiary facilities in Nashville will be a main option for residents needing a higher level of inpatient care.

- Consumer Advantage
  - Choice

    RESPONSE: The project will increase the inpatient facility choices in the Station Camp area of Sumner County for patients and independent physicians. The hospital will be the only acute care provider in Sumner County with a pediatric unit.

  - Improved access/availability to health care service(s)

RESPONSE: 731 patients were transferred from Sumner Station to SRMC for inpatient treatment in calendar year (CY) 2024, according to the Joint Annual Report. This increases the cost of care for the hospital system, the health plan, and the patient. Transferring patients from one facility to another delays care. The proposed project would let these patients receive care at their initial entry point into the healthcare system, thus reducing delay and cost for clinically appropriate patients. This improves access to care, quality of care, and affordability of care. As discussed in the Construction and Renovation attachment, the proposed pediatric unit will improve geographic access to care for Sumner and other area residents. Station Camp is a prime area for current and future residential and commercial development in Sumner County, and the project site is a convenient location in the heart of this high-growth area.

- ○ Affordability

RESPONSE: Competition in this service area will help lower inpatient care costs over time and patients' out-of-pocket co-pays. Charity care for non-emergent or uninsured patients will be provided under faith-based Ascension Saint Thomas's guidelines. Blue Cross Blue Shield S-insured patients will have unimpeded financial access to care at the new hospital, just as they now have at the applicant's existing ED at Sumner Station as well as at the applicant's main hospital campus and ED. As of March 2026, there were 13,951 Blue Cross Blue Shield S-insured patients in Sumner County, 5,025 in Robertson County, and 9,348 in Wilson County.

3E. Consent Calendar Justification

- ☐ Letter to Executive Director Requesting Consent Calendar (Attach Rationale that includes addressing the 3 criteria)
- ☑ Consent Calender NOT Requested

If Consent Calendar is requested, please attach the rationale for an expedited review in terms of Need, Quality Standards, and Consumer Advantage as a written communication to the Agency's Executive Director at the time the application is filed.

4E. PROJECT COST CHART

A. Construction and equipment acquired by purchase:	
1. Architectural and Engineering Fees	$4,205,000
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	
3. Acquisition of Site	
4. Preparation of Site	$200,000
5. Total Construction Costs	$35,100,000
6. Contingency Fund	$3,340,000
7. Fixed Equipment (Not included in Construction Contract)	$347,600
8. Moveable Equipment (List all equipment over $50,000 as separate attachments)	$8,843,400
9. Other (Specify): Telecommunications	$3,604,000
B. Acquisition by gift, donation, or lease:	
1. Facility (inclusive of building and land)	
2. Building only	
3. Land only	
4. Equipment (Specify):	
5. Other (Specify):	
C. Financing Costs and Fees:	
1. Interim Financing	
2. Underwriting Costs	
3. Reserve for One Year's Debt Service	
4. Other (Specify): Capital Interest	$3,650,000
D. Estimated Project Cost (A+B+C)	$59,290,000
E. CON Filing Fee	$45,000
F. Total Estimated Project Cost (D+E) **TOTAL**	$59,335,000

GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with TCA §68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, will provide health care that meets appropriate quality standards, and the effect attributed to completion or duplication would be positive for consumers." In making determinations, the Agency uses as guidelines the goals, objectives, criteria, and standards adopted to guide the agency in issuing certificates of need. Until the agency adopts its own criteria and standards by rule, those in the state health plan apply.

Additional criteria for review are prescribed in Chapter 11 of the Agency Rules, Tennessee Rules and Regulations 01730-11.

The following questions are listed according to the three criteria: (1) Need, (2) the effects attributed to competition or duplication would be positive for consumers (Consumer Advantage), and (3) Quality Standards.

NEED

The responses to this section of the application will help determine whether the project will provide needed health care facilities or services in the area to be served.

1N. Provide responses as an attachment to the applicable criteria and standards for the type of institution or service requested. A word version and pdf version for each reviewable type of institution or service are located at the following website. https://www.tn.gov/hsda/hsda-criteria-and-standards.html (Attachment 1N)

RESPONSE:

See Attachment 1N for responses to the State Health Plan's criteria and standards for:

- Construction, Renovation, Expansion, and Replacement of Health Care Institutions
- Acute Care Beds
- Cardiac Catheterization Services

2N. Identify the proposed service area and provide justification for its reasonable ness. Submit a county level map for the Tennessee portion and counties boarding the state of the service area using the supplemental map, clearly marked, and shaded to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable. (Attachment 2N)

RESPONSE:

The service area for Sumner Station adult patients consists of the home zip code for the project site (37066) and four contiguous zip codes within a ten-mile radius: 37075 (Hendersonville), 37048 (Cottontown), 37148 (Portland), and 37188 (White House). This definition is supported by existing patient origin patterns at the FSED: in 2025, 82 percent of Sumner Station ED visits originated from these five zip codes, reflecting an 18 percent in-migration rate. Based on these patterns, the applicant projects 90 percent of adult inpatients will be residents of this service area. The proposed county-level service area for adult patients is Sumner County. The pediatric service area is broader, encompassing Sumner, Macon, Robertson, Trousdale, Smith, and Wilson counties, from which all the pediatric inpatients are projected to originate in the initial years of operation. Please see Attachment 2N for a map of the service area.

Complete the following utilization tables for each county in the service area, if applicable.

PROJECTED UTILIZATION

Unit Type: ☐ Procedures ☐ Cases ☑ Patients ☑ Other Inpatients

Service Area Counties	Projected Utilization Recent Year 1 (Year = 2029)	% of Total
Macon	31	2.28%
Other not primary/secondary county	94	6.91%
Trousdale	16	1.18%
Smith	15	1.10%
Wilson	106	7.79%
Sumner	1,026	75.39%
Robertson	73	5.36%
Total	1,361	100%

3N. A. Describe the demographics of the population to be served by the proposal.

RESPONSE:

See Attachment 3N, which includes one table for the adult service area and another for the pediatric service area. The target population for the adult service area is adults age 18 and older; the target population for the pediatric service area is children age 0-17. The proposed adult inpatient primary service area comprises five zip codes with a total 2026 population of 202,553 residents, projected to grow to 214,911 by 2030, based on data from Esri. Adults age 18 and older represent 78.6 percent of the projected 2030 service area population. The pediatric service area encompasses Sumner, Macon, Robertson, Smith, Trousdale, and Wilson counties, with a combined 2026 total population of 517,586, projected to reach 545,664 by 2030. Children age 0–17 represent 22.3 percent of the projected 2030 service area population. Please see the Construction and Renovation Standards document for a detailed discussion of both service areas, including recent and projected growth.

B. Provide the following data for each county in the service area:

- Using current and projected population data from the Department of Health. (www.tn.gov/health/health-program-areas/statistics/health-data/population.html);
- the most recent enrollee data from the Division of TennCare (https://www.tn.gov/tenncare/information-statistics/enrollment-data.html),
- and US Census Bureau demographic information (https://www.census.gov/quickfacts/fact/table/US/PST045219).

RESPONSE:

See Attachment 3N.

4N. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly those who are uninsured or underinsured, the elderly, women, racial and ethnic minorities, TennCare or Medicaid recipients, and low income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:

Sumner Station will be accessible to all these groups. It will provide care to all arriving patients, regardless of their insurance coverage or ability to pay. As shown in response to question 10C, Sumner Station expects to provide nearly $1.9 million in charity care in the second project year. Sumner Station operates under the license of SRMC, which contracts with TennCare Managed Care Organizations (MCOs): United Healthcare, Blue Cross BlueCare, Select, and Wellpoint. Blue Cross Cover and UnitedHealthcare (UHC) Cover Kids are part of the BlueCare and UHC plans. See the Acute Care Bed Need attachment for detail on how Sumner Station proposes to meet the special needs of pediatric patients in the service area.

*Charity care in this application includes (a) unbilled charges written off as 100 percent charity care for patients qualifying for charity care guidelines, and (b) unbilled, deep discounts for patients who do not qualify as 100 percent charity care but are underinsured.

5N. Describe the existing and approved but unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days. Average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g. cases, procedures, visits, admissions, etc. This does not apply to projects that are solely relocating a service.

RESPONSE:

SRMC and TriStar Hendersonville are the only acute care inpatient hospitals in the service area. The tables below show applicable utilization and occupancy statistics for each hospital for the past three years.

Sumner Regional Medical Center

Utilization	2022	2023	2024	% Growth (2022-2024)
IP Admissions	6,744	7,461	9,414	39.6%
IP Days	29,545	31,001	39,126	32.4%
ALOS	4.4	4.2	4.2	-4.5%
Endoscopy Cases	2,461	3,437	1,649	-33.0%
Licensed Beds	167	167	167	0.0%
Bed Days Available (Beds*365)*	60,955	60,955	61,122	0.3%
Occupancy on Licensed Beds	48.5%	50.9%	64.0%	32.0%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2022–2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Total Patients, excluding Normal Newborns.

**2024 is calculated with 366 days, as it is a leap year.*

TriStar Hendersonville Medical Center

Utilization	2022	2023	2024	% Growth
IP Admissions	8,421	8,733	9,336	10.9%
IP Days	33,435	32,551	34,838	4.2%
ALOS	4.0	3.7	3.7	-6.7%
Endoscopy Cases	4,152	4,621	4,004	-3.6%
Licensed Beds	134	134	134	0.0%
Bed Days Available (Beds*365)*	48,910	48,910	49,044	0.3%
Occupancy on Licensed Beds	68.4%	66.6%	71.0%	3.9%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2022–2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Total Patients, excluding Normal Newborns.

**2024 is calculated with 366 days, as it is a leap year.*

According to the most recent year of JAR data, for Sumner County patients remaining in Sumner County for inpatient care, SRMC served 57.3 percent of their patient days. See the table below. For all patients who chose a hospital in Sumner County, regardless of their county of residence, 52.9 percent of the patient days were served by SRMC. Total inpatient days at SRMC have been growing over the past several years.

Inpatient Days for Sumner County Patients Choosing a Sumner County Hospital in 2024

Sumner County Hospitals	Inpatient Days	% of Total
SRMC	29,091	57.3%
TriStar Hendersonville	21,644	42.7%
Sumner County, TN	50,735	100%

Source: Tennessee Department of Health, "Joint Annual Reports (JAR)," 2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Sumner County Residents, excluding Normal Newborns,

Inpatient Days for All Patients Choosing a Sumner County Hospital in 2024

Sumner County Hospitals	Inpatient Days	% of Total
SRMC	39,126	52.9%
TriStar Hendersonville	34,838	47.1%
Sumner County, TN	73,964	100.0%

Source: Tennessee Department of Health, "Joint Annual Reports (JAR)," 2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Total Patients, excluding Normal Newborns.

6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE:

See Attachment 6N.

7N. Complete the chart below by entering information for each applicable outstanding CON by applicant or share common ownership; and describe the current progress and status of each applicable outstanding CON and how the project relates to the applicant, and the percentage of ownership that is shared with the applicant's owners.

RESPONSE:

The applicant LLC and SRMC have two outstanding, unimplemented CONs for FSEDs in White House, Tennessee, and Lebanon, FSED. Those are the first two projects in the table below.

Ascension's affiliated entities have additional Tennessee CON projects, which are reported in the remaining rows below.

CON Number	Project Name	Date Approved	Expiration Date
CN2407-019	Sumner Regional Medical Center White House FSED	10/23/2024	12/1/2027
CN2506-020	Highpoint Health Lebanon FSED	9/24/2025	10/1/2028

CONSUMER ADVANTAGE ATTRIBUTED TO COMPETITION

The responses to this section of the application helps determine whether the effects attributed to competition or duplication would be positive for consumers within the service area.

1C. List all transfer agreements relevant to the proposed project.

RESPONSE: Please see the list of transfer agreements in Attachment 1C.

2C. List all commercial private insurance plans contracted or plan to be contracted by the applicant.

- [x] Aetna Health Insurance Company
- [x] Ambetter of Tennessee Ambetter
- [x] Blue Cross Blue Shield of Tennessee
- [x] Blue Cross Blue Shield of Tennessee Network S
- [x] Blue Cross Blue Shiled of Tennessee Network P
- [x] BlueAdvantage
- [ ] Bright HealthCare
- [x] Cigna PPO
- [x] Cigna Local Plus
- [ ] Cigna HMO - Nashville Network
- [ ] Cigna HMO - Tennessee Select
- [ ] Cigna HMO - Nashville HMO
- [ ] Cigna HMO - Tennessee POS
- [ ] Cigna HMO - Tennessee Network
- [x] Golden Rule Insurance Company
- [x]

- [ ] HealthSpring Life and Health Insurance Company, Inc.
- [x] Humana Health Plan, Inc.
- [x] Humana Insurance Company
- [x] John Hancock Life & Health Insurance Company
- [x] Omaha Health Insurance Company
- [x] Omaha Supplemental Insurance Company
- [ ] State Farm Health Insurance Company
- [x] United Healthcare UHC
- [ ] UnitedHealthcare Community Plan East Tennessee
- [x] UnitedHealthcare Community Plan Middle Tennessee
- [ ] UnitedHealthcare Community Plan West Tennessee
- [x] WellCare Health Insurance of Tennessee, Inc.
- [x] Others

RESPONSE: Please see the list in Attachment 2C for all current insurance plans.

3C. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact upon consumer charges and consumer choice of services.

RESPONSE:

SRMC competes primarily with TriStar Hendersonville in Hendersonville, Tennessee, and with the much larger healthcare systems in the Nashville area. TriStar Hendersonville is the only other inpatient hospital in Sumner County. There are no acute care providers in Sumner County with a pediatric unit.

The project will enable Highpoint Health to better serve its local community and address the growing demand for acute care inpatient services near Station Camp. Highpoint Health's mission is "Making communities healthier®." Recognizing that patients have choices in where to receive care, and as shown by its values, Sumner Station will be a place where:

- People choose to come for healthcare,
- Physicians and other providers want to practice, and
- Employees want to work.

To remain competitive and ensure continued access to high-quality care, SRMC must expand its services within its acute care bed service area and extend these services to more communities. This project represents a thoughtful and practical approach to meeting these needs, positioning SRMC to compete better and serve its patients better. This project will also allow pediatric patients and their families to receive care in a pediatric unit that requires less travel time and avoids navigating large hospital campuses and Nashville traffic.

4C. Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements, CMS, and/or accrediting agencies requirements, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE:

Because the proposed hospital will be a satellite of SRMC, it will need fewer additional staff than a separate hospital. Most of the administrative functions will be performed by staff at the main hospital. With the relocation of beds, some existing staff at the main hospital will transfer to Sumner Station. The proposed project requires a net addition of 72.6

FTEs above current staffing levels at Sumner Station. To support staffing needs during the ramp-up period, the proposed hospital has budgeted for 8.4 FTEs of premium pay and travel staff.

SRMC has developed a detailed staffing plan for the satellite hospital that identifies specific FTE counts by role, a timeline for recruitment, and commitments from key physician groups. The satellite hospital's staffing model will leverage SRMC's existing employed physician and specialist network, ensuring more predictable coverage across both facilities.

Highpoint Health with Ascension Saint Thomas has a long and successful track record of recruiting, training, and retaining medical and hospital staff across its network of hospitals and FSEDs. The system's existing relationships with nursing schools, allied health training programs, and regional workforce development organizations support ongoing recruitment efforts. All clinical staff at Sumner Station will be subject to the same credentialing, privileging, and competency assessment requirements as staff at SRMC's main campus, and the satellite hospital will operate in full compliance with the State of Tennessee's licensing requirements, the CMS Conditions of Participation, and applicable accreditation standards, including those of The Joint Commission.

5C. Document the category of license/certification that is applicable to the project and why. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE:

Sumner Station will operate as a satellite general acute care hospital under the SRMC license and accreditation. Its medical staff will be members of SRMC medical staff. All applicable policies of SRMC will also apply to the proposed Sumner Station hospital.

6C. See INSTRUCTIONS to assist in completing the following tables.

HISTORICAL DATA CHART

☑ Project Only
☐ Total Facility

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year 1	Year 2	Year 3
	2022	2023	2024
A. Utilization Data			
Specify Unit of Measure Other : ED Visits	12712	13161	13481
B. Revenue from Services to Patients			
1. Inpatient Services	$0.00	$0.00	$0.00
2. Outpatient Services	$95,002,854.00	$123,243,518.00	$123,465,864.00
3. Emergency Services	$63,047,513.00	$73,479,218.00	$80,686,879.00
4. Other Operating Revenue (Specify)	$0.00	$0.00	$0.00
Gross Operating Revenue	$158,050,367.00	$196,722,736.00	$204,152,743.00
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	$127,135,715.00	$161,883,139.00	$173,264,433.00
2. Provision for Charity Care	$584,786.00	$472,135.00	$204,153.00
3. Provisions for Bad Debt	$4,773,121.00	$2,557,396.00	$3,695,165.00
Total Deductions	$132,493,622.00	$164,912,670.00	$177,163,751.00
NET OPERATING REVENUE	$25,556,745.00	$31,810,066.00	$26,988,992.00

HISTORICAL DATA CHART

☑ Total Facility
☐ Project Only

Give information for the last *three (3)* years for which complete data are available for the facility or agency.

	Year 1	Year 2	Year 3
	2022	2023	2024
A. Utilization Data			
Specify Unit of Measure Other : Adjusted Patient Days [(Inpatient Days x (Outpatient Revenue / Inpatient Revenue)) + Inpatient Days]	65720	71763	80371
B. Revenue from Services to Patients			
1. Inpatient Services	$426,020,556.00	$495,294,553.00	$633,726,258.00
2. Outpatient Services	$306,957,719.00	$409,503,510.00	$404,283,932.00
3. Emergency Services	$214,662,448.00	$241,742,949.00	$263,771,860.00
4. Other Operating Revenue (Specify)	$0.00	$0.00	$0.00
Gross Operating Revenue	$947,640,723.00	$1,146,541,012.00	$1,301,782,050.00
C. Deductions from Gross Operating Revenue			

1

1. Contractual Adjustments	$791,620,221.00	$961,159,538.00	$1,104,834,997.00
2. Provision for Charity Care	$4,080,494.00	$5,701,172.00	$1,275,388.00
3. Provisions for Bad Debt	$16,599,244.00	$25,463,383.00	$23,558,770.00
Total Deductions	$812,299,959.00	$992,324,093.00	$1,129,669,155.00
NET OPERATING REVENUE	$135,340,764.00	$154,216,919.00	$172,112,895.00

PROJECTED DATA CHART

☑ Project Only
☐ Total Facility

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	**Year 2**
	2029	2030
A. Utilization Data		
Specify Unit of Measure Other : Adjusted Patient Days	13922	17208
B. Revenue from Services to Patients		
1. Inpatient Services	$98,298,000.00	$149,457,000.00
2. Outpatient Services	$167,732,000.00	$203,183,000.00
3. Emergency Services	$0.00	$0.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00
Gross Operating Revenue	$266,030,000.00	$352,640,000.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$225,123,000.00	$301,924,000.00
2. Provision for Charity Care	$1,800,000.00	$1,890,000.00
3. Provisions for Bad Debt	$5,982,000.00	$7,929,000.00
Total Deductions	$232,905,000.00	$311,743,000.00
NET OPERATING REVENUE	$33,125,000.00	$40,897,000.00

PROJECTED DATA CHART

☑ Total Facility
☐ Project Only

Give information for the *two (2)* years following the completion of this proposal.

	Year 1	**Year 2**
	2029	2030
A. Utilization Data		
Specify Unit of Measure Other : Adjusted Patient Days	96206	97090
B. Revenue from Services to Patients		
1. Inpatient Services	$827,952,258.00	$912,066,258.00
2. Outpatient Services	$704,380,932.00	$770,837,932.00
3. Emergency Services	$263,771,860.00	$263,771,860.00
4. Other Operating Revenue (Specify) _____	$0.00	$0.00

Gross Operating Revenue	$1,796,105,050.00	$1,946,676,050.00
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	$1,522,956,997.00	$1,657,021,997.00
2. Provision for Charity Care	$4,875,388.00	$5,055,388.00
3. Provisions for Bad Debt	$34,673,770.00	$38,058,770.00
Total Deductions	$1,562,506,155.00	$1,700,136,155.00
NET OPERATING REVENUE	$233,598,895.00	$246,539,895.00

7C. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge using information from the Historical and Projected Data Charts of the proposed project.

Project Only Chart

	Previous Year to Most Recent Year	Most Recent Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge *(Gross Operating Revenue/Utilization Data)*	$12,433.16	$14,947.40	$19,108.61	$20,492.79	0.35
Deduction from Revenue *(Total Deductions/Utilization Data)*	$10,422.72	$12,530.41	$16,729.28	$18,116.17	0.38
Average Net Charge *(Net Operating Revenue/Utilization Data)*	$2,010.44	$2,416.99	$2,379.33	$2,376.63	0.19

8C. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE:

See Attachment 8C for the standard gross charges, before adjustments, at SRMC for the DRGs appropriate to be treated at Sumner Station. Charges will be the same at both locations. The project will not affect patient care charges at either location.

9C. Compare the proposed project charges to those of similar facilities/services in the service area/adjoining services areas, or to proposed charges of recently approved Certificates of Need.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

Inpatient charges at SRMC and TriStar Hendersonville Medical Center, the two acute care facilities in Sumner County, are shown in the table below for the top fifteen SRMC DRGs, according to American Hospital Directory. Charges are significantly lower at SRMC, while the case mix index (CMI) is similar and sometimes higher at SRMC. Because Sumner Station is on the SRMC license, the charges at SRMC and Sumner Station will be the same.

Sumner County Hospital Medicare Charges for Selected Top DRGs

		SRMC		TriStar Hendersonville		SRMC as a % TriStar Hendersonville	
Base MS-DRG	Base MS-DRG Description	Average Charges	Case Mix Index	Average Charges	Case Mix Index	Average Charges	Case Mix Index
872-871	Septicemia or severe sepsis w/o MV 96+ hours	$88,414	1.8353	$99,530	1.8525	88.8%	99.1%
293-292-291	Heart failure & shock	$65,712	1.2722	$76,401	1.2743	86.0%	99.8%
690-689	Kidney & urinary tract infections	$43,996	1.0003	$74,785	0.9990	58.8%	100.1%
282-281-280	Acute myocardial infarction, discharged alive	$68,949	1.3523	$104,100	1.2883	66.2%	105.0%
641-640	Misc. disorders of nutrition, metabolism, fluids/electrolytes	$44,347	1.0139	$71,392	1.0764	62.1%	94.2%
392-391	Esophagitis, gastroent. & misc. digest. disorders	$41,907	0.9104	$70,840	0.9054	59.2%	100.6%
948-947	Signs & symptoms	$71,092	1.0476	N/A	N/A	N/A	N/A
312	Syncope & collapse	$43,104	0.8635	N/A	N/A	N/A	N/A
192-191-190	Chronic obstructive pulmonary disease	$69,406	1.0369	N/A	N/A	N/A	N/A
195-194-193	Simple pneumonia & pleurisy	$63,313	1.1766	$86,041	1.2386	73.6%	95.0%
379-378-377	G.I. hemorrhage	$62,267	1.3176	$72,649	1.4132	85.7%	93.2%
310-309-308	Cardiac arrhythmia & conduction disorders	$34,711	0.7772	$51,673	0.7739	67.2%	100.4%
313	Chest pain	$32,366	0.7236	N/A	N/A	N/A	N/A
700-699-698	Other kidney & urinary tract diagnoses	$63,030	1.5377	$89,273	1.5699	70.6%	97.9%
179-178-177	Respiratory infections & inflammations	$60,190	1.5166	$85,949	1.6153	70.0%	93.9%

Source: American Hospital Directory (ahd.com) based on Medicare IPPS claims data. SRMC data are for the cost report period ending 04/30/2024. TriStar Hendersonville's charges are for the period ending 8/31/2024.

10C. Report the estimated gross operating revenue dollar amount and percentage of project gross operating revenue anticipated by payor classification for the first and second year of the project by completing the table below.

If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Applicant's Projected Payor Mix

Project Only Chart

Payor Source	Year-2029		Year-2030	
	Gross Operating Revenue	% of Total	Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	$148,444,740.00	55.80	$196,773,120.00	55.80
TennCare/Medicaid	$15,961,800.00	6.00	$21,158,400.00	6.00
Commercial/Other Managed Care	$40,968,620.00	15.40	$54,306,560.00	15.40
Self-Pay	$14,365,620.00	5.40	$19,042,560.00	5.40
Other(Specify)	$46,289,220.00	17.40	$61,359,360.00	17.40
Total	$266,030,000.00	100%	$352,640,000.00	100%
Charity Care	$1,800,000.00		$1,890,000.00	

**Needs to match Gross Operating Revenue Year One and Year Two on Projected Data Chart*

Discuss the project's participation in state and federal revenue programs, including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project.

RESPONSE: SRMC and Sumner Station participate in Medicare and TennCare/Medicaid and provide charity care to medically indigent patients. Sumner Station will continue to provide services to these patients after the completion of the proposed project. The projected payor mix at Sumner Station is based on the historical payor mix of patients who received care at Sumner Station. Note, the table above is for the Project Only (Sumner Station).

QUALITY STANDARDS

1Q. Per PC 1043, Acts of 2016, any receiving a CON after July 1, 2016, must report annually using forms prescribed by the Agency concerning appropriate quality measures. Please attest that the applicant will submit an annual Quality Measure report when due.

- [x] Yes
- [ ] No

2Q. The proposal shall provide health care that meets appropriate quality standards. Please address each of the following questions.

- Does the applicant commit to maintaining the staffing comparable to the staffing chart presented in its CON application?
  - [x] Yes
  - [ ] No
- Does the applicant commit to obtaining and maintaining all applicable state licenses in good 3tanding?

- [x] Yes
- [ ] No

- Does the applicant commit to obtaining and maintaining TennCare and Medicare certification(s), if participation in such programs are indicated in the application?
  - [x] Yes
  - [ ] No

3Q. Please complete the chart below on accreditation, certification, and licensure plans. Note: if the applicant does not plan to participate in these type of assessments, explain why since quality healthcare must be demonstrated.

Credential	Agency	Status (Active or Will Apply)	Provider Number or Certification Type
Licensure	☑ Health Facilities Commission/Licensure Division ☐ Intellectual & Developmental Disabilities ☐ Mental Health & Substance Abuse Services	Active	Hospice License 116
Certification	☑ Medicare ☑ TennCare/Medicaid ☐ Other _____	Active Active	44-0003 44-0003
Accreditation(s)	TJC - The Joint Commission	Active	7832

4Q. If checked "TennCare/Medicaid" box, please list all Managed Care Organization's currently or will be contracted.

- ☑ AMERIGROUP COMMUNITY CARE- East Tennessee
- ☑ AMERIGROUP COMMUNITY CARE - Middle Tennessee
- ☐ AMERIGROUP COMMUNITY CARE - West Tennessee
- ☑ BLUECARE - East Tennessee
- ☑ BLUECARE - Middle Tennessee
- ☑ BLUECARE - West Tennessee
- ☑ UnitedHealthcare Community Plan - East Tennessee
- ☑ UnitedHealthcare Community Plan - Middle Tennessee
- ☑ UnitedHealthcare Community Plan - West Tennessee
- ☑ TENNCARE SELECT HIGH - All
- ☑ TENNCARE SELECT LOW - All
- ☑ PACE
- ☐ KBB under DIDD waiver
- ☐ Others

5Q. Do you attest that you will submit a Quality Measure Report annually to verify the license, certification, and/or accreditation status of the applicant, if approved?

- ☑ Yes
- ☐ No

6Q. For an existing healthcare institution applying for a CON:

- Has it maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action should be discussed to include any of the following: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions and what measures the applicant has or will put into place to avoid similar findings in the future.

  - ☑ Yes
  - ☐ No
  - ☐ N/A

- Has the entity been decertified within the prior three years? If yes, please explain in detail. (This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility.)

  - ☐ Yes
  - ☑ No
  - ☐ N/A

7Q. Respond to all of the following and for such occurrences, identify, explain, and provide documentation if occurred in last five (5) years.

Has any of the following:

- Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or.

Been subject to any of the following:

- Final Order or Judgement in a state licensure action;
  - ☐ Yes
  - ☑ No
- Criminal fines in cases involving a Federal or State health care offense;
  - ☐ Yes
  - ☑ No
- Civil monetary penalties in cases involving a Federal or State health care offense;
  - ☐ Yes
  - ☑ No
- Administrative monetary penalties in cases involving a Federal or State health care offense;
  - ☐ Yes
  - ☑ No
- Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services;
  - ☐ Yes
  - ☑ No
- Suspension or termination of participation in Medicare or TennCare/Medicaid programs; and/or
  - ☐ Yes
  - ☑ No
- Is presently subject of/to an investigation, or party in any regulatory or criminal action of which you are aware.
  - ☐ Yes
  - ☑ No

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions.

☐ Existing FTE not applicable (Enter year)

Position Classification	Existing FTEs(enter year)	Projected FTEs Year 1
A. Direct Patient Care Positions		
Medical Sonographer	9.80	9.80
Speech Pathologists	3.00	3.00
RNs - Patient Care	164.70	204.40
LPNs - Patient Care	14.90	14.90
Ancillary Nursing Personnel	64.00	72.40
Pharmacist, Licensed	6.60	7.60
Pharmacy Technicians	6.00	6.00
Clinical Pharm-D	4.00	4.00
Med Lab Technologist	13.70	14.70
Psychiatric Registered Nurses	5.40	5.40
Medical Lab Technicians	12.00	12.00
Other Laboratory Personnel	8.90	13.40
Radiographers	34.00	34.00
Radiation Therapy Technologist	5.90	5.90
Nuclear Medicine Technologist	1.00	1.00
Occupational Therapists	10.00	10.00
Physical Therapists	11.80	11.80
Physical Therapy Assistants	2.00	2.00
Respiratory Therapist	20.00	24.20
Other Mental Health Professional	1.80	1.80
Medical Social Workers	1.00	1.00
Surgical Technicians	14.70	15.20
Licensed/Certified Professionals	4.00	7.00
Non-Certified Professionals	12.80	18.00
Physical Therapist	11.80	11.80
Speech Pathologist	3.00	3.00
RN-Patient Care	164.70	204.40
LPN-Patient Care	14.90	14.90
Occupational Therapist	10.00	10.00
Other Mental Health Professionals	1.80	1.80
RNs-Patient Care	164.70	204.40

LPNs-Patient Care	14.90	14.90
Ancillary Nursing Personnel	64.00	72.40
Pharmacist, Licensed	6.60	7.60
Pharmacy Technicians	6.00	6.00
Clinical Pharm-D	4.00	4.00
Med Lab Technologist	13.70	14.70
Medical Lab Technicians	12.00	12.00
Other Laboratory Personnel	8.90	13.40
Radiographers	34.00	34.00
Radiation Therapy Technologist	5.90	5.90
Nuclear Medicine Technologist	1.00	1.00
Medical Sonographer	9.80	9.80
Occupational Therapists	10.00	10.00
Physical Therapists	11.80	11.80
Physical Therapy Assistants	2.00	2.00
Speech Pathologists	3.00	3.00
Respiratory Therapists	20.00	24.20
Psychiatric Registered Nurses	5.40	5.40
Other Mental Health Professional	1.80	1.80
Medical Social Workers	1.00	1.00
Surgical technicians	14.70	15.20
Licensed/Certified Professionals	4.00	7.00
Non-Certified Professionals	12.80	18.00
Total Direct Patient Care Positions	432	499.5

B. Non-Patient Care Positions		
Administrators & Assistants	4.00	4.00
RNs - Administrative	37.90	38.90
Registered Health Information Specialist	2.00	2.00
HIM Personnel	3.00	3.00
All Other Personnel	54.40	58.50
Administrators and Assistants	4.00	4.00
RNs-Administrative	37.90	38.90
RNs-Administrative	37.90	38.90
Administrators and		

Assistants	4.00	4.00
Registered Health Information Specialist	2.00	2.00
HIM Personnel	3.00	3.00
All Other Personnel	54.40	58.40
Total Non-Patient Care Positions	101.3	106.3
Total Employees *(A+B)*	533.3	605.8

C. Contractual Staff		
Contractual Staff Position	0.00	8.40
Contractual Staff Position	8.40	8.40
Contractual Staff Position	0.00	8.40
Total Staff *(A+B+C)*	533.3	614.2

DEVELOPMENT SCHEDULE

TCA §68-11-1609(c) provides that activity authorized by a Certificate of Need is valid for a period not to exceed three (3) years (for hospital and nursing home projects) or two (2) years (for all other projects) from the date of its issuance and after such time authorization expires; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificate of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need authorization which has been extended shall expire at the end of the extended time period. The decision whether to grant an extension is within the sole discretion of the Commission, and is not subject to review, reconsideration, or appeal.

- Complete the Project Completion Forecast Chart below. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
- If the CON is granted and the project cannot be completed within the standard completion time period (3 years for hospital and nursing home projects and 2 years for all others), please document why an extended period should be approved and document the "good cause" for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HFC action on the date listed in Item 1 below, indicate the number of days from the HFC decision date to each phase of the completion forecast.

Phase	Days Required	Anticipated Date (Month/Year)
1. Initial HFC Decision Date		06/24/26
2. Building Construction Commenced	192	01/01/27
3. Construction 100% Complete (Approval for Occupancy)	1013	04/01/29
4. Issuance of License	1058	05/16/29
5. Issuance of Service	1088	06/15/29
6. Final Project Report Form Submitted (Form HR0055)	1118	07/15/29

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

Attachment 3A

USA TODAY CO.

LocaliQ

PO Box 631340 Cincinnati, OH 45263-1340

AFFIDAVIT OF PUBLICATION

RPC
6300 La Calma DR # 170
Austin TX 78752-3844

STATE OF WISCONSIN, COUNTY OF BROWN

The Tennessean, a newspaper published in the city of Nashville, Davidson County, State of Tennessee, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue dated and was published on the publicly accessible website:

NAS Nashville Tennessean 04/15/2026
NAS tennessean.com 04/15/2026

and that the fees charged are legal.
Sworn to and subscribed before on 04/15/2026

D. Roberts
Legal Clerk

Notary, State of WI, County of Brown

8.25.26
My commission expires

Publication Cost:	$1176.58	
Tax Amount:	$0.00	
Payment Cost:	$1176.58	
Order No:	12247454	# of Copies:
Customer No:	1525832	0
PO #:	LOKR0496698	

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

MARIAH VERHAGEN
Notary Public
State of Wisconsin

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Facilities Commission and all interested parties, in accordance with T.C.A. §68-11-1601 et seq., and the Rules of the Health Facilities Commission, that Sumner Regional Medical Center, LLC, a/an Hospital owned by Sumner Regional Medical Center, LLC with an ownership type of Limited Liability Company and to be managed by itself intends to file an application for a Certificate of Need for the establishment of a satellite hospital, under the single license of Sumner Regional Medical Center at 225 Big Station Camp Boulevard in Gallatin, Sumner County, Tennessee. The satellite hospital will incorporate the existing free-standing emergency department (which received CON approval and is operational) and will have 28 licensed inpatient acute care beds (twenty-four private medical beds and four intensive care unit beds), an endoscopy suite, a cardiac catheterization laboratory, two operating rooms and ancillary spaces. This project includes the addition of 28 acute care beds, two operating rooms and one cardiac catheterization laboratory to the Sumner Regional Medical Center license. The cardiac catheterization laboratory will provide both diagnostic and therapeutic procedures. This project involves the renovation of approximately 41,845 square feet and the construction of 2,705 square feet. The address of the project will be 225 Big Station Camp Blvd, Gallatin, Sumner County, Tennessee, 37066. The estimated project cost will be $59,335,000.

The anticipated date of filing the application is 05/01/2026. The contact person for this project is Ms. Darcy Schaeffer who may be reached at Research and Planning Consultants - 6300 La Calma Drive, Suite 170, Austin, Texas, 78752 – Contact No. 512-371-8011.

The published Letter of Intent must contain the following statement pursuant to T.C.A. §68-11-1607 (c)(1). (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Facilities Commission no later than fifteen (15) days before the regularly scheduled Health Facilities Commission meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application may file a written objection with the Health Facilities Commission at orprior to the consideration of the application by the Commission, or may appear in person to express opposition. Written notice may be sent to: Health Facilities Commission, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243 or email at hsda.staff@tn.gov.
April 15 2026
LOKR0496698

Attachment 7A

SUMNER REGIONAL MEDICAL CENTER, LLC

Entity Type: Foreign Limited Liability Company (LLC)
Formed in: DELAWARE
Term of Duration: Perpetual
Managed By: Member Managed
Series LLC: No
Number of Members: 6 or less

Status: Active
Control Number: 000632152
Initial Filing Date: 5/25/2010 10:29:00 AM
Fiscal Ending Month: December
AR Due Date: 04/01/2027
Obligated Member Entity: No

Registered Agent

C T CORPORATION SYSTEM
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

Principal Office Address

330 SEVEN SPRINGS WAY
BRENTWOOD, TN 37027-5098

Mailing Address

330 Seven Springs Way
Brentwood, TN 37027

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: Good

History (90)

Type	Date	Tracking Number	Change History
2025 Annual Report for SUMNER REGIONAL MEDICAL CENTER, LLC	2/10/2026 3:21:50 PM	B2026112731	○ Annual Report Due Date changed from: 4/1/2026 to: 4/1/2027 ○ NAICS changed
2024 Annual Report for SUMNER REGIONAL MEDICAL CENTER, LLC	3/13/2025 10:48:12 AM	B2025079318	○ Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 ○ Business Mailing Address changed from: 330 SEVEN SPRINGS WAY BRENTWOOD, TN, 37027-5098, USA to: 330 Seven Springs Way, Brentwood, TN, 37027, Williamson USA ○ Officers Changed ○ NAICS changed
Assumed Name Cancellation for Sumner Regional Medical Center, LLC	6/28/2024 3:30:00 PM	B1378-0574	○ Name Status changed from: Active (Sumner Pain Clinic, A Department of Sumner Regional Medical Center) to: Inactive - Name Cancelled (Sumner Pain Clinic, A Department of Sumner Regional Medical Center)
Assumed Name for Sumner Regional Medical Center, LLC	4/26/2024 10:51:00 AM	B1555-0177	○ New Assumed Name changed from: No Value to: Highpoint Health Vein Center - Sumner with Ascension Saint Thomas

Assumed Name Change for Sumner Regional Medical Center, LLC	4/25/2024 3:41:00 PM	B1496-8377	○ Assumed Name Cancelled changed from: No Value to: Highpoint Health In-Patient Rehab with Ascension Saint Thomas ○ New Assumed Name changed from: No Value to: Highpoint Health Inpatient Rehab with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	4/25/2024 3:41:00 PM	B1496-8378	○ Assumed Name Cancelled changed from: No Value to: Highpoint Health Sumner Station - ER with Ascension Saint Thomas ○ New Assumed Name changed from: No Value to: Highpoint Health - Sumner Station ER with Ascension Saint Thomas
2023 Annual Report for Sumner Regional Medical Center, LLC	3/21/2024 2:21:29 PM	B1531-6635	
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 3:11:00 PM	B1431-9420	○ Assumed Name Cancelled changed from: No Value to: Sumner In-Patient Rehabilitation Unit ○ New Assumed Name changed from: No Value to: Highpoint Health In-Patient Rehab with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 3:11:00 PM	B1431-9421	○ Assumed Name Cancelled changed from: No Value to: HighPoint Hospice ○ New Assumed Name changed from: No Value to: Highpoint Health Hospice with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 3:11:00 PM	B1431-9422	○ Assumed Name Cancelled changed from: No Value to: HighPoint Homecare ○ New Assumed Name changed from: No Value to: Highpoint Health Homecare with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 3:11:00 PM	B1431-9423	○ Assumed Name Cancelled changed from: No Value to: Diagnostic Center at Sumner Station ○ New Assumed Name changed from: No Value to: Highpoint Health Diagnostic Center - Sumner Station with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 2:43:00 PM	B1482-5209	○ Assumed Name Cancelled changed from: No Value to: Imaging for Women at Sumner Station ○ New Assumed Name changed from: No Value to: Highpoint Health Imaging for Women with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 2:43:00 PM	B1482-5210	○ Assumed Name Cancelled changed from: No Value to: Sumner Station ○ New Assumed Name changed from: No Value to: Highpoint Health - Sumner Station with Ascension Saint Thomas

Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 2:43:00 PM	B1482-5211	○ Assumed Name Cancelled changed from: No Value to: HighPoint Therapy Services ○ New Assumed Name changed from: No Value to: Highpoint Health Therapy Services with Ascension Saint Thomas
Assumed Name Change for Sumner Regional Medical Center, LLC	2/22/2024 2:43:00 PM	B1482-5208	○ Assumed Name Cancelled changed from: No Value to: HighPoint Health System ○ New Assumed Name changed from: No Value to: Highpoint Health with Ascension Saint Thomas
Assumed Name for Sumner Regional Medical Center, LLC	2/21/2024 10:51:00 AM	B1496-2657	○ New Assumed Name changed from: No Value to: Highpoint Health Wound Care - Sumner with Ascension Saint Thomas
Assumed Name for Sumner Regional Medical Center, LLC	2/21/2024 10:51:00 AM	B1496-2658	○ New Assumed Name changed from: No Value to: Highpoint Health Sumner Station - ER with Ascension Saint Thomas
Assumed Name for Sumner Regional Medical Center, LLC	2/21/2024 10:51:00 AM	B1496-2659	○ New Assumed Name changed from: No Value to: Highpoint Health - Carpenter Cancer Center with Ascension Saint Thomas
Assumed Name for Sumner Regional Medical Center, LLC	2/21/2024 10:51:00 AM	B1496-2660	○ New Assumed Name changed from: No Value to: Highpoint Health - Sumner with Ascension Saint Thomas
Assumed Name for Sumner Regional Medical Center, LLC	2/21/2024 10:40:00 AM	B1482-5013	○ New Assumed Name changed from: No Value to: Highpoint Health Behavioral Health - Sumner with Ascension Saint Thomas
Assumed Name for Sumner Regional Medical Center, LLC	2/21/2024 10:40:00 AM	B1482-5014	○ New Assumed Name changed from: No Value to: Highpoint Health Pediatrics - Sumner with Ascenstion Saint Thomas
Assumed Name Renewal for Sumner Regional Medical Center, LLC	3/24/2023 9:37:07 AM	B1361-8548	○ Assumed Name changed from: HighPoint Therapy Services to: HighPoint Therapy Services ○ Expiration Date changed from: 05/24/2023 to: 03/24/2028
2022 Annual Report for Sumner Regional Medical Center, LLC	1/30/2023 5:48:51 PM	B1329-8386	
Assumed Name for Sumner Regional Medical Center, LLC	12/14/2022 9:37:53 AM	B1309-4231	○ New Assumed Name changed from: No Value to: Sumner Pain Clinic, A Department of Sumner Regional Medical Center
2021 Annual Report for Sumner Regional Medical Center, LLC	2/14/2022 3:50:00 PM	B1161-3007	
Application for Amended Certificate of Authority for Sumner Regional Medical Center, LLC	8/31/2021 3:18:00 PM	B1084-9304	○ Member Count changed from: 2 to: 1

2020 Annual Report for Sumner Regional Medical Center, LLC	2/23/2021 7:24:30 AM	B0985-3640	○ Member Count changed from: 1 to: 2
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/6/2020 11:08:00 AM	B0780-9297	○ Assumed Name changed from: Diagnostic Center at Sumner Station to: Diagnostic Center at Sumner Station ○ Expiration Date changed from: 08/27/2020 to: 08/06/2025
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/6/2020 11:08:00 AM	B0780-9298	○ Assumed Name changed from: HighPoint Homecare to: HighPoint Homecare ○ Expiration Date changed from: 08/28/2020 to: 08/06/2025
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/6/2020 11:08:00 AM	B0780-9299	○ Assumed Name changed from: HighPoint Hospice to: HighPoint Hospice ○ Expiration Date changed from: 08/27/2020 to: 08/06/2025
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/6/2020 11:08:00 AM	B0780-9300	○ Assumed Name changed from: Sumner In-Patient Rehabilitation Unit to: Sumner In-Patient Rehabilitation Unit ○ Expiration Date changed from: 08/27/2020 to: 08/06/2025
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/6/2020 11:08:00 AM	B0780-9301	○ Assumed Name changed from: Sumner Station to: Sumner Station ○ Expiration Date changed from: 08/27/2020 to: 08/06/2025
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/6/2020 11:08:00 AM	B0780-9302	○ Assumed Name changed from: Imaging for Women at Sumner Station to: Imaging for Women at Sumner Station ○ Expiration Date changed from: 08/27/2020 to: 08/06/2025
Assumed Name Renewal for Sumner Regional Medical Center, LLC	7/2/2020 1:12:00 PM	B0882-7378	○ Assumed Name changed from: HighPoint Health System to: HighPoint Health System ○ Expiration Date changed from: 07/24/2020 to: 07/02/2025
2019 Annual Report for Sumner Regional Medical Center, LLC	2/27/2020 6:30:23 PM	B0825-2630	
2018 Annual Report for Sumner Regional Medical Center, LLC	3/29/2019 2:12:23 PM	B0682-9201	
Assumed Name Change for Sumner Regional Medical Center, LLC	5/24/2018 9:46:00 AM	B0541-6682	○ Assumed Name Cancelled changed from: No Value to: Rehab Services at Sumner Station ○ New Assumed Name changed from: No Value to: HighPoint Therapy Services
System Amendment for Sumner Regional Medical Center, LLC	4/17/2018 1:40:02 AM		○ Assumed Name changed from: HighPoint Palliative Services [Active] to: HighPoint Palliative Services [Inactive - Name Expired]

2017 Annual Report for Sumner Regional Medical Center, LLC	1/30/2018 10:23:22 AM	B0488-7328	
Registered Agent Change (by Agent)	1/26/2018 3:45:00 PM	*B0478-4994	
2016 Annual Report for Sumner Regional Medical Center, LLC	2/28/2017 7:38:35 PM	B0353-7543	
Duplicate Name Consent for Sumner Regional Medical Center, LLC	3/30/2016 3:21:00 PM	B0189-9144	○ Consent Method changed from: No Value to: Both entities will share name and registered agent ○ Consent Given to Control # changed from: No Value to: 000632000 ○ Consent Given to Name changed from: No Value to: Sumner Physician Practices, LLC ○ Name Given changed from: No Value to: HighPoint Health System
2015 Annual Report for Sumner Regional Medical Center, LLC	2/16/2016 11:57:09 AM	B0199-0746	
Assumed Name Cancellation for Sumner Regional Medical Center, LLC	1/26/2016 3:06:00 PM	B0189-0083	○ Name Status changed from: Active (Sumner Homecare) to: Inactive - Name Cancelled (Sumner Homecare)
Assumed Name Cancellation for Sumner Regional Medical Center, LLC	1/26/2016 3:06:00 PM	B0189-0084	○ Name Status changed from: Active (Sumner Hospice) to: Inactive - Name Cancelled (Sumner Hospice)
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: Westmoreland Pharmacy [Active] to: Westmoreland Pharmacy [Inactive - Name Expired]
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: Diagnostic Center at Sumner Crossroads [Active] to: Diagnostic Center at Sumner Crossroads [Inactive - Name Expired]
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: Laboratory Services at Sumner Crossroads [Active] to: Laboratory Services at Sumner Crossroads [Inactive - Name Expired]
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: The Specialty Clinic at Sumner Crossroads [Active] to: The Specialty Clinic at Sumner Crossroads [Inactive - Name Expired]
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: Diagnostic Center at Westmoreland Medical Pavilion [Active] to: Diagnostic Center at Westmoreland Medical Pavilion [Inactive - Name Expired]

System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: SRHS Professional Services [Active] to: SRHS Professional Services [Inactive - Name Expired]
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: Sumner Crossroads [Active] to: Sumner Crossroads [Inactive - Name Expired]
System Amendment for Sumner Regional Medical Center, LLC	9/5/2015 3:00:07 AM		○ Assumed Name changed from: Sumner Regional Health Systems [Active] to: Sumner Regional Health Systems [Inactive - Name Expired]
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/28/2015 3:14:00 PM	B0126-6219	○ Assumed Name changed from: HighPoint Homecare to: HighPoint Homecare ○ Expiration Date changed from: 10/26/2015 to: 08/28/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3441	○ Assumed Name changed from: Sumner Hospice to: Sumner Hospice ○ Expiration Date changed from: 09/03/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3442	○ Assumed Name changed from: Sumner In-Patient Rehabilitation Unit to: Sumner In-Patient Rehabilitation Unit ○ Expiration Date changed from: 09/09/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3443	○ Assumed Name changed from: Sumner Station to: Sumner Station ○ Expiration Date changed from: 09/03/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3444	○ Assumed Name changed from: HighPoint Hospice to: HighPoint Hospice ○ Expiration Date changed from: 10/26/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3445	○ Assumed Name changed from: Imaging for Women at Sumner Station to: Imaging for Women at Sumner Station ○ Expiration Date changed from: 09/03/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3446	○ Assumed Name changed from: Rehab Services at Sumner Station to: Rehab Services at Sumner Station ○ Expiration Date changed from: 09/03/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3447	○ Assumed Name changed from: Sumner Homecare to: Sumner Homecare ○ Expiration Date changed from: 09/03/2015 to: 08/27/2020
Assumed Name Renewal for Sumner Regional Medical Center, LLC	8/27/2015 3:24:00 PM	B0133-3448	○ Assumed Name changed from: Diagnostic Center at Sumner Station to: Diagnostic Center at Sumner Station ○ Expiration Date changed from: 09/03/2015 to: 08/27/2020

Assumed Name Renewal for Sumner Regional Medical Center, LLC	7/24/2015 1:00:00 PM	B0129-6272	○ Assumed Name changed from: HighPoint Health System to: HighPoint Health System ○ Expiration Date changed from: 08/24/2015 to: 07/24/2020
2014 Annual Report for Sumner Regional Medical Center, LLC	3/9/2015 4:47:41 PM	B0065-3290	○ Principal Address 1 changed from: 103 POWELL CT to: 330 SEVEN SPRINGS WAY ○ Principal Postal Code changed from: 37027-5079 to: 37027-5098
2013 Annual Report for Sumner Regional Medical Center, LLC	3/31/2014 5:00:35 PM	A0231-0625	○ Managed By changed from: Other to: Member Managed
Assumed Name for Sumner Regional Medical Center, LLC	4/15/2013 3:50:00 PM	7194-0003	○ New Assumed Name changed from: No Value to: HighPoint Palliative Services
2012 Annual Report for Sumner Regional Medical Center, LLC	1/28/2013 3:46:39 PM	A0151-2735	○ Principal Address 1 changed from: 103 POWELL COURT to: 103 POWELL CT ○ Principal Address 3 changed from: No value to: GRETCHEN CATRON ○ Principal Postal Code changed from: 37027 to: 37027-5079
2011 Annual Report for Sumner Regional Medical Center, LLC	12/29/2011 8:00:00 AM	A0098-2053	○ Principal County changed from: No value to: WILLIAMSON COUNTY
2010 Annual Report for Sumner Regional Medical Center, LLC	2/3/2011 8:00:00 AM	A0055-3284	
Assumed Name for Sumner Regional Medical Center, LLC	10/26/2010 9:42:00 AM	6786-2139	○ New Assumed Name changed from: No Value to: HighPoint Hospice
Assumed Name for Sumner Regional Medical Center, LLC	10/26/2010 9:41:00 AM	6786-2141	○ New Assumed Name changed from: No Value to: HighPoint Homecare
Assumed Name for Sumner Regional Medical Center, LLC	9/9/2010 1:42:00 PM	6768-1284	○ New Assumed Name changed from: No Value to: Sumner In-Patient Rehabilitation Unit
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2730	○ New Assumed Name changed from: No Value to: Diagnostic Center at Sumner Station
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2731	○ New Assumed Name changed from: No Value to: Imaging for Women at Sumner Station
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2732	○ New Assumed Name changed from: No Value to: Rehab Services at Sumner Station
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2733	○ New Assumed Name changed from: No Value to: SRHS Professional Services

Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2734	○ New Assumed Name changed from: No Value to: Sumner Crossroads
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2735	○ New Assumed Name changed from: No Value to: Sumner Homecare
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2736	○ New Assumed Name changed from: No Value to: Sumner Hospice
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2738	○ New Assumed Name changed from: No Value to: Sumner Regional Health Systems
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:21:00 AM	6763-2740	○ New Assumed Name changed from: No Value to: Sumner Station
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:20:00 AM	6763-2718	○ New Assumed Name changed from: No Value to: Westmoreland Pharmacy
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:20:00 AM	6763-2719	○ New Assumed Name changed from: No Value to: Diagnostic Center at Sumner Crossroads
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:20:00 AM	6763-2720	○ New Assumed Name changed from: No Value to: Laboratory Services at Sumner Crossroads
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:20:00 AM	6763-2721	○ New Assumed Name changed from: No Value to: The Specialty Clinic at Sumner Crossroads
Assumed Name for Sumner Regional Medical Center, LLC	9/3/2010 11:20:00 AM	6763-2722	○ New Assumed Name changed from: No Value to: Diagnostic Center at Westmoreland Medical Pavilion
Assumed Name Cancellation for Sumner Regional Medical Center, LLC	9/2/2010 4:04:00 PM	6763-2547	○ Name Status changed from: Active (Sumner RMC, LLC) to: Inactive - Name Cancelled (Sumner RMC, LLC)
Assumed Name for Sumner Regional Medical Center, LLC	8/24/2010 2:51:00 PM	6759-1518	○ New Assumed Name changed from: No Value to: HighPoint Health System
Assumed Name for Sumner Regional Medical Center, LLC	5/25/2010 10:29:00 AM	6723-2262	○ New Assumed Name changed from: No Value to: Sumner RMC, LLC
Initial Filing for Sumner Regional Medical Center, LLC	5/25/2010 10:29:00 AM	6723-2260	

Name History (39)

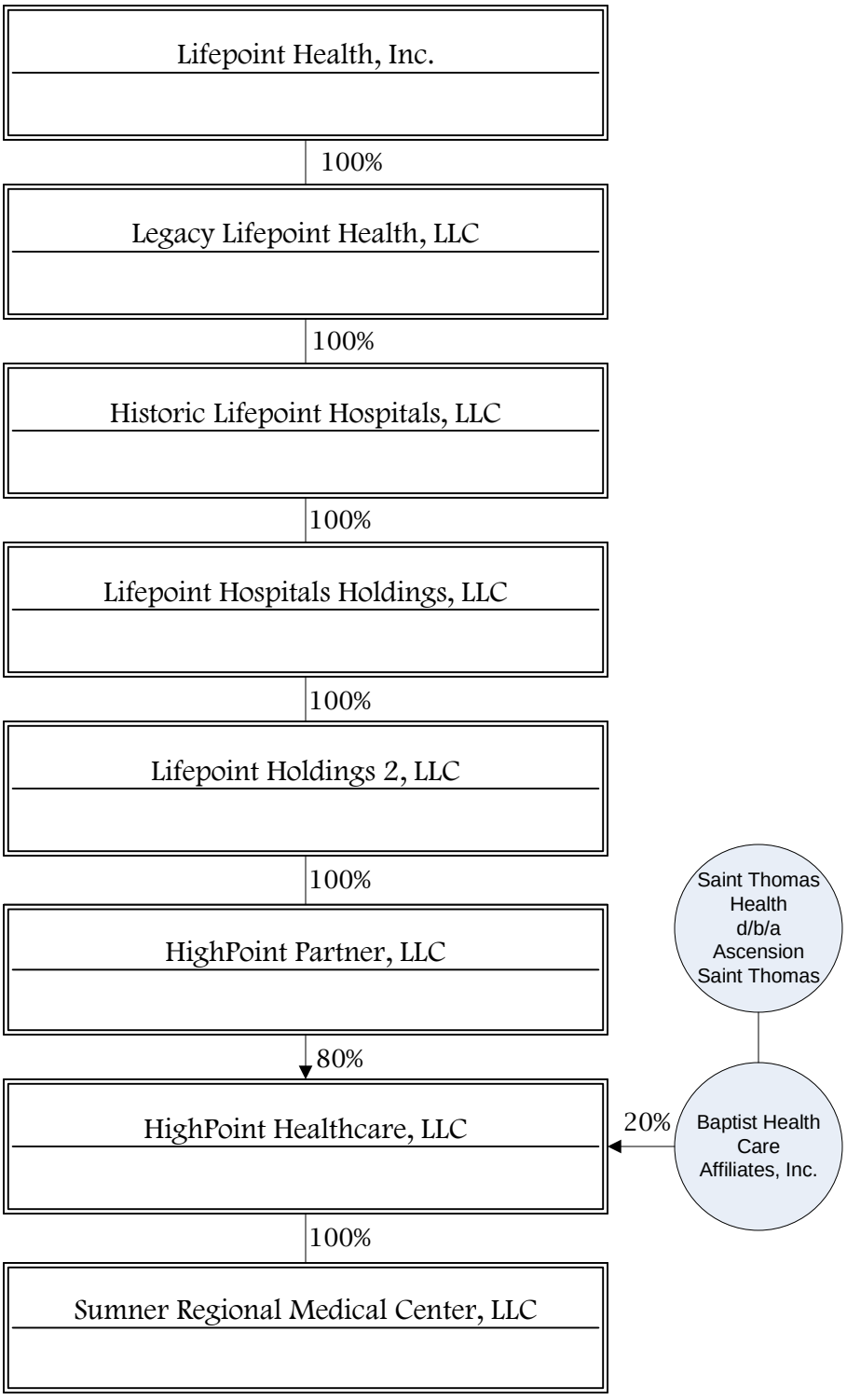
Name	Type	Effective	Expires
Highpoint Health Vein Center - Sumner with Ascension Saint Thomas	Assumed Name	04/26/2024	04/26/2029

Highpoint Health Inpatient Rehab with Ascension Saint Thomas	Assumed Name	04/26/2024	04/25/2029
Highpoint Health - Sumner Station ER with Ascension Saint Thomas	Assumed Name	04/26/2024	04/25/2029
Highpoint Health In-Patient Rehab with Ascension Saint Thomas	Previous Assumed Name	02/23/2024	02/22/2029
Highpoint Health Hospice with Ascension Saint Thomas	Assumed Name	02/23/2024	02/22/2029
Highpoint Health Homecare with Ascension Saint Thomas	Assumed Name	02/23/2024	02/22/2029
Highpoint Health Diagnostic Center - Sumner Station with Ascension Saint Thomas	Assumed Name	02/23/2024	02/22/2029
Highpoint Health with Ascension Saint Thomas	Assumed Name	02/26/2024	02/22/2029
Highpoint Health Imaging for Women with Ascension Saint Thomas	Assumed Name	02/26/2024	02/22/2029
Highpoint Health - Sumner Station with Ascension Saint Thomas	Assumed Name	02/26/2024	02/22/2029
Highpoint Health Therapy Services with Ascension Saint Thomas	Assumed Name	02/26/2024	02/22/2029
Highpoint Health Wound Care - Sumner with Ascension Saint Thomas	Assumed Name	02/21/2024	02/21/2029
Highpoint Health - Carpenter Cancer Center with Ascension Saint Thomas	Assumed Name	02/21/2024	02/21/2029
Highpoint Health - Sumner with Ascension Saint Thomas	Assumed Name	02/21/2024	02/21/2029
Highpoint Health Sumner Station - ER with Ascension Saint Thomas	Previous Assumed Name	02/21/2024	02/21/2029
Highpoint Health Behavioral Health - Sumner with Ascension Saint Thomas	Assumed Name	02/21/2024	02/21/2029
Highpoint Health Pediatrics - Sumner with Ascenstion Saint Thomas	Assumed Name	02/21/2024	02/21/2029
HighPoint Therapy Services	Previous Assumed Name	05/24/2018	03/24/2028
Sumner Pain Clinic, A Department of Sumner Regional Medical Center	Cancelled Assumed Name	12/14/2022	12/14/2027
Diagnostic Center at Sumner Station	Previous Assumed Name	09/07/2010	08/06/2025
Imaging for Women at Sumner Station	Previous Assumed Name	09/07/2010	08/06/2025
Sumner Station	Previous Assumed Name	09/07/2010	08/06/2025
Sumner In-Patient Rehabilitation Unit	Previous Assumed Name	09/09/2010	08/06/2025
HighPoint Hospice	Previous Assumed Name	10/26/2010	08/06/2025
HighPoint Homecare	Previous Assumed Name	10/26/2010	08/06/2025
HighPoint Health System	Previous Assumed Name	08/24/2010	07/02/2025
Rehab Services at Sumner Station	Previous Assumed Name	09/07/2010	08/27/2020
Sumner Homecare	Cancelled Assumed Name	09/07/2010	08/27/2020

Sumner Hospice	Cancelled Assumed Name	09/07/2010	08/27/2020
HighPoint Palliative Services	Previous Assumed Name	04/15/2013	04/15/2018
Sumner Regional Health Systems	Previous Assumed Name	09/07/2010	09/03/2015
Westmoreland Pharmacy	Previous Assumed Name	09/03/2010	09/03/2015
Diagnostic Center at Sumner Crossroads	Previous Assumed Name	09/03/2010	09/03/2015
Laboratory Services at Sumner Crossroads	Previous Assumed Name	09/03/2010	09/03/2015
The Specialty Clinic at Sumner Crossroads	Previous Assumed Name	09/03/2010	09/03/2015
Diagnostic Center at Westmoreland Medical Pavilion	Previous Assumed Name	09/03/2010	09/03/2015
SRHS Professional Services	Previous Assumed Name	09/07/2010	09/03/2015
Sumner Crossroads	Previous Assumed Name	09/07/2010	09/03/2015
Sumner RMC, LLC	Cancelled Assumed Name	05/26/2010	05/25/2015

Sumner Regional Medical Center, LLC (Applicant)

Lifepoint Health, Inc. is owned by certain investment funds and investment vehicles with ultimate control residing with affiliates of Apollo Global Management, Inc. a publicly traded company (NYSE: APO), directly or indirectly through special purpose holding companies.



Attachment 8A

There is no management agreement as the applicant is managed by itself.

Attachment 9A

Holly Hemmrich, Register
Sumner County Tennessee
Rec #: 1117208 Instrument #: 1462254
Rec'd: 45.00 Recorded
State: 0.00 9/22/2023 at 1:30 PM
Clerk: 0.00 in Record Book
Other: 2.00 6239
Total: 47.00 Pages 460-468

THIS INSTRUMENT PREPARED BY:

Holland & Knight LLP
511 Union St., Ste 2700
Nashville, TN 37219
Attn: Jeffrey A. Calk, Esq.

MEMORANDUM OF MASTER LEASE
(BUILDING NO. 23)

THIS MEMORANDUM OF MASTER LEASE dated this 19th day of September, 2023 (the "Commencement Date"), between **225 BIG STATION CAMP BOULEVARD MOB, LLC**, a Delaware limited liability company, having its principal offices at c/o LifePoint Health, 330 Seven Springs Way, Brentwood, TN 37027, Attention: Office of General Counsel (herein referred to as "Landlord"), and **SUMNER REGIONAL MEDICAL CENTER, LLC**, a Delaware limited liability company, having its principal office at c/o LifePoint Health, 330 Seven Springs Way, Brentwood, TN 37027, Attention: Office of General Counsel (herein referred to as "Tenant").

WITNESSETH:

WHEREAS, Landlord, as ground lessee, has ground leased from Tenant, as ground lessor, a certain parcel of land, being more particularly described on Exhibit "A" hereto (the "Land") on the terms and conditions more particularly set forth in that certain Ground Lease Agreement, dated September 19, 2023, by and between Tenant and Landlord (herein referred to as the "Ground Lease") and all licenses, rights, privileges and easements appurtenant thereto; and

WHEREAS, Tenant conveyed to Landlord a fee simple determinable interest in the improvements located on the Land (the "Improvements"), which along with the Land, certain non-exclusive rights-of-ways, easements and similar rights with respect to the Improvements and the non-exclusive rights to use those areas designated and suitable for vehicular parking and collectively referred to as the "Leased Premises"; and

WHEREAS, Landlord has leased the Leased Premises to Tenant pursuant to a Master Lease dated September 19, 2023 (the "Master Lease"); and

WHEREAS, Tenant and Landlord desire to enter into this Memorandum of Master Lease, to give notice of said Master Lease and all of its terms, covenants and conditions to the same extent as if said Master Lease were fully set forth herein.

NOW, THEREFORE, for and in consideration of the sum of One Dollar ($1.00) and other good and valuable consideration including the rents reserved and the covenants and conditions more particularly set forth in the Master Lease, Tenant and Landlord do hereby covenant, promise and agree as follows:

1. The parties agree that the foregoing Recitals are true and correct and incorporated herein by this reference. All capitalized terms not otherwise defined in this Memorandum shall have the meaning ascribed to such terms in the Master Lease.

2. Landlord has leased, demised and let, and does hereby lease, demise and let unto Tenant, and Tenant does hereby lease and take from Landlord the Leased Premises for a period beginning on the Commencement Date and extending for fifteen (15) years thereafter (the "Term").

3. All parties are hereby directed to the Master Lease for further agreements between Tenant and Landlord. This Memorandum is intended for recording purposes only, and does not modify, supersede, diminish, add to or change any of the terms and conditions of the Master Lease in any respect. The terms and conditions of the Master Lease shall control notwithstanding that the terms and conditions of the Master Lease may be inconsistent or vary from those set forth in this Memorandum.

4. This Memorandum may be executed in any number of counterparts, any one and all of which shall constitute the agreement of the parties, and each of which shall be deemed an original, but all of which together shall constitute one and the same document.

5. In order to secure the payment and performance of all of Tenant's obligations under the Lease and all other documents contemplated under the Lease, Tenant unconditionally assigns to Landlord all of Tenant's right, title and interest in and to any and all leases and subleases (and, to the extent the same constitute an interest in real property and not personal property under the Uniform Commercial Code as adopted in the State or Commonwealth in which the Premises are located, other occupancy agreements), affecting the Premises (the foregoing, collectively, with all amendments, restatements, supplements, modifications and replacements thereof, the "**Subleases**"), together with all rents, revenues, issues, income, proceeds, profits, and all other payments of any kind under such Subleases (the foregoing, collectively, the "**Rents**"), all liquidated damages payable upon default of the applicable tenant, subtenant or licensee under a Sublease, and any and all security deposits made thereunder (the foregoing, collectively with the Subleases and the Rents, the "**Collateral**"). Landlord and Tenant acknowledge that Landlord's rights under the Lease, and its interests in the Subleases, Rents and other Collateral, including, but not limited to, the rights and interest granted under this Section, may be further assigned by Landlord to a Mortgagee as security for a Loan (as used in this Section, a "**Mortgagee**" or "**Secured Party**") and, if requested by a Mortgagee, Landlord and Tenant shall promptly execute and deliver such documents as such Mortgagee may require to (i) subordinate Landlord's lien (if any) in all or any portion of the Collateral to the interest of the Mortgagee in the Collateral, and/or (ii) confirm the assignment by Tenant of the Collateral to the Secured Party. Upon a Tenant Default, Landlord and/or Secured Party shall have all the rights and remedies of a secured party under the laws of the State or Commonwealth in which the Premises is located with respect to the Collateral, which shall include, without a limitation, the right to require any such tenants, subtenants and other occupants to tender the Rents to Landlord or such Mortgagee while such Tenant Default is in existence. The assignment of Subleases and Rents granted by this Section shall be in addition to any lien of Landlord that may now or at any time hereafter be provided by law. This Section and Landlord and/or the Secured Party's rights and remedies hereunder shall survive the termination of the Lease.

[Remainder of page intentionally blank.]

225 BIG STATION CAMP BOULEVARD MOB, LLC,
a Delaware limited liability company

By: _____
Name: Dan Huffines
Title: Vice President

STATE OF TENNESSEE)
) SS
COUNTY OF DAVIDSON)

The foregoing instrument was acknowledged before me this 6 day of September, 2023, by Dan Huffines, as Vice President of 225 BIG STATION CAMP BOULEVARD MOB, LLC, a Delaware limited liability company, on behalf of the limited liability company.

_____
Notary Public for Tennessee
My Commission Expires 9-14-2024

[NOTARIAL SEAL]

GRETCHEN E. CATRON
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 09-14-2024

SUMNER REGIONAL MEDICAL CENTER, LLC,
a Delaware limited liability company

By: Charlotte Lawrence
Name: Charlotte Lawrence
Title: Secretary

STATE OF TENNESSEE)
) SS
COUNTY OF DAVIDSON)

The foregoing instrument was acknowledged before me this 6 day of September, 2023, by Charlotte Lawrence, as Secretary of SUMNER REGIONAL MEDICAL CENTER, LLC, a Delaware limited liability company, on behalf of the limited liability company.

Gretchen E Catron
Notary Public for Tennessee
My Commission Expires 9-14-2024

[NOTARIAL SEAL]

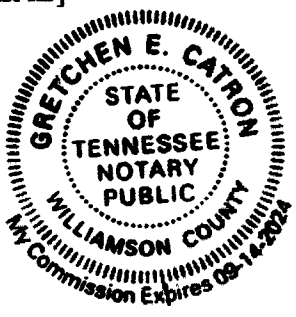


EXHIBIT "A" TO MEMORANDUM OF MASTER LEASE

Legal Description of the Land

[TO BE INSERTED]

225 BIG STATION CAMP BOULEVARD
(MOB 23)

MOB Description:

A tract of land located in the Fourth Civil District of Sumner County, Tennessee, being located in that tract conveyed to Sumner Health Systems, Inc., as filed for record in Book 2635, page 828, and in Book 2718, page 773 of the Register's Office of Sumner County, Tennessee, said tract being a 5.00 foot offset of an existing building therefound, more particularly described as follows:

Commencing at a 4"x4" Concrete Monument marking the point of intersection of the Northern right-of-way of Lower Station Camp Creek Road and the Western right-of-way of State Route No. 386, same being the Southeast corner of said Sumner Health Systems, Inc. tract;

Thence run along said Northern right-of-way following a curve to the left concave Southwesterly having a radius of 625.00 feet for an arc distance of 157.93 feet, said curve being subtended by a chord bearing North 74°48'18" West a chord distance of 157.51 feet, to a ½" Rebar marking a point on said Northern right-of-way, same being the Southwest corner of said Sumner Health Systems, Inc. tract;

Thence, leaving said Northern right-of-way, run North 09°00'21" East along the West line of said Sumner Health Systems Inc. tract for a distance of 409.80 feet;

Thence, leaving said West line, run South 80°59'39" East for a distance of 127.95 feet to a point being a 5.00 foot offset of the Southwest corner of an existing medical office building therefound for the beginning point of the parcel of land hereby described;

Thence, from said POINT OF BEGINNING, running counter-clockwise around said existing building following an offset 5.00 feet perpendicular outside from the existing exterior building walls, more particularly described by the following courses and distances:

South 80°55'36" East a distance of 11.41 feet;
North 09°44'24" East a distance of 4.30 feet;
North 75°55'44" East a distance of 93.97 feet;
North 08°58'51" East a distance of 60.53 feet;
North 84°37'23" East a distance of 4.74 feet to the beginning of a non-tangent curve to the left;

Thence following a non-tangent curve to the left having a radius of 59.21 feet for an arc distance of 19.21 feet, said curve being subtended by a chord bearing South 15°42'24" East a chord distance of 19.12 feet;

Thence continuing along said 5.00 feet offset;

North 70°21'55" East a distance of 6.65 feet;
South 81°01'19" East a distance of 147.33 feet;
North 08°59'28" East a distance of 5.53 feet to the beginning of a non-tangent curve to the left;

Thence, following a non-tangent curve to the left having a radius of 63.71 feet for an arc distance of 38.10 feet, said curve being subtended by a chord bearing North 61°59'49" East a chord distance of 37.54 feet;

Thence continuing along said 5.00 foot offset,

North 36°08'49" West a distance of 31.64 feet;

North 81°21'10" West a distance of 8.62 feet;
North 08°55'13" East a distance of 114.09 feet;
South 67°47'51" East a distance of 10.34 feet;
North 23°08'47" East a distance of 62.50 feet;
North 80°54'38" West a distance of 25.37 feet;
North 09°09'44" East a distance of 0.23 feet;
North 81°03'15" West a distance of 108.94 feet;
South 09°07'54" West a distance of 15.31 feet;
North 81°34'29" West a distance of 22.69 feet;
South 08°55'11" West a distance of 10.62 feet;
South 30°50'42" West a distance of 36.57 feet;
North 80°54'28" West a distance of 1.75 feet;
North 08°23'17" East a distance of 7.91 feet;
North 81°36'49" West a distance of 23.00 feet;
South 08°22'53" West a distance of 7.71 feet;
North 80°35'54" West a distance of 9.79 feet;
North 09°00'02" East a distance of 15.06 feet;
North 24°05'12" East a distance of 4.40 feet;
North 58°02'45" West a distance of 79.00 feet;
North 08°49'51" East a distance of 4.24 feet;
North 81°21'39" West a distance of 11.46 feet;
South 08°54'04" West a distance of 25.99 feet;
North 80°42'49" West a distance of 4.70 feet;
South 08°59'35" West a distance of 201.64 feet;
North 81°03'08" West a distance of 25.82 feet;
North 09°15'16" East a distance of 2.37 feet;
North 80°43'04" West a distance of 11.95 feet;
South 09°01'43" West a distance of 55.96 feet;
South 74°06'36" East a distance of 12.00 feet;
North 09°39'48" East a distance of 3.08 feet;
South 81°07'28" East a distance of 26.17 feet;
South 08°56'20" West a distance of 6.31 feet;
South 80°10'46" East a distance of 4.76 feet;
South 08°57'02" West a distance of 19.93 feet to the point of beginning.

BEING A PORTION OF THE SAME PROPERTY CONVEYED TO SUMNER HEALTH SYSTEMS, INC., AS FILED FOR RECORD IN BOOK 2635, PAGE 828, AND IN BOOK 2718, PAGE 773 OF THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.

Part of Tax Parcel 137-008.01

Tennessee Certification of Electronic Document

I, Bainbridge Dillion, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact correct copy of the original document executed and authenticated according to law on 09/6/2023

Bainbridge Dillion
Affiant Signature

Date: 9/22/2023

State of Tennessee

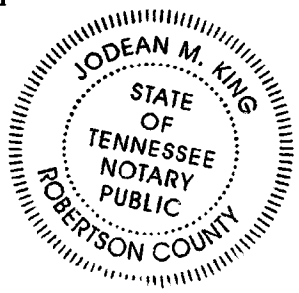
County of Davidson

Sworn to and subscribed before me this 22nd day of September, 2023.

Jodean M. King
Notary's Signature

My Commission Expires: 7/22/2025
Date: 09/22/2023

Notary's Seal



Attachment 10A

N

FIRST FLOOR - OVERALL PLAN - MICRO-HOSPITAL

0' 4' 8' 16' 32'

HMK ARCHITECTS PLLC
5300 Maryland Way, Suite 109
Brentwood, Tennessee
37027
615.369.6020 FAX 615.369.6021

HOSPITAL CONCEPTS for:

SUMNER STATION

225 BIG STATION CAMP BLVD GALLATIN, TN

Highpoint Health
with Ascension Saint Thomas

PROJECT NUMBER: 11193.44

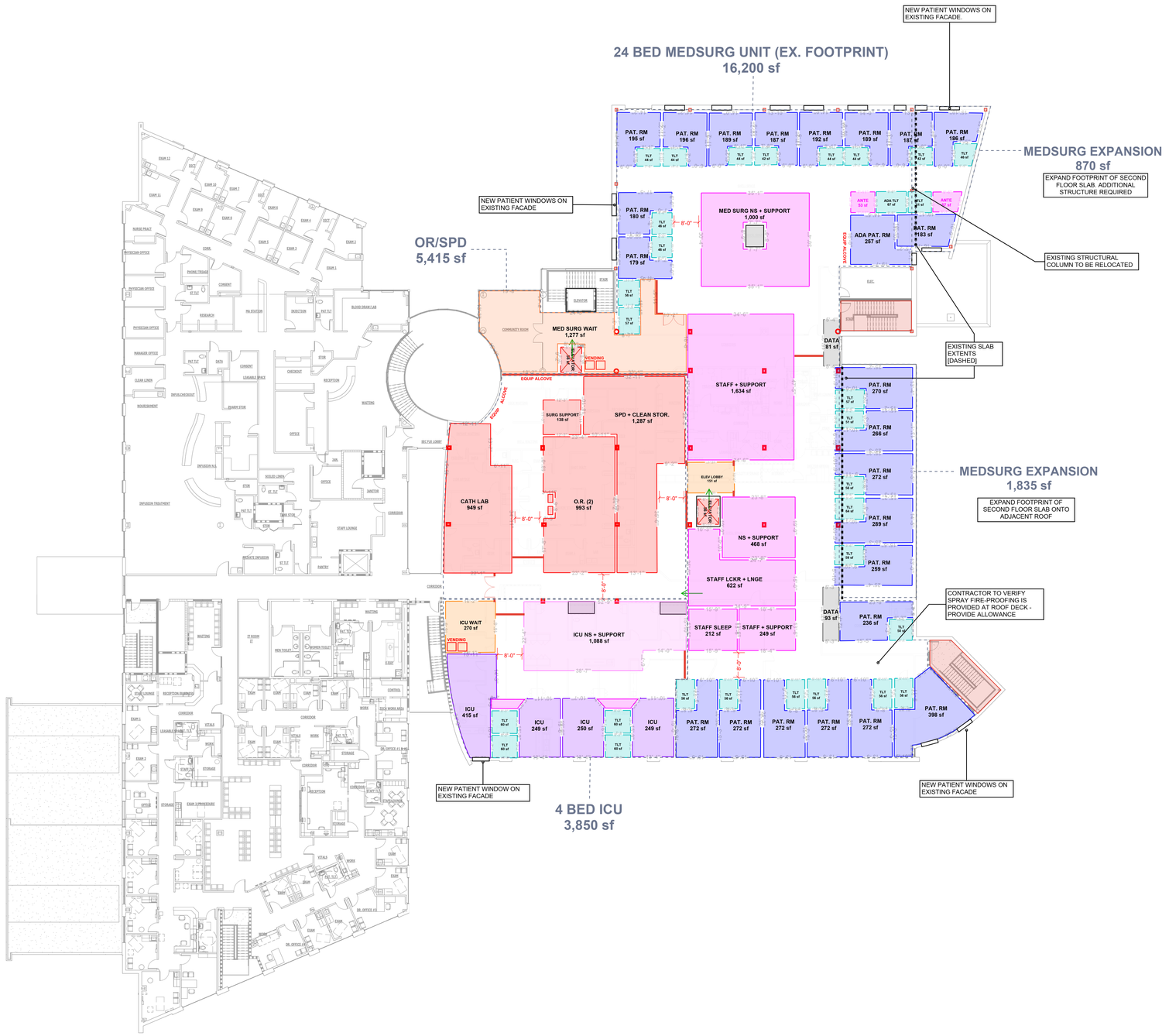
DATE: AUGUST 4, 2025

SHEET NUMBER:

A0.1

DESCRIPTION: OVERALL FIRST FLOOR PLAN

This drawing shall not be reproduced, published, stored in an electronic retrieval system, or used in any way without permission of the Architect. Copyright © 2025 HMK Architects PLLC



N

SECOND FLOOR - HOSPITAL CONCEPTS

0' 4' 8' 16' 32'

HMK ARCHITECTS PLLC
5300 Maryland Way, Suite 109
Brentwood, Tennessee
37027
615.369.6020 FAX 615.369.6021

HOSPITAL CONCEPTS for:

SUMNER STATION

225 BIG STATION CAMP BLVD GALLATIN, TN

Highpoint Health
with Ascension Saint Thomas

PROJECT NUMBER: 11193.51

DATE: AUGUST 4, 2025

SHEET NUMBER:

A0.2

DESCRIPTION:
OVERALL SECOND FLOOR PLAN

This drawing shall not be reproduced, published, stored in an electronic retrieval system, or used in any way without permission of the Architect. Copyright © 2025 HMK Architects PLLC

Attachment 11A

Public Transportation Route

As the map below shows, Sumner County is bordered by two major interstates: I-65 to its west and I-40 to the southeast.[1] Two major state routes, 109 and 386, intersect in the county seat of Gallatin. State Highway 386 links to I-65 and SR 109 and is a four-lane divided highway built to interstate standards.[2] The map also shows the approximate location of SRMC (red star) and Sumner Station (yellow star).

[1] Map from Middle Tennessee Industrial Development Association. "Why Sumner County," Forward Sumner, https://forwardsumner.org/why-sumner-county/.
[2] "Transportation," Forward Sumner, https://forwardsumner.org/transportation/, accessed March 26, 2025.

Sumner Station is on Big Station Camp Boulevard and Vietnam Veterans State Highway 386, within the Gallatin City limits, on the borders of Hendersonville. The surrounding community area between Sumner County's two largest cities is referred to herein as Station Camp. Station Camp is a highly populated strategic growth corridor of Sumner County.

As described in the responses to the Construction, Renovation, Expansion and Replacement standards, Station Camp has seen multiple subdivisions constructed or under development. New schools and many large commercial developments have been recently completed or are under development.

There are planned infrastructure improvements to accommodate the growth in the Station Camp area and Sumner County. Current expansion of State Highway 386 will improve the connectivity between Gallatin with Nashville, and surrounding areas, reinforcing the city's role as a regional hub. The project design phase is complete and construction is expected to begin in Spring 2031.[3] The proposed project is expected to relieve traffic congestion at the interchange of Highway 386 and Highway 109, close to Sumner Station.[4]

[3] Tennessee Department of Transportation. State Route 386 Sumner County. https://www.tn.gov/tdot/projects/region-3/state-route-386.html

[4] Scott, Janet. April 2, 2026. Gallatin News. TDOT presents State Route 386 project status to Gallatin Council. https://mainstreetmediatn.com/articles/gallatinnews/tdot-presents-state-route-386-project-status-to-gallatin-council/

Attachment 12A

Surveyor's Certification

TO: **FIRST AMERICAN TITLE INSURANCE COMPANY; 225 BIG STATION CAMP BOULEVARD MOB, LLC; CAPITAL ONE, NATIONAL ASSOCIATION, IN ITS CAPACITY AS ADMINISTRATIVE AGENT, ITS RESPECTIVE SUCCESSORS AND/OR ASSIGNS AS THEIR INTERESTS MAY APPEAR:**

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH THE 2021 MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA/NSPS LAND TITLE SURVEYS, JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS, AND INCLUDES ITEMS 1, 2, 3, 4, 6(A), 6(B), 7(A), 7(B)(1), 7(C), 8, 9, 11(A), 13, 14, 16, 17, 18 AND 19 OF TABLE A THEREOF. THE FIELDWORK WAS COMPLETED ON 07/18/2023.

I, BRYAN A. SHIRLEY, A REGISTERED LAND SURVEYOR IN THE STATE OF TENNESSEE, HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE SURVEY TO THE BEST OF MY KNOWLEDGE, AND THAT IT EXCEEDS THE MINIMUM REQUIREMENTS FOR A CATEGORY 1 SURVEY AND THAT THE UNADJUSTED RATIO OF PRECISION EXCEEDS 1:10,000 AS SHOWN HEREON.

BRYAN A. SHIRLEY
REGISTERED LAND SURVEYOR 2085
STATE OF TENNESSEE

DATE OF PLAT OR MAP: 07/20/2023
DATE OF LAST REVISION: 09/08/2023

Common Area Description

THE LAND REFERRED TO HEREIN BELOW IN SITUATED IN THE COUNTY OF SUMNER, STATE OF TENNESSEE, AND DESCRIBED AS FOLLOWS:

LEGAL DESCRIPTION WILL BE A PORTION OF THE FOLLOWING:

LAND IN THE FOURTH CIVIL DISTRICT OF SUMNER COUNTY, TENNESSEE, BEING THE PROPERTY OF SUMNER REGIONAL HEALTH SYSTEMS, INC., AS OF RECORD IN BOOK 2635, PAGE 828, REGISTER'S OFFICE SUMNER COUNTY, TENNESSEE AND RECORD BOOK 2718, PAGE 773, REGISTER'S OFFICE SUMNER COUNTY, TENNESSEE, DESCRIBED MORE PRECISELY AS FOLLOWS:

BEGINNING AT A POINT AT A HIGHWAY MONUMENT ON THE NORTHERN RIGHT-OF-WAY OF LOWER STATION CAMP CREEK ROAD, SAID POINT BEING LOCATED ON THE WESTERN RIGHT-OF-WAY OF STATE ROUTE 386 AND BEING THE SOUTHEAST CORNER OF THIS PARCEL;

THENCE, WITH THE NORTHERN RIGHT-OF-WAY OF LOWER STATION CAMP CREEK ROAD AND A CURVE TO THE LEFT, DELTA OF 14°31'46", RADIUS OF 625.00 FEET, LENGTH OF 158.49 FEET AND A CHORD BEARING OF N 75°06'13" W 158.07 FEET TO AN IRON ROD ON THE NORTHERN RIGHT-OF-WAY OF SAID ROAD;

THENCE, LEAVING SAID ROAD, N 08°59'01" E 2000.68 FEET TO AN IRON ROD ON THE SOUTHERN MARGIN OF NEW STATION CAMP CREEK ROAD;

THENCE, S 42°54'44" E 718.20 FEET TO AN IRON ROD ON THE SOUTHERN RIGHT-OF-WAY OF NEW STATION CAMP CREEK ROAD;

THENCE, S 47°03'45" W 24.95 FEET TO A POINT AT A HIGHWAY MONUMENT AND THE RIGHT-OF-WAY OF STATE ROUTE 386;

THENCE, WITH THE RIGHT-OF-WAY OF STATE ROUTE 386 FOR THE NEXT EIGHT CALLS:

S 34°24'24" E 101.12 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 41°55'01" E 168.45 FEET TO A POINT AT A HIGHWAY MONUMENT;

CHORD BEARING OF S 09°38'23" E 203.13 FEET, RADIUS OF 185.00 FEET AND A LENGTH OF 215.03 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 23°39'29" W 292.22 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 26°23'25" W 228.79 FEET TO A POINT AT A HIGHWAY MONUMENT;

CHORD BEARING OF S 35°21'34" W 85.59 FEET, RADIUS OF 743.51 FEET AND A LENGTH OF 85.63 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 45°49'36" W 228.57 FEET TO A POINT AT A HIGHWAY MONUMENT;

S 47°53'25" W 541.42 FEET TO THE POINT OF BEGINNING.

BEING PART OF THE SAME PROPERTY CONVEYED TO SUMNER REGIONAL MEDICAL CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY, BY DEED FROM CITADEL PROPERTIES V, L.L.C., AN ILLINOIS LIMITED LIABILITY COMPANY, OF RECORD IN RECORD BOOK 3877, PAGE 594, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.

Flood Information

BY GRAPHIC PLOTTING ONLY, THIS PROPERTY IS LOCATED IN ZONES "X", "X-SHADED", "AE" AND "FLOODWAY AE" OF THE FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 47165C0406G, WHICH BEARS AN EFFECTIVE DATE OF 4/17/2012 AND IS PARTIALLY LOCATED IN A FLOOD HAZARD ZONE.

ZONE "X" - AREA OF MINIMAL FLOOD HAZARD, USUALLY DEPICTED ON FIRMS AS ABOVE THE 500-YEAR FLOOD LEVEL. ZONE X IS THE AREA DETERMINED TO BE OUTSIDE THE 500-YEAR FLOOD AND PROTECTED BY LEVEE FROM 100-YEAR FLOOD.

ZONE "X-SHADED" - AREA OF MODERATE FLOOD HAZARD, USUALLY THE AREA BETWEEN THE LIMITS OF THE 100-YEAR AND 500-YEAR FLOODS.

ZONE "AE" - THE BASE FLOODPLAIN WHERE BASE FLOOD ELEVATIONS ARE PROVIDED. AE ZONES ARE NOW USED ON NEW FORMAT FIRMS INSTEAD OF A1-A30 ZONES.

ZONE "FLOODWAY AE" - THE BASE FLOODPLAIN WHERE BASE FLOOD ELEVATIONS ARE PROVIDED. AE ZONES ARE NOW USED ON NEW FORMAT FIRMS INSTEAD OF A1-A30 ZONES. THE FLOODWAY INCLUDES THE CHANNEL AND ADJACENT OVERBANK ARES NECESSARY TO EFFECTIVELY CONVEY FLOODWATERS.

Surveyor Title Block

BLEW & ASSOCIATES, P.A.
3825 N SHILOH DRIVE
FAYETTEVILLE, AR 72703
479-443-4506
SURVEY@BLEWINC.COM
DRAWN BY: JNM
JOB # 23-4195

Drawn by: JNM	Survey Ref. No.: 23-4195
Approved by: JL	Field Date: 07/18/2023
Revision Box	
Date: 07/28/23	Revision: CLIENT COMMENTS
09/22/23	CLIENT COMMENTS/TITLE

Basis of Bearings

THE BASIS OF BEARING FOR THIS SURVEY IS GRID NORTH PER TENNESSEE STATE PLANE COORDINATE SYSTEM, SINGLE ZONE, NAD83-2011, AS MEASURED ALONG THE WEST LINE OF THE SUBJECT PROPPERTY WHICH BEARS N09°00'21"E PER GPS COORDINATE OBSERVATIONS.
LATITUDE: 36°21'30.9134"
LONGITUDE: -86°32'11.6839"
CONVERGENCE ANGLE: -00°18'50.8845"

Parking Information

REGULAR PARKING: 353
HANDICAP PARKING: 11
TOTAL PARKING: 364

Zoning Information

ZONING DISTRICT: PGC PLANNED GENERAL COMMERCIAL, ZONED & DEVELOPED VIA MASTER PLAN

CURRENT USE: MEDICAL OFFICE

SETBACKS
- MIN. FRONT: 20 FEET
- MIN. SIDE: 10 FEET
- MIN. REAR: ABUTTING RESIDENTIAL ZONE DISTRICT = 40 FEET
ABUTTING COMMERCIAL ZONE DISTRICT = 20 FEET

MAX. HEIGHT: 40 FEET
MIN. LOT AREA: 20,000 SQ. FT.
MIN. LOT WIDTH: 100 FEET
MIN. LOT DEPTH: N/A
MAX. FLOOR AREA RATIO: 1.0
MAX. COVERAGE: 50%
MIN. PARKING:
MEDICAL OFFICES = 1 SPACE PER 200 SQUARE FEET

ZONING INFORMATION OBTAINED FROM:
ZONING REPORTS, LLC
PO BOX 1394
NORMAN, OKLAHOMA 73070
OFFICE: (405) 339-5001
FAX: (888) 512-0502
DATED: JULY 10, 2023

Schedule "B" Items

10 ALL MATTERS SHOWN ON PLAT(S) OF RECORD IN PLAT BOOK 20, PAGE 349, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1)

11 GRANT OF TRANSMISSION LINE EASEMENT FROM ALLENE BRYAN, FRANCES BRYAN BULLINGTON, AND MRS. NELSON BRYAN MCNEILL TO UNITED STATE OF AMERICA, OF RECORD IN DEED BOOK 174, PAGE 370, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(UNABLE TO DETERMINE, STATION MAPS REFERENCED WITHIN NOT PROVIDED)

12 WATER/SEWER EASEMENT AGREEMENT FROM BOWLES FARMS, LP TO THE WHITE HOUSE UTILITY DISTRICT OF ROBERTSON AND SUMNER COUNTIES, TENNESSEE, OF RECORD IN RECORD BOOK 1343, PAGE 417, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1)

13 AGREEMENT FOR DEDICATION OF EASEMENT FOR PUBLIC UTILITIES FROM BOWLES FARMS, LP TO CITY OF GALLATIN, TENNESSEE, OF RECORD IN RECORD BOOK 1481, PAGE 288, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1)

14 MATTERS CONTAINED IN DEED OF RECORD IN RECORD BOOK 1814, PAGE 289, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(AFFECTS, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1, TEMPORARY CONSTRUCTION EASEMENT AFFECTS TRACT 3)

15 TERMS AND PROVISIONS OF DECLARATION OF EASEMENTS AND MAINTENANCE AGREEMENT, BY SUMNER REGIONAL HEALTH SYSTEMS, INC., OF RECORD IN RECORD BOOK 2733, PAGE 441; AS ASSIGNED IN RECORD BOOK 3877, PAGE 599, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(AFFECTS TRACT 3, PLOTTED AS SHOWN, DOES NOT AFFECT TRACT 1, EXCEPT FOR THE PARCEL 1A BUILDING AREA, PLOTTED AS SHOWN)

16 EASEMENT FROM SUMNER REGIONAL MEDICAL CENTER, LLC TO GALLATIN, TENNESSEE, OF RECORD IN RECORD BOOK 4924, PAGE 72, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.
(DOES NOT AFFECT, LIES NORTHEAST OF SUBJECT PROPERTY)

Land Area

TOTAL AREA:
1,070,112 SQ. FT. ±
24.566 ACRES ±

MOB AREA:
67,759 SQ. FT. ±
1.510 ACRES ±

Building Area

MOB BUILDING 1: 58,516 SQ.FT. ±
BUILDING 2: 1,021 SQ.FT. ±
TOTAL BUILDING AREA: 59,537 SQ.FT. ±

Building Height

MOB BUILDING 1: 35.4'
OR 2-STORY

BUILDING 2: 10.0' OR
2-STORY

Title Description

The Land referred to herein below in situated in the County of Sumner, State of Tennessee, and described as follows:

TRACT 1 (LEASEHOLD):

A TRACT OF LAND LOCATED IN THE FOURTH CIVIL DISTRICT OF SUMNER COUNTY, TENNESSEE, BEING LOCATED IN THAT TRACT CONVEYED TO SUMNER HEALTH SYSTEMS, INC., AS FILED FOR RECORD IN BOOK 2635, PAGE 828, AND IN BOOK 2718, PAGE 773 OF THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE, SAID TRACT BEING A 5.00 FOOT OFFSET OF AN EXISTING BUILDING THEREFOUND, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT A 4"X4" CONCRETE MONUMENT MARKING THE POINT OF INTERSECTION OF THE NORTHERN RIGHT-OF-WAY OF LOWER STATION CAMP CREEK ROAD AND THE WESTERN RIGHT-OF-WAY OF STATE ROUTE NO. 386, SAME BEING THE SOUTHEAST CORNER OF SAID SUMNER HEALTH SYSTEMS, INC. TRACT;

THENCE RUN ALONG SAID NORTHERN RIGHT-OF-WAY FOLLOWING A CURVE TO THE LEFT CONCAVE SOUTHWESTERLY HAVING A RADIUS OF 625.00 FEET FOR AN ARC DISTANCE OF 157.93 FEET, SAID CURVE BEING SUBTENDED BY A CHORD BEARING NORTH 74°48'18" WEST A CHORD DISTANCE OF 157.51 FEET, TO A ½" REBAR MARKING A POINT ON SAID NORTHERN RIGHT-OF-WAY, SAME BEING THE SOUTHWEST CORNER OF SAID SUMNER HEALTH SYSTEMS, INC. TRACT;

THENCE, LEAVING SAID NORTHERN RIGHT-OF-WAY, RUN NORTH 09°00'21" EAST ALONG THE WEST LINE OF SAID SUMNER HEALTH SYSTEMS INC. TRACT FOR A DISTANCE OF 409.80 FEET;

THENCE, LEAVING SAID WEST LINE, RUN SOUTH 80°59'39" EAST FOR A DISTANCE OF 127.95 FEET TO A POINT BEING A 5.00 FOOT OFFSET OF THE SOUTHWEST CORNER OF AN EXISTING MEDICAL OFFICE BUILDING THEREFOUND FOR THE BEGINNING POINT OF THE PARCEL OF LAND HEREBY DESCRIBED;

THENCE, FROM SAID POINT OF BEGINNING, RUNNING COUNTER-CLOCKWISE AROUND SAID EXISTING BUILDING FOLLOWING AN OFFSET 5.00 FEET PERPENDICULAR OUTSIDE FROM THE EXISTING EXTERIOR BUILDING WALLS, MORE PARTICULARLY DESCRIBED BY THE FOLLOWING COURSES AND DISTANCES:

SOUTH 80°55'36" EAST A DISTANCE OF 11.41 FEET;
NORTH 09°44'24" EAST A DISTANCE OF 4.30 FEET;
NORTH 75°55'44" EAST A DISTANCE OF 93.97 FEET;
NORTH 08°58'51" EAST A DISTANCE OF 60.53 FEET;
NORTH 84°37'23" EAST A DISTANCE OF 4.74 FEET TO THE BEGINNING OF A NON-TANGENT CURVE TO THE LEFT;

THENCE FOLLOWING A NON-TANGENT CURVE TO THE LEFT HAVING A RADIUS OF 59.21 FEET FOR AN ARC DISTANCE OF 19.21 FEET, SAID CURVE BEING SUBTENDED BY A CHORD BEARING SOUTH 15°42'24" EAST A CHORD DISTANCE OF 19.12 FEET;

THENCE CONTINUING ALONG SAID 5.00 FEET OFFSET;
NORTH 70°21'55" EAST A DISTANCE OF 6.65 FEET;
SOUTH 81°01'19" EAST A DISTANCE OF 147.33 FEET;
NORTH 08°59'28" EAST A DISTANCE OF 5.53 FEET TO THE BEGINNING OF A NON-TANGENT CURVE TO THE LEFT;

THENCE, FOLLOWING A NON-TANGENT CURVE TO THE LEFT HAVING A RADIUS OF 63.71 FEET FOR AN ARC DISTANCE OF 38.10 FEET, SAID CURVE BEING SUBTENDED BY A CHORD BEARING NORTH 61°59'49" EAST A CHORD DISTANCE OF 37.54 FEET;

THENCE CONTINUING ALONG SAID 5.00 FOOT OFFSET,

NORTH 36°08'49" WEST A DISTANCE OF 31.64 FEET;
NORTH 81°21'10" WEST A DISTANCE OF 8.62 FEET;
NORTH 08°55'13" EAST A DISTANCE OF 114.09 FEET;
SOUTH 67°47'51" EAST A DISTANCE OF 10.34 FEET;
NORTH 23°08'47" EAST A DISTANCE OF 62.50 FEET;
NORTH 80°54'38" WEST A DISTANCE OF 25.37 FEET;
NORTH 09°09'44" EAST A DISTANCE OF 0.23 FEET;
NORTH 81°03'15" WEST A DISTANCE OF 108.94 FEET;
SOUTH 09°07'54" WEST A DISTANCE OF 15.31 FEET;
NORTH 81°34'29" WEST A DISTANCE OF 22.69 FEET;
SOUTH 08°55'11" WEST A DISTANCE OF 10.62 FEET;
SOUTH 30°50'42" WEST A DISTANCE OF 36.57 FEET;
NORTH 80°54'28" WEST A DISTANCE OF 1.75 FEET;
NORTH 08°23'17" EAST A DISTANCE OF 7.91 FEET;
NORTH 81°36'49" WEST A DISTANCE OF 23.00 FEET;
SOUTH 08°22'53" WEST A DISTANCE OF 7.71 FEET;
NORTH 80°35'54" WEST A DISTANCE OF 9.79 FEET;
NORTH 09°00'02" EAST A DISTANCE OF 15.06 FEET;
NORTH 24°05'12" EAST A DISTANCE OF 4.40 FEET;
NORTH 58°02'45" WEST A DISTANCE OF 79.00 FEET;
NORTH 08°49'51" EAST A DISTANCE OF 4.24 FEET;
NORTH 81°21'39" WEST A DISTANCE OF 11.46 FEET;
SOUTH 08°54'04" WEST A DISTANCE OF 25.99 FEET;
NORTH 80°42'49" WEST A DISTANCE OF 4.70 FEET;
SOUTH 08°59'35" WEST A DISTANCE OF 201.64 FEET;
NORTH 81°03'08" WEST A DISTANCE OF 25.82 FEET;
NORTH 09°15'16" EAST A DISTANCE OF 2.37 FEET;
NORTH 80°43'04" WEST A DISTANCE OF 11.95 FEET;
SOUTH 09°01'43" WEST A DISTANCE OF 55.96 FEET;
SOUTH 74°06'36" EAST A DISTANCE OF 12.00 FEET;
NORTH 09°39'48" EAST A DISTANCE OF 3.08 FEET;
SOUTH 81°07'28" EAST A DISTANCE OF 26.17 FEET;
SOUTH 08°56'20" WEST A DISTANCE OF 6.31 FEET;
SOUTH 80°10'46" EAST A DISTANCE OF 4.76 FEET;
SOUTH 08°57'02" WEST A DISTANCE OF 19.93 FEET TO THE POINT OF BEGINNING.

TRACT 2 (FEE SIMPLE DETERMINABLE):

IMPROVEMENTS LOCATED ON TRACT 1.

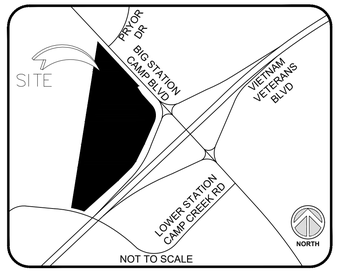
TRACT 3 (EASEMENT):

EASEMENTS BENEFITTING TRACT 1 CONTAINED IN GROUND LEASE AGREEMENT BY SUMNER REGIONAL MEDICAL CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY, AS LANDLORD, AND 225 BIG STATION CAMP BOULEVARD MOB, LLC, A DELAWARE LIMITED LIABILITY COMPANY, AS TENANT, DATED _____, AND MEMORANDUM OF LEASE AND APPURTENANT AND RESERVED EASEMENT RIGHTS RECORDED IN BOOK ____, PAGE ____, IN THE REGISTER'S OFFICE OF SUMNER COUNTY, TENNESSEE.

Title Information

THE LAND SHOWN IN THIS SURVEY IS THE SAME AS THAT DESCRIBED IN FIRST AMERICAN TITLE INSURANCE COMPANY, COMMITMENT NUMBER NCS-1K3FTN03-NAS WITH AN EFFECTIVE DATE OF AUGUST 04, 2023 AT 7:30 AM.

Vicinity Map



Surveyor's Notes

1. SOME FEATURES SHOWN ON THIS PLAT MAY BE SHOWN OUT OF SCALE FOR CLARITY.
2. DIMENSIONS ON THIS PLAT ARE EXPRESSED IN FEET AND DECIMAL PARTS THEREOF UNLESS OTHERWISE NOTED, BEARINGS ARE REFERRED TO AN ASSUMED MERIDIAN AND ARE USED TO DENOTE ANGLES ONLY. MONUMENTS WERE FOUND AT POINTS WHERE INDICATED.
3. IN REGARD TO TABLE A ITEM 16, THERE WAS NO OBSERVABLE EVIDENCE OF RECENT EARTH MOVING WORK, BUILDING CONSTRUCTION OR ADDITIONS EXCEPT AS SHOWN HEREON.
4. IN REGARD TO TABLE A ITEM 17, THERE WERE NO KNOWN PROPOSED CHANGES IN RIGHT OF WAY LINES, RECENT STREET OR SIDEWALK CONSTRUCTION OR REPAIRS EXCEPT AS SHOWN HEREON.
5. AT THE TIME OF THE ALTA SURVEY THERE WAS NO OBSERVABLE EVIDENCE OF SITE USE AS A SOLID WASTE DUMP, SUMP, OR SANITARY LAND FILL.
6. FIELD WORK WAS COMPLETED ON 07/18/2023.
7. THE SUBJECT PROPERTY HAS DIRECT PHYSICAL ACCESS TO BIG STATION CAMP BOULEVARD, SAID STREET BEING A PUBLICLY DEDICATED STREET.
8. THE NEAREST STREET INTERSECTION IS THAT OF BIG STATION CAMP BOULEVARD AND VIETNAM VETERANS BOULEVARD WHICH APPROXIMATELY ABUTS FROM THE NORTHEAST CORNER OF THE SUBJECT PROPERTY.
9. THE DISTANCES SHOWN HEREON ARE UNITS OF GROUND MEASUREMENT.
10. IN REGARDS TO ALTA TABLE A ITEM 18, THE FOLLOWING ITEMS, IF ANY, ARE PLOTTED ON THE SURVEY TO THE EXTENT REFERENCED ON THE APPLICABLE TITLE COMMITMENT: (I) ALL PLOTTABLE AREAS DENOTED IN THE RECIPROCAL EASEMENT AGREEMENTS AND (II) THE BOUNDARY LIMITS ONLY OF ALL OFFSITE APPURTENANT EASEMENTS.
11. THE UTILITIES SHOWN HEREON ARE PER ABOVE GROUND APPURTENANCES OBSERVED DURING THE COURSE OF THE FIELD WORK. THE SURVEYOR WAS NOT PROVIDED WITH UTILITY PLANS NOR SURFACE MARKINGS PURSUANT TO AN 811 LOCATE OR OTHER SIMILAR SERVICE. THE SURVEYOR MAKES NO WARRANTY AS TO THE LOCATION OF ANY UNDERGROUND UTILITIES ON THE SUBJECT PROPERTY.

Significant Observations

NONE OBSERVED AT THE TIME OF ALTA/NSPS SURVEY.

Cemetery Note

THERE WAS NO OBSERVABLE EVIDENCE OF ANY CEMETERIES, BURIAL GROUNDS, OR GRAVE SITES LOCATED ON THE SUBJECT PROPERTY.

ALTA/NSPS Land Title Survey

This Work Coordinated By:

Pixis, LLC
P.O. Box 1394
Norman, OK 73070
800-276-1165
tsmith@pixisllc.com

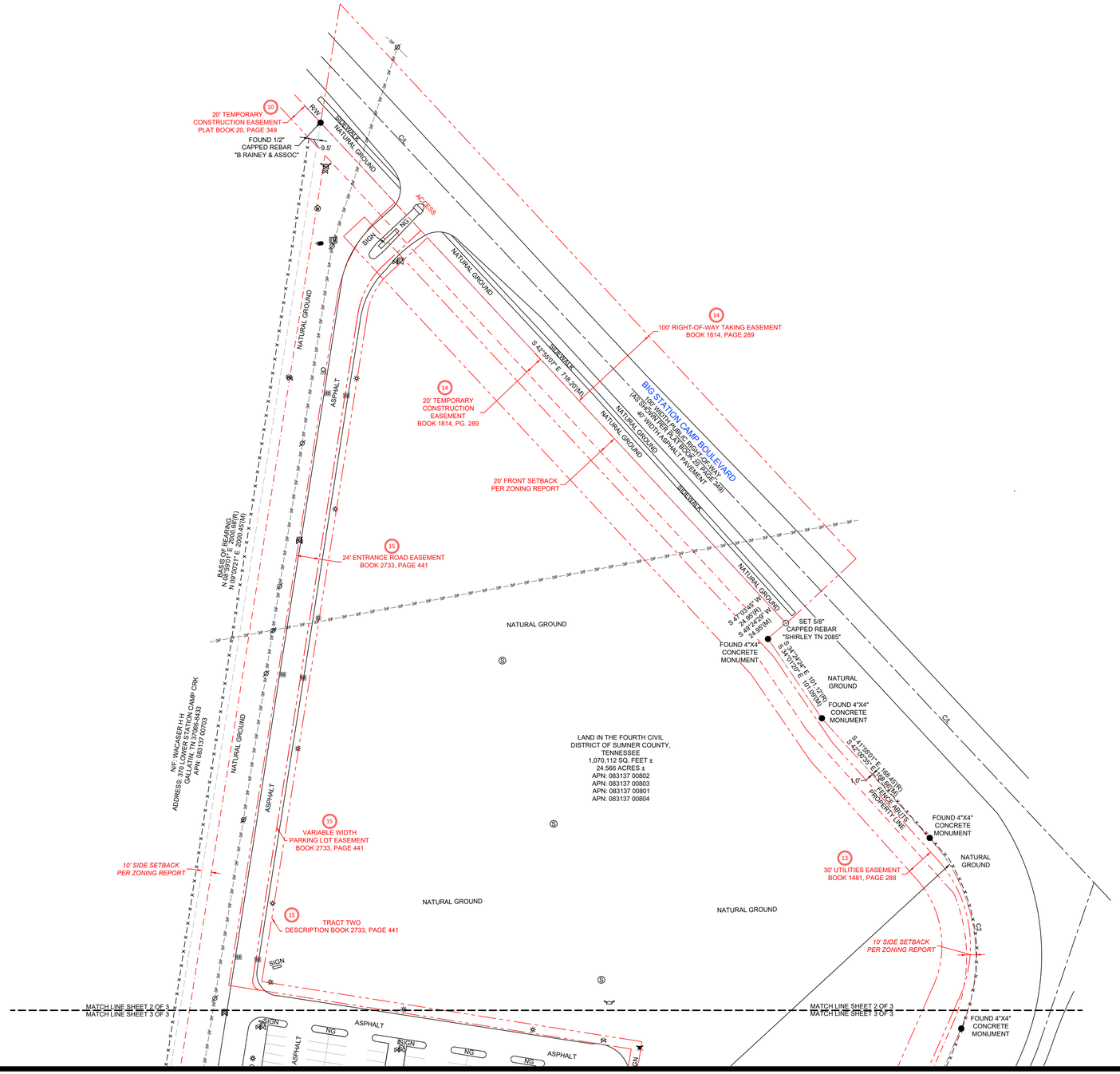
Prepared For:

Client Ref. No:

Project Address: 225 BIG STATION CAMP BOULEVARD	Project Name: LIFEPOINT MOB PORTFOLIO
Project Location: GALLATIN, TENNESSEE 37066	Job Number: 23-06-017:022

Curve Table

CURVE	RADIUS	CHORD BEARING	CHORD LENGTH	ARC LENGTH	DELTA ANGLE
C1 (M)	625.00'	N 74°48'18" W	157.51'	157.93'	14°28'41"
C1 (R)	625.00'	N 75°06'13" W	158.07'	158.49'	14°31'46"
C2 (M)	185.00'	S 09°30'18" E	203.67'	215.68'	66°47'52"
C2 (R)	185.00'	S 09°38'23" E	203.13'	215.03'	--
C3 (M)	743.51'	S 35°09'03" W	85.50'	85.54'	06°35'31"
C3 (R)	743.51'	S 35°21'34" W	85.59'	85.63'	--
C4 (M)	59.21'	S 15°42'24" E	19.12'	19.20'	18°35'00"
C5 (M)	63.71'	N 61°59'49" E	37.54'	38.10'	34°16'09"



NORTH

Scale

1" = 60'
GRAPHIC SCALE
0 30' 60' 120'

Legend

- FOUND MONUMENT (AS NOTED)
- SET MONUMENT (AS NOTED)
- LIGHT POLE
- GRATED INLET
- ELECTRIC METER
- FIRE HYDRANT
- WATER VALVE
- ELECTRIC BOX
- SANITARY SEWER
- HANDICAP PARKING
- IRRIGATION CONTROL VALVE
- SIGN
- CLEANOUT
- FLAG POLE
- BOLLARD
- STORM MANHOLE
- ELECTRIC CABINET
- COMPUTED POINT
- UTILITY VAULT
- GENERATOR
- POST INDICATOR VALVE
- UNKNOWN UTILITY MARKER
- FIRE DEPARTMENT CONNECTION
- TELEPHONE PEDESTAL
- FIBER OPTIC VAULT
- GUY ANCHOR
- POWER POLE
- WATER METER
- GATE POST
- NG NATURAL GROUND
- PS PARKING SPACES
- BHL BUILDING HEIGHT LOCATION
- (M) MEASURED/CALCULATED DIMENSION
- (R) RECORD DIMENSION
- R/W RIGHT-OF-WAY
- DA DUMPSTER AREA
- C/L CENTERLINE
- N/F NOW OR FORMERLY
- POB POINT-OF-BEGINNING
- POC POINT-OF-COMMENCEMENT
- OVH OVERHANG
- EASEMENT LINE
- BOUNDARY LINE
- CENTERLINE OF ROAD
- RIGHT-OF-WAY LINE
- ZONING SETBACK LINE
- FENCE LINE
- OVERHEAD POWER LINE
- NO PARKING STRIPING
- BUILDING OVERHANG
- FLOOD ZONE X-SHADED
- FLOOD ZONE AE
- FLOOD ZONE AE FLOODWAY
- WALL
- HANDRAIL
- POND LINE
- TRASH COMPACTOR

ALTA/NSPS Land Title Survey Sheet 2 of 3

Surveyor Title Block
BLEW & ASSOCIATES, P.A.
3825 N SHILOH DRIVE
FAYETTEVILLE, AR 72703
479-443-4506
SURVEY@BLEWINC.COM
DRAWN BY: JNM
JOB # 23-4195

This Work Coordinated By:

Pixis, LLC
P.O. Box 1394
Norman, OK 73070
800-276-1165
tsmith@pixisllc.com

Prepared For:

Client Ref. No:

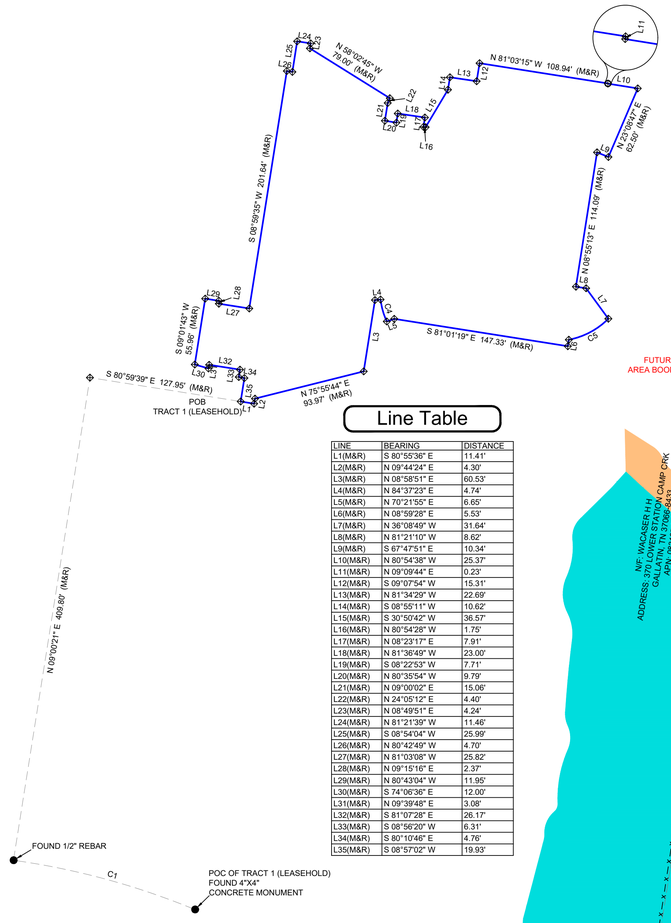
Project Address:
225 BIG STATION CAMP BOULEVARD

Project Name:
LIFEPOINT MOB PORTFOLIO

Project Location:
GALLATIN, TENNESSEE 37066

Job Number:
23-06-017:022

TRACT 1(LEASEHOLD) BOUNDARY DETAIL

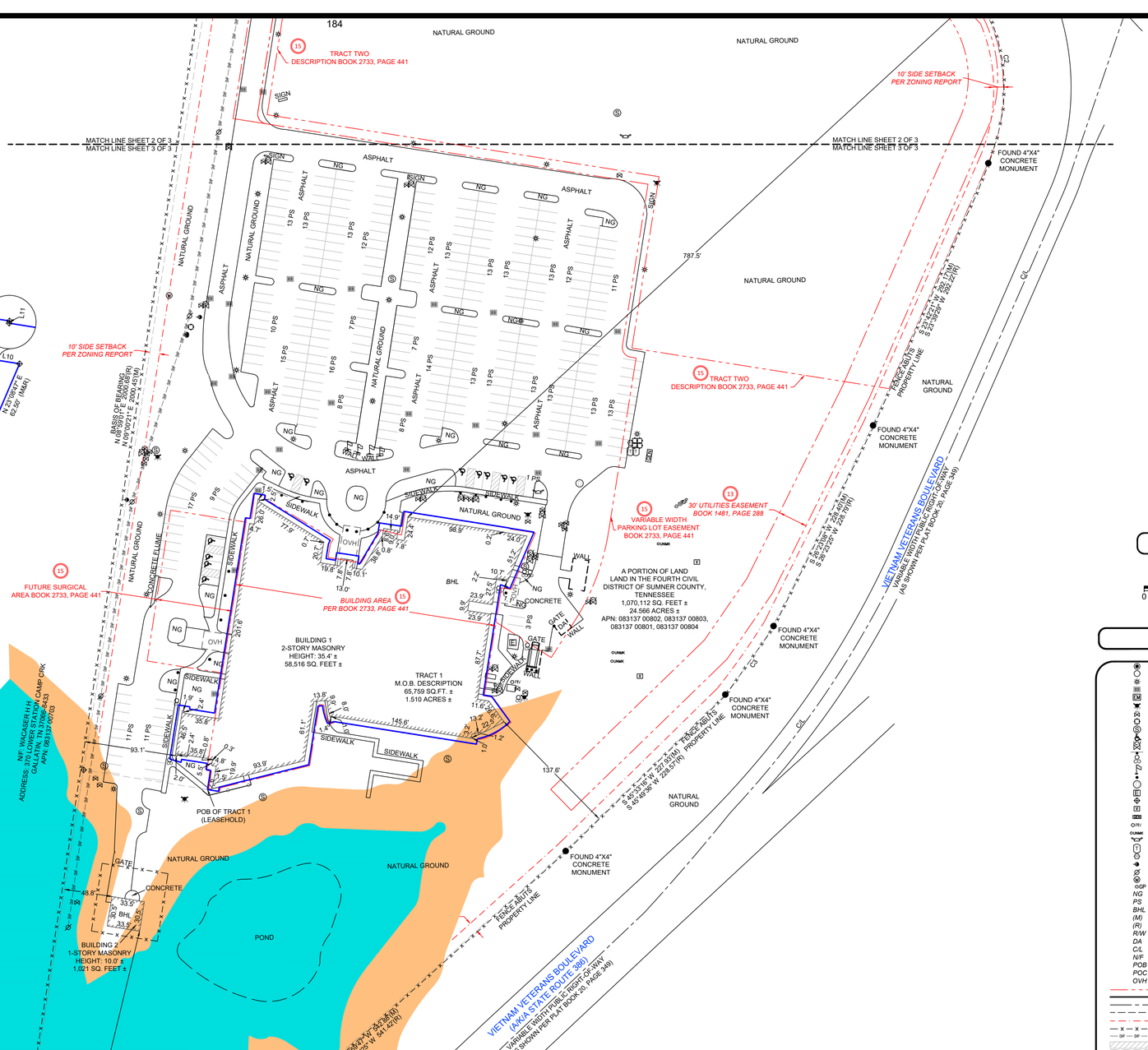


Line Table

LINE	BEARING	DISTANCE
L1(M&R)	S 80°55'36" E	11.41'
L2(M&R)	N 09°44'24" E	4.30'
L3(M&R)	N 08°58'51" E	60.53'
L4(M&R)	N 84°37'23" E	4.74'
L5(M&R)	N 70°21'55" E	6.65'
L6(M&R)	N 08°59'28" E	5.53'
L7(M&R)	N 36°08'49" W	31.64'
L8(M&R)	N 81°21'10" W	8.62'
L9(M&R)	S 67°47'51" E	10.34'
L10(M&R)	N 80°54'38" W	25.37'
L11(M&R)	N 09°09'44" E	0.23'
L12(M&R)	S 09°07'54" W	15.31'
L13(M&R)	N 81°34'29" W	22.69'
L14(M&R)	S 08°55'11" W	10.62'
L15(M&R)	S 30°50'42" W	36.57'
L16(M&R)	N 80°54'28" W	1.75'
L17(M&R)	N 08°23'17" E	7.91'
L18(M&R)	N 81°36'49" W	23.00'
L19(M&R)	S 08°22'53" W	7.71'
L20(M&R)	N 80°35'54" W	9.79'
L21(M&R)	N 09°00'02" E	15.06'
L22(M&R)	N 24°05'12" E	4.40'
L23(M&R)	N 08°49'51" E	4.24'
L24(M&R)	N 81°21'39" W	11.46'
L25(M&R)	S 08°54'04" W	25.99'
L26(M&R)	N 80°42'49" W	4.70'
L27(M&R)	N 81°03'08" W	25.82'
L28(M&R)	N 09°15'16" E	2.37'
L29(M&R)	N 80°43'04" W	11.95'
L30(M&R)	S 74°06'36" E	12.00'
L31(M&R)	N 09°39'48" E	3.08'
L32(M&R)	S 81°07'28" E	26.17'
L33(M&R)	S 08°56'20" W	6.31'
L34(M&R)	S 80°10'46" E	4.76'
L35(M&R)	S 08°57'02" W	19.93'

Curve Table

CURVE	RADIUS	CHORD BEARING	CHORD LENGTH	ARC LENGTH	DELTA ANGLE
C1 (M)	625.00'	N 74°48'18" W	157.51'	157.93'	14°28'41"
C1 (R)	625.00'	N 75°06'13" W	158.07'	158.49'	14°31'46"
C2 (M)	185.00'	S 09°30'18" E	203.67'	215.68'	66°47'52"
C2 (R)	185.00'	S 09°38'23" E	203.13'	215.03'	--
C3 (M)	743.51'	S 35°09'03" W	85.50'	85.54'	06°35'31"
C3 (R)	743.51'	S 35°21'34" W	85.59'	85.63'	--
C4 (M)	59.21'	S 15°42'24" E	19.12'	19.20'	18°35'00"
C5 (M)	63.71'	N 61°59'49" E	37.54'	38.10'	34°16'09"



NORTH

Scale

1" = 60'
GRAPHIC SCALE
0 30' 60' 120'

Legend

- FOUND MONUMENT (AS NOTED)
- SET MONUMENT (AS NOTED)
- LIGHT POLE
- GRATED INLET
- ELECTRIC METER
- FIRE HYDRANT
- WATER VALVE
- ELECTRIC BOX
- SANITARY SEWER
- HANDICAP PARKING
- IRRIGATION CONTROL VALVE
- SIGN
- CLEANOUT
- FLAG POLE
- BOLLARD
- STORM MANHOLE
- ELECTRIC CABINET
- COMPUTED POINT
- UTILITY VAULT
- GENERATOR
- POST INDICATOR VALVE
- UNKNOWN UTILITY MARKER
- FIRE DEPARTMENT CONNECTION
- TELEPHONE PEDESTAL
- FIBER OPTIC VAULT
- GUY ANCHOR
- POWER POLE
- WATER METER
- GATE POST
- NG NATURAL GROUND
- PS PARKING SPACES
- BHL BUILDING HEIGHT LOCATION
- (M) MEASURED/CALCULATED DIMENSION
- (R) RECORD DIMENSION
- R/W RIGHT-OF-WAY
- DA DUMPSTER AREA
- C/L CENTERLINE
- N/F NOW OR FORMERLY
- POB POINT-OF-BEGINNING
- POC POINT-OF-COMMENCEMENT
- OVH OVERHANG
- EASEMENT LINE
- BOUNDARY LINE
- CENTERLINE OF ROAD
- RIGHT-OF-WAY LINE
- ZONING SETBACK LINE
- FENCE LINE
- OVERHEAD POWER LINE
- NO PARKING STRIPING
- BUILDING OVERHANG
- FLOOD ZONE X-SHADED
- FLOOD ZONE AE
- FLOOD ZONE AE FLOODWAY
- WALL
- HANDRAIL
- POND LINE
- TRASH COMPACTOR

ALTA/NSPS Land Title Survey

Sheet 3 of 3

Surveyor Title Block
BLEW & ASSOCIATES, P.A.
3825 N SHILOH DRIVE
FAYETTEVILLE, AR 72703
479-443-4506
SURVEY@BLEWINC.COM
DRAWN BY: JNM
JOB # 23-4195

This Work Coordinated By:

Pixis, LLC
P.O. Box 1394
Norman, OK 73070
800-276-1165
tsmith@pixisllc.com

Prepared For:

Client Ref. No:

Project Address:
225 BIG STATION CAMP BOULEVARD

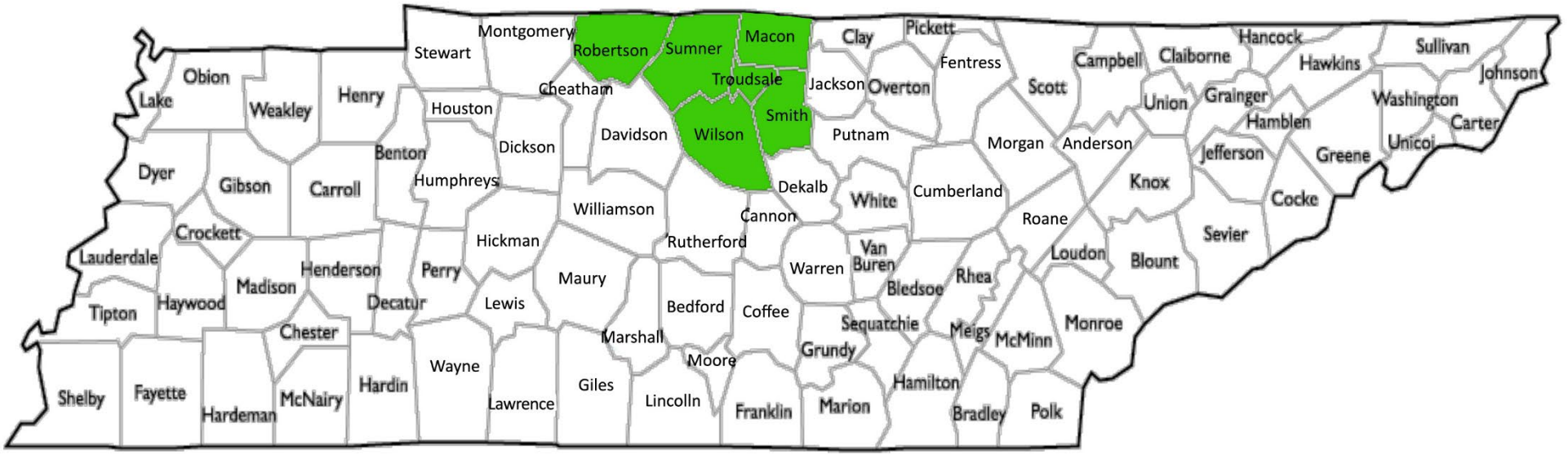
Project Name:
LIFEPOINT MOB PORTFOLIO

Project Location:
GALLATIN, TENNESSEE 37066

Job Number:
23-06-017:022

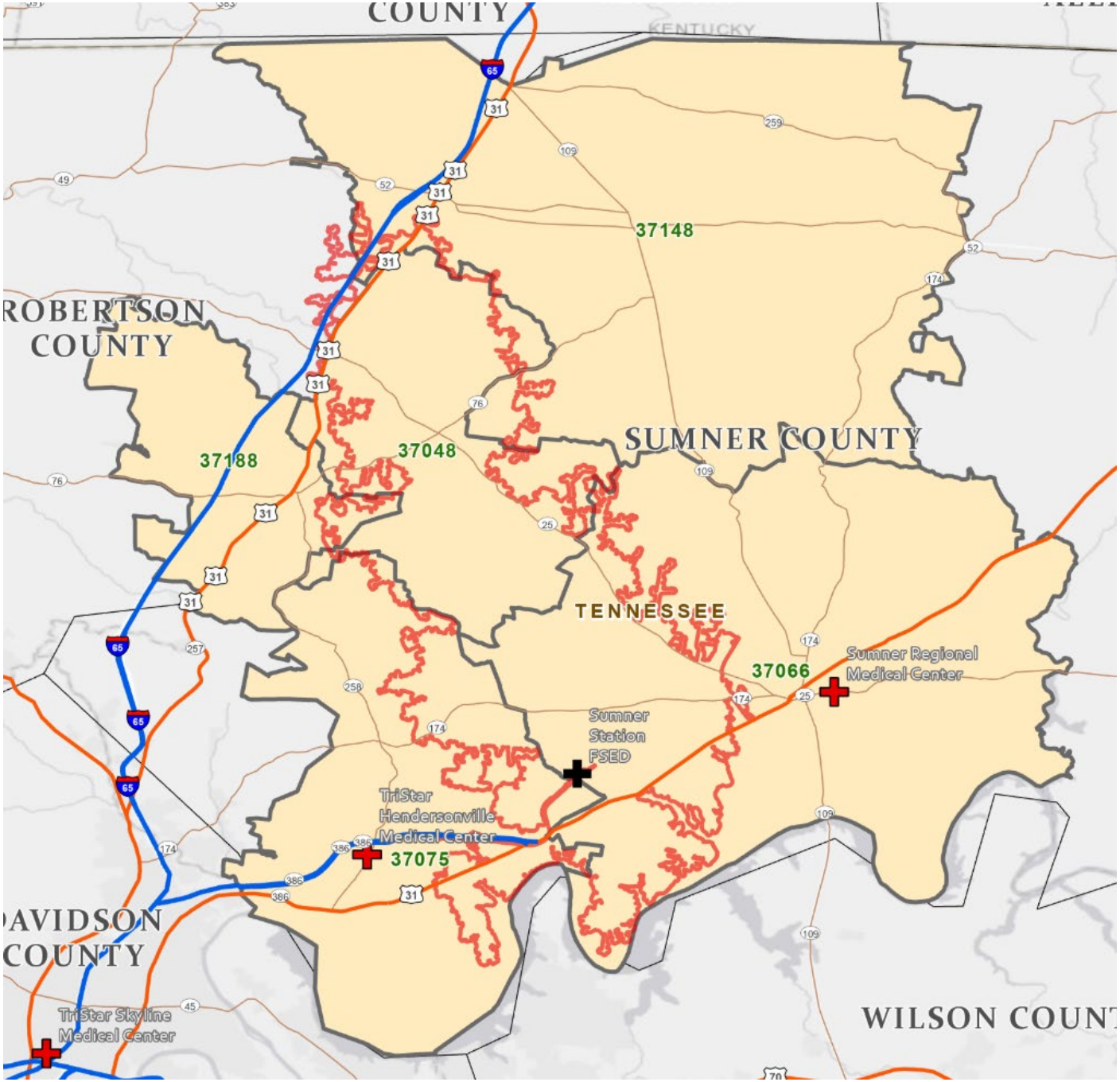
Attachment 2N

Sumner Station's Proposed Pediatric Service Area Map



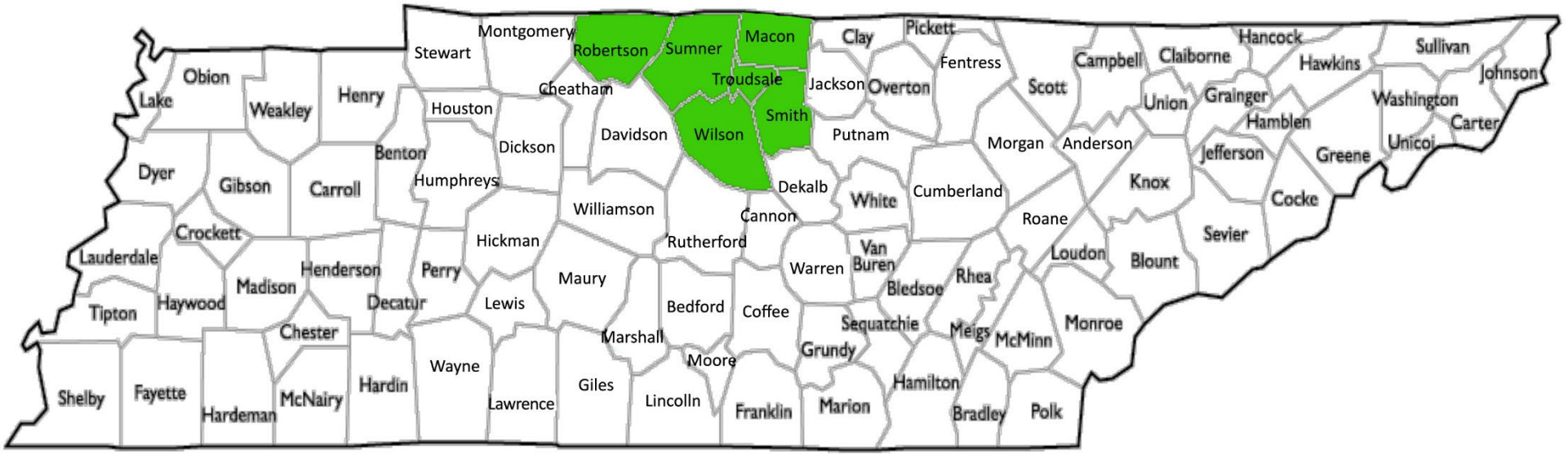
Sumner Station's Proposed Adult Service Area Maps

(continued on the following page)


COUNTY
KENTUCKY
37148
ROBERTSON
COUNTY
37188
37048
SUMNER COUNTY
TENNESSEE
37066
Sumner Regional
Medical Center
Sumner
Station
FSED
TriStar
Hendersonville
Medical Center
37075
DAVIDSON
COUNTY
TriStar Skyline
Medical Center
WILSON COUNT

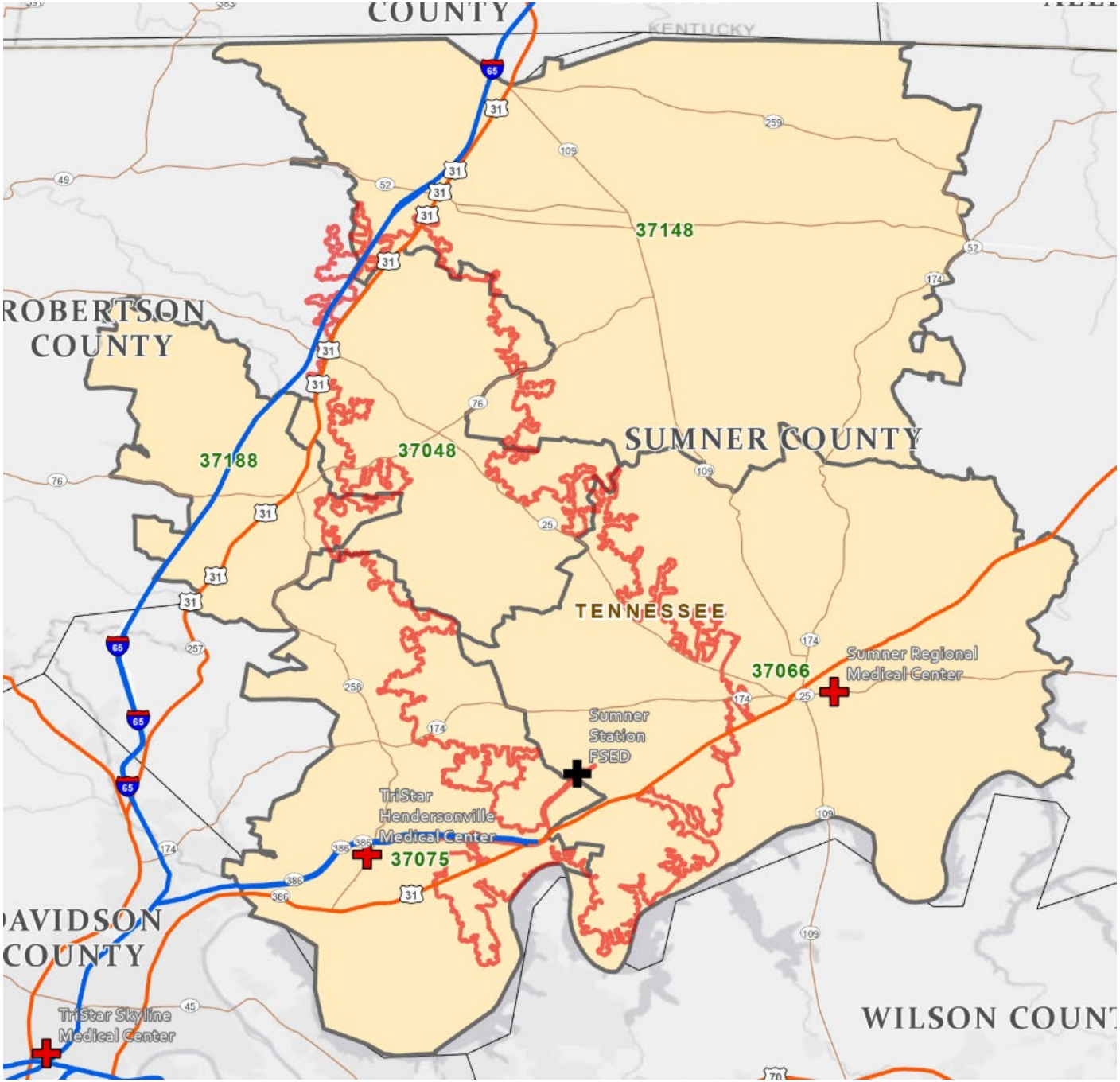
Attachment 2N

Sumner Station's Proposed Pediatric Service Area Map



Sumner Station's Proposed Adult Service Area Maps

(continued on the following page)


COUNTY
KENTUCKY
37148
ROBERTSON
COUNTY
37188
37048
SUMNER COUNTY
TENNESSEE
37066
Sumner Regional
Medical Center
Sumner
Station
FSED
TriStar
Hendersonville
Medical Center
37075
DAVIDSON
COUNTY
TriStar Skyline
Medical Center
WILSON COUNT

Revised
Attachment 3N

Service Area Demographics — Adult Population (Age 18+)

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population Current Year 2026	Total Population Projected Year 2030	Total Population % Change	Target Population (Age 18+) 2026	Target Population (Age 18+) Projected Year 2030	Target Population % Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Persons Below Poverty Level	Persons Below Poverty Level as % of Total	TennCare Enrollees Feb 2026	TennCare Enrollees as % of Total
Sumner County	219,021	232,956	6.4%	170,137	181,341	6.6%	77.8%	39.8	$90,301	18,179	8.3%	30,050	13.7%
37066 (Gallatin)	72,205	79,997	10.8%	56,315	63,002	11.9%	78.8%	38.3	$81,614	8,737	12.1%	N/A	N/A
37075 (Hendersonville)	75,336	77,360	2.7%	58,750	61,108	4.0%	79.0%	40.2	$101,850	4,671	6.2%	N/A	N/A
37148 (Portland)	26,091	26,665	2.2%	19,975	20,621	3.2%	77.3%	37.3	$81,633	2,818	10.8%	N/A	N/A
37188 (White House)	21,836	23,582	8.0%	16,845	18,453	9.5%	78.3%	35.4	$90,856	1,660	7.6%	N/A	N/A
37048 (Cottontown)	7,085	7,307	3.1%	5,593	5,815	4.0%	79.6%	43.2	$100,446	368	5.2%	N/A	N/A
ZIP Code Service Area Total/Average	**202,553**	**214,911**	**6.1%**	**157,478**	**168,999**	**7.3%**	**78.6%**	**38.9**	**$91,280**	**16,974**	**8.4%**	**N/A**	**N/A**
State of TN Total	**7,300,003**	**7,513,757**	**2.9%**	**5,722,447**	**5,891,161**	**2.9%**	**78.4%**	**38.9**	**$69,595**	**985,500**	**13.5%**	**1,383,360**	**19.0%**

The current year is 2026 and the projected year is 2030. The target population is adults age 18 and older.

ZIP code total population is from Esri (2025 and 2030); 2026 was linearly interpolated.

County and state population projections are from the Boyd Center for Business and Economic Research, University of Tennessee, Knoxville, https://tnsdc.utk.edu/estimates-and-projections/boyd-center-population-projections/. Because the estimates are grouped into 5-year age bands, the 18+ population was estimated by taking 2/5 of the 15–19 band plus the sum of all bands age 20 and older, assuming uniform age distribution within that band.

Median age, median household income, and persons below poverty level in each zip code are from the U.S. Census Bureau ACS 5-Year Estimates Tables B01002, B19013, and B17001. Persons below poverty level in Sumner County and TN are from https://www.census.gov/quickfacts/fact/table/.

TennCare enrollment figures reflect February 2026 data: https://www.tn.gov/tenncare/information-statistics/enrollment-data.html.

Service Area Demographics — Pediatric Population (Age 0–17)

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Census Bureau				TennCare	
	Total Population Current Year 2026	Total Population Projected Year 2030	Total Population % Change	*Target Population (Age 0-17) 2026	Target Population (Age 0-17) Projected Year 2030	Target Population % Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Persons Below Poverty Level	Persons Below Poverty Level as % of Total	TennCare Enrollees Feb 2026	TennCare Enrollees as % of Total
Sumner County	219,021	232,956	6.4%	48,884	51,615	5.6%	22.2%	39.8	$90,301	18,179	8.3%	30,050	13.7%
Macon County	27,738	29,126	5.0%	6,739	7,080	5.1%	24.3%	39.2	$59,177	4,438	16.0%	6,927	25.0%
Robertson County	78,381	81,003	3.3%	18,096	18,720	3.4%	23.1%	38.7	$83,047	7,211	9.2%	13,359	17.0%
Smith County	20,772	20,956	0.9%	4,517	4,519	0.0%	21.6%	40.6	$66,293	2,410	11.6%	4,012	19.3%
Trousdale County	12,620	13,025	3.2%	2,521	2,617	3.8%	20.1%	35	$72,747	1,830	14.5%	2,192	17.4%
Wilson County	175,794	191,267	8.8%	40,046	43,596	8.9%	22.8%	39.8	$95,839	12,833	7.3%	22,886	13.0%
Service Area Total/ Average	**534,326**	**568,333**	**6.4%**	**120,804**	**128,146**	**6.1%**	**22.5%**	**38.9**	**$77,901**	**46,900**	**8.8%**	**79,427**	**14.9%**
										-			
State of TN Total	**7,300,003**	**7,513,757**	**2.9%**	**1,577,556**	**1,622,596**	**2.9%**	**21.6%**	**38.9**	**$69,595**	**985,500**	**13.5%**	**1,383,360**	**19.0%**

The current year is 2026 and the projected year is 2030. The target population is children age 0-17.

Population estimates are from Boyd Center for Business and Economic Research, University of Tennessee, Knoxville, https://tnsdc.utk.edu/estimates-and-projections/boyd-center-population-projections/. Because the estimates are grouped into 5-year age bands, the 0–17 population was estimated by summing the 0–14 bands plus 3/5 of the 15–19 band, assuming uniform age distribution within that band.

Median age and median household income are from the U.S. Census Bureau ACS 5-Year Estimates Tables B01002 and B19013. Persons below poverty level are from https://www.census.gov/quickfacts/fact/table/.

TennCare enrollment figures reflect February 2026 data: https://www.tn.gov/tenncare/information-statistics/enrollment-data.html.

Revised
Attachment 6N

6N. Provide applicable utilization and/or occupancy statistics for your institution services for each of the past three years and the project annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE: The table below shows applicable utilization and occupancy statistics for SRMC for each of the past three years, according to JAR data.

Sumner Regional Medical Center (All Patients, Regardless of Age)

Utilization	2022	2023	2024[1]	% Growth 2022–2024
IP Admissions	6,744	7,461	9,414	39.6%
IP Days	29,545	31,001	39,126	32.4%
ALOS	4.4	4.2	4.2	-4.5%
Endoscopy Cases	2,461	3,437	1,649	-33.0%
Licensed Beds	167	167	167	0.0%
Bed Days Available (Beds*365)*	60,955	60,955	61,122	0.3%
Occupancy on Licensed Beds	48.5%	50.9%	64.0%	32.0%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2022–2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Total Patients, excluding Normal Newborns.
**2024 is calculated with 366 days, as it is a leap year.*

Adult Acute Care Inpatient Projections (Ages 18+)

Projection of the hospital's adult inpatient visits in its first two years is based on a shift of patients from SRMC to Sumner Station after the new campus opens. Each of the steps taken to project admissions and patient days at Sumner Station in its first two years of operations is described below, in sequential order. Each step is first shown as a table, then narratively below the table. The applicant expects higher-acuity patients with more complex needs will continue to be treated at SRMC in Sumner Station's initial years of operations. See Attachment 6N-2 for a list of diagnosis-related groups (DRGs) appropriate to be served at Sumner Station.

[1] The increase in admissions and all JAR data accurately reflect the billing and coding practices in place at SRMC for the time period of the JAR. Therefore, the JARs themselves are not incorrect. However, SRMC was not accurately recording some observation patients who were actually receiving inpatient care, based on the two-midnight rule in its billing practices or its JARs before 2024. This change moves to an accurate recording of these patients in both SRMC's billing practices and its JARs.

SRMC Historical Utilization – Adult Patients (Ages 18+)

1		CY 2021	CY 2022	CY 2023	CY 2024	CAGR 2021–2023	Projected Growth at 50% of CAGR
	IP Admissions	6,549	6,504	7,256	9,188	5.3%	2.63%
	Days	29,100	28,912	30,520	38,631	2.4%	
	ALOS	4.4	4.4	4.2	4.2		

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2021-2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Total Days Excluding Normal Newborns.

1. Using JAR data, calculate the compound annual growth rate (CAGR) of admissions and patient days at SRMC from 2021 to 2023.
    a. Note: The admissions and days reported for CY 2024 reflect improved accuracy in identifying inpatient cases. In prior years, some patients receiving inpatient care were mistakenly recorded as observation patients. While CY 2024 provides a reliable reflection of volume in that year, it should not be used to calculate growth trends, since the apparent increase is partly due to corrected coding practices rather than a true rise in patient volume.

Projected SRMC Acute Care Admissions and Patient Days

2		2025	2026	2027	2028	2029	2030
	IP Admissions	9,134	9,374	9,621	9,874	10,133	10,400
	Days	38,919	39,942	40,993	42,071	43,177	44,313
	ALOS	4.26	4.26	4.26	4.26	4.26	4.26

Source: SRMC Internal Data, CY 2025.

2. Next, SRMC adopted the base year of CY 2025 to project future volume, as it is the most recent full year of data available. To make a conservative projection of future adult admissions at SRMC, we use a growth rate that is 50 percent of the 2021–2023 CAGR, or approximately 2.63 percent. While the CAGR is derived from JAR data, the CY 2025 baseline admission count reflects SRMC internal data, which provides a more recent starting point for projecting future adult inpatient days.
    a. The CY 2025 ALOS of 4.26, derived from SRMC internal data, is kept constant and used to project inpatient days on the SRMC license.

Projected Admissions and Patient Days in Sumner Station Service Area and DRG Set

3		2025	2026	2027	2028	2029 (YR 1)	2030 (YR 2)
	IP Admissions	7,649	7,850	8,057	8,268	8,486	8,709
	Days	32,237	33,085	33,955	34,848	35,764	36,705
	ALOS	4.21	4.21	4.21	4.21	4.21	4.21

Source: SRMC Internal Data, CY 2025.

3. Using SRMC internal data for CY 2025, we determined which adult admissions living in the service area would be appropriate to treat at Sumner Station, based on their DRG. The DRG set is included in Attachment 6N-2.

a. This analysis showed 7,649 of the inpatients who received care at SRMC in 2025 lived in one of the service area zip codes and had a DRG within the set appropriate for care at SRMC. These patients accounted for 32,237 inpatient acute care days.

b. To make a conservative estimate of future service area SRMC admissions in the DRG set, we used a growth rate that is 50 percent of the 2021–2023 CAGR for admissions on the SRMC license.

c. The CY 2025 ALOS of 4.21 for service area SRMC adult patients in the DRG set is kept constant and used to calculate future inpatient days on the SRMC license.

Shift Service Area Clinically Appropriate SRMC Patients to Sumner Station		2029 (YR 1)	2030 (YR 2)
	SRMC Admissions Appropriate for Care at Sumner Station	8,486	8,709
4	**Sumner Station Capture Percent**	10%	15%
	Service Area Admissions	849	1,306
	Service Area Days	3,576	5,506

4. We project a gradual shift of inpatients in the service area and DRG set (Step 3) from the SRMC main campus to Sumner Station. In the first year, we expect 10 percent of those admissions to shift, increasing to 15 percent in the second year.

Shift Service Area Clinically Appropriate SRMC Patients to Sumner Station		2029 (YR 1)	2030 (YR 2)
5	*In-Migration Admissions 10%*	**94**	**145**
	In-Migration Days 10%	**397**	**612**

5. We project 10 percent in-migration from outside the service area for adult patients.

a. Sumner Station projects that 90 percent of its adult inpatients will come from within the service area zip codes. This is reasonable, based on the patient origin patterns at the FSED. Based on internal data, in 2025, 82 percent of Sumner Station ED visits came from the five service area zip codes (18 percent in-migration).

Calculate Total Inpatients and Occupancy at Sumner Station		**2029 (YR 1)**	**2030 (YR 2)**
6	Admissions Shifted from SRMC (Step 4)	849	1,306
	Admissions from Outside Service Area (Step 5)	94	145
	Total Admissions	**943**	**1,452**
	Total Days	**3,974**	**6,117**
	Average Daily Census (Days/365)	10.9	16.8
	Beds	20	20
	Occupancy	54.4%	83.8%

Note: Numbers may not foot due to rounding.

6. Adding the in-migration calculated in Step 5 to the projected service area patients in Step 4 yields 1,452 admissions and 6,117 patient days in the second year of operations. This results in an occupancy of 83.8 percent for the 20 inpatient beds that SRMC expects will normally be available for adult inpatient care (16 medical/surgical/telemetry and 4 ICU). As noted throughout this application, Sumner Station will have the ability to operate its medical/surgical beds as either pediatric or adult units. As needed and appropriate, Sumner Station can make some of the eight pediatric unit beds available for adult inpatients.

Projecting Pediatric Inpatient Discharges and Days

The next 4 steps project the expected inpatient volume for pediatric patients. As discussed throughout this application, Sumner Station will have the flexibility to operate more or fewer beds for pediatric patients, depending on demand. For operational and staffing purposes, Sumner Station plans to operate eight beds as a pediatric unit on a standard basis. The steps below project inpatient days on these beds.

In addition to being used for inpatients, these pediatric unit beds may also be used to provide observation care to pediatric patients. Observation care occurs when a patient presents at the ED and would benefit from additional care that is less than 24 hours but lengthier than an immediate discharge from the ED. Some pediatric patients are stable enough to discharge after they have received care such as fluids and nebulizers and staff have had the ability to observe the patient's status/progress as appropriate for discharge. For these patients, the pediatric unit would be an area away from the noise and congestion of the ED where they might receive observation care.

2025 Pediatric Discharges and Days by Patient County
(Limited DRGs and ALOS)

	Sumner	Macon	Trousdale	Robertson	Smith	Wilson	Total
Discharges	231	40	21	144	29	207	672
Days	649	115	61	391	92	577	1,885

Source: Tennessee Hospital Association Data, CY 2025

7. To project future pediatric patient days, SRMC used THA data to determine how many discharges and patient days occurred among pediatric patients (0-17) living in Sumner, Macon, Trousdale, Robertson, Smith, and Wilson counties. Sumner Station expects higher-acuity patients who need specialized inpatient care will continue to receive care at other tertiary facilities, primarily Vanderbilt University Medical Center. To account for this, we limited the set of patients who would be appropriate for care at Sumner Station. To determine which pediatric patients would be appropriate to treat at Sumner Station, the remainder of this analysis (and therefore projected patients) was limited to:

a. Patients with a DRG shown in Attachment 6N-2.
b. Patients with a DRG that has an average length of stay of 6 days or lower
c. Patients who are not in the following service lines: hematology, psychiatry, substance abuse, seizure/epilepsy, medical cardiology, surgical spine, rehabilitation, high-risk pregnancies, fusion, oncology.
d. The applicant also assumed only half the baseline volume in surgical trauma (orthopedics), oral/maxillofacial surgery, and endocrinology would be appropriate to treat at Sumner Station.
e. The applicant also assumed only one-third of the baseline volume in nephrology and lower GI service lines would be appropriate to treat at Sumner Station.

Pediatric Discharges and Days by Patient County

	Sumner	Macon	Trousdale	Robertson	Smith	Wilson	Total
Baseline (2025)							
Discharges	231	40	21	144	29	207	672
Days	649	115	61	391	92	577	1,885
Shift %	0.75	0.75	0.75	0.5	0.5	0.5	
Shifted Discharges 2025	173	30	16	72	15	104	410
Shifted Days 2025	487	86	46	196	46	289	1,150

Source: Tennessee Hospital Association Data, CY 2025

8. Next, we determined how many of the baseline pediatric discharges and patient days were likely to shift to Sumner Station. As the table above shows, 75% of the appropriate patients (as described in Step 7) from Sumner, Macon, and Trousdale counties are expected to shift to Sumner Station, while 50% from Robertson, Smith, and Wilson are expected to shift. This results in 410 discharges and 1,150 pediatric patient days in 2025 that would have shifted to Sumner Station, if it were open.

Population Growth, Residents 0-17, 2025-2030

Area	2025	2030	2025-2030 Change	25-30 CAGR
Sumner County	47,940	48,591	1.4%	0.27%
Macon County	6,386	6,554	2.6%	0.52%
Robertson County	17,513	17,607	0.5%	0.11%
Smith County	4,494	4,412	-1.8%	-0.37%
Trousdale County	2,377	2,484	4.5%	0.88%
Wilson County	38,052	40,421	6.2%	1.22%
Service Area Total	116,762	120,069	2.8%	0.56%

Source: Esri, "Demographic Estimates," updated June 2025, accessed April 22, 2026, https://doc.arcgis.com/en/esri-demographics/latest/esri-demographics/updated-demographics.htm.

9. To determine how many pediatric patient days and discharges there would be in the first two project years (2029 and 2030), the applicant calculated the pediatric population's growth rate (ages 0-17). As the table above shows, the service area's pediatric population is expected to grow 2.8% from 2025 to 2030, which equates to a CAGR of 0.56% each year.

	2025	2026	2027	2028	2029	2030
Discharges	410	412	414	416	418	420
Days	1,150	1,154	1,159	1,165	1,170	1,176

10. To determine pediatric discharges and days appropriate for care at Sumner Station through 2030, the 0.56% CAGR calculated in Step 9 was applied to the appropriate discharges shown in Step 8.

a. The 2025 average length of stay of 2.8 days (1,885 days/672 discharges = 2.8) was applied to future-year discharges.

As discussed above, Sumner Station plans to operate 8 beds as a pediatric unit and can adjust the available beds as necessary to meet demand. The 1,176 pediatric patient days equates to an average daily census of 3.24 patients. Although this is only 41% occupancy on an eight-bed unit, the additional beds can be used for pediatric observation care, keeping appropriate patients out of the noisy ED. The eight beds will also be used more heavily during fluctuations due to seasonal illness.

Total Occupancy

In the second project year, the 1,176 pediatric patient days and 6,117 adult inpatient days amount to 7,293 total inpatient days on the proposed 28 beds. This equates to an average daily census of 20 and an overall occupancy of 71.36%. The proposed configuration allows Sumner Station to provide a complement of community hospital services that will improve geographic access for patients in the area, as well as minimize transfers and improve continuity of care.

DRG	DRG Short Description
30	SPINAL PROC W/O CC/MCC
41	PER/CRAN NRV + OTH W CC
52	SPINAL DIS & INJ W CC/MCC
54	NERV SYS NEOP W MCC
55	NERV SYS NEOP WO MCC
56	DEG NRV SYS DIS W MCC
57	DEG NRV SYS DIS WO MCC
65	IC HM OR CB INF W CC/TPA24
69	TRANS ISCHEMIA W/O THROMB
70	NS CEREB DIS W MCC
71	NS CEREB DIS W CC
73	CRAN/PERI NRV DIS W MCC
74	CRAN/PERI NRV DIS WO MCC
77	HYP ENCEPH W MCC
78	HYP ENCEPH W CC
79	HYP ENCEPH WO CC/MCC
80	NT STUPOR/COMA W MCC
81	NT STUPOR/COMA WO MCC
82	TRAU STUPOR/COMA >1HR MCC
83	TRAU STUPOR/COMA >1HR CC
84	TRAU STUPOR/COMA >1HR WO
85	TRAU STUPOR/COMA <1HR MCC
86	TRAU STUPOR/COMA <1HR CC
87	TRAU STUPOR/COMA <1HR WO
88	CONCUSSION W MCC
90	CONCUSSION WO CC/MCC
91	OTH DIS NERV SYS W MCC
92	OTH DIS NERV SYS W CC
93	OTH DIS NERV SYS WO CC/MCC
94	BAC/TB INF NERV SYS W MCC
95	BAC/TUBR INF NERV SYS W CC
97	NO-BAC INF NS EX VM W MCC
98	NO-BAC INF NS EX VM W CC
100	SEIZURES W MCC
101	SEIZURES WO MCC
103	HEADACHES WO MCC
123	NEUROLOGICAL EYE DIS
138	MOUTH PX WO CC/MCC
149	DYSEQUILIBRIUM
150	EPISTAXIS W MCC
151	EPISTAXIS WO MCC
152	OTITIS MEDIA/URI W MCC
153	OTITIS MEDIA/URI WO MCC

154	OTHER ENMT DIAG W MCC
155	OTHER ENMT DIAG W CC
156	OTHER ENMT DIAG W/O CC/MCC
157	DENTAL/ORAL DIS W MCC
158	DENTAL/ORAL DIS W CC
159	DENTAL/ORAL DIS WOCC/MCC
166	OTH RESP SYS PX W MCC
175	PULM EMB W MCC OR AC COR P
176	PULMONARY EMB WO MCC
177	RESP INF/INFLAM W MCC
178	RESP INF/INFLAM W CC
179	RESP INF/INFLAM WO CC/MCC
180	RESP NEOP W MCC
181	RESP NEOP W CC
184	MAJ CHEST TRAUMA W CC
185	MAJ CHEST TRAUMA WO CC/MCC
186	PLEURAL EFF W MCC
187	PLEURAL EFF W CC
189	PUL EDEMA/ RESP FAILURE
190	CH OBST PULM DIS W MCC
191	CH OBST PULM DIS W CC
192	CH OBST PULM DIS WO CC/MCC
193	SIMP PNEU/PLEU W MCC
194	SIMP PNEU/PLEU W CC
195	SIMP PNEU/PLEU WO CC/MCC
196	INTERSTITAL LUNG DIS W MCC
197	INTERSTITAL LUNG DIS W CC
199	PNEUMOTHORAX W MCC
200	PNEUMOTHORAX W CC
201	PNEUMOTHORAX WO CC/MCC
202	BRONCH/ASTHMA W CC/MCC
203	BRONCH/ASTHMA WO CC/MCC
204	RESP SIGNS & SYMPTOMS
205	OTH RESP SYS DX W MCC
206	OTH RESP SYS DX WO MCC
207	RESP SYS DX W VENT >96
208	RESP SYS DX W VENT <=96
239	AMP EXC UP LMB & TOE W MCC
242	PERM CARD PM IMP W MCC
252	OTH VASC PX W MCC
253	OTH VASC PX W CC
260	C PACE REV WO REPLCE W MCC
264	OTH CIRC SYS OR PX
270	OTH MAJOR CARDIO W MCC

271	OTH MAJOR CARDIO W CC
281	ACUTE MI, DIS ALIV W CC
282	ACUTE MI,DIS ALIV WOCC/MC
283	ACUTE MI, EXP W MCC
286	CIRC DIS NO MI W CATH WMCC
287	CIRC DIS NO MI WCATH WOMCC
291	HEART FAIL/SHOCK W MCC
292	HEART FAIL/SHOCK W CC
293	HEART FAIL/SHOCK WO CC/MCC
295	DVT W/O CC/MCC
296	CARDIAC ARREST, UNEX W MCC
299	PERI VASC DIS W MCC
300	PERI VASC DIS W CC
301	PERI VASC DIS WO CC/MCC
302	ATHEROSCLEROSIS W MCC
303	ATHEROSCLEROSIS WO MCC
304	HYPERTENSION W MCC
305	HYPERTENSION WO MCC
306	CARD CONG/VAL DIS W MCC
308	CARD ARR/COND DIS W MCC
309	CARD ARR/COND DIS W CC
310	CARD COND DIS WO CC/MCC
311	ANGINA PECTORIS
312	SYNCOPE & COLLAPSE
313	CHEST PAIN
314	OTH CIRC SYS DX W MCC
315	OTH CIRC SYS DX W CC
316	OTH CIRC SYS DX WO CC
326	GASTR, ESOPH,DUO PX W MCC
327	GASTR, ESOPH,DUO PX W CC
328	GASTR,ESOPH ,DUO PX WO CC
329	MAJ SM/LG BOWEL PX W MCC
330	MAJ SM/LG BOWEL PX W CC
331	MAJ SM/LG BOWEL PX WO CC
342	APNDEC WO COMP PDX CC
344	MIN SM/LG BOWEL PX W MCC
345	MIN SM/LG BOWEL PX W CC
348	ANAL/STOMAL PX W CC
351	ING/FEM HERNIA PX W CC
353	HERNIA PX X ING/FEM MCC
354	HERNIA PX X ING/FEM CC
355	HERNIA PX X ING/FEM WO CC
356	OTH DIGEST PX W MCC
357	OTH DIGEST PX W CC

358	OTH DIGEST PX WO CC/MCC
368	MAJ ESOPH DIS W MCC
369	MAJ ESOPH DIS W CC
370	MAJ ESOPH DIS WO CC/MCC
371	MAJ GI DIS&PERIT INF W MCC
372	MAJ GI DIS&PERIT INF W CC
373	MAJ GI DIS&PERIT INF WO CC
374	DIGEST MALIG W MCC
375	DIGEST MALIG W CC
377	GI HEM W MCC
378	GI HEM W CC
379	GI HEM WO CC/MCC
380	CMP PEPTIC ULCER W MCC
381	CMP PEPTIC ULCER W CC
382	CMP PEPTIC ULCER WO CC/MCC
383	UNCMP PEPTIC ULCER MCC
384	UNCMP PEPTC ULCER WO MCC
385	INFL BOWEL DIS W MCC
386	INFL BOWEL DIS W CC
387	INFL BOWEL DIS WO CC/MCC
388	GI OBST W MCC
389	GI OBST W CC
390	GI OBST WO CC/MCC
391	ESOPH, GE & DIG DIS W MCC
392	ESOPH, GE DIG DIS WO MCC
393	OTH DIGEST DX W MCC
394	OTH DIGEST DX W CC
395	OTH DIGEST DX WO CC/MCC
397	APPENDIX PROCS W MCC
398	APPENDIX PROCS W CC
399	APPENDIX PROCS WO CC/MCC
415	CHOLE EXC LAP WO CDE W CC
417	LAP CHOLE WO CDE W MCC
418	LAP CHOLE WO CDE W CC
419	LAP CHOLE WO CDE WO CC
432	CIRR/ALC HEPATITIS MCC
433	CIRR/ALC HEPATITIS CC
435	MALIG HEPA OR PANCR W MCC
436	MALIG HEPA OR PANCR W CC
437	MALIG HEPA OR PANCR WO CC
438	DIS PANCR X MALIG W MCC
439	DIS PANCR X MALIG W CC
440	DIS PANCR X MALIG WO CC
441	DISDRS LIVER W MCC

442	DISDRS LIVER W CC
443	DISDRS LIVER WO CC/MCC
444	DIS BILIARY TRACT W MCC
445	DIS BILIARY TRACT W CC
446	DIS BILIRY TRACT WO CC/MCC
455	ANT/POS SPNAL FUSN WO CC
462	BIL/MULT M/JNT/LE W/OMCC
463	WND DEB & SG EX HAND WMCC
466	REV HIP/KNEE REPL W MCC
467	REV HIP/KNEE REPL W CC
469	MAJ JOIN REPL/REATT LE W M
472	CERVICAL SPN FUSN W CC
474	AMP MUSC/TISS DIS W MCC
477	BX MUSC & CONN TIS W MCC
478	BX MUSC & CONN TIS W CC
480	HIP/FEMUR PX X MJ W MCC
481	HIP/FEMUR PX X MJ W CC
482	HIP/FEMUR PX W MJ WO CC
485	KNEE PX W INF PDX W MCC
492	LE & HUM PX W MCC
493	LE & HUM PX W CC
494	LE & HUM PX WO CC/MCC
497	LOC EX & REM IFD W/O CC
501	SOFT TISS PX W CC
504	FOOT PX W CC
505	FOOT PX WO CC/MCC
507	MAJ SHLDR/ELBW PX W CC/MCC
510	UE PX EX MAJ JOINT PX WMCC
511	UE PX EX MAJ JOINT PX W CC
512	UE PX EX MAJ JNT PX WO CC
513	HND/WRST PX W CC/MCC
514	HND/WRST PX W/O CC/MCC
517	OT MUSC CONN TISS OR PX WO
521	HIP REPL W PDX FX W MCC
522	HIP REPL W PDX FX WO MCC
533	FEMUR FRACTURE W MCC
534	FEMUR FRACTURE WO MCC
535	HIP/PELVIS FRAC W MCC
536	HIP/PELVIS FRAC WO MCC
539	OSTEOMYELITIS W MCC
540	OSTEOMYELITIS W CC
541	OSTEOMYELITIS W/O CC/MCC
543	PATH FX/CON TIS MALIG W CC
545	CONN TISS DIS W MCC

546	CONN TISS DIS W CC
548	SEPTIC ARTHRITIS W MCC
549	SEPTIC ARTHRITIS W CC
551	MED BACK PROB W MCC
552	MED BACK PROB W/O MCC
553	BONE DIS & ARTHROP W MCC
554	BONE DIS & ARTHROP WO MCC
555	S&S MUSC CONN TIS W MCC
556	S&S MUSC CONN TIS WO MCC
557	TEND MYOSTIS BURSITIS WMCC
558	TEND MYOSTIS BURSTIS WOMCC
559	AFTRCARE MUS CONN TIS WMCC
560	AFTCARE MUS CONN TISS W CC
561	AFTRCARE MUS CON TIS WO CC
563	FX SPN STN DIS EX LE WOMCC
564	OT MUS CONN TISS DX W MCC
565	OT MUS CONN TISS DX W CC
566	OT MUS CONN TISS DX WO CC
571	SKIN DEBRIDEMENT W CC
574	SG SKN ULC/CELLULIT W CC
579	OT SKN,SBQ BRS PX WMCC
580	OT SKIN,SBQ BRST PX W CC
581	SKIN SUBC BRST PX WO CC
584	BX BREAS & OT BRES PX WCC
592	SKIN ULCERS W MCC
593	SKIN ULCERS W CC
594	SKIN ULCERS W/O CC/MCC
596	MAJ SKIN DIS W/O MCC
597	MAL BREAST DIS W MCC
601	N-MAL BREAST DIS WO CCMCC
602	CELLULITIS W MCC
603	CELLULITIS W/O MCC
605	TRAM SKN, SUBQ, BST WO MC
606	MIN SKIN DIS W MCC
607	MIN SKIN DIS W/O MCC
617	AMP LOW LIMB W CC
621	OR PX FOR OBESITY WO CC
623	SKN GFT & DEBRIMT W CC
625	THYR/PARATHY PX W MCC
629	OT ENDO/METAB OR PX W CC
637	DIABETES W MCC
638	DIABETES W CC
639	DIABETES W/O CC/MCC
640	MS DIS NUT,META,ELEC W MC

641	MS DIS NUT/META/ELEC WOMCC
642	INBORN/OTH DIS OF METABOL
643	ENDO DIS W MCC
644	ENDO DIS W CC
645	ENDO DIS W/O CC/MCC
654	MAJ BLADDER PX W CC
655	MAJ BLADDER PX WO CC/MCC
658	KID/URE PX FOR NEOP WO CC
659	KIDNY URTER PX NO-CA W MCC
660	KIDNY URETER PX NO-CA W CC
661	KIDNY URETR PX NON-CA WOCC
667	PROSTATECTOMY WO CC/MCC
668	TRANSURETHRAL PX W MCC
669	TRANSURETHRAL PX W CC
670	TRANSURETHRAL PX WO CC/MCC
673	OTH KID/UT PX W MCC
674	OTH KID/UT PX W CC
683	RENAL FAILURE W CC
684	RENAL FAILURE W/O CC/MCC
686	KID/UT NEOP W MCC
687	KID/UT NEOP W CC
689	KIDNEY/UTI W MCC
690	KIDNEY/UTI WO MCC
694	URINARY STONES W/O MCC
695	KIDNEY URINARY S&S W MCC
696	KIDNEY URINARY S&S WOMCC
697	URETHRAL STRICTURE
698	OTH KID & UT DX W MCC
699	OTH KID & UT DX W CC
700	OTH KID & UT DX W/O CC
710	PENIS PX W/O CC/MCC
714	TRANS PROST WO CC/MCC
723	MALIG MALE REP SYS W CC
726	BPH WO MCC
727	INF MALE REPROD SYS W MCC
728	INF MALE REPROD SYS WO MCC
729	OTH MALE REPROD DX W CCMCC
742	UTER/ADNX PX NON MAL W CC
755	MAL FEM REPRO SYS W CC
758	INF FEM REPRO SYS W CC
759	INF FEM REPRO SYS WO CC
760	MENS/FEMAL REPRO DIS W CC
761	MENS/FEMAL REPRO DIS WO CC
776	PP & POST AB DX WO OR PX

808	MAJ HEMO/IMMO DX W MCC
809	MAJ HEMO/IMMO DX W CC
810	MAJ HEMO/IMMO DX WO CC/MCC
811	RBC DIS W MCC
812	RBC DIS W/O MCC
813	COAGULATION DISORDERS
814	RETICUL & IMMUN DIS W MCC
815	RETICUL & IMMUN DIS W CC
817	OTH ANTP DX W OR W MCC
818	OTH ANTP DX W OR W CC
819	OTH ANTP DX W OR WOCCMCC
820	LMPH/LEUK W OR PX W MCC
832	OTH ANTP DX WO OR W CC
840	LYMPH & NON AC LEUK W MCC
842	LYMPH & NON AC LEUK WO CC
843	OT MYELO DIS DIF NEOP WMCC
844	OT MYELO DIS DIF NEOP WCC
853	INF & PAR DIS OR PX W MCC
854	INF & PAR DIS OR PX W CC
856	POSTOP/TRAMA INF WOR W MCC
857	POSTOP/TRAMA INF WOR W CC
858	POSTOP/TRAMA INF WOR WO CC
862	POSTOP POST TRAM INF W MCC
863	POSTOP POST TRAUM INF WOCC
864	FEVER AND INFLAM COND
865	VIRAL ILLNESS W MCC
866	VIRAL ILLNESS W/O MCC
867	OTH INF/PARA DX W MCC
868	OTH INF/PARA DX W CC
870	SEPTI OR SEPSI W MV >96HRS
871	SEPTI/SEPS WO MV>96HR WMCC
872	SEPTI/SEPS WO MV >96 WO MC
880	AC ADJ REAC & PSY DYS
882	NEUROSES X DEPRESSIVE
884	ORGAN DIST & INTELL DISAB
894	ALC/DRUG ABUSE/DEP AMA
902	WND DEBRID INJ W CC
909	OT OR PX FOR INJ WO CC/MCC
913	TRAUMATIC INJURY W MCC
914	TRAUMATIC INJURY W/O MCC
915	ALLERGIC REAC W MCC
916	ALLERGIC REAC W/O MCC
917	POIS/TOX EFF OF DRUG W MCC
918	POIS/TOX EFF OF DRUG WO CC

919	COMPL OF TREAT W MCC
920	COMPL OF TREAT W CC
922	INJ/POIS/TOX EFCT DX W MCC
923	INJ/POIS/TOX EFT DX WO MCC
945	REHAB W CC/MCC
947	SIGNS & SYMPTOMS W MCC
948	SIGNS & SYMPTOMS W/O MCC
949	AFTERCARE W CC/MCC
950	AFTERCARE W/O CC/MCC
951	OT FACTS HEALTH STATUS
964	OTH MULT SIG TRAUMA CC
974	HIV W MJ REL COND W MCC
977	HIV W OR WO OTH RELAT COND
981	EXT OR PX UNREL PDX W MCC
982	EXT OR PX UNREL PDX W CC

Attachment 1C

Sumner Regional Medical Center Patient Transfer Agreements

Vendor (Other Party)	Department	Effective Date	Expiration Date	Description
Centennial Medical Center	Cardiology	7/30/2009	7/31/2021	
Concordia Nursing and Rehabilitation - Smith County	Administration	1/23/2019	8/25/2026	
Gallatin Health Care Associates	Administration	12/20/1993	12/19/2026	
Golden Living	Administration	6/1/2007	5/31/2026	
Green Surgery Center, LLC	Administration	10/26/1999	Evergreen	
Hartsville Convalescent Center	Administration	12/20/1993	12/19/2026	
Hendersonville Nursing Home, LTD.	Administration	3/16/1999	3/15/2027	
Highland Manor	Administration	11/21/1993	11/20/2026	
LifeTrust America, Inc	Administration	1/30/1998	1/29/2027	
LP Westmoreland, LLC	Nursing	4/26/2018	4/25/2027	
Madison Healthcare and Rehabilitation Center	Administration	9/1/1999	8/31/2026	
Middle Tennessee Rehab at Sumner	Administration	9/27/1994	9/26/2026	
NHC HealthCare-Sumner, LLC	Administration	1/24/2018	1/23/2021	
NHC of Hendersonville	Administration	12/20/1993	12/19/2026	
Patient Partners Surgery Center	Administration	9/1/2006	8/31/2026	
Phoenix Ambulatory Surgery Center, LLC	Administration	1/11/2018	Evergreen	
RAI Care Centers of Gallatin I, LLC	Administration	3/29/2010	3/28/2027	
Riverview Regional Medical Center	Administration	11/7/2011	9/18/2026	
Royal Care of Westmoreland	Administration	1/9/1995	1/8/2027	
Saint Thomas Health	Nursing	4/29/2019	4/28/2026	
Saint Thomas Health	Hospital Administration	6/13/2023	6/12/2026	Transfer center agreement for datafiles as needed for physician to physician calls
Saint Thomas Health	Hospital Administration	6/20/2024	6/19/2026	Transfer agreement for Highpoint Sumner, Highpoint Trousdale, and Highpoint Riverview
Summit Medical Center	Administration	10/18/1999	6/25/2026	
Trousdale Medical Center, LLC	Administration	7/1/2007	6/30/2027	
Vanderbilt University Medical Center	Administration	2/1/2000	1/31/2027	Interfacility pediatric transfer agreement
Vanderbilt University Medical Center	Nursing	12/1/2014	12/31/2027	

1C

PATIENT TRANSFER AGREEMENT

THIS PATIENT TRANSFER AGREEMENT (this "Agreement") is entered into effective 4/29/2019 ("Effective Date")by and between **Saint Thomas Health on behalf of its controlled Affiliates**, a Tennessee not for profit corporation ("Hospital") and **Sumner Regional Medical Center, LLC**, ("Transferor").

RECITALS:

A. Hospital and Transferor each operate health care entities located in Tennessee.

B. Saint Thomas Health is a health system which includes eight hospital campuses serving the Middle Tennessee area: Saint Thomas Midtown Hospital, Saint Thomas West Hospital, Saint Thomas Rutherford Hospital, Saint Thomas Hickman Hospital, Saint Thomas DeKalb Hospital, Saint Thomas Highlands Hospital, Saint Thomas River Park Hospital and Saint Thomas Stones River Hospital.

B. The parties desire to assure a continuity of care and appropriate medical treatment for the needs of each patient in their respective facilities, and have determined that, in the interest of patient care, the parties should enter into an agreement to provide for the transfer of patients from Transferor to Hospital on the terms and conditions set forth herein.

NOW THEREFORE, in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows.

1. Term and Termination.

(a) **Term.** This Agreement shall be effective on the date first written above and shall continue for a period of one (1) year, at which time it shall automatically renew for successive one (1) year periods, unless earlier terminated in accordance with the terms hereof.

(b) **Termination.** Either party may terminate this Agreement without cause upon thirty (30) days written notice to the other party. The Agreement may also be terminated at any time by mutual consent of both parties. Notwithstanding the termination of this Agreement, each party shall reasonably provide for the continuity of care to all patients who are involved in the transfer process at the time of the termination of this Agreement. This Agreement shall terminate immediately should the other party fail to maintain the licenses, certifications or accreditations, including Medicare certification, required to operate its facility as it is currently being operated

2. Transfer.

(a) Upon such time that a patient's physician determines that the patient needs to be transferred from Transferor to Hospital pursuant to Transferor's physician's order, Hospital agrees to admit the patient as promptly as possible and provide healthcare services as necessary, provided all conditions of eligibility are met. Transferor agrees to send the following with each patient at the time of transfer, or as soon thereafter as possible in emergency situations:

(i) an abstract of pertinent medical and other information necessary to continue the patient's treatment without interruption; and

(ii) essential identifying and administrative information.

(b) Transferor shall also perform the following:

(i) notify Hospital of the impending transfer;

(ii) receive confirmation that Hospital can accept the patient, and that a Hospital medical staff physician has done so;

(iii) obtain patient's consent to the transfer; and

(iv) arrange for the transportation of the patient, including mode of transportation and the provision of one or more health care practitioners as necessary.

3. Readmission of Patient

(a) When a patient has been transferred to Hospital from Transferor and is admitted and stabilized, but no longer requires specialized services or treatment only available at Hospital, Transferor agrees to accept the transfer of, and to readmit, the patient for further required hospitalization within 24-48 hours of such determination. In the event Transferor referring physician does not accept the patient, the Transferor's Chief of Medical Staff or other authorized representative shall facilitate identification of an appropriate accepting physician for the transfer. Only patients who are appropriate for transfer and who consent shall be transferred to Transferor.

4. Relationship of the Parties.

(a) The parties agree that the relationship between the parties is that of independent contractors and not partners or joint venturers.

(b)

(c) Nothing in this Agreement shall in any way affect the autonomy of either party. Each party shall have exclusive control of its management, assets and affairs. Neither party assumes any liability for the debts or obligations of the other party.

(d) Neither party shall be responsible, financially or otherwise, for the care and treatment of any patient while that patient is admitted to, or is under the care of, the other party's facility.

(e) Each party may contract or affiliate with other facilities during the term of this Agreement.

5. Patient Billing.

(a) The facility in which the patient is receiving services at the time that charges are incurred shall have the sole responsibility for billing and collecting such charges from the patient. Neither party shall assume any responsibility for the collection of any accounts receivables of the other party.

(b) **The following clause ONLY applies in the event Transferor is a Skilled Nursing Facility.** Hospital shall bill Transferor, and Transferor shall compensate Hospital, for all services

that are included in Medicare's Skilled Nursing Facility consolidated billing requirements ("Covered Services") provided to Facility patients who are Medicare beneficiaries at ___% of Hospital's charges as set forth in its charge master in effect at the time services are rendered. Hospital will submit invoices to Transferor within 45 days following the rendering of services. Transferor shall pay each invoice within 30 days of the date of invoice. Late payments shall bear interest at a rate equal to the maximum rate of interest allowed by law. Transferor shall have the sole authority to bill Medicare for the Covered Services, and Hospital will not bill Medicare for any Covered Service. Transferor's obligation to pay Hospital's invoices is not contingent upon Transferor's receipt of reimbursement from Medicare or any other payor or party and will not be delayed if a claim is denied. However, Hospital will reasonably cooperate with Transferor in appealing a denial, but Hospital shall not be responsible for any costs associated with the appeal

6. EMTALA. The parties agree that any patient transfers made pursuant to this Agreement shall be in compliance with 42 U.S.C. § 1395dd. et seq. and any amendments thereto ("EMTALA"), EMTALA's implementing regulations, such other requirements as may be imposed by the Secretary of Health and Human Services, and any other applicable Federal or State patient transfer laws.

7. Indemnification. Transferor agrees to indemnify, defend and hold Hospital, its officers, trustees, employees and agents harmless, to the extent permitted by applicable law, from or against any loss, injury, damage or liability incurred by reason of any act or failure to act by Transferor, its officers, employees or agents in connection with the performance of this Agreement.

Hospital agrees to indemnify, defend and hold Transferor, its officers, employees and agents harmless, to the extent permitted by applicable law, from or against any loss, injury, damages or liability incurred by reason of any act or failure to act by Hospital, its officers, trustees, employees and agents in connection with the performance of this Agreement.

8. Insurance. Each party agrees to maintain insurance as will fully protect it from any and all claims, including malpractice, in amounts adequate to insure the party's perspective interest. A party may satisfy such requirement through a program of self-insurance or reinsurance. Upon the written request of Hospital, the Transferor shall provide Hospital with copies of the certificates of insurance and policy endorsements for all insurance coverage required by this agreement.

9. **Confidential Information.** Each party acknowledges that, as a result of its performance of its duties under this Agreement, it, its employees or agents may directly or indirectly receive medical information ("Patient Medical Information") regarding the other party's patients. Each party further acknowledges that Patient Medical Information is confidential pursuant to applicable State and federal law ("Applicable Privacy Laws"), including but not limited to, privacy standards imposed pursuant to the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Each party agrees, therefore, that any Patient Medical Information it, its employees or agents receive regarding the other party's patients shall be treated as confidential to the extent necessary to comply with Applicable Privacy Laws.

10. Compliance. In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967 and 1975 and the Americans with Disabilities Act of 1990, and Title VI of the Civil Rights Act of 1964 each party hereto will not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service, AIDS and AIDS related conditions in its administration of its policies, including admissions policies, employment, or program activities.

11. Record Availability. Transferor agrees that, until the expiration of four (4) years after the furnishing of any goods and services pursuant to this Agreement, it will make available, upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of this Agreement and any books, documents, records and other data of Transferor that are necessary to certify the nature and extent of the costs incurred by Hospital in purchasing such goods and services. If Transferor carries out any of its duties under this Agreement through a subcontract with a related organization involving a value or cost of ten thousand dollars ($10,000) or more over a twelve-month period, Transferor will cause such subcontract to contain a clause to the effect that, until the expiration of four (4) years after the furnishing of any good or service pursuant to said contract, the related organization will make available upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of this Agreement and any books, documents, records and other data of said related organization that are necessary to certify the nature and extent of costs incurred by Transferor for such goods or services. Transferor shall give Hospital notice immediately upon receipt of any request from the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives for disclosure of such information.

Transferor agrees to indemnify, defend and hold Hospital harmless from and against any loss, liability, judgment, penalty, fine, damages (including punitive and/or compounded damages), costs (including reasonable attorneys' fees and expenses) suffered or incurred by Hospital as a result of, in connection with, or arising from Transferor 's failure to comply with this Section 6.

12. Anti-Referral; Fraud & Abuse Provisions. Any remuneration exchanged between the parties shall at all times be commercially reasonable and represent fair market value for rendered services or purchased items. No remuneration exchanged between the parties shall be determined in a manner that takes into account (directly or indirectly) the volume or value of any referrals or any other business generated between the parties. Transferor does not have an indirect compensation arrangement with Hospital (as defined in the Stark II Regulations). Nothing contained herein requires the referral of any business between the parties.

13. Exclusion from Federal Health Care Programs. Transferor represents and warrants that it has not been nor is it about to be excluded from participation in any Federal Healthcare Program. Transferor agrees to notify Hospital within one (1) business day of Transferor's receipt of a notice of intent to exclude or actual notice of exclusion from any such program. The listing of Transferor or any Transferor-owned subsidiary on the Office of Inspector General's exclusion list (OIG website) or the General Services Administration's Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs (GSA website) for excluded individuals and entities shall constitute "exclusion" for purposes of this paragraph. In the event that Transferor is excluded from any Federal Healthcare Program, this Agreement shall immediately terminate. For the purposes of this paragraph, the term "Federal Healthcare Program" means the Medicare program, the Medicaid program, the Maternal and Child Health Services Block Grant program, the Block Grants for State for Social Services program, any state Children's Health Insurance program, or any similar program. Further, Transferor agrees to indemnify and hold Hospital harmless from and against any loss, liability, judgment, penalty, fine, damages (including punitive and/or compounded damages), costs (including reasonable attorneys' fees and expenses) incurred by Hospital as a result of Transferor's failure to notify the Hospital of its exclusion from any Federal Healthcare Program.

14. Ethical and Religious Directives. The parties acknowledge that the operations of Ascension Affiliate and its affiliates are in accordance with the Ethical and Religious Directives for Catholic Health Care Services, as promulgated by the United States Conference of Catholic Bishops, Washington, D.C., of the Roman Catholic Church or its successor (the "Directives") and the principles and beliefs of the Roman Catholic Church are a matter of conscience to Ascension Affiliate and their affiliates. The Directives are

located at http://www.usccb.org/about/doctrine/ethical-and-religious-directives/index.cfm. It is the intent and agreement of the parties that neither the Agreement nor any part hereof shall be construed to require Ascension Affiliate or its affiliates to violate the Directives in their operation and all parts of the Agreement must be interpreted in a manner that is consistent with the Directives.

15. Corporate Compliance. Hospital has in place a Corporate Responsibility Plan, which has as its goal to ensure that Hospital complies with federal, state and local laws and regulations. The plan focuses on risk management, the promotion of good corporate citizenship, including a commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Transferor acknowledges Hospital's commitment to corporate responsibility. Transferor agrees to conduct its business transactions with Hospital in accordance with the principles of good corporate citizenship and a high standard of ethical and legal business practices.

16. Miscellaneous.

(a) The parties agree to provide each other with information regarding the resources each has available and the type of patients or health conditions that each is able to accept.

(b) Neither party shall use the name of the other in any promotional or advertising material unless the other party has been given the opportunity to review the material and prior written approval for the material and its use has been obtained.

(c) This Agreement supersedes all prior agreements, whether written or oral, between the parties with respect to its subject matter and constitutes a complete and exclusive statement of the terms of the agreement between the parties with respect to its subject matter. This Agreement may not be amended, supplemented, or otherwise modified except by a written agreement executed by the party to be charged with the amendment.

(d) If any provision of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, the other provisions of this Agreement will remain in full force and effect. Any provision of this Agreement held invalid or unenforceable only in part or degree will remain in full force and effect to the extent not held invalid or unenforceable.

(e) This Agreement shall be governed by and construed and enforced in accordance with the laws and in the courts of the State where the Hospital is located.

(f) Hospital may assign this Agreement, without the consent of Transferor, to an entity that directly or indirectly controls, is controlled by, or is under common control with, Hospital. For the purposes of this paragraph, the terms "control" means, with respect to a person, the authority, directly or indirectly, to (i) act as controlling member, shareholder or partner or such person, (ii) appoint, elect or approve at least a majority of the individual members, shareholders or partners of such person, or (iii) appoint, elect or approve at least a majority of the governing body of such person. Except as set forth above, neither party may assign this Agreement or any obligation hereunder without first obtaining the written consent of the other party. Any attempted delegation or assigning in violation of this paragraph shall be null and void. Subject to the foregoing, this Agreement shall be binding on and inure to the benefit of the parties and their respective heirs, administrators, successors and permitted assigns. Nothing expressed or referred to in this Agreement will be construed to give any person other than the parties to this Agreement any legal or equitable right, remedy or claim under or with respect to this Agreement or any provision of this Agreement, except such rights as shall inure to a successor or permitted assignee pursuant to this paragraph.

(g) In the event that any legal action or other proceedings, including arbitration, is brought for the enforcement of this Agreement or because of an alleged dispute of breach, the prevailing party shall be awarded its costs of suit and reasonable attorney's fees.

(h) All notices, consents, waivers and other communications required or permitted by this Agreement shall be in writing and shall be deemed given to a party when (a) delivered to the appropriate address by hand or by nationally recognized overnight courier service (costs prepaid); or (b) received or rejected by the addressee, if sent by certified mail, return receipt requested, in each case to the following addresses and marked to the attention of the person (by name or title) designated below (or to such other address or person as a party may designate by notice to the other parties):

If to Hospital: Saint Thomas Health
102 Woodmont Blvd., Suite 800
Nashville, TN 37205

With a copy to: Ascension Southeast Legal Services
102 Woodmont Blvd., Suite 600
Nashville, TN 37205

If to Transferor: Sumner Regional Medical Center, LLC
555 Hartsville Pike
Gallatin, TN 37066

(i) The headings of the various sections of this Agreement are inserted merely for convenience and do not expressly or by implication limit, define or extend the specific terms of the sections so designated. Any rule of construction or interpretation otherwise requiring this Agreement to be construed or interpreted against any party shall not apply to any construction or interpretation hereof.

(j) This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same agreement. The exchange of copies of this Agreement and of signature pages by facsimile transmission shall constitute effective execution and delivery of this Agreement as to the parties and may be used in lieu of the original Agreement for all purposes. Signatures of the parties transmitted by facsimile shall be deemed to be their original signatures for all purposes.

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have executed this Patient Transfer Agreement as of the date first above written.

HOSPITAL:

SAINT THOMAS MIDTOWN HOSPITAL
SAINT THOMAS WEST HOSPITAL
SAINT THOMAS RUTHERFORD HOSPITAL
SAINT THOMAS HICKMAN HOSPITAL
SAINT THOMAS DEKALB HOSPITAL
SAINT THOMA HIGHLANDS HOSPITAL
SAINT THOMAS RIVER PARK HOSPITAL
SAINT THOMAS STONES RIVER HOSPITAL
BY: SAINT THOMAS HEALTH, their parent

DocuSigned by:
By: Michelle Robertson
Name: Michelle Robertson
Title: Chief Operating Officer
Date: 4/29/2019

TRANSFEROR:

Sumner Regional Medical Center, LLC

By:
Name: PAT BOLANDER
Title: CFO
Date: 4/26/19

Attachment 2C

Highpoint Sumner
Contracted Group Healthplans and Networks

Aetna
Elect Choice
Choice Point of Service
HMO
Open Choice PPO
Open Access
PPO
Meritain
Vanderbilt

Blue Cross
Network S
Network P
Out of State

Cigna
Allied Cigna
HMO
Open Access
Open Access Plus
Local Plus
Oscar
PPO

Greatwest Life
HMO
PPO

Exchange Plans
Ambetter
Ascension
Blue Cross PPO
Blue Cross Select
Humana
Oscar

Medicare Advantage Plans
AARP MC Complete
Aetna HMO
Aetna PPO
Blue Care HMO
Blue Care PPO
Blue Care Plus
Cigna
Devoted
Farm Bureau
Humana Choice HMO
Humana Choice PPO
Humana Gold Plus
UHC Complete Care
UHC Community Plan
UHC Dual Complete
UHC PPO
Wellcare Cenetene
Wellpoint

Tenncare
Blue Care
Select
United Healthcare
Wellpoint
BC Cover Kids
UHC Cover kids

United Healthcare
Choice Plus
Golden Rule
Navigate
Options PPO
Oxford
River Valley
Surest

United Medical Resources
Great West
The TN Plan
United Healthcare Choice

Multiplan
PHCS
Provider Network of America
Signature Health Alliance

Attachment 8C

SRMC Standard Gross Charges for DRGs to be Treated at Sumner Station

DRG	Charge	DRG	Charge	DRG	Charge
30	N/A	166	$97,880.03	299	$43,228.74
41	$140,124.25	175	$52,579.85	300	$45.00
52	N/A	176	$37,203.84	301	$30,569.79
54	$40,091.83	177	$41,595.83	302	$76,374.90
55	$57,955.35	178	$48,284.86	303	$24,818.31
56	$75,833.40	179	$39,518.85	304	$45,593.96
57	$53,290.41	180	$49,516.54	305	$37,442.15
65	$57,342.82	181	$22,120.20	306	$35,296.86
69	$49,285.26	184	$45,212.65	308	$50,040.47
70	$58,361.81	185	$56,631.99	309	$27,924.93
71	$49,490.31	186	$121,295.83	310	$22,003.12
73	$25,634.59	187	$85,751.97	311	$31,563.87
74	$49,140.38	189	$38,406.56	312	$41,775.61
77	$88,214.08	190	$60,421.77	313	$34,377.63
78	$38,619.00	191	$32,138.05	314	$52,579.42
79	$36,293.43	192	$56,181.96	315	$36,812.47
80	$383,681.95	193	$52,992.60	316	$23,676.85
81	$30,861.99	194	$42,706.80	326	$92,466.60
82	$130,650.76	195	$38,466.10	327	$129,393.76
83	$50,847.02	196	$118,081.96	328	$148,448.45
84	$33,335.82	197	N/A	329	$115,896.86
85	$67,668.55	199	$44,826.10	330	$96,155.82
86	$56,360.04	200	$4,435.00	331	$84,364.17
87	$24,326.35	201	$58,224.55	342	$1,480.09
88	$90,737.85	202	$40,035.21	344	$266,000.86
90	$37,251.36	203	$23,616.87	345	$42,326.85
91	$66,038.87	204	$34,190.00	348	$49,471.69
92	$36,140.54	205	$108,384.32	351	N/A
93	$27,953.73	206	$3,331.00	353	$391,571.54
94	$110,278.05	207	$320,160.02	354	$111,030.24
95	$98,056.86	208	$181,594.00	355	$55,258.00
97	N/A	239	$237,121.14	356	$258,548.18
98	N/A	242	$162,234.90	357	N/A
100	$78,963.64	252	$140,694.12	358	$68,777.22
101	$26,619.54	253	$138,046.51	368	$36,220.78
103	$32,329.55	260	$334.24	369	$50,625.62
123	$56,389.10	264	$124,518.47	370	$609.96
138	$35,447.30	270	$120.94	371	$52,599.52
149	$43,069.99	271	$138,885.37	372	$49,263.41
150	$33,413.52	281	$54,011.72	373	$39,181.09
151	N/A	282	$43,563.58	374	$106,041.74
152	$69,018.78	283	$58,791.99	375	$17,271.03
153	$31,288.48	286	$82,646.04	377	$54,853.25
154	$135,935.55	287	$54,135.02	378	$48,978.51
155	$33,777.81	291	$44,650.69	379	$33,003.38
156	$25,154.54	292	$14,845.70	380	$86,434.50
157	$36,744.81	293	$22,423.90	381	$49,394.15
158	$23,980.18	295	N/A	382	$30,838.38
159	$16,884.03	296	$41,857.13	383	$42,911.89

Source: SRMC's public chargemaster, available at https://www.highpointhealthsystem.com/hospital-charges-listing.

SRMC Standard Gross Charges for DRGs to be Treated at Sumner Station

DRG	Charge	DRG	Charge	DRG	Charge
384	$26,096.39	494	$82,314.75	594	$51,882.22
385	$49,091.51	497	$201,595.53	596	$29,343.31
386	$39,839.03	501	$70,665.98	597	$30,052.90
387	$22,044.57	504	$42,341.21	601	$33,052.02
388	$99,091.43	505	$50,475.47	602	$79,632.79
389	$27,005.52	507	$195,375.44	603	$28,061.43
390	$296.75	510	$113,541.54	605	$36,368.14
391	$38,588.69	511	N/A	606	$34,593.06
392	$32,741.86	512	$61,445.52	607	$21,723.20
393	$60,774.99	513	$61,733.26	617	$57,272.05
394	$35,090.31	514	$70,089.63	621	$114,562.82
395	$27,993.01	517	$64,149.49	623	$54,390.29
397	$83,317.29	521	$165,140.90	625	$110,519.52
398	$70,053.11	522	$99,022.50	629	$105,069.41
399	$53,290.52	533	$44,765.13	637	$81.65
415	N/A	534	$45,362.99	638	$34,453.06
417	$136,750.93	535	$54,054.46	639	$37,369.82
418	$101,951.19	536	$39,687.14	640	$63,752.69
419	$79,413.45	539	$45,576.03	641	$32,980.27
432	$48,179.90	540	$51,877.63	642	$20,383.13
433	$48,306.83	541	$17,009.90	643	$81,924.90
435	$35,099.59	543	$78,837.87	644	$27,959.75
436	$26,486.17	545	$68,349.35	645	$65,475.96
437	$4,655.74	546	$51,187.65	654	$203,550.13
438	$39,789.84	548	N/A	655	$122,700.71
439	$37,839.53	549	$104,680.01	658	$59,711.32
440	$0.01	551	$139,086.65	659	$116,094.91
441	$56,894.47	552	$30,551.97	660	$38,955.71
442	$45,378.73	553	$50,085.99	661	$41,408.74
443	$29,486.90	554	$44,622.33	667	$66,824.27
444	$175,319.93	555	$62,072.41	668	$162,474.63
445	$36,980.28	556	$34,128.79	669	$62,836.19
446	$29,223.77	557	$30,409.25	670	$61,806.83
455	$178,331.27	558	$32,066.85	673	$134,086.25
462	N/A	559	$128,878.60	674	$121,188.65
463	$183,540.13	560	$60,876.67	683	$22,035.28
466	$97,672.78	561	$45,216.67	684	$37,207.20
467	$159,863.71	563	$31,396.44	686	$129,321.00
469	$184,556.11	564	$59,904.55	687	$89,507.93
472	$125,291.68	565	$46,311.11	689	$25,887.99
474	$76,899.72	566	$47,036.03	690	$33,071.77
477	$118,614.07	571	$37,618.38	694	$22,263.59
478	$105,644.33	574	$219,780.78	695	$44,100.49
480	$5,136.70	579	$124,514.89	696	$23,070.98
481	$5,136.70	580	$71,830.45	697	$90,726.45
482	$66,163.55	581	$61,460.33	698	$58,181.53
485	N/A	584	N/A	699	$41,984.07
492	$188,062.12	592	$94,975.65	700	$30,805.19
493	$99,745.42	593	$46,044.29	710	$1,345.15

Source: SRMC's public chargemaster, available at https://www.highpointhealthsystem.com/hospital-charges-listing.

SRMC Standard Gross Charges for DRGs to be Treated at Sumner Station

DRG	Charge	DRG	Charge
714	$23,142.82	902	$95,616.40
723	$21,947.00	909	N/A
726	$28,597.65	913	$57,925.71
727	$97,600.49	914	$21,737.24
728	$13,429.05	915	$356,460.09
729	N/A	916	$11,244.21
742	$72,123.21	917	$58,649.75
755	$50,524.76	918	$33,389.71
758	$45,641.91	919	$15,953.59
759	$21,142.72	920	$658.00
760	$23,536.63	922	$74,768.74
761	$4,994.00	923	$54,952.59
776	$14,576.77	945	$46,811.51
808	$52,324.46	947	$83,700.77
809	$78,710.35	948	$287.60
810	$41,362.24	949	$17,761.35
811	$77,474.39	950	N/A
812	$26,885.34	951	$5,981.45
813	$57,140.55	964	$4.67
814	$15,650.74	974	N/A
815	$46,455.90	977	$59,745.75
817	$68,536.32	981	$95.81
818	$38,307.37	982	$90,486.18
819	$19,142.66		
820	$101.25		
832	$17,632.28		
840	$475.40		
842	$5,878.06		
843	$74,452.70		
844	$32,540.03		
853	$110,918.08		
854	$55,056.43		
856	$255,867.13		
857	$64,060.30		
858	$61,209.93		
862	$53,940.42		
863	$36,090.21		
864	$41,071.98		
865	$40,323.97		
866	$43,396.12		
867	$132,143.81		
868	$17,449.88		
870	$170,019.47		
871	$66,491.22		
872	$36,607.55		
880	$948.71		
882	$72,008.03		
884	$14,995.56		
894	$19,393.33		

Source: SRMC's public chargemaster, available at https://www.highpointhealthsystem.com/hospital-charges-listing.

Attachment 3Q

License No. 116
No. Beds 167

State of Tennessee

Health Facilities Commission

Board for Licensing Health Care Facilities

This is to certify that a license is hereby granted by the Health Facilities Commission to SUMNER REGIONAL MEDICAL CENTER, LLC to conduct and maintain an Hospital
HIGHPOINT HEALTH-SUMNER WITH ASCENSION SAINT THOMAS
Located at 555 HARTSVILLE PIKE, GALLATIN TN 37066
County of SUMNER, TENNESSEE.

228

The license shall expire June 25, 2025 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 27th day June, 2024.

HFC

GENERAL HOSPITAL
PEDIATRIC GENERAL HOSPITAL
STEMI-REFERRING CENTER
STROKE RELATED-PRIMARY
TRAUMA CENTER LEVEL 3

By Caroline R. Ogren, FSA, C.H.C.
Director, Licensure & Regulation

By
Executive Director

The Joint Commission

January 8, 2025

Rod Harkleroad
CEO
Sumner Regional Medical Center, LLC
555 Hartsville Pike ,
Gallatin, TN 37066

Joint Commission ID #: 7832
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 12/21/2024

Dear Mr. Harkleroad:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

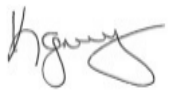
This accreditation cycle is effective beginning October 19, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,



Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

Acute Care Bed Need Projections and Bed Complement Data

ACUTE-CARE BED NEED PROJECTIONS FOR 2026 AND 2030, BASED ON FINAL 2024 HOSPITAL JARS

COUNTY	2024		CURRENT	SERVICE AREA POPULATION			PROJECTED LIC BEDS		PROJECTED STAFF BEDS		2024 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC	NEED	2024	2026	2030	ADC-2026	NEED-2026	ADC-2030	NEED-2030	LICENSED	STAFFED	LICENSED	STAFFED
Anderson	45,448	125	156	77,043	77,639	78,435	125	157	127	158	283	176	-125	-18
Beford	5,246	14	23	12,336	12,648	13,267	15	24	15	25	60	24	-35	1
Benton	807	2	6	1,085	1,077	1,055	2	6	2	6	25	15	-19	-9
Bledsoe	1,953	5	11	1,519	1,546	1,593	5	11	6	11	25	25	-14	-14
Blount	35,952	99	123	86,577	88,183	90,865	100	125	103	129	304	146	-175	-17
Bradley	45,400	124	156	86,383	87,786	90,152	126	158	130	162	351	182	-189	-20
Campbell	11,663	32	45	12,647	12,589	12,427	32	45	31	45	66	44	-21	1
Cannon	7,954	22	33	3,119	3,158	3,219	22	33	22	34	60	36	-26	-2
Carroll	4,611	13	21	8,456	8,450	8,407	13	21	13	21	70	35	-49	-14
Carter	12,249	34	47	21,800	21,692	21,406	33	47	33	46	121	53	-75	-7
Cheatham	.	.	.	.	.	.	.	.	.	.	0	0	.	.
Chester	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Claiborne	3,821	11	18	9,748	9,733	9,658	10	18	10	18	85	26	-67	-8
Clay	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cocke	8,444	23	34	19,094	19,317	19,602	23	35	24	35	74	37	-39	-2
Coffee	21,003	58	75	47,836	48,733	50,405	59	76	61	79	184	115	-105	-36
Crockett	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cumberland	19,199	53	69	44,407	45,170	46,235	54	71	55	72	189	94	-117	-22
Davidson	987,335	2,705	3,381	1,717,203	1,760,322	1,844,959	2,773	3,466	2,906	3,633	4,096	3,493	-463	140
Decatur	.	.	.	.	.	.	.	.	.	.	.	.	.	.
DeKalb	1,465	4	9	2,794	2,850	2,943	4	9	4	9	71	12	-62	-3
Dickson	33,340	91	114	62,628	63,692	65,531	93	116	96	119	158	130	-39	-11
Dyer	11,917	33	46	24,442	24,217	23,709	32	46	32	45	225	115	-180	-70
Fayette	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Fentress	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Franklin	16,245	45	60	31,452	31,774	32,266	45	61	46	61	152	146	-91	-85
Gibson	1,677	5	10	3,472	3,491	3,522	5	10	5	10	70	25	-60	-15
Giles	6,708	18	28	10,046	10,088	10,154	18	28	19	29	95	40	-66	-11
Grainger	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Greene	19,398	53	70	39,147	39,494	39,827	54	71	54	71	140	85	-69	-14
Grundy	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hamblen	35,251	97	121	69,273	69,921	70,846	98	122	99	123	167	123	-44	0
Hamilton	350,247	960	1,200	660,913	672,654	694,223	977	1,221	1,008	1,260	1,682	1,381	-422	-121
Hancock	245	1	3	599	596	586	1	3	1	3	10	7	-7	-4
Hardeman	279	1	3	544	536	521	1	3	1	3	25	17	-22	-14
Hardin	4,788	13	22	16,965	17,026	17,053	13	22	13	22	58	20	-36	2
Hawkins	787	2	6	2,443	2,451	2,449	2	6	2	6	50	5	-44	1
Haywood	1,163	3	7	2,555	2,522	2,445	3	7	3	7	9	9	-2	-2
Henderson	2,928	8	15	7,088	7,084	7,046	8	15	8	15	45	29	-30	-14

ACUTE-CARE BED NEED PROJECTIONS FOR 2026 AND 2030, BASED ON FINAL 2024 HOSPITAL JARS

COUNTY	2024		CURRENT	SERVICE AREA POPULATION			PROJECTED LIC BEDS		PROJECTED STAFF BEDS		2024 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC	NEED	2024	2026	2030	ADC-2026	NEED-2026	ADC-2030	NEED-2030	LICENSED	STAFFED	LICENSED	STAFFED
Henry	9,658	27	38	19,653	19,636	19,520	26	38	26	38	142	55	-104	-17
Hickman	1,306	4	8	546	550	554	4	8	4	8	25	8	-17	0
Houston	239	1	3	681	681	677	1	3	1	3	25	13	-22	-10
Humphreys	2,918	8	15	2,532	2,554	2,582	8	15	8	15	25	14	-10	1
Jackson	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Jefferson	7,662	21	32	15,914	16,163	16,509	21	32	22	33	58	56	-25	-23
Johnson	61	0	1	311	310	305	0	1	0	1	2	2	-1	-1
Knox	464,219	1,272	1,590	937,878	952,083	976,414	1,291	1,614	1,324	1,655	1,946	1,748	-291	-93
Lake	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lauderdale	702	2	5	1,409	1,383	1,327	2	5	2	5	15	10	-10	-5
Lawrence	7,528	21	31	17,896	18,078	18,386	21	31	21	32	99	40	-67	-8
Lewis	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lincoln	3,941	11	18	14,042	14,177	14,401	11	19	11	19	49	34	-30	-15
Loudon	8,432	23	34	17,104	17,667	18,505	24	35	25	37	50	30	-13	7
McMinn	12,585	35	48	18,905	19,130	19,443	35	49	35	49	190	81	-141	-32
McNairy	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Macon	3,119	9	15	5,541	5,687	5,962	9	16	9	16	25	25	-9	-9
Madison	150,714	413	516	281,678	280,905	278,424	412	515	408	510	771	588	-261	-78
Marion	2,528	7	13	677	679	679	7	13	7	13	70	0	-57	13
Marshall	1,933	5	11	2,147	2,214	2,330	5	11	6	11	25	12	-14	-1
Maury	47,110	129	161	118,808	122,174	128,508	133	166	140	175	255	208	-80	-33
Meigs	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Monroe	12,520	34	48	20,346	20,664	21,080	35	49	36	49	59	63	-10	-14
Montgomery	47,444	130	163	140,589	146,377	157,922	135	169	146	183	270	237	-87	-54
Moore	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Morgan	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Obion	8,063	22	33	26,467	26,309	25,909	22	33	22	32	137	63	-105	-31
Overton	10,540	29	41	16,839	16,946	17,068	29	42	29	42	114	76	-72	-34
Perry	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pickett	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Polk	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Putnam	63,698	175	218	116,282	118,114	121,037	177	222	182	227	269	244	-42	-17
Rhea	3,073	8	15	5,825	5,850	5,879	8	15	8	15	25	25	-10	-10
Roane	10,365	28	41	19,781	19,840	19,823	28	41	28	41	54	52	-13	-11
Robertson	11,608	32	45	24,974	25,514	26,539	32	46	34	47	109	76	-62	-29
Rutherford	192,592	528	660	393,810	409,162	438,259	548	685	587	734	736	651	-2	83
Scott	1,398	4	8	3,478	3,470	3,440	4	8	4	8	25	12	-17	-4
Sequatchie	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sevier	15,796	43	59	39,150	39,665	40,582	44	59	45	60	79	79	-19	-19
Shelby	806,344	2,209	2,762	1,176,735	1,173,278	1,165,917	2,203	2,753	2,189	2,736	4,179	3,089	-1,443	-353

ACUTE-CARE BED NEED PROJECTIONS FOR 2026 AND 2030, BASED ON FINAL 2024 HOSPITAL JARS

COUNTY	2024		CURRENT	SERVICE AREA POPULATION			PROJECTED LIC BEDS		PROJECTED STAFF BEDS		2024 ACTUAL BEDS		SHORTAGE/SURPLUS	
	INPATIENT DAYS	ADC	NEED	2024	2026	2030	ADC-2026	NEED-2026	ADC-2030	NEED-2030	LICENSED	STAFFED	LICENSED	STAFFED
Smith	4,974	14	22	8,046	8,123	8,247	14	22	14	23	35	32	-12	-9
Stewart	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sullivan	146,595	402	502	261,246	264,375	269,422	406	508	414	518	1,021	556	-503	-38
Sumner	72,554	199	249	169,456	175,046	185,182	205	257	217	272	326	263	-54	9
Tipton	4,225	12	20	15,245	15,217	15,071	12	20	11	19	100	36	-81	-17
Trousdale	1,171	3	7	1,012	1,031	1,064	3	7	3	8	25	11	-17	-3
Unicoi	1,967	5	11	3,770	3,754	3,706	5	11	5	11	10	7	1	4
Union	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Van Buren	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Warren	10,541	29	41	19,521	19,757	20,127	29	42	30	43	125	52	-82	-9
Washington	159,041	436	545		255,660	258,783	440	550	445	557	581	550	-24	7
Wayne	2,521	7	13	4,124	4,085	3,998	7	13	7	13	25	18	-12	-5
Weakley	3,374	9	16	11,083	10,991	10,783	9	16	9	16	100	22	-84	-6
White	5,004	14	22	4,088	4,135	4,214	14	23	14	23	60	26	-37	-3
Williamson	34,131	94	117	133,422	138,666	149,138	97	121	105	131	337	337	-206	-206
Wilson	24,643	68	87	59,538	62,058	66,718	70	90	76	96	170	119	-74	-23

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. *Nov 5 2025*

Hospital Data from Final JAR-Hospitals Schedules F and G.
Projections and estimates for TN border states obtained from those respective states.

TN Projections Source: Boyd Center for Business and Economic Research, University of Tennessee, Knoxville
Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment
Note: Totals may not match due to rounding. *(TN_CoPopProj_2023 series)*

Attachment – Bed Complement Data

	Current Licensed	Beds Staffed	Beds Proposed	*Beds Approved	**Beds Exempted	TOTAL Beds at Completion
1) Medical	102***	84***	24			126***
2) Surgical						
3) ICU/CCU	18	14	4			22
4) Obstetrical	23	10				23
5) NICU						
6) Pediatric						
7) Adult Psychiatric						
8) Geriatric Psychiatric	12	12				12
9) Child/Adolescent Psychiatric						
10) Rehabilitation	12	10				12
11) Adult Chemical Dependency						
12) Child/Adolescent Chemical Dependency						
13) Long-Term Care Hospital						
14) Swing Beds						
15) Nursing Home – SNF (Medicare only)						
16) Nursing Home – NF (Medicaid only)						
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)						
18) Nursing Home – Licensed (non-certified)						
19) ICF/IID						
20) Residential Hospice						
TOTAL	167	130	28			195

**Beds approved but not yet in service* ***Beds exempted under 10% per 3 year provision*

***Note: SRMC does not distinguish medical from surgical beds.*

Project Name : Sumner Regional Medical Center, LLC

Supplemental Round Name : 1 **Due Date :** 5/12/2026
Certificate No. : CN2604-010 **Submitted Date :** 5/6/2026

1. **9A. Legal Interest in the Site**

The amount of the lease is not specified in Attachment 9A or listed in the Project Cost Chart. Please identify the lease costs for Sumner Regional Medical Center.

Response : The lease expense for the facility is not related to the proposed project and is therefore not included in the Project Cost Chart. SRMC has leased this space and will continue to lease this space at the same total cost, regardless of the outcome of this project. Should the project be approved, the leased space will be used as outlined in the floor plans. Should the project be denied, SRMC will continue to lease the space for ongoing operations of the Sumner Station campus of SRMC.

2. **1E. Overview**

When did the current ownership structure commence?

Will the new facility be used to decompress specific types of cases, i.e. patients with lower acuity levels, or those requiring specific specialty care?

Will diagnostic and/or therapeutic electrophysiological studies and peripheral vascular catheterization be performed in the cardiac catheterization lab?

Response : The current ownership structure commenced on December 1, 2024.

Will the new facility be used to decompress specific types of cases, i.e. patients with lower acuity levels, or those requiring specific specialty care?

Sumner Station will treat all clinically appropriate patients who arrive through the ED, by referral from their physicians, or for scheduled surgical or cath lab procedures. Similarly, all clinically appropriate patients who present at the SRMC main campus will continue to receive treatment at that location.

The applicant expects the following types of patients may choose to receive care at Sumner Station rather than the SRMC main campus, once this project is approved:

- Clinically appropriate patients who live or work closer to Sumner Station than SRMC (see DRG list in Attachment 6N-2)

- Pediatric patients who live in the larger six-county pediatric service area (Sumner, Trousdale, Robertson, Wilson, Trousdale and Macon counties)

Will diagnostic and/or therapeutic electrophysiological studies and peripheral vascular catheterization be performed in the cardiac catheterization lab?

Peripheral vascular procedures are expected to be performed in the cardiac catheterization laboratory in the initial project years, as needed based on patients' clinical requirements. While electrophysiological studies may be performed in the future, they are not expected to be performed at Sumner Station in the initial years of the proposed project.

3. **2E. Rationale for Approval**

Will the new facility support labor and delivery?

Where are pediatric inpatients being referred to currently?

Will the proposed pediatric inpatient unit pursue or require any specific licensing, certification or accreditation?

Please provide sourcing for the BCBS data cited on Page 10.

Response : Will the new facility support labor and delivery?

No.

Where are pediatric inpatients being referred to currently?

Outside of the small volume treated at SRMC, most are referred to Vanderbilt University Medical Center.

Will the proposed pediatric inpatient unit pursue or require any specific licensing, certification or accreditation?

No. The Sumner Station emergency department medical staff currently has Pediatric Basic Certification through the American Board of Pediatrics and will maintain that Certification. SRMC and therefore Sumner Station is accredited through The Joint Commission, which does not have a pediatric accreditation.

Please provide sourcing for the BCBS data cited on Page 10.

This information was provided by BlueCross BlueShield of Tennessee's Principal of Provider Networks and Contracting via email on April 29, 2026.

4. **3N. Demographics**

Please use the Boyd Center data for the Sumner County and State of Tennessee population data for 2026 & 2030 for the adult population projections and for all county and statewide level data for the pediatric population projections. Boyd Center Population Projections | Tennessee State Data Center

Please use the Census Quick Fact site for the county and state level percentage of persons below poverty level.

U.S. Census Bureau QuickFacts: United States

Please update the TennCare Enrollee % based on the updated 2026 population data for both adult and pediatric populations.

Response : Please see the Revised Attachment 3N.

5. **4E. Project Cost Chart**

Please list any facility lease costs in the Project Cost Chart.

Response : The lease expense for the facility is not related to the proposed project and is therefore not included in the Project Cost Chart. SRMC has leased this space and will continue to lease this space at the same total cost, regardless of the outcome of this project. Should the project be approved, the leased space will be used as outlined in the floor plans. Should the project be denied, SRMC will continue to lease the space for ongoing operations of the Sumner Station campus of SRMC.

6. **4N. Special Needs of Service Area**

Response : See the response to Question 4N provided on the portal (page 15 of the application).

7. **5N. Unimplemented services**

Please revise the following data for the SRMC and TriStar Hendersonville historical utilization tables:

2024 Bed Days available for both facilities should be based on 366 days. Please revise bed days available and occupancy accordingly.

2022 IP Days for TriStar Hendersonville

Response : The response to Question 5N on the application form was revised in keeping with the instructions above.

8. **7N. Outstanding CoN**

Please list only outstanding CONs in response to Item 7N and provide a status update on each outstanding project.

Response : Item 7N has been revised in accordance with the instructions above.

9. **3C. Effects of Competition and/or Duplication**

What are the differences between the pediatric inpatient units in Davidson and Rutherford County, and the unit proposed by the applicant?

What is the utilization at the existing ICU at SRMC. How will this ICU capacity expansion reduce outmigration of patients in the service area, i.e. how many patients will this added capacity enable to applicant to retain closer to home for ICU care?

Response : What are the differences between the pediatric inpatient units in Davidson and Rutherford County, and the unit proposed by the applicant?

The existing pediatric units in Davidson and Rutherford counties are tertiary pediatric centers that provide open heart surgery and other specialized services. The proposed pediatric unit will provide lower-acuity pediatric services for patients whose clinical needs allow them to remain in the community. These patients do not require specialty, high-acuity care. As noted in the projected utilization, Sumner Station expects to serve pediatric patients with a lower average length of stay and within a DRG set.

What is the utilization at the existing ICU at SRMC. How will this ICU capacity expansion reduce outmigration of patients in the service area, i.e. how many patients will this added capacity enable the applicant to retain closer to home for ICU care?

SRMC's 2024 Joint Annual Report shows 4,364 patient days on the 18-bed ICU. This equates to 66.4% occupancy on the ICU beds.

The proposed project includes 4 ICU beds, which can provide up to 1,460 days of care. Lengths of stay for ICU patients are difficult to predict. While some patients stay longer in the ICU, others are stabilized and can return to a general medical/surgical bed. Therefore, it is difficult to predict the exact number of patients Sumner Station will serve in its ICU. As a whole, this project is designed and equipped to allow patients to receive acute care (both medical/surgical and ICU) closer to their homes in Sumner County.

10. **5C. License/Certification**

Please discuss how Trauma Care Level III designation will be extended to the new hospital? Will there be any difference in the two facilities in terms of staffing, equipment, surgical capacity as it relates to Trauma Center designation?

Response : The emergency department (ED) will continue to provide all six levels of ED care, including trauma care, and will treat both pediatric and adult patients. The Sumner Station ED is accredited through The Joint Commission as an Acute Stroke Ready facility. The Sumner Station ED will be staffed with board-certified and board-eligible emergency care physicians who will belong to the medical staff of SRMC.

The Trauma Level III designation would not be extended to Sumner Station. Any patients requiring this level of care will be stabilized and then transferred to the appropriate trauma center for care.

11. **6C. Historical/Projected Data Chart**

Please explain inclusion of outpatient services with emergency services in the Historical Data Chart.

Response : The Historical Data Chart includes the revenue amounts for all outpatient visits to Sumner Station, not just emergency department visits. In addition to the ED visits shown in the table, there were 39,015 outpatient visits to Sumner Station in 2024 and 35,921 in 2023 (exclusive of emergency department visits.

12. **7C. Calculated Project Charges**

Please discuss the projected increase in gross charges per adjusted patient day in Years 1 & 2 over historical charges.

Response : The gross charges in future years reflect a change in the overall patient mix, particularly for the project only. Currently, Sumner Station provides outpatient emergency department care and outpatient imaging, physical therapy, speech therapy, occupational therapy, medical oncology and radiation therapy. After the completion of the project, Sumner Station will also provide inpatient acute care services, surgical services, and cardiac catheterization services, all of which typically have higher gross charges than the complement of services currently provided at Sumner Station. Therefore, the gross

charges per adjusted inpatient day will be higher when Sumner Station begins providing care that requires more resources. As the mix of patients changes at Sumner Station, so does the mix of patients on the SRMC license (total facility).

In addition, SRMC increases its gross charges at the beginning of each year, which is a standard practice for acute care providers.

13. **10C. Project Only Payor Mix**

Please list the payors included with the "Other" row in the Projected Payor Mix Chart.

Response : The "Other" row includes BlueCross BlueShield and Workers' Compensation. The table has been updated.

14. **1N. Criteria and Standards**

Attachment 1N, Construction and Renovation, Criterion #1

Please confirm whether Livingston Regional Hospital also shares common ownership with the applicant.

What data is available on the migration patterns for pediatric inpatients in the proposed pediatric service area? Which hospitals are pediatric patients traveling to for inpatient care from each county?

Where is the applicant currently referring pediatric patients at the acuity level that it is proposing to serve?

Page 8 - How many of the ED visit patients from the adult service area ZIP Code were referred to inpatient care at the host hospital vs. other acute care hospitals in CY2025?

Page 16 - Please provide a source for the patient satisfaction data referenced.

Page 25 - How many of the ED visit patients from the pediatric service area counties were referred to inpatient care at the host hospital vs. other acute care hospitals in CY2025?

Page 32 - What types of surgeries will the two operating rooms be equipped to handle? Will there be any differences with the host hospital?

Response : Please confirm whether Livingston Regional Hospital also shares common ownership with the applicant.

Livingston Regional Hospital does not share common ownership with the applicant.

What data is available on the migration patterns for pediatric inpatients in the proposed pediatric service area? Which hospitals are pediatric patients traveling to for inpatient care from each county?

The majority of patients are travelling to Vanderbilt University Hospitals. The table below utilizes THA data for calendar year 2025 and excludes patients with psychiatric or substance use disorder conditions, as well as all babies (normal newborns and NICU) and labor and delivery. This data is limited to residents of the six-county service area.

Facility	Macon	Robertson	Smith	Sumner	Trousdale	Wilson	Total
Vanderbilt University Hospitals	58	226	46	429	32	405	1,196
Tristar Centennial Medical Center	4	27	18	50	1	32	132
Skyline Medical Center		2		5		1	8
Le Bonheur Childrens Hospital				1		3	4
Erlanger Health System				2		2	4
University Medical Center						3	3
Vanderbilt Stallworth Rehabilitation Hospital				1		2	3
Macon County General Hospital	3						3
Riverview Regional Medical Center South			2				2
East Tennessee Childrens Hospital	1					1	2
Tristar Summit Medical Center			2				2
Saint Thomas Midtown Hospital				1			1
Williamson Medical Center		1					1
Tristar Hendersonville Medical Center				1			1
Sumner Regional Medical Center				1			1
Total	**66**	**256**	**68**	**491**	**33**	**449**	**1,363**

Where is the applicant currently referring pediatric patients at the acuity level that it is proposing to serve?

The applicant currently refers pediatric patients to Vanderbilt University Medical Center or TriStar Centennial Medical Center.

Page 8 - How many of the ED visit patients from the adult service area ZIP Code were referred to inpatient care at the host hospital vs. other acute care hospitals in CY2025?

In 2025, there were 755 service area patients who presented at the Sumner Station ED who were transferred to SRMC (the host hospital) for care and 359 who were transferred to other facilities.

Page 16 - Please provide a source for the patient satisfaction data referenced.

According to Press Ganey data, 81.82% of respondents ranked Sumner Station as a 9 or 10 on a 0-10 scale. This is much higher than the overall average of 69.28% for all EDs for which Press Ganey gathers data.

Page 25 - How many of the ED visit patients from the pediatric service area counties were referred to inpatient care at the host hospital vs. other acute care hospitals in CY2025?

All pediatric ED visits that required inpatient level of care were transferred to another non-SRMC facility in CY2025. There were 124 pediatric patients (regardless of zip code) who were transferred from Sumner Station to another facility for care.

Page 32 - What types of surgeries will the two operating rooms be equipped to handle? Will there be any differences with the host hospital?

The operating rooms at Sumner Station will be designed and equipped to provide the same level of care as provided at SRMC. All members of the SRMC medical staff will also have privileges at Sumner Station. The DRG list provided shows the expected types of patients expected to be treated in the initial years of operations. The operating rooms themselves will not impose any limitations on the types of surgeries to be provided, other than robotic surgery, which is not expected to be performed at Sumner Station in the initial years of the project.

15. **1N. Criteria and Standards**

Attachment 1N, Acute Care Beds, Criterion #1

Page 4 - Please revise the staffed bed tables to reflect the following:

2023: SRMC - 159 staffed beds - 58,035 days available / 31,001 inpatient days = 53.4% staffed occupancy.

2022: SRMC - 112 staffed beds = 72.3%

2023: TriStar Hendersonville - 123 staffed beds = 72.5%

2022: TriStar Hendersonville - 123 staffed beds = 74.4%

Response : This table has been revised in Revised Attachment 1N.

16. **1N. Criteria and Standards**

Attachment 1N, Acute Care Beds, Criterion #2, Quality Considerations

Page 9 - Hospital level data for "Average (median) time patients spent in the ED before leaving from the visit, excluding patients transferred to another facility or psychiatric care/mental health patients."

Response : This measure has been revised in Revised Attachment 1N.

17. **1N. Criteria and Standards**

Attachment 1N, Acute Care Bed Criteria and Standards, Criterion #3, Establishment of Service Area

Please revised historical utilization tables according to previous supplemental questions for both licensed and staffed occupancy tables.

Response : Please see the Revised Attachment 1N.

18. **1N. Criteria and Standards**

Attachment 1N, Cardiac Catheterization Services Criteria and Standards, Criterion #7, Establishment of Service Area

Page 9 - Are the 700 catheterization procedures performed annual weighted or not?

Response : They are not weighted.

19. **1N. Criteria and Standards**

Attachment 1N, Cardiac Catheterization Services Criteria and Standards, Criterion #8, Definition of Need for New Services

Can the applicant provide any data on outmigration from Sumner County to other counties for cardiac catheterization procedures?

Response : The data below is from the Tennessee Hospital Association and shows calendar year 2025 data for Sumner County patients.

Sumner County Patient Destination for Cath Lab Procedures

	Inpatient	Outpatient	Total	% of Total
TriStar Hendersonville	504	108	612	30%
SRMC	337	95	432	21%
Facilities Outside of Sumner County	512	465	977	48%
Total	1,353	668	2,021	100%

Source: Tennessee Hospital Association, CY 2025

There is no indication in the THA data if a procedure occurred in the cath lab. The inpatients are limited to the following ICD-10 procedure codes:

0JH606Z - INSERT PACE. DUAL CHAM IN CHEST SUBCU/FASCIA, OPEN

0JH607Z - INSERT CARD RSYNC PACE PULS GEN IN CHEST SUBCU/FASCIA, OPEN

0JH608Z - INSERT OF DEFIB GEN INTO CHEST SUBCU/FASCIA, OPEN APPROACH

0JH609Z - INSERT CARD RSYNC DEFIB PULS GEN IN CHEST SUBCU/FASCIA, OPEN

0JH806Z - INSERT PACE. DUAL CHAM IN ABD SUBCU/FASCIA, OPEN

0JPT0PZ - REMOVE CARD RHYTHM DEV FROM TRUNK SUBCU/FASCIA, OPEN

4A02XFZ - MEASUREMENT OF CARDIAC RHYTHM, EXTERNAL APPROACH

4A02XM4 - MEASUREMENT OF CARDIAC TOTAL ACTIVITY, EXTERNAL APPROACH

4A03X5D - MEASUREMENT OF ARTERIAL FLOW, INTRACRANIAL, EXTERN APPROACH

4A12XM4 - MONITORING OF CARDIAC STRESS, EXTERNAL APPROACH

4A12XSH - MONITOR CARDIAC VASC PERFUS, ICG DYE, EXTERN

4A023FZ - MEASUREMENT OF CARDIAC RHYTHM, PERCUTANEOUS APPROACH

4A027FZ - MEASUREMENT OF CARDIAC RHYTHM, VIA OPENING

4A0234Z - MEASUREMENT OF CARDIAC ELECTRICAL ACTIVITY, PERC APPROACH

5A0222C - ASSISTANCE WITH CARDIAC OXYGENATION, SUPERSATURATED

5A2204Z - RESTORATION OF CARDIAC RHYTHM, SINGLE

5A02210 - ASSIST WITH CARDIAC OUTPUT USING BALLOON PUMP, CONTINUOUS

02C03ZZ - EXTIRPATION OF MATTER FROM 1 COR ART, PERC APPROACH

02CP3ZZ - EXTIRPATION OF MATTER FROM PULMONARY TRUNK, PERC APPROACH

02CQ3ZZ - EXTIRPATION OF MATTER FROM R PULM ART, PERC APPROACH

02CR3ZZ - EXTIRPATION OF MATTER FROM L PULM ART, PERC APPROACH

02CV3ZZ - EXTIRPATION OF MATTER FROM SUPERIOR VENA CAVA, PERC APPROACH

02F03ZZ - FRAGMENTATION IN CORONARY ARTERY, ONE ARTERY, PERC APPROACH

02FQ3Z0 - FRAGMENTATION OF RIGHT PULMONARY ARTERY, PERC APPROACH, US

02FR3Z0 - FRAGMENTATION OF LEFT PULMONARY ARTERY, PERC APPROACH, US

02H03DZ - INSERTION OF INTRALUM DEV INTO 1 COR ART, PERC APPROACH

02H60JZ - INSERTION OF PACEMAKER LEAD INTO RIGHT ATRIUM, OPEN APPROACH

02H63JZ - INSERTION OF PACEMAKER LEAD INTO RIGHT ATRIUM, PERC APPROACH

02H63KZ - INSERTION OF DEFIBRILLATOR LEAD INTO R ATRIUM, PERC APPROACH

02H73DZ - INSERTION OF INTRALUM DEV INTO L ATRIUM, PERC APPROACH

02H633Z - INSERTION OF INFUSION DEVICE INTO R ATRIUM, PERC APPROACH

02HK3JZ - INSERTION OF PACEMAKER LEAD INTO R VENTRICLE, PERC APPROACH

02HK3KZ - INSERTION OF DEFIB LEAD INTO R VENTRICLE, PERC APPROACH

02HK3NZ - INSERTION OF INTRACARD PACER INTO R VENTRICLE, PERC APPROACH

02HK4JZ - INSERTION OF PACE LEAD INTO R VENTRICLE, PERC ENDO APPROACH

02HL3JZ - INSERTION OF PACEMAKER LEAD INTO L VENTRICLE, PERC APPROACH

02HP32Z - INSERTION OF MONITOR DEV INTO PULM TRUNK, PERC APPROACH

02HQ32Z - INSERTION OF MONITOR DEV INTO R PULM ART, PERC APPROACH

02HV33Z - INSERTION OF INFUSION DEV INTO SUP VENA CAVA, PERC APPROACH

02PA0MZ - REMOVAL OF CARDIAC LEAD FROM HEART, OPEN APPROACH

02PA3MZ - REMOVAL OF CARDIAC LEAD FROM HEART, PERCUTANEOUS APPROACH

02PY03Z - REMOVAL OF INFUSION DEVICE FROM GREAT VESSEL, OPEN APPROACH

02PY33Z - REMOVAL OF INFUSION DEVICE FROM GREAT VESSEL, PERC APPROACH

02PYX3Z - REMOVAL OF INFUSION DEV FROM GREAT VESSEL, EXTERN APPROACH

02WY3DZ - REVISION OF INTRALUM DEV IN GREAT VESSEL, PERC APPROACH

03CA3ZZ - EXTIRPATION OF MATTER FROM LEFT ULNAR ARTERY, PERC APPROACH

03CG3Z7 - EXTIRPATE MATTER FR INTRACRAN ART, STNT RETRV, PERC

03CG3ZZ - EXTIRPATION OF MATTER FROM INTRACRAN ART, PERC APPROACH

03CY3ZZ - EXTIRPATION OF MATTER FROM UPPER ARTERY, PERC APPROACH

03H633Z - INSERTION OF INFUSION DEV INTO L AXILLA ART, PERC APPROACH

03H833Z - INSERTION OF INFUSION DEVICE INTO L BRACH ART, PERC APPROACH

03HB33Z - INSERTION OF INFUSION DEV INTO R RADIAL ART, PERC APPROACH

03HC33Z - INSERTION OF INFUSION DEV INTO L RADIAL ART, PERC APPROACH

03HD33Z - INSERTION OF INFUSION DEVICE INTO R HAND ART, PERC APPROACH

03HY32Z - INSERTION OF MONITORING DEVICE INTO UP ART, PERC APPROACH

03PY3DZ - REMOVAL OF INTRALUMINAL DEVICE FROM UP ART, PERC APPROACH

03WY07Z - REVISION OF AUTOL SUB IN UP ART, OPEN APPROACH

04C03ZZ - EXTIRPATION OF MATTER FROM ABDOMINAL AORTA, PERC APPROACH

04C53ZZ - EXTIRPATION OF MATTER FROM SUP MESENT ART, PERC APPROACH

04CC3ZZ - EXTIRPATION OF MATTER FROM R COM ILIAC ART, PERC APPROACH

04CH3ZZ - EXTIRPATION OF MATTER FROM R EXT ILIAC ART, PERC APPROACH

04CK3ZZ - EXTIRPATION OF MATTER FROM R FEM ART, PERC APPROACH

04CL3ZZ - EXTIRPATION OF MATTER FROM L FEM ART, PERC APPROACH

04CM3ZZ - EXTIRPATION OF MATTER FROM R POPL ART, PERC APPROACH

04CN3ZZ - EXTIRPATION OF MATTER FROM L POPL ART, PERC APPROACH

04CS3ZZ - EXTIRPATION OF MATTER FROM L POST TIB ART, PERC APPROACH

04FQ3ZZ - FRAGMENTATION OF LEFT ANTERIOR TIBIAL ARTERY, PERC APPROACH

04H032Z - INSERTION OF MONITORING DEVICE INTO ABD AORTA, PERC APPROACH

04HC3DZ - INSERT OF INTRALUM DEV INTO R COM ILIAC ART, PERC APPROACH

04HL33Z - INSERTION OF INFUSION DEVICE INTO L FEM ART, PERC APPROACH

04HL43Z - INSERTION OF INFUSION DEV INTO L FEM ART, PERC ENDO APPROACH

04HY32Z - INSERTION OF MONITORING DEVICE INTO LOW ART, PERC APPROACH

04HY33Z - INSERTION OF INFUSION DEVICE INTO LOW ART, PERC APPROACH

04WY3DZ - REVISION OF INTRALUMINAL DEVICE IN LOW ART, PERC APPROACH

05C73ZZ - EXTIRPATION OF MATTER FROM R AXILLA VEIN, PERC APPROACH

05CB3ZZ - EXTIRPATION OF MATTER FROM RIGHT BASILIC VEIN, PERC APPROACH

05CF3ZZ - EXTIRPATION OF MATTER FROM LEFT CEPHALIC VEIN, PERC APPROACH

05CY3ZZ - EXTIRPATION OF MATTER FROM UPPER VEIN, PERCUTANEOUS APPROACH

05H633Z - INSERTION OF INFUSION DEV INTO L SUBCLAV VEIN, PERC APPROACH

05H903Z - INSERTION OF INFUSION DEV INTO R BRACH VEIN, OPEN APPROACH

05H933Z - INSERTION OF INFUSION DEV INTO R BRACH VEIN, PERC APPROACH

05HA33Z - INSERTION OF INFUSION DEV INTO L BRACH VEIN, PERC APPROACH

05HB33Z - INSERTION OF INFUSION DEV INTO R BASILIC VEIN, PERC APPROACH

05HC03Z - INSERTION OF INFUSION DEV INTO L BASILIC VEIN, OPEN APPROACH

05HC33Z - INSERTION OF INFUSION DEV INTO L BASILIC VEIN, PERC APPROACH

05HD33Z - INSERT OF INFUSION DEV INTO R CEPHALIC VEIN, PERC APPROACH

05HF33Z - INSERT OF INFUSION DEV INTO L CEPHALIC VEIN, PERC APPROACH

05HG33Z - INSERTION OF INFUSION DEVICE INTO R HAND VEIN, PERC APPROACH

05HM33Z - INSERT INFUSION DEV IN R INT JUGULAR VEIN, PERC

05HN33Z - INSERT INFUSION DEV IN L INT JUGULAR VEIN, PERC

05HY33Z - INSERTION OF INFUSION DEVICE INTO UPPER VEIN, PERC APPROACH

05PY33Z - REMOVAL OF INFUSION DEVICE FROM UPPER VEIN, PERC APPROACH

05PYX3Z - REMOVAL OF INFUSION DEVICE FROM UPPER VEIN, EXTERN APPROACH

05WY0JZ - REVISION OF SYNTHETIC SUBSTITUTE IN UP VEIN, OPEN APPROACH

05WY37Z - REVISION OF AUTOL SUB IN UP VEIN, PERC APPROACH

06CD3ZZ - EXTIRPATION OF MATTER FROM L COM ILIAC VEIN, PERC APPROACH

06H03DZ - INSERTION OF INTRALUM DEV INTO INF VENA CAVA, PERC APPROACH

06H033T - INSERT INFUSION DEV, VIA UMBIL VEIN, IN INF VENA CAVA, PERC

06H033Z - INSERTION OF INFUSION DEV INTO INF VENA CAVA, PERC APPROACH

06HN33Z - INSERTION OF INFUSION DEV INTO L FEMOR VEIN, PERC APPROACH

06HY33Z - INSERTION OF INFUSION DEVICE INTO LOWER VEIN, PERC APPROACH

037B3ZZ - DILATION OF RIGHT RADIAL ARTERY, PERCUTANEOUS APPROACH

037G3DZ - DILATION OF INTRACRAN ART WITH INTRALUM DEV, PERC APPROACH

037G34Z - DILATE OF INTRACRAN ART WITH DRUG-ELUT INTRA, PERC APPROACH

047A3DZ - DILATION OF L RENAL ART WITH INTRALUM DEV, PERC APPROACH

047C3ZZ - DILATION OF RIGHT COMMON ILIAC ARTERY, PERCUTANEOUS APPROACH

047D3DZ - DILATION OF L COM ILIAC ART WITH INTRALUM DEV, PERC APPROACH

047D3ZZ - DILATION OF LEFT COMMON ILIAC ARTERY, PERCUTANEOUS APPROACH

047J3DZ - DILATION OF L EXT ILIAC ART WITH INTRALUM DEV, PERC APPROACH

047K3D1 - DILATE R FEM ART W INTRALUM DEV, DRUG BLLN, PERC

047K3DZ - DILATION OF R FEM ART WITH INTRALUM DEV, PERC APPROACH

047K3Z1 - DILATION OF R FEM ART USING DRUG BLLN, PERC APPROACH

047K3ZZ - DILATION OF RIGHT FEMORAL ARTERY, PERCUTANEOUS APPROACH

047L3DZ - DILATION OF L FEM ART WITH INTRALUM DEV, PERC APPROACH

047L3Z1 - DILATION OF L FEM ART USING DRUG BLLN, PERC APPROACH

047L3ZZ - DILATION OF LEFT FEMORAL ARTERY, PERCUTANEOUS APPROACH

047M3Z1 - DILATION OF R POPL ART USING DRUG BLLN, PERC APPROACH

047M3ZZ - DILATION OF RIGHT POPLITEAL ARTERY, PERCUTANEOUS APPROACH

047P3ZZ - DILATION OF RIGHT ANTERIOR TIBIAL ARTERY, PERC APPROACH

047Q3ZZ - DILATION OF LEFT ANTERIOR TIBIAL ARTERY, PERC APPROACH

047Q342 - DILATE L ANT TIB ART W DRUG-ELUT, SUSTN RELS, PERC

047R3ZZ - DILATION OF RIGHT POSTERIOR TIBIAL ARTERY, PERC APPROACH

047T3DZ - DILATION OF R PERONEAL ART WITH INTRALUM DEV, PERC APPROACH

047T3ZZ - DILATION OF RIGHT PERONEAL ARTERY, PERCUTANEOUS APPROACH

047U3ZZ - DILATION OF LEFT PERONEAL ARTERY, PERCUTANEOUS APPROACH

057B3ZZ - DILATION OF RIGHT BASILIC VEIN, PERCUTANEOUS APPROACH

057C3ZZ - DILATION OF LEFT BASILIC VEIN, PERCUTANEOUS APPROACH

057D3ZZ - DILATION OF RIGHT CEPHALIC VEIN, PERCUTANEOUS APPROACH

057F3ZZ - DILATION OF LEFT CEPHALIC VEIN, PERCUTANEOUS APPROACH

02703DZ - DILATION OF 1 COR ART WITH INTRALUM DEV, PERC APPROACH

02703EZ - DILATION OF 1 COR ART WITH 2 INTRALUM DEV, PERC APPROACH

02703ZZ - DILATION OF CORONARY ARTERY, ONE ARTERY, PERC APPROACH

03783ZZ - DILATION OF LEFT BRACHIAL ARTERY, PERCUTANEOUS APPROACH

04703ZZ - DILATION OF ABDOMINAL AORTA, PERCUTANEOUS APPROACH

04753DZ - DILATION OF SUP MESENT ART WITH INTRALUM DEV, PERC APPROACH

027034Z - DILATION OF 1 COR ART WITH DRUG-ELUT INTRA, PERC APPROACH

027035Z - DILATION OF 1 COR ART WITH 2 DRUG-ELUT, PERC APPROACH

027036Z - DILATION OF 1 COR ART WITH 3 DRUG-ELUT, PERC APPROACH

027037Z - DILATION OF 1 COR ART WITH 4 DRUG-ELUT, PERC APPROACH

027134Z - DILATION OF 2 COR ART WITH DRUG-ELUT INTRA, PERC APPROACH

027135Z - DILATION OF 2 COR ART WITH 2 DRUG-ELUT, PERC APPROACH

027136Z - DILATION OF 2 COR ART WITH 3 DRUG-ELUT, PERC APPROACH

027137Z - DILATION OF 2 COR ART WITH 4 DRUG-ELUT, PERC APPROACH

027234Z - DILATION OF 3 COR ART WITH DRUG-ELUT INTRA, PERC APPROACH

027236Z - DILATION OF 3 COR ART WITH 3 DRUG-ELUT, PERC APPROACH

0270346 - DILATE 1 COR ART, BIFURC, W DRUG-ELUT INTRA, PERC

0270356 - DILATE OF 1 COR ART, BIFURC, WITH 2 DRUG-ELUT, PERC APPROACH

B2101ZZ - FLUOROSCOPY OF SINGLE CORONARY ARTERY USING L OSM CONTRAST

B2110ZZ - FLUOROSCOPY OF MULT COR ART USING H OSM CONTRAST

B2111ZZ - FLUOROSCOPY OF MULT COR ART USING L OSM CONTRAST

B2131ZZ - FLUOROSCOPY OF MULT COR A GRAFT USING L OSM CONTRAST

B2141ZZ - FLUOROSCOPY OF RIGHT HEART USING LOW OSMOLAR CONTRAST

B2151ZZ - FLUOROSCOPY OF LEFT HEART USING LOW OSMOLAR CONTRAST

B2161ZZ - FLUOROSCOPY OF RIGHT AND LEFT HEART USING L OSM CONTRAST

X2CY3T7 - EXTIRPATE MATTER FROM GT VESL, COMP-AID MECH ASP, NEW TECH 7

The outpatient volumes are limited to the following procedures:

36245 - INS CATH ABD/L-EXT ART 1ST

36246 - INS CATH ABD/L-EXT ART 2ND

36247 - INS CATH ABD/L-EXT ART 3RD

36248 - INS CATH ABD/L-EXT ART ADDL

92920 - PRQ CARDIAC ANGIOPLAST 1 ART

92921 - PRQ CARDIAC ANGIO ADDL ART

92924 - PRQ CARD ANGIO/ATHRECT 1 ART

92928 - PRQ CARD STENT W/ANGIO 1 VSL

92937 - PRQ REVASC BYP GRAFT 1 VSL

92941 - PRQ CARD REVASC MI 1 VSL

92943 - PRQ CARD REVASC CHRONIC 1VSL

92960 - CARDIOVERSION ELECTRIC EXT

93451 - RIGHT HEART CATH

93452 - LEFT HRT CATH W/VENTRCLGRPHY

93453 - R&L HRT CATH W/VENTRICLGRPHY

93462 - L HRT CATH TRNSPTL PUNCTURE

93573 - NJX CATH SLCT P-ART ANGRP BI

93574 - NJX CATH SLCT PULM VN ANGRPH

93580 - TRANSCATH CLOSURE OF ASD

93596 - R&L HRT CATH CHD NML NT CNJ

93597 - R&L HRT CATH CHD ABNL NT CNJ

93613 - INTRACARDIAC EPHYS 3D MAPG

93650 - ICAR CATH ABLTJ AV NODE FUNC

93655 - ICAR CATH ABLTJ DSCRT ARRHYT

G0278 - Iliac art angio,cardiac cath

20. **1N. Criteria and Standards**

Attachment 1N, Cardiac Catheterization Services Criteria and Standards, Criterion #14, Minimum Volume Standard

Page 15 - Please describe the methodology used in the development of the cardiac catheterization procedure volume. What has the utilization at the applicant's existing cardiac catheterization labs been and how is that case volume projected to shift or expand due to the establishment of the new lab?

Response : Saint Thomas Heart physicians currently practice at SRMC and will be on the medical staff at Sumner Station. SRMC has recently recruited three interventional cardiologists who will join the Saint Thomas Heart practice and begin practicing at SRMC in the summer and fall of 2026. These additional cardiologists are expected to increase volume at the SRMC cath lab and will be on the medical staff at Sumner Station when it opens. SRMC is also planning to expand its cardiology clinics in Sumner County, which will drive future patient growth for both diagnostic and interventional procedures.

The applicant expects the majority of the 700 procedures in the third year will be performed by Saint Thomas Heart physicians, including Dr. Yawn and Dr. Sutton. The applicant also expects Tennessee Heart cardiologists (an independent practice) will treat some of their patients in the cath lab at Sumner Station.

21. **6N. Utilization and/or Occupancy Statistics**

Attachment 6N, Page 1 - Please update the historical bed days and occupancy for 2024 based on leap year days.

Please discuss the growth in inpatient utilization from 2022-2024 which appears to be extremely rapid (39.9%). It is noted that in previous years the reporting reflects inpatient care that was incorrectly recorded as observation patients. What types of inpatient cases are driving this increased utilization that were previously reported in error? How will this project support the growth in these specific case types?

Response : Please see the table below, which is also updated in Attachment 6N.

Sumner Regional Medical Center (All Patients, Regardless of Age)

Utilization	2022	2023	2024	% Growth (2022-2024)
IP Admissions	6,744	7,461	9,414	39.6%
IP Days	29545	31,001	39,126	32.4%
ALOS	4.4	4.2	4.2	-4.5%
Endoscopy Cases	2,461	3,437	1,649	-33.0%
Licensed Beds	167	167	167	0.0%
Bed Days Available (Beds*365)*	60,955	60,955	61,122	0.3%
Occupancy on Licensed Beds	48.5%	50.9%	64.0%	32.0%

Source: Tennessee Department of Health, "Joint Annuals Reports (JAR)," 2022–2024, https://www.tn.gov/health/health-program-areas/statistics/health-data/jar.html. Total Patients, excluding Normal Newborns.

**2024 is calculated with 366 days, as it is a leap year.*

As noted in the application, the increase in admissions and all JAR data accurately reflect the billing and coding practices in place at SRMC for the time period of the JAR. Therefore, the JARs themselves are not incorrect. However, SRMC was not accurately recording some observation patients who were actually receiving inpatient care, based on the two-midnight rule in its billing practices or its JARs before 2024. This change moves to an accurate recording of these patients in both SRMC's billing practices and its JARs.

The 2024 JAR data accurately reflects inpatient volume, while the 2022 and 2023 JAR data under-report inpatient volume. Although some patients were incorrectly reported as observation patients, SRMC was treating them, regardless of that designation. The proposed project will provide another point of care for both inpatients and outpatients who require care appropriate for a community hospital. As discussed in the application, this project will support the growth in demand for inpatient services, as well as the growing population in the adult service area.

Project Name : Sumner Regional Medical Center, LLC

Supplemental Round Name : 2 **Due Date :** 5/14/2026

Certificate No. : CN2604-010 **Submitted Date :** 5/12/2026

1. **9A. Legal Interest in the Site**

Lease costs for the repurposed use of the space must be accounted for in the lease document and accounted for in the Project Cost Chart. Please identify the square footage included with the lease for the operation of the new acute care beds and cardiac catheterization laboratory and identify the prorated lease costs associated with the space in the lease as well as in the project cost chart. The Project Cost Chart should reflect the higher of either the prorated lease costs for the space, or the fair market value of the space.

Response : The lease expense for the facility is not related to the proposed project and is therefore not included in the Project Cost Chart. SRMC has leased this space and will continue to lease this space at the same total cost, regardless of the outcome of this project. Should the project be approved, the leased space will be used as outlined in the floor plans. Should the project be denied, SRMC will continue to lease the space for ongoing operations of the Sumner Station campus of SRMC.