



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE FOR ISSUANCE OF TEMPORARY WAIVER

In the State of Emergency issued on August 13, 2021, for the COVID-19 pandemic, Governor Ivey directed the State Health Planning and Development Agency (Agency) to provide for temporary waivers to the Certificate of Need process to permit new services, facilities, and other resources needed for treatment of patients affected by the appearance of Covid-19, or to free up bed and treatment space at existing health care facilities to permit such needed treatment in accordance with ALA. ADMIN. CODE r. 410-1-10-.05 and ALA. ADMIN. CODE r. 410-2-5-.09.

By filling out this attached form, the applicant has requested a temporary waiver and it has been signed and notarized that this request is directly related to the COVID-19 pandemic. The affirmation by the SHPDA Executive Director is related solely to the addition and/or provision of any beds, stations, or services during the State of Emergency and succeeding 60-day period and does not affirm any permanent CON authority for such request. The affirmation shall also not be considered to be a waiver of any requirements related to the Alabama Department of Public Health or any other regulatory agency.

Pursuant to ALA. ADMIN. Code r. 410-2-5-.09 (3), the request as affirmed, "shall automatically terminate on the earlier of (i) as applicable, the discontinuation of services subject to the waiver; or (ii) sixty (60) days following the termination of the State of Emergency as recognized in the Declaration." Furthermore, the rule states, "[a]ny continued operation of institutional health services authorized under a waiver granted pursuant to this section will require a CON, subject to regular CON criteria and procedures, including compliance with the SHP, without regard to this rule."

In addition, ALA. ADMIN. CODE r. 410-2-5-.09 (4) provides that "[e]xcept as specifically provided in ALA. ADMIN. CODE § 410-2-5-.09.1(A)(1) and (2), the construction, development or other establishment of a new health care facility, as defined in Section 410-1-2-.05, shall not be eligible for a waiver under this rule."

For any questions or concerns, please contact the Agency at (334) 242-4103.

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2021-025

RECEIVED

Aug 19 2021

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 081-6530760 COUNTY: Lee

FACILITY/PROVIDER NAME: East Alabama Medical Center

STREET ADDRESS: 2000 Pepperell Parkway

CITY: Opelika ZIP CODE: 36801

AUTHORIZED REPRESENTATIVE: Laura D. Grill

TITLE: President/CEO EMAIL ADDRESS: laura.grill@eamc.org

DIRECT TELEPHONE NUMBER: (334) 528-1310

TYPE OF FACILITY/PROVIDER: Hospital

Pursuant to a declaration issued by Governor Ivey on August 13, 2021, the following additional services are being enacted pursuant to Ala. Admin. Code r 410-2-5-.09-E and 410-1-10-.05-E.

East Alabama Medical Center was approved under TW2020-025 to operate 2 inpatient hospital beds at its provider-based cancer center location at 2501 Village Professional Drive in Opelika. This request is to continue this service under the new declaration issued by Governor Ivey.

Does this request involve an increase in: Beds No Yes Number 2
ESRD Stations No Yes Number _____

Provide a brief explanation of how these services will assist in the health and safety of citizens during the emergency (attach additional sheets if necessary):

East Alabama Medical Center was approved under TW2020-025 to operate 2 inpatient hospital beds at its provider-based cancer center location at 2501 Village Professional Drive in Opelika. This request is to continue this service under the new declaration issued by Governor Ivey. These 2 inpatient beds will be located inside the Spencer Cancer Center to treat cancer patients who need inpatient care. Cancer patients have a weakened immune system and do not need to be in our main hospital building if possible. Since this was originally approved under TW2020-025, there are no costs associated with this request.

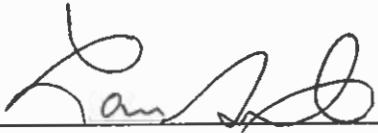
Projected Construction/Renovation Costs: \$ 0.00

Projected Equipment Costs: \$ 0.00

Projected date additional services/equipment will be available for service: 8/19/2021

If this Waiver request involves construction of a new facility and/or acquisition of new equipment, provide a brief description of the proposal on a separate sheet of paper and return with this form.

The undersigned, being first duly sworn, hereby affirms that he/she has direct knowledge of the facts contained this request, and to the best of their information, knowledge, and belief, such facts are true and correct. The undersigned agrees to comply with the requirements and limitations outlined by Rules 410-2-5-.09 E and 410-1-10-.05-E



Signature of Authorized Officer

8-19-21
Date

Laura D. Grill

Printed Name

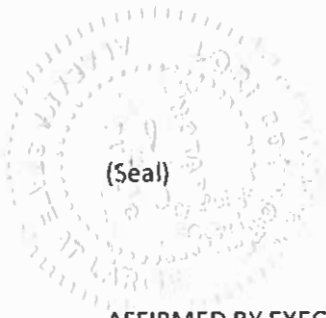
President/CEO

Title

Sworn to and subscribed before me this 19 day of August, 2021.

Roi Cannon
Notary Public

My Commission Expires: 9/12/2021



AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsa
Emily T. Marsa

8/20/2021
Date