

Alva M. Lambert, Esq.  
Executive Director  
Alabama State Health & Planning & Development Agency  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

**Re: Request for Letter of Non-Reviewability by Jackson Hospital and Clinic**

Dear Mr. Lambert:

On behalf of Jackson Hospital & Clinic, please accept this letter to request your determination that the proposed addition of an Interventional Radiology Suite is not subject to Certificate of Need review, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules and Regulations. Attached is a check for \$1,000.00 payment of the applicable fee. Please find below information that relates to the project and justifies the non-reviewability status.

Expenditures for the proposed project are as follows:

Renovation and Construction:	\$ 419,000
Equipment and Furnishings:	\$ 800,000
Total:	\$ 1,219,000

The current Interventional Radiology Suite is at capacity and can no longer accommodate the volume of patients needing this service. Year over year, our Emergency Room visits continue to grow and has put a strain on the one Interventional Radiology Suite. Also, it should be noted that currently five (5) radiologists and two (2) vascular surgeons are sharing the same Interventional Radiology Suite. Our proposed project will add a second Interventional Radiology Suite, adjacent to the current one. This will not create any new service or beds. In addition, the hospital will not incur any additional operating expenses as a result of this project. The new suite will be staffed by the current radiology staff.

Based on the information provided above, we respectfully request your determination that Jackson Hospital & Clinic is not required to obtain a Certificate of Need in order to complete the proposed project. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter.

Sincerely,



Michael James  
Vice President & COO

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that Jackson Hospital & Clinic, Inc., has knowledge of facts in this request, and to the best of their information, knowledge and belief, such facts are true and correct.

Affiant \_\_\_\_\_  
SUBSCRIBED AND SWORN to before me this 7 day of January, 2019.

Ashley B. Brooks  
Notary Public

My commission expires: March 19, 2022

