

**APPLICATION FOR CERTIFICATE OF PUBLIC ADVANTAGE BY
UNION HOSPITAL, INC. AND TERRE HAUTE REGIONAL HOSPITAL, L.P.**

Applicants' Responses to the Second Request for Information

In response to the second request for information (“**RFI2**”) of the Department of Health (“**DOH**”), the Applicants, Union Hospital, Inc. (“**UHI**”) and Terre Haute Regional Hospital, LP (“**THRH**”), submit the information set forth below.

RESPONSES

Financial and Business Information

1. A description of the current healthcare services provided by each of the Applicants and their respective affiliates and subsidiaries (each, an “**Applicant Group**”), including the locations at which such services are provided and the primary service areas for such Applicant Group (based on ZIP codes). If the primary service area of the Applicant Group varies based on the type of healthcare service, please describe such areas separately.

NOTE: In response to footnote no. 1, the entities comprising the Applicant Group for THRH, and for the entities comprising the Applicant Group for UHI, are identified in RFI2 Attachment A¹ submitted with these responses.

(i) REQUEST: Does the addition of affiliates and subsidiaries to the service area analysis impact the primary service areas?

RESPONSE:

For UHI: No.

For THRH: As noted in RFI2 Attachment B submitted with these responses, there is significant overlap in the service area of the patients who have clinic visits or surgical procedures to those providers of Regional Hospital Healthcare Partners, LLC who are set forth in that Attachment. Because of the nature of the services provided by the providers of Regional Hospital Healthcare Partners, LLC, the primary service area is slightly broader.

(ii) REQUEST: Are there services provided by affiliates or subsidiaries of the Applicants that are not identified in the table that begins on page 10 of the Application? If so, please identify those services and the affiliate or subsidiary providing them.

¹ RFI2 Attachment A includes the information regarding UHI’s Applicant Group requested during the April 26, 2024 meeting at the Department of Health.

RESPONSE:

For UHI: Yes, inpatient and outpatient occupational therapy. These services are provided by Union Hospital Therapy, LLC.

For THRH: The only additional service provided by Regional Hospital Healthcare Partners, LLC that is not identified in the table is hematology, which had limited visits to the satellite clinic in Shelburn, IN and for which the data was unavailable. Otherwise, all other services are identified in the table that begins on page 10 of the Application.

(iii) REQUEST: With respect to the table that begins on page 10 of the Application, if a category is marked “yes,” does it include sub-specialty healthcare services other than what is listed?

RESPONSE:

For UHI: Yes

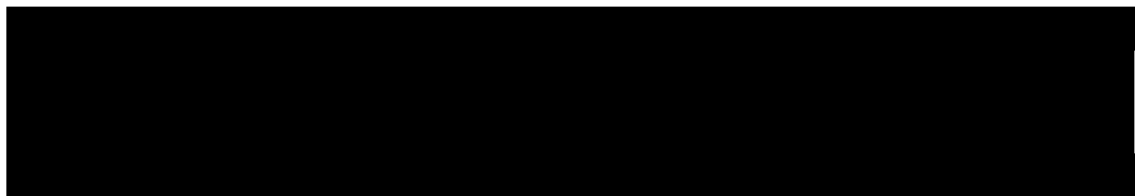
For THRH: Yes

(iv) REQUEST: For any healthcare services (e.g., convenient/urgent care or academic health centers) that are provided by a member of an Applicant Group at an address that is different from 1607 N. 7th St. Terre Haute, Indiana or 3903 S. 7th St., Terre Haute, Indiana (i.e., a location other than the Applicant’s hospitals), please provide:

- a. the type of healthcare service(s) offered; and
- b. the address of such location.

RESPONSE:

For UHI:



[Redacted]

[Redacted]

[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
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[Redacted]	[Redacted]
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For THRH: *See* RFI2 Attachment B submitted with these responses for those healthcare services provided by Regional Hospital Healthcare Partners, LLC.

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2. A description of the type and number of healthcare providers who are employed or contracted by each Applicant Group.

(i) REQUEST: Please explain UHI's relationship with the locations identified in the table below. For example, are services being provided on a contractual basis? For each of the listed locations, please indicate the type of providers by each location.

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

RESPONSE:

Please see this revised table:

Location	Address	County	Number of Providers	Relationship	Providers
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Location	Address	County	Number of Providers	Relationship	Providers
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(ii) REQUEST: With respect to the physicians identified in the table on page 13 of the Application, if any of the physicians provide services at other UHI locations, please indicate the location, the type of physician, and number of physicians at each location.

RESPONSE: [REDACTED]

(iii) REQUEST: Please confirm that all of the providers identified in RFI1 Attachment B are employed by Regional Hospital Healthcare Partners, LLC.

RESPONSE: Confirmed that all of the providers identified in RFI1 Attachment B are employed by Regional Hospital Healthcare Partners, LLC. Since the date of submission of that document, there has been one change in a provider, which is reflected in an updated chart submitted with these responses as RFI2 Attachment C.

(iv) REQUEST: Please clarify whether the number of providers identified in RFI1 Attachment D is the number of physicians in a group that works solely at Union - Clinton Hospital, if the number of physicians who have privileges to work at Union - Clinton Hospital, and/or the total number of physicians in a specialized group that provides services at Union - Clinton Hospital?

RESPONSE:

- (i) The providers identified in RFI1 Attachment D do not work solely at Clinton Hospital.
 - (ii) All physicians referenced in RFI1 Attachment D (physicians in groups that have contracts with UHI and physicians employed by UHI), have privileges at Union - Clinton Hospital.
 - (iii) The number of physicians referenced in RFI Attachment D in a group that has a contract with UHI and represents the total number of physicians in each such group that provide services at Union - Clinton Hospital.
3. A patient census for each hospital owned or operated, directly or indirectly, by a member of an Applicant Group.

(i) REQUEST: Please explain how UHI calculates its Outpatient Census. Does THRH have a similar census?

RESPONSE:

For UHI: Outpatient (“OP”) census is calculated as follows: Total Patient Hours in Observation Status divided by 24 hours equals “Total OP Census Days.” Then, the Total OP Census Days are divided by 365. This calculation does not include any services such as OP MRI, OP CT, OP Physical Therapy, OP Lab etc. OP Census simply refers to Observation patients who are patients in a bed but do not meet inpatient criteria. This is the industry standard.

For THRH: While THRH does not formally track its outpatient census, THRH does track observation days (the sum of total hours for all patients while classified as observation as an outpatient) with respect to outpatient visits and, using a formula of outpatient observation days divided by 365 days, the following sets forth the outpatient census for each of calendar years 2022 and 2023:

2022- Observation Days: 784 O/P Census: 2.1
2023- Observation Days: 723 O/P Census: 2.0

(ii) REQUEST:² Explain why UHI’s inpatient census reported in the table on page 16 of the Application differs from the inpatient data reported by the Indiana Hospital Association?

RESPONSE: The inpatient census on page 16 of the Application differs from data reported by the Indiana Hospital Association (“IHA”) because the inpatient numbers shown in the table is the combination of UHI’s inpatient admissions plus physician inpatient visits, not just hospital inpatient visits. The IHA data, which UHI believes to be accurate, likely contained only hospital inpatient data and does not include physician inpatient visits. See RFI2 Attachment D, a revised version of the table on page 16 of the Application reflecting the IHA inpatient data, submitted with these Responses.

² This request was made during the April 26, 2024 meeting at the Department of Health.

4. Any other provider or medical professional quality information.

(i) REQUEST: With respect to RFI1 Attachment II.h.2.(i) if the data can be provided for the entire previous calendar year please provide it, and if it is unavailable, please confirm.

RESPONSE: An updated chart of that quality information for the calendar year of 2023 is submitted with these responses as RFI 2 Attachment E.

(ii) REQUEST: With respect to RFI1 Attachment II.h.2.(ii), the release date is listed as July 27, 2023. Please indicate the beginning date and the end date for the data provided.

RESPONSE: Confirmed. July 27, 2023 is the date this data was released by CMS and the measuring points (Measure Start Date to Measure End Date) for that data is set forth in RFI1 Attachment F. The most recent release of information by CMS was in January 2024 and this data is submitted with these responses as RFI2 Attachment F.

(iii) REQUEST: With respect to RFI1 Attachment F, please:

a. add a column to describe each measure's full name;

RESPONSE: These measure identifiers are generated by CMS and are most accurately described at the following CMS website: <https://data.cms.gov/provider-data/topics/hospitals/measures-and-current-data-collection-periods>

b. provide data for 2022, or the last full year, as applicable; and

RESPONSE: Because this is data that is generated by CMS, THRH is dependent on CMS for such data and does not have all of the measures for just the calendar year 2022. Further, as noted on the CMS website, certain of the data points are updated on different timelines and on different dates.

c. provide a title for the last column.

RESPONSE: The title for that last column is “Days Elapsed Between the Measure Start Date and the Measure End Date.”

Proposed Merger

5. Provide a description of the business plan and organization, including:

a. three years of projections;

b. integration plans; and

c. timelines

(i) REQUEST: Please provide all reports, analyses or financial models prepared or used for financial analysis, efficiency analysis, or synergies analysis, including reports used for board

presentations or prepared by third parties.

RESPONSE:

See RFI2 Attachment G (October 31, 2023 Piper Sandler valuation) submitted with these responses. There are nine earlier versions of this file in 2023, and six earlier versions for 2020 to 2021. Please advise if you wish to receive these earlier files.

See RFI2 Attachment H (July 27, 2023 Board presentation) submitted with these responses. There are ten different earlier versions of this presentation that went to the Board subcommittee or to the Board. Please advise if you wish these earlier presentations to be produced.

See RFI2 Attachment I (Blue & Company financial projections for HUD) submitted with these responses. Blue & Company is currently finalizing updated financial projections reflecting final 2023 figures. The updated projections will be provided when finalized. There are at least 4 earlier versions of these projections from 2023, and one earlier version from 2021. Please advise if you wish these earlier projections to be produced.

(ii) REQUEST:³ Provide updated financial projections reflecting final 2023 figures.

RESPONSE: *See* RFI2 Attachment J submitted with these responses.

(iii) REQUEST: Please provide all reports or analyses concerning the costs to be incurred if the certificate of public advantage is approved.

RESPONSE: UHI has no such records.

(iv) REQUEST: Please provide any additional information that is available in connection with the plan for developing the integration plan, including a description of each phase, tasks to be accomplished, decision criteria and the timeframe for completion of each phase. In addition, with respect to the Integration Management Office (“**IMO**”), please provide:

- a. The composition of IMO’s staff, noting the number of staff-members, the staff-members’ qualifications, and whether the staff-members are solely engaged to IMO or if they have other responsibilities for UHI;
- b. The amount of funding attributed to IMO;
- c. The non-financial resources provided to IMO; and
- d. The weight UHI provides to the decision and guidance received from IMO.

RESPONSE: *See* RFI2 Attachment K submitted with these responses.

6. A description of any services, facilities or organizations that will be established, eliminated,

³ This request was made during the April 26, 2024 meeting at the Department of Health.

enhanced, reduced, share or relocated as part of the post-merger business plan.

(i) REQUEST: With respect to the enhanced services/initiatives identified in the Application (beginning on page 20), please describe or provide detailed implementation plans and the expected benefits to health outcomes, health care access, and quality of health care in the Wabash Valley Community arising out of the proposed transaction. If UHI has previously implemented or is implementing a proposed service or initiative, describe how the item has impacted health outcomes, health care access, and quality of health care in the Wabash Valley Community.

RESPONSE: *See RFI2 Attachment L and the sub-attachments included therewith [RFI2 Attachment L and its sub-attachments are pending and will be submitted subsequent to these responses]*

(ii) REQUEST: How will THRH's lack of primary care physicians affect the proposed enhanced services/initiatives?

RESPONSE: UHI's proposed enhanced services/initiatives in the COPA Application were advanced with the understanding that THRH lacks primary care physicians. UHI's plans to optimize and better coordinate the delivery of healthcare services in the Wabash Valley are being developed with the intent to leverage the Combined Clinical Platform to enhance access to primary care, optimize patient navigation through the continuum, and improve the quality of care provided in the community.

Post-acquisition, the specialists currently employed by Regional Hospital Healthcare Partners (who opt to be employed by Union Associated Physicians Clinic, LLC) and the specialists currently contracted with Regional Hospital (who enter into contracts with UHI to serve at Union Hospital, or enter into contracts with Union Associated Physicians Clinic, LLC), will be incorporated into UHI's existing primary care infrastructure, allowing their patients to receive coordinated care and easier access to primary care. UHI is committed to establishing and growing primary care presence in the south where such access has historically been lacking. Allowing more residents of the Wabash Valley Community to access primary care will improve the health of the community, all while lowering healthcare costs over time.

(iii) REQUEST:⁴ Provide an explanation for the lack of primary care providers in south side of Terre Haute, and describe how that lack of primary care providers impacts care.

RESPONSE: Because Union Hospital is on the north side of Terre Haute, as are most of UHI's health care professionals, UHI cannot speak to why the south side lacks primary care providers. However, the lack of primary care providers deprives south side residents with:

- Preventive care (saves money, time and other resources of patient and system);
- Healthier community;
- Education opportunities; and

⁴ This request was made during the April 26, 2024 meeting at the Department of Health.

- Opportunities to link patients with other needed services.

(iv) REQUEST: With respect to the “Potential Repurposing of Current Facility Spaces” identified beginning on page 38 of the Application, what criteria will be used to determine if the identified (or other) efficiencies will be implemented and what actions will be taken to ensure continued availability and quality of care?

RESPONSE: UHI leadership is working to identify and prioritize clinical programmatic initiatives that will positively impact the access to care, quality of care, efficiency of care, and streamlining of processes to create value for the community. These key programmatic initiatives were disclosed in the September 14, 2023 COPA application and are being carefully considered. Each initiative’s assessment includes both qualitative and quantitative considerations in many areas including: community need, community access, medical staff impact, staffing and team member impact, financial impact, information technology requirements, equipment needs, space planning, regulatory and accreditation requirements, communication/change management, contractual dynamics, and complexity to operationalize.

UHI is also carefully assessing these initiatives against industry best practice, current medical research, standards published by medical academies and associations, and guidance published by accreditation bodies. UHI leaders are undertaking this assessment to prioritize key initiatives using an objective and informed approach. The initiatives vary in operational complexity, and the evaluation process will yield more information about timing (near-, mid-, and long-term), sequencing, and approach to operationalize. The Integration Steering Committee (“ISC”) will continue evaluating these initiatives, including detailed workplans and recommendations for future state, during this pre-close phase. No final decisions have been made at this stage in the assessment process. Upon closing of the transaction, the integration process will advance from the planning phase to the implementation phase, which will initiate the journey of creating a healthier Wabash Valley community.

7. A description of the proposed cost savings and efficiencies anticipated to be achieved as a result of the proposed merger agreement, including the plans for achieving such savings and efficiencies, how such savings and efficiencies will be measured, and how such savings and efficiencies will be invested for the benefit of the community served by the parties to the merger agreement.

(i) REQUEST: Ind. Code § 16-21-15-7(d)(1) requires that a hospital operating under a certificate of public advantage to “invest the realized cost savings from the identified efficiencies and improvements included in the [Application]...” Please provide a detailed description of the identified efficiencies or improvements and how they will be measured.

RESPONSE: *See RFI2 Attachment M [RFI2 Attachment M is pending and will be submitted subsequent to these responses]*

(ii) REQUEST: Please describe the specific initiatives in which the Applicants intend to invest the anticipated cost savings or efficiencies.

RESPONSE: *See RFI2 Attachment M [RFI2 Attachment M is pending and will be submitted*

subsequent to these responses]

8. Any evidence of support from municipalities and counties served by each Applicant Group.

(i) REQUEST: Please describe any outreach to the Wabash Valley community regarding the proposed merger and the response, whether positive or negative.

RESPONSE: *See RFI2 Attachment N submitted with these responses.*

9. If the certificate of public advantage is not granted, describe how that will impact:

- a. the availability of services;
- b. quality;
- c. pricing; and
- d. community health outcomes

(i) REQUEST: Please describe in detail how granting the certificate of public advantage will enable the Applicants to improve the health outcomes, health care access, and quality of health care in the Wabash Valley Community and how denial of the certificate of public advantage will negatively impact the items identified above.

RESPONSE: Regarding how granting the certificate of public advantage will enable the Applicants to improve the health outcomes, health care access, and quality of health care in the Wabash Valley Community, *see RFI2 Attachment O [RFI2 Attachment O is pending and will be submitted subsequent to these responses]* Regarding how the denial of the certificate of public advantage will negatively impact the items identified above, *see RFI2 Attachment P submitted with these responses.*

10. **NOTE:** The following additional requests were made during the April 26, 2024 meeting at the Department of Health:

(i) REQUEST: Explain the advantages of consolidating the NICUs.

RESPONSE: *[response is pending and will be subsequently submitted]*

(ii) REQUEST: Explain whether the Merger create capacity at Union Hospital Terre Haute.

RESPONSE: *[response is pending and will be subsequently submitted]*

(iii) REQUEST: Describe the joint venture that UHI is exploring with regard to the post-Merger expansion of inpatient psychiatric beds.

RESPONSE: Pursuant to REQUEST “(i)” under section 6 of RFI2, UHI will provide information regarding its possible expansion of inpatient psychiatric beds post-Merger.

(iv) REQUEST: Explain whether the implementation of the “service line model” of care contingent on the Merger.

RESPONSE: While the Service Line Model of Care has already been implemented at UHI, the Merger is the only way to extend its benefits to patients of Regional Hospital. As described on pages 31-35 of the Application, UHI implemented its Service Line Model of Care in 2019 in order to optimize service delivery and outcomes for (i) orthopedics; (ii) oncology; (iii) neuroscience (neurosurgery, neurology, neurophysiology, and pain); (iv) women’s and children’s health; and (v) cardiovascular care. UHI’s implementation of the Service Line Model of Care has improved the quality of care provided and, by coordinating care, has reduced health care costs by eliminating duplicative, unnecessary, and untimely care. Neither Regional Hospital, nor Regional Healthcare Partners, has implemented any initiative similar to the Service Line Model of Care – and they have no current plans to do so. Without the Merger, patients of Regional Hospital will not benefit from the Service Line Model of Care.

(v) REQUEST: Explain how will care be improved if Regional is losing money, particularly with regard to trauma; NICU; and labor and delivery.

RESPONSE: *[response is pending and will be subsequently submitted]*

APPENDIX A

THE FOLLOWING ATTACHMENTS THAT ARE SUBMITTED WITH THESE RESPONSES ARE WITHHELD FROM PUBLIC RELEASE PURSUANT TO I.C. 16-21-15-3(c):

RFI2 Attachments A through K, and P

RFI2 Attachment N

**COMMUNITY LETTERS
OF
SUPPORT**

March 26, 2021

To Whom It May Concern,

As Mayor of the City of Terre Haute, I am writing to you to voice my strong support for Senate Bill 416. As an elected official of the Terre Haute community, it is my job to assess the needs of Terre Haute so that I can support efforts that will improve the quality of life for those within our community. Through Senate Bill 416, I see this possibility.

I have had the distinct privilege of working with Steve Holman, President/CEO of Union Health, on many projects within the Terre Haute area. Most notably, together, we co-chaired the "See You In Terre Haute" Community Plan. This plan details the needs for advancement in all areas of Terre Haute. Housing, tourism, education and more were included with the goal of bettering the lives of those who live in and visit Terre Haute. However, one of the most notable areas with identified needs was that of health care in Terre Haute. The process of developing this community plan showed us first-hand the concerning health metrics of the Terre Haute and Vigo County area. Our community has struggled and continues to struggle with addiction, mental health and poverty, all of which contribute to discouraging health statistics. A juristic change is needed in order to serve the diverse health needs of our community.

Senate Bill 416 is the change that we need. The bill addresses the needs of communities facing health care problems. Terre Haute is one of many areas in Indiana needing more advanced and collaborative efforts towards health care. Taking what I have seen in Union Health's work and the overall needs of the community, I believe that the passing of this bill will better the lives of many in Indiana. The opportunity to apply for a COPA puts the needs of all Hoosiers first by bringing forth more accessible and affordable health outcomes.

The fact that Vigo County ranks 85th out of 92 counties in health metrics speaks volumes. Something must change to not only help but also save the lives of those living here. I urge you to think favorably on this bill as it will impact my community and give help to those who need it most.

Thank you,

Mayor Duke A Bennett



March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee:

I am writing to share my support for SB416 as a dynamic, innovative, and forward-thinking solution to our community's extensive health concerns.

As an employer of over 100 individuals in the West Central Region with a primary location in Vigo County, the economic impact of our population's failing health on our bottom line is clear. Rising health insurance costs, employee absenteeism, and overall ability to perform due to health-related issues are constant barriers to our continued growth and success. Over 20% of our county's population describes themselves as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

We are not alone in this struggle, countless other businesses across Vigo County also face the impact of the poor health of their workforce. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome.

The opportunity being presented via SB416 presents a unique way for our community to align itself, and its residents, under one unified system of care. With additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings to improve overall population health, I am hopeful this would allow Terre Haute and Vigo County to dramatically transform the health of our entire community and its workforce.

As a business leader, I urge you to consider this legislation, not just as a health and wellness related issue, but as an overall economic development strategy for our community.

Sincerely,

Brian Kooistra
Chief Operations Officer

C.H. Garmong and Son Inc.
3050 Poplar Street
Terre Haute, Indiana 47803
Phone (812) 234-3714 Fax (812) 234-1403
www.garmong.net



Glas-Col[®]

7 HILKMAN STREET
PO BOX 2128
TERRE HAUTE INDIANA 47805-0128 USA
TEL: 812-215-6167 FAX: 812-234-6975
INTERNET: www.glascol.com
EMAIL: pnucio@glascol.com

March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee -

I am writing to share my support for SB416 as a dynamic, innovative and forward thinking solution to our community's extensive health concerns.

As an employer of over 70 individuals in the West Central Region with a primary location in Vigo County, the economic impact of our population's failing health on our bottom line is clear. Rising health insurance costs, employee absenteeism and overall ability to perform due to health-related issues are constant barriers to our continued growth and success. Over 20% of our county's population describes themselves as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

We are not alone in this struggle, countless other businesses across Vigo County also face the impact of the poor health of their workforce. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome.

The opportunity being presented via SB416 presents a unique way for our community to align itself, and its residents, under one unified system of care. With additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings to improve overall population health, this would allow Terre Haute and Vigo County to dramatically transform the health of our entire community and its workforce.

As a business leader, I urge you to consider this legislation, not just as a health and wellness related issue, but as an overall economic development strategy for a struggling community.

Sincerely,

David S. Templeton
President & CEO



March 29, 2021

The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee -

I am writing to share my support for SB416 as a dynamic, innovative and forward thinking solution to our community's extensive health concerns.

As an employer in the West Central Region with a primary location in Vigo County, the economic impact of our population's failing health on our bottom line is clear. Rising health insurance costs, employee absenteeism and overall ability to perform due to health-related issues are constant barriers to our continued growth and success. Over 20% of our county's population describes themselves as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

We are not alone in this struggle, countless other businesses across Vigo County also face the impact of the poor health of their workforce. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome.

The opportunity being presented via SB416 presents an unique way for our community to align itself, and its residents, under one unified system of care. With additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings to improve overall population health this would allow Terre Haute and Vigo County to dramatically transform the health of our entire community and its workforce.

As a business leader I urge you to consider this legislation, not just as a health and wellness related issue, but as an overall economic development strategy for a struggling community.

Sincerely,

A handwritten signature in black ink that reads "John A. Collett".

March 29, 2021



The Honorable Brad Barrett
Chairman, Committee on Public Health
Indiana State House of Representatives

Dear Chairman Barrett and Members of the Committee -

As the leading business advocacy organization in Terre Haute and West Central Indiana, the Terre Haute Chamber of Commerce stands behind a big and bold approach to systematically change the health trajectory of the over 100,000 people who call Vigo County home.

There is no denying the failing health of Vigo County residents is one of most pressing concerns facing our community. In fact, the situation is quite dire. According to County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, Vigo County ranks 75th of Indiana's 92 counties in terms of overall health outcome. Heartbreakingly, our number of premature deaths is averaged at 9,200 lives annually against the state's average of 8,300. This means almost 9% of our county's population dies too early due in large part to cancer, heart disease and respiratory disease.

In terms of the business community, these statistics have a devastating impact upon our economic growth and sustainability. Many employers cite rising health care costs and employee absenteeism related to health issues as having a major impact upon their workforce. Over 20% of our county's population describes themselves as being in poor to fair health and on average, residents report 5.1 poor mental health days per month.

The opportunity being presented via SB416 presents an unique way through which our community could, with additional oversight from the State Department of Health, alongside commitments regarding insurance rate regulations and reinvestment savings improve overall population health, dramatically transform the health of our entire community.

While this strategy does not make sense for every community in the state, the dire health statistics for Vigo County make us different. Our residents are dying too early, suffering from chronic health conditions unnecessarily and our economy is being impacted. We urge you to consider what this opportunity could provide for Terre Haute, Vigo County and West Central Indiana.

Sincerely,

A handwritten signature in black ink that reads "Kristin Craig". The signature is fluid and cursive.

Kristin Craig
President, Terre Haute Chamber of Commerce



BUILDING BUSINESS. BUILDING COMMUNITY.

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Valley Professionals Community Health Center

CARING PROFESSIONALS IN YOUR COMMUNITY.

March 31, 2021

Dear Indiana House of Representatives,

Health care has always been a passion of mine. As CEO of Valley Professionals Community Health Center, my goal is to always bring equitable health care options to the people of West Central Indiana. Senate Bill 416 would be an opportunity that benefits the practices, services and care of health providers and their patients in our region.

During my time at Valley Professionals, I have been able to see the great need for more expansive efforts towards health care. Valley Professionals currently operates in 7 locations in 4 different counties to offer necessary services in behavioral health, clinical care, primary care, dental care and more. The vision of Valley Professionals is simple: we are committed to improving access to health care and enhancing the overall well-being of our communities. We support this bill because it does exactly that. Through the collaboration made possible through Senate Bill 416, Valley Professionals and all care facilities can take one step closer to achieving this vision in West Central Indiana.

One of the biggest issues surround health care that we've seen is lack of access and cost. We want to be able to give the citizens of West Central Indiana what they need in order to live happy and healthy lives. Through Senate Bill 416 and the acquiring of a COPA certification, a better health care community can be created. The possibilities through this bill promise the expansion of health care, more affordable access and the promise of bringing help directly to those in Indiana. Those unable to afford life-saving medications may find they can; those unable to get to a hospital that is miles away can find closer locations; and those looking for unique care options in their town can through a better system that fosters partnerships with regional health care providers. Senate Bill 416 is not a want for West Central Indiana, it is a need.

I thank you for your time in reading this letter. I hope in doing so I have helped you to understand the dire need for health care assistance in the West Central Indiana community and the need for Senate Bill 416. This bill is about serving the communities that count on their legislators and healthcare leaders to serve them in a way that gives back.

Best Regards,

T.J. Warren
CEO of Valley Professionals Community Health Center

777 S. Main Street, Suite 100 • Clinton, IN 47842 / 703 W. Park Street • Cayuga, IN 47928
201 W. Academy Street • Bloomington, IN 47832 / 1702 Lafayette Road • Crawfordsville, IN 47933
1530 N. 7th Street • Terre Haute, IN 47807 / 727 N. Lincoln Road • Rockville, IN 47872