

SUPPORT LETTER(S)

Received after August 12, 2016

East Tennessee Health Care Holdings,
LLC

CN1605-021

Simpson Clinic, L.L.C.
2012 Brookside Dr., Ste. 8
Kingsport, TN 37660
Phone (423)378-5005
Fax (423)378-5070

AUG 12 11 15 AM '16

August 10, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

I am the President with Simpson Clinic, LLC based in Kingsport, TN. The purpose of my letter is to register support for Mountain States Health Alliance (MSHA) and East Tennessee State University (ETSU) in their bid to open an Outpatient Treatment Program to address the opioid addiction problem plaguing our community.

I support the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Recovery-Based Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

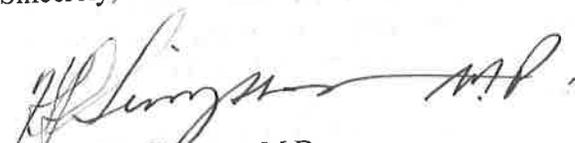
There are currently no non-residential methadone clinics in their proposed service area and the residents of these counties do not have convenient access to treatment outside of the area. This is striking when considering the following facts.

Statistics collated by the College of Public Health at ETSU put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective.

- USA is #1 in the world: The USA consumes twice as many opioids per capita than the next closest nation
- Tennessee is #2 in the #1 country: Alabama is #1 by a tenth of a point; West Virginia is a distant third
- East Tennessee is #1 in the state

We all benefit from a strong and vibrant workforce. Please help us fight opioid addiction in East Tennessee by supporting ETSU and MSHA. They have my support and I am asking for yours.

Sincerely,



Harland D. Simpson, M.D.

August 15, 2016

VIA HAND DELIVERY

Melanie M. Hill
Executive Director
Tennessee Health Services and
Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: East Tennessee Healthcare Holdings, Inc., CN1605-021

Dear Ms. Hill:

This letter is submitted on behalf of the above application for the purpose of providing additional information related to an issue raised by opponents to the project.

We understand that some members of the community have expressed opposition to the location of the proposed facility. On August 9, 2016, the Johnson City Planning Commission voted to approve the zoning required for the facility. In connection with the Planning Commission review, the Johnson City Development Services Department conducted research and evaluated the proposal. The result of the Department's work is summarized in the enclosed memorandum. Key points in the memorandum include the following:

- Even though the proposed facility will be different from typical methadone clinics, the staff assumed a "worst case approach" and evaluated the facility as if it were like any other methadone clinic.
- Based on discussions with law enforcement officials from other Tennessee communities where methadone clinics are located (Memphis, Knoxville, Columbia and Dyersburg), the report notes there are few, if any, issues associated with the clinics. The report points out that some of the other clinics had opposition to the location, "but the concerns have not come to pass."
- The city Traffic Engineer evaluated potential traffic issues and concluded that the proposed facility would have "no significant impact."

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32355350v1

Melanie M. Hill
August 15, 2016
Page 2

- The proximity of the location to schools and residents was evaluated. The report notes that alternative sites are in close proximity to 4 to 6 times more houses and that other alternatives have similar proximity to schools.

I am submitting twenty (20) copies of this letter and the report in order to facilitate distribution to Agency members. Please let me know if you have any question regarding this submission.

Very truly yours,

BUTLER SNOW LLP



Dan H. Elrod

clw
Enclosures



Development Services Department

Administration • Codes • Planning
Community Development • GIS • MTPO

PLANNING DIVISION

DATE: July 7, 2016

TO: M. Denis Peterson, City Manager
Johnson City Board of Commissioners
Johnson City Regional Planning Commission

FROM: Steve Neilson, Development Coordinator 

SUBJECT: Impacts of methadone treatment clinics

At a recent Gray neighborhood meeting for the proposed ETSU-MSHA outpatient treatment center, Gray residents expressed concerns about the project. They referred to the proposed facility as a methadone clinic and insisted that it would increase crime and be a high traffic generator which would create a negative impact in the Gray area. While these are important issues to the residents, their concerns are unfounded.

First, an important fact to point out is that the ETSU-MSHA facility will be a not-for-profit holistic treatment center where methadone treatment will be only one component. There will be other treatments available including abstinence. However, because there is no real data for this specific type of facility, staff is taking a worst case approach and reviewing this as if it was a for-profit methadone treatment clinic.

Crime

There is no evidence that there is an increase in crime due to a methadone clinic locating in a community/neighborhood. To verify this, Chief Mark Sirois called police officials in four Tennessee communities which have methadone clinics to find if there has been any increase in crime or other negative impacts associated with these clinics. Chief Sirois indicated that he spoke with officials from Memphis, Knoxville, Columbia, and Dyersburg who informed him that there is little, if any, crime spillage from these clinic sites.

These observations are supported by a 2012 University of Maryland Study: *Use of a 'microecological technique' to study crime incidents around methadone maintenance treatment centers*, which found also no significant increase in crime associated with methadone treatment centers.

"The Johnson City Development Services Department is committed to a comprehensive approach to guide and shape quality development in our region."

Traffic

Staff believes that the traffic pattern will be more in line with the typical medical office use than a methadone clinic. A for-profit methadone clinic will generate approximately three times the traffic of a typical medical office use. Staff found that even if the proposed clinic is treated like a methadone clinic, the overall traffic impact of the proposed clinic is not significant enough to reduce the level of service of Suncrest Drive. Anthony Todd, Traffic Engineer evaluated traffic volumes along Suncrest Drive, shift changes at TPI, the impact of area schools, and the anticipated traffic characteristics of the proposed clinic and found no significant impact.

The hours of operation for a methadone clinic are generally between 5:00 a.m. and 10:00 a.m., therefore, the clinic's peak traffic volume would be higher in the a.m. and have little or no impact in the p.m. when the peak traffic volume along Suncrest Dr. is normally highest and experiences the greatest congestion. For comparison purposes, Mr. Todd states the proposed clinic would generate approximately half the traffic of a typical fast food restaurant or one-fifth of the traffic generated by a coffee/donut shop during the a.m. peak.

Location to School and Residents

Gray residents state that the Gray Commons site is also a bad location for a methadone clinic because there are three schools and several hundred homes nearby. They state that there are other sites that are more appropriate and specifically identified the following three locations:

- Innovation Park (near the intersection of W. Market St. and State of Franklin Rd.)
- Med-Tech Park (off of State of Franklin Road)
- The site of the former Northside Hospital (off Princeton Rd.)

When evaluating the number of residential dwellings within a ½ mile, the number of residential dwellings of all three of the alternative sites exceed the Gray Commons site. In fact, the Innovation Park site has more than three times the residential dwellings of the Gray Commons site. At one mile, the number of residential dwellings of all three alternative sites greatly exceed the Gray Commons property by a factor of 4 to 6 times the number of dwelling units.

Number of Residential Dwellings

Sites	Number of Residential Dwellings	
	1/2 Mile	1 Mile
Gray Commons	217	586
Innovation Park	686	3,392
Med-Tech Park	288	2,415
Northside Hospital Site	360	2,264

Gray residents also expressed that this was not a good location because there were too many schools nearby. There are three schools within two miles driving distance from the currently proposed site. After reviewing the alternative sites, staff found that each site also had three or more schools within similar proximity.

Sites	Distance to Schools		
	Name	Straight-line	Roadway
Gray Commons			
	Daniel Boone High School	1.31 mi.	1.36 mi.
	Ridgeway Elementary	0.95 mi.	1.67 mi.
	Gray Elementary	1.48. mi.	1.93. mi.
Innovation Park			
	University School	1.2 mi.	1.75 mi.
	Woodland Elementary	1.28 mi.	1.85 mi.
	Alternative. Learning Center	1.08 mi.	1.23 mi.
	Ashley Academy	1.13 mi.	1.82 mi.
	Liberty Bell Middle School	1.3 mi.	1.88 mi.
	Science Hill High School	1.52 mi.	2.38 mi.
Med-Tech Park			
	Woodland Elementary	1.15 mi.	2.28 mi.
	Towne Acres Elementary	0.95 mi.	1.59 mi.
	Ashley Academy	1.31 mi.	1.82 mi.
	Liberty Bell Middle School	1.74 mi.	2.28 mi.
	Science Hill High School	1.56 mi.	2.42 mi.
Northside Hospital Site			
	Fairmont Elementary	1.03 mi.	1.69 mi.
	St. Mary's School	1.14 mi.	1.9 mi.
	Towne Acres Elementary	0.94 mi.	1.27 mi.

Crash and Incident Data

Chief Sirois also provided information regarding crash data and crime incidents for the last two years for the four locations. The Gray Commons site had both the fewest number of crash reports and incident reported (see attached).

	Crash Reports (within ¼ mile)	Incident Reports (within 1000')
2151 Century Lane	219	133
413 Princeton Rd	34	78
203 Gray Commons	9	3
510 Med Tech Pkwy	46	57

Synopsis of city law enforcement research

Executive summary

There were very few, if any, issues with methadone clinics in the polled cities. They are not considered crime magnets. There is little, if any, crime spillage from these clinic sites. There was some opposition in some locations to the clinics, but the concerns have not come to pass.

City highlights

Knoxville Police Department

The clinic follows a stringent process and proper procedure. Law enforcement was invited to tour the facility. There is not much residential area around. The facility has been there about seven years, so there is an established track record. The facility opens at 4:45 a.m. each day, and closes at noon. Traffic might be a concern if it did not open so early. There are security guards on site.

Columbia Police Department

The clinic has been there for about seven years, and there have been no calls for service. No criminal activity can be tied to the clinic. There was controversy in the media as the clinic was being considered, but it subsided. The Police Department had some reservations about the clinic initially, but these were alleviated over time through visits to the clinic. The facility is located in a strip mall.

Dyersburg Police Department

The clinic has been there for at least eight years. Not much resistance from public at the initiation of the clinic. The company met with the Police Department and was very open. There are no issues with the clinic, and no crime that can be attributed or tied to the facility. The clinic opens at about 5:30 a.m., and is packed. There are no traffic crash issues.

Memphis Police Department

There are no apparent problems or influx of crime that can be attributed to the clinics.



Northeast Tennessee
**Regional
Perinatal
Center**

August 8, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings (“ETHHI”), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted in support of ETHHI, Mountain States Health Alliance (“MSHA”) and East Tennessee State University (“ETSU”) in support of the project referenced above.

We are in complete support of the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Outpatient Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant’s mothers were prescribed opioid painkillers, or the primary substance causing Neonatal Abstinence Syndrome (“NAS”), by a healthcare provider. Washington County has the 5th (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period.

Statistics collated by the College of Public Health at ETSU put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective.

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There are currently no non-residential methadone clinics in their proposed service area and the residents of the service area counties do not have convenient access to treatment outside of the area. This issue must be addressed. ETSU and MSHA have our support and we are asking for yours.

Sincerely,

North East TN Regional Perinatal Center

Jayelle Bellefleur, MD, MPH

THE RHOTON LAW FIRM

Kimberley D. Rhoton, Esq.

1524 Bridgewater Lane,
Suite 103
Kingsport, TN 37660
Phone (423)723-0493
Fax (423)723-0494
Kim@rhotonlawfirm.com

*Licensed in TN and VA

August 6, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

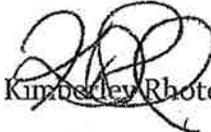
I am Kimberley D. Rhoton, an attorney based in Kingsport Tennessee. This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

The prescription drug problem is out of control in East Tennessee and it appears to have no non-residential means of treatment. Hearing the statistics that the United States is No. 1 in the world for opioid addiction per capita and that East Tennessee is No. 2 in the United States shows that this problem greatly affects my home town, my home state and my country. Furthermore, knowing that more than 800 infants were born in the year 2013 experiencing withdrawal from addictive drugs makes me very sad.

Without a local option, patients have to endure long drives and treatment that is not appropriate for the population of East Tennessee. Currently, to my knowledge, there are no non-residential methadone clinics in the proposed area. This means that a large percentage of the population in need does not seek treatment at all due to inaccessibility of treatment in our area. Both ETSU and MSHA see this as a unique opportunity to develop a holistic care regiment for these patients and to continue research in the fighting of addiction of opioid drugs in the area. Furthermore, with this research they can better help the State of Tennessee make more informed decisions on the treatment and choices in moving forward.

Thus, please take this letter as support for the program being proposed and please help us fight this addiction in East Tennessee by supporting ETSU and MSHA in their quest. They have my support and I am asking for yours.

Sincerely,


Kimberley Rhoton, Esq.

June 18, 2016



Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted in support of ETHHI, Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

I am in complete support of the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Outpatient Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing Neonatal Abstinence Syndrome ("NAS"), by a healthcare provider. Washington County has the 5th (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period.

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There are currently no non-residential methadone clinics in their proposed service area and the residents of the service area counties do not have convenient access to treatment outside of the area. This issue must be addressed. ETSU and MSHA have my support and I am asking for yours.

Sincerely,

A handwritten signature in cursive script that reads "Tara Chadwell".

Tara Chadwell
Director, Children's Resource Center
Niswonger Children's Hospital

Jocelyn Hamilton Medina, MD
Mountain Empire Radiology
1301 Sunset Dr., Suite 3
Johnson City, TN 37604
medinajh@msha.com, 423-943-0889

August 9, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

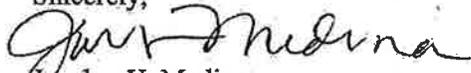
Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

I have been a practicing physician in east Tennessee for over 10 years and have seen first hand how devastating opioid addiction is for my patients and community. Not long ago I diagnosed a young addicted woman with breast cancer. She was more concerned with getting an opioid prescription to share with her addicted husband, than with getting the care she needed for her cancer. She was not compliant or not able to be compliant with her treatment and this will certainly impact her survival. I wonder what will happen to her 11 year old son if she doesn't make it.

Programs like East Tennessee Healthcare Holdings are absolutely essential if we want to help people like my breast cancer patient over come addiction and go on to live healthy lives. I am in full support of this program and sincerely hope for its success.

Sincerely,



Jocelyn H. Medina
President Elect, Franklin Woods Community Hospital
Radiology Medical Director, Johnson City Medical Center

PO Box 73
Blountville, TN 37617
August 11, 2016

Melanie Hill
Tennessee Health Services and Development Agency
502 Deaderick Street
Andrew Jackson Bldg., 9th Floor
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

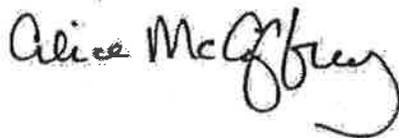
Dear Ms. Hill,

I am the Director of the Sullivan County Anti-Drug Coalition based in Sullivan County, TN. I am well aware of the problem of addiction in our county and the lack of treatment opportunities. Too often families ask us about what help they can get for members of their family, businesses ask what can be done to find employees, DCS reports on the number of children removed from their homes due to their drug addicted parent's inability to provide appropriate care, churches worry when they do all they can for the youth in their programs only to see them finally succumb to the drugs at home, and our jails are overfull of people with drug related convictions. It is a problem that is out of control in East Tennessee and there are currently nowhere near enough treatment opportunities for the residents of Sullivan County. Considering the enormity of the problem in northeast Tennessee, every tool that could be available to build a healthy community needs to be in our box of options for those confronting this devastating problem.

I am in complete support of the efforts of ETSU and Mountain States Health Alliance (MSHA) because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU, and the medical care expertise and capital resources of MSHA to address these challenging issues. The Recovery-Based Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction.

Aside from the devastation suffered in our county, helping people recover to become productive citizens is just the right thing to do. Please help us fight opioid addiction in East Tennessee by supporting ETSU and MSHA. They have my support and I am asking for yours.

Sincerely,





A Not-for-Profit Since 1971
A 501 (c) 3 Since 1991

August 10, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in total support of the project referenced above.

Fairview Housing Management Corporation has been providing residential addiction recovery in East Tennessee for the past 18 years. During that time, we have witnessed substance abuse change in volume and types of substances to the current massive crisis it has become.

ETSU and MSHA see the unique opportunity to develop a comprehensive, innovative, holistic model of care for this patient population by bringing together the local academic and research resources of ETSU; coupled with the medical care expertise and capital resources of MSHA.

This region, literally the second worst area in the world for drug abuse and misuse, desperately needs the services proposed by ETHHI. Please carefully consider their application.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert J. Garrett". The signature is written in a cursive style with a large initial "R".

Robert J. Garrett

August 10, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

It is widely known that an epidemic of opioid use disorder (OUD) exists in this country. The highest rates of OUD, overdose and neonatal abstinence syndrome are located in southern appalachia including Northeast Tennessee. Medication assisted treatment (MAT) with buprenorphine (Suboxone) or methadone is a rapid and expedient method for stabilizing OUD. Only physicians with a DEA waiver can prescribe buprenorphine and there are insufficient number to meet this region's demand for treatment. This has created a shortage that has allowed many physicians to overcharge patients and refuse to accept insurance payments. This exploits patients and creates an economic barrier to access to treatment.

The opioid treatment program (OTP) proposed by ETSU and MSHA would be able to treat a large number of patients and help relieve this shortage. According to a July 31 article in the Johnson City Press (<http://www.johnsoncitypress.com/Local/2016/07/31/Clinic-will-be-project-of-Mountain-States-ETSU-with-staff-from-Frontier-Health.html?ci=content&lp=10&p=1>) the OTP will contract with Frontier Mental Health to provide counseling and case management. Frontier has provided quality addiction treatment in this region for several decades. The Press reports the OTP will use methadone and may include buprenorphine in year 3. Buprenorphine is medically superior (lower risk of overdose and sedation) however methadone does have a long history of effectiveness. The Press reports the OTP will charge \$13/day, slightly less expensive than the \$100/week charged by most local physicians. However, they do intend to file for insurance payments.

Opioid use disorder is a major problem in NE Tennessee and this opioid treatment facility will help relieve the shortage of treatment available.

Sincerely,



Jack Woodside, M.D.

Professor
Office of Academic Affairs
ETSU College of Medicine
American Soc of Addiction Med. certified
woodside@etsu.edu



August 1, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

I am offering my support of ETHHI, Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU"), project referenced above.

I am in complete support of the efforts of ETSU and MSHA. They understand the need and have the means to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to deal with an issue that continues to wreak havoc on our communities and destroy families. The Outpatient Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation. We have plenty of pill mills in this area. ETHHI is the only option offered that can truly make a significant difference in the management of the chronic disease of addiction that is having such a crushing effect in our communities.

I currently serve on Johnson City School Board. Our administration unofficially estimates that we will have roughly 150 NAS children enter kindergarten this year. This puts an ever increasing burden on school systems with the need for additional services to mitigate behavioral as well as academic achievement issues, the necessity of growing the safety net, training for teachers, and augmented nursing support. All of these issues will directly impact the taxpayer with a direct correlation to the cost of implementing and administering these additional services.

To many times, I see duplication of services for those in need. At this time, our area has no treatment facility that offers a holistic approach to this growing population. The ETHHI is a cooperation between entities towards a common goal.

I'm sure you are well aware of the devastating statistics that continue to become worse year after year, so I won't rehash what is already known. However, there are currently no non-residential methadone clinics in the area. This issue must be addressed. ETSU and MSHA have my support and I am asking for yours.

Sincerely,

John Hunter

JCMC – Main Office
400 N State of Franklin Rd
Johnson City TN 37604
(423) 431-6361
(423) 431-2900 (fax)

North Point Office
1021 W. Oakland Ave Ste 110
Johnson City TN 37604
(423) 952-3120
(423) 952-3131 (fax)

Franklin Woods Office
300 Med Tech Park
Johnson City TN 37604
(423)302-1163
(423)302-1162 (fax)

August 1, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHP"), Inc. CN1605-021

Dear Ms. Hill,

I am the Medical Director with Eastman Chemical Company based in Kingsport Tennessee. Too often I see one of my employee's or their family member's lives torn apart by the ravages of opioid addiction. It is a problem that is out of control in East Tennessee and there are currently no non-residential methadone clinics in our area and there is not convenient access to treatment outside of the area. This is striking when considering the following:

Statistics collated by the College of Public Health at East Tennessee State University (ETSU) put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective.

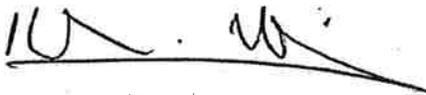
- USA is #1 in the world: The USA consumes twice as many opioids per capita than the next closest nation
- Tennessee is #2 in the #1 country: Alabama is #1 by a tenth of a point; West Virginia is a distant third
- East Tennessee is #1 in the state

Eastman supports community coordinated efforts that will bring a Recovery-focused and abstinence based methadone program with a unique approach by developing a comprehensive, innovative and holistic model of care. Recovery Based Clinic will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating impact on our communities.

I am also among many professionals who are appalled by the alarming rate of Neonatal Abstinence Syndrome (NAS) births in our region. More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing NAS, by a healthcare provider. Washington County has the 5th highest (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period. And these alarming rates do not appear to be decreasing.

We all benefit from the health and wellbeing of our region. Please help us fight opioid addiction in East Tennessee by supporting this program and application for a Certificate of Need. Through the establishment of this type of center, we have the opportunity to establish best practices which could be replicated nationwide.

Sincerely,



Ibrahim M Heiba, MD
Medical Director
Eastman Chemical Company



Aug 10, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

Big problems require big solutions. MSHA has the depth of resources to help drug addicts regain a meaningful and rewarding life free of drugs. This project is a long overdue investment in our community.

Sincerely,



Guy Wheeler, MD

Radiologist, Mountain Empire Radiology

Timothy S. Smyth, MD
Catalyst Health Solutions
926 W. Oakland Ave., Suite 222, Johnson City, TN, 37604
Office: (423) 282-3379 Fax: (423) 282-8142

June 18, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

Please accept this letter as my unconditional support of ETHHI, Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") as they collaborate to better care for our community via the project referenced above.

ETSU and MSHA have the vision to see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address the myriad of challenges that opioid addiction has wreaked on our community. The Outpatient Treatment Program (OTP) they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction.

The CDC, SAMHSA, and TDMHSAS have published statistics showing that the United States is number one in the world for opioid abuse and overdose deaths per capital. Tennessee is number two in the nation, behind Alabama by only one tenth of a percentage point. Northeast Tennessee, unfortunately, is number one in the State.

There are currently no OTP (methadone) clinics in the proposed service area, the area where I live and practice. I practice addiction medicine full time. Many of my patients and untold others need a higher level of care that can be provided by an OTP. The residents of this area have to travel more than one hour to receive this treatment. They must travel daily for a prolonged period of time. Obviously, this creates a great burden for these, often destitute, individuals. Too often this burden cannot be overcome. The result is devastating for those individuals and their families, often ending in jail or death. I am grateful that ETSU and MSHA have "stepped up" to address this great need in our community. I ask you to help me to support their efforts to move forward with this worthwhile and essential project.

Sincerely,



Timothy S Smyth, MD
Board Certified:

American Board of Addiction Medicine
American Board of Pain Medicine
American Board of Anesthesiology

Cell # (423) 773-5626

August 8, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

Having practiced pharmacy for almost 60 years, I am seeing the opioid addiction at the highest level during my practice career. A treatment center somewhere in this region is a must for the practice of good medicine and care for those addicted to some form of an opioid.

If the proposed site is not acceptable, then an acceptable site should be approved immediately so that this project can become functional as soon as possible for the care of opioid addicts of our area.

Sincerely,



Bruce E. Large, DPh.

Bruce E. Large, DPh.
211 University Parkway #6
Johnson City, Tn. 37604

August 12, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted in support of ETHHI, Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

I am in complete support of the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Outpatient Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing Neonatal Abstinence Syndrome ("NAS"), by a healthcare provider. Washington County has the 5th (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period.

Statistics collated by the College of Public Health at ETSU put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective.

- USA is #1 in the world: USA consumes twice as many opioids per capita than the next closest nation
- Tennessee is #2 in the #1 country: Alabama is #1 by a tenth of a point; West Virginia is a distant third
- East Tennessee is #1 in the state

There are currently no non-residential methadone clinics in their proposed service area and the residents of the service area counties do not have convenient access to treatment outside of the area. This issue must be addressed. ETSU and MSHA have my support and I am asking for yours.

Sincerely,



Katie Baker, DrPH, MPH
Assistant Professor
College of Public Health
East Tennessee State University
bakermk@etsu.edu



Healing Hands Health Center

August 17, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHH"), Inc. CN1605-021

Dear Ms. Hill,

As the Chair of the Board of Healing Hands Health Center in Sullivan County, TN, I am writing to convey the support of our Board of Directors for Mountain States Health Alliance (MSHA) and East Tennessee State University (ETSU) in their bid to open an Outpatient Treatment Program to address the opioid addiction problem plaguing our community.

We support the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Recovery-Based Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

There are currently no non-residential methadone clinics in their proposed service area and the residents of these counties do not have convenient access to treatment outside of the area. This is striking when considering the following facts.

Statistics collated by the College of Public Health at ETSU put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective.

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- Tennessee is #2 in the #1 country: Alabama is #1 by a tenth of a point; West Virginia is a distant third
- East Tennessee is #1 in the state

We all benefit from a strong and vibrant workforce. Please help us fight opioid addiction in East Tennessee by supporting ETSU and MSHA.

Sincerely,

Eric Fields

Board Chair, Healing Hands Health Center

245 Midway Medical Park * Bristol, Tennessee 37620 * (423) 652-0260 * Fax (423) 652-0694
www.healinghandshealthcenter.org

August 17, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted in support of ETHHI, Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

I am in complete support of the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Outpatient Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

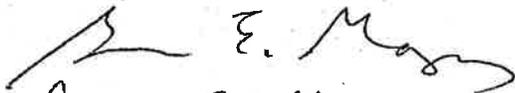
More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing Neonatal Abstinence Syndrome ("NAS"), by a healthcare provider. Washington County has the 5th (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period.

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There are currently no non-residential methadone clinics in their proposed service area and the residents of the service area counties do not have convenient access to treatment outside of the area. This issue must be addressed. ETSU and MSHA have my support and I am asking for yours.

Sincerely,


Grover E. May, MD

August 17, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted in support of ETHHI, Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

I am in complete support of the efforts of ETSU and MSHA because they see the unique opportunity to develop a comprehensive, innovative and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. The Outpatient Treatment Program they propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing Neonatal Abstinence Syndrome ("NAS"), by a healthcare provider. Washington County has the 5th (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period.

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There are currently no non-residential methadone clinics in their proposed service area and the residents of the service area counties do not have convenient access to treatment outside of the area. This issue must be addressed. ETSU and MSHA have my support and I am asking for yours.

Sincerely,

Chad A. Day, MD

OB/Gyn with State of Franklin Healthcare
Chair of Obstetrics and Pediatrics at Franklin Woods Community Hospital



Frontier Health®

1167 SPRATLIN PARK DRIVE
P.O. BOX 9054
GRAY, TN 37615
Phone: 423-467-3600
Fax: 423-467-3710
1-888-291-1935
www.frontierhealth.org

August 4, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings (“ETHHI”), Inc. CN1605-021

Dear Ms. Hill,

I am the President and CEO of Frontier Health, Northeast Tennessee’s regional behavioral health provider. Our corporate office is based in Gray, Tennessee, but we provide mental health, substance abuse, co-occurring, vocational rehabilitation, and intellectual and developmental disabilities services to the eight counties of Northeast Tennessee (Washington, Sullivan, Carter, Unicoi, Johnson, Hawkins, Hancock, Greene) and three counties in Southwest Virginia (Lee, Scott, Wise). The purpose of my letter is to register support for Mountain States Health Alliance (MSHA) and East Tennessee State University (ETSU) in their bid to open an Outpatient Treatment Program to address the opioid addiction problem afflicting our community.

I support the efforts of ETSU and MSHA because through their application, they present a unique opportunity to develop a comprehensive, innovative, and holistic model of care by bringing together the local academic and research resources of ETSU and the medical care expertise and capital resources of MSHA to address these challenging issues. Frontier Health has been approached to bring the Recovery-Based Treatment components to the center. Frontier Health will bring its long term history and experience in treating addiction and the essential wrap around services (recovery coaching, employment readiness, case management, etc.) to this model. By using the unique strengths of all three agencies, ETHHI’s Recovery Based Clinic will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating impact on our communities.

Historically Frontier Health has not been in favor of methadone clinics; however we see a distinctive difference in the clinic that ETHHI is proposing. Most importantly, it will be a recovery based treatment center, where treatment and wrap around services will be integral. Frontier will work with individuals to move to an abstinence based recovery system as they become stronger in their recovery. We realize that every individual has their own progress and setbacks in recovery, but our philosophy will be one which sets the expectation toward abstinence. Secondly, it will be operated by not-for-profit entities who have

Melanie Hill
August 4, 2016
Page 2

committed the proceeds of the clinic to go back into the community for research and education, which will attack the problem on the prevention spectrum as well. Third, the clinic will be operated by three entities that have established, long term commitments to the health and wellbeing of the community. The collaboration of MSHA, ETSU and Frontier Health is a unique endeavor.

There are currently no non-residential methadone clinics in the proposed service area and the residents of these counties do not have convenient access to treatment outside of the area. This is striking when considering the following facts.

Statistics collated by the College of Public Health at ETSU put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective.

- The USA consumes twice as many opioids per capita than the next closest nation
- Tennessee is #2 in the country, second by only a tenth of a point to Alabama
- East Tennessee is #1 in the state

I am also among many professionals who are appalled by the alarming rate of Neonatal Abstinence Syndrome (NAS) births in our region. More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing NAS, by a healthcare provider. Washington County has the 5th highest (17 per 1,000) and Sullivan County has the 6th highest (15 per 1,000) ratio of NAS/live births in the state over the 2007-2011 time period. And these alarming rates do not appear to be decreasing.

Frontier Health is a contracted agency with the Department of Children's Services providing therapeutic foster care, adoption and group home services to youth in custody. Many of these youth are in custody as a result of the substance abuse and dependence issues of their families. As a service provider in the region, we see, daily, the devastation of lives through addiction.

We all benefit from the health and wellbeing of our region. Please help us fight opioid addiction in East Tennessee by supporting ETSU and MSHA's application for a Certificate of Need. Through the establishment of this type of center, we have the opportunity to establish best practices which could be replicated nationwide. MSHA and ETSU have my support and I am hoping they will have yours.

Sincerely,



Teresa M. Kidd, Ph.D.
President and CEO

TK/tdm

August 12, 2016

State of Tennessee
Health Services and Development Agency
Attn: Melanie M. Hill
Andrew Jackson Building, 9th Floor
502 Deadrick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings, Incorporated (CN1605-021)

Dear Ms. Hill:

This letter serves to express support of ETTHH, Mountain States Health Alliance and East Tennessee State University in support of their joint effort to developing an outpatient treatment center.

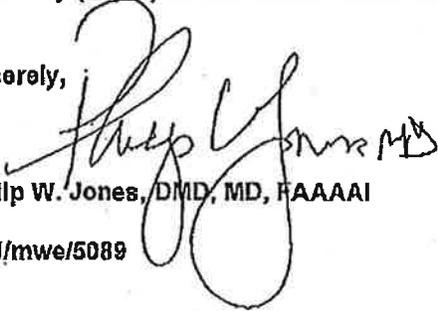
I am in complete support of this joint endeavor of East Tennessee State University (ETSU) and Mountain States Health Alliance. There is rarely a day whether in my office, rounding in the hospital or venturing out into the community that I do not encounter people or patients with opioid related health conditions. The joint venture between East Tennessee State University (ETSU) and Mountain States Health Alliance is a unique opportunity for our community to develop a comprehensive model of care by bringing together academia and research resources and the medical care expertise and capital resources of Mountain States Health Alliance to address these challenging issues. The outpatient treatment program proposed will only be one component of a larger center that will incorporate education, outreach, research and evaluation with a goal to make a truly significant difference in the management of the chronic disease of addiction that is having a devastating affect on our community and its people.

To highlight the burden of this problem, I would like to cite a couple of examples. In 2013, more than 800 infants born in Tennessee were experiencing withdrawal from addictive drugs. Over 60 percent of the infants mothers were prescribed opiate pain killers or the primary substance causing Neonatal Abstinence Syndrome (NAS) by a healthcare provider. Locally, Washington County has the 5th and Sullivan County the 6th highest ratio of NAS/live births in the state over the period of 2007 to 2011 time period. Since then it has likely increased. The magnitude of prescription opioid, morphine and heroin addiction in East Tennessee is further brought into perspective if you review that the United States is #1 in the world with these addiction problems, Tennessee is the 2nd in this country and East Tennessee is #1 in the State of Tennessee.

State of Tennessee
Health Services and Development Agency
Attn: Melanie M. Hill
Re: East Tennessee Healthcare Holdings, Incorporated (CN1605-021)
August 12, 2016

There are currently no nonresidential methadone clinics in our community. The residences in our community do not have convenient access to treatment outside of the area. This issue is best addressed locally by people and institutions with a vested interest in our community. This letter serves to strongly support East Tennessee State University (ETSU) and Mountain States Health Alliance in this endeavor and to ask you for your support as well.

Sincerely,



Phillip W. Jones, DMD, MD, FAAAAI

PWJ/mwe/5089

129 Hillview Ct.
Gray, TN 37615

August 9, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Reference: East Tennessee Healthcare Holdings, Inc. ("ETHHI") CN1605-021

Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. ("ETHHI"), Mountain States Health Alliance ("MSHA") and East Tennessee State University ("ETSU") in support of the project referenced above.

This project seeks to help an estimated 29,000 people in the service area who struggle with addiction to heroin, morphine, and prescription opioids. ETSU and MSHA see a unique opportunity to develop a comprehensive, innovative, and holistic care model bringing together ETSU's local academic and research resources and the medical care expertise and capital resources of MSHA to address the challenging issue of opioid addiction. ETSU and MSHA have formed a not-for-profit corporation, ETHHI which will own and operate this proposed non-residential Opioid Treatment Program (OTP).

The OTP that MSHA and ETSU propose will only be one component of a larger Center that will incorporate education, outreach, research, and evaluation, all aimed at making a truly significant difference in the management of the chronic disease of addiction that is having such a devastating effect in our community.

Access to critically needed services which are currently unavailable in the service area will complete a missing component and thereby create a more robust local system of care. The proposed OTP will be part of the Center for Prescription Drug Abuse Prevention and Treatment, which is led by a team of scientists and practitioners that are trained in finding and disseminating evidence-based programs for implementation. The central theme of the Center's work is that of concordance with local, state and national plans to help the state make informed choices about next steps for policy development. The facility will offer treatment to individuals suffering from opioid use disorder. This includes addiction to prescription painkillers such as hydrocodone, oxycodone, and morphine as well as illicit drugs like heroin.

I feel some of the compelling reasons to support this project, especially in this geographic region, include:

* More than 800 infants in Tennessee were born experiencing withdrawal from addictive drugs in 2013. Over 60% of the infant's mothers were prescribed opioid painkillers, or the primary substance causing Neonatal Abstinence Syndrome ("NAS"), by a healthcare provider. Washington County has the 5th (17 per 1,000) and Sullivan County has the 6th highest (15 per

1,000) ratio of NAS/live births in the state over 2007-2011. The statistics emerging for 2001-2014 are even greater.

* Statistics collated by the College of Public Health at ETSU put the magnitude of prescription opioid, morphine and heroin addiction in East Tennessee into perspective:

- Tennessee is #2 in the #1 country in number of opioids prescribed per person in the US. Other southeastern states rank equally alarming Alabama is #1 by a tenth of a point; West Virginia is a distant third, but all have traded this top spot in recent years. And East Tennessee is the primary locus of this activity in the state.

-Tennessee, especially East Tennessee, loses millions of dollars a year in economic benefits plus increasing taxpayer dollars to pay for hospital visits, incarceration, and custody of children.

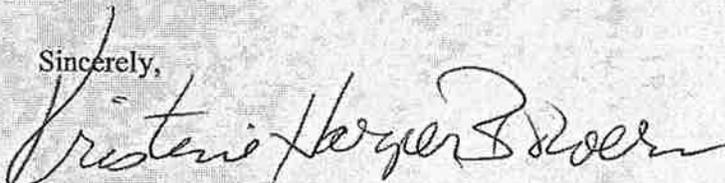
* Currently there are no non-residential methadone clinics in the proposed service area. The residents of these counties do not have convenient access to treatment and must travel outside of the area, often over mountainous terrain. The proposed OTP will create a local access point for those who are in need of these services. Without a local option, patients have to endure lengthy daily drive times, or forgo treatment, which is not appropriate for this population.

ETSU and MSHA see this facility as a unique opportunity to develop a comprehensive, innovative, holistic model of care for this patient population by bringing together the local academic and research resources of ETSU; coupled with the medical care expertise and capital resources of MSHA.

Without any clinically valid treatment options that are coupled with comprehensive wrap-around services including extensive counseling and therapy as well as care management resources (such as support for social needs such employment placement, housing, etc.) all provided utilizing various evidence-based approaches that work at different points along the continuum of addiction, this problem will only continue to reach epidemic portions.

I can't emphasize enough how needed this facility is to our region. A location that is within easy access, that will serve people with comprehensive and monitored treatment, and that will contribute to increased understanding of the issues and shape intelligent policy is essential to East Tennessee. I believe the best conjunction of players as been assembled for this teamed approach.

Sincerely,



Kristine Harper Bowers

Presently serving on the Board of Insight Alliance, the Washington County drug prevention coalition, and former staff of the Coalition on Appalachian Substance Abuse Policy, a multi-state coalition of researchers, educators, and governmental policy makers.

Evidence Based Addiction Medicine
A Not For Profit Corporation
205 High Point Drive
Johnson City, TN 37603
423-631-0731

August 16, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deadrick Street
Nashville, TN 37243

RE: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Thank you for the opportunity to comment on the proposed collaboration between East Tennessee State University and Mountain States Health Alliance to treat the disease of addiction in upper East Tennessee

Unfortunately, the vast majority of my patients have had many traumatic and humiliating interactions with healthcare providers over the course of their illness. This is largely due to the fact that most providers, while having had no training whatsoever in addiction, have very strongly held beliefs about addicts and the disease of addiction. As a practicing ER physician for over 20 years, I witnessed these attitudes in staff and other physicians on a daily basis. While addiction is as common as diabetes, medical professionals have historically received little or no training in addiction in medical school or residency. This leaves a huge void which is filled with conjecture and prejudice. In spite of the belief among many providers that there is little science in the treatment of addiction, there is actually a huge body of data and research largely unknown to the general medical public. This data clearly shows that addiction is a disease like many others, or as the AMA states "a chronic, relapsing illness, much like diabetes". And there are excellent, scientifically proven treatments for addiction that have only become available within the last decade. These treatments have taken the success rate for some forms of addiction from the 10 to 20 percent range to 70 to 80 percent success rates. In any other field of medicine these advances would be lauded, yet in the disease of addiction many people see this as "trading one drug for another".

One of the myths of recovery is that patients should not be maintained on medication. In schizophrenia, when providers use antipsychotics to get someone off of street drugs and alcohol, is that trading one drug for another, or are we in fact treating the disease? Is it acceptable to treat mood disorders with SSRIs indefinitely, then why is it unacceptable to treat addiction indefinitely? Is there any other single disease in the field of medicine where medications are denied? Are people tapered off of their blood pressure or diabetes medications if their disease is well controlled, or is someone take denied schizophrenia or depression medicine if they do poorly off of them? Why then is addiction treated differently? There is no scientific basis for this whatsoever. On the contrary, studies have repeatedly shown that people forced tapered off of their medication relapse, resulting in

Evidence Based Addiction Medicine
A Not For Profit Corporation
205 High Point Drive
Johnson City, TN 37603
423-631-0731

increased morbidity and mortality as well as worsening of their legal difficulties. Why would we want that? Addiction is the only disease treated punitively. The reason there is a crisis in addiction in the United States (which has twice the addiction rate of any country in Europe) is largely due to the dysfunctional attitudes of our healthcare system. Other more enlightened healthcare systems see addiction as the disease that it is, where in our country we see it as a crime. This also must change.

Another important issue is the strong correlation between sexual abuse and addiction. A large percentage of female addicts are addicts because of rape or sexual abuse. A woman who becomes an addict because of childhood rape did not choose to become an addict any more than she chose to be raped. Yet this is the primary reason for addiction in 60 to 80 percent of addicted women. And to treat them with scorn and derision literally exacerbates their disease.

The collaboration between ETSU and MSHA will provide an opportunity to teach the next generation of medical providers, nurses, counselors and social workers about working with patients to treat the disease of addiction and facilitate recovery so that more people can go back to work and enjoy their community again. It is time for the tide to turn and for the people suffering from the disease of addiction to have ready access to treatment options locally.

Sincerely,

Vance Shaw

Vance Shaw, MD
Board Certified in Addiction Medicine
Medical Director Evidence Based Addiction Medicine

OFFICE OF THE DISTRICT ATTORNEY GENERAL

DISTRICT ATTORNEY GENERAL
BARRY P. STAUBUS

DEPUTY DISTRICT ATTORNEY
JOSEPH EUGENE PERRIN

INVESTIGATORS
JOSEPH G. FELTY
SUSAN O. RUSSELL
BRIAN K. BOLING

DUI COORDINATOR
BOBBY BEDWELL

(423) 279-3278
FAX (423) 279-3290



SULLIVAN COUNTY
SECOND JUDICIAL DISTRICT
P.O. Box 526
Blountville, Tennessee 37617

ASSISTANT DISTRICT ATTORNEYS

SANDRA S. SPIVEY
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TERESA A. NELSON
WILLIAM B. HARPER
KENT L. CHITWOOD
JULIE R. CANTER
K. KAYLIN RENDER
AMY L. HINKLE
JOSHUA D. PARSONS
ANDREA N. BLACK
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JOSEPH W. MCMURRAY
EMILY M. SMITH
R. BENJAMIN ROWE
EMILY B. HUTCHINS
PETER M. FILETTI

August 11, 2016

Ms. Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill:

As the District Attorney General for Sullivan County, I deal daily with the epidemic caused by the abuse of prescription medication. This abuse has resulted in Northeast Tennessee leading the nation in children suffering from neonatal abstinence syndrome. This region has also had a tremendous increase of overdose deaths and criminal activity as a result of the abuse and overprescribing of opioids including Buprenorphine. In many instances, the overprescribing practices have supported the criminal activity of "patients" who fill their prescriptions only to turn around and sell the drugs illegally.

Compounding the problem in my District is the emergence of clinics that are "pill mills" operating as pain clinics and addiction treatment clinics. The medical professionals running these clinics have escalated and exacerbated the chronic levels of addiction, death, and dependency by overprescribing drugs without providing any meaningful treatment program.

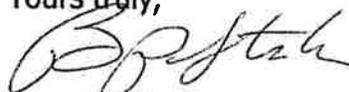
I am in support of a facility that would truly provide meaningful treatment for the victims of opioid addiction. In my opinion, such a facility must include the following components:

Page 2
August 11, 2016
Melanie Hill

1. A treatment plan designed for the needs of the individual patient based on his or her medical history, life experiences, and psychological profile, and any other relevant information obtained by the provider.
2. Short-term use of drug replacing therapies combined with established bench marks to obtain long-term sobriety and a drug free recovery.
3. Comprehensive random drug screening along with consequences for failing to pass drug tests as well as consequences for failure to comply with the conditions of the patient's recovery plan.
4. The acceptance by the facility of any available insurance policy for payment of services rather than conducting a cash only business.
5. The collection of a comprehensive medical and psychological history from each patient before he or she is admitted into the program.
6. Regular face to face encounters between the patients and the physicians and other rehabilitation professionals employed by the facility.
7. Consequences for any illegal activities pertaining to prescriptions issued by the facility to include but not limited to the selling or distribution of prescription medication by patients.

If Mountain States Health Alliance (MSHA) and East Tennessee State University (ETSU) plan to establish a facility that meets the criteria outlined above that will provide the resources, programs, and level of care to effectively combat, and treat our citizens who suffer from the serious drug problem affecting our region, then I fully support the project referenced above.

Yours truly,



Barry P. Staubus
District Attorney General
Second Judicial District

BPS:br



August 2, 2016

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings ("ETHHI"), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted on behalf of East Tennessee Healthcare Holdings, Inc. (ETHHI), Mountain States Health Alliance (MSHA) and East Tennessee State University (ETSU) in support of the project referenced above.

My name is Newt Raff, and I am the Chairman of the Board of First Tennessee Bank in Northeast Tennessee. I am writing in regards to the proposed joint venture of MSHA and ETSU for an opioid treatment program (OTP). You are certainly aware of the fact that East Tennessee has the unfortunate ranking of #1 in the state for prescription opioid, morphine and heroin addiction. Additionally, we have no non-residential methadone clinics in the proposed service area.

The proposed OTP would be consistent with other joint ventures that have been so successful and valuable to our communities in Northeast Tennessee. The most significant and successful cooperative efforts have been from our academic and medical communities including MSHA, ETSU, Mountain Homes Veterans Affairs Medical Center, ETSU College of Medicine, and the ETSU College of Pharmacy. The favorable impact of these areas of cooperation have saved lives, built better futures for many, and improved our quality of life; not to mention their tremendous favorable economic impact. The proposed joint venture OTP would provide a holistic solution to a problem that is urgent and devastating across the country, and as mentioned, specifically in East Tennessee.

Our employees and extended families are not immune from the ravages of opioid addiction or its consequences. In fact, I have experienced it first-hand in my own family. Tragically, eight hundred Tennessee children were born in 2013 experiencing withdrawal from addictive drugs and Washington and Sullivan counties ranked 5th and 6th respectively for Neonatal Abstinence Syndrome births. In addition, millions of dollars are lost from hospital visits, incarcerations, tax payer-funded medical expenses, lost production on the job, and devastated lives and families.

We have shown in the past that when we come together to solve problems, we can make great things happen. We also know the addiction problem is one we have to address. The OTP will facilitate our doing just that with a formula for success. We need help in helping our communities work together to build a better tomorrow and so we thank you for every consideration to help us accomplish that with this proposed joint venture OTP.

Sincerely,

A handwritten signature in cursive script that reads "K. Newton Raff". The signature is written in black ink and is positioned below the word "Sincerely,".

K. Newton Raff
Chairman of the Board
First Tennessee Bank, NETN



Matthew C. Wilhelm
Chief Financial Officer

Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: East Tennessee Healthcare Holdings (“ETHHI”), Inc. CN1605-021

Dear Ms. Hill,

This letter is submitted in support of ETHHI, Mountain States Health Alliance (“MSHA”) and East Tennessee State University (“ETSU”) in support of the project referenced above.

We live and work in the best part of the state of Tennessee, however, simply put, East Tennessee has a notorious reputation and is effectually the epicenter of opioid addiction in the United States.

Our geography has the highest use of opioids and opioid abuse in our great state – a state that ranks essentially tied for first in the United States. So put together, we live in the area that consumes and abuses the highest level of opioids in the state, essentially the highest using state in the United States, in the country ranked number one in the world for opioid use.

Let me ask you if more of the same will bring about the change that the people of our region need?

I am the CFO of a solid mid-sized 97 year old company with locations throughout our region. We see on a daily basis the struggle to find and recruit qualified employees who not only have the skill sets we need, but also that can pass a drug test. My concern, however, doesn’t end there. Once employed, my concern extends to what is unseen. Despite efforts of a comprehensive random and presumptive suspicion drug screening process post-employment, because of the ease of access and high rate of abuse, we are at risk of sending workers into quarries and mines or onto job sites or behind a wheel who are under the influence of an opioid. As an employer I see this need and we need a better solution.

ETHHI stands apart from other providers by providing a comprehensive approach to recovery. We are fortunate to have both a health care focused university in East Tennessee State University, a school whose entire creation was purposed for the underserved people of East Tennessee, whose medical school ranks in the top 10 in rural health, and whose School of Public and Allied Health has long sent out health care workers throughout our region,



Matthew C. Wilhelm
Chief Financial Officer

combined with the type of non-profit health care system in Mountain States Health Alliance, who also has a public health driven mandate into the under-served areas of East Tennessee and central Appalachia.

IF one was presented with this rampant opioid addiction issue and given a blank slate to provide the most comprehensive system for recovery, one would say the solution would require significant financial resources, expertise in comprehensive healthcare, enough boots on the ground, and a sense of community leadership to effectuate change in the lives of the people in our region. When approaching the issue from this angle, it is almost as if the solution is at our feet. With this entity, we have the financial and healthcare resources, we have the health care providers, we only need the Board to clear the way.

More of the same, a fragmented, symptomatic approach to recovery truly is at the peril of the people of our region and to our next generation. We all benefit from a strong and vibrant workforce. Please help us fight opioid addiction in East Tennessee by supporting ETSU and MSHA. They have my support and I am asking for yours.

Sincerely,

A handwritten signature in black ink that reads "Matthew Wilhelm". The signature is fluid and cursive, with the first name being particularly prominent.

Matthew Wilhelm
CFO, Free Service Tire Company – Johnson City, TN