Opposition to TN Heart ASTC

CN2607-017

Cookeville Regional Medical Center

Tennessee Health Facilities Commission
September 23, 2026

Reasons for Denial

- ✓ High Quality Cardiac Care Today
- ✗ No Need For Additional Cardiac Cath Capacity
- ✗ Minimal Cost Savings
- ✗ Fragmentation of Care

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Cookeville Regional Medical Center

COOKEVILLE REGIONAL MEDICAL CENTER

Independent, City-Owned, Not-for-Profit

350K+
Residents Served
Across 14 Counties

40
Medical Specialties
Full-service Regional Care

2,600+
Employees
Largest Employer In Region

Largest hospital between Nashville and Knoxville

285+ physicians

Affiliated with CRMC Foundation

Comprehensive Cardiac & Vascular Team

CRMC Delivers Full Spectrum of Cardiac Services

- **24-hour emergency** cardiac care
- Dedicated team of **cardiologists**, **cardiac surgeons**, **perfusionists**, and **specially trained nurses**
- Cardiac **catheterization** and **arteriogram**
- **Angioplasty** and **stent placement**
- **Cardiovascular** surgery
- **CardioMEMS®** technology

COOKEVILLE REGIONAL MEDICAL CENTER

Only accredited chest pain center in the Upper Cumberland region with PCI capabilities.

Door-to-balloon time of 56 minutes — well below the 90-minute gold standard

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State-of-the-Art Cath Lab Investments

Cath Lab 1 Renovation

$1.6 Million Investment

Completed in 2021

State-of-the-art facility

Fully operational

Upgraded equipment & capabilities

Cath Lab 2 Renovation

$2.2 Million Investment

Currently underway

Expected completion: FY2027

Similar scope to Lab 1

COOKEVILLE REGIONAL MEDICAL CENTER

$1.7 Million Earmarked for EP and Vascular Expansions

CRMC's Four Cardiovascular Labs

Cath Lab 1

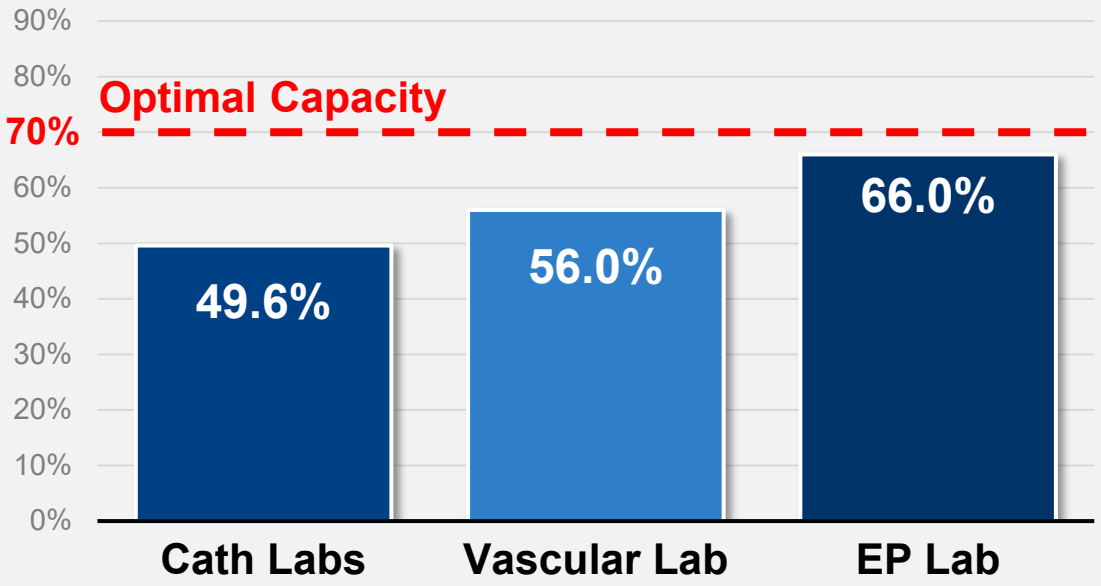
Cath Lab 2

EP Lab

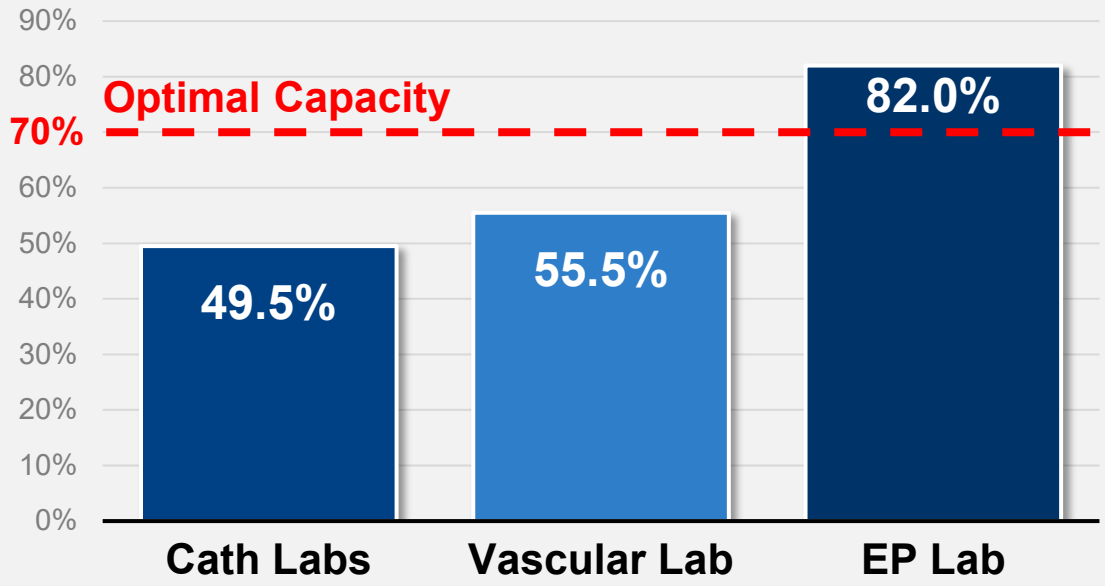
Vascular Lab

CRMC's Four Cardiovascular Labs Not At Capacity

2025 Utilization



YTD 2026 Utilization

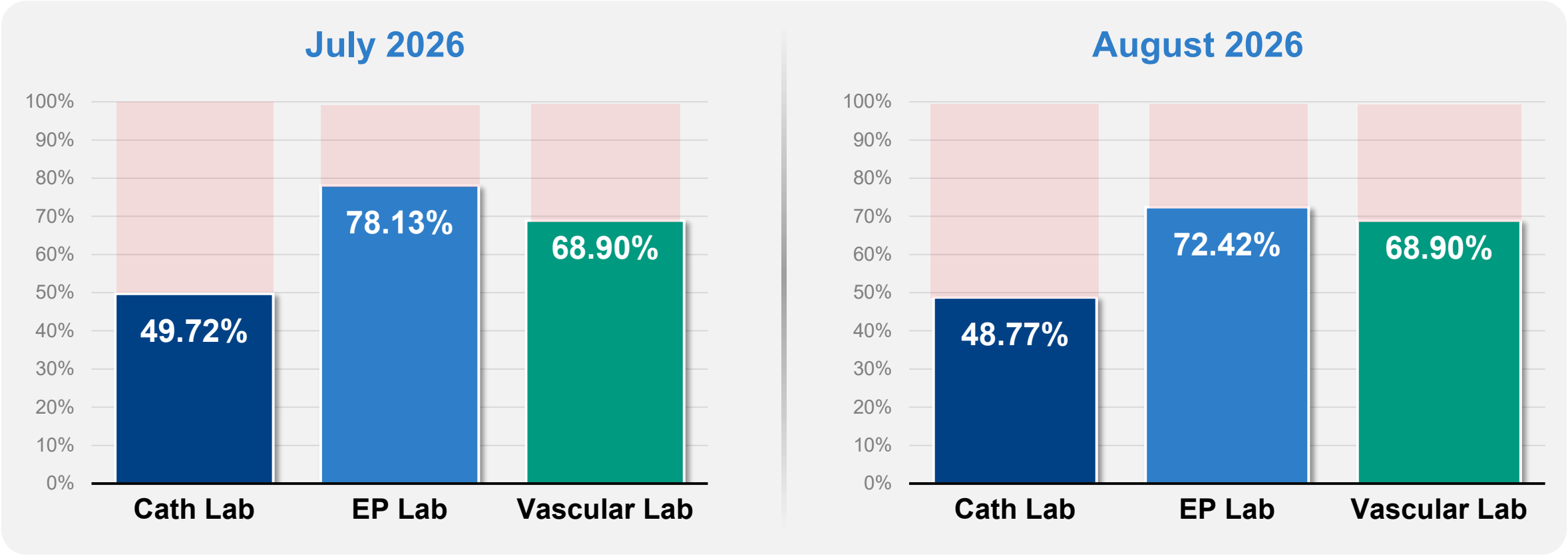


Elective caths scheduled within 24 – 48 hours

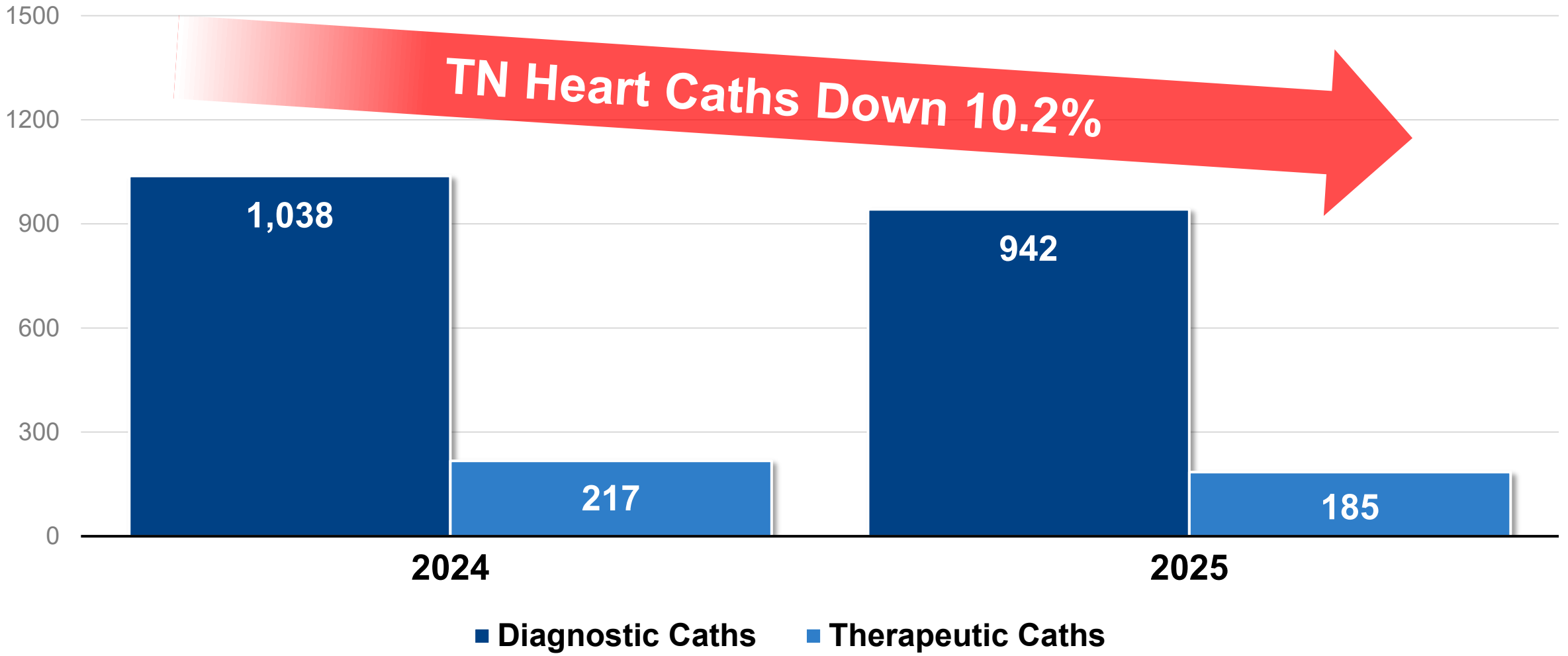
Emergency Caths Scheduled Immediately

TN Heart Physicians Have Access

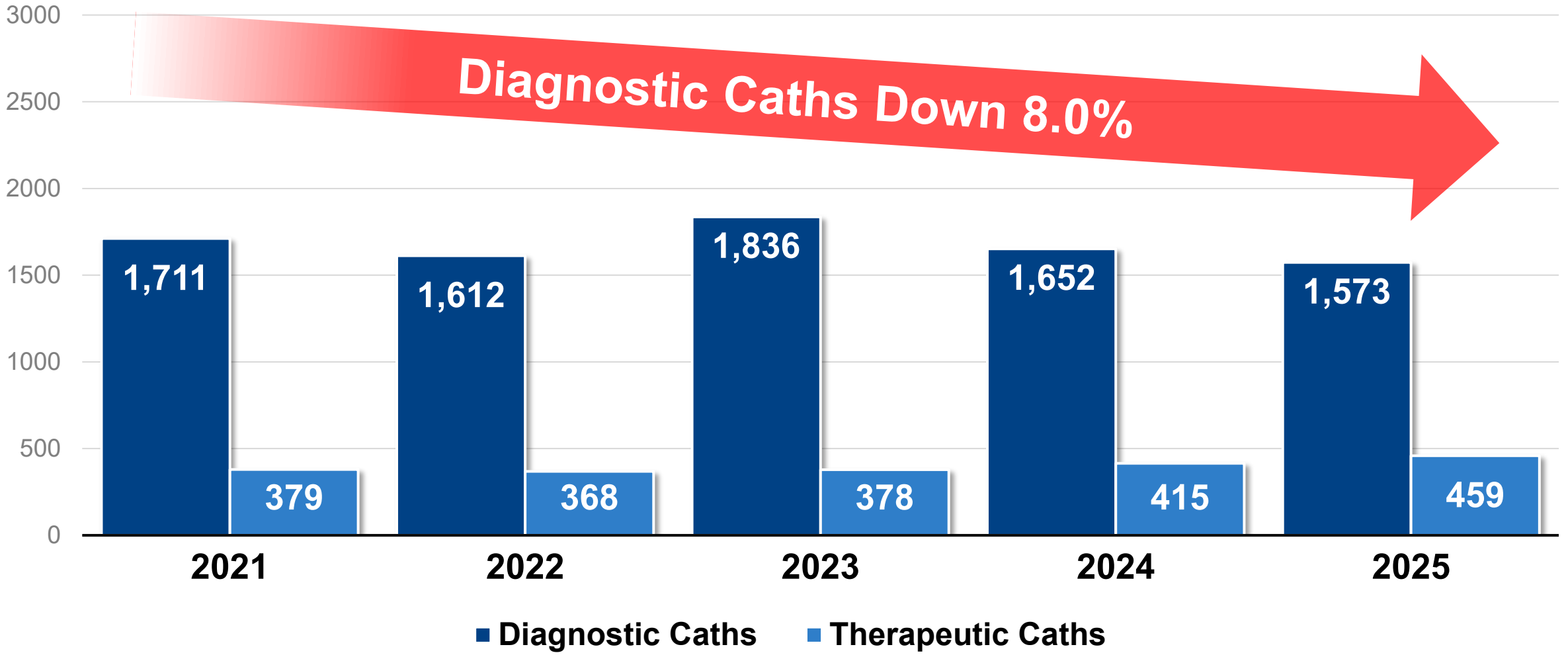
TN Heart Block Scheduling Use



TN Heart Cath Volume Declining



CRMC Cath Utilization Also Declining



TN Heart Volume Shift

CRMC Diagnostic Volume 2025

Total = 1,573

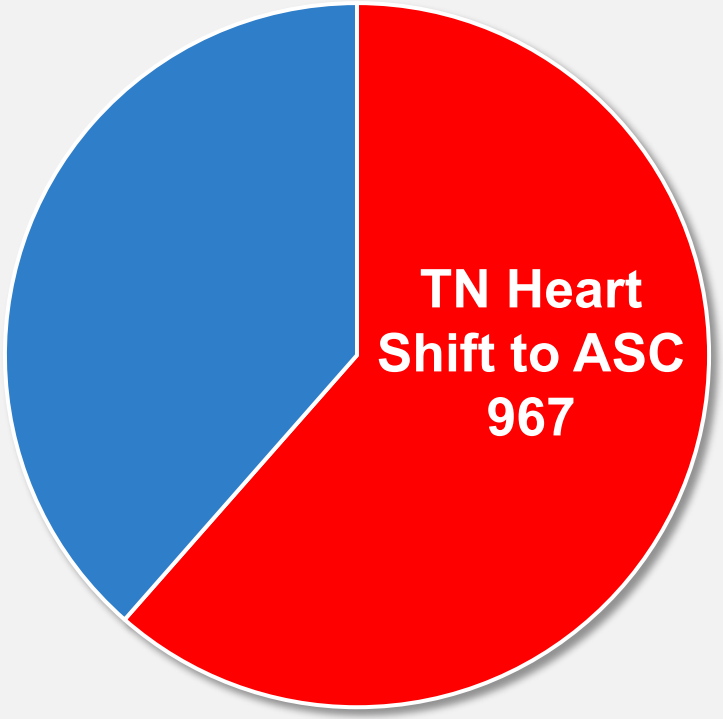
CRMC Therapeutic Volume 2025

Total = 459

TN Heart Volume Shift

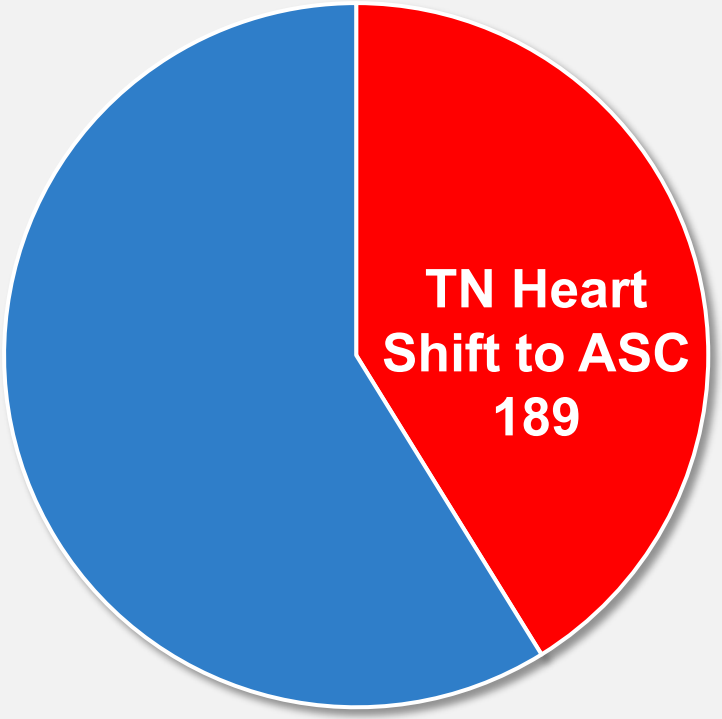
CRMC Diagnostic Volume 2025

Total = 1,573



CRMC Therapeutic Volume 2025

Total = 459



Reasons for Denial

High Quality Cardiac Care Today

No Need For Additional Cardiac Cath Capacity

Minimal Cost Savings

Fragmentation of Care

The True Cost of a Complication at the ASTC

Scenario A: CRMC-Based Procedure

One Episode of Care

- ☑ **Single bill**
- ☑ **Surgical backup on-site**
- ☑ **No transfer risk or delay**
- ☑ **24/7 emergency coverage available**
- ☑ **Seamless continuity of care**

Scenario B: ASTC + Complication Transfer

~$2,300 **ASTC Procedure Fee**
Initial outpatient procedure

➕

~$1,000 **EMS Transfer Fee**
Ambulance transport to CRMC

➕

Cost of CRMC Inpatient Admission

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- ✗ **Fragmentation of Care**

CRMC's Existing Continuum of Care

COOKEVILLE REGIONAL MEDICAL CENTER

Everything a cardiac patient needs — in one system

Diagnostic Cath
Full diagnostic capability

Therapeutic PCI
Interventional procedures

EP Evaluation
Electrophysiology studies

Device Implantation
Pacemakers & defibrillators

Open-Heart Surgery
24/7 surgical backup

ICU & Recovery
Critical care monitoring

Cardiac Rehab
Outpatient rehabilitation

Post-Discharge
Follow-up & continuity

Patient Safety Concerns

Complex cardiovascular procedures without adequate safety infrastructure

No On-Site Surgical Backup

Transfer Time Understated

No Operating History

No Established Transfer Process

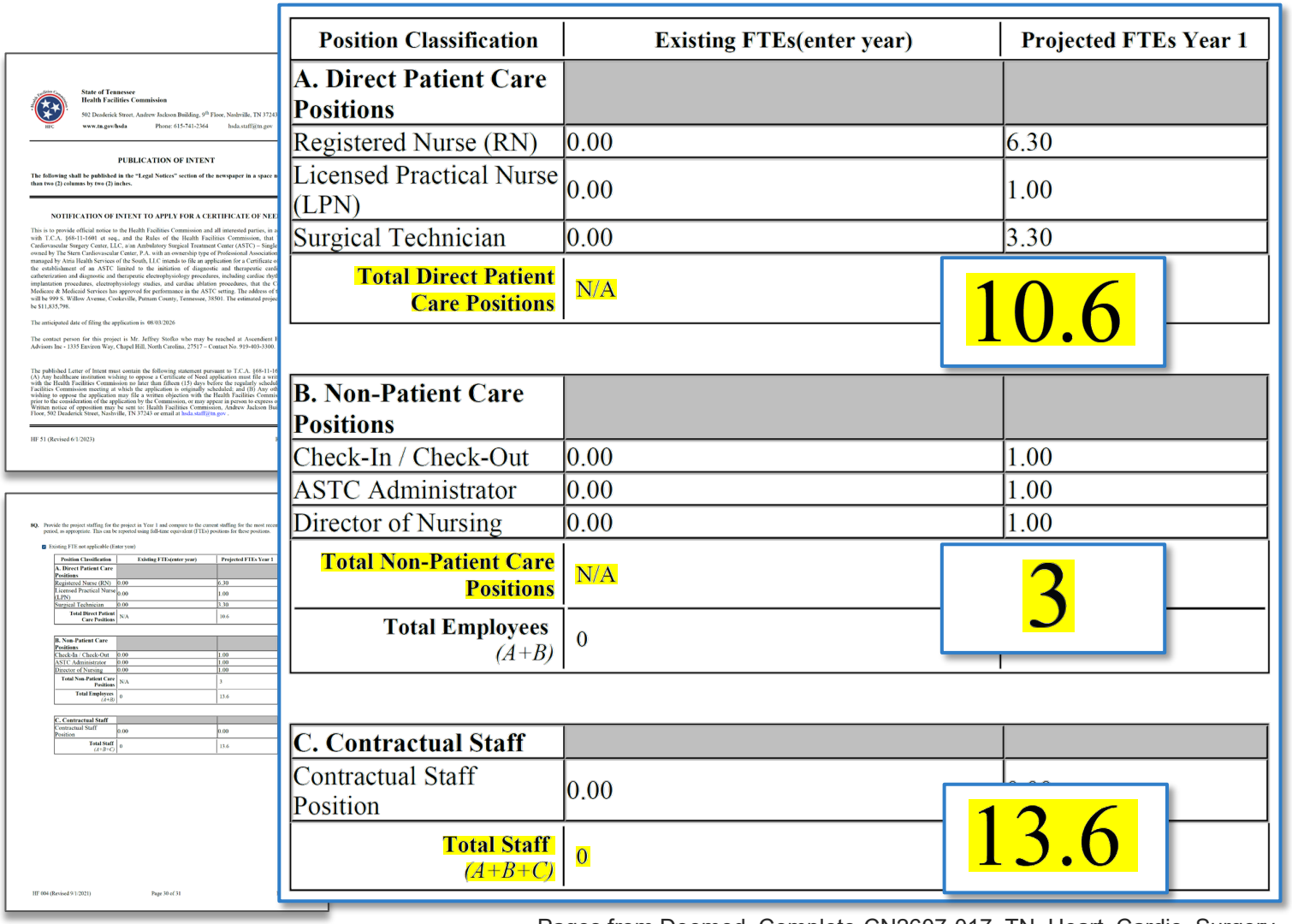
Staffing & Fragmentation of Care

ASTC would undermine CRMC's ability to serve the community.

The ASTC requires the **same highly specialized staff** that currently serves CRMC.

In a rural region with a **limited healthcare workforce**, the most likely source of **qualified staff is CRMC** itself.

Staffing & Fragmentation of Care



State of Tennessee
Health Facilities Commission

PUBLICATION OF INTENT

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEE

HF 51 (Revised 6/1/2023)

8Q. Provide the project staffing for the project in Year 1 and compare to the current staffing for the most recent 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		
Registered Nurse (RN)	0.00	6.30
Licensed Practical Nurse (LPN)	0.00	1.00
Surgical Technician	0.00	3.30
Total Direct Patient Care Positions	N/A	10.6
B. Non-Patient Care Positions		
Check-In / Check-Out	0.00	1.00
ASTC Administrator	0.00	1.00
Director of Nursing	0.00	1.00
Total Non-Patient Care Positions	N/A	3
Total Employees *(A+B)*	0	13.6
C. Contractual Staff		
Contractual Staff Position	0.00	0.00
Total Staff *(A+B+C)*	0	13.6

HF 004 (Revised 9/1/2021) Page 30 of 31

Pages from Deemed_Complete-CN2607-017_TN_Heart_Cardio_Surgery

Recruitment of CRMC Staff Has Already Begun

Workforce Fragmentation in a Rural Region

Specialized Staff Required by ASTC

- Specialized nursing staff
- Cath-lab technologists
- EP-trained nurses & technologists
- Scrub technicians
- Monitoring technicians
- ACLS-certified recovery nurses
- Anesthesia providers

Staffing Impact on CRMC

Staff loss degrades safe staffing levels for:

- *Emergent cardiac cases*
- *Inpatient procedures*
- *Open-heart surgery*

The Fundamental Paradox

The ASTC's Safety Depends Entirely on CRMC's Viability

Depends on CRMC

The ASTC relies on CRMC for emergency transfers, surgical backup, and the full spectrum of inpatient cardiac services.

Undermines CRMC

Simultaneously diverts the patient volumes and staff that sustain CRMC's ability to provide those very services.

Collapses Without CRMC

If CRMC's cardiac program diminishes and can no longer maintain 24/7 open-heart surgery, the entire patient-safety premise of the ASTC collapses.

Inconsistent with New CON Legislation

Legislative Timeline

May 2026
TN General Assembly enacts legislation

July 2026
TN Heart files CON application

July 2028
CON elimination for hospital cath labs

The General Assembly's intent is clear:

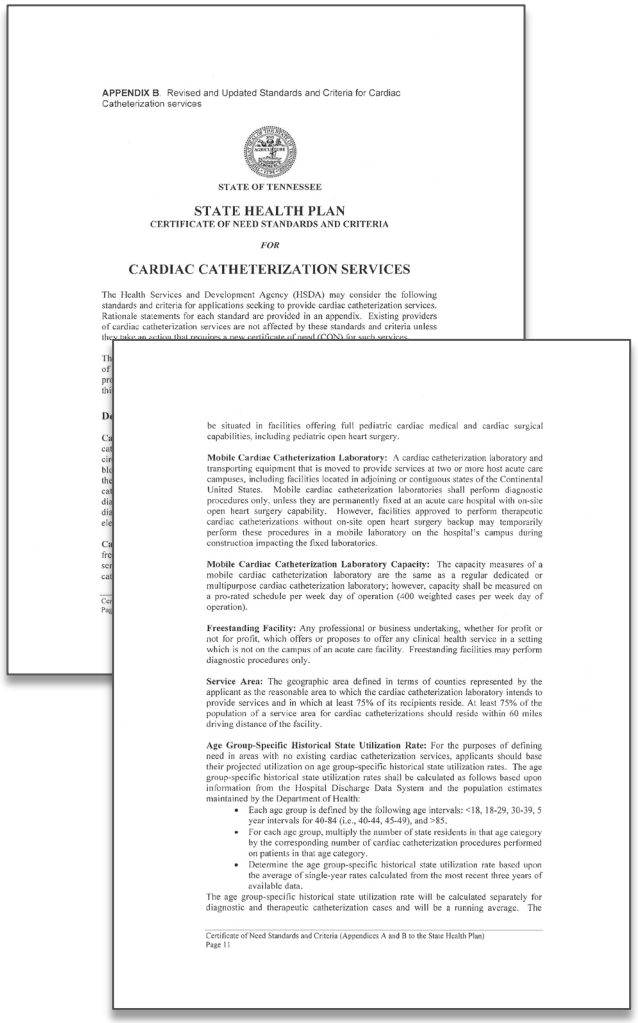
"SECTION 18. Tennessee Code Annotated, Section 68-11-204, is amended by adding the following as a new subsection:

( )(1) A person or entity shall **not initiate or provide cardiac catheterization services unless the facility providing such services is licensed as an outpatient department of a hospital licensed under this title**.

(2) Subdivision ( )(1) does not apply to a facility providing cardiac catheterization services that was in operation as of the effective date of this act."

Tennessee-2025-SB1369-Chaptered

Application Contrary to Commission Criteria



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.

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

Certificate of Need Standards and Criteria (Appendices A and B to the State Health Plan)
Page 11

"**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.**"

Cardiac_Catheterization_Services

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