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STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

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January 10, 2022

*Via Email*

Ms. Emily T. Marsal, Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36104

**Re: Request for Reviewability Determination  
Baptist Medical Center East**

Dear Ms. Marsal:

Our firm represents The Health Care Authority for Baptist Health, an Affiliate of UAB Health System, d/b/a Baptist Medical Center East which is a 176-licensed bed acute care hospital in Montgomery, Montgomery County, Alabama.

The purpose of this letter is to request your determination, pursuant to Section 410-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that Baptist Medical Center East is not required to obtain a Certificate of Need ("CON") from the State Health Planning and Development Agency to begin operating an Obstetrical ("OB") Emergency Department. Specifically, Baptist Medical Center East will soon be providing an OB hospitalist program which will provide an obstetrician on-site 24 hours a day, 365 days a year. This provider will care for all unattached OB and antepartum patients, as well as provide support in urgent situations in labor and delivery or postpartum. As part of this OB hospitalist program, Baptist Medical Center East is proposing to relocate and transition its existing OB triage unit into a formal OB Emergency Department. This will be an eight-bed unit treating all patients presenting with OB-related conditions.

This Project will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations: of \$3,165,569 for major medical equipment, of \$1,266,226 for new annual operating costs, or of \$6,331,138 for total capital expenditures, as currently adjusted for CPI. Baptist Medical Center East represents that the proposed Project will not exceed the following approximate costs:

Ms. Emily T. Marsal, Executive Director  
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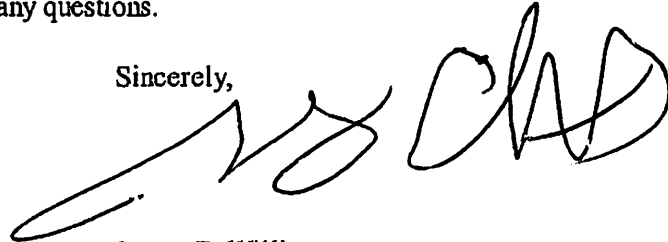
Total Construction Costs:	\$118,998
Total Equipment Costs:	\$108,565
Incremental Annual Operating Costs:	\$241,237

This Project will not involve the addition of inpatient beds or the conversion of one classification of beds into another classification of beds as described in SHPDA Rule 410-1-4-.01. Further, this change will not result in the provision of any new institutional health services.

In accordance with SHPDA Rule 410-1-7-.02, the filing fee of \$1,000 for this Letter of Non-Reviewability has been paid via the SHPDA electronic payment portal.

Accordingly, based on the above, we respectfully request your determination that Baptist Medical Center East is not required to obtain a CON in order to complete the above-described Project. We certainly appreciate your consideration of this request and please feel free to contact me if you need further information or have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'James E. Williams', written over a horizontal line.

James E. Williams

JW:kjs  
Attachment

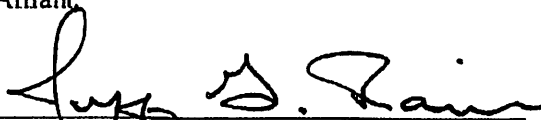
Ms. Emily T. Marsal, Executive Director

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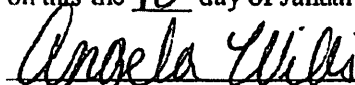
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The undersigned, being first duly sworn, hereby makes oath or affirms that he is the administrator for Baptist Medical Center East, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant

  
\_\_\_\_\_  
Jeff Rains, CEO

SWORN TO and subscribed before me  
on this the 10 day of January, 2022.

  
\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

